

Ms Kerri Kellett
Senior Advisor to Professor Mark Cormack
Department of Health and Aged Care
GPO Box 9848 ACT 2601

Email: scopeofpracticereview@health.gov.au

Dear Ms Kellett,

Re: Scope of Practice Review - Issues Paper 2

The Australian College of Nursing (ACN) would like to thank the Department of Health and Aged Care for the opportunity to provide feedback on the Scope of Practice Review – Issues Paper 2.

ACN has distributed the consultation document to all members of ACN. Members represent the country's rural, remote, and metropolitan regions and work in many care settings, providing a rich and complex range of responses. The responses have been collated and are available on the following pages.

This timely review addresses the much-discussed topic of working to scope of practice. We trust that this response will build on the informative views and valuable suggestions you have received for a way forward. ACN looks forward to being involved in the following stages of this review.

If you have further enquiries about this matter, please do not hesitate to contact Dr Carolyn Stapleton, Director of Policy and Advocacy, for this consultation at policy@acn.edu.au.

Yours sincerely,



Emeritus Professor Leanne Boyd
Interim Chief Executive Officer
Australian College of Nursing
26 May 2024

ACN response to the Scope of Practice Review - Issues Paper 2 survey

About us

The Australian College of Nursing (ACN) is the national professional body representing nurses across Australia. ACN's postcode is 2600.

Leadership in primary care

1. What leadership do you consider essential to ensure reforms are successfully implemented? For example, what is required at the professional, practice, organisation and/or profession level?

The What of Leadership:

Leadership is pivotal in driving the necessary changes within our healthcare system, which is the primary goal of this reform. Effective leadership must begin at every level and in every discipline. Healthcare professionals should be supported in continuous education to develop a comprehensive understanding of the reforms, enabling them to embrace change fully. This educational effort should not be confined to internal stakeholders but extended to external stakeholders, including the public, to ensure everyone understands the reform's impact on the healthcare industry to enable a more sustainable future.

Leadership in healthcare reform is a collaborative effort between political and clinical leaders. It requires vision and support from all parties and active participation in discussions and feedback mechanisms. A coordinated approach involving all healthcare professionals is critical to breaking down hierarchical barriers. For the reform to be successfully embedded, leadership at every level, ranging from politician to clinician, must commit to the project. This commitment involves effective communication, transparency, and visibility throughout the process. The language used within the reform and by all leaders must affirm and advocate in recognising and acknowledging all healthcare professionals as specialists within their field.

The alignment of professional bodies in supporting this reform is crucial for challenging existing norms within current models of care. Unified leadership and support are essential to ensuring all disciplines comprehend the impact of these reforms on their scope of practice. This understanding is essential for addressing any actual or potential barriers that may arise. By fostering collaboration and shared commitment among professional bodies, the implementation of transformative changes can be more effectively navigated, leading to improved outcomes and more efficient, equitable healthcare delivery.

How to make the change:

At the organisational level, leadership, not management, is essential. Organisational change must occur from the top down and bottom up – all parts of the organisation must be involved, and their involvement must be recognised. Professionals need to work together to identify and address

potential and actual barriers to implementation, including regulatory and/or legislative. Leadership in healthcare reform demands an understanding of current issues, the specialist roles that all healthcare professionals play, the desired outcomes, and a commitment to the overarching goal of providing improved access to holistic, quality healthcare, resulting in better health outcomes for all and improving the health and wellbeing of the community.

Implementation should be undertaken in a staged approach with check-ins along the way to make sure change is happening as planned. Some organisations may consider contracting an external change manager to enable the hard decisions to be made without impacting permanent staff. Values-based and inclusive leadership is required to coordinate change management within organisations.

Flexibility and timelessness are required in the implementation of change. Educating all healthcare professionals before the change will reduce reluctance to be involved in the process. In conclusion, leaders must demonstrate active listening, empathy and reassurance skills, ensuring all parties are equally heard, enabling healthcare professionals to work to scope of practice within multidisciplinary teams.

Workforce design, development and planning

Options for reform developed about workforce design, development, and planning are:

- National Skills and Capability Framework and Matrix
- Develop primary health care capability.
- Early career and ongoing professional development include multi-professional learning and practice.

