



**Australian College of Nursing**

# **A New Horizon for Health Service: Optimising Advanced Practice Nursing**

A WHITE PAPER BY ACN 2019



# CONTENTS

<b>Acknowledgements</b>	4
<b>Executive summary</b>	5
<b>Definition</b>	6
<b>Chartering a course through health service</b>	7
Timely and seamless health service	7
Falling between the cracks	9
<b>A contested space – partnership not patronage</b>	11
Funding structures and medical dominance	11
The hidden and underutilised contribution of nursing	12
A whole of system reform	13
<b>Nursing in focus</b>	15
New knowledge: Australia’s clinical nursing workforce	15
Nursing and health service innovation	17
The right nurse for the right service	17
Advanced practice nursing	18
The cost of advanced practice nursing	20
<b>Economic realities in health service</b>	21
Advanced practice nursing service within and beyond the hospital	21
Valuing nursing care	22
Innovative care – innovative funding models	23
<b>Improving communities’ access to health care</b>	24
Advanced practice nursing service models	25
The final word	26
<b>Conclusion</b>	27
<b>Recommendations</b>	28
<b>Appendix I</b>	29

# ACKNOWLEDGEMENTS

The Australian College of Nursing (ACN) would like to acknowledge Fellows and Members that contributed to the development of this White Paper.

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# EXECUTIVE SUMMARY

**In this White Paper the Australian College of Nursing maps a course for health service improvement. Some sectors of the Australian population are underserved in terms of timely, equitable access to health care. Our senior nursing workforce is underutilised and is a ready solution.**

There are growing sectors of the health care consumer population that are underserved, poorly serviced or have delayed access to health care.

Australia has a world class health system, a system that is indiscriminate. This system offers a high standard of nursing, medical and allied health services, which makes Australia the envy of many countries.

At the same time, there are elements of the health system that are failing for some consumer groups. These are the aged, those with multiple, chronic diseases and those who are marginalised and disadvantaged by geography, culture or poverty. Delayed or inadequate care for these population groups over time causes deteriorating health, leading to increased pressure on public health services and subsequent expansion of the health budget. As a proportion of Gross Domestic Product, health is the fastest growing budgetary cost in the Commonwealth.

In addition, we argue that current delivery models in part, contribute to this conundrum. Current funding and practice models limit the potential for flexible health care delivery and person-centred care.

This decline in service, exacerbation of poor health and escalation in health costs need not continue. This White Paper is about timely care, relevant systems and best practice health service contexts.

The following pages provide an overview of the service gaps and challenges that are faced by diverse population groups. We examine the barriers to authentic team-based care and the obstacles to optimum use of advanced practice nursing.

The Australian College of Nursing proposes solutions to improve health care for poorly serviced, underserved and marginalised populations. This paper presents solutions where the specific nursing practice model is most effective to address fragmented, uncoordinated and expensive care.

# DEFINITION

Advanced practice nursing is the experience, education and knowledge to practice at the full capacity of the registered nurse practice scope. It is neither a title nor a role: it is a level of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health systems, education and research domains of nursing. The nurse practising at this level is a leader in nursing and health care. Advanced practice nursing is enabled through education at master's level.

# CHARTERING A COURSE THROUGH HEALTH SERVICE

**The Australian College of Nursing argues for timely and seamless health care for all. The health system must maximise prevention and early intervention through high-quality, community-based health services and support efficient, safe hospital-based care when needed.**

The Australian health system has significant gaps and inequalities, despite the health of many Australians being amongst the best in the world.<sup>1</sup> Aboriginal and Torres Strait Islander populations continue to have much lower life expectancy and higher rates of ill health than other Australians<sup>2</sup>. Nationally, consumer access to health care varies, especially for rural and remote populations<sup>3</sup>. There is rapid escalation in the number of people with chronic and complex health conditions, with their need for coordinated care not being addressed. The health and well-being of Australia's ageing population is very clearly not being nurtured consistently.

These pressures mean that achievement of best practice in health service is inconsistent. Best practice ensures that prevention and early intervention is provided through high-quality, community-based health services for all. Best practice ensures that people are hospitalised as a last resort. Hospital service should be safe and effective, with the patient at the centre of care. Best practice depends on good communication between the consumer and all their health care providers, thus enabling smooth transition for consumers between acute and primary care services.

