APPENDIX A – Feedback from ACN members.

1.1. Key Recommendations (Page 7,8)

- Key recommendations developed by the Working Group are supported and welcomed at a broader level.
- Reconsider upskilling General Practitioners (GPs) in the assessment, diagnosis and management of acute and chronic wounds. Nurse Practitioners (NPs) in Wound Care have extensive expertise in the fundamentals of wound development and management to provide evidence-based wound care and would be ideal candidates from a skilled perspective and in terms of cost-effectiveness to provide ongoing support and education.

4. The importance of evidence-based practice in wound care (Page 21, 22)

- The report quotes there *"has also been a lack of focus on wound management education and training within medical and nursing undergraduate and post-graduate training programs, contributing to the poor management of a large number of chronic wounds (22) (23)"*.

  Citations

  22. Bennett, GCJ. Undergraduate teaching on chronic wound care. Lancet. 1992. Vol. 339. 249-250. 0

  23. Davis, M. Wound-care training in medical education. J Wound Care. 1996. Vol. 5, 6. 286-7.

  The citations are medicine-related and date back more than 20 years. Nurses do in fact have access to wound management education training in undergraduate and postgraduate settings as well as regular clinician run programs within nursing workplaces. A list of some educational providers offering postgraduate and professional development courses include:

o **The Australian College of Nursing (ACN)** offer continuing professional development (CPD) courses (online and face-to-face) across Australia, as well as Graduate Certificates in Acute Care Nursing, Aged Care Nursing, Community and Primary Health Care Nursing, Orthopaedic Nursing and Stomal Therapy Nursing. These promote the development of advanced knowledge and skills in wound management for nurses.

o **The Wound Guy**, a private health care practice led by a Registered Nurse (RN) Entrepreneur, provides wound management services in the clinical setting and wound management education in collaboration with numerous organisational, professional and industry groups. The Wound Guy website also provides an extensive list of wound management contacts and health services across Australia, e-learning websites, face-to-face learning providers and courses, as well as recommended evidence-based textbooks, journals, content and clinical tips links.

4. Financial cost to general practices and patients (Page 23)

- The report quotes that in "*2012 the General Practice Nurse National Survey Report conducted by the Australian Medicare Local Alliance (AML Alliance) found that 93% of practice nurses undertook wound management tasks either weekly or daily".*

This statement highlights the significant and substantial contribution that nurses make to wound care. It is also recommended that the term practice nurse is replaced by general practice nurse (GPN) throughout the report.

5. Recommendations - Chronic Wound Management (Pages 28-30)

- It is acknowledged that wound care is provided across several levels of the health care system including primary care services, specialist community-based services and tertiary level services. The report should note that the majority of wound care in these settings are performed either by Nurses, or Nurses and Podiatrists.

- The report states that the *"Working Group recommends provision of wound care products to key target groups (see Rec 24) and a mandatory education component (see Recs 16-19), particularly for GPs and practice nurses" (page 29).*

  It is agreed that a consistent approach to education is necessary, however given that 93% of general practice nurses (GPNs) are currently taking on regular wound management and play a pivotal role in providing wound care services in general practices, it is suggested to reconsider the suitability of GP's as the most appropriate health professional for the initial assessment of wounds and for upskilling to diagnose and manage chronic wounds (as per 5.1.1 - Recommendation 1).

- The report recommends *"subsequent GP review of the wound and reassessment of required services" (Page 30)*.

  Reconsider this recommendation as it can be viewed as double handling with respect to the Nurses role and not the most cost-effective approach.

- The report states that the "*Working Group recommends that consideration be given to the development of a risk assessment tool"* (*Page 31).*

  It is recommended the report states that a national standardised wound assessment tool is essential.

- The report states that "*In order for practitioners to claim this item they must have undertaken appropriate wound-specific training" (Page 31).*

  It is recommended that this training/education is best developed and delivered by specialist Registered Training Organisations (RTOs) specialising in wound care to ensure national consistency, an international evidence-base and to avoid low quality education programs. For maximum benefit to people with wound care, this education would be best delivered in an interprofessional environment where GPs, Nurses, Allied Health and Aboriginal Health Practitioners are all learning together. This will provide the best outcome from an education perspective and support collaborative teamwork in primary health care. Additionally, inclusion of unregulated health workers will compromise the quality of care being delivered as this group (AHW, AIN, MPA, PCW)[1] do not have the fundamental education required to practice anything other than supervised simple wound care or no wound care at all.

[1] AHW = Aboriginal Healthcare Worker; AIN = Assistant in Nursing, MPA = Medical Practice Assistant; PCW = Personal Care Worker

- It is important to note that unregulated health workers in the health sector do not have the fundamental education required to practice advanced wound care including initial assessment. Consider removal of unregulated health care titles from the report.

