



**NACCHO**

National Aboriginal Community  
Controlled Health Organisation  
*Aboriginal health in Aboriginal hands*

[www.naccho.org.au](http://www.naccho.org.au)

# **Nurse Practitioner 10-Year Plan**

Submission to the  
Department of Health

February 2022

## About NACCHO

NACCHO is the national peak body representing 144 Aboriginal Community Controlled Health Organisations (ACCHOs). We also assist a number of other community-controlled organisations. The first Aboriginal medical service was established at Redfern in 1971 as a response to the urgent need to provide decent, accessible health services for the largely medically uninsured Aboriginal population of Redfern. The mainstream was not working. So it was, that over fifty years ago, Aboriginal people took control and designed and delivered their own model of health care. Similar Aboriginal medical services quickly sprung up around the country. In 1974, a national representative body was formed to represent these Aboriginal medical services at the national level. This has grown into what NACCHO is today. All this predated Medibank in 1975.

NACCHO liaises with its membership, and the eight state/territory affiliates, governments, and other organisations on Aboriginal and Torres Strait Islander health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal health practitioners and/or nurses to provide the bulk of primary health care services. Our 144 members provide services from about 550 clinics. Our sector provides over 3.1 million episodes of care per year for over 410,000 people across Australia, which includes about one million episodes of care in very remote regions.

ACCHOs contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support. Our services build ongoing relationships to give continuity of care so that chronic conditions are managed, and preventative health care is targeted. Through local engagement and a proven service delivery model, our clients 'stick'. Clearly, the cultural safety in which we provide our services is a key factor of our success.

ACCHOs are cost-effective. In 2016, a cost-benefit analysis of the services provided by Danila Dilba to Aboriginal and Torres Strait Islander people in the Greater Darwin region was undertaken by Deloitte Access Economics. The findings demonstrated that each dollar invested in the health service provides \$4.18 of benefits to society. ACCHOs are also closing the employment gap. Collectively, we employ about 7,000 staff – 54 per cent of whom are Aboriginal or Torres Strait Islanders – which makes us the third largest employer of Aboriginal or Torres Strait people in the country.

Any enquiries about this submission should be directed to:

NACCHO  
Level 5, 2 Constitution Avenue  
Canberra City ACT 2601  
Telephone: 02 6246 9300  
Email: [policy@naccho.org.au](mailto:policy@naccho.org.au)  
Website: [naccho.org.au](http://naccho.org.au)

## Recommendations

NACCHO recommend the Nurse Practitioner 10-year Plan:

1. consider the growing GP shortage in regional, rural, and remote areas in particular, and the role of Nurse Practitioners (NPs) in meeting some of this need.
2. include actions toward revision or removal of collaborative arrangements.
3. include actions to review billable MBS items as recommended by the Nurse Practitioner Reference Group under the MBS Review Taskforce and the *Educating the Nurse of the Future* report.
4. include actions toward further review of MBS and PBS funding models to identify strategies to reduce health inequities, particularly for Aboriginal and Torres Strait Islander communities.
5. include actions to increase the number of Aboriginal and Torres Strait Islander nurses, including cultural and professional mentoring and communities of practice for Aboriginal and Torres Strait Islander student nurses and NPs.
6. include actions to improve the availability of NP training for nurses in rural and remote areas.
7. develop strong, well-supported education and training pathways for Aboriginal Health Practitioners into nursing and NP qualifications.
8. ensures actions supporting culturally safe workplaces for NPs are integrated with other system level changes.
9. align closely with the *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*, the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*, and the *Stronger Rural Health Strategy*.

## Introduction

NACCHO welcomes the opportunity to provide a submission to the Department of Health's consultation on the development of a Nurse Practitioner 10-Year Plan. NACCHO acknowledges the contribution of our Affiliate, the Aboriginal Health and Medical Research Council (AH&MRC) in the development of our response.

We would particularly like to acknowledge the valuable input we heard and received from numerous Nurse Practitioners, their colleagues and supporters as part of the series of Yarning Circles held in partnership with the Council of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and the Department in early February 2022. We hope their aspirations for change are well reflected in this submission.

