Australian College of Nursing

We have the evidence.
It's time for action.

Invest in nursing:

The solution to Australia's healthcare challenges

Pre-Budget Submission 2026-27

Australian College of Nursing

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Executive summary

Australia's healthcare system faces unprecedented pressures: an ageing population and growing rates of chronic conditions straining health and aged care systems; hospital waitlists at record highs; falling vaccination rates amid vaccine-preventable disease outbreaks; and nursing and medical practitioner shortages.

Key reviews commissioned by the government, including the *Unleashing the Potential of our Health Workforce – Scope of Practice Review* and the *Review of General Practice Incentives*, have made it clear that more needs to be done to support Australia's nursing workforce to deliver better, more comprehensive care to Australians.

The potential is enormous. With 414,000 registered, nurses represent Australia's largest, most trusted, and most geographically distributed health profession.

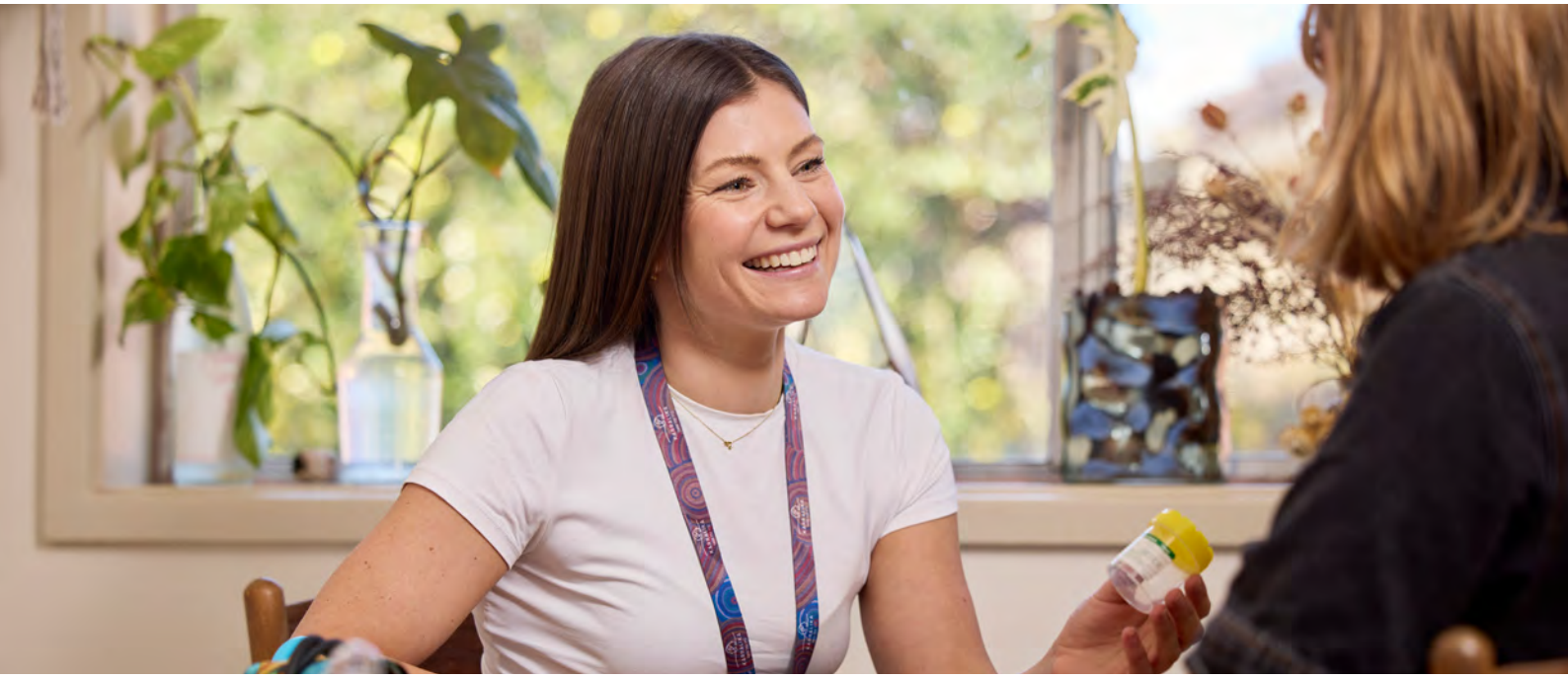
Yet nurses remain blocked from working to their full scope of practice by outdated funding models, regulatory barriers, and systemic underutilisation.

This pre-budget submission presents six evidence-based investments totalling $891.2 million over four years designed to address the need to:

- Significantly improve vaccination rates
- Avoid a projected shortfall of 70,000 nurses by 2035
- Educate 2,500 RN prescribers to improve medicine access
- Establish nurse-led primary care practices
- Prevent avoidable aged care hospitalisations
- Reduce elective surgery waitlists

Every recommendation builds on evidence from the reviews that consistently conclude that the government must undertake the regulatory and funding reform required enable all health professionals to work to their full scope of practice if it is to meet today's significant healthcare challenges.

"With 414,000 registered, nurses represent Australia's largest, most trusted, and most geographically distributed health profession."



Investment summary

Recommendation	Investment	Timeline	Key impact
1. Reverse declining vaccination rates through increased access	$539 million	Four years	Restore vaccination coverage
2. Retain and grow the nursing workforce	$20 million	Four years	Prevent shortfall of 70,000 nurses by 2035
3. Expand medicine access by scaling registered nurse (RN) prescribing	$52 million	Four years	Educate 2,500 RN prescribers
4. Unlock primary care capacity with nurse-led models	$275 million	Four years	Establish nurse-led clinics
5. Reduce aged care hospital admissions through nurse-led care	$5.2 million	Four years	Reduce hospital transfers
6. Expand hospital capacity through advanced nursing roles	To be determined	Four years	Reduce elective surgery wait times, increase access
TOTAL	**$891.2 million**		

Time to empower nurses to address health care gaps and improve access for all Australians

This year, the Australian Government has a unique opportunity to introduce significant health reforms that could address critical gaps in the health system and ensure all Australians, regardless of income or postcode, have access to high-quality health services.

Nurses are at the heart of these reforms.

The evidence is clear. Government Reviews from its first term have all reached the same conclusion: Australia must make smarter use of its entire health workforce. This includes enabling all health professionals to work to their full scope of practice.

It is time to release the *National Nursing Workforce Strategy*. It offers the evidence, guidance and momentum needed to drive meaningful change.

The time for action is now. The Government must turn review recommendations into bold new policies that improve access to quality, affordable health services.

The rollout of Urgent Care Clinics, including nurse-led walk-in clinics, is working.

Bulk billing incentives are working.

But major challenges persist.

Vaccination rates are falling, and cases of influenza and measles are on the rise. Nurses are key to reverse this trend.

The Government must invest in nurse-led vaccination programs to fully leverage the expertise and reach from Australia's largest and most geographically dispersed health profession.

Nurses already complement the vital work of general practices and pharmacies. They are leading in wound management, ear care, diabetes management, skin cancer detection, chronic pain, chemotherapy, and immunotherapy.

There is enormous potential to expand nurse-led care across aged care to build on the Government's 24/7 registered nurse reforms.

