

Joint Submission from the *Australian Primary Health Care Nurses Association* and the *Australian College of Nurse Practitioners* to the Senate Standing Committees on Community Affairs on the Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australian

October 2021

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

www.apna.asn.au

Our Vision

A healthy Australia through best practice primary health care nursing.

Our Mission

To improve the health of Australians, through the delivery of quality evidence-based care by a bold, vibrant and well supported primary healthcare nursing workforce.

Contact us

APNA welcomes further discussion about this review and our submission. Contact:

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About ACNP

The Australian College of Nurse Practitioners (ACNP) is the national peak body for Nurse Practitioners and Advanced Practice Nurses in Australia. The ACNP is active in advancing nursing practice and improving access to health care.

This is achieved through:

- Leadership,
- Support of professional practice,
- Education and

- Research.

Our Vision Statement:

- To influence healthcare policy through advocacy, consumer engagement and research
- Instil nurse practitioner knowledge, competency and capability through access to quality education
- Facilitate the development of a community of professional practice

Our Mission Statement:

- To provide leadership, representation and support to improve the provision of health care to the general community
- To monitor and make recommendations regarding the ongoing development of the role, NP policy and positions
- To increase the level of awareness in health care and to the general public of the NP role
- To provide forums for discussion and dissemination of information
- To provide consultancy which improves the provision of health care to the general community
- To support relevant nursing research

Contact us

ACNP welcomes further discussion about this review and our submission. Contact:

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General comments

The Australian Primary Health Care Nurses Association (APNA) and the Australian College of Nurse Practitioners (ACNP) welcome the opportunity to provide a joint submission to the Senate Standing Committees on Community Affairs on the *Provision of general practitioner and related primary health services to outer metropolitan, rural, and regional Australians*. We are providing this submission on behalf of our membership of Australian primary health care nurses and Australian nurse practitioners.

APNA and ACNP acknowledge the Terms of Reference, and the importance of general practitioners and primary health care services provided in outer metropolitan, rural and regional Australians. However, APNA and ACNP recommend that these terms of reference be broadened to include greater focus on patient needs and the wider health care workforce and include specific reference to the nursing workforce in primary health care.

Given that health care is now more complex, integrated models of care are increasingly important. The Primary Health Care Advisory Group report states “our current health system is not optimally set up to effectively manage long-term conditions. Increased and poorly targeted service use is resulting in variable patient outcomes and significant financial impacts across the entire health system” (PHCAG, 2015 p.11). The report further notes that better integrated and coordinated primary health care services for patients with chronic and complex conditions are the best way to achieve better outcomes for patients and ensure a sustainable health system into the future.

The key to providing appropriate, accessible, and quality team-based care within the primary health care sector includes the increased utilisation of nurses and midwives, working to their full abilities and scope of practice, without unnecessary barriers. Recent evidence suggests that to ensure maximum quality of care and patient safety within primary health, collaborative, multidisciplinary team care will be required (ANMF, 2009). This integrated model of care has been proposed to reduce hospital and acute care demand and improve population health outcomes through prevention of illness, health promotion management of chronic disease and improved accessibility of services for communities both rurally, regionally and in metropolitan areas (ANMF, 2009).

GP shortages in outer metropolitan, rural, and remote areas are a challenge that require systemic reform to the wider primary health care system, further hampered by the ‘gatekeeper’ approach. There are no expected improvements to the GP shortage, in fact further decreases in GP numbers have been projected. Nurses and Midwives are one of the key health professionals in rural and remote area (Health Worker Density and Distribution, 2019). The nursing workforce must be considered as key health professionals in the provision of primary health care services, particularly in these areas.

Specific comments

A driving philosophy of health reform in Australia is the provision of the right care, in the right place, at the right time. This must be supported by a skilled workforce that is motivated, empowered and appropriately deployed so people can access high quality person-centred health services when and

where they need to. If we accept that nurses are essential members of the health care team the following must apply as a basis for reform discussion:

- Nurses should be enabled to work to their full scope of practice as part of a multidisciplinary team or through collaborative practice with other health professionals;
- Graduate nurses should be adequately mentored and supported to meet patient needs in primary health care settings;
- All nurses should be offered and enabled to access relevant ongoing professional development throughout their career and
- There needs to be a greater focus on attraction, recruitment and retention of the nursing workforce in primary health care through adequately supporting nurses in their career through mechanisms such as clear career pathways and appropriate wages.

