

Allen + Clarke Consulting
Review Team of primary care after hours programs and policy

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To whom it may concern

Re: Review of primary care after hours program and policy

The Australian College of Nursing (ACN) would like to thank Allen+Clarke Consulting for the opportunity to provide feedback on the **Review of primary care after hours program and policy**.

ACN is committed to ensuring every person in Australia has equitable access to a health care system that it is person-centred,¹ culturally safe,² and value based.³

ACN believes the review must consider the capacity and capability of nurses to be included in the delivery of after-hours care in the community. At present, the review is heavily medical practitioner-oriented, failing to recognise the important role nurses play in the health and wellbeing of the population in after-hours settings. In rural and remote areas, for example, nurses often provide a broad range of primary health care services to the community. To increase the number of highly trained nurses within the after-hours scenario, consideration must be given to nurses accessing MBS item numbers, registered nurses enabled to prescribe within scope and nurses working to their full scope of practice.

If you require further information, please don't hesitate to contact Dr Carolyn Stapleton, Director of Policy and Advocacy, at policy@acn.edu.au.

Yours sincerely,



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29 April 2024

¹ Australian College of Nursing (2020). Position statement: Person-centred care. <https://www.acn.edu.au/wp-content/uploads/position-statement-person-centred-care.pdf>

² CATSINaM, NMBA, ACM, ACN, ANMF (2018). Joint statement – Cultural safety: Nurses and midwives leading the way for safer healthcare. <https://www.acn.edu.au/wp-content/uploads/2018/03/Nursing-and-Midwifery-Board-Statement-Nurses-and-midwives-leading-the-way-for-safer-healthcare.pdf>

³ Australian College of Nursing (2020). White paper: Value-based health care through nursing leadership. <https://www.acn.edu.au/wp-content/uploads/white-paper-value-based-health-care.pdf>

ACN Response: Review of primary care after hours programs and policy

ACN acknowledges that whilst this review is focussed specifically on after-hours care it is but one part of the whole health system.

In line with ACNs consistent position that there is a need for more nurse led services across Australia, we recommend a more prominent role for nurse led care in after-hours care. The benefits of such an approach includes:

- more equitable access to care
- more time taken with consultations
- ability to offer outreach to vulnerable populations
- ability to make home visits including to residential aged care settings.

Nurses have the capacity to work in collaboration with other health professionals via telehealth, sharing outputs collected via tools such as COPD-6 screeners (Chronic Obstructive Pulmonary Disease screening device), 12-lead Electrocardiogram (ECG) tools, Bluetooth stethoscopes to seek more complex diagnoses and to enable drugs to be delivered to patients in a timely fashion. The work that is currently underway to support registered nurse (RN) prescribing in a range of scenarios⁴ and the Unleashing the Potential of our Health Workforce – Scope of Practice Review⁵ is setting the scene for nurses to make a far greater contribution to the community's healthcare.

Along with these more significant roles for nurses in all care settings must come better access to Medicare Benefits Schedule (MBS) item numbers, more equitable remuneration in line with the scope and time involved in consultations, and improved recognition of the evolving role of nurses in primary healthcare.

1. What are the strengths of the current after-hours system?

The current after-hours systems help triage patients as needed before sending to the emergency department and can offer alternative care options thereby reducing the workload on the emergency department (ED), freeing up beds and resources for those who require more urgent care. In situations where interdisciplinary healthcare centres are integrated with EDs, smooth transition of care and continuity in patient management are supported.

⁴ Nursing and Midwifery Board AHPRA 2023 [Consultation regulation impact statement: Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber](#)

⁵ Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review](#)

The interdisciplinary healthcare centres offering multiple services are extremely valuable for those who do not have the time or funds to travel to multiple clinics for outpatient pathology or radiology, for example. The downside of the interdisciplinary healthcare centres is their hours are limited to a closing time of 10:00pm at the latest. After closing, non-emergency but urgent care must be sourced in the Emergency Department of hospitals.

