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Nurse practitioner 'plan' is no plan at all: more work needed

The Australian Medical Association says a government proposal for the nurse practitioner (NP) workforce contains no strategies to increase access to health and aged care despite its title.

AMA President Professor Steve Robson said the Australian Government Department of Health's draft consultation, [Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce](#) lacks the appropriate detail and structure to be considered a plan.

"There's no meaningful strategy in this proposal to build the nurse practitioner workforce and better integrate it into the parts of the health and aged care systems that would most benefit from access to nurse practitioners," Professor Robson said.

"The AMA is disappointed with the draft because we recognise that nurse practitioners can play an important role in the health system, but this proposal is the exact opposite of where we should be going with planning to meet the demands on Australia's health system.

"We've just received the Strengthening Medicare Taskforce report which has affirmed the AMA's long held position that patients are best supported by collaborative care models where nurses and allied health professionals work collaboratively with GPs. Unfortunately, all we see in this document is proposals for NPs to work independently, creating more siloes and fragmenting patient care.

"The strategy peddles the myth that nurse practitioners, along with midwives, are the only health professionals where collaboration is mandated. This commentary ignores the reality that Medicare rules enshrine collaboration across a range of health professions through referral arrangements and in specific areas such as chronic disease management.

"There is no mention of the broader nursing workforce, the specific areas where nurse practitioners should be working or the impact on those sectors. We need to see genuine strategies to expand and incorporate the NP workforce into specific areas of the health and aged care systems.

"We support reforms and improvements to collaborative arrangements which could enhance an NP's role, but this should occur in a team-based environment such as in a specialist medical practice, a general practice that operates as a medical home for its patients, or an Aboriginal health service where there's significant potential to enhance service capacity and to support patient care. There is nothing in this document for GPs who want to engage NPs in their practice."

Professor Robson said the AMA is concerned the proposal is a further attempt to expand access to the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS), and to remove the requirement for a nurse practitioner to be working in a collaborative arrangement in order to access the MBS and PBS.

"There's nothing in this proposal that demonstrates why this is needed, that it would be safe, that it will lead to an increase in the nurse practitioner workforce, or that it will improve the distribution of the NP workforce to underserved areas. When Medicare and PBS access was opened to Nurse Practitioners under the former Rudd Government, the importance of collaborative models of care was recognised and enshrined in policy and no case has been made to reverse this policy commitment."

Professor Robson said the AMA was willing to work with policy makers on the development and implementation of workable solutions that will ensure improved access to teams of health-professionals led by general practitioners.

[Read the AMA's submission](#)

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