Strategic investment in registered nurse prescribing, introduced in 2025, will improve access to essential medicines and strengthen community-based care.

These reforms will deliver the greatest impact for under-served populations – rural, regional, and remote communities; First Nations communities; older Australians; those experiencing homelessness; and people facing disadvantage.

At the heart of these reforms is one principle: enable nurses to work to their full scope of practice.

Nurses work alongside all health professionals to deliver multidisciplinary team-based care.

Nurses can ease the pressure on general practices.

Nurses can help reduce clinician burnout.

Nurses can serve communities where GPs are not available.

Nurses are present in every health setting.

Nurses are trusted.

Nurses are highly educated and highly skilled.

Nurses are the solution.

Adjunct Professor Kathryn Zeitz FACN
Chief Executive Officer, Australian College of Nursing

This submission contains a series of case studies and a guide to the different designations in nursing, on pages 22 to 32.

Public health
Ensure Australia remains world-leading in vaccination

1. Reverse declining vaccination rates through increased access

A) Design and deliver the business model and clinical governance framework for the establishment of nurse-led vaccination clinics, including mobile and pop-up models, to improve accessibility, deliver catch-up services, strengthen outbreak response capacity, and extend vaccination coverage to underserved and hard-to-reach populations. Investment required: $10 million.

B) Establish a Nurse Payment Administrator to manage payment to nurses for vaccinations delivered. Investment required: $500 million.

C) Fund scholarships to ACN's nurse immuniser program to enable one in four nurses working in primary care and aged care settings to become authorised nurse immunisers. Investment required: $25 million.

D) Expand the uptake of ACN's Pacific Islands Immunisation Course to regions such as Melanesia, Micronesia, and Polynesia. Investment required: $4 million.

E) Using payments from the National Productivity Fund, incentivise states and territories to remove any regulatory barriers preventing nurses from working as autonomous and authorised nurse immunisers.

Issue:

The Australian Centre for Disease Control recorded nearly 503,000 laboratory-confirmed influenza cases in 2025, the highest number since reporting began in 2001.[1] There were also 181 notifications of measles, the highest national figure since 2019 and the second highest in more than a decade.[2]

Vaccination rates have been declining in Australia since the COVID-19 pandemic. Coverage for one-year-olds has fallen to 91.6%, and to 92.7% for five-year-olds.[3] Prior to the pandemic, Australia had reached the 95% target required for herd immunity for primary childhood vaccinations.[4]

Snapshot of the latest 2025 influenza vaccination coverage* data in Australia

All persons

	ACT	NSW	Vic	Qld	SA	WA	Tas	NT	AUS
6 mo–<5 yrs	48.4	24.4	30.4	20.1	27.6	23.0	29.6	35.4	25.7
5–<15 yrs	24.3	13.3	16.0	13.2	15.3	15.3	14.8	12.8	14.5
15–<50 yrs	32.7	19.5	23.7	18.3	23.6	18.8	23.4	21.5	20.8
50–<65 yrs	44.3	30.1	34.2	31.4	36.2	30.9	39.4	25.4	32.3
≥65 yrs	66.0	58.2	61.8	60.4	66.6	59.8	67.9	34.9	60.5

** Year-to-date (YTD) coverage calculated using vaccinations given 1 March–31 August 2025 (inclusive). AIR data as at 7 September 2025.*

Coverage data in these tables may differ slightly from estimates published elsewhere due to differences in calculation methodologies and/or the AIR data being used in the calculation having been downloaded on different dates.

NCIRS National Centre for Immunisation Research and Surveillance Australia

Influenza vaccination rates are perennially low and have declined across all age groups since the pandemic, with more significant declines in Aboriginal and Torres Strait Islander persons.[5]

Given these trends, proactive investment in nurse-led vaccination programs is a cost-effective strategy to prevent outbreaks, protect community health, and meet public health needs, particularly for vulnerable populations, including First Nations peoples, aged care residents, individuals with disability, and disadvantaged communities.

Falling vaccination rates lead to avoidable hospitalisations that intensify pressure on already strained emergency departments and carry significant implications for economic activity.[6] Global evidence shows that the average cost of managing a single measles case can exceed US$32,000 when accounting for both direct medical expenses and indirect economic impacts.[7] The Australian Medical Association estimates that, conservatively, a 'bad' flu year with more than 125,000 cases in the working-age population costs about $948 million in lost wages, compared with a baseline year in which there are fewer than 50,000 cases.[8]

Since the pandemic, vaccination hesitancy is greatly contributing to falling vaccination rates, but research from the National Centre for Immunisation Research and Surveillance (NCIRS) makes it clear that access is the critical barrier. Access barriers include difficulty securing appointments, cost concerns, and limited clinic flexibility.[9] [10]

Australia's reliance on GP-led clinics as the primary vaccination provider is no longer sufficient to meet population needs. There is a GP shortage, and practices are unable to provide extended hours or drop-in services.[11] The expansion of vaccination services in community pharmacies has shown that new models of care are feasible and well-accepted by the community.[12] Despite a growing range of vaccinations being available in pharmacies, vaccination rates continue to decline.

Decades of progress in reducing vaccine-preventable diseases are now at risk, with increasing outbreaks of several major diseases, including measles. It is imperative, both for humanitarian reasons and regional health security, that neighbouring countries remain strongly supported to prevent further outbreaks.

Without urgent intervention, Australia and its near neighbours face growing risk of vaccine-preventable disease outbreaks, escalating healthcare costs, and increasing threats to public health.

The solution:

ACN is calling for a comprehensive support package to enable nurses – the largest, most nationally distributed health workforce – to lead vaccination initiatives to improve access to high-quality, safe vaccination. Importantly, this investment represents a redistribution of funds from Medicare Benefits Scheme (MBS) items and funds paid to pharmacy to nurses delivering vaccination.

Establishing nurse-led vaccination clinics in community settings, with rotating locations, extended hours, ability to provide recalls and reminders, and drop-in appointments, will improve accessibility for all Australians. This aligns with the *National Immunisation Strategy for Australian 2025-2030*[13] priority area, which is to improve access to immunisation. ACN is calling for the following measures, requiring a total investment of $539 million, to help ensure Australia remains world-leading in vaccination.

A) Invest $10 million in supporting the design and delivery of the business model, clinical governance framework, and setup costs for the establishment of nurse-led vaccination clinics, including mobile and pop-up models. This will improve accessibility, deliver catch-up vaccination services, provide education for vaccine hesitance, and reach underserved populations. This approach would enable the systematic and structured rollout of vaccination clinics in more community-centred locations, such as Medicare Urgent Care Clinics, schools, libraries, seniors' centres, and public events, offering greater convenience for families and individuals who need vaccinations and/or education. Pop-up clinics in low-coverage areas can provide education and catch-up immunisations from trusted health professionals, particularly during outbreaks or seasonal vaccination campaigns.

B) Create the Nurse Payment Administrator to administer an initial $500 million in payments to ensure nurses are fairly remunerated for their work. Similar to the Pharmacy Programs Administrator, businesses employing nurses, including self-employed nurses, will receive the same payments provided to pharmacists for administering vaccinations. This will ensure general practices, pharmacies and Aboriginal Community Controlled Health Organisations who employ nurses, as well as those who are self-employed, are able to be remunerated for the delivery of vaccines.

