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## **PROPOSED CHANGES TO NURSE PRACTITIONER ARRANGEMENTS MUST BE REJECTED**

The AMA has called on the Government to immediately reject draft proposals that would expand the ability of nurse practitioners to provide Medicare funded services and remove the current requirement for them to collaborate with doctors in delivering care for patients.

AMA President, Dr Tony Bartone, said that the changes proposed this week by the Medicare Benefits Schedule (MBS) Review Nurse Practitioner Reference Group will fragment care, increase costs, and lead to poorer health outcomes for patients.

“Australia has a very good primary health system, built on a GP-led model that provides comprehensive, continuous, and coordinated patient-centred care,” Dr Bartone said.

“GPs support a team-based approach to care, routinely utilising the skills and knowledge of other health professionals, including nurses and allied health professionals.

“It is widely acknowledged that Australia’s GP-led model of primary healthcare services delivers affordable, high-quality outcomes. Research shows that most benefits occur when doctors and nurses work together collaboratively.

“Nurse practitioners were first permitted to provide Medicare-funded services to patients under reforms introduced in 2010. These reforms were carefully designed so that they did not fragment patient care, or deny patients access to a doctor.

“Importantly, after extensive consultation with medical and nursing groups, the Government enshrined in law the requirement for nurse practitioners to work in collaborative arrangements with medical practitioners.

“This legislated requirement for collaboration is fundamental to the safety and quality of services.

“It is unfortunate that the Reference Group has tried to paint this as a ‘system inefficiency’ and a ‘barrier to care’. The Reference Group has got this completely and utterly wrong.

“The Reference Group’s recommendations will encourage nurse practitioners to work in isolation of the medical profession – a recipe for fragmentation of care and increased costs to the health system overall.

“When care becomes fragmented in this way, the patient’s usual doctor can be excluded from decisions about a patient care. This increases the risk of misdiagnosis, and missed diagnosis.

“It increases the risk of adverse outcomes from the interaction of different medications and treatments, and the risk of communication breakdown between the different health professionals involved in the patient’s care.

“This leads to medical intervention being called for at the last minute when things go wrong.

“It also leads to an increased workload and cost to the health system because extra tests are ordered, inappropriate referrals can be made, access to treatment is delayed, and adverse outcomes can result.

“GPs are the highest-trained general health professionals, with a minimum of 10 to 15 years training. They can treat about 90 per cent of all health problems that patients present with.

“Australia has one of the best healthcare systems in the world, with exemplary outcomes. It does not need a second-rate solution to a problem that does not exist.

“The Australian community wants, and deserves, the best quality medical care regardless of their medical care or economic circumstances, and that care starts with a visit to their GP.”

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