2. To what extent do you believe the combined options for reform will address the main policy issues relating to education and training and employment practices you have observed in primary health care scope of practice?

- To a great extent**
- Somewhat**
- A little**
- Not at all**

Additional comments?

The options for reform in workforce design, development, and planning are designed to tackle the primary concerns within the healthcare industry, notably the lack of national standardisation, recognition, and consistency. The proposed development of a National Skills and Capability Framework and Matrix is expected to significantly enhance skill recognition and utilisation by defining competencies for all healthcare professionals. This will pave the way for a skills-based workforce and increase understanding between disciplines. The success of the reform is dependent upon buy-in from all stakeholders. Investing in understanding the implications of the change will assist in understanding every healthcare professional.

To ensure the success of this framework, increasing consumer awareness is essential. Visual representation of the framework, with the healthcare consumer at the centre, highlighting the collaborative skills of all healthcare professionals, should be displayed in all primary healthcare

settings. For example, when the new aged care quality standards were introduced, the Australian Commission on Safety and Quality in Health Care implemented infographics in different languages to educate staff and the public. Implementing similar infographics will facilitate public understanding of healthcare professionals working to their full scope of practice, minimising current siloed practices and creating a more aligned healthcare system. A clearly defined framework will benefit both rural and remote communities and improve the efficiencies of metropolitan systems. This framework must include all healthcare professionals.

The Australian College of Nursing members fully support developing and implementing a nationally consistent education and training framework to support all healthcare professionals, providing equal opportunities for ongoing skill acquisition and development. Currently, across tertiary sectors, there are vast inconsistencies in interprofessional education. For example, an ACN member mentioned a university offering interprofessional education across all health curricula. This, however, contrasted with another university within the same jurisdiction, whereby the university only offered one health-based course, meaning that sharing learning across healthcare professions was not possible. One member spoke of their university offering postgraduate courses only in health. The healthcare students were from many disciplines and shared their experiences, work and ideas in their learning environment in a successful and collaborative setting.

Additionally, embedding primary healthcare into all healthcare professionals' undergraduate and postgraduate curricula will foster a more collaborative approach, increasing acknowledgment and respect between professions. Primary health care should be embedded throughout the entire program with an equal emphasis on acute and primary care. Within this education, students learn all aspects of primary healthcare and the role of each healthcare professional. Including additional content within an undergraduate nursing curriculum may be difficult due to time limitations. Therefore, ACN members suggest expanding the nursing degree to a 4-year duration.¹ Extending the nursing degree to four years and formalising an intern year will align with other allied healthcare professionals, including occupational therapists and physiotherapists.

Early career development is vital for recruiting and retaining a sustainable healthcare workforce. Thus, we support the option within the reform for skilled primary care supervisors and mentors. Strengthening this option by developing a mentoring capability framework and nurse mentor preparation courses will be beneficial. Given the increasing junior workforce, particularly in primary healthcare, a national clinical supervision framework and preparation course will help junior nurses transition from novice to expert practitioners.

ACN members believe ongoing professional development should be more comprehensive than registration requirements, as is currently the case with many healthcare professionals. Instead, it should be viewed as an opportunity to build and develop skills, increasing job satisfaction. The opportunity for professional development should be wider than the type of healthcare professional. Currently, in Queensland Health, health practitioners and dental officers are entitled to a professional development allowance and leave entitlements.² However, leave entitlements are fewer

¹ Schwartz, S. (2019). Educating the Nurse of the Future—Report of the Independent Review into Nursing Education. [Educating the Nurse of the Future: Report of the Independent Review of Nursing Education \(health.gov.au\)](https://www.health.gov.au/education-the-nurse-of-the-future-report-of-the-independent-review-into-nursing-education)

² Queensland Health. (2022). Human Resource Policy- Health Practitioners and Dental Officers – Professional Development Allowance and Leave. [HR Policy C42 - Health practitioners and dental officers – Professional development allowance and leave](https://www.health.gov.au/human-resource-policy-health-practitioners-and-dental-officers-professional-development-allowance-and-leave)

for those in the nursing profession who are not remunerated for professional development activities, and leave is at the organisation's discretion.³

Regarding professional development training, such as the aged care passport, ACN members recommend developing a digital skill passport. This will recognise primary healthcare workers' skills and professional development, reduce unnecessary training, support and retain existing personnel, create accountability, and provide a seamless national healthcare system.