C) Support nurses to become nurse immunisers to help reverse declining immunisation rates, including by providing $25 million in scholarships for immunisation courses. These funds will ensure that one in four nurses working in primary care or aged care settings are an authorised nurse immuniser.

D) ACN is a committed partner in growing the vaccination workforce through its Pacific Islands Immunisation Course and is seeking $4 million in additional funds to expand and enhance the uptake of the program to more of our neighbouring countries.

E) In December, the Federal Treasurer announced that states and territories that implemented scope of practice and other productivity reforms would receive payments from the $900 million National Productivity Fund. This must include incentives to remove barriers in jurisdictional legislation and associated regulations to enable nurses to deliver vaccinations in their community.

Combined, these measures will strengthen the nursing workforce to respond to any future disease outbreaks and return immunisation rates to those required to achieve herd immunity. Redistributing funding to enable nurses to provide vaccinations in a variety of settings will increase availability of appointments in general practice and also enable innovative service offerings to meet community needs.

"Australia's reliance on GP-led clinics as the primary vaccination provider is no longer sufficient to meet population needs. There is a GP shortage, and practices are unable to provide extended hours or drop-in services."

Nursing workforce
Addressing growing demand for nursing care

2. Retain and grow the nursing workforce

A) Endorse, publish, and commence implementation of the *National Nursing Workforce Strategy*.

B) Address a shortage of new nursing graduate positions by funding scholarships to ACN's national Transition to Practice Program for those without employer-provided programs. Investment required: $15 million.

C) Develop and implement a National Transition to Retirement Guide and enable health organisations to retain experienced nurses through flexible retirement options, mentoring roles, and advisory pathways. Investment required: $2 million.

D) Provide scholarships for 2,300 enrolled and registered nurses who meet the Recency of Practice Registration Standard, three months' practice in the last five years, and wish to refresh their clinical knowledge through the ACN Refresher Program, enabling their return to the nursing workforce. Investment required: $3 million.

E) Fund the design and implementation of a National Digital Skills Passport to recognise and support transferable nursing skills and qualifications.

Issue:

Nurses are the largest professional group of the Australian health workforce. With 413,653 registered, they are central to addressing Australia's health challenges.[14] The workforce continues to grow through recruitment of domestically and internationally qualified nurses. Yet even at current growth rates, there is a predicted shortage of 70,707 nurses by 2035.[15]

A critical challenge is retaining our nursing workforce. High attrition rates, with 20-30% of early-career nurses leaving within three years of graduation, are leading to substantial losses in workforce capacity and investment.[16] [17] That is despite the formalised and widespread transition to practice new graduate programs in the tertiary hospitals. Ongoing investment in the delivery of transition to practice new graduate programs in the primary and aged care sectors is critical. The Federal Government's Aged Care Transition to Practice program is an important initiative, of which ACN is an accredited provider. The Australian Primary Health Care Nurses Association also delivers Transition to Practice Programs to a small number of nurses in the primary care sector. ACN is proposing significant expansion of support, to ensure all graduates of nursing programs are employed and have access to an evidence-based Transition to Practice Program.

Older and highly experienced nurses are invaluable sources of leadership, mentorship, and clinical education for newer generations. In contrast to the early career nurses, however, this segment of the workforce has declined disproportionately since the COVID-19 pandemic, as many left the profession prematurely.[18] [19] Despite this loss, more than 125,000 nurses and midwives aged 50 and over remain in the workforce. They represent a critical pool of expertise that must be retained in the healthcare system to preserve clinical knowledge, strengthen continuity of care, and support the next generation through structured mentorship.

The solution:

To secure a sustainable nursing workforce, a targeted suite of investments is needed to retain experience, support career development, and drive system-wide reform. ACN calls for the following key components in a $20 million package:

A) Publish and commence implementation of the *National Nursing Workforce Strategy*.

B) Ensure new graduates are well supported in their transition to professional practice and reduce early-career attrition rates by funding scholarships worth $15 million to ACN's national Transition to Practice Program. For graduates without employer-provided pathways, participation in ACN's program will provide a critical safety net to promote confidence, competence, and long-term retention, reducing turnover costs and ensuring consistent standards of care. Importantly, ACN's program supports graduates entering all practice settings, ensuring they are prepared to deliver safe, high-quality care across the full breadth of Australia's health system.

C) Invest $2 million to develop and implement a National Transition to Retirement Guide to promote flexible options for experienced nurses to stay engaged in the workforce through mentoring, education, and advisory roles, preserving expertise and supporting knowledge transfer.

D) Invest $3 million to provide scholarships for 2,300 enrolled and registered nurses who meet the Recency of Practice Registration Standard, three months' practice in the last five years, and wish to refresh their clinical knowledge through the ACN Refresher Program, enabling their return to the nursing workforce.

E) Fund the design and implementation of a National Digital Skills Passport to recognise and support transferable nursing skills and qualifications.

3. Expand medicine access by scaling registered nurse prescribing

A) Fund scholarships for 2,500 registered nurses annually, working in primary care, aged care, and mental health settings, to become designated registered nurse prescribers under the new national prescribing framework. Investment required: $42 million over four years.

B) Facilitate the comprehensive and nationally consistent implementation of designated RN prescribing legislation across all jurisdictions. Investment required: $10 million over four years.

C) Ensure that designated RN prescriber graduate courses are eligible to receive Commonwealth Supported Places (CSP).

D) Enable designated registered nurse prescribers to refer for appropriate pathology tests using a newly established Nurse Payment Administrator to ensure efficient and effective prescribing in both primary care and aged care settings.

Issue:

The introduction of the Registered Nurse Prescribing endorsement[20] by the Nursing and Midwifery Board of Australia (NMBA), in September 2025, represents a significant advancement in clinical practice, enabling experienced registered nurses with the requisite training to prescribe a range of medicines within a collaborative care model.

However, without targeted investment in education and scholarships, many nurses, particularly those working in rural, remote, aged care, and First Nations health settings, will be unable to access this opportunity to improve care for underserved communities. These are precisely the settings where prescribing capability could have the greatest impact on equity, timely access to care, and reducing health disparities.

Further, awareness and system readiness remain low. Health services, prescribers, and consumers require clear communication, clinical governance tools, and consistent implementation across jurisdictions to ensure the benefits of designated RN prescribing can be fully realised.[21] [22]

A further barrier is the lack of access to Medicare Benefits Schedule (MBS) items for simple basic pathology tests. Without the ability to request essential investigations, RN prescribers may face limitations in safely and efficiently managing common conditions in both primary care and aged care settings. Addressing this gap is critical to ensuring RN prescribing is clinically meaningful, integrated, and aligned with safe, evidence-based practice.

The solution:

To expand access to timely care and support equity across the health system, targeted investment is required to build, implement, and sustain designated RN prescribing. This $52 million package of reforms will ensure nurses are equipped, supported, and enabled to prescribe safely and consistently across all jurisdictions.

A) Fund a $42 million national scholarship program over four years, supporting 2,500 registered nurses annually in primary care, aged care, and mental health settings to complete the education and mentorship required to become designated RN prescribers under the national prescribing framework.