After-hours clinics not only decrease reliance and overburdening on EDs but allow for more timely clinical intervention reducing the risk of delaying treatment until traditional opening hours reducing the associated risk of more complex presentations and deteriorating patient outcomes.

2. What are the weaknesses of the current after-hours system?

The face to face after-hours systems may not be accessible to all people in a community. In a rural context a clinic may be some distance away. In fact, that might also be true even if the community is within a metropolitan area. Access to health services in the evenings may be dependent on access to public transport which may not run late at night, child responsibilities at home, working hours. Although urban areas may have numerous after-hours care options, access may be difficult for many.

Access to after-hours care options for rural and remote areas may be severely limited and limited by distance and restricted opening hours, leading to healthcare inequities and forcing residents to travel long distances or to rely on the emergency department of the nearest hospital.

After-hours centres may close at 10:00pm at the latest leaving people many hours to wait through the night before seeing a healthcare professional. Primary care centres do not always cater to all the needs of the community. For those with mental health issues or with family with urgent mental health issues, a primary care centre may not have the capacity to provide the support required to manage a patient with urgent mental health care needs. Lack of communication between after-hours and daytime healthcare providers can lead to gaps in patient care and information, preventing coordinated care and patient follow-up.

Telehealth services face limitations in remote care, especially for physical examinations and tests, and the digital divide can hinder access for some patients.

Another weakness of the system relates to the restricted access nurses have to MBS item numbers and the autonomy in which they can work. The conclusion of the Unleashing the Potential of our Health Workforce Review – Scope of Practice Review⁶ and the work towards enabling RN prescribing in a range of scenarios⁷ may enable nurses to play a far more autonomous role in providing care to those communities in need. This may include a more equal sharing of the

⁶ Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review](#)

⁷ Nursing and Midwifery Board AHPRA 2023 [Consultation regulation impact statement: Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber](#)

workload in rural and remote clinics and after-hours clinics.

Indeed, nurses are well-placed to run after-hours care with access to other healthcare professionals such as general practitioners (GP) and nurse practitioners (NP) accessible via telehealth to help in circumstances outside of the nurse's scope of practice. This would be an economical and viable way to improve access to after-hours care to community.

3. What changes would most improve the after-hours system for practices and practitioners?

Enabling health professionals to work to full scope of practice

In light of the Strengthening Medicare Taskforce Report⁸ and the Unleashing the Potential of our Health Workforce Review – Scope of Practice Review⁹ one of the changes that can improve after-hours services, is ensuring nurses and other health professionals work at the full scope of practice.

A further positive impact will occur when registered nurses are given the ability to prescribe drugs. The multidisciplinary team can be effective and can share the workload more evenly. For diagnoses that lie outside of the nurse's scope of practice, access to other health professionals via telehealth will ensure good care to all community.

With nurses taking a greater role in face-to-face care and freeing up work that a GP might otherwise have to undertake, consideration must be given to ensuring nurses are paid fairly for work done.

Working to full scope of practice would align with the quintuple aim of healthcare improvement which includes:¹⁰

- Improving population health by supporting health professionals to work safely and effectively.
- Reducing healthcare costs by increasing team-base efficiencies.
- Enhancing care experiences by improving healthcare accessibility.
- Improving the experience of healthcare professionals by enabling health professionals to do the roles they are competent and trained to do.

Advancing health equity by enabling health professionals to work to their full scope particularly in areas that service vulnerable populations. The evidence review published in the Unleashing the Potential of our Health Workforce Review – Scope of Practice Review: Issues Paper 1¹¹ identified

⁸ Australian Government 2022 [Strengthening Medicare Taskforce Report](#)

⁹ Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review](#)

¹⁰ Itchhaporia, D. (2021). The evolution of the Quintuple Aim: Health equity, health outcomes, and the economy. *Journal of the American College of Cardiology*, 77(18), 2262-2264. <https://doi.org/10.1016/j.jacc.2021.03.191>

¹¹ Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review: Issues Paper 1](#)

several key findings that correlate with the quintuple aim of healthcare improvement when health professionals are supported to work at full scope of practice:

- Evidence of improved access to care through longer consultations, more information sharing, and appropriate care utilisation across professions like nursing, midwifery, pharmacy, physiotherapy.
- Evidence of equal or better outcomes in areas like chronic disease management, mental health and prescribing.
- Evidence of cost savings, with some studies showing lower total costs and prevention of unnecessary services.

