Supporting nurses in primary health care

Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025

Executive summary

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for the 100,000+ nurses working in primary health care.

APNA strongly supports the *Health Legislation Amendment (Prescribing of Pharmaceutical Benefits) Bill 2025*, as a critical part of implementing designated nurse prescribing, by including authorized nurse prescribers as a category of prescriber under the Pharmaceutical Benefits Scheme.

This bill follows extensive consultation over the course of a decade and will complement reforms that Health Ministers have committed to and are progressing through state and territory parliaments.

Nurses are highly skilled, highly trusted, and deliver safe, quality care. Nurse prescribing is a cost-effective intervention that offers continuity of care that can reduce the workload for other healthcare team members and improve patient satisfaction by streamlining patients' health experiences.

Primary health care nurses are also geographically well-distributed and represented in nearly every community across the country from MMM1 major cities to MMM7 very remote communities. In remote areas, PHC nurses provide vital health care access that would not otherwise be available to communities.

Recommendation 1: That the Senate Community Affairs Committee recommend that the bill be passed.

APNA will continue to engage closely with state and territory government consultation processes on legislative amendments and implementation, to support this important reform and enable nurses to work to their full scope of practice.

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care.

The World Health Organisation defines primary health care as "a whole-of-society approach to health that aims equitably to maximize the level and distribution of health and well-being by focusing on people's needs and preferences (both as individuals and communities) as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment" (World Health Organisation, 2018).

Primary health care nurses are the largest group of health care professionals working in the primary health care sector. In Australia, this constitutes more than 100,000 nurses who work outside of the hospital setting in diverse settings, and includes nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs).

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These nurses are highly experienced, skilled and trusted health professionals working within multidisciplinary teams in their local communities to prevent illness and promote health across the lifespan.

APNA has extensive experience advocating for and supporting nurses to fully participate in the workforce throughout their career journey. This includes supporting our emerging nursing workforce through student placement programs, along with workforce programs that support nurses new to primary health care to transition into this sector, programs that support the utilisation of PHC nurses through nurse-delivered, team-based models of care, and education programs to support nurses deliver chronic disease management and healthy ageing services.

The role for nurses within primary health care is clear. Nationally and internationally, nurses are recognised as essential to achieving improved population health outcomes and better access to primary health care services. Enabling nurses to work to their full scope of practice supports them to have a more central role within a team-based, multi-disciplinary model of care. This supports holistic, person centred management of chronic disease and offers an opportunity to move from a disease-focused approach to health care to one that prioritises the prevention of illness and promotion of health (Adrian & Australian Nursing Federation, 2009; Crisp & Iro, 2018).

Prior consultations and policy processes to progress registered nurse prescribing

Implementation of a designated registered nurse prescribing framework follows extensive consultation and analysis:

- <u>2016</u> "*the former Australian Health Ministers' Advisory Council's Health Workforce Principal Committee (HWPC) requested that the Nursing and Midwifery Board of Australia (NMBA) work with the Australian and New Zealand Council of Chief Nursing and Midwifery Officers (ANZCCNMO) to explore potential models of prescribing by RNs*"
- <u>March 2017</u>: the Commonwealth Chief Nursing and Midwifery Officer convened a national symposium to "*explore the potential for RN prescribing*"
- <u>October 2017</u>: the Nursing and Midwifery Board of Australia [NMBA] released a discussion paper on registered nurse and midwife prescribing
- <u>April 2018</u>: the NMBA undertook preliminary consultation
- <u>July 2018</u>: the NMBA released for public consultation a proposed registration standard
- <u>March 2019</u>: the NMBA undertook profession specific consultation
- <u>2023</u>: the NMBA released a consultation regulation impact statement, with options for models to support the proposed registration standard;
- <u>December 2024</u>: Health Ministers "endorsed a scheduled medicines and associated registration standard for the designation Registered Nurse Prescriber role".

 (Department of Health, Disability and Ageing, 2024; NMBA, 2017, 2018, 2023a, 2023b, 2025b)

States and territories are progressing work to review and amend state and territory legislation to implement designated nurse prescribing within their jurisdictions.

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About the Bill

As set out in the Explanatory Memorandum, the Bill amends the *National Health Act 1953*, and makes consequential amendments to the *Health Insurance Act 1973*, in order to:

> *"Establish a process by which eligible registered nurses who meet specified criteria may be approved by the Secretary as authorised nurse prescribers;*
>
> *Provide mechanisms for the Secretary to suspend or revoke such approvals;*
>
> *Include authorised nurse prescribers as a category of PBS prescriber and enable the Minister to specify the pharmaceutical benefits they may prescribe;*
>
> *Ensure that patients receiving treatment from authorised nurse prescribers can be prescribed pharmaceutical benefits on the PBS;*
>
> *Make consequential amendments to reflect the inclusion of authorised nurse prescribers as a new PBS prescriber type.*

This Commonwealth amendment reflects an important step towards enabling registered nurse prescribers to prescribe under the Pharmaceutical Benefits Scheme (PBS), ensuring patients can access PBS benefits.

As outlined below, this Commonwealth legislation is an important component, but not the only legislative change required, to implement nurse prescribing. APNA continues to engage closely with state and territory governments to support implementation of registered nurse prescribing across Australia.

The benefits of nurse prescribing

The critical role of nurses

Nurses play a critical role in providing essential health care access, managing complex and chronic health conditions and keeping people out of hospitals which is particularly necessary where there is limited or no access to a regular general practitioner (Brownwood & Lafortune, 2024; Robinson et al., 2024). Nurse prescribing is a cost-effective intervention that offers continuity of care that can reduce the workload for other healthcare team members and improve patient satisfaction by streamlining patients' health experiences (Peters & Clarke, 2025).