B) Invest $10 million to establish and resource a federal-state taskforce co-led with ACN to oversee the comprehensive and nationally consistent implementation of RN prescribing legislation. This includes system preparation, clinical governance tools, jurisdictional harmonisation, and a national education campaign for health professionals and consumers.

C) Ensure the new designated RN prescriber course is eligible for Commonwealth Supported Places (CSP) to reduce financial barriers and promote equitable access to postgraduate prescribing education.

D) Enable designated RN prescribers to refer for appropriate pathology tests through the use of a new Nurse Payment Administrator (NPA) to pay pathology providers. This is essential to ensuring prescribing is efficient, safe, and clinically appropriate across both primary care and aged care settings. It will not require a new investment of funds, as funding for these services will shift from MBS to the NPA.

Primary care
Keep people well and out of hospital

4. Unlock primary care capacity with nurse-led models

A) Establish a Baseline Practice Payment, prioritising funding for independent nurse practitioner- and registered nurse-led clinics, as well as nurse-led clinics within general practices. Investment required: $250 million.

B) Support ACN to develop a primary practice business toolkit that supports registered nurses, nurse practitioners, and multidisciplinary health professionals to establish and manage primary care practices. Investment required: $10 million.

C) Enable MyMedicare registration for independent nurse practitioner- and registered nurse-led clinics by addressing inclusive practice accreditation, ensuring consumers can access core MBS items, incentives, and telehealth flexibilities, regardless of service model.

D) Enable up to 1,000 nurse-led practices to achieve accreditation under the National Safety and Quality Primary and Community Healthcare Standards. Investment required: $15 million.

Issue:

Multidisciplinary models of care, including nurses, nurse practitioners, and allied health professionals, are proven to improve health outcomes and deliver culturally safe care for First Nations peoples, people with disability, and rural and remote communities.[23] [24] [25] [26]

Yet despite this strong evidence base, Australia's current funding architecture continues to limit the implementation and sustainability of these models. The *Review of General Practice Incentives – Expert Advisory Panel Report* found that the existing blended payment system fails to adequately support true multidisciplinary care.[27] Heavy reliance on fee-for-service funding impedes care coordination, proactive prevention, team-based planning, and the engagement of diverse health professionals.[28]

Compounding this, nurse-led and multidisciplinary models are excluded from funding eligibility under the Workforce Incentive Program Practice Stream (WIP-PS), due to mandatory Royal Australian College of General Practitioners (RACGP) based eligibility requirements. Nurse-led models also cannot register for MyMedicare without GP affiliation, preventing access to key funding, incentives, and telehealth exemptions. Such restrictions disproportionately impact underserved communities where nurses are often the primary or sole providers, resulting in delayed care and poorer health outcomes.[29]

The solution:

Reforming the funding and structural enablers of primary care will allow multidisciplinary teams to operate to their full potential, strengthening chronic disease management capacity and reducing avoidable emergency presentations. To achieve this, we recommend the following $275 million in measures:

A) Implement the Baseline Practice Payment outlined in the *Review of General Practice Incentives* report, with $250 million over four years prioritising independent nurse practitioner- and registered nurse-led clinics, as well as nurse led services within general practice who work with underserved communities.

B) Fund ACN with $10 million to deliver a comprehensive business toolkit that equips registered nurses, nurse practitioners and multidisciplinary healthcare professionals to establish and manage primary care and aged care practices. The toolkit will cover ownership principles, premises management, financial planning, human resources, marketing, and digital health record keeping.

C) Remove MyMedicare eligibility barriers by allowing nurse practitioner- and registered nurse-led practices to register independently, by addressing inclusive practice accreditation, enabling equitable access to incentives, telehealth provisions, and multidisciplinary MBS items.

D) Provide $15 million over four years to enable up to 1,000 nurse-led practices to achieve accreditation under the National Safety and Quality Primary and Community Healthcare Standards.

Healthy ageing
More proactive health care

5. Reduce aged care hospital admissions through nurse-led care

A) Invest $5.2 million over four years to provide 5,000 scholarships for enrolled and registered nurses in aged care settings to complete career and leadership development short courses.

B) Establish a dedicated funding stream to scale nurse practitioner-led models in home and residential aged care. This will strengthen integration with primary care and improve access, continuity, and system efficiency for older Australians.

C) Introduce a dedicated provision within the existing RN care-minute requirements to allow enrolled nurses (EN) to deliver 20 minutes of care per person per day of appropriate delegated care. This will better utilise EN scope, relieve pressure on RNs, and support safe, efficient staffing in residential aged care.

Issue:

Hospital admissions for Australians aged 75 and over have surged by 94% between 1993 and 2020, far outpacing other age groups.[30] Their share of total bed-days also rose from about 28% to 31% over this period,[31] contributing to ongoing hospital capacity challenges and escalating operational costs in already burdened acute care settings.[32 33]

Aged care facilities, particularly in rural areas, struggle to secure general practitioners for their residents, increasing the likelihood that unwell residents are referred to hospitals and tertiary institutions unnecessarily. Meanwhile, Australia's ageing population is driving demand for high-quality home and palliative care services, yet policy focus remains on residential aged care facility services, such as the 24/7 RN requirement.[34 35]

Nurses are critical to meeting in-home care needs, but systemic barriers, including limited education access, fragmented models, and inadequate funding, undermine their ability to deliver safe, person-centred care.[36 37 38] Both the Aged Care Taskforce Final Report[39] and the Royal Commission into Aged Care Quality and Safety's interim report[40] stress that a skilled workforce and person-centred models are essential to high-quality care that empowers older adults to participate in care planning.

The solution:

Without targeted investment, Australia risks a workforce underprepared to meet the evolving needs of its ageing population, leading to more avoidable hospitalisations and higher costs. To address this ACN recommends:

A) Investing $5.2 million over four years for 5,000 scholarships will equip enrolled and registered nurses with skills and competencies to manage complex conditions safely, accelerate workforce readiness, and safeguard qualified roles from being replaced by unregulated healthcare workers, ensuring safe, person-centred care. It will also help attract and retain nurses, stabilise the aged care workforce and ensure older Australians receive care in the place they choose to live.

B) Establishing a dedicated funding stream, will enable the scaling of nurse practitioner-led models in home and residential aged care. This approach will strengthen leadership, ensure integration within primary care, and improve access, continuity, and system efficiency, particularly in rural and underserved communities. These reforms will close critical gaps in care, reduce unnecessary hospital transfers and deliver high-quality, holistic support for older Australians.

C) Introducing a dedicated provision within the existing RN care-minute requirements to allow enrolled nurses to deliver 20 minutes per person per day of appropriate delegated care, will better utilise EN scope, relieve pressure on RNs, and support safe, efficient staffing in residential aged care.

Reduced hospital waiting times
Stronger teams, better outcomes

6. Expand hospital capacity through advanced nursing roles

A) Using payments from the National Productivity Fund, incentivise states and territories to enable nurses in public and private hospitals to work to their full scope of practice, including embedding advanced roles such as nurse anaesthetists, nurse endoscopists, and nurse colposcopists to address elective surgery and diagnostic waitlists.