3. How should the National Skills and Capability Framework and Matrix be implemented to ensure it is well-utilised?

The framework must be integrated into all undergraduate and postgraduate programs, ensuring that all health professionals develop an understanding of their colleagues' full scope of practice from the outset. Within the nursing curriculum, collaborating with the Australian Nursing and Midwifery Accreditation Council (ANMAC) will ensure the framework is embedded into the undergraduate and postgraduate curriculum and skilled migration program through assessing and accrediting nursing and midwifery programs.⁴ All tertiary sectors should be given time and funding to enable this change within the curriculum.

Before implementing the framework, inclusive development involving all stakeholders, from consumers to regulatory bodies, is imperative. It is essential for all parties involved to demonstrate effective communication and to provide accessible information and support. To facilitate effective implementation in the workplace, particularly during the initial stages, it is recommended that quality improvement 'champions' be appointed within the workforce. These champions will disseminate information and provide feedback to enhance correct and effective utilisation. Developing a mandatory reporting system or auditing process will create accountability for organisations to ensure the framework is effectively utilised.

4. Who do you see providing the necessary leadership to ensure the National Skills and Capability Framework and Matrix achieves the goal of contributing to the health professional scope of practice in primary care?

Collaborating with jurisdictional health leaders, the Australian Government Department of Health and Aged Care can spearhead the development and implementation of this national framework. The Department can plan guiding documents, offer funding options to make change happen, provide professional guidance, establish cross-institutional and cross-professional working parties to share ideas and continue to monitor change.

Regulatory bodies, peak professional bodies in both tertiary and health sectors, health executives, clinical excellence bodies, and workplace managers all play leadership roles in facilitating the adoption of a full scope of practice. Specifically, within the nursing sector, for changes to scope of practice, change must be supported and driven by all, including Chief nurses and all levels down across all facilities. Leaders within specific health organisations are responsible for considering the

³ Queensland Health (2010). Human Resource Policy. Professional Development Package for Nurses and Midwives Grade 3 (Enrolled Nurses) and above. [HR Policy G15 - Professional development Package for Nurses Grade 3 \(Enrolled Nurses\) and above \(health.qld.gov.au\)](https://www.health.qld.gov.au/hr-policy/g15-professional-development-package-for-nurses-grade-3-enrolled-nurses-and-above)

⁴ Australian Nursing and Midwifery Accreditation Council. (2016) [Australian Nursing & Midwifery Accreditation Council | ANMAC](https://www.anmac.edu.au/)

changes required to enable all health professionals to work to full scope.

All health professional bodies must share learnings and collaborate to recognise different solutions. Health professionals are a mobile workforce. This is advantageous as it increases skill sets and enables healthcare professionals to connect and share different experiences.

Legislation and regulation

Evidence gathered to date has contributed to three proposed reform options related to legislation and regulation:

- Risk-based approach to regulating scope of practice to complement protection of title approach.
- Independent, evidence-based assessment of innovation and change in health workforce models.
- Harmonised Drugs and Poisons regulation to support a dynamic health system.

5. To what extent do you believe the combined options for reform will address the primary legislative and regulatory policy issues you have observed in the primary health care scope of practice?

- To a great extent**
- Somewhat**
- A little**
- Not at all**

Additional comments?

Similar to many health systems globally, Australia is experiencing many pressures due to the increasing ageing population, increasing incidence of chronic disease and healthcare workforce shortage.⁵ To relieve these pressures, legislation and regulations across jurisdictions and organisations must be reviewed to encourage and support health professionals to work at their full scope of practice. The outcomes of the Cormack Review will not fragment care but rather provide a framework for a more collaborative approach to care. A risk-based approach to regulation will encourage health professionals to work in partnership rather than persist in a siloed approach. Before implementing a risk-based approach, it is essential to develop a robust framework, together with clear definitions, minimising the possibility of diminishing a scope of practice. A collaborative, respectful approach to care will improve health outcomes and provide the patient with a better experience along the healthcare journey. Recognising and acknowledging the overlap of capabilities is necessary when providing quality healthcare to ensure that all healthcare practitioners know what each can do under what circumstances and to accept that within a multidisciplinary team, some tasks and functions will be shared to enable better, safer and more timely care for the patient.

