Australian Government
Department of Health

Nurse Practitioner 10 Year Plan Survey

Analysis of submissions

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Title: Nurse Practitioner 10 Year Plan Survey – Analysis of submissions

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Introduction

The Minister for Health has committed to development of a Nurse Practitioner 10 Year Plan (Plan). The purpose of the Plan is to describe a set of actions that can be taken to address nurse practitioner workforce issues, and enhance the delivery of nursing care to the Australian community. As part of the development of the Plan, the Department of Health is sought the views of stakeholders via a public consultation process which took place from 19 November to 20 December 2021. The purpose of the consultation was to collect ideas from a wide range of stakeholders on their perspectives, experiences and knowledge of nurse practitioners (NP) and to identify benefits, barriers and workforce solutions to inform development of the Plan.

Methodology

The Department consulted using an online survey on Consultation Hub and written submissions via email. The survey was divided into a short-form and long-form survey. The short-form survey was targeted to consumers who may or may not have experience in receiving care from a NP and had ideas to share. The detailed long-form survey was most relevant for those who had specific ideas and strategies for inclusion in the Plan.

In total, 496 submissions were received, comprising of 458 online survey responses and 38 written submissions via email.

To facilitate collaboration and consultation with relevant stakeholders, the Nurse Practitioner 10 Year Plan Steering Committee provided input to the survey questions and provided a list of stakeholder contacts to be invited to participate. The Committee were encouraged to share the online survey amongst their networks, organisation newsletters and websites.

A social media campaign to raise awareness of the consultation commenced the week prior to consultation opening. Further posts were then made the week consultation opened, during Nurse Practitioner Week (6 – 12 December 2021) and a week prior to the consultation closing. Posts were published on the Department's Facebook, Instagram, Twitter and LinkedIn accounts, reaching between 50, 000 to 72, 000 people per post. Internal promotion within the Department was also undertaken to raise awareness of the consultation with a feature on the Department's intranet page and internal all staff emails.

The Nursing Taskforce team undertook the first analysis of the 458 online submissions using the application Citizen Space in early January 2022. This involved coding the qualitative responses for key themes and creation of analysis notes. The 38 written submissions were similarly analysed and summarised to compare key themes emerging.

It is important to caveat that this report has been prepared from this first analysis, however it is not intended to be the last review of the submissions received.

Key Findings

The total submissions received was 496 with 458 online survey responses and 38 written submissions via email. Of the online survey responses, 64% (295) of respondents completed the long-form and 36% (163) the short-form survey.

