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# Medicare Benefits Schedule Review Taskforce

## Taskforce Findings: Nurse Practitioner Reference Group Report

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This document outlines the Taskforce’s advice in response to the report from the Nurse Practitioner Reference Group (NPRG).

The Taskforce did not endorse any recommendations from the Final Report from the NPRG; instead, it made three independent recommendations that may help to address known foundational issues.

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| Number of items reviewed                        | 10 |
| Number of recommendations endorsed              | 0  |
| Number of independent Taskforce recommendations | 3  |

### List of independent Taskforce Recommendations

#### Taskforce Recommendation 1 – Review Collaborative Arrangements

The Taskforce strongly endorses collaborative arrangements in ensuring patient safety.

Collaborative Arrangements were established in 2010 and provide guidance on the details of collaborative arrangements, functions and the responsibilities of the nurse practitioner involved in the collaboration, in relation to referrals, consultation and record keeping. The existing arrangements do not refer to scope of clinical practice.

The Taskforce recommends a review of Collaborative Arrangements to ensure safe and appropriate care, within the specified scope of clinical practice of the individual nurse practitioner involved in the collaboration. Consideration should be given during the review to the responsibilities of the other parties in the collaboration to ensure that referrals are made according to the defined clinical scope of practice of the nurse practitioner so that patients receive safe and appropriate care.

#### Taskforce Recommendation 2 – Establish scope of practice and credentialing frameworks for nurse practitioners

Throughout deliberations on the 14 recommendations presented by the Nurse Practitioner Reference Group (NPRG), the Taskforce identified the lack of clarity regarding nurse practitioner scope of practice as a major barrier to expansion of services through the MBS.

The Taskforce recommends nurse practitioners work together with their professional bodies to develop a clinical governance framework to be used as a guide for both the profession and others on an individual nurse practitioner’s scope of practice. This could be guided by the Nursing and Midwifery Board of Australia’s professional practice framework and by reference to the framework for Rural and Isolated Practice Registered Nurses in Queensland and Victoria.

**Taskforce Recommendation 3 – Review alternative pathways to fund nurse practitioner services**

The Taskforce notes the high level of variability in current nurse practitioner operating models, including a variety of different funding arrangements that have a direct impact on the sustainability and innovation of the nurse practitioner model of care. Exploration of alternate funding models outside the MBS is regarded as a more appropriate pathway.

The Taskforce recommends a review to canvass and assess alternate funding models to include practice/facility incentive payments, bundled payments, capitated, blended payments, or voluntary patient enrolment involving but not limited to the following:

- State and Territory Funded Health Services;
- Primary Health Networks (PHNs);
- Healthcare Homes;
- Local Hospital Networks; and/or
- Voluntary Patient Enrollment model; and/or
- MBS.