APNA Response to:

NMBA Review of Guidelines for Privately Practicing Nurses

---

12 April 2024

About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in Primary Health Care (PHC). APNA champions the role of PHC 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 PHC nursing.

Our mission

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

Our Values

Better Together We are passionate and collaborative, fostering an environment where diversity is valued, and all voices are heard.

Positive Disruptor We are community-minded champions of change, innately curious and always open to innovation and ideas of the future.

Pursue Excellence We are evidence-based in our approach and hold our stakeholders and each other accountable as we strive for the highest standards of excellence.

Contact us

APNA welcomes further discussion about this submission.

Frances Cieslak
advocacy@apna.asn.au
1300 303 184
M: 0418 348 587

Introduction

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

APNA has extensive experience advocating for and supporting nurses to fully participate in the workforce throughout their career journey. This includes workforce programs such as student nurse placements, transition to practice and building nurse capacity (nurse-led team clinic), as well as education programs to support chronic disease management and healthy ageing.

APNA welcomes the opportunity to review the new NMBA Guidelines for Privately Practicing Nurses. This submission is provided on behalf of our membership and all PHC nurses in Australia.

Background

PHC nurses are the largest group of health care professionals working in the primary health care sector. In Australia, this constitutes more than 96,000 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). These nurses are highly experienced, skilled and trusted health professionals working within multidisciplinary teams and their local communities to prevent illness and promote health across the lifespan.

The role for nurses within PHC is clear. Nationally and internationally, nurses are recognised as essential to achieving improved population health outcomes and better access to PHC 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 importantly 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 (Amanda Adrian & Associates, 2009; Crisp & Iro, 2018).

APNA Responses

1. Is the content of the proposed Guidelines for privately practising nurses helpful, clear and relevant? If no, please explain why.

Overall, the content of the proposed new guidelines is helpful and relevant; APNA welcomes these guidelines in support for privately practicing nurses, patient safety and quality health service delivery in the community. However, we recommend greater clarity in the guidelines around who PPNs are and what they do. For instance, it would be useful to understand the different potential roles of PPNs and the various contexts in which they work so that the relevance of the guidelines to nurses is immediately

evident. More detail could be outlined in the current glossary or under the header 'Who do the guidelines apply to?' For example, what type of role would a nurse be undertaking as an independent contractor or providing a health service via social media? What might this look like? Furthermore, a header titled 'Who do the guidelines NOT apply to' could also improve clarity E.g these guidelines do NOT apply to nurse practitioners or non-surgical cosmetic nurses.

ADDED 12/04/2024 – APNA is keen to understand if a similar document for doctors or allied health professionals exists? If not, we are curious as to why such a guideline needs to exist for nurses? If there is a similar document, how does this guideline compare?

Further, APNA is keen to understand the rationale as to what evidence supports the need for these guidelines? For example, are there increased clinical issues for privately practicing nurses such as higher insurance claims or other data about malpractice?

Finally, APNA is interested to understand why privately practicing cosmetic nurses are excluded from this guideline.

2. Is there any content that needs to be changed, removed or added in the proposed Guidelines for privately practising nurses? If yes, please provide details.

The guidelines stipulate they apply to RNs and ENs. However, APNA would recommend the following to improve clarity and avoid any confusion:

- A review of whether these guidelines might also apply to Midwives and Endorsed Midwives (EMs) working in the community if they are potentially practicing in a private arrangement.

- Similarly, APNA is aware there are NPs working as privately practicing nurses and although NPs are referred to the NMBAs Guidelines for Nurse Practitioners, it might be useful to acknowledge the private practice of some NPs or provide clarity around which guidelines best apply to NPs in private practice.

- Review of 3.5 'Wellness and integrative medicine' under the Corporate governance section as it stipulates that 'PPNs are to follow a systematic evaluation process when considering, recommending or prescribing evidenced based medicines…..'

- This is somewhat confusing as RNs and ENs (for whom the guideline applies) cannot prescribe medicines, yet EMs and NPs can prescribe but are not covered by these guidelines. A review of this section is recommended for clarity and consistency.

APNA commends the NMBA for comprehensively outlining the PPNs obligations and governance requirements in Table 1, but we would like to offer the following feedback related to section 2 - Clinical governance, patient safety and quality improvement:

2.4 In relation to the need for PPNs to '…understand and apply the principles of primary and public health using the best available evidence in making practice decisions, we commend the NMBA for outlining this. However, we wonder how this will be measured or assessed and whether the NMBA might recommend further education and upskilling in primary and/or public health principles for PPNs to follow-up. APNA considers understanding these principles

as key to effective and quality primary health care and would be happy to discuss this further with the NMBA.

3 Would the proposed guidelines result in any potential negative or unintended effects for consumers, clients or patients including vulnerable members of the community who may choose to access PPN services? If yes, please explain why.

APNA is not of the opinion that the proposed guidelines would have any potential negative or unintended effects for consumers, clients or patients including vulnerable members of the community who receive care provided by a PPN complying with these guidelines.

4 Would the proposed guidelines result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.

APNA is not of the opinion that the proposed guidelines would have any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples who receive care provided by a PPN complying with these guidelines.

5 Would the proposed guidelines result in any potential negative or unintended effects for PPNs? If yes, please explain why.

Overall APNA welcomes the NMBA's drafting of this new guideline in support for privately practicing nurses, patient safety and quality health service delivery in the community. However, a concerted communication strategy to inform nurses broadly will be necessary as there is potential for PPNs to be found to be non-compliant given the comprehensive obligations outlined in Table 1 of the guideline. For example, sole traders may not have the information, incident and risk management processes set up according to the guideline or the quality improvement and reporting, referral pathways and other business administration requirements as outlined.

APNA would recommend a clear timeline is communicated with sufficient lead time from when these guidelines are approved to when PPNs will be required to comply so that they have enough time to 'get their house in order'. APNA recommends this lead in or 'grace period' for PPNs to become compliant should be a minimum of 6 months.

Furthermore, APNA recommends the development of a package of resources and support to assist PPNs with complying with the guidelines as there will be varying levels of business maturity amongst these nurses.

6 Are there any other potential regulatory impacts that the NMBA should consider? (refer to the NMBA statement of assessment at Appendix B) If yes, please explain why.

A question arises around how compliance will be measured or assessed, given the often invisibility of PPNs working in the community. APNA recommends that compliance with the guideline could be incorporated into the annual AHPRA registration process.

7 Do you have any other feedback on the proposed Guidelines for privately practising nurses?

No, recommendations and suggestions have been made throughout this submission. Thank you for the opportunity to provide feedback.