Demographics

Location

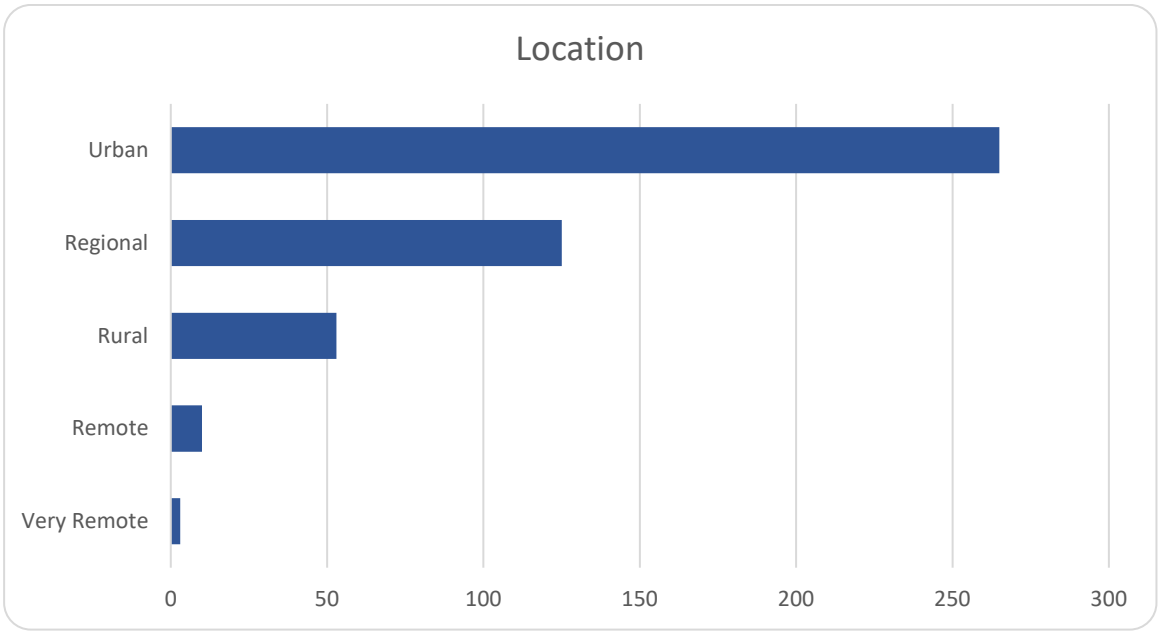

Figure 1: Question: *Please select your location.* All online survey respondents provided a response.

Option	Total	Percent
Urban (MMM 1)	265	58.11%
Regional (MMM 2)	125	27.41%
Rural (MMM 3 - 5)	53	11.62%
Remote (MMM 6)	10	2.19%
Very Remote (MMM 7)	3	0.66%

Table 1: Question: *Please select your location.* Abbreviation: MMM, Modified Monash Model. The MMM classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics (ABS), and town size.

Individuals or organisation status

430 (87%) responded as an individual and 63 (13%) responded on behalf of an organisation or institution.

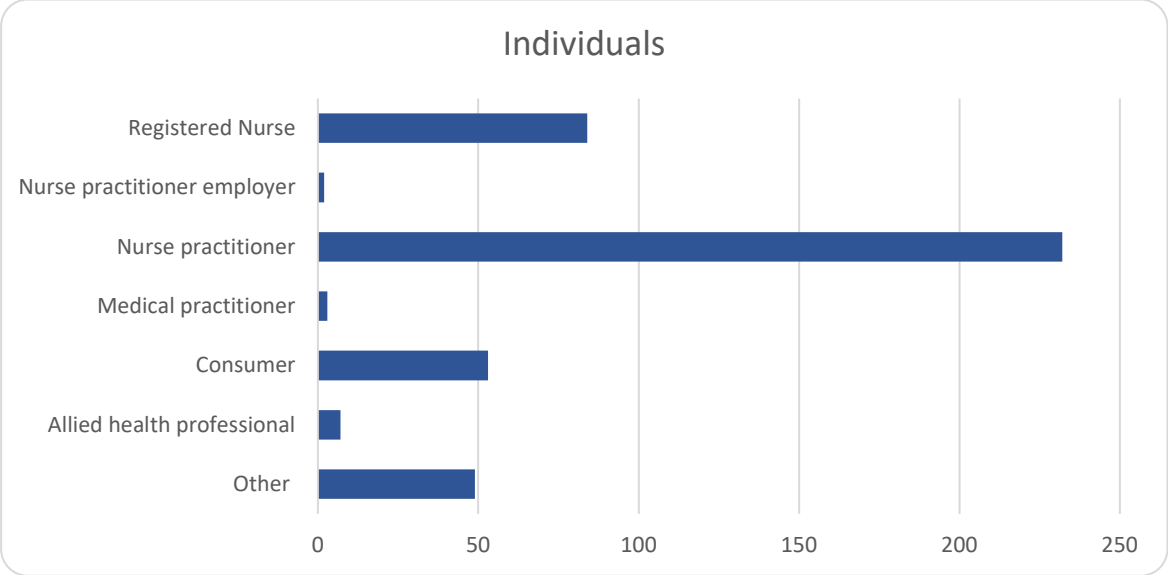

Figure 2: Question: *Please select the category that best describes you.* Note: Data is inclusive of individuals who submitted a response via email.

There were 430 responses from individuals. Of the 49 responses who selected 'Other', 33% (16) identified as a current NP student/candidate.