More nurse-led clinics across the country

Nurse-led interventions are a cost-effective, feasible, and well accepted model of care that can lessen dependence on, and burden on emergency departments. There are nurse-led models already in place in certain parts of Australia, some of which are accessible outside of business hours. Nurse-led clinics operating in the Australian Capital Territory (ACT) are a way of providing health care services that are led by nurses, rather than doctors.¹² They can operate in different settings, such as primary health care, specialist care, or community care. Some of the benefits of nurse-led clinics are they:

- Improving patient health outcomes by reducing hospital admissions, improving chronic disease management, and increasing patient satisfaction.
- Providing timely and accessible patient care, especially in areas with restricted access to health services.
- Empowering nurses to use their skills and expertise to the full scope of their practice and to work collaboratively with other health professionals.
- Reducing health care costs by providing efficient and effective care.

Nurse-led walk-in clinics provide effective, timely treatment of minor injuries and illnesses, and minimising pressure on hospital emergency departments.¹³ They are well-placed to meet increasing demands from the aging population and the resulting increasing burden of chronic disease and health care complexities. Walk-in-centres also provide nurses with a more autonomous role in community health care that can enhance their sense of professional worth and satisfaction.¹⁴ Ensuring nurses are supported to be autonomous but with a network of other

¹² Hansen-Turton, T., & Rothman, N. L. (2022). Health policy for advanced practice nurses: the nurse-led care evolution and policy implications for improving services for populations experiencing disproportionate health disparities. In *Shaping Nursing Healthcare Policy* (pp. 181-195). Academic Press.

¹³ Dadswell, C., Atkinson, D., & Mullarkey, A. 2017. Impact on demand following the launch and closure of NHS walk-in centres. *British Journal of Healthcare Management*, 23(11), 539-547.

¹⁴ Desborough, J., Forrest, L., & Parker, R. (2013). Nurse satisfaction with working in a nurse led primary care walk-in centre: an Australian experience. *Australian Journal of Advanced Nursing, The*, 31(1), 11-19.

healthcare professionals to call upon is essential for job satisfaction.¹⁵ The role of nurse practitioners in these clinics has been critical to the success of the walk-in centres.

Funding nurse-led clinics offers improved outreach services for community, particularly those vulnerable members of the community who do not feel comfortable accessing a doctor's surgery. Anecdotally, members commented that if the community is happy attending a nurse-led clinic in daytime hours, then the need for after-hours care decreases.

Access to care for the most vulnerable in the community

There are some members of the community for whom a visit to a doctor is terrifying or simply too expensive.¹⁶ For people experiencing homelessness, they may be concerned about being judged. This can lead to avoidance and delays in seeking care, which in turn leads to deterioration and more significant impacts on health and wellbeing.

One of ACN's members commented that nurses are well placed to provide care for community at all hours, including after-hours care. For those people fearful of attending a doctor's practice, anxious about being judged or because they might think their complaints will not be listened to, nurses offer the solution. Nurses can give more time to a consultation, allowing patients more time to talk through their conditions and concerns, building trust and establishing a relationship, finding different ways to manage the complaint, suggesting multiple solutions.¹⁷

Nurses can allay fear, concerns, and deal with non-acute presentations in a timely manner.