Better utilisation of the nursing workforce

In Australia, at least 89,000 nurses work outside of hospital settings in primary health care (Department of Health, 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated, and trusted health professionals working in partnership with the multidisciplinary team and their local communities to treat and prevent illness and promote health across the lifespan.

The type of work performed by primary health care nurses may be clinical, such as care and treatment of illness, health education, health promotion, preventive health care, early intervention, health screening, chronic disease management and end of life planning (Halcomb and Ashley, 2019; APNA, 2018; ANMF, 2014; ANMF, 2021). Primary health care nursing roles also include managerial and quality activities, such as research, quality assurance, infection prevention and control, finances, human resources, stock control and cold chain management; policy activities; relationship building activities; and community development activities (Halcomb and Ashley, 2019; APNA, 2018; ANMF 2014).

Primary health care nurses working to their full scope of practice facilitate a better experience for patients (Desborough et al., 2015; Desborough et al., 2016; Halcomb, Salamonson et al., 2015) and provide effective care (Parkinson and Parker, 2013), improved productivity, value for money for health services (Parkinson and Parker, 2013; Afzali et al. 2014) and higher levels of job satisfaction and therefore, retention (Halcomb et al., 2018). That is, achieving the Quadruple Aim of health care.

COVID-19 Pandemic

The COVID- 19 pandemic has put extreme pressure on all areas of Australia's health care system due to ongoing outbreaks, vaccine rollout, and reduction in non- urgent and preventative health care while attempting to maintain health emergencies and urgent care. These challenges have intensified the need for strong, flexible, nimble primary health care services and highlight the need for a larger, stronger, and multi-disciplinary based workforce supported to work to their full professional abilities to improve access to care, especially for those who need it most.

APNA's 2020 Workforce Survey found that about 40% of the primary health care nursing workforce believe that they are not being fully utilised in their role (APNA Workforce Survey, 2020). In the last 12 months, about 54% of respondents suggested to their employer/ managers that they could undertake more complex clinical activities or extend their role within their scope of practice. These respondents represented nurses at all career stages from recently graduated nurses to highly experienced nurses, nurse managers and nurse practitioners (APNA Workforce Survey, 2020).

ACNP data suggests that between 30-40% of the nurse practitioner workforce is working in the primary health care sector either part time, or full time. There are significant and numerous barriers to their full utilisation, inclusive of nurse practitioner owned practices (ACNP Annual Member Survey, 2020). Should these barriers be addressed, ACNP projects that there will be a significant shift into primary care, including into rural and remote areas of Australia.

Furthermore, nurse utilisation in the primary health care setting appears to be dropping at a time when nurses should be fully utilised to optimise patient health outcomes and increase COVID-19 vaccination rates. Data from APNA's COVID Pulse Check Survey in August 2021, again found almost 30% of primary health care nurses reported they were not working to their full scope of practice. This figure had increased by almost 10% from the April 2021 data. With specific reference to the COVID-19 vaccination rollout the primary health care nursing profession has been overlooked and underutilised. Primary health care nurses are responsible for the administration of most vaccines in Australia. Yet, the Federal Government has failed to be united in efforts to fully utilise the expert and specialised skills of nurses in the management, set up and delivery of Commonwealth COVID vaccination rollout, which has contributed to a slower than anticipated rate of vaccinations of Australians. For example, Nurse Practitioners in primary health care were not engaged in the COVID vaccination response despite already participating in delivering National Immunisation Program (NIP) services and being the most highly skilled and educated nurses in the clinical nursing workforce. Nurses in private primary health services, such as general practice are not funded to give the COVID vaccines unless there is a doctor on the premises. This is despite the fact their state health employed counterparts, and those with equal qualifications working for Commonwealth funded private vaccine contractors, are being employed to do outreach clinics without direct medical supervision. This, alongside issues such as vaccine supply shortages, confusing government messaging, misinformation and vaccine hesitancy has exacerbated tension and stress for Australians surrounding the COVID pandemic.

