



SARRAH

Services for Australian Rural and Remote Allied Health

20 December 2021

Department of Health
Attention: Director Nursing Taskforce
MDP 610
GPO Box 9848
Canberra ACT 2601
Australia

nursepolicy@health.gov.au

Services for Australian Rural and Remote Allied Health (SARRAH) Submission: Nurse Practitioner 10 Year Plan

Thank you for the opportunity to provide input to the consultation process for the Nurse Practitioner 10 Year Plan.

SARRAH welcomes the initiative to develop the Plan and encourages the decision-makers to commit to building and enabling the full and appropriate practice of this highly skilled workforce. They have a critical role in providing and facilitating access to high quality health care, which remains difficult for many Australians.

We welcome the development of the *Nurse Practitioner 10 Year Plan* and its concurrent development of the *National Nursing Strategy*.

We note the purpose of the Plan is to describe a set of actions that can be taken to address nurse practitioner workforce issues of national significance and enhance the delivery of nursing care to the Australian community. The Plan will include 1 to 3 year, 5 year and 10 year goals.

Services for Australian Rural and Remote Allied Health (SARRAH) is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by and as a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

It is crucial that Government policy recognise the fundamental importance of the nursing and midwifery workforce, as the largest and most evenly distributed health professional workforce in Australia and actively supports them to utilise their full scopes of practice. Investing in the growth, development and enablement of Nurse Practitioners will enhance our overall health service and workforce capacity, help take pressure off other parts of the system, including GPs and public hospitals, and enhance our future capacity to deal more effectively and with more timely pandemic responses.

We note the introduction of MBS items for Nurse Practitioners (NP) just over a decade ago occurred as part of a broader program of national health workforce development and reform designed to improve the effectiveness, efficiency and access to health care nationally. That reform process drew momentum from an extensive inquiry by the Productivity Commission and was enabled through a national process, negotiated under the then Council of Australian Governments (COAG). The NP MBS measure was meant to improve community access to services and support growth in the highly skilled NP workforce. While there has been growth, the potential benefits in community access to services appear to have been frustrated by several factors. As noted in the consultation paper (page 14):

“The NP model was initially introduced as a potential way to address health service gaps in rural and remote areas. However, the sustainability of the NP model has been questioned, with criticism that NPs have not made a marked difference to gaps in rural health services. Barriers to achieving this include local health service policy and budget constraints, workload, lack of role clarity, lack of jobs and national policy and regulatory systems.

The mandated requirement for NPs working in private practice to enter a collaborative arrangement with a medical practitioner is also a challenge in rural and remote locations, where there may be few medical practitioners with whom to collaborate, which results in reducing patient access to NP care.”

These are important issues to be addressed through the Plan.

Similarly, during the emergence and development of the COVID pandemic the Australian College of Nurse Practitioners, together with other key nursing and midwifery bodies have sought agreement by the Commonwealth to enable NPs to administer vaccinations directly. This would seem to be fully within NPs skillset and scope of practice and would have been a positive workforce services and access boost at a time when other health professionals, notably GPs, were overwhelmed by demand and the difficulties of continuing care in a pandemic environment. It is difficult to identify an objective reason or the rationale for not enabling NPs to work in this way outside of the public systems.

Investigating and addressing this issues would also be one of the “important actions that can be taken to address nurse practitioner workforce issues of national significance and enhance the delivery of nursing care to the Australian community”.

With regard to the Nurse Practitioner 10 Year Plan Steering Committee, it is pleasing and appropriate that the Committee is (co-)chaired by the Australian Government Chief Nursing and Midwifery Officer and that the majority of members are nursing and midwifery professionals, experts and leaders. The Steering Group includes other representatives but not an allied health representative. The consultation paper identifies the importance of NPs working with health professional colleagues and

some of the challenges associated with those interactions and/or difficulties due to the absence of such health professionals. This is often the situation with allied health services, reflecting the extreme mal-distribution of this workforce. SARRAH suggests consideration be given to adding allied health representation to the Steering Committee.

We also note that the Australian Government has yet to commit to developing a national allied health workforce plan, despite the severe mal-distribution of this workforce and the flow on impacts of those shortages across the health and social support systems. The allied health workforce is estimated to be around 220,000 nationally. We hope the commitment to the *Nurse Practitioner 10 Year Plan* and the *National Nursing Strategy* is genuine and committed to substantively on an ongoing basis, and that this helps promote similar health workforce commitments in other areas of urgent need.

We consent to SARRAH being identified and for our submission to be published on the Department's Consultation Hub.

For further information about how to support an increase in access to allied health service and workforce capacity in rural and remote Australia, please go to our website: [Home - SARRAH](#). If you would like to discuss issues raised in our submission, require further information, please contact Allan Groth at allan@sarrah.org.au.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Allan Groth', with a stylized flourish at the end.

for

Cath Maloney

Chief Executive Officer