B) Amend the MBS 75% rule to apply to nurse practitioners, enabling greater uptake of their services in the private health system, with initial focus on mental health services.

C) Enable nurses to have admitting rights in hospitals, commencing initially with mental health services.

Issue:

Hospital wait-times continue to rise across Australia, driven by workforce shortages and growing demand for elective procedures and mental health services. Median elective surgery wait-times reached 49 days in 2022-23, the longest on record, with some states reporting tens of thousands of patients on waiting lists, including thousands who are now overdue.[41] [42] At the same time, Australia faces significant gaps in mental health service availability, contributing to delays in treatment, increased acuity, and avoidable emergency department presentations.

Many procedures currently performed exclusively by medical specialists, such as endoscopy and colposcopy, can be safely and effectively delivered by appropriately trained nurses and nurse practitioners.[43] Evidence from Australian pilot programs and international studies demonstrates that nurse endoscopists deliver outcomes equivalent to those of medical specialists, improve patient satisfaction, and reducing service bottlenecks.[44] [45]

Despite this, restrictive scope-of-practice policies, outdated funding structures, and systemic cultural barriers rooted in traditional medical hierarchies continue to prevent nurses from working to their full capabilities. Nurse practitioners, despite advanced qualifications, remain unable to access the 75% MBS rebate for private hospital services, limiting their integration into multidisciplinary teams and reducing service availability.[46] Similarly, the absence of admitting rights for nurses constrains care continuity and slows patient flow, particularly in mental health settings where timely intervention is essential.

These constraints invariably contribute to inefficiencies, prolonged waitlists, and higher system costs for patients and the government. Enabling nurses and nurse practitioners to practise to their full scope, supported by modernised policy and funding frameworks, offers a clear, evidence-based pathway to reduce delays, expand access to care, and strengthen Australia's acute health system.

The solution:

To reduce waiting times and improve access to timely, effective care, Australia must better utilise the advanced skills of its nursing workforce. Targeted reforms enabling nurses and nurse practitioners to work to their full scope will ease pressure on hospitals, expand procedural capacity, and strengthen pathways into mental health services. To achieve this, ACN recommends:

A) In December, the Federal Treasurer announced that states and territories that implemented scope of practice and other productivity reforms would receive payments from the $900 million National Productivity Fund. This must include enabling nurses in public and private hospitals to practise to their full scope, including incentivising and embedding roles such as nurse anaesthetists, nurse endoscopists and nurse colposcopists. This will expand procedural capacity, accelerate elective surgeries, and reduce diagnostic waitlists.

B) Amending the MBS 75% rule to apply to nurse practitioners for relevant services. this change will support their integration into private hospital care, increase availability of multidisciplinary mental health services, and improve access and affordability for patients.

C) Enabling nurses to have admitting rights in hospitals, initially commencing with mental health services. This will streamline care pathways, reduce treatment delays, and ensure timely, coordinated support for people experiencing acute mental health needs.

"Many procedures currently performed exclusively by medical specialists, such as endoscopy and colposcopy, can be safely and effectively delivered by appropriately trained nurses and nurse practitioners."

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Appendix 1: Nurse classification fact sheet

Nurse classification fact sheet

Know your nursing team

From assistant to practitioner

Australia's healthcare system depends on a highly skilled and diverse nursing workforce, each role bringing distinct qualifications, responsibilities, and career pathways. From assistants in nursing — often students training to become enrolled or registered nurses — to nurse practitioners with advanced clinical authority, understanding these roles helps patients, families, and healthcare workers navigate who does what in modern healthcare delivery.

All regulated nursing roles require registration with the Nursing and Midwifery Board of Australia – it's illegal to use protected titles like 'nurse', 'midwife' or 'nurse practitioner' without approved qualifications and registration.

AIN
Assistant in Nursing
not a regulated designation

Number employed
Not measured

Education qualification
Varies by jurisdiction – usually Certificate III in Health Services Assistance or a portion of a nursing diploma/ degree

Key responsibilities
- Patient hygiene and personal care
- Record vital signs
- Assist with mobility and positioning
- Meal assistance
- Basic wound dressings
- Documentation support

Supervision level
Works under RN/EN supervision

EN
Enrolled Nurse

Number employed
54,000+

Education qualification
Diploma of Nursing (vocational education) – minimum 18 months

Key responsibilities
- Record vital signs
- Provide treatments per care plan
- Administer medicines
- Assist with health education
- Support daily living activities

Supervision level
Works under RN supervision

RN
Registered Nurse

Number employed
345,300+

Education qualification
University degree program – Bachelor of Nursing (three years' full-time), or Master's degree (two years' full-time)

Key responsibilities
- Plan, provide, and manage care
- Administer medicines
- Supervise ENs
- Advanced practice roles (i.e., Clinical Nurse Consultants, Clinical Nurse Specialists, Clinical Nurse Educators)
- Educate patients, families and peers
- Apply and contribute to research

Supervision level
Independent practice

DRNP
Designated Registered Nurse Prescriber

Number employed
New designation – launched September 2025

Education qualification
Postgraduate qualification plus three years' clinical experience plus six-month mentorship

Key responsibilities
- Key responsibilities of RN plus designated registered nurse prescriber responsibilities
- Prescribe Schedule 2, 3, 4 and 8 medicines
- Work under prescribing agreements in partnership with authorised autonomous prescribers (i.e., medical practitioner or nurse practitioner)

Supervision level
Prescribes in partnership with an Authorised autonomous prescriber

NP
Nurse Practitioner

Number employed
2,600+

Education qualification
Master Degree (two years full time) plus three years (5,000 hours) advanced clinical nursing practice within five years of applying for NP endorsement.

Key responsibilities
- Diagnose, treat and manage complex conditions
- Prescribe medications and therapies
- Lead patient care episodes
- Drive service improvement

Supervision level
Autonomous practice

Sources:

Nursing factsheets
About nurses and midwives | Australian Government Department of Health, Disability and Ageing
Nursing and Midwifery Board of Australia - Fact sheet: Scope of practice and capabilities of nurses

Replicate and scale innovative models of care

Melissa Freeman RN FACN | **Founder, Port Macquarie Wound Care Clinic, New South Wales**
Electorates: Cowper (F), Port Macquarie (S)

Bio

Melissa Freeman is a registered nurse with two decades of experience in acute care nursing. About seven years ago, while working in anaesthetics and emergency nursing, she became increasingly troubled by how healthcare delivery was changing. More and more acutely unwell people were presenting for unplanned care, and she and her colleagues were under increasing pressure to meet the needs of more complex patients. She began to feel the care that was being delivered was sub-optimal.

She felt the system was failing to address unprecedented bottlenecks in emergency departments or deliver holistic care to vulnerable people. She observed how patients with complex needs – including people with disabilities, older adults, regional residents, First Nations communities, and veterans – were often marginalised within the existing healthcare framework.

Her vision was to develop a nurse-led clinic that would provide essential primary healthcare with a focus on wound care. She wanted to support vulnerable and at-risk populations, reduce unnecessary hospital presentations, and create a more efficient and compassionate healthcare model. She established the Port Macquarie Wound Care Clinic, which delivers home-based wound care services, comprehensive patient assessments, health promotion, education, and respectful, holistic support.