Nurses are also best placed to deliver care within the community, taking care to those vulnerable people who may be homeless or one of the more than 3 million people living in poverty¹⁸ and managing to live in precarious situations. Nurses providing after-hours care services within the community provide holistic health care and opportunities for patients to be heard. This therapeutic relationship enables patients to access health care, resulting in effective and individualised treatment.¹⁹

Access to care for those people with chronic conditions

As mentioned within the consultation document, another group of people who require better access to after-hours care are those with chronic disease. ACN has called for funding that will incentivise clinics and practices to support nurses to engage in training, education and research on the prevention and management of multimorbidity.²⁰ Furthermore, at the hearing into the

¹⁵ Ibid.

¹⁶ Lewin, E (11 Mar 2020) [RACGP - One in four patients did not see a GP when needed: AIHW](#)

¹⁷ Australian Institute of Health and Welfare 2020. [Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over 2016](#). Cat. no. CHC 4. Canberra: AIHW.

¹⁸ Davidson, P; Bradbury, B; and Wong, M 2023. [Poverty in Australia 2023: Who is affected Poverty and Inequality Partnership Report no. 20](#). Australian Council of Social Service and UNSW Sydney

¹⁹ Australian Institute of Health and Welfare 2020. [Coordination of health care: experiences of barriers to accessing health services among patients aged 45 and over 2016](#). Cat. no. CHC 4. Canberra: AIHW.

²⁰ Australian College of Nursing (ACN). 2020. [The role of the nurse in the assessment and management of multimorbidity – Position Statement](#), ACN, Canberra. © ACN 2020 ISBN (print): 978-1-925913-75-0 ISBN (electronic): 978-1-925913-74-3

Parliamentary Inquiry into Diabetes, ACN proposed training into diabetes management available for all nurses at no cost. Access to this training may impact the need for after-hours care for those people diagnosed with diabetes.

Telehealth

Access to telehealth in any community enables easier access to healthcare in a manner that does not require travelling long distances to visit the healthcare clinic. Telehealth should be a part of all rural and remote services and has been considered a success.²¹

However, as mentioned earlier, telehealth services can face limitations in remote care. This is particularly true for physical examinations and tests. For some members of the community the digital divide can hinder access for some. In practice, telehealth operates most effectively when the patient has an existing relationship with their healthcare professional, they speak English and providing they are comfortable with the technology.²²

Financial incentives

Offering financial and non-financial incentives for after-hours practitioners, as well as flexible scheduling to balance workload and prevent burnout, may increase the desire for many more health practitioners to work in after-hours care. A fair reward for work performed. Nurses cannot be considered a cheaper option to a GP when the work they perform aligns with what a GP would normally do.

Financial support to consumers to access a GP clinic in daytime hours would make the decision to see a doctor easier for those for whom the gap payment is too costly. According to the 2024 Productivity Commission Report on Government Services,²³ the number of people who delayed visiting a doctor or simply did not attend at all due to price has doubled in the past 12 months, rising from 3.5% to 7%. ACN acknowledges an increase in bulk billing of 2.1% late last year but the gap for many remains too high.²⁴

4. What change would most improve the after-hours system for consumers?

Better understanding of the services on offer

One of the critical concerns raised by several members was that people do not know what services

²¹ Dykgraaf, S. H., Desborough, J., de Toca, L., Davis, S., Roberts, L., Munindradasa, A., ... & Kidd, M. (2021). "A decade's worth of work in a matter of days": the journey to telehealth for the whole population in Australia. *International journal of medical informatics*, 151, 104483.

²² Mathew, S., Fitts, M. S., Liddle, Z., Bourke, L., Campbell, N., Murakami-Gold, L., ... & Wakerman, J. (2023). Telehealth in remote Australia: a supplementary tool or an alternative model of care replacing face-to-face consultations?. *BMC health services research*, 23(1), 341.

²³ Productivity Commission 2024 [Report on Government Services 2024](#)

²⁴ Attwooll, J (01 Feb 2024) [New figures show early impact of tripled bulk billing incentive](#)

are available or who to call if they have an emergency and therefore resort to the default of ‘calling an ambulance’. This does not appear to be an issue of poor health literacy but rather of evolving services in different jurisdictions and the fundamental differences between jurisdictions. This raises the issue of how to broadcast information about the services in a particular jurisdiction or within a locality to ensure that residents are aware of the health care they can rely upon at different times of the day and in what format.

