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Think forward

Nurse Practitioner 10 Year Plan:

Survey Response

20 December 2021

Acknowledgement of Indigenous Peoples

We acknowledge the Traditional Owners of Australia and their ongoing strength in practising the world's oldest living culture. We acknowledge the Traditional Owners of the lands and waters on which we live and work, and we acknowledge that sovereignties of these lands and waters were never ceded. We pay our respects to Traditional Owners' Elders past and present, and commit to supporting them and Indigenous emerging leaders to create more equitable, healthy, and safe workplaces for all Australians, and in particular for those most disadvantaged.

Introduction

The Australian Institute of Health and Safety (AIHS) is the national association for people who work in generalist health and safety roles. The AIHS membership consists of more than 4,000 work health and safety (WHS) practitioners and professionals across Australia. Beyond our membership, we advocate for the >20,000 people who work in health and safety nationally. For more than 70 years we have worked towards our vision of safe and healthy people in productive workplaces and communities.

Our voice as a profession and association of health and safety experts is often distinct from those of government, employers, and workers. Our focus is on the evidence- and risk-based practice of WHS to create safer and healthier workplaces. As the peak body representing those who advise workplace stakeholders on health and safety risks in healthcare settings, we support the ongoing development and expansion of the Nurse Practitioner (NP) scheme. We support the professionalisation of the nursing profession, and the investment in nursing practitioners' development and deployment in Australian healthcare workplaces. We also know that safe and healthy workplaces are critical to attracting and retaining workers. By ensuring NP training and education incorporates contemporary WHS knowledge, the broader healthcare industry stands to benefit.

Whilst we do have health care practitioners within our ranks, this response comes from a position of dispassionate interest; we are applying the principals of professional education, workforce competency, and expert practice to the Australian healthcare.

There are also many similarities between NPs and WHS professionals and practitioners, including:

- Relatively recent introduction of the scheme
- Education and regulation challenges/variabilities/inconsistencies
- Profile/identity issues
- Mixed consumer experiences (e.g. employers receiving inadequate/ inappropriate advice or service)

- Workforce sustainability
- Scope of practice
- Career pathway and specialisation opportunities
- Challenges in regional, rural and remote work settings

There are areas of the survey we did not feel we could provide significant value, experience or expertise; we have left these questions blank.

We thank you for the opportunity to respond to the survey, and would welcome any further opportunity to contribute to the Nurse Practitioner 10 Year Plan Steering Committee's deliberations (NPSC) in the area of WHS education and practice.

Yours sincerely,

Andrew Heinrichs

AIHS Policy Committee Chair

Long-form survey response

1. Are there benefits of nurse practitioners providing health care?

Yes

As cited in the Discussion Paper, a USA study found "that registered nurses in hospitals with more NPs had significantly lower job-related burnout, higher job satisfaction, and are more likely to say they intend to remain in their jobs." This does not surprise us. We know that in WHS, engaging and deploying higher qualified professionals and practitioners leads to better WHS outcomes.

As a peak body representing WHS professionals and practitioners, we believe there are numerous benefits of NPs providing health care services.

2. Please rate the following potential barriers to nurse practitioners being able to provide care

	Not a barrier	Slightly a barrier	Moderate barrier	High barrier	Extremely high barrier	Not sure
Low public awareness of the role				X		
Lack of understanding of the nurse practitioner role and scope of practice amongst health professionals and employers				X		
State/Territory-based legislation/policies						X
Commonwealth legislation/policies						X
Lack of understanding of how nurse practitioners are regulated				X		
Limited patient access to Medicare Benefits Schedule (MBS) rebates			x			

Limited patient access to Pharmaceutical Benefits Scheme (PBS) rebates			X			
Limited patient access to Repatriation Schedule of Pharmaceutical Benefits (RPBS) rebates			X			
Collaborative arrangements				X		
Career pathways				X		
Job opportunities				X		
Education and training				X		

a) *Please describe any other barriers and include supporting information (max 300 words)*

No response.

b) *What can be done to remove or mitigate the barriers? (max 300 words)*

Collaborative arrangements

We agree with the Discussion Paper in that stakeholders can have conflicting interpretations of their obligations. To that end we believe that rather than dropping collaborative arrangements, stakeholders' obligations could be clarified to further engage and support NP's into these advanced practice roles.

