Australian Nurse Practitioner Association
"Supporting advanced nursing practice"

9/11/05

Dear Sir/Madam
In response to the Productivity Commission 2005, Australia's Health Workforce, Position Paper, I would like to make comment on some draft proposals.

I write on behalf of Nurse Practitioners (NPs), nationally and address my concerns to enable the Nurse Practitioner role to further develop and achieve its true potential, not as a substitution for other providers of health care but as an autonomous role that already addresses many health care needs of the Australian community.

Draft Proposal 6.1
Currently NPs are authorised/endorsed through a rigorous process in each state that has developed a process. NSW, ACT, WA, SA and Victoria have authorised/endorsed NPs, Queensland, NT and Tasmania are developing the role and the authorisation process.
National consistency addressing educational requirement, the process for authorisation and therefore national authorisation would enhance workforce capacity by enabling not only a National perspective on the NP workforce but also on portability of licensure particularly for those NPs with cross-border clients and jurisdictions.

Draft Proposal 8.3
NPs are authorised/endorsed in their own state to work at an advanced practice level with certain privileges attached to the rigorous authorisation/endorsement process. These include

- Prescribing rights
- Ordering of diagnostic tests, including radiology and pathology
- Referral rights

These extra privileges and functions of the NP role are regulated by the guidelines/scope of practice developed around NP practice. However the role of many NPs includes after hours work, community work and rural and remote practice. As NPs do not have MBS or PBS numbers their practice is restricted on many occasions.
NPs are predominantly salaried workers and as such would not require these numbers for direct re-imbursement of their services. However to provide

equitable service to their clients, the numbers are crucial to allow clients access to allowances through these schemes. If a client goes to a public pharmacy with a legitimate prescription written by a NP but without a PBS number on the ‘script, the client is not eligible for any benefits or re-imbursement afforded to others.
Equally to be able to directly refer clients to see specialists other than in public hospital clinics (which are rare), NPs require a Medicare provider number under the MBS to enable re-imbursment for the client. At the moment these issues disadvantage many NP clients. This could be considered discriminatory and can prohibit optimal deployment of NPs and impede the use of available skills to reduce duplication of episodes of care both for the clients and the health system.

I hope the Productivity Commission will examine these issues.
I look forward to progress with these issues and the Nurse Practitioner role.

Yours sincerely

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