Organisation/institution	Total	Percent
Peak/professional body - nursing	12	19%
Peak/professional body - medical	2	3%
Peak/professional body - other	9	14%
Regulatory body	2	3%
Aboriginal and/or Torres Strait Islander organisation	1	2%
State/Territory Government department/agency	10	16%
Health service delivery organisation	13	21%
Local council	0	0%
Primary Health Network	4	6%
University/education/research institute	5	8%
Other	5	8%

Table 2: Question: *Please select the category that best describes your organisation/institution.* Note: Data is inclusive of organisations who submitted a response via email.

Experiences, benefits and barriers for NPs providing care

The short-form survey asked whether the individual or a family member had received health care from a NP. There were 170 responses to this part of the question, of which 65% stated they had received health care from a NP. Locations identified are below.

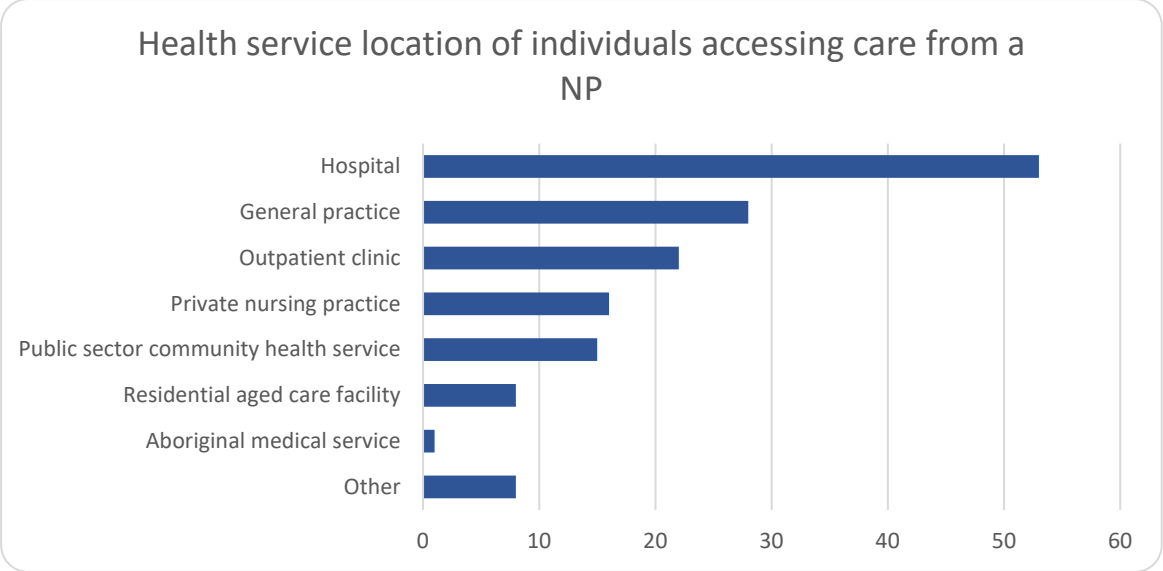

Figure 3: Question: *Where did the nurse practitioner provide care?* There were 110 responses to this part of the question.

Respondents were asked to describe their experiences of care provided by NPs. The number of experiences recorded was 101.

Figure 4: Question: *Please describe your experiences of care provided by nurse practitioners.* Analyst data coding of the 101 responses.

In addition to the key themes outlined in Figure 4, the written submissions continued the theme of NPs improving access to care for consumers, improving consumer choice, reduced wait times and

provision of safe and cost-effective care. NPs were recognised as providing high-quality assessment, care coordination and the provision of preventative health care. NPs were reported to work collaboratively within a multidisciplinary team and were seen as beneficial when part of a GP-led practice team. NPs were reported to increase education of nursing staff, improve retention, and provide a career pathway for nurses.

As part of the short-form survey, respondents were asked to rate their experience in accessing and receiving care from a NP. There were 105 responses, of which 90% (94) rated their experience of accessing care from a NP as either good or very good. 3% (3) rated their experience of accessing care from a NP as either bad or very bad. 97% (102) of respondents receiving care from a NP rated their experience either good or very good. 2% (2) rated their experience of receiving care from a NP as either bad or very bad.