Total health spending has increased by 50% in the last 10 years<sup>4</sup>, much faster than population growth. Current ways of delivering health care must be examined carefully by valuing effectiveness, not just efficiency and by focussing on patient outcomes, rather than throughput.

## Timely and seamless health service

Optimum health care means prompt and smooth transition between services for everyone, regardless of cultural heritage, financial circumstances, where they live or how old they are. Timely access to health care reduces complications, reduces the burden on patients and families and lowers health care costs. Seamless passage through the system also reduces the burden on patients and families, speeds return to optimum health and decreases the potential for people to be caught between services. But timely and seamless health care is not a reality for everyone.

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<sup>1</sup> Australian Institute of Health and Welfare (AIHW). 2018. *Australia's health. 2018*. Australia's health series no. 16. AUS 221. Canberra.

<sup>2</sup> Ibid AIHW, 2018.

<sup>3</sup> Ibid AIHW, 2018.

<sup>4</sup> Ibid AIHW, 2018.

The current Australian health industry is not a single system. Health services are supported by a complicated mix of public and private funding. Some services are the responsibility of the Commonwealth and others are managed by individual states and territories<sup>5</sup>. Funding, policy development, regulation and service delivery may be managed differently across the country. The result is that Australia's health industry is large, labour intensive, expensive and complex with duplication of services. The industry struggles to deliver equality of care and services to all Australians.

This struggle is best illustrated by a hypothetical example. **Box 1** describes the possible trajectory through health and care services, of an elderly woman with complex health problems.

### **Box 1**

Mrs Gracie Smith\* is a 70-year-old widow. A neighbour finds her wandering and confused close to home. The neighbour takes Mrs Smith to the only general practitioner in town and contacts Mrs Smith's daughter.

The general practitioner diagnoses early dementia as well as cardiac failure and writes referrals to a gerontologist and cardiologist. An Aged Care Assessment Team review deems Mrs Smith eligible for a Level 3 package with additional dementia support. This will take up to 12 months to be implemented. An interim package is commenced as a short-term solution.

Before her chronic health problems are stabilised and the care package is fully implemented, a carer finds Mrs Smith collapsed at home and calls an ambulance. She is admitted to hospital where she remains for several months unable to return home because appropriate support has not been finalised. During this time, she develops acute delirium, urinary incontinence and a pressure injury. Her deteriorating health results in her being put on the waiting list for residential aged care.

\* This paradigm case is fictitious and not based on a specific person.

This is a common scenario. Mrs Smith lives in a small rural town: many living in rural and remote locations find it difficult to access appropriate health care. Mrs Smith is fortunate that the only local general practitioner agrees to bulk bill. Primary care in Australia is largely managed by private service providers that establish one or more general practices as for-profit businesses with about 22% of general practitioners being practice owners<sup>6</sup>. The main service provider is a general practitioner. The patient can be charged up front for each service with partial reimbursement from Medicare.

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<sup>5</sup> Commonwealth of Australia (CoA). 2014. *Reform of Federation white paper: Roles and Responsibilities in Health Issues Paper 3, December 2014* [https://ahha.asn.au/sites/default/files/docs/policy-issue/rotf\\_issues\\_paper\\_3\\_-\\_roles\\_and\\_responsibilities\\_in\\_health.pdf](https://ahha.asn.au/sites/default/files/docs/policy-issue/rotf_issues_paper_3_-_roles_and_responsibilities_in_health.pdf). Accessed October 2018.

<sup>6</sup> Royal Australian College of General Practice (RACGP). 2018. *General Practice: Health of the nation*.



Cost of general practice service in many locations, and for marginal population groups, is a common reason for delays in seeking help for health problems. Each additional service during a general practitioner consultation (such as immunisation) is billed separately. This fee-for-service payment structure focusses on single interventions and patient throughput, rather than coordinated, rounded care.