Stronger Rural Health Strategy

Commitment and funding towards strengthening the nursing workforce under the Stronger Rural Health Strategy was welcomed. The three components of this strategy highlight the benefit of a targeted approach, which include:

1. Nursing in Primary Health Care (NiPHC program)
2. Raising Awareness of the Role of the Nurse Practitioner Project and
3. An independent review of the current preparation of nurses entering the workforce in Australia.

The Nursing in Primary Health Care (NiPHC) initiative has led to several key outcomes including (also see Appendices):

- **APNA's Transition to Practice Program;** with an 85 per cent retention rate of program participants and 87 per cent intending to remain working in PHC.
- **APNA's Building Nurse Capacity;** with 90 per cent of nurses feeling confident in establishing a nurse clinic and 87 per cent of nurses believing this project was important or very important to their job satisfaction.
- **APNA's Chronic Disease and Healthy Ageing Program;** with over 294 participants with an increasing spread across MMMs.

The ***Raising Awareness of the Nurse Practitioner Project*** was focused on, and delivered on the following aims:

- To highlight the skills, experience and expertise of nurse practitioners currently delivering exceptional health care and identify future potential for these roles;
- To improve public awareness of nurse practitioners as a choice for healthcare with a focus on primary health care and
- To create health sector awareness and increase the recognition of and value for nurse practitioner roles and the pathway to achieve this as a career aspiration.

The campaign utilised nurse practitioners to deliver messages to both the community and health sectors. Respondents to surveys in relation to project outcomes indicated a positive impact on community and healthcare sector knowledge and understanding of the nurse practitioner role. The project included television advertising in rural and remote Queensland, and this was particularly well received. The ACNP has identified such project activities as critical, and as a key focus for future funding, however a broader reach was not possible under the funding allocated to this project.

Several structural and cultural issues need to be addressed to further enable the workforce to embed nurse delivered models of care. Addressing these barriers will unleash the potential of primary health care nurses to improve patient access and deliver quality person-centred care. APNA and ACNP believe that the following issues need to be addressed as a matter of high priority:

Funding models

Current fee-for-service funding conditions in General Practices generally require billed services to be provided by the General Practitioner (Duckett and Swerissen, 2017). This model constrains primary health care nursing practice, including the ability to initiate and lead care that would usually fall within a nurse's scope of practice. A recent report from the MBS Review's General Practice and Primary Care Clinical Committee recommends modernising *"the language of the MBS to more appropriately reflect the role of registered and enrolled nurses in practice"* (Medicare Benefits Schedule Review Taskforce, 2018 p.8).

MBS rebate restrictions that affect the patients of nurse practitioners in primary care are well known, and despite a wide range of clinical evidence and substantial examples demonstrating the adverse

effect of these MBS restrictions- they remain. This continues to put patients at risk and adding cost to the health system (KPMG 2018; NPRG report 2019; ACNP Letter to the Minister of Health 2021).

Interdisciplinary and patient support

Perceptions and attitudes by other health professionals or employers about the role of primary health care nurses play a significant role in a nurses' ability to work to their full scope of practice (Murray-Parahi, 2017). The scope and functions of primary health care nursing have evolved and expanded into some areas of practice that in the past were seen as the responsibility of other medical professionals. Whilst nurses in acute settings are highly regarded for their expertise and trusted to perform health care services in hospital/ emergency facilities, this level of recognition does not always extend to nurses who work in primary health care settings due to a lack of understanding of the competencies and capabilities of a primary health care nurse. This has the potential to create professional tensions between primary health care nurses and medical professionals (Henderson et al., 2014; Halcomb and Ashley, 2017; Jackimowicz et al., 2017). Schwartz (2019) states that resistance from medical professionals and restrictions on scope of practice have in some instances limited a Nurse Practitioner's employment possibilities.

An interim evaluation of the Health Care Homes model found that while nursing care was mostly well received by patients, others patients "did not think that the nurses were qualified to attend to their medical needs" (Health Policy Analysis, 2019 p18). This highlights that patient support and understanding of the nursing skillset is essential to achieving team-based person-centred care.