99% (292) of respondents who completed the long-form survey indicated there was benefit to NPs providing health care. Only 1% (2) indicated no benefit and suggested increased training of medical practitioners instead.

Figure 5: Question: *Are there benefits of nurse practitioners providing health care?* Analyst data coding of the 291 responses.

Some additional benefits notated by 'other' included:

- Emphasis on research to justify clinical practice and ensure evidence based clinical interventions
- Nurse practitioners provide a stable workforce especially during the time of registrar rotation
- Role modelling
- Service leadership: contributing to efficiency, service and quality improvement initiatives.

Barriers

In addition to the benefits, respondents were asked to share any barriers they have experienced with NPs providing care. In the long-form survey, respondents were asked to rate various potential barriers to NPs being able to provide care from 'extremely high barrier' to 'not a barrier'. The results are shown in Figure 6.

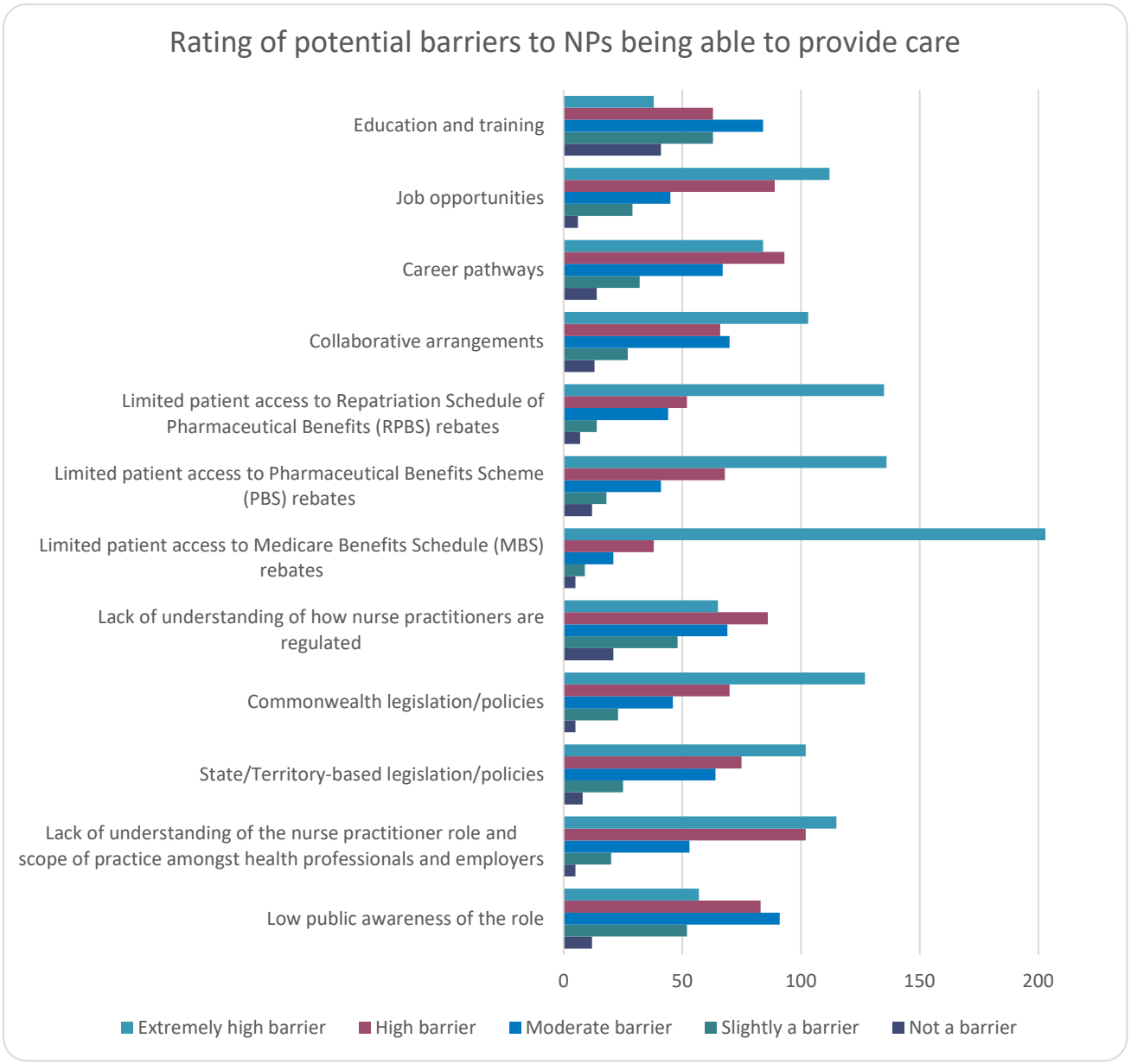

Figure 6: Question: *Please rate the following potential barriers to nurse practitioners being able to provide care.* There were 295 responses to this part of the question.

Analysis of the written submissions and barriers provided by online survey respondents reconfirmed many of the barriers highlighted in Figure 6. This included low public and health professional awareness of the role and scope of practice, limited patient access to MBS, PBS and RPBS rebates, inconsistent approaches to legislation and policy, difficulty accessing training and supervision for students and lack of support from medical groups.

Additional barriers identified (but not limited to) included:

- Financial disincentives under the COAG Section 19(2) exemptions
- Inability to access Closing the Gap (CTG) PBS co-payments
- Private health insurance not recognising NP providers
- Unable to sign death or cremation certificates
- Exclusion from the COVID-19 vaccination funding initiatives
- Inability to sign workers compensation certificates

- NDIS applications not recognising NPs
- Unable to provide care to DVA patients
- Inability to complete Mental Health Treatment Plans
- Local Councils not recognising NPs when assisting people to apply for disabled parking permits
- Inability to apply for and access a provider number in the public sector
- Inconsistent cross border practices.

Key ideas to remove or mitigate barriers
Respondents were asked in the short-form survey to share any ideas for removing barriers that stop NPs providing care. The long-form survey asked what can be done to remove or mitigate the barriers. A total of 380 responses were received. The key themes identified are outlined in Figure 7 below.