Free patient access to general practitioners and medical specialists is improved through the bulk billing process, where the medical practitioner bills the Commonwealth directly through the Medicare Benefits Schedule when treating a patient, rather than the patient paying. Bulk billing is at the practitioner's discretion and generally results in the practitioner receiving a lower fee. Patient access to bulk billing varies geographically<sup>7</sup>. Bulk billing rates, especially for general practitioners, are higher in most metropolitan areas (where general practitioner numbers are greater) and much lower in rural and remote locations. Mrs Smith and her family discover that, while there is free access to gerontology and cardiac specialist services through the universal Medicare system, access to these services is limited and requires travel to a regional centre many hundreds of kilometres away.

## Falling between the cracks

Mrs Smith lives alone, like one in four Australians. Without support of family and friends, she will find travel to specialist services costly and complicated. This is a problem not only for the frail elderly, but many other groups such as those with disabilities and those who live in rural and remote areas. If she elects to see medical specialists as a private patient, the services are not likely to be co-located, even in metropolitan areas. Costs of private outpatient medical services are only partially covered by Medicare rebates, or private health insurance. Free, public outpatient specialist services often have lengthy waiting lists.

Some Australians are particularly vulnerable when it comes to access and affordability of health care. Half of all Aboriginal and Torres Strait Islanders have long term health conditions or disabilities that affect their ability to work and carry out activities of daily living<sup>8</sup>. This level is nearly double that of non-Aboriginal and Torres Strait Islanders, so they are disproportionately affected by the costs and complexity of the health system.

Like Mrs Smith, many people struggle to manage complex and chronic health needs at home. Currently there are few comprehensive health care models that serve this patient population. When primary health care is working effectively many people with chronic and complex care needs actively manage their health status and live independently. If provided with access to adequate information and support from a range of health professionals, this population can avoid or limit hospitalisation. However, their many service providers may not necessarily communicate with each other, leading to lack of coordination, delays and gaps in service.

For many population groups, access to appropriate ongoing community-based health care is limited. Outpatient or ambulatory care services such as cardiac assessment clinics, hospital-in-the-home, and falls clinics are usually situated in large regional and metropolitan locations. Access is controlled through referral from general practitioners or medical specialists. In addition, these services often struggle to provide appropriate care for culturally and linguistically diverse communities due to lack of easy access to interpreters and culturally sensitive waiting areas.

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<sup>7</sup> Ibid RACGP, 2018.

<sup>8</sup> Ibid AIHW, 2018

As with Mrs Smith, all too often the consequence of lack of outpatient or community health services is preventable or prolonged hospitalisation<sup>9</sup>. Chronic and complex conditions are one of the four main causes of preventable hospitalisation; an event that is an important health care outcome measure in evaluating quality, safety and access to health care<sup>10</sup>. There are geographical pockets of poor service with potentially preventable hospitalisation rates 50% or more above average<sup>11</sup>. These pockets are found in both city and country areas and are primarily due to problems with appropriate access to chronic disease management services<sup>12</sup>.

Once in hospital, it is not just older people like Mrs Smith, who are at risk of new health concerns such as acute delirium and adverse events such as pressure injuries (see Box 1). Preventing the development of these possible adverse sequelae of hospitalisation requires effective preventive safety and quality programs, based on functioning and respectful multidisciplinary teamwork.

As well as preventable complications, younger as well as older people experience longer stays because of a service void between acute care and primary care. Many people require temporary technological help in the early post-hospital period and currently this interface is not well serviced. Discharge without expert support can result in deteriorating health and social isolation for patients as well as loss of productivity for carers. It can lead to repeated, unplanned and potentially preventable hospital stays.

Australia's financial and workforce resources are stretched and are not being used efficiently. Seamless, timely access to and transition between services for all cannot be achieved without innovations in the space between primary and acute health care systems.

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<sup>9</sup> Australian Commission on Safety and Quality in Health Care (ACSQHC) and Australian Institute of Health and Welfare. 2017. *The Second Australian Atlas of Healthcare Variation*. Sydney. (page 11)

<sup>10</sup> Ibid ACSQHC, 2017.

<sup>11</sup> Duckett S, and Griffiths K. 2016. *Perils of place: identifying hotspots of health inequalities*. Grattan Institute.