Recommendations

Short term

MBS reform:

- Remove direct General Practitioner (GP) supervision for activity within a nurses' scope of practice.
- Increase access to MBS item numbers for Nurse Practitioners (NPs) for activity that falls within the individual nurse's scope of practice, including their ability to refer to MBS funded Allied Health services.
- Increase the rebates for patients of Nurse Practitioners for time-based items to improve the capacity to employ or engage them in general or primary care practices, and sustain their services.

MBS reform will allow primary health care nurses and Nurse Practitioners to work to their full scope of practice through being able to increase their provision of all aspects of health care. Nurses already perform a diverse array of roles and responsibilities in different primary health care settings including general practice that release GPs to attend to higher level care and decision making, and MBS reform would ensure equitable access to primary health care services for Australians

Medium-longer term

Alternative funding models:

- Implement new funding models, as recommended by the Primary Health Care Advisory Group (Better Outcomes for people with Chronic and Complex Health Conditions, 2015) and the National 10 Year Primary Health Plan recommendation (Consultation Draft- Primary Health Care 10 Year Plan, 2021) that facilitate team based patient centred care and support all team members working to their full scope of practice.
- Implement care models for Nurse practitioners that explore innovative funding models incorporating fee for service for acute care bundled payments for chronic disease care and population health activities.

New funding systems in Australia and robust research can help us collect the data we need to understand how, for example, block and or pooled funding can improve health outcomes in rural and regional areas (Reddy, 2017; PwC, 2018).

Campaign to increase understanding and support of the nurse role:

- APNA has developed a marketing campaign concept built on the findings of the Annual Workforce Survey and APNA's Career and Education Framework. A funded roll-out of the campaign would highlight the diversity of work a primary health care nurse does, in a range of settings such as rural and remote general practices alongside encourage recruitment and retention of primary health care nurses in rural and remote settings. This would also work to build on the *Raising Awareness of the Nurse Practitioner Project* and raise awareness and promote the role of Nurse Practitioners in Australia.

Increasing the profile of the primary health care nursing workforce will facilitate greater employer understanding of the role of nurses and enhance the relationship between the nurse and their employer/s. It will also increase patient support and understanding of the nursing skillset through deepening patient understanding of the range of health care that nurses are qualified, confident, and capable to provide, which is essential to achieving team-based person-centred care.

Adequately skilled workforce

A review of Australian nursing education was undertaken in 2019 to ensure that graduate nurses would be adequately equipped to meet patient needs. The Educating the Nurse of the Future report highlighted the need for quality student placements including in rural and remote areas and explored sufficiency of current placement hours. The report also suggests that nursing education should reflect national health priorities including mental health and chronic disease prevention and management (Schwartz, 2019). This is also supported by the Royal Commission into Aged Care Quality and Safety Report (2019) which states the need for greater health professional training in aged care and associated complex conditions such as dementia and palliative care.

Reviews of the pre-registration nursing curricula in Australian universities have found a heavier weighting towards content preparing nurses for the acute care environment (Murray-Parahi et al., 2020; Keleher et al., 2010) and historically, most clinical placements occur in hospital settings (Australian Government Department of Health, 2014b). Nursing curriculum and placements should

reflect the shifting focus of health care delivery from hospital to primary and community care sectors keeping people healthy and well managed in their own communities, reducing need for expensive tertiary care. These placements need to be adopted equally across all primary health care disciplines across Australia.

APNA and ACNP believe that there is strong merit in The Nurse of the Future Report. It speaks to challenges that Australia's nursing workforce are currently experiencing and change that need to be enacted to best prepare Australia's nursing workforce to meet patients need through reform to education, training, and placement opportunity.

The Australian Government response to the Educating the Nurse of the Future Report was published in September 2021 and has outlined support for recommendation 9 and 26, support in principle for recommendation 23 and notes recommendations 1-8, 10-22 and 24-25.

Although there was recognition of the importance of all recommendations in the Government response, APNA and ACNP were disappointed to see that only two recommendations have the full support of Government. APNA and ACNP believe that this is unsatisfactory as it fails to show Government acknowledgement of the wider issues facing the nursing workforce and the role that nurses play in facilitating change and supporting health care in all settings across the nation.