A review of legislation, such as the Health Insurance Act, will address inconsistent legislation and

⁵ Pricewaterhouse Cooper. (2023). The time to Act is Now. <https://www.pwc.com.au/health/health-matters/the-future-of-health-in-australia.html>

assist in removing funding barriers. As mentioned in Issues Paper 2, roles and ‘specific tasks performed by many healthcare professionals must currently be overseen by a medical professional’. Amendments to the Health Insurance Act would enable many health care professionals within primary health care to be remunerated for the time and activities they are already undertaking. For example, ACN members working within GP clinics mentioned that nurses were completing follow-up chronic health care plans and not receiving fair and equitable remuneration due to the lack of Medicare Benefits Scheme (MBS) item numbers. Ensuring all health professionals have access to MBS item numbers will enable remuneration, encourage healthcare professionals to work at full scope, increase job satisfaction and give the community greater access to healthcare. ACN supports the harmonisation of Drugs and Poisons regulation as a timely change that will enable national consistency.

6. To what extent do these options for reform strike the right balance between maintaining the protection of title where appropriate and introducing risk-based regulatory approaches in specific circumstances?

- To a great extent**
- Somewhat**
- A little**
- Not at all**

Additional comments?

These options for reform strike an appropriate balance between maintaining the protection of title where necessary and introducing risk-based regulatory approaches in specific circumstances. Implementing the protection of title approach would enable health professionals to consistently work to their full scope of practice, ensuring accountability and credibility while minimising risks. Transparency around all healthcare professionals’ scope of practice is fundamental to achieving this balance and providing clear guidelines and education for healthcare professionals. This education will ensure that all healthcare professionals understand and respect each other and work within their specific scope of practice. This balance must remain iterative and flexible, adapting to evolving healthcare needs, improved evidence, and changing circumstances to meet patients’ needs and desired health outcomes.

While all titles should be protected, the focus should be more on defining roles and scopes rather than titles themselves. This will improve cross-disciplinary collaboration and understanding of each other’s scope of practice. Once all healthcare professionals understand their scope, they can provide information to improve public understanding. Healthcare facilities will require training on implementing risk-based regulation to ensure the intended intent is achieved. This approach emphasises the importance of risk management and government-issued endorsed guidelines, ensuring healthcare delivery is both standardised and adaptable to changing circumstances.

7. What factors should be considered when implementing the changes to legislation and regulation to ensure they are effective?

An approach focussed on consistency and standardisation in relation to changes to legislation, and regulation is critical to ensuring consistency in cross-jurisdictional legislation and state licencing. Standardisation promotes consistency and clarity, making it easier for healthcare providers and

regulatory bodies to understand and adhere to the new regulations. This consistency ensures that all healthcare professionals meet required standards regardless of location, promoting quality and consistency in healthcare delivery. Establishing a robust quality management system and auditing process will ensure that the intended outcomes of the legislation and regulation changes are achieved. These systems also ensure that healthcare services meet community expectations and provide opportunities to educate the community about the scope of practice of the healthcare workforce. This fosters transparency and trust between healthcare providers and the community.

In addition, stakeholder engagement is paramount. Involving and informing all stakeholders and consumers throughout the process is essential for successful implementation. This engagement ensures that the perspectives and needs of all parties are considered and addressed. Involving all parties within healthcare, including non-health professionals, within the legislative change process ensures that the reforms are inclusive and representative of diverse perspectives within the community and the healthcare workforce. This approach ensures that all health professionals have an equal opportunity and organisations advocate for timely change. This diverse involvement enhances the legitimacy and effectiveness of the implemented changes, reflecting the needs of various stakeholders.

8. Are there specific policy actions related to legislation and regulation you believe should be pursued?

At this stage, ACN members did not recommend any further legislation or regulation beyond that mentioned in Issues Paper 2 that should be pursued.

Funding and payment policy

Two options for reform have been developed relating to the theme of funding and payment policy:

- Funding and payment models incentivise multidisciplinary care teams to work to full scope of practice.
- Direct referral pathways supported by technology.

9. To what extent do you believe the combined options for reform will address the primary funding and payment policy issues you have observed in the primary health care scope of practice?

- To a great extent**
- Somewhat
- A little
- Not at all

Additional comments?