<sup>12</sup> Ibid Duckett & Griffiths, 2016.

# A CONTESTED SPACE – PARTNERSHIP NOT PATRONAGE

**The Australian College of Nursing calls for a health care system that is grounded in collaborative service models. These models enable all nurses<sup>13</sup>, medical practitioners and allied health professionals to work to their full scopes of practice and deliver safe, equitable, accessible health services.**

Australia has a range of health professions but the potential for these professional groups to work together, providing authentic collaborative health care services, has not yet been realised. Patient-centred health care models that are also cost-effective are most likely to be found when there is respectful interdisciplinary patient care and the education and practice potential of all health disciplines is fully realised. The Australian College of Nursing argues that nursing, in particular, is underutilised.

## Funding structures and medical dominance

There is a strong and ongoing assumption that health care services need to be led by medical practitioners. This assumption is supported by entrenched perspectives based on historical traditions. These traditions are out of step with the landscape of 21<sup>st</sup> Century health service and the increasing role of all health professions. Medicine has a disproportionately strong influence in decisions relating to funding and delivery of health services at all levels and in all health care delivery contexts<sup>14</sup>.

The strong influence of the medical profession over all other health professions can be illustrated within Primary Health Networks (PHN), established in 2015, to oversee primary care<sup>15</sup> provision. Each of the 31 Networks is managed by a Board<sup>16</sup>. All Boards have between two and five medical practitioners as directors. Less than one third of Boards have nursing representation. Total nursing membership across all Boards is less than 4% with allied health professions and the consumers themselves only marginally better represented at this decision-making level<sup>17</sup>.

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<sup>13</sup> Throughout this paper the term 'nurse' is implicitly taken to mean Registered Nurse as defined by the Nursing and Midwifery Board of Australia. Whilst acknowledging the importance of the enrolled nurse to health care, the inclusion is outside the remit of this paper.

<sup>14</sup> Australian Nursing Federation (now the Australian Nursing and Midwifery Federation). 2009. *Primary health care in Australia: a nursing and midwifery consensus view*.

<sup>15</sup> The phrase primary care is used to mean the care context, the first level of contact for most patients and where general practitioners work. Primary health care has a much broader meaning, requiring interdisciplinary teamwork, encompassing the community and considering broad determinants of health such as housing and educational levels. Alma Ata Declaration. 1978. [http://www.who.int/publications/almaata\\_declaration\\_en.pdf](http://www.who.int/publications/almaata_declaration_en.pdf) Accessed October 2018.

<sup>16</sup> With the exception of Western Australia, which has three Networks, managed by a single Board.

<sup>17</sup> Data retrieved from website audit of PHNs, October 2018.

Primary Health Networks (PHN) commission rather than provide care directly; purchasing services in response to gaps and shortages<sup>18</sup>. These important organisations manage primary care across Australia. However, the emphasis is on medical treatment of patients rather than inclusion of primary prevention and addressing underlying causes of poor health. This emphasis is illustrated in the stated purpose of PHNs as focussed on ‘efficiency and effectiveness of medical [sic] services for patients’<sup>19</sup>.

Limiting the leadership, funding and delivery of health service in primary care almost exclusively to medical practitioners is inefficient. Team based health services and universal primary health care are constrained by the way that fee-for-service items are structured. Here, the patient rarely has choice of type of provider. Few general practices or community health services collocate with other eligible providers, such as nurse practitioners and allied health professionals. Where general practices provide other services such as immunisations and care planning, usually undertaken by nursing staff, the service is recorded against the general practitioner’s provider number.

**The dominance by a single profession does not recognise health service as being a collaborative, team-based enterprise comprising several regulated, equally educated professional groups. The current structure often hides the unique contributions delivered by each profession working with patients to improve health<sup>20</sup>.**

## The hidden and underutilised contribution of nursing

In this White Paper the Australian College of Nursing argues that health care staff, in both hospital and community settings, are often not employed efficiently. In particular, most nurses are not employed to practice to their full potential. Nursing is highly regarded and has been ranked by the public as the ‘most trusted profession’ for many years<sup>21</sup>, but nurses are still underutilised. This underutilisation of nursing is all the more costly for the Australian economy because nursing is by far the largest cohort of health professionals. There are more than three times as many nurses as medical practitioners employed (with 301,001 compared to 91,000 respectively in 2019). Indeed, there are more nurses and midwives than any other health professional<sup>22</sup>.