Recommendations

The Australian Government re-consider support for the following key recommendations outlined in the Educating the Nurse of the Future Report:

- Recommendation 6: NMBA practice standards should specify the core knowledge, skills, and procedural competence newly registered ENs and RNs require to function in any workplace setting.
- Recommendation 14. The Commonwealth Department of Health should fund a national campaign designed to attract under-represented groups to nursing. NNMEAN should oversee the campaign and ensure that key stakeholders are engaged in its development and conduct.
- Recommendation 16: HEPs should consider forming consortia to develop recruiting, transition, and preparedness programs specifically designed to attract Indigenous students to nursing and to support them in making the transition to tertiary education.
- Recommendation 17: Nurses should be prepared by their academic work and clinical placements to enter the workforce in a range of practice environments. ANMAC's accreditation standards should encourage the re-orientation of nursing education toward primary care, which may require an easing of restrictions on who can oversee nursing education.

- Recommendation 20: ANMAC's RN accreditation standards for health informatics and digital health technologies should specify learning outcomes and the level of expertise required. The EN accreditation standards should contain similar specifications.
- Recommendation 21: In the process of specifying the core knowledge, skills, and procedural competence newly registered ENs and RNs need to function in any workplace setting (see Recommendation 6), NMBA should use national and local health priorities as a guide.
- Recommendation 22: In partnership with states and territories, the Commonwealth Department of Health should initiate an ongoing assessment of replacement, recruitment, and retention rates for generalist and specialist nurses across the country.

APNA and ACNP believe that there needs to be greater consideration of these specific recommendations as they are critical to the success of the nursing workforce in the future. Without reflection on how the Government can support nursing organisations, nursing peak bodies and higher education providers to achieve reform, APNA and ACNP believe that there will be limited improvement to the nursing sector.

Extend NNMEAN membership to include a broader range of stakeholders to ensure that *all* nursing professions are represented

- Moreover, as most of these recommendations are not within federal jurisdiction, direct responsibility for overseeing these recommendations will be up to the National Nursing and Midwifery Education Advisory Network (NNMEAN) as outlined in Recommendation 26. NNMEAN will be providing high- level strategic advice to health ministers alongside overseeing any reform based on the Educating the Nurse of the Future report. Therefore, it is essential **all** nursing professions are able to deliberate, provide specialised knowledge, experience and influence in key areas of reform. APNA and ACNP call for the Nursing and Midwifery Education Advisory Network (NNMEAN) to extend the membership of this advisory network to ensure complete representation for all nursing disciplines within Australia.

Create 8,000 primary health care nursing placement opportunities nationally in metropolitan, urban, rural and remote communities

- An online national placement system, capitalising on APNA's database and current student placement experience, will provide a greater number of clinical placement options for students. It will provide students with practical experience of primary health care nursing and increase capacity in primary health care. This solution will build upon and scale up APNA's current work with universities and tertiary institutions to provide high-quality nursing placements for undergraduate and postgraduate students in aged care, general practice, schools and community health settings. This would include working placements for Nurse Practitioner students specifically for the supervision and mentorship required to qualify in primary care. This placement system also ensures that students are placed with an accredited provider, alongside an AHPRA registered nurse mentor with at least two years of experience in primary health care.

Recruitment and retention of the workforce

Despite significant efforts to increase the medical workforce in rural and remote Australia, there continues to be considerable shortages of general practitioners in these areas. Due to the remoteness of these areas there is often wide disparities in the services and specialist care available which can be linked to high death rates for inner regional and remote areas- 20 per cent and 65 per cent higher than in metro areas, respectively (National Medical Workforce Strategy Fact Sheet, 2020).

A report conducted by Deloitte Access Economics has found that Australia is heading for a significant undersupply of General Practitioners by 2030 (General Practitioner Workforce Report, 2019). This report also highlighted that:

- There will be 37.5% increase in the demand for GP services between 2019 and 2030 (139.8 million increasing to 192.1 million) and
- By 2030, there is projected to be a shortfall of 9,298 full-time GPs or 24.7% of the GP workforce, with the deficiency of GPs to be most extreme in urban areas with a shortfall of 7,535 full-time GPs or 31.7% by 2030 (General Practitioner Workforce Report, 2019).