Nurses are highly trusted, and deliver quality care. Australians trust nurses, and consistently rank them as the most trusted profession in health (Roy Morgan, 2021). APNA's Professional Indemnity and Public Liability Insurance claims data shows that nurses practice safely with only 99 claims made over a 9-year period with average claims being only $4,563.49. More than 5,300 APNA members hold APNA-member Professional Indemnity and Public Liability Insurance as of January 2026. Only 0.5% of nurses had a notification to NMBA/Ahpra in 2024/25, compared to 6.1% of all medical practitioners (Ahpra and the National Boards, 2025).

Nurses are also the largest single health profession in Australia, accounting for 54.5% of the health workforce (Ahpra and the National Boards, 2025), making them ideal health professionals to expand access to medicines for Australian communities.

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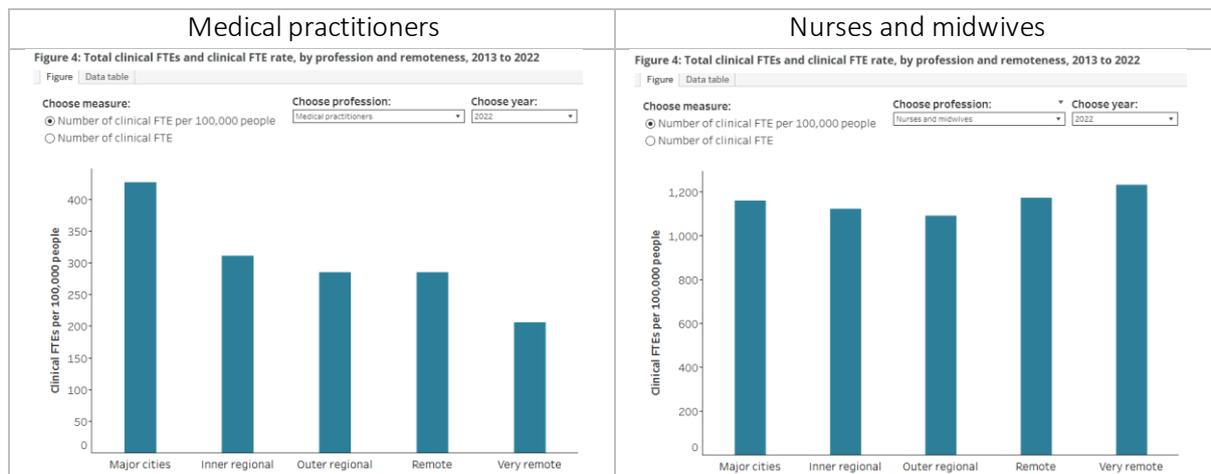
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The contribution of primary health care nurses

Registered nurses working in primary health care in Australia are highly qualified, skilled and experienced, with the APNA (2024) Nursing and Midwifery Workforce Survey (APNA Workforce Survey) showing 78% of nurses (*n*=2821) hold a degree qualification or higher and the median nursing experience is 20 years with 9 of these years in primary health care.

Nurses are also geographically well-distributed and represented in nearly every community across the country from MM11 major cities to MM7 very remote communities. In remote areas, PHC nurses are often providing vital health care access that would not otherwise be available to communities. Government data that shows in remote areas of Australia, there is a lower FTE of GPs, but a higher FTE of nurses per 100,000 population than in metro and regional areas (Australian Institute of Health and Welfare, 2024).

Enabling designated registered nurse prescribers to access the PBS will make a critical difference in providing timely access to medication, particularly for people in regional, rural and remote communities.

Recommendation 1: That the Senate Community Affairs Committee recommend that the bill be passed.

Safeguards in the nurse prescribing framework

There are multiple safeguards and requirements in place as part of the framework. To qualify for endorsement, registered nurses must (NMBA, 2025b):

- hold current general registration as a registered nurse;
- demonstrate at least three years' full-time clinical experience post-initial registration;
- complete an NMBA-approved postgraduate qualification or equivalent units of study leading to endorsement for scheduled medicines as a designated RN prescriber.

In addition, nurse prescribing must occur under a clinical governance framework, and a prescribing agreement. Once endorsed, designated RN prescribers must also complete a six-month period of clinical mentorship with an authorised health practitioner.

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APNA's engagement with state and territory processes

Because drugs and poisons legislation is governed by state and territory legislation, an intergovernmental process has been established to support implementation (NMBA, 2025b):

> *An Implementation Oversight Group (IOG), co-chaired by the CNMOs of New South Wales and South Australia, has been established to guide the national roll-out of designated RN prescribing.*

> *IOG membership includes representatives from jurisdictional and Commonwealth CNMOs, the NMBA, AHPRA and ANMAC and will provide quarterly updates to the Health Workforce Taskforce.*

> *The group will work with key stakeholders to oversee a nationally consistent approach to implementation by managing risks, supporting clinical governance, and align prescribing practices with state and territory drugs and poisons legislation.*

APNA has consistently supported nurse prescribing, through submissions to Commonwealth and state and territory processes (APNA, 2023, 2025b), and welcomed the new standards for designated nurse prescribing coming into effect (APNA, 2025a). We are represented on a range of state consultative bodies associated with implementation of the standard and amendments to the legislation, and will continue to work to support jurisdictions across Australia enabling nurses to work to their full scope of practice.

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