**The nursing workforce has the highest match to population across the country, including rural and remote areas. Nurses are most likely to be the first health professional seen by people in remote and very remote communities both for specialist and primary care needs.**

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<sup>18</sup> Duckett S, Beaumont M, Bell G, et al. 2015. *Leading Change in Primary Care: Boards of Primary Health Networks can help improve the Australian health care system*. Australian Healthcare and Hospitals Association

<sup>19</sup> Primary Health Networks Fact sheets <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Fact-Sheets>. Accessed October 2018.

<sup>20</sup> Hall J. 2015. Australian Health Care – The Challenge of Reform in a Fragmented System. *N Eng J Med*, 373;6. 493-497.

<sup>21</sup> Roy Morgan Image of Professions Survey. 2017: June 07 2017 Finding No. 7244 <http://www.roymorgan.com/findings/7244-roy-morgan-image-of-professions-may-2017-201706051543>. Accessed November 2018.

<sup>22</sup> Ibid AIHW, 2018.

Despite their accessibility and readiness, nurses who practice in rural and remote areas are frequently prevented from working to their full scope of practice due to district, state and territory or Commonwealth restrictions. Consequently, the community misses out on much needed breadth of locally based health care<sup>23</sup>. People must travel the long distances to fixed provider locations such as specialist outpatient facilities.

Nationally, the primary care context is an important example of nurses not being employed to their full potential. A recent national survey of practice nurses<sup>24</sup> showed that 39% of respondents reported not using their knowledge and skills fully. Nearly 30% of these nurses reported being held back by general practitioners and practice managers not approving requests to undertake more complex activities. Even where practice nurses do function at a high level, such as coordinating care for patients with complex needs, the work is recorded against the name of the patient's general practitioner for funding purposes.

This anomaly emphasises lack of recognition of nursing work and prevents patient outcomes being accurately linked to members of the health care team. Obscuring the work of a professional group prevents that group from being publicly recognised and distorts research findings about the necessary components of team-based care.

Conversely, the use of medical practitioners when nursing care is the more appropriate option reduces the time medical practitioners have to provide the care for which they were trained.

## A whole of system reform

Where there is inefficient use of the health workforce, whether in rural and remote areas, acute hospital care, metropolitan general practices or the aged care sector, the most important consequence is patient and community hardship.

New approaches must be established to put the patient, not the provider, at the centre of care. When the patient and family are at the centre of care and are active members of their care team, they will have improved health literacy and be able to make informed choice about providers and care options.

There is international recognition that this person-centred, integrated care is best provided by a diverse team of health professionals<sup>25</sup>. This diversity supports health services where all health professionals practice to their full potential.

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<sup>23</sup> National Rural Health Alliance (NRHA) 2005. *Advanced nursing practice in rural and remote areas*. <http://ruralhealth.org.au/sites/default/files/position-papers/position-paper-05-07-01.pdf> Accessed November 2018.

<sup>24</sup> Australian Practice Nurse Association. 2018 APNA/Health Professionals Bank Workforce Survey.

<sup>25</sup> All-Party Parliamentary Group on Global Health. *Triple Impact - how developing nursing will improve health, promote gender equality and support economic growth*; London 17 October 2016 <https://www.appg.globalhealth.org.uk/> Accessed October 2018.

In the last decade, new initiatives to address areas of health care that have been identified as requiring a different approach, are still embedded in established, outmoded structures.

The Australian College of Nursing stated in its summary of the 2019 Budget:

**“We need to shift the whole system to value-based health care [to provide] better outcomes for patients relative to costs. A whole-of-system approach to reform is needed to ensure Australians with multiple care needs are able to seamlessly access services”<sup>26</sup>.**

This new approach must be measured by improved patient outcomes rather than number of services provided. Reforms need to go beyond individual facilities and jurisdictions and become part of a system-wide strategy that includes nurse-led, patient centred health care. This approach will enable expert nurses to practice autonomously within a strengthened team approach to health service.

