

Nurse Practitioners

2022

The AMA 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 can provide a valuable contribution to a multidisciplinary health care team, the AMA does not support proposals for NPs' access to the Medicare Benefits Schedule 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 prerequisite. 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 and increased overall health system costs attached to this.

While NPs are sometimes promoted as means to address workforce shortages and improve access to care, this is best achieved when they are part of a well-coordinated GP led model of care.

The Australian community wants and deserves the best quality medical care regardless of their geographical location or economic circumstances. The AMA supports a model of primary care that places the general practitioner as pivotal in the primary care team.

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.¹ 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 practices capacity to provide targeted health care services in line with the advanced skills and experience of the Nurse Practitioner and patient cohort needs.

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. GPs extensive training 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

¹ <https://www.aihw.gov.au/reports/primary-health-care/a-profile-of-primary-care-nurses/data>

appropriateness of those options as they related to the individual patient. All of which afford GPs only the capability for the comprehensive and holistic care on which their patients rely.

NPs when working collaboratively with GPs, can make a key contribution to patient care. Legislation must ensure NPs are clinically supported to practice with a requirement for a collaborative arrangement. Enabling a NP to practice without a collaborative arrangement fragments and risks the quality of patient care, increasing the risk of poor patient outcomes.²

The role of a nurse in the primary care setting does not include any of the following without medical oversight:³

- 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.

Governments throughout Australia are looking to reduce costs and providing the opportunity for substitution of medical care with independent nurse practitioners is one, although flawed, strategy. There is no evidence that this will improve outcomes particularly when such a strategy is pursued outside a collaborative model of primary health care delivery. There is, however, strong evidence that where GPs are well-funded and resourced the health outcomes of individuals and communities under their care are improved, health expenditure savings are generated, health resources are better utilised and duplication of services and wastage of healthcare funding is minimised.⁴⁵⁶⁷

The AMA does not accept that medical practitioners should be legally responsible when errors of omission or commission by nurse practitioners practicing independently of a collaborative arrangement warrant subsequent medical intervention. Medical practitioners are not responsible for professional acts over which they have no control.

The demands of the Australian community have to be met by strategies that combine recognition for the need for an injection of more funding balanced with collaborative approaches to primary care delivery that do not compromise quality of care. Any legislated capacity to substitute nurse practitioners for general practitioners represents unwillingness or inability of Governments to address the underlying issues related to general practitioner workforce shortages.

² Frandsen B, et al, Care fragmentation, quality, and costs among chronically ill patients, *Am J Manag Care*. 2015; 21(5):355-362.

³ Medical oversight defined as: In a collaborative agreement with a medical practitioner which involves timely review by the medical practitioner of clinical decisions and practice within agreed operational and treatment protocols.

⁴ Baird, B., Reeve, H., Ross, S., Honeyman, M., Nosa-Ehima, M., Sahib, B., & Omojomolo, D. (2018). Innovative models of general practice. The King's Fund. Retrieved 13/09/2021 from: <https://www.kingsfund.org.uk/publications/innovative-models-general-practice>

⁵ The Royal Australian College of General Practitioners (2019). Vision for general practice and a sustainable healthcare system. Retrieved 13/09/2021 from: <https://www.racgp.org.au/getattachment/e8ad4284-34d3-48ca-825e45d58b2d49da/The-Vision-for-general-practice.aspx>

⁶ The World Health Organisation (2008). The world health report 2008: primary health care now more than ever. Retrieved 13/09/2021 from: https://www.who.int/whr/2008/whr08_en.pdf

⁷ Barker, I., Steventon, A., & Deeny, S. R. (2017). Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. *Bmj*, 356:j84. Doi: 10.1136/bmj.j84