

Collaborative Arrangements 2023 Project Webinar – 11 April 2024 - Briefing points and questions and answers

Purpose

The webinar has been used to provide an update on the Department of Health and Aged Care's (the department) work to remove the legislative need for collaborative arrangements between the participating midwives, nurse practitioners, and medical practitioners to provide Medicare Benefits Schedule (MBS) services and prescribe Pharmaceutical Benefits Schedule (PBS) medications. Additionally, we took the opportunity to respond to stakeholders' questions.

Briefing

Legislative change process

1. Draft legislation. Done.
2. Introduction of legislation to Parliament. Done (20 March 2024).
3. Legislation passed by Parliament. In progress (expect completion during Parliament's Winter 2024 sitting period).
4. Royal Assent of the legislation received from Governor-General. To be confirmed (expected shortly after legislation passed by Parliament).
5. Legislation change date of effect. On track for 1 November 2024.

Consultations

- State and territory governments have been advised of the work to remove the legislative requirement for collaborative arrangements, along with the schedule. Each jurisdiction has confirmed no, or low, impact.
- The Pharmaceutical Benefits Advisory Committee (PBAC) have been briefed on the upcoming changes.
- Professional indemnity (PI) insurance providers have been briefed on the upcoming changes. One provider of PI insurance for nurse practitioners confirmed no impact to their products. MIGA, the contracted provider of PI insurance for midwives, is being worked with to ensure their product/s do not include the mandatory requirement for the legislated formats of collaborative arrangements beyond 1 November 2024.
- Services Australia have been consulted through the initial planning and subsequent project. They have confirmed no system impacts for Medicare.

Questions and answers

Collaborative arrangements

1. I'm an endorsed midwife in private practise. I have had to have a collaborative arrangement as a part of my professional indemnity. How will this change post-1 November 2024?

The requirement for endorsed midwives and nurse practitioners will continue until 1 November 2024. Beyond 1 November 2024, this will no longer be required; however, this does not preclude continued collaboration with other health professionals to provide patient care.

2. In the wake of the rising perinatal mortality rates in Queensland above 1.1%, is the removal of the additional safety mechanism, collaborating between doctors and midwives likely to reduce that rate?

The introduction of the legislative requirements for collaborative arrangements in 2010 was provided for the purposes of access to the MBS and PBS. It's never been, or was intended to be, a safety and quality mechanism.

3. If there is no collaborative arrangement in place, how can this be effective with the current PBS and MBS limitations on practice?

The collaborative arrangement requirement was a requirement to access the PBS and the MBS. That access for nurse practitioners and endorsed midwives will remain beyond the removal of the legislated requirement for collaborative arrangements. The Nursing and Midwifery Board of Australia (NMBA) are able to verify that someone is an endorsed nurse practitioner or endorsed midwife as they keep records of such.

4. Is the Royal Australian College of General Practitioners (RACGP) supportive of this removal of collaborative arrangements and increase in prescribing rights?

The department is not in a position to comment on behalf of the RACGP. The RACGP have expressed their views around these changes, both to Minister Butler and Assistant Minister Kearney, and may have previously published their views. The RACGP was consulted as part of the independent review of collaborative arrangements. The review resulted in the evidence-based recommendation to remove the legislated requirement for collaborative arrangements.

5. Will a federal approach for admitting rights to hospital be developed for endorsement wives for when a collaborative arrangement is no longer required?

No. Hospitals are operated and managed by state and territory governments; this includes admitting rights.

6. Would endorsed midwives be able to enter in to, or be prevented from entering into, a voluntary agreement to collaborate with the health service or an individual commission, for example, as part of visiting accessing credentialing processes with the hospital?

There is nothing stopping you choosing to voluntarily join or create a collaborative with another health professional following the removal of the legislative requirement for collaborative arrangements.

7. What will replace the requirements for collaborative arrangements? What would be the instrument to ensure adequate collaboration occurs, or will the knowledge and expertise of midwives be respected?

The standards of practice clearly establish the expectation that health professionals collaborate with one another across the health care system. Respecting the knowledge and expertise of all health professionals should be expected irrespective of health profession.

8. What are the expected/hoped for benefits of this legislative change with regard to improving nurse practitioners working to full scope of practice?

It was the view that the requirement for collaborative arrangements was no longer necessary and, in some cases, could be seen to limit the nurse practitioners and endorsed midwives to work through their full scope of practice. This, along with the work being led through the review of the scope of practice, is intended to ensure that all nurse practitioners and endorsed midwives may work to their various full scope of practice.