In the past, the phone book listed all the emergency services in the region you were in – doctors, pharmacists, electricians, plumbers etc. Several ACN members suggested the publication of a regional booklet as a useful resource to let people know what exists in a particular region and how to get help and care, not just out of hours. Printed and distributed local resources may have a wider reach to those who are vulnerable and experience difficulty accessing or navigating online information.

Different services and support teams are available within the different jurisdictions, creating some level of confusion for the public. There are services that provide advice and support to people looking for after-hours help. Healthdirect helpline,²⁵ known as Nurse on Call in Victoria. Victoria also hosts a public health service to treat non-life-threatening emergencies. The Victorian Virtual Emergency Department (VVED) offers a virtual emergency department that can offer advice about any non-life-threatening emergencies.²⁶

A similar service exists specifically for people in Queensland, funded by the Queensland Government, known as 13 HEALTH.²⁷ A couple of services run by doctors, 13SICK,²⁸ a service to people living in capital cities, and 13 DOCTOR,²⁹ a service to people in Northern Queensland, connect people to telehealth or home care services.

Many jurisdictions including Queensland’s public health sector has implemented Nurse and Midwife Navigators (navigators) to help patients and families through the increasingly complex health system.³⁰ The navigators understand the system and are there to support people requiring health services. Enabling a support system such as the nurse navigators could also be a first stop call to help direct the public’s health and health services questions and concerns. Trained nurse navigators with clinical knowledge and a comprehensive understanding of the health system could provide the first point of contact to anyone in Australia via the phone to help people in need in daytime and after-hours.

A relatively new initiative, the Medicare Urgent Care Clinics (UCCs)³¹ provide bulk billed urgent health care delivered by medical professionals. The UCCs provide culturally safe, equitable and accessible care to all people, including vulnerable and young people. An appointment is not needed but consumers must wait to be seen. The 58 Medicare UCCs have been established in existing general practice clinics, community health centres and Aboriginal Community Controlled

²⁵ Healthdirect Australia 2024 [Healthdirect](#)

²⁶ VED n.d. [Victorian Virtual Emergency Department](#)

²⁷ Queensland Government 2020 [13 HEALTH—Health advice over the phone](#)

²⁸ 13 SICK 2024 [13 SICK](#)

²⁹ 13 DOCTOR n.d. [Online Doctor & Telehealth](#)

³⁰ Queensland Health 2019 [Frequently asked questions – About nurse navigators](#)

³¹ Department of Health and Aged Care 2024 [About Medicare Urgent Care Clinics](#)

Multidisciplinary care teams

Increased access to after-hours multidisciplinary care teams may allow a broader range of ailments and conditions to be treated. This will require improved funding and payment models that provide the incentives for multidisciplinary care teams working to full scope of practice to support the primary health care in the community. A funding and payment model such as proposed in Option 7: Funding and payment models to incentivise multidisciplinary care teams to work to full scope of practice in the Unleashing the Potential of our Health Workforce – Scope of Practice Review: Issues Paper 2³² would be ideal for providing incentives to develop multidisciplinary teams.

To support the care team in remote or rural communities, access to video call technology can help teams provide diagnoses and care to patients with more complex concerns. Where a health professional in a remote community can be guided by an expert in another location, the health of the community can be better managed in a timely and cost-effective way.

Several members spoke of a multidisciplinary team as being as straightforward as a doctor and a nurse to manage the health of a community. This would be an effective team providing all the health professionals are working to their full scope of practice. This will be the most important and effective change – enabling health professionals to work to scope of practice and having all health professionals recognising what that means for care delivery.