ACN members support the two options for the reform of funding and payment policy. Funding models within the reform catalyse change that Australia's healthcare industry requires, reducing the current complexity of the funding structure. Within Australia, primary health care funding comes from all levels of government, non-government organisations, private health insurance and individual

reimbursement.⁶ The introduction of all health professionals working in primary health care and having access to more appropriate funding models will not only help address the healthcare workforce issue but also provide consumers with access to timely quality healthcare. More funded facilities, such as nurse-led clinics or after-hours clinics operating around Australia, will ensure patients receive quality health care, reducing the burden on the acute hospital sector. ACN has repeatedly advocated for more nurse-led clinics, most recently in response to a consultation and review of primary care after-hours program and policy conducted by Allen+ Clarke Consulting on behalf of the Department of Health and Aged Care.⁷ ACN proposes that nurse-led clinics enable nurse practitioners to work to their full scope of practice, offering the community more equitable access to care, longer consultations, the ability to offer outreach to vulnerable populations, and the ability to make home visits, including to aged care facilities.

Funding models and incentives should be based on a biomedical model addressing health outcomes and a values-based healthcare model, addressing all factors impacting consumer health. The shift in remuneration to incorporate a values-based model focuses on what patients value regarding their health and well-being.⁸ This model focuses on and emphasises the importance of preventative health, reducing hospitalisation, and increasing access to affordable healthcare, thereby improving the quality of life for all Australians. There are significant inconsistencies among health care professionals' funding models; for example, allied health practitioners, such as physiotherapists, are included in MBS, while registered nurses are not in this subsidised scheme. Nurses often complete work without appropriate remuneration due to a lack of funding options. The reform must address these inconsistencies, resulting in equitable remuneration for all healthcare professionals.

Primary health care is an unnecessarily complex system.⁹ Often, it is hindered by complicated, inconsistent referral processes that result in administrative burdens rather than clinical interventions or benefits. Leveraging the use of digital technology in referral pathways has the potential to eliminate these barriers by providing access to real-time patient information. Although implementing one platform for all primary healthcare providers is complex, digital platforms must be integrated to share data seamlessly across settings. For example, an ACN member provided insight into the differing use of digital referral pathways within two primary healthcare settings where they currently work. Within one setting, they discussed how registered nurses could refer using a digital platform integrated state-wide, while in another facility, this was "outside her scope".

ACN supports and advocates for the tenets incorporated into the Connecting Australian Healthcare:

⁶ Australian College of Nursing (2021) Reimagining the community and primary health care system. A white Paper. [Reimagining the community and primary health care system – Australian College of Nursing \(acn.edu.au\)](https://www.acn.edu.au/research-and-advocacy/reimagining-the-community-and-primary-health-care-system)

⁷ Allen and Clarke Consulting (2024) Review of primary care after hours programs and policy Consultation Paper. [After Hours consultation hub discussion paper.pdf \(health.gov.au\)](https://www.health.gov.au/media/13848/after-hours-consultation-hub-discussion-paper)

⁸ Australian College of Nursing (ACN). 2020, 'Value-Based Health Care through Nursing. Leadership —A White Paper by ACN 2020', ACN, Canberra. [Value-based health care through nursing leadership \(Full\) – Australian College of Nursing \(acn.edu.au\)](https://www.acn.edu.au/research-and-advocacy/value-based-health-care-through-nursing-leadership)

⁹ The Guardian. (2022). How to fix Australia's broken health system: Six experts have their say. The Guardian. [How to fix Australia's broken health system: six experts have their say | Medicare Australia | The Guardian](https://www.theguardian.com/australia-news/2022/sep/22/how-to-fix-australias-broken-health-system-six-experts-have-their-say)

National Healthcare Interoperability Plan 2023-2028,¹⁰ which states that ‘interoperability supports safe, secure, efficient and quality care. It involves an ecosystem of connected providers that conveniently and seamlessly shares high-quality data with easily understood meaning’. ACN responded to an early consultation on the development of this plan. More recently, ACN has developed a position statement (not yet published) on using standardised nursing terminology, which advocates using standardised nursing terminology (SNT).¹¹ The system will enable nursing’s contribution to health care to be more visible, generate new insights, lead to best practices, and increase the body of nursing knowledge. Further, in the context of sharing data seamlessly across settings between different healthcare professionals, SNT will reduce miscommunication incidents and enable data to be shared promptly and accurately. It must be noted that all healthcare professionals must be able to input and access data to ensure the patient’s best possible care and well-being. Furthermore, records must be updated and entered in a timely fashion to ensure the safety of patients as they move through different healthcare settings.

