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# AMA submission to the Independent Review of Collaborative Arrangements

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The AMA welcomes the opportunity to provide a submission in relation to the collaborative arrangements covering doctors, nurse practitioners and midwives. We strongly support the continuation of the existing Determinations underpinning these arrangements beyond 30 September 2022.

It is the AMA's strong contention that the existing arrangements, requiring formal collaborative arrangements between doctors, nurse practitioners and midwives have in general worked well in ensuring access to appropriate and safe care whilst ensuring that patient safety is not compromised.

The AMA considers that any moves to enable nurse practitioners and midwives to practise outside the current arrangements will increase the risks to patient care through the increased potential for missed or wrong diagnoses, increased fragmentation of care and greater duplication of diagnostic and other services. Indeed, AMA members have experienced incidences where patient safety has been potentially compromised in situations where nurse practitioners and midwives have practised beyond their scope of practice and outside the areas of practice covered by the collaborative agreement.

The following comments set out in more detail the AMA's perspective on the operation of the current arrangements as well as concerns about potential changes.

## Nurse Practitioners

The AMA strongly supports nurse practitioners (NPs) working collaboratively with GPs and other specialist medical practitioners as part of a team-based approach to the provision of health care. While the AMA acknowledges that NPs provide a valuable contribution to a multidisciplinary health care team, the AMA does not support proposals for NPs' access to the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) independent of a collaborative arrangement with a medical practitioner.

When MBS arrangements were extended to cover services provided by nurse practitioners the Government specifically included requirements for NPs to collaborate with doctors as a pre-requisite. It was acknowledged at the time that providing MBS funding for NPs operating as independent and alternative providers to medical practitioners would fragment patient care with the inherent risk to patient safety that this involves together with the resultant increased overall health system costs.

Nurses are an essential part of the primary care team adding value and enabling the primary health care providers to deliver a greater range of services to patients. Around 68% of primary care nurses work in a general practice setting. In the primary care setting the role of nurses is complementary to that of the

general practitioners. Including NPs in the primary care team can enhance a practice's capacity to provide targeted health care services in line with the advanced skills and experience of the Nurse Practitioner and patient cohort needs.

There are some private practice models where GPs refer to a specialist NP (asthma, wound care, diabetes, etc.) in private practice with genuine collaboration and benefit. They often have great specialist skills, albeit narrowly focused which genuinely enhance patient care.

We note however that the advanced skills of NPs are generally limited to a specific field of care in which the NP has undertaken further training and education and, while these skills are extraordinarily valuable, they do not match the breadth of training and experience of a GP. Only GPs are specifically trained for and skilled in comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern.

NPs are not a substitute for general practitioners. NPs may be able to make a limited diagnosis via protocols with limited treatment options, but they are not trained to make a differential diagnosis, nor assess or care for a patient as a whole person. The extensive training undertaken by GPs provides fluency in the consideration of multiple differential diagnoses, the process of elimination of the less likely diagnoses, consideration of the multiple treatment options, or the appropriateness of those options as they relate to the individual patient. All of which afford GPs only the capability for the comprehensive and holistic care on which their patients rely.

Enabling an NP to practise without a collaborative arrangement fragments and risks the quality of patient care, increasing the risk of poor patient outcomes.

The role of a nurse in the primary care setting does not include any of the following without medical oversight:

- Formulating medical diagnosis
- Referring patients to specialists
- Independent ordering of pathology or radiology
- Prescribing medication and issuing repeat prescriptions
- Deciding on the admission of patients to, and discharge from, hospital.

The AMA has seen no evidence that collaborative arrangements are an impediment to NPs working in the community, including in areas outside of metropolitan settings or in other areas of workforce shortage.

If the intention of this review is to improve access to care, watering down or abandoning collaborative arrangement requirements will not support this objective. Indeed, there are increased risks associated with nurse practitioners working remotely and increasingly autonomously from medical practitioners, which is why it is important that the existing arrangements requiring a formal collaborative arrangement are maintained and their integrity is ensured. The regulations that are in place need to reinforce the ongoing importance of an active collaboration between nurse practitioners and medical practitioners.

There are significant pressures on the health workforce in both the public and private sectors and these require comprehensive policy solutions as opposed to piecemeal and ill-considered changes.

## Midwives

Australia is one of the safest places in the world to give birth. This is due in no small part to the very high standards of training and professionalism of our midwives and medical practitioners, including obstetricians and GPs.

The AMA recognises the important role that midwives provide across the pregnancy journey to birth. The AMA supports a patient's informed choice about the model of care that is best for their health needs. The provision of antenatal, intrapartum and postnatal care by trained and qualified registered midwives is an important component of care options.

The AMA however strongly takes the view that a medical practitioner should always be involved in antenatal, intrapartum and postnatal care, either in a consultative or supervisory role. This is essential, not only to ensure effective risk assessment and management, but if complications do occur, the medical practitioner who is required to step in has prior personal knowledge of the mother and her health and care needs.

This is even more important as the average age of giving birth in Australia continues to increase leading to greater risks of complications.

We therefore strongly support the continuation of the existing requirement for there to be a formal collaborative agreement between a participating midwife and a medical practitioner. This includes where a midwife seeks to access the MBS midwife items as well as in prescribing (within their specific specialty areas and scope of practice). The AMA does not support an expanded range of MBS items for midwives.

## Prescribing

In relation to prescribing by both NPs and midwives, the AMA takes a strongly advocates that Schedule 4 and Schedule 8 medicines require extensive education and training. The NPS MedicineWise *Prescribing Competencies Framework*<sup>1</sup> provides the benchmark for safe, appropriate and quality prescribing. The Framework sets high standards of competencies for diagnosis and prescribing and requires that the prescriber is responsible and accountable for their prescribing decisions.

The AMA looks forward to ensuring that the current collaborative arrangements, which work well in ensuring safe and quality care, are able to continue for the benefit of the patients of Australia.

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<sup>1</sup> NPS MedicineWise. Prescribing Competencies Framework: embedding quality use of medicines into practice (2nd Edition). Sydney, 2021