Despite nurses being well distributed throughout rural and remote Australia, there are shortages.³³ All drives to encourage GPs to areas experiencing a shortage of healthcare professionals should consider that nurses and allied health professionals are also essential members of any interdisciplinary team. Keeping the healthcare workers within a community³⁴ should be a major part of attracting healthcare workers to a community, ensuring there is support and a sense of belonging.

Advanced technologies

Integration of digital technologies within care will ensure a streamlined approach to the communication within the consultation, as highlighted in the Digital Health Blueprint Action Plan.³⁵

Care and continuity of care are improved through good use of technologies. This will include nurses sharing data gathered using, for example, Bluetooth stethoscopes, COPD-6 screeners, and 12-lead ECG tools via telehealth technologies to allow complex conditions to be diagnosed with the help of NPs and GPs.

³² Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review: Issues Paper 2](#)

³³ National Rural Health Alliance Ltd. (2019) [Nurses in Rural, Regional and Remote Australia](#)

³⁴ Cosgrove, C. (2018) Attracting (and keeping) Australia's rural health workers. Pursuit. The University of Melbourne

³⁵ Department of Health and Aged Care 2023 [The Digital Health Blueprint and Action Plan](#)

Technologies should be available to enable health professionals to make direct referrals within their scope thus improving access to care for consumers.

Technologies can improve telehealth availability to community members and enable better access to care in out of business hours.

After-hours care needs to have an emphasis on clear communication to the patient's 'normal' health care team – such as updating digital health records (DHR) or providing a summary of interactions to the regular care team as soon as practicable for follow up. The notion of providing comprehensive records to a different care team may require that some administrative support into the model of care be provided to ensure documentation is robust, comprehensive, and timely. After-hours approaches should emphasise the need for a regular family doctor or care coordinator – and that each service refers on to appropriate GPs in the local area if the patient is without a regular doctor.

24-hour pharmacies

Reinstate 24-hour pharmacies.³⁶ Enabling a parent with a sick child to access a pharmacy, talk to a pharmacist and get temporary help means they do not have to travel to ED in the middle of the night. If a person needs a prescription to be dispensed, being able to access a pharmacy in the night may have a significant positive impact on that person's health. For those people with mental health issues accessing drugs might mean a critical incident might be avoided if the person can access a pharmacy at any time of the day or night. And for those people who have just spent several hours waiting to see someone in ED, being able to access a pharmacy to have a prescription filled would provide a level of comfort and may indeed be vital to the health of that patient.

Furthermore, allowing pharmacists to dispense repeat scripts³⁷ would take the pressure off time burdened parents and workers who find it hard to access pharmacies in normal work hours. Indeed, for those people who work shifts, access to a pharmacy may only occur out of regular hours.

Culturally appropriate services

After-hour services must be culturally appropriate and must be guided through work with community to ensure the needs of the community are addressed. Providing interpreters in care settings and ensuring healthcare workers receive continuous training in the provision of culturally safe care has been shown to improve the health outcomes of patients making the environment more welcoming and less likely to cause fear.³⁸ Improving the communication between patient and healthcare worker encourages trusting relationships and supportive care environments.³⁹

³⁶ ABC News 5 Jan 2024 [Victoria left without 24-hour pharmacies after state government cuts funding](#)

³⁷ Department of Health and Aged Care n.d. [Cheaper medicines](#)

³⁸ Kerrigan, V., McGrath, S.Y., Majoni, S.W. *et al.* "The talking bit of medicine, that's the most important bit": doctors and Aboriginal interpreters collaborate to transform culturally competent hospital care. *Int J Equity Health* **20**, 170 (2021). <https://doi.org/10.1186/s12939-021-01507-1>

³⁹ De Silva, S., Walker, T., Palermo, C., & Brimblecombe, J. (2022). Culturally safe health care practice for Indigenous