NACCHO would also like to acknowledge the Department's commitment to ongoing consultation with the sector, and to ensuring Aboriginal and Torres Strait Islander voices are represented throughout the development of the Plan.

The National Agreement on Closing the Gap (National Agreement), agreed to by all Australian Governments, represents a new approach where policy making that impacts Aboriginal and Torres Strait Islander people occurs in full and genuine partnership with Aboriginal and Torres Strait Islander people. In seeking to improve outcomes for Aboriginal and Torres Strait Islander Nurse Practitioners, and by extension, their clients, it is essential that all reforms align with the National Agreement.

NACCHO has highlighted below some of the key considerations that are needed to ensure the Nurse Practitioner 10-Year Plan enhances the workplace experience for Nurse Practitioners who provide essential healthcare for so many Aboriginal and Torres Strait Islander people.

## Benefits

The benefits of Nurse Practitioner (NP) care are multiple. As noted in the discussion paper, research from the *Organisation for Economic Cooperation and Development (OECD) demonstrates that investment in a highly qualified nursing workforce ... promotes safe and quality outcomes for recipients of care.*

Nurse Practitioners are often accessed when patients experience barriers in accessing a GP. In some Aboriginal and Torres Strait Islander communities it is NPs and Aboriginal Health Practitioners who are the regular care providers. It is with these people that community develop trusted relationships and who ensure continuity of care when there is no consistent access to a GP, improving patient satisfaction.

The underutilization of NPs is detrimental to vulnerable populations who may access an NP over a traditional GP-led clinic.

Rural and remote areas already rely more heavily on NPs for continuity of care. The shortage of GPs in these areas is well established. For Aboriginal and Torres Strait Islander communities, this means people are more likely to choose to see a familiar face in a NP than a locum or FIFO GP. In this respect, for Aboriginal and Torres Strait Islander communities, the ability to access care by a NP is critical in the absence of GPs.

**NACCHO recommend** the Plan consider the growing GP shortage in regional, rural, and remote areas in particular, and consider the role NPs can play in meeting some of this need.

### Barriers and solutions

As noted in the discussion paper, *evidence indicates that the current design of the MBS and PBS and mandated collaborative arrangements are two significant barriers to NPs establishing and working in private practice, and thus improving access to underserved populations.*

NACCHO agrees, these are key barriers to NPs performing their role effectively.

### Collaborative arrangements

The *National Health (Collaborative arrangements for nurse practitioners) Determination 2010* is seen as a significant barrier to effective practice for NPs as it impacts on timeliness, cost and continuity of care for patients.

Where there is no easy access to a GP to complete 715 health checks, sign off health management plans, prescriptions, referrals to diagnostic services etc, this can create delays or mean additional costs for patients, and for ACCHOs. NPs spoke of GPs in remote areas cancelling visits to do all consults over phone, which is a frustration for both NPs and clients, particularly in instances where care needs to be provided in person. This is a particular issue for Aboriginal and Torres Strait Islander communities, and in rural and remote areas where NPs are often the only consistent health care provider, and where doctors work remotely or on FIFO arrangements.

With a high level of qualifications, expertise and translational clinical skills, NPs are uniquely positioned to work across diverse health care settings. However, the extended practice NPs are trained for has been limited by poor implementation of this model.

There is a clear lack of understanding of the NP scope of practice which will require effort to rectify. Our ACCHOs have detailed instances of specialists not accepting NP referrals despite NPs being qualified to refer to such specialists. This highlights a need for better understanding and integration of the role across the health system.

The extent of mandated collaboration and referral is seen to be an unnecessarily paternalistic approach to professional collaboration that other providers are not subjected to. As one NP noted, all excellent practitioners are collaborators.

**NACCHO recommend** the Plan include actions toward revision or removal of collaborative arrangements to ensure NPs can work more effectively within their scope of practice.

### Medicare Benefits Schedule (MBS)

Overwhelmingly, the key feedback from NPs and the ACCHO sector more broadly was that MBS and Pharmaceutical Benefit Schedule (PBS) items are not reflective of the scope of work that a NP undertakes. NACCHO notes acknowledgement in the discussion paper of the constraints imposed by limited access to MBS items.