This approach ensures that there is true partnership and good communication across health care sectors and between all members of the health care team. The potential contribution of nurses and especially advanced practice nurses, working to their full scope of practice in these teams, has not yet been recognised or evaluated.

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<sup>26</sup> ACN's 2019 Federal Budget Update February 2019 [https://www.informz.net/ACN/data/images/20190402\\_ACN%202019%20Federal%20Budget%20Update\\_Overview\\_Final.pdf](https://www.informz.net/ACN/data/images/20190402_ACN%202019%20Federal%20Budget%20Update_Overview_Final.pdf) Accessed April 2019.

# NURSING IN FOCUS

**There is a new evidence-based clinical nursing framework. The Australian College of Nursing asserts that this framework provides a strong basis for health workforce policy initiatives.**

As argued nursing is a ready solution to address the current pressures on health systems and yet health service policy initiatives over the past decade have consistently relegated nursing to support roles<sup>27</sup>. The expensive, dominant and historical paradigm of health service remains entrenched, even in those service environments where nursing service would be more accessible, more effective and more economical if fully utilised.

To some extent, nursing's capacity to play a major role in health service reform has been seriously hindered by intrinsic factors. The structure of the Australian nursing workforce is not easily discernible. There are many levels and titles used to describe nurses' clinical roles and these vary across districts, divisions and jurisdictions.

The Australian College of Nursing is now able to endorse a new, national, evidence-based clinical nursing framework, that classifies all levels of clinical nursing roles, as a way forward for health policy initiatives to fully engage nursing service.

## New knowledge: Australia's clinical nursing workforce

Nursing is nationally regulated through the Nursing and Midwifery Board of Australia (NMBA) under the authority of the Australian Health Practitioner Regulation Agency (AHPRA) but is primarily funded, deployed and categorised at state/territory level. There are 301,001 NMBA registered nurses across Australia<sup>28</sup> and there are over 67 titles that describe nursing's levels and foci of practice<sup>29</sup>.

This White Paper presents an actionable national clinical nursing framework. This new framework spans and harmonises all jurisdiction-based titles and categories and provides a classification system that has a strong evidence base, see **Table 1**. Details of this research are available in peer-reviewed, high impact journal publications<sup>30,31</sup>.

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<sup>27</sup> All-Ibid Duckett S, Beaumont M, Bell G, *et al*. 2015.

<sup>28</sup> Nursing and Midwifery Board of Australia Registrant data Reporting period: 01 January 2019 to 31 March 2019. <https://www.nursingmidwiferyboard.gov.au/about/statistics.aspx> Accessed July 2019.

<sup>29</sup> Gardner G, Duffield C, Doubrovsky A, *et al* 2016. Identifying Advanced Practice: A national survey of a nursing workforce *IJNS* 55: 60 - 70

<sup>30</sup> Chang A, Gardner G, Duffield C, *et al* 2012. Advanced practice nursing role development: factor analysis of a modified role delineation tool. *J Adv Nurs*, 2012 Jun; 68(6):1369-79.

<sup>31</sup> Gardner G, Duffield C, Doubrovsky A, *et al*. 2017. The Structure of Nursing: A national examination of titles and practice profiles. *INR* Jun 64(2):233-241

**Table 1 National nursing workforce titles and framework**

National Clinical Nursing Framework					
Registered nurse	Nurse specialist	Nurse manager	Educator	Advanced practice nurse	Nurse practitioner

Of significance, until now the only nursing designations that were meaningful nationally were Registered Nurse and Nurse Practitioner. These two titles are protected by National regulation. The other 65 titles in use evolved from jurisdiction-level industrial agreements and service level workforce planning, leading to proliferation of nursing titles. This new National Nursing Clinical Framework clearly identifies the functional titles and practice levels of the total clinical nursing workforce as follows:

**Registered nurse**<sup>32</sup> in this framework is entry to the nursing workforce. It denotes a clinician before their diversion to different functional roles and practice levels.