Culturally appropriate care is essential for members of culturally and linguistically diverse (CALD) communities, for refugees and asylum seekers, for Indigenous peoples and for those experiencing homelessness. Those community members whose health understandings revolve around cultural beliefs and cultural health practices such as prayer, spiritual practices and traditional medicines suffer from marginalisation when encountering the complex and sometimes judgemental treatment of mainstream Westernised health services.⁴⁰ As such, appropriate health care for many communities must incorporate allied health services, interpreter services and be attended by healthcare workers with knowledge of delivering culturally safe care. Care must not be limited to a biomedical model but should encompass a biopsychosocial model to ensure holistic care for a diverse community taking into account diverse beliefs and healthcare needs.^{41 42}

5. Is there anything you would like the Review to consider which has not been covered in this survey?

Consistency across jurisdictions

A review of Drugs and Poisons legislation across all jurisdictions to provide a consistent approach to what can and cannot be dispensed by whom and under what conditions. This is a review option as proposed in the Unleashing the Potential of our Health Workforce Review – Scope of Practice Review: Issues Paper 2.⁴³

Services should have a similar front end to enable people moving from one jurisdiction to another to be able to access a service without having to search for the new number or understand the extent of a service.

Holistic care

Members consider it important that after-hours services are not limited to a biomedical model but rather incorporate allied health services to ensure holistic care with a focus on biopsychosocial models of care.

Nurses are well-positioned to provide a socialised model of care, taking into account the social determinants of health and delivering equity informed care. However, for nurses to take on more comprehensive care, more equitable remuneration must be planned. Nurses will be working to the

Peoples in Australia: A systematic meta-ethnographic review. *Journal of Health Services Research & Policy*, 27(1), 74-84.

⁴⁰ Baker, K., Adams, J., & Steel, A. (2022). Experiences, perceptions and expectations of health services amongst marginalized populations in urban Australia: a meta-ethnographic review of the literature. *Health Expectations*, 25(5), 2166-2187.

⁴¹ Au, M., Anandakumar, A. D., Preston, R., Ray, R. A., & Davis, M. (2019). A model explaining refugee experiences of the Australian healthcare system: a systematic review of refugee perceptions. *BMC international health and human rights*, 19, 1-23.

⁴² Baker, K., Adams, J., & Steel, A. (2022). Experiences, perceptions and expectations of health services amongst marginalized populations in urban Australia: a meta-ethnographic review of the literature. *Health Expectations*, 25(5), 2166-2187.

⁴³ Department of Health and Aged Care 2024 [Unleashing the Potential of our Health Workforce – Scope of Practice Review: Issues Paper 2](#)

top of scope, RNs will be prescribing to their scope and with the oversight of another health professional, NP or GP, and nurses will be able to access MBS item numbers to ensure the community has access to the care they require.

This review examines the provision of after-hours care. After-hours care is essential to provide care to community when required outside of normal day hours and to minimise the number of people accessing the Emergency Department within the hospital. However, understanding why some people do not feel comfortable attending a doctor's clinic in day hours may help address why Emergency Departments receive so many people after hours.

About the consultation document

As a nursing organisation we received complaints about the iconography used for **Figure 3: System map of after-hours services in Australia** depicting nurses. Stethoscopes are not only used by doctors but are also used by nurses. The nurses' headwear is outdated and not reflective of the professional standing of nurses today. Furthermore, the headwear does not acknowledge that there are increasingly more male nurses in the profession. This iconography perpetuates archaic notions of the profession. In all, the system map is good but needs to reflect nurses in a different manner that better represents the nursing profession of today and the future. We suggest the use of tick boxes to identify which profession provides which service within the grid.

There were also comments in relation to **figure 3** suggesting that the diagram was doctor-focused, downplaying the role that nurses can and should play within after-hours care, or within healthcare generally, to support a cost-effective, biopsychosocial model of healthcare for the community.⁴⁴

⁴⁴ Horwitz, R. I., Lobitz, G., Mawn, M., Conroy, A. H., Cullen, M. R., Sim, I., & Singer, B. H. (2021). Biosocial medicine: biology, biography, and the tailored care of the patient. *SSM-Population Health*, 15, 100863.