The National Medical Workforce Strategy has been developed to improve access to care by ensuring that there is a medical workforce that is appropriately structured and supported to meet the needs of every population alongside investigate solutions to address the wide disparities in access and outcomes in all Australian communities (National Medical Workforce Strategy Fact Sheet, 2020).

However, the National Medical Workforce Strategy has a specific focus on the supply of GP, non- GP specialist and consultant physicians in reducing geographic maldistribution. The focus on medical practitioners limits not only the workforce that could be utilised in these areas, but the amount of primary health care services that could be delivered. A strong, supported primary health care nursing workforce is needed to conserve resources and support the already shrinking medical workforce, and to provide immediate access to locally based care and referral to, and liaise with, medical services.

Data from APNA's recent COVID Pulse Check Survey has found that:

- Almost 1 in 5 respondents intend to cease working as a nurse, in their current primary health care setting, in the next 2-5 years.
- When respondents were asked where they have considered moving to, the most common response was retirement (24%), followed by non-nursing roles (15.6%) and state/territory health department COVID-19 vaccine roll-out settings (15.6%). Common reasons for intention to leave their current position included increased workload, lack of recognition, insufficient pay and inadequate working conditions.

This survey highlights significant challenges in retaining the primary health care nursing workforce and the need for strategies that increase recruitment and retention.

For example, an ageing nursing workforce (average age of 43 years) (Nursing and Midwifery Factsheet, 2019) is one challenge that is facing the nursing profession in Australia. However, the

Deloitte Economic 2019 report also speaks to the same challenge for General Practice, noting that in 2019, 33.9% of the GP workforce was aged over 55 years (General Practitioner Workforce Report, 2019). The impact of the number of GPs nearing retirement will be greater in those areas of workforce shortage, including rural and remote areas where there a larger number of solo medical practitioners. Impending shortages due to GPs retirements is compounded by increasing options for part time employment and a significant 20% drop in young medical graduates choosing general practice as a career option (General Practitioner Workforce Report, 2019). The support provided by nurses is crucial to continuity of care for many small regional communities. Rural health workforce agencies are already expressing concern about diminishing health services and the ability to recruit doctors and/or nurses.

Many rural health workforce agencies, such as Rural Doctors Network NSW are piloting combined state and federal funded primary healthcare projects, such as the Collaborative Care Program, looking at innovative care models, including nurse-led care and resource sharing where doctors and allied health rotate through set regional communities, supported by nurse-led clinics for triage and immediate access to care and care coordination (General Practice Workforce providing Primary Care services in Australia, 2021).

As part of a big picture view for health care, there needs to be an increased focus on recruitment and retention of the nursing profession in rural and regional areas more broadly. Advanced skill nurses and nurse practitioners can help fill care gaps to ensure community safety, immediate access to care and ensure timely escalation and referral to medical care as needed.

Likewise, rural and remote areas are already experiencing poorer access to health services than their regional and major city counterparts. The 2016 Survey of Health Care for people living in rural and remote areas illuminated that those living in these areas were less likely than others to have a usual GP or place of care, nor having access to facilities nearby to access specialists or medical tests (AIHW 2018).

The rate of people reporting not having a GP nearby as a barrier to seeing one was:

- 2.5 times as high for Outer regional areas and
- 6 times as high for Remote and very remote areas (AIHW 2019).

These figures increased significantly when reporting not having a specialist nearby as a barrier to seeing one from:

- 6.0 percent in Major cities to
- 22 per cent in Inner regional areas to
- 30 per cent in Outer regional areas and
- 58 per cent in remote and very remote areas (AIHW 2019).

Ensuring sufficient nursing staff in outer metropolitan, rural and remote areas would facilitate greater provision of care to patients and assist with alleviating the burden on the health system. Demand of services in these areas can be addressed through the increasing the recruitment of the nursing

professionals such as Nurse Practitioners who have the experience, expertise, and authority to diagnose and treat people with a variety of acute or chronic health conditions.