- The report states *"There are a number of factors contributing to poor management of wounds within Australia. This recommendation is in line with assisting GPs to correctly diagnose and appropriately manage wounds which are chronic or at high risk of becoming chronic" (Page 32).*

  It is highly recommended that this statement includes a collaborative approach to wound care inclusive of; nurses, and allied health care providers in addition to GPs. All health professionals need to be able to appropriately assess and manage wounds including Nurses, Allied Health, Aboriginal Health Practitioners and GPs

- The report states *"Unlocking further subsidised wound care provided by a practice nurse are key elements of the proposed model, targeting funding towards appropriate treatment and outcomes for patients" (Page 36*).

  This statement should include wound care provided by a GPN "in collaboration with a wound care expert and the GP". Ongoing wound care is required for chronic wounds and the subsidised care provided needs ongoing funding. After the referral to a wound expert, care needs to continue with funding. Suggest this is changed to read as follows*: "Unlocking further subsidised wound care provided by a general practice nurse* ***in collaboration with a wound care expert and the GP*** *are key elements of the proposed model, targeting funding towards appropriate treatment and outcomes for patients".*

- The report states that *"These items can only be claimed by a medical practitioner where wound management (other than normal aftercare) is provided to a patient by a nurse on behalf of the medical practitioner…. The practice nurse, Aboriginal and Torres Strait Islander Health Practitioner or Aboriginal Health Worker providing wound management under these items must be appropriately trained and credentialed to treat wounds. The medical practitioner under whose supervision the treatment is provided retains responsibility for the health, safety and clinical outcomes of the patient" (Page 37).*

  It is suggested that future consideration of how the billing should be split within the practice is necessary. The GPN should be appropriately compensated for their contributions and the GP should not receive the majority of this funding particularly when they are not part of the consultation and it is the practice who employs/contracts and pays the GPN. In addition, it is suggested that there is removal of any reference to AHW from the discussion and removal for the need for GPN credentialing.

- The report states that *"The Working Group recommends that the Department work together with key stakeholders in the development of appropriate training and credentialing required prior to practice nurses claiming the proposed new items. This training must be widely acceptable and accessible to nurses, particularly in the context of remote area nursing" (Page 38).*

  Consider broadening the existing key stakeholders. All nurses have wound care education in their undergraduate program and wound care is a part of nursing practice. Therefore, credentialing is unnecessary and, in fact, will function as a barrier to people accessing high quality wound care. This will also be an expensive process to set up and maintain as well as

adding costs to GPNs who are already among the most poorly paid nurses in Australia. The considerable funding required for this process would be better used in the consumables scheme or the education program. In addition to undergraduate training, interprofessional education is required for all health professionals and this needs to be fully funded.

- The report states "*The Working Group notes the draft recommendation from the Aboriginal and Torres Strait Islander Reference Group to expand provider access for MBS item 10989 (wound treatment provided by an Aboriginal and Torres Strait Islander Health Practitioner) to include appropriately trained Aboriginal and Torres Strait Islander health workers and nurses (when provided in Aboriginal and Torres Strait Islander primary health care). Item 10989 does not require healthcare providers to undertake additional training and credentialing in wound management" (Page 38).*

  AHWs should not be included in this program as previously stated. MBS funding cannot become available to unregulated health workers as this will undermine the integrity of Medicare. All appropriately qualified GPNs, Allied Health Professionals (AHP) such as podiatrists and Aboriginal Health Practitioners should be able to access 10989 item number when providing wound care to an Indigenous person. Currently the 10989 item number is available only when wound care is provided by an Aboriginal health practitioner. This is discriminatory to Indigenous people who choose to access their health care in general practice where there are no Aboriginal health practitioners, which is most general practices in Australia. Consider excluding the claiming of both the 'new' item number for wound care and the 10989 concurrently.

- The report states "*The Working Group recommends that practice nurses who have undertaken the additional training and credentialing be considered part of the care planning team for the purpose of Team Care Arrangements and any future item incorporating Team Care Arrangements. This would mean that the practice nurse is included as one of the three practitioners required in order to claim for the facilitation of team care planning" (Page 40).*

  This recommendation should be removed as there is potential for abuse if GPNs are enabled to become one of the three required members for a TCA. GPNs should not be able to be members of the three required practitioners unless they are working independently of the GP in wound care (where the GPN item number is billed only). Implementing this has the potential to see an increase in inappropriate care plans being billed, inadvertently reducing the breadth of the care team and impacting on the integrity of chronic illness care/ chronic disease management and Medicare.

- The report states to *"Increase the number of allied health services available under Team Care Arrangements (TCA), and any future item incorporating TCAs, for patients with chronic wounds or wounds deemed at high risk of becoming chronic" (Page 41).*

  ACN members agree with this statement, however in addition believe there should be MBS access to wound care Nurse Practitioners (NPs) and expert wound care nurses (For e.g. Advanced Practice Nurses - APN).

5.2.3 Recommendation 10: New wound debridement items (Page 47)

- It is essential that appropriate resourcing, wound bed preparation, management knowledge and skill exists in the initial wound assessment, to reduce the need for other more aggressive debridement.