Job opportunities

We believe there are (or are perceived to be) more opportunities in regional, rural and remote areas compared to metropolitan locations.

Education and training

We believe it can be challenging for prospective NPs to find sponsoring organisations, and that these opportunities are highly competitive to gain entry in to. As another example, many private acute care hospitals do not employ many (or any) NPs. Any measure that incentivises health care providers to offer more NP roles would help address this barrier.

3. Are there any sectors, social groups, geographical locations which would benefit from an expansion of nurse practitioner models of care?

Yes

As per above, we believe the private acute care hospital sector would benefit from a greater NP presence, for the workforce wellness benefits highlighted in question 1. Also, high exposure areas of frontline workers dealing with pandemic conditions would benefit from NPs to improve collective workforce resilience as it has been evidenced that workplaces where NP's are in place have lower job-related burnout, higher job satisfaction, and are more likely to have workers who intend to remain in their jobs (see p.9). Finally, remote work locations would benefit from NPs where additional workplace risks such as lone worker, personal aggression and other risks are present.

4. What are some innovative ways to promote the nurse practitioner workforce in:

Regional, rural and remote areas (max 300 words)

Metropolitan areas (max 300 words)

No response.

5. What strategies can be used to increase the number of Aboriginal and/or Torres Strait Islander nurse practitioners?

No response.

6. What strategies can be used to improve the cultural safety of nurse practitioners?

As stated in the linked report 'Educating the Nurse of the Future': "Nursing environments can be stressful, and there are many reports of aggression from patients and bullying from colleagues. The high suicide rate among nurses reinforces the need for an intense focus on mental health to help nurses develop the knowledge, skills, and resilience required to protect their well-being."

Whilst NPs receive some WHS training and information in their Bachelor degrees, they receive little if any WHS content in their postgraduate Diploma/Certificate courses (for example see https://www.qut.edu.au/courses/master-of-nurse-practitioner). We find this surprising and an opportunity for improvement, as NPs are more likely, as stated in the Discussion Paper, to:

- Work in regional, rural and remote areas (proportionally compared to other practitioners)
- Experience greater frontline stressors such as workplace aggression and lone worker challenges
- Bear greater responsibilities and stressors from decision-making in more autonomous roles.

We therefore NPs require greater resilience and WHS skills than a Bachelor graduate, not the same. Further, any WHS units of competency or content received in their Bachelor's course is typically two years behind them as they complete their postgraduate NP qualifications.

We believe WHS should be spread throughout the NP's learning journey, rather than front-loaded in their earlier years of education. By ensuring tertiary education providers provide greater focus on WHS, NPs stand to become health care industry leaders for the next ten years and beyond. By WHS skills we mean those capabilities necessary to effectively manage WHS risks in the workplace (see https://www.ohseducationaccreditation.org.au/projects-activities__trashed/australian/). Given the

nature of their work, this needs to include psychological health and safety as much as physical risk management concepts, practices and skills.

7. Please rate how suitable the current funding models are for nurse practitioners in private practice

Not sure

8. Is current regulation of the nurse practitioner appropriate?

Yes

9. Please provide any final comments or suggestions below

The cited "Educating the Nurse of the Future" paper highlights how important WHS capabilities are for nurses, particularly psychological WHS skills and knowledge. This focus hasn't been transcribed into the Discussion Paper.

But we believe that as practitioners move further into their professional development, health and safety capabilities become more important, not less. This applies to nursing.

The COVID-19 pandemic has challenged many industries in their ability to attract and retain capable people. The health care industry and nursing are no different. Health care workplaces need to be culturally, psychologically, and physically safe. NPs can play a key role here by both building their own resilience, and enabling a more resilient, healthy, and safe workgroup and workplace around them. They will only achieve this on the back of contemporary, timely WHS education.