The review work is underway and there is a website available [<https://www.health.gov.au/our-work/scope-of-practice-review>] where you can check the progress of that and look at how we can maximise the full scope of practice.

9. What will be the plans to promulgate these changes to all affected health professionals, nurse practitioners, endorsed midwives, GPs, medical specialists, hospitals, at state and territory level, aged care sector, etc?

Nursing and midwifery peak bodies, along with the Australian Medical Association and RACGP, have been consulted as part of the independent review of collaborative arrangements, which was used to inform Government ahead of its decision to remove the legislative requirements. Through the conduct of the project, these stakeholders, state and territory governments (including jurisdictional chief nursing and midwifery officers (CNMOs), the PBAC, PI insurance providers, other self-identified stakeholders, and the broader public have been kept informed of the upcoming changes.

The project has its own webpage [<https://www.health.gov.au/our-work/collaborative-arrangements-2023-project>], which is the primary source of information and updates regarding the project to remove the legislated need for collaborative arrangements. This has been supplemented by targeted emails to notify of the webpage's availability and subsequent updates to it.

10. What additional training will the midwives and nurse practitioners be undertaking, and to what time frame?

There are no additional requirements for training. All the endorsed midwives and nurse practitioners are highly trained professionals. They have met the necessary educational and experience requirements of the Nursing and Midwifery Board of Australia to be recognised as nurse practitioners and endorsed midwives; these requirements are clearly defined and the standards of practice established to ensure duties are safely and effectively performed.

Like all health professionals, there is the continuous requirement for all nurse practitioners and endorsed midwives to complete their continuous professional development (CPD) hours to be eligible to be re-registered, and all nurses and midwives adhere to these requirements.

Medicare Benefits Schedule

11. Will there be the ability for nurse practitioners to receive the bulk billing incentives currently available to general practitioners?

Those billing incentives are not currently available for nurse practitioners or midwives. Any decision to introduce bulk billing incentives for either or both of those professions is a decision of Government and has no relationship to this piece of work. That would have to be a proposal that's put to, and considered by, Government.

12. Can you please advise if there will be improved access to MBS Item numbers as a part of this process?

The removal of the legislated requirement for collaborative arrangements does not change the Item number you can currently access if you have a collaborative arrangement in place; it simply removes that requirement to have a collaborative arrangement in place. Like the bulk billing incentives, they are MBS Items. If access for nurse practitioners and/or endorsed midwives to further MBS Items occurs, it will be done through a separate process that will require consideration and a decision by Government.

Pharmaceutical Benefits Schedule

13. What will be the impact on Pharmaceutical Benefits Schedule Shared Care Arrangements, Community Treatment Orders, and prescribing?

The PBAC is undertaking a review of prescribing by nurse practitioners the endorsed midwives. That piece of work primarily arose from the Nurse Practitioner Workforce Plan that was released by Assistant Minister Ged Kearney in May 2023. The PBAC are going through the list of items for prescribing by nurse practitioners and endorsed midwives, including those that have the shared care model note and the continuing therapy only requirement for nurse practitioners. Those with prescribing conditions that sit underneath the legislative collaborative arrangements will continue to be in place until they've been reviewed by the PBAC. If the PBAC makes any recommendations to change those, the department will proceed with making any changes recommended by them.

A survey was recently done by the department; it received a really strong response rate, particularly from nurse practitioners and endorsed midwives, with feedback around barriers they experience when prescribing through the PBS. The department is working through that feedback and will take it back to the PBAC, with the hope that we will have outcomes from that review before 1 November 2024.

14. Given PBAC is still reviewing PBS prescribing rights for endorsed midwives and nurse practitioners and the Scope of Practise Review is currently underway (and isn't expected to report until later this year) is there a risk of unanticipated consequences by getting ahead of the related reviews?

Work has been underway for quite some time; it was a part of some of the work in the days of the MBS Taskforce. The MBS Taskforce recommended a review of the removal of the legislated requirement for collaborative arrangements; this was further supported when the Nurse Practitioner Workforce Plan was underway. An extensive review was done, with the findings provided to Government ahead of its decision to proceed with the removal of the legislated requirements for collaborative arrangements. This commitment was made in the 2023-24 Budget.