Over five years, the clinic has grown to a team of over 30 direct care nursing and clinical support staff, covering the Mid North Coast, Bellingen, and New England regions. It opened an on-site wound clinic in 2022 and developed advanced wound care services including conservative sharp wound debridement. Far from fragmenting care, it has advanced technological integration with healthcare providers. It has implemented My Health Record support to improve care continuity and established strong collaborative relationships with local general practitioners.

The asks

- Review and modernise funding models for nurse-led services, including blended funding, activity-based hospital funding, and Medicare-based remuneration, to support nurses practising autonomously within their full scope of practice.
- Invest in the development of business case demonstrating the outcomes of nurse-led services and the evaluation of a blended funding model ensuring these services are scalable and sustainable.
- Review and harmonise regulations that prevent Melissa from administering vaccinations.
- Support partnership prescribing by enabling access to the Pharmaceutical Benefits Scheme for designated registered nurse prescribers.

The opportunity

Melissa's innovative approach represents a desperately needed evolution in healthcare delivery that can be scaled and replicated across Australia. The clinic's patient-centric approach has improved healthcare access for vulnerable populations, reduced system strain, and created a replicable model for nurse-led healthcare services. She has addressed systemic inefficiencies in traditional healthcare models while providing personalised, compassionate care to marginalised populations.

Fund nursing expertise

Adjunct Associate Professor Sonia Martin RN | **Founder, OneBridge, Sunshine Coast, Queensland with services delivered in Queensland and NSW** | Headquarters electorates: Fairfax (F), Nicklin (S)

Bio

Registered nurse, Adjunct Associate Professor Sonia Martin founded OneBridge, a nurse-led mobile health service caring for some of Australia's most vulnerable people in Queensland and New South Wales. Her vision emerged from recognising that traditional healthcare settings were failing those who had experienced homelessness and trauma.

OneBridge is grounded in a socialised model of care approach, which recognises that healthcare is not just about treating diseases but addressing broader social determinants of health, such as housing, financial security, education, and mental wellbeing.

OneBridge takes healthcare directly to people who would otherwise not visit healthcare facilities, including to mobile homeless outreach bus services, community centres, and emergency relief services. The service operates with the understanding that time and trust are the most important factors when working with traumatised people, enabling unstructured visits and gentle, slow delivery of care that traditional healthcare settings cannot accommodate.

OneBridge nurses are often the only healthcare workers their clients see. Their approach frequently involves 'social prescriptions' – connecting clients with housing services, support programs, and other essential resources that address the root causes of poor health outcomes. However, OneBridge has no sustainable, long-term government funding, instead relying on donations, business partnerships and funds from its corporate flu vaccination program.

The asks

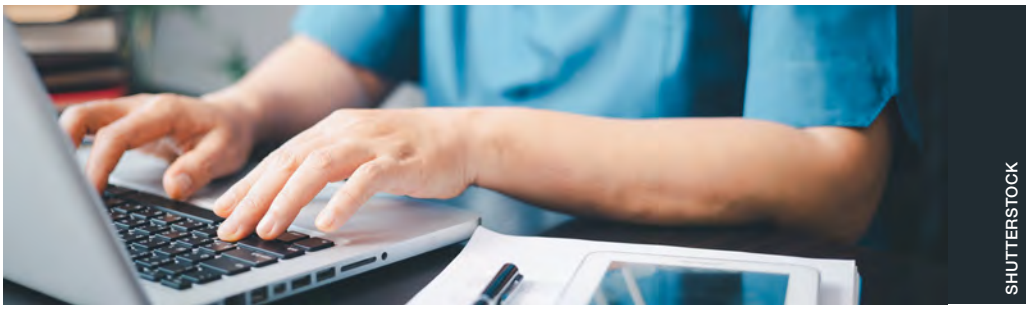
- Review and modernise funding models for nurse-led services, including blended funding, activity-based hospital funding, and Medicare-based remuneration, to support nurses practising autonomously within their full scope of practice.
- Invest in the development of a business case demonstrating the outcomes of nurse-led services and the evaluation of a blended funding model ensuring these services are scalable and sustainable.
- Support partnership prescribing by enabling access to Pharmaceutical Benefits Scheme for designated registered nurse prescribers.

The opportunity

While Australia has free public hospitals and bulk-billed services, many people in precarious situations do not feel comfortable accessing them for reasons such as stigma, fear, a lack of transport and limited health literacy. OneBridge relies on private sources and 12-month Primary Health Network contracts to fund its work. Supplying it with reliable funding would provide dignity to some of Australia's most vulnerable. Further, it could prevent more expensive and critical hospital presentations and admissions from poorly managed conditions.

Invest in specialist nurse-led care

Linda Bradbury NP | **Rheumatology clinical nurse consultant telehealth education clinic, Gold Coast Hospital, Queensland** | Electorates: Moncrieff (F), Bonney (S)



Bio

Linda Bradbury is a trailblazer in Australian healthcare with over 25 years' rheumatology nursing experience. As Australia's first endorsed Rheumatology Nurse Practitioner, Linda works independently in partnership with rheumatologists when needed, to assess and manage patients over the age of 15 years with varying forms of inflammatory arthritis.

"I'm often the first person patients call, and this can help them avoid unnecessary trips to their GP or the emergency department," Linda explains. Beyond clinical care, she provides vital education and psychosocial support to patients and families managing chronic rheumatological diseases. She also supervises the Rheumatology Clinical Nurse Consultants, who play an important role in ongoing support promoting good patient outcomes.

In March 2023, she initiated the idea of a Clinical Nurse Consultant-led gout clinic within Gold Coast Health, which demonstrates the power of innovative care models. Gout is a debilitating form of inflammatory arthritis caused by a buildup of uric acid crystals in the joints, which affects about 224,000 Australians. Research shows that nurse-led clinics such as this, provides patients with a high standard of care with better outcomes than traditional care. She therefore recognised that this was a service that would benefit the department, by the introduction of a stand-alone clinic consisting of six-weekly telehealth appointments for patients. Within these reviews, patients receive medication optimisation, comprehensive education, and continuous support to reach target urate levels. This results in more appointment availability in the rheumatology out-patient department for other patients to be seen.

The results are compelling: within six months, 46 patients received 114 occasions of service, with 12 achieving target levels and being cleared for discharge. Patients are encouraged to contact the clinic before presenting to emergency departments, and within this period, no patients were discharged due to non-attendance – unusual for this cohort. Patients can now be fast-tracked to the clinic meaning quicker access to essential treatments. This telehealth model improves patient outcomes, reduces costs, improves work productivity, and delivers holistic care regardless of location.

The asks

- Increase Medicare Benefit Schedule (MBS) rebates for nurse practitioners.
- Expand the nurse practitioner workforce, nurse practitioner training and endorsement pathways.
- Expand scholarships for nurse practitioner training.
- Eliminate barriers to nurse practitioner scope of practice.
- Urgently implement recommendations from government reports to enable nurse-led models of care.