**Nurse specialist** is a clinician with postgraduate education and practice in a speciality field.

**Nurse manager** is either the lead clinician, supervisor and administrator at ward/unit level or working at the department/organisational level supporting workforce and ensuring services.

**Educator** is either a generalist or specialist whose primary role is enhancing the clinical and professional development of the facility's nursing workforce.

In addition, we can now clearly identify and delineate the two most senior clinical nursing levels as:

**Advanced practice nurse**<sup>33</sup> – a well-established and developed clinician with a level and type of practice that functions at the full extent of the registered nurse practice scope.

and

**Nurse practitioner** – a senior clinical role with title protection and additional practice privileges. The nurse practitioner role is regulated for practice beyond the registered nurse practice scope.

Both advanced practice nurses and nurse practitioners are experts in their fields and work with a high level of autonomy within their respective practice scopes.

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<sup>32</sup> Registered nurse is also generically defined as a person who has completed the prescribed education preparation, demonstrates competence to practise and is registered under the Health Practitioner Regulation National Law as a registered nurse in Australia.

<sup>33</sup> In the interest of brevity, in this paper the term advanced practice nurse will be used to denote a nurse working at an advanced practice level.



## Nursing and health service innovation

The nursing profession is at the forefront of health service innovation. Twenty years ago, the profession implemented the nurse practitioner role. Despite concerted opposition from the medical profession, nurse practitioner service is now well established as a successful reform initiative in Australia's health system.

The nurse practitioner is a unique health service provider combining practice privileges, previously limited to medicine, with the nursing model of practice to provide a unique hybrid service well suited to contemporary health service needs. Current and ongoing research continues to support the effectiveness and safety of nurse practitioner service and the acceptability of this role by patients, clients and other health professionals<sup>34,35,36</sup>.

### **The Australian College of Nursing is now proposing the next phase of health service innovation – optimising the service potential advanced practice nursing.**

With these two innovative service models, health policy can now appropriately and effectively design health service in a reform agenda and match nursing service capability according to patient/community needs, now and into the future.

## The right nurse for the right service

Hospitals dominate the health service landscape, and this sector is the most expensive component of health service delivery<sup>37</sup>. The largest cohort of the nursing workforce is employed in the hospital setting<sup>38</sup>. Whilst patients are admitted to hospital for medical treatment and review, the reason that many patients require continuing or recurring hospitalisation is to gain access to nursing care.

New clarity now available about the nursing workforce, allows for re-thinking the design of delivery models of health service. To date, there has been minimal policy attention to new types of nursing service models. Specifically, those models that enable advanced practice nurses to work autonomously and collaboratively to their full scope of practice. Meanwhile, our health system continues to have the well published problems of crowding, access, cost and inequity.

### **In this White Paper the Australian College of Nursing sets out a roadmap for optimum utilisation of the senior clinical nursing workforce, focussing on the clinical service of advanced practice nursing.**

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<sup>34</sup> Bonner A, Havas K, Tam V, *et al.* 2018. An integrated chronic disease nurse practitioner clinic: Service model description and patient profile. *Collegian* Early online <https://doi.org/10.1016/j.colegn.2018.07.009>

<sup>35</sup> Gardner G, Gardner A, O'Connell J. 2013. Using the Donabedian framework to examine the quality and safety of nursing service innovation. *Journal of Clinical Nursing*, Jan; 23 (1/2): 145-55

<sup>36</sup> Jennings N, Gardner G, O'Reilly G, *et al.* 2015 Evaluating emergency nurse practitioner service effectiveness on achieving timely analgesia – A pragmatic randomised controlled trial *Academic Emergency Medicine*, Volume 22, Issue 6

<sup>37</sup> Ibid AIHW, 2018.

<sup>38</sup> Ibid Gardner G, Duffield C, Doubrovsky A, *et al* 2016.