*In those remote areas where the NP is often the only health professional available, ... a consumer can be limited in what they can see a NP for due to the types of MBS items a NP can access. This includes, but is not limited to, a recognised health check, a recognised management plan that allows access to allied health and Closing the Gap initiatives for Aboriginal and/or Torres Strait Islander peoples with chronic conditions. ...the current*

*structure of the MBS and PBS does not enable all privately practicing NPs to provide complete episodes of care.*

The lack of MBS and PBS items numbers restrict the ability of NPs to order diagnostic tests which limits the continuity of care they are able to provide to patients.

The restriction on MBS items can be a particular barrier for women's health care which may be fragmented because NPs are unable to bill the appropriate MBS or PBS item. Examples we heard included, not being able to sign off on antenatal scans for antenatal appointments conducted by NPs in outreach clinics and inability to claim for a mammogram after women's health appointments.

This issue also impacts patient choice of provider - one NP noting that she often has to refer patients back to the male GP for women's health issues although the patients prefer to see a woman for their care. This can impact intimate procedures such as IUD insertion.

Importantly for Aboriginal and Torres Strait Islander communities, NPs are unable to access Closing the Gap initiatives under the MBS, which disadvantages Aboriginal and Torres Strait Islander people and limits timely patient access to diagnostic services, follow up and care.

And significantly in the current climate, NPs are not able to access MBS items to administer COVID-19 vaccines, despite being able to administer other immunisations. Again, this limits patient access to care, particularly in areas where access to GP care is limited.

The ability to bill against additional MBS items could help support expansion of NP care into preventive health, a priority for Government following the recent release of the National Preventive Health Strategy. While noting that preventive health is not well-supported by MBS billing, access to items for group consultations to support chronic disease management and family consultations would help support the work NPs already do. For example, work with families and groups in non-traditional settings. This approach would also align strongly with the holistic model of care delivered by our ACCHOs.

Other limits include items relating to imaging and pathology as well as referrals to other specialists such as podiatrists and mental health supports. Where a service does not offer access to in-house physiotherapy or dieticians for example, the patient bears the cost if they are referred by a NP, which may mean they forgo that treatment or care.

These restrictions also contribute to income loss for services like ACCHOs in regional, rural, and remote areas. ACCHOs provide primary health care where there is a need in communities, regardless of whether that care is supported by the MBS. Therefore, if a NP is not able to claim a specific MBS item number due to GP shortages, ACCHOs will provide care and absorb the cost in order to safeguard the health of their communities.

The limitations on MBS billing also impacts the development of the wider workforce, limiting the income NPs are able to generate for a service to the extent that their annual salary may not be covered. This disincentivises employment of NPs particularly in smaller services. An expansion of MBS billing for NPs in line with their scope of practice will be imperative to the sustainability of this important workforce. This will help ensure NPs can focus on, *improving patient access to affordable, high-value and best-practice primary health care provided by NPs, in line with their scope of practice.*

NPs repeatedly emphasised the impact these limitations have on timely patient care, costs and continuity of care, and the potential impact on health outcomes for patients.

**NACCHO recommend** the Plan include actions to review billable MBS items to ensure they are reflective of NP training, and as recommended by the Nurse Practitioner Reference Group under the MBS Review Taskforce, and by the *Educating the Nurse of the Future* report.

**NACCHO recommend** the Plan include actions toward further review of MBS and PBS funding models to identify strategies to reduce health inequities, particularly for Aboriginal and Torres Strait Islander communities.

### Growing the Aboriginal and Torres Strait Islander NP workforce

Growing the Aboriginal and Torres Strait Islander NP workforce will take dedicated effort. NPs spoke of the value of access to professional and cultural mentoring and the need for stronger career pathways for prospective NPs, including Aboriginal and Torres Strait Islander nurses and Aboriginal Health Practitioners (AHPs).