The opportunity

Expand nurse-led rheumatology care. In 2021, there were only five rheumatology nurse practitioners and approximately 50 rheumatology nurses supporting 1.7 million Australians with inflammatory arthritis. Evidence confirms that rheumatology nurses improve patient outcomes and satisfaction, while investing in nurse practitioners is investing in better patient outcomes, reduced hospital presentations, and sustainable healthcare delivery.

Fund nursing expertise

Lisa Hellwege | **Earworx, Hobart, Tasmania with locations elsewhere in Australia**
Headquarters electorates: Clark (F), Clark (S)

Bio

Lisa Hellwege is the founder of Earworx, an award-winning nurse-led earwax removal service. She established the service recognising that registered nurses had the clinical expertise and regulatory authority to provide safe, effective ear care, yet systemic barriers prevented patients from accessing this care affordably.

Earworx registered nurses across Australia provide microsuction – a safe, gentle procedure, – working seamlessly with GPs, ear, nose and throat (ENT) specialists, and audiologists. However, despite their qualifications, RNs cannot obtain Medicare provider numbers. This means patients receive no Medicare rebate and have minimal access to private health rebates, creating a frustrating policy loop: nurses are qualified and regulated to provide care, but patients cannot access Medicare support for their services.

The impact is significant. A patient with a pension card who needs earwax removal and prefers microsuction after negative experiences with water syringing may be unable to afford the out-of-pocket cost despite a 26% pensioner discount. They must either endure an unsuitable procedure at their GP or wait six months for an ENT specialist. Similarly, Department of Veterans' Affairs patients referred to Earworx by their GP, for whom water syringing is contraindicated, face funding rejections because RNs lack MBS access, forcing them to pay out-of-pocket or settle for riskier subsidised procedures.

The asks

Review and modernise funding models for nurse-led services, including blended funding, activity-based hospital funding, and Medicare-based remuneration, to support nurses practising autonomously within their full scope of practice.

The opportunity

Enhancing nurse-led primary care can reduce the burden on overcrowded emergency departments and GP clinics; decrease government healthcare costs through efficient, preventative care; improve access for underserved populations; and better utilise qualified healthcare professionals already working within their scope.

Unleash nursing potential in general practice

Kylie Foley RN/credentialled diabetes educator/nurse practitioner-in-training
Hills Family General Practice, Castle Hill, Sydney, NSW | Electorates: Mitchell (F), Castle Hill (S)

Bio

Kylie Foley has been a nurse for 20 years, the last decade of which has been spent as a nurse in a general practice in Sydney. As a credentialled diabetes educator, currently studying to become a nurse practitioner, Kylie is dedicated to continually expanding her expertise to deliver the most comprehensive care to her patients. She manages complex chronic conditions, provides wound care, and supports people through weight loss programs – often spending 30-40 minutes per consultation.

But despite her expertise, she has access to just one item on the Medicare Benefits Schedule, which pays her $14 regardless of the time spent with a patient. She cannot bill this amount independently. Should her GP go on holiday overseas, Kylie cannot bill for any services, even though the Medicare Benefits Schedule item is designated as a nursing item. When it comes to wound care, the clinic's doctors defer to Kylie, but – again – the doctor bills for her work, despite only being required to make a brief appearance to see the patient.

It is not uncommon for Kylie to see multiple patients for 'free', for diabetes reviews or weight management follow-ups. She has undertaken home visits to a palliative care patient who specifically requested her support. She estimates she provides several hours of clinical care weekly that is not recognised by Medicare.

This lack of acknowledgement of nursing expertise creates perverse incentives that waste doctor time while undervaluing and underutilising the very professionals who could ease primary care access pressures.

The asks

Review and modernise funding models for nurses in general practice, including blended funding, activity-based hospital funding, and Medicare-based remuneration, to support nurses practising autonomously within their full scope of practice.

Support partnership prescribing by enabling access to Pharmaceutical Benefits Scheme for designated registered nurse prescribers.

The opportunity

Greater utilisation of practice nurses in GP settings. With appropriate funding, support and trust from GPs, nurses can provide early interventions including wound care, simple urinary tract infection treatment, antibiotic prescribing, and basic laceration management. Supporting nurses to deliver more health education to patients would contribute to high-quality preventive care – on which Australia currently spends only 2.3% of public health expenditure, with a target of 5% of expenditure by 2030.

Unleash nursing potential in general practice

Roxanne O'Reilly RN | **Boorowa Street Medical Practice, Young, NSW**
Electorates: Riverina (F), Cootamundra (S)

Bio

Roxanne O'Reilly is a senior practice nurse who identified a critical gap in diabetes care in her regional community. She led a diabetic foot care clinic at Boorowa Street Medical Practice in Young, working alongside Sue, a specialised foot care nurse. Together, they provided comprehensive foot assessments, neuropathy testing, nail care, and patient education to approximately 15 diabetic patients over eight months.

Roxanne discovered that her patients had poor health literacy about diabetes complications, with many previously only receiving basic nail clipping at clinics. Through structured care plans and regular six-week reviews, her clinic prevented potential hospitalisations and amputations while improving patient understanding of preventive foot care.

Young has 19,000 residents but critically limited access to podiatrists across the Hilltops region. Diabetes prevalence is high among both Aboriginal and non-Aboriginal populations, yet specialist access remains poor. Roxanne's foot care clinic demonstrated how practice nurses can fill this gap, catching problems early before they escalate to sepsis, wounds, or amputations requiring hospital admission. The clinic had to turn patients away due to overwhelming demand, revealing significant unmet need in the community.

The asks

Review and modernise funding models for nurses in general practice, including blended funding, activity-based hospital funding, and Medicare-based remuneration, to support nurses practising autonomously within their full scope of practice.

Support partnership prescribing by enabling access to Pharmaceutical Benefits Scheme for designated registered nurse prescribers.

The opportunity

Greater utilisation of practice nurses in GP settings, particularly in rural areas, while supporting expanded scope will improve retention of nurses in the primary care setting. With appropriate support and trust from GPs, nurses can provide early interventions including wound care, simple urinary tract infection treatment, antibiotic prescribing, and basic laceration management.

Support nursing innovation and leadership

Nathan Maloney RN | **Campbelltown Hospital, Sydney, NSW** | Electorates: Macarthur (F), Campbelltown (S)

Bio

Nathan Maloney is a registered nurse in paediatric services at Campbelltown Hospital in Sydney. As the after-hours clinical nurse specialist, he identified a significant problem: children admitted for respiratory issues were waiting five-and-a-half-hours from being deemed 'good to go' to actually going home, simply because doctors were too busy to sign off on their discharge.

Nathan developed a solution that has transformed patient flow. He created and implemented a new criteria-led discharge process, which has been endorsed by the South Western Sydney Local Health District paediatric director and medical staff specialists. It allows registered nurses to discharge patients with asthma or viral-induced wheeze, using evidence-based clinical criteria rather than waiting for a doctor's sign-off.

The intervention was introduced in August 2024, and results have been remarkable. The time from 'good to go' to actual discharge fell from 328 minutes (five-and-a-half-hours) to just 32 minutes. Parents surveyed about the streamlined discharge process expressed overwhelming satisfaction, noting reduced wait times, improved communication, and greater trust in the healthcare team – some calling it a "game changer." The initiative has allowed doctors to focus on sick patients, and senior clinicians have confidence that discharge decisions are being made safely.