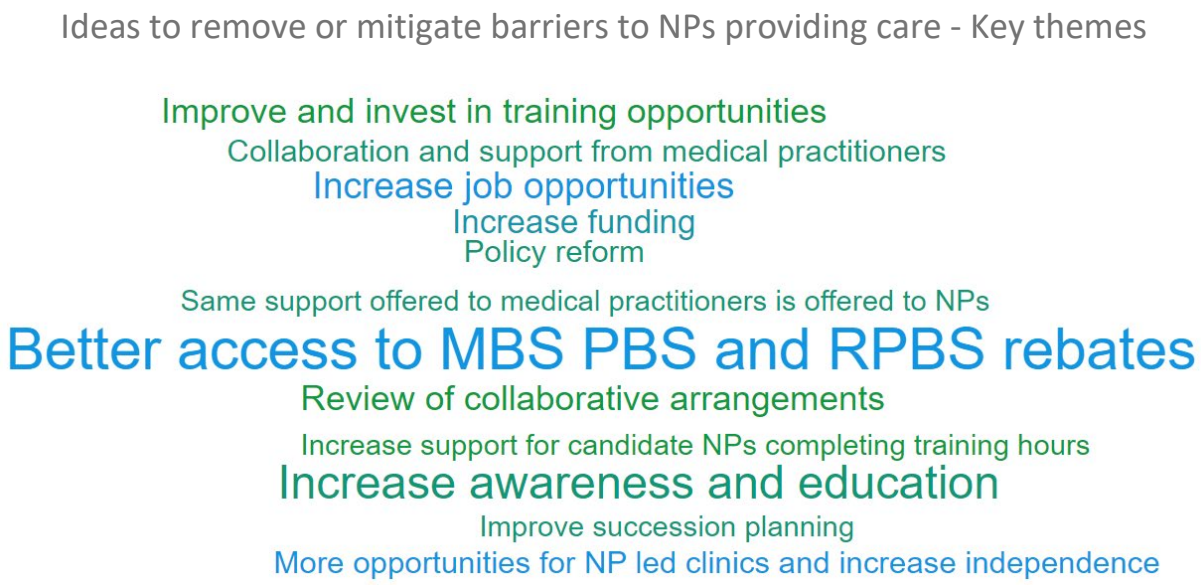

Figure 7: Question: *Please share any ideas for removing barriers that stop nurse practitioners providing the care you want.* There were 127 responses to this question. *What can be done to remove or mitigate the barriers?* There were 253 responses to this question. Analyst data coding of the 380 responses.

Increasing awareness
74% (122) of respondents completing the short-form survey thought the role of NPs was either not at all known or slightly known in Australia. Of these respondents, 88 provided further ideas on increasing awareness. The most common idea shared was to promote the profession through a public campaign involving TV/radio/social media/podcasts.

Provision of NP care around Australia

Almost all long-form respondents (99%, 281) agreed that there were benefits from an expansion of NP models of care into various sectors, social groups, and geographical locations. The most common sectors suggested (from most commonly suggested to least) were aged care, palliative care, primary care, mental health, Indigenous health, chronic disease management, women's health and paediatric health. Many responses simply stated 'everywhere'.

Key social groups identified were Aboriginal and Torres Strait Islander peoples, the homeless, refugees and culturally and linguistically diverse groups. The most commonly suggested geographical locations were rural, remote and regional areas.

1% (4) indicated there were no sectors, social groups, geographical locations which would benefit from an expansion of nurse practitioner models of care.

Specific ideas to promote the NP workforce in regional, rural and remote areas were focused on increasing job and training opportunities through financial incentives, scholarships, bonded NP roles and improving access to MBS and PBS rebates. Providing NPs with support with housing, transport and relocation costs and study leave assistance were also suggested. Many respondents suggested increasing awareness through a public campaign using TV/radio/social media and providing education and promotion of the profession at all health care centres, community forums and education evenings. Some health professional respondents suggested improving opportunities for nurse-led clinics and expansion of NP services. In addition, supporting linkages between NPs and hospitals, GP clinics and private practices via telehealth consults were suggested. Lack of succession planning was raised as a barrier to maintaining the workforce in regional, rural and remote areas.

Specific ideas to promote the NP workforce in metropolitan areas were similar to the ideas raised for regional, rural and remote areas, with suggestions of increasing funding and increasing awareness. Additional ideas included more job opportunities in hospitals and to have more NPs on every ward and emergency department, set up mobile homeless clinics and have NPs work in police stations. It was also suggested to advertise availability of NP appointments in private practices online and through digital promotion of services and costs. It was suggested that primary health networks (PHNs) should be more active in promoting NPs and increasing awareness and education amongst health professionals and managers to support the role.

Increasing the number of Aboriginal and/or Torres Strait Islander NPs

233 responses were provided in the long-form survey to identifying strategies that could be used to increase the number of Aboriginal and/or Torres Strait Islander NPs. The key themes identified are outlined in Figure 8 below.

Figure 8: Question: *What strategies can be used to increase the number of Aboriginal and/or Torres Strait Islander nurse practitioners?* There were 233 responses to this question. Analyst data coding of the 233 responses.

Key suggestions from the 'other' responses received included increasing the total number of Aboriginal and/or Torres Strait Islander registered nurses and to be strategic with grassroots identification of 'future clinical leaders' in undergraduate nursing programs. This included suggestions of increasing the NP presence, support and opportunities for clinical observational experience and clinical placement with NPs. In addition, financial and educational assistance to complete training and mentoring for early career clinical postgraduate study were suggested.

Many respondents highlighted that consultation should occur with Aboriginal and/or Torres Strait Islander nurses to explore this question further and the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) and National Aboriginal Community Controlled Health Organisation (NACCHO) must be core to considering and leading any work focusing on attracting Aboriginal and Torres Strait Islander nurses to consider becoming NPs.