To illustrate what is meant by this, in response to consultation earlier in 2024 (Department of Health and Aged Care 2024. A new Aged Care Act: exposure draft Consultation Paper No.2)¹² ACN members recommended that the new Aged Care Act include digital aged care platforms to support quality of care. The platforms must include medication management tools, appointment scheduling tools, telemedicine services, and instructional materials to ensure proper use. Data security and privacy, quality and safety requirements, accessibility, monitoring and enforcement procedures should all be embraced in the aged care regulation. Any digital platform must incorporate the interoperability of systems in healthcare facilities and with visiting health practitioners. Maintaining records in a timely fashion and ensuring that medication charts are shared accurately is essential for keeping older people healthy and avoiding unnecessary hospital stays.

A more consistent national approach outlined in the National Skills capability framework will significantly address the central funding and payment policy issues observed in primary health care.

10. What other implementation options should be considered to progress the policy intent of these options for reform?

To ensure the effective implementation of these reforms, ACN recommends establishing a national pilot program. This program would incorporate the reform options within several primary healthcare settings across all jurisdictions. By doing so, quality improvement activities can be conducted before the official rollout, allowing for thorough testing and refinement of the proposed reforms. The pilot

¹⁰ Australian Digital Health Agency (2023). Connecting Australian Healthcare: National Healthcare Interoperability Plan 2023-2028 [Connecting Australian Health Care: National Healthcare Interoperability Plan \(digitalhealth.gov.au\)](https://digitalhealth.gov.au)

¹¹ Björvell, C., Jansson, I., Busck-Håkans, V., & Karlsson, I. (2023). Creating Subsets of International Classification for Nursing Practice Precoordinated Concepts: Diagnoses/Outcomes and Interventions Categorized into Areas of Nursing Practice. CIN: *Computers, Informatics, Nursing*, 0.1097/CIN.0000000000001072. Advance online publication. <https://doi.org/10.1097/CIN.0000000000001072>

¹² Dept Health and Aged Care (2024) A new Aged Care Act: exposure draft Consultation Paper No.2 [A new Aged Care Act: exposure draft – Consultation paper no. 2 | Australian Government Department of Health and Aged Care](#)

and official rollout timeframe will be collaboratively determined by the leaders involved in the process.

11. What additional actions relating to leadership and culture should be considered to encourage decision-makers to cooperate to achieve the intent of these policy options?

Several additional actions related to leadership and culture should be considered to foster collaboration among decision-makers and achieve the intent of these policy options.

Breaking down the barriers in a siloed healthcare industry is crucial. Changing perceptions and attitudes within the healthcare industry is essential for driving meaningful change. Promoting a culture of collaboration, innovation, and continuous improvement encourages all healthcare professionals to embrace new working methods and readily adopt best practices. Breaking down these barriers will create a more integrated and efficient healthcare system.

Ensuring appropriate and timely funding is essential for successfully implementing these policies and practices. Adequate funding will support the necessary infrastructure, training programs, and resources to enact these changes effectively. With sufficient funding, the potential benefits of these policy options may be fully realised.

Leaders should demonstrate to stakeholders how these policies impact their current situation, improving their understanding of change and effectively implementing it. This can be achieved by providing tangible examples of the benefits, such as increased job satisfaction, collaborative work environments, improved patient access and health outcomes.

Last word

12. Are there additional reform options that have not been considered that could progress the intent of this Review?

ACN members did not identify any additional reform options that could progress the intent of this Review. However, ACN members would be pleased to hear of and assess all suggestions and considerations that will enable all healthcare professionals to work collaboratively at the full scope of practice.

13. Are there additional considerations which have not been raised that could progress the intent of this Review?

ACN members did not identify any additional considerations that could advance the intent of this review. However, ACN members would be pleased to hear of and assess all suggestions and considerations that will enable all healthcare professionals to work collaboratively at full scope of practice.