5.2.5 Recommendation 11: Negative pressure wound therapy (NPWT) (Page 48)

- The recommendations in this section are satisfactory. NPWT has revolutionised wound management at both acute hospital and community levels. Compression, debridement and NPWT are all advanced skills that should have additional education. It is suggested that debridement, compression and negative pressure would require the input and guidance of a wound expert. As such additional education is required beyond that of the education program that will be developed and delivered for all Nurses, AHP, Aboriginal health Practitioners and GPs.

5.3.1 Recommendation 12: Education and training of RACF staff (Page 50)

- The report states *"The Working Group recommends that consideration be given to including mandatory quality indicators for education and training of RACFs staff, including the management of skin injuries, chronic wounds and ulcers, in accreditation and monitoring processes of RACF under the Aged Care Quality Standards. RACF staff include registered and enrolled nurses, assistants in nursing, personal care workers and Aboriginal and Torres Strait Islander health practitioners and health workers" (Page 50).*

  The inclusion of unregistered health care workers (UHCW) in the management of wounds is concerning for vulnerable and aged populations in residential care. As previously stated, unregulated health workers do not have the fundamental educational preparation to be a part of this program. The need for GP oversight of wound care in RACF is not sustainable as GPs do not always visit RACF regularly. If this is implemented, there is potential for wound care to be delayed and residents placed at risk waiting for GP review. Aged care NPs, advanced practising wound care nurses and wound NPs are best to oversee quality wound care in RACF.

- It is strongly recommended that there is access to wound Nurse Practitioners (NPs), APNs and GPNs) in Residential Aged Care Facilities (RACFs). A model using expert NPs and follow up by GPNs/ RACF RNs/ Community Nurses is recommended as a more cost-effective and efficacious model. UHCWs should not be providing wound care in RACFs, including assistants in nursing, personal care workers and Aboriginal and Torres Strait Islander health workers.

5.3.6 Rationale for Recommendation 14 (Page 50)

- There is opportunity for recognition and appropriate funding for the NP and APN workforce in RACFs in this section.

6. Recommendations – Education, credentialing and accreditation (Page 55)

- The report states "*While a range of health practitioners, including general practitioners, have varying levels of skills in wound management, there is significant opportunity to improve practitioners' competencies for providing evidence-based wound care to patients" (Page 55)*.

  It is recommended that this education should only be developed and delivered by specialist wound care organisations and RTOs such as the Australian College of Nursing. The education could be a combination of online and face-to-face opportunities. The face-to-face sessions should be mandatory and interprofessional in nature. There is a need for all health professionals to learn the same information and build collaborative pathways which will not be achieved through numerous programs and no face-to-face learning. Having different

education programs for nurses, AHP, Aboriginal Health Practitioners and GPs will result in conflict and a lack of consensus on wound management between health professionals.

- The report states that "*The Working Group recommends that the Department work together with key stakeholders in the development of appropriate training and credentialing for Nurse Practitioners wanting to specialise in the provision of specialist wound management services" (Page 57).*

  ACN wishes to clarify that training already exists as there are specific wound care Nurse Practitioners. Nurse Practitioners do not require credentialing as they are regulated nurses who possess a Master's qualification approved by the Nursing and Midwifery Board of Australia (NMBA) with 5000 hours of advanced clinical nursing experience.[2]

- The report states that "*The Working Group recommends that the Department work with key stakeholders in the development of appropriate training which a GP is required to undertake prior to claiming the proposed new items. This may require GPs to complete a training module similar to that required for preparation of a GP Mental Health care plan, with a similar investment of 6-8 hours" (Page 57).*

  There is no evidence to support better outcomes if 6-8 hours of training is provided for GPs. Nor is there evidence that this training will be better than the current wound care management training that is readily and currently available to nurses. As per previous comments, it is recommended that training is consistent for all health care professionals and includes an interprofessional and face-to-face component.

- The report states that *"The Working Group recommends that the Department work with key stakeholders to define and appropriately credential those appropriately qualified to provide a specialist wound care service. These healthcare providers may include appropriate medical specialists, GPs and other providers who have undertaken advanced education and clinical training in wound care" (Page 60).*

  It is noted that only the medical profession is mentioned in this section. Nursing must be mentioned as a critical component of the health workforce providing wound care for patients. It is also suggested that other professionals within the health care team should also be recognised.

7. Recommendations – Addressing the cost of wound care consumables (Pages 61 to 63)

- Changes to increase access to consumables is satisfactory.
- It will be greatly benefit patients if the restriction on charging alongside of bulk billing is removed and a subsidise scheme for wound care consumables are implemented.
- The report states "*Research would need to incorporate economic modelling to ensure the scheme is appropriately targeted" (Page 63).*

  There is an extensive evidence base on wound care available, including in the nursing literature. Need to undertake a literature search of contemporary (excluding sources >10 years old such as cited references 22 and 23) evidence in wound care so as to avoid unnecessarily allocating funding for research projects when the evidence is already

[2] Australian College of Nurse Practitioners (2019). NURSE PRACTITIONERS CAREER GUIDE FOR ASPIRING NURSE PRACTITIONERS. Accessed at: https://www.acnp.org.au/client_images/2139353.pdf

available. It is suggested that any further research funded should add to the current evidence base.