Strategies to improve the cultural safety of NPs (200 responses) were similar to ideas generated in the above question. The most common ideas were increasing education, increasing awareness, improving training programs and mentoring. A key theme of many of the responses was fostering an environment of respect, honesty and integrity.

"Cultural safety will improve with increasing visibility. Respect will grow when we are more of a known quantity. There should not be solo NP sites as it can feel very isolating. More effort on succession planning and traineeships would improve this also." Ronnie, NP.

A recommendation for nationally consistent standards for culturally safe clinical care was provided to improve health outcomes for culturally diverse people.

Funding models

Respondents completing the long-form survey were asked to rate how suitable the current funding models are for NPs in private practice. Over two thirds of respondents (68%, 201) claimed the current funding models were either 'not at all suitable' or 'somewhat unsuitable'.

Option	Total	Percent
Not at all suitable	139	47%
Somewhat unsuitable	62	21%
Neither suitable nor unsuitable	12	4%
Somewhat suitable	11	4%
Completely suitable	2	1%
Not sure	67	23%

Table 3: Question: *Please rate how suitable the current funding models are for nurse practitioners in private practice.* There were 293 responses to this question.

The main key theme raised was inadequate access to MBS rebates.

Some suggested ideas for improvement (both online survey and written responses were considered):

- Provide better access to MBS rebates and allow for an increased scope of practice and PBS prescribing authority.
- Increase the Workforce Incentive Program – Practice Stream (WIP-PS) funding to cover both a RN and NP position.
- Subsidy for Residential Aged Care Facilities to employ NPs.
- Implement recommendations from the Nurse Practitioner Reference Group to the MBS Review taskforce.
- Allocate ring-fenced funding for NP roles to hospitals and health services.
- Private health funds to recognise and fund NP services.
- Provide a funding model where care is reimbursed on patient outcomes.
- Funding should be for the service provided, not the clinician providing it.
- Explore integrated governance model between PHNs and state health departments.
- Build a structure of practice bridging public and private.
- Offer financial incentives for NPs through block funding or blended payments models.
- For NPs employed in public hospitals take advantage of s19(2) exemption provisions or activity-based funding for non-admitted outpatient services.
- Further mentoring and support to be offered/provided to set up your business, business modelling, like an A-Z of private practice.
- Increase the professional attendance fees (in-service and telehealth), as well as provide bulk billing and rural/loading incentives.

Regulation

Long-form survey respondents (293) were asked whether the current regulation of NPs was appropriate and fifty percent (146) of respondents rated it as appropriate. 23% (66) were not sure and the remaining 28% (81) rated the current regulation as inappropriate.

Respondents were asked to provide further information, of which 40% (118) provided a response. The key issues raised (with inclusion of the written submissions) revolved around collaborative arrangements, credentialing and an overarching 'regulation is too restrictive' statement.

Credentialing was highlighted as different in each hospital and health service and it was suggested streamlining at either a state or federal level would be beneficial. Some respondents referred to credentialing as micromanagement from local health networks and found the process of credentialing very arduous. However, it was countered with comments that credentialing '*provides the health service and the community with reassurance that the NP's are qualified and have the appropriate experience and qualifications to provide a service of a certain standard.'*

Ideas for improvement included reviewing the current legislation National Health (Collaborative arrangements for nurse practitioners) Determination 2010. Amendment of legislation so that medical practitioner includes nurse practitioner and legislative change of private insurance coverage were also suggested. Consideration for NPs working in public hospitals to have access to a provider number was also suggested, with one respondent stating that without it, it '*severely limits the nurse practitioner scope of practice, meaning the NP is unable to independently care for the patient'.*

Conclusion

The high response rate received to this open consultation was welcomed and has highlighted the importance of and interest in this work. The mix of responses from consumers, nurse practitioners, health professionals and organisations provided a comprehensive picture of current NP workforce issues. Whilst many responses were focused on the barriers to NPs providing care, the Department received some useful suggestions for consideration in the Plan. This consultation will be considered by the NP 10 Year Plan Steering Committee and used in development of the Plan.