And as with other health and allied health workers, it is difficult to recruit and retain NPs in regional, rural and remote areas. Work will need to be done to incentivise NPs to practice in these areas, or to incentivise local nurses to undertake additional training to become NPs.

Initiatives to increase the number of Aboriginal and Torres Strait Islander NPs cannot be limited to NP training. Aboriginal and Torres Strait Islander nurses are the key pipeline to increasing the NP workforce, and the Plan should also include actions to increase the number of Aboriginal and Torres Strait Islander nurses.

An increase in the size of the workforce cannot be undertaken in isolation of other reforms. It must be coupled with other improvements to access, such as extending and expanding the NP scope of practice, which though critical for rural and remote areas in particular, should not be restricted to these areas. That is, any extension to the NP scope of practice should be available to all NPs, not just those practicing in rural or remote areas.

### Mentoring

Nurses require more than five years experience to be accepted into a NP degree, and accordingly tend to be more mature, with families etc. The need to do study and practical placements can create additional family and financial strains. While incentives, such as scholarships, to undertake further education can help, more structured support is required.

It is clear that additional scaffolding as well as mentoring should be integral to training for Aboriginal and Torres Strait Islander NPs. Creating a more culturally supportive professional environment would encourage more Aboriginal and Torres Strait Islander nurses to undertake NP training and improve completion rates.

The *Educating the Nurse of the Future* report contains just one recommendation about how to attract more Aboriginal and Torres Strait Islander students to nursing, this relating to tertiary preparedness programs. While helpful, this action alone is insufficient. NACCHO propose that professional and cultural mentoring and support also be proactively provided to Aboriginal and Torres Strait Islander trainee nurses to help improve course completion rates.

Mentoring for both Aboriginal and Torres Strait Islander NPs and nurses should extend to mentors to support transition into the workplace to help improve staff retention.

**NACCHO recommends** the Plan include actions to increase the number of Aboriginal and Torres Strait Islander nurses, including actively integrating Aboriginal and Torres Strait Islander specific cultural and

professional mentoring and communities of practice with training to help improve course completion rates.

**NACCHO recommends** the Plan include actions to actively integrate Aboriginal and Torres Strait Islander specific cultural and professional mentoring and communities of practice with NP training.

### *Pathways*

The lack of available positions for nurses wishing to undertake NP training can deter nurses from pursuing further development. The local availability of NP positions is often limited which contributes to a lack of clarity regarding career progression pathways.

Making training more accessible to nurses in rural and remote areas, coupled with more scaffolded support and mentoring would likely encourage local nurses to undertake NP training. This could help improve staff retention in remote areas.

In addition, the proposed Plan does not consider pathways for the Aboriginal health workforce to enter NP roles. The possibility of a pathway to the NP qualification for Aboriginal Health Practitioners has been proposed. This would establish clear training and career options for experienced AHPs looking to further expand their skills and scope of practice.

**NACCHO recommend** the Plan include actions to improve the availability of NP training for nurses in rural and remote areas.

**NACCHO recommends** the Plan include actions to develop strong, well-supported education and training pathways for Aboriginal Health Practitioners to nursing and NP qualifications.

### *Other comments*

In line with Priority Reform 3 of the National Agreement, Aboriginal and Torres Strait Islander NPs deserve culturally safe work environments and practices. However, it is important to note that issues of cultural safety in the health system are pervasive and can impact all Aboriginal and Torres Strait Islander health workers and clients. A holistic, whole-of-system approach is required to ensure cultural safety across the health and care sectors. Approaches limited to particular segments of the workforce will be ineffective without parallel efforts to bring about systemic change.

**NACCHO recommend** actions in the Plan to ensure culturally safe workplaces for NPs are integrated with other system level changes.

NACCHO is pleased to note the Nurse Practitioner 10-Year Plan will take into consideration a range of existing workforce and primary health plans and strategies. **NACCHO recommend** this list be expanded to include consideration of and alignment with:

- the recently released *National Aboriginal and Torres Strait Islander Health Plan 2021-2031*,
- the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021-2031*, due for release in the coming months, and which has a strong focus on the workforce needs of the sector, and
- the *Stronger Rural Health Strategy*.