15. Is there going to be any change to the way public hospitals can engage with the nurse practitioner workforce in regard to billing their services of PBS? Currently, this cannot occur and this may be a different piece of work.

Correct, this cannot occur and would be a separate piece of work. For public admitted patients who are being treated as public patients, while they're admitted, they cannot have anything claimed on the MBS.

16. Can you tell me where we are up to with PBS and MBS prescribing review, please? Or, where I get access to updates on where this process has got to, please?

The department is currently undertaking a review of prescribing through PBAC. The PBAC review includes consideration of items that may be prescribed by nurse practitioners and endorsed midwives. The current PBS Schedule is being reviewed to see if there are medicines that may be prescribed by other prescriber types which aren't currently able to be prescribed by nurse practitioners and endorsed midwives; the department is seeking consideration of whether endorsed midwives or nurse practitioners should be added as eligible prescribers for those. The PBAC provides advice to the Minister for Health and Aged Care on which medicines should be subsidised through the PBS. They also provide advice on the circumstances of that prescribing, and the PBAC's remit is to look at circumstances where medicines are used to ensure effectiveness, safety, and cost effectiveness.

The PBS review is not seeking to influence the scope of practice of nurse practitioners or endorsed midwives. The department is considering whether there are changes that need to be made to subsidy or medicines for the PBS, which will enable patients of nurse practitioners and endorsed midwives to receive subsidised medicines and also access the PBS Safety Net.

It's important to clarify this does not change prescribing right at all, just the subsidies that can be accessed by patients. Drugs and poisons legislation is not changing, so prescribing right will remain the same.

Professional indemnity insurance

17. Can you please confirm that the insurance legislation will be amended, and policy updated to remove the requirements for the collaborative arrangements?

Insurance legislation does not have to be amended. The department is working with PI insurance providers to ensure the requirement for one of the legislated formats of collaborative arrangements are removed from their products from 1 November 2024.

18. Is there expected to be an increase in premiums?

This is a decision for PI insurers; however, as MIGA is contracted by the department to provide PI insurance to midwives under the Midwife Professional Indemnity Scheme, their insurance premiums are capped.

Other

19. What additional communication will the department do regarding public awareness of nurse practitioners?

This is out of scope for this project; however, the department continues to work with the colleges to promote the important work these two professional groups do in their work. Outside of this, it's expected the professional peak bodies are predominantly responsible for representing their respective memberships.

20. What about the potential prescribing rights for registered nurses (RNs); has that been factored in?

This is out of scope for this project; however, Australia's jurisdictional CNMOs have been working with the NMBA to introduce the designated RN prescriber. This work is well developed and the hope is for it to be introduced later in the year. If so, it is expected to have an educational requirement, which is in the process of being endorsed by Australian Nursing and Midwifery Accreditation Council (ANMAC).

Work towards end designated prescribing is progressing. Unfortunately, it was delayed due to COVID; however, it is an important part of contemporary practice for registered nurses, and it will require additional education.

Additional related information

From the CNMO:

- There are multiple pieces of work going on associated in many ways through the Commonwealth with workforce. The Nurse Practitioner Workforce Plan has been completed and work is progressing towards its delivery.
- The increase in the MBS rebate by 30% is coming up on 1 July 2024.
- Australia's first National Nursing Workforce Strategy is being drafted, with the first round of consultations having been completed; we welcome everyone to contribute to the strategy in the second round of consultation later this year.
- Queensland, Northern Territory, and ACT are leading work to draft a National Maternity Workforce Plan. This is occurring under the umbrella of the Health Workforce Taskforce and will lead to further work, which will consider the entire maternity workforce into the future.
- The NMBA have an exciting piece of work underway, called Midwifery Futures, to which many have contributed already. This will explore midwifery as a profession (including endorsed midwives) and how it may evolve into the future.
- There are also other reviews, including those relating to incentives to the markets and other things that are currently under consultation. Please keep an eye on the department's consultation announcements. Additionally, the department's CNMO has a newsletter that provides updates on the many pieces of work the department is doing, particularly those relevant to nurses and midwives. A link to the newsletters is available via the CNMO's webpage [<https://www.health.gov.au/contacts/chief-nursing-and-midwifery-officer>].

Regarding the PBS:

- Updates on the work being done on the PBS review, and prescribing by nurse practitioners and endorsed midwives, will be communicated through the CNMO's newsletter.
- The PBS newsletter is another channel through which people may be kept updated on progress; it may be subscribed to through pbs.gov.au.