Nathan notes a remarkable cultural change on the ward: "Criteria-led discharging is no longer just a process – it's a mindset shift towards proactive, criteria-driven, patient-centred care."

The asks

Support nurse-led research with dedicated funding.

Invest in enhancing nurses' leadership skills and in nursing innovation, through the completion of dedicated nurse leadership courses through the Australian College of Nursing's Institute of Leadership.

The opportunity

Support nurses to innovate and look further than the impact on individual patients alone, to the benefits innovation provides to other patientsto understanding the benefits this provides to other patients, the hospital and the wider community accessing healthcare. This project addresses overcrowding and bed block, which leads to poor patient experience, outcomes and unnecessary hospital stays. It has improved patient flow, reduced length of stay, and helped the hospital work more efficiently.

Support nursing innovation and leadership

Lorna Cook RN | **Founder, Chemo@home, Perth, Western Australia** | Electorates: Perth (F), Perth (S)

Bio

Lorna Cook is a registered nurse with decades of experience across diverse healthcare settings. In 2013, recognising the challenges faced by patients undergoing chemotherapy, she co-founded Chemo@home with pharmacist Julie Adams. This pioneering private service delivers chemotherapy and immunotherapy safely in patients' homes or workplaces.

Since its inception in Perth, Chemo@home has overcome many barriers, specifically funding barriers. These include:

- Australian health funding mechanisms, which although promoting community care, still utilises Activity Based Funding which promotes and supports hospital care.
- Medicare funding which rewards medical staff to provide care for patients in hospital rather than at home.
- The inability to access finance to enable the company to grow.

Despite these obstacles, Chemo@home has grown into a multi-award winning national service with over 100 employees. The model prioritises patient comfort and education: nurses remain with patients throughout treatment, offering vital education on side effects and disease management.

By delivering infusions in familiar environments, the service reduces patient anxiety – often alleviating nausea and fatigue associated with chemotherapy. Research presented at many forums demonstrates the overwhelming patient preference, and safety and efficiency of this model of care.

This nurse-led innovation has improved both patient experience and healthcare efficiency, showcasing the power of nurses working to their full scope of practice. It also highlights the transformative impact of nurse-led innovation. When nurses are empowered to work at the top of their scope, we see measurable improvements in both care quality and system efficiency.

The asks

Support nurse-led research with dedicated funding.

Invest $500,000 to strengthen nursing leadership through completion of accredited leadership programs offered by the Australian College of Nursing's Institute of Leadership.

The opportunity

This example shows the power of innovations that allow registered nurses to take leadership roles and work at the top of their game. When we do so, we not only see improvements in the quality of care, but improvements in efficiency.

Support nursing innovation and leadership

Professor Marion Eckert | **Director of the Rosemary Bryant AO Research Centre – 600 Nurses Project**
Electorates: Adelaide (F), Adelaide (S)

Bio

Australia has the world's highest skin cancer incidence, with 1,400 melanoma deaths annually. Rural Australians face higher skin cancer rates than metropolitan residents but have significantly less access to screening due to GP shortages and distance from specialist clinics. Early detection depends on opportunistic GP-led screening – a system that often leaves rural communities underserved.

Led by nurse leader, Professor Marion Eckert (pictured in group photo, second from left, above), the Rosemary Bryant AO Research Centre partners with Skin Smart Australia to train primary care nurses in clinical dermoscopy. This nurse-led model brings free "pop-up" skin check clinics to regional community events, combining nurse training with direct community service.

Over two years, eight clinics in regional South Australia demonstrated:

- Over 50% of attendees had never had a skin check
- 10-15% screened were above-average risk for melanoma
- Life-saving early detection: One 48-year-old man who'd never been screened had melanoma identified and treated
- Strong community acceptance: Consumers overwhelmingly supported nurse-led screening, as did local GPs

By 2030, melanoma will cost Australia $8.7 billion. Nurses are the largest distributed healthcare workforce in rural areas, yet current funding models don't support their full scope of practice in preventive care.

The asks

The Rosemary Bryant AO Research Centre is seeking funding to train 600 nurses and deliver accessible screening, aligned with national efforts to improving skin cancer prevention.

The opportunity

Training 600 primary care nurses across regional Australia could screen 2.5 million people over 50 in rural areas annually – addressing screening gaps and supporting an innovative strategy to meet the needs of high-risk communities.

Invest in nurse practitioners

Alison Shepherd NP | **Nurse practitioner, Endometriosis and Menstrual Health Clinic, Amelie Private, Wollongong, NSW** | Electorates: Cunningham (F), Wollongong (S)

Bio

Alison Shepherd is a nurse practitioner, with a strong interest in women's health, in particular endometriosis and chronic pelvic pain syndromes. She recognised that many GPs were not equipped to manage the recurrent care required for these patients, nor were they confident in the treatment options. The wait time for patients seeking care with a private gynaecologist in the local area was between six and nine months.

Alison and the multidisciplinary team she works with aim to address the impact of these conditions and symptoms on patients using evidence-based practice and treatments. The multidisciplinary approach means fewer patient appointments, better access to Medicare Benefits Schedule item numbers, more streamlined care and treatment, and increased quality of life for patients.

However, while working within a collaborative clinic is an advantage, systemic barriers remain. Medicare rebates are a constant frustration, as they are time-based and do not reflect the complexity of care NPs provide. This often adds costs for patients, especially when multiple practitioners are involved in optimising their care.

Further, nurse practitioners cannot initiate chronic disease care plans to access the team care arrangements for women to get subsidised allied health appointments to support their condition. This means patients must be referred back to their GP adding another burden of time, cost, and logistics.

Changes to telehealth rules will put nurse practitioners at a disadvantage compared with GPs: patients registered with MyMedicare are exempt from a rule that they must have seen their GP in the last 12 months to be eligible for a MBS rebate for telehealth appointments, however nurse practitioners are excluded from the MyMedicare system so their patients will not be exempt.

Nurse practitioners continue to be excluded from Strengthening Medicare initiatives, despite evidence to support their inclusion, including in the Nurse Practitioner Workforce Plan, the General Practice Incentives Review, the After-Hours Incentives Review, the Working Better for Medicare Review and the Unleashing the Potential of the Health Workforce (Scope of Practice) Review.

The asks

- Increase Medicare Benefit Schedule (MBS) rebates for nurse practitioners.
- Expand the nurse practitioner workforce, nurse practitioner training and endorsement pathways.
- Expand scholarships for nurse practitioner training.
- Eliminate barriers to nurse practitioner scope of practice.
- Urgently implement recommendations from government reports to enable nurse-led models of care.

The opportunity

Nurse practitioners represent a vital solution to Australia's growing healthcare challenges, offering a cost-effective way to expand access to quality primary care across the nation. With their advanced training, nurse practitioners can independently manage a wide range of health conditions, reducing wait times and easing the burden on overstretched general practitioners and emergency departments. Evidence consistently shows that nurse practitioners deliver safe, high-quality care with strong patient satisfaction, while their integration into the healthcare system helps control costs and improves health outcomes.

Pre-Budget Submission 2026-27

Australian College of Nursing

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