Recommendations

Campaign to increase understanding and support of the nurse role:

- APNA has developed a marketing campaign concept built on the findings of the Annual Workforce Survey and APNA's Career and Education Framework. A funded roll-out of the campaign would highlight the diversity of work a primary health care nurse does, in a range of settings such as rural and remote general practices alongside encourage recruitment and retention of primary health care nurses in rural and remote settings. This would also work to build on the *Raising Awareness of the Nurse Practitioner Project* and raise awareness and promote the role of Nurse Practitioners in Australia.

Showcasing the benefits and rewarding career of primary health care nursing will encourage new, younger, highly experienced, nurses from different health settings, and/or retired nurses to join the profession. This will work to combat the workforce shortages and instability settings particularly impacting the Aged Care and Home Care sector and promote supply to other primary health areas such as general practice, ACCHOs and community care.

Summary

Whilst GP shortages will impact the delivery of primary health care services in outer metropolitan, rural and remote areas, reform should be centred on strategies that facilitate patient centred team-based models of care.

Australia has a significant opportunity to make better use of its 89,000 strong PHC nursing workforce, to provide the *right care, in the right place, at the right time*. However, this will require reform to address structural and cultural barriers that currently limit optimal utilisation of the PHC nursing workforce. Greater focus on workforce attraction, recruitment and retention will also be essential to combating current and emerging workforce shortages.

Appendices

Appendix 1: Transition To Practice Program case study

APNA's Transition to Practice Program (TPP) has provided Marie Bottolfsen and Tahniah Ah Kit with a long-distance mentor-mentee relationship, with Marie mentoring in Darwin and Tahniah being mentored in Mt. Isa (1,600 kilometers apart).

For Marie Bottolfsen, this program wasn't around when she started working as a primary health care nurse and Marie is in a position now to answer the sort of questions she had when she started in primary health care nursing 15 years ago.

"A lot of nurses who start in general practice in the NT are new graduates without a lot of experience... There's no real support or training program in place to assist with this transition from a university course to 'real world nursing'. APNA has come a long way in providing that."

Tahniah who identifies with Waanyi, Kalkadoon, Ngadjon and Kuku Djungan tribes started working in child health within the largest single community Controlled Health Service provider land area in Queensland and was feeling she lacked the in-depth knowledge needed to fully care for her patients.

When Tahniah heard about APNA's Transition to practice program, she applied straight away. With Marie based in Northern Territory, with over 35 years' experience as a Registered Nurse and 15 years' experience in Primary Health, Marie understood how isolating it can be working in a primary care and rural/remote environment and provided clinical as well as practical advice to Tahniah in dealing with her workplace dynamics.

"Marie gave me the education to assert myself... to clinically prove my concerns and worries, to show the rationales behind what I wanted to do... Sometimes you need that fresh eyes to look into a situation and Marie always was that person for me."

The education modules helped increase Tahniah's knowledge in areas that were more specific to her role. Throughout the program, nurses draw on all their skills – organisational, communication, interpersonal, negotiation and conflict resolution.

Marie has begun training to be a nurse practitioner, adding to a degree in psychology and a postgraduate degree in diabetes education. Achieving that will be a concrete step towards caring for patients with chronic diseases, an area that is prevalent in the NT.

"I love primary healthcare.... I love connecting with my community, going out into the community, obviously advocating for health promotion and giving them health education. I find that so important to continue to Close The Gap..."

Appendix 2: Building Nurse Capacity Program case study

Orange is a city of 40,000 people in Central West New South Wales and home to an innovative nurse-led clinic which is making a substantial difference to the health and wellbeing of the community as well as to people in surrounding small towns.

APNA member Lynne Lambell, a Registered Nurse with 44 years' experience in rural NSW, heads up the Wellness Clinic which operates out of the Wellness House medical centre. It is here that Lynne and another nurse coordinate the care of more than 1,000 patients with chronic disease.

