Comments regarding the Productivity Commission Position Paper
Australia's Health Workforce

Overall comment

- Whilst this discussion paper seeks to address health service delivery issues, it does so from a reference point of the medical practitioner. If the aim is to achieve efficient and effective health care delivery then the focus should be person centred with identification of suitable health care providers to meet the person's needs.
- A medical practitioner reference point fixes the discussion and potential solutions around delegation by the medical practitioner and substitution of other health care providers for parts of the medical practitioner's role.
- This approach will firmly anchors health care delivery in a traditional and archaic model.

Nurse Practitioners

- Whilst the introduction of Nurse Practitioners has moved at a slow pace due to many impediments, it has increased in momentum and there are now over Nurse Practitioners across Australia.
- Much information and experience is being shared across the States and Territories. This information sharing has benefited those that have chosen to move at a slower pace such as Queensland, Northern Territory and Tasmania.
- Attempts are being made to standardise processes across Australia. Mutual recognition of Nurse Practitioner authorisation across Australia and New Zealand is being progressed.

Nurse Practitioners in Rural settings and in Aged Care

- The use of Nurse Practitioners in rural and remote settings will increase access to health services. A collaborative model whereby the Nurse Practitioner has close links with local medical officers or the Royal Flying Doctor Service has ensured save and effective care.
- The lack PBS prescriber numbers severely limits the role and therefore the effectiveness of the Nurse Practitioner. It also requires those located in remote areas Nurse Practitioners to transport a supply of medications with them in order to provide treatment in an appropriate and efficient timeframe.
- Nurse Practitioners working in Aged Care settings and especially across a number of nursing homes can provide a level of assessment and care for patients in a timely manner and in close cooperation with the patients' General Practitioners.
- Again this effectiveness of this role is sorely limited by the lack of PBS prescriber number

Pharmaceutical Benefits Scheme (PBS) Prescriber Numbers – *Draft Proposal 8.1*

- One of the greatest limitations to Nurse Practitioners based in either community settings (Metropolitan or Rural) and in rural and remote settings is the lack of PBS prescriber number.
- Despite the legal right to prescribe Nurse Practitioners, are prevented from practising to their fullest extent due to the medical monopoly on PBS prescriber numbers. Patients requiring prescriptions are forced to see medical practitioners and this often results in them travelling a considerable distance and paying a consultation fee.
- The lack of PBS prescriber number has limited the number of nurses applying for Nurse Practitioner authorisation.

Access to Medical Benefits Scheme for non medical practitioners – *Draft Proposal 8.2*

- The restriction of MBS payments to medical staff or those attached to their practices sorely limits the effectiveness of the Nurse Practitioner role especially in regard to referral to specialist medical services. Currently there is a large percentage of Nurse Practitioners working in Emergency, Primary Health, Community Health and Mental Health that do not have access to outpatient clinics and therefore access to specialist medical care is only through a formal referral process. Without MBS provider numbers patients have to be sent to General Practitioners to obtain referral letters. This double handling is costly and inefficient and can delay timely medical treatment.

- Lack of MBS provider numbers has sorely restricted the effectiveness of Nurse Practitioners located in rural areas and in the aged care sector as they rely on the ability to refer to private facilities for a range of diagnostics tests not available elsewhere.

Delegation of MBS – *Draft Proposal 8.2*

- Any suggestion of MBS provider numbers being available to non-medical professionals only if delegated from medical officers fails to take into account the autonomous practice of Nurse Practitioners and Allied Health Professionals. It also shows a level of ignorance in regard to the Nurse Practitioner level of education, professionalism and the delivery of high quality, safe and effective care. In addition to this, the AMA has repeatedly stated that they do not wish to take responsibility for Nurse Practitioner practice therefore a MBS delegation model will not meet with their approval.
- Proposals to provide a lower level of MBS reimbursement for non-medical professionals also fails to identify the equivalence of services rendered in terms of both quality and safety.

Health Occupations

- The Pie Chart [Figure 2 – page xx] inaccurately describes a category “Other Nursing Professional”.
- Table 1 [page xxi] states that this group comprises “Nursing assistants/personal carers”
- Figure 2 should describe this category as “Other” since personal carers are not nurses and neither nursing assistants nor personal carers can be considered as belonging to the professional category.

Pro bono training [page XLI]

- The doubts about the sustainability of health professionals providing significant levels of training pro bono applies equally across all the health disciplines especially for post graduate clinical education.
- This is not an issue unique to the medical profession.