They aim to improve the health of these people by encouraging lifestyle changes, organising treatment by other health professionals, and increasing general health literacy so patients can manage their own health more effectively. Many of the patients she sees are from lower socio-economic backgrounds, including members of the local Indigenous community who have a significantly lower life expectancy compared to the rest of the NSW population. The team approach to patient care and the nurse clinic are supported by Dr Alex Hoyle, who says Wellness House seeks to “focus on health, rather than illness”.

“As doctors, we focus a lot on the numbers, on the medication, on the illness because that’s our training,” he says. “Whereas I guess with nursing, the focus is more on symptoms, activity and social coordination.

A big attraction for people on low incomes was bulk billing. All consultations are bulk-billed utilising eligible MBS chronic disease items and there is no out-of-pocket expense to patients visiting the nurse clinic. Initial 45-minute appointments to discuss health concerns and care planning allowed time for Lynne to gather information about the patient and provided a holistic insight to their individual health needs and goals.

“I like to start by finding out what matters to them so we can set some goals and help them – listening uncovers all kind of things where we can make a difference. It could be helping them access better quality, low-cost food or arranging transport to chemo appointments. The person and their needs are very much at the centre of what we do.”

Care plan development and GP consultation for identified treatments, medication and pathology attracted MBS funding. A follow up 30-minute appointment to check the progress of any referrals to additional services and to track and review patients’ care plans was scheduled.

Appendix 3: Nurse Practitioner Case Study

As a nurse practitioner working in an independent standalone primary health care practice*, one ACNP member has a broad scope of practice, seeing people across the lifespan, with acute and chronic illness. Within his primary healthcare role, he emphasises a case management model, and primary and preventative care, which is incredibly valuable to the community. He also provides outreach services to high-risk communities who have no, or poor access to primary healthcare services, such as persons with end-stage or complex long-term health conditions, sex workers, and intravenous drug users. His name has been removed due to the sensitive nature of the cases below. People choose to see him due to the individualised care he provides, including education and empowerment for self-management of health.

He says there are many patients that come to mind when he thinks about how he can support the health of people in his community, as well as reaching people with poor, or limited access to primary healthcare. Unfortunately, this also highlights the current restrictions on nurse practitioners, and the harm that directly arises from them. He has included a few of these cases here:

- Ms A ran out of her methotrexate (used for rheumatoid arthritis) during the Christmas holiday period, when all other primary care services in the area were closed. I was the only health care provider open, so she came in to see me for a new prescription. Methotrexate is one of the medicines that is within my scope of practice to continue, after initiation by a medical specialist. I routinely monitor patients on methotrexate, including ordering the regular blood tests required. There are no PBS rebates though for patients when a nurse practitioner prescribes this medicine, so Ms A had to pay \$125 for a month's supply, entirely out of pocket. If a GP had prescribed it, it would have been subsidised, and would have also counted towards her PBS safety net.
- Mrs B was an aged pensioner using eye drops for the treatment of her glaucoma, which are not subsidised by the PBS when prescribed by a nurse practitioner. During COVID, her GP stopped seeing patients face to face, and she was unable to get a telehealth appointment. I saw her, and advised her it would be a private prescription, Mrs B understood there would be an additional cost. Unfortunately, Mrs B attended her local emergency department a week or so later with an acute flare up of her glaucoma, she had been too embarrassed to tell me she could not afford her medicine and could not fill the prescription.
- Mr D was a long-term patient of mine, after several years of providing primary care for him, he disclosed that he was a sexual abuse survivor. He had never disclosed this to anyone else before. Recent media reports about the Royal Commission had triggered his anxiety, so he decided to disclose this to me, so he could obtain counselling. He could not afford to pay private fees, so he would benefit from MBS subsidised psychology sessions, under a Mental Health Care Plan. Nurse practitioners cannot provide these plans, nor can they refer for MBS subsidised mental health treatment. He was forced to choose between paying full fee for a psychologist, disclosing his abuse to a medical practitioner he had no therapeutic relationship with, or not proceeding with therapy. He chose to pay privately for a psychologist, however there is no guarantee this is sustainable for him economically and will limit his access to counselling.

*This nurse practitioner is one of many who have worked alongside GPs, however the current funding models mean that nurse practitioners are paid much less than what is commensurate with their skills, and the high turnover/short consultation approach is incompatible with nurse practitioner care.

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