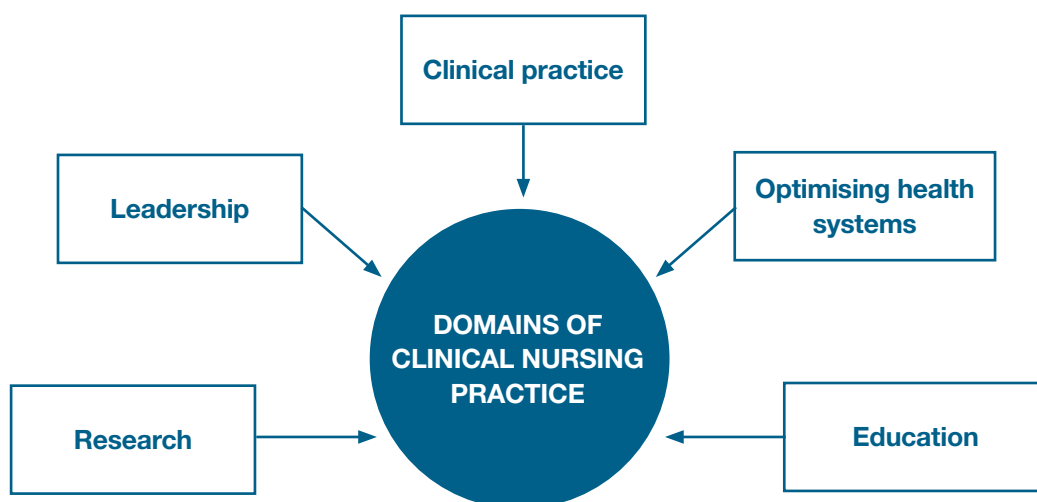
## Advanced practice nursing

To date, Australia's advanced practice nurse workforce has been underutilised, in part because it was unable to be consistently identifiable within and across jurisdictions. That obstacle is now removed.

An outcome of the above reported research is the capacity to measure and describe the level and practice profile of clinical nursing at all levels. Working from the common practice domains of clinical nursing (see Figure 1), this new research has shown that advanced practice nurses work across all domains of clinical practice at a level higher than nurses at other levels of practice (with the exception of the nurse practitioner)<sup>39</sup>.

### Figure 1 Clinical nursing practice domains

(see Appendix 1 for description of each domain)



A further output of this research is a comprehensive definition of advanced practice nursing that is derived from substantive empirical evidence. The definition is relevant across all jurisdictions, provides a framework for education and service planning and clearly delineates advanced practice and nurse practitioner service models (see **Box 2**).

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<sup>39</sup> Ibid Gardner G, Duffield C, Doubrovsky A, *et al* 2016.

## Box 2: Definition – Advanced Practice Nursing

Advanced practice nursing is the experience, education and knowledge to practice at the full capacity of the registered nurse practice scope. It is neither a title nor a role: It is a level of clinical practice that involves cognitive and practical integration of knowledge and skills from the clinical, health systems, education and research domains of nursing.\* The nurse practicing at this level is a leader in nursing and health care. Advanced practice nursing is enabled through education at master's level.

### \*Peer reviewed publications of the evidence-base for this definition include:

- Gardner G, Duffield C, Doubrovsky A, et al 2016. Identifying Advanced Practice: A national survey of a nursing workforce *IJNS* 55: 60 - 70
- Gardner G, Duffield C, Doubrovsky A, et al. 2017. The Structure of Nursing: A national examination of titles and practice profiles. *INR* Jun 64(2):233-241
- Gardner G., Duffield C., Gardner A., Batch M. 2017. The Australian Advanced Practice Nursing Self-Appraisal Tool DOI: 10.6084/m9.figshare.4669432

Further in-depth research into advanced practice nursing<sup>40</sup> showed that the work profile is not confined to a single modality. There are three practice profiles; service that has a predominant clinical focus, a consultancy focus, or practice that is a combination of both (see Box 3).

## Box 3

An advanced practice nurse, practicing in a mainly clinical role may be a senior specialist in palliative care. This nurse may run a hospital outreach service supporting patients who choose to die at home. The nurse would be supporting the patient and their carer with symptom management, medication administration and physical care.

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An advanced practice nurse specialist in aged care could be employed as a consultant in an acute care hospital to assist clinical staff in managing elderly in-patients with delirium or dementia. In this role they may be educating staff, advising on clinical care strategies or designing a systems-level change to ensure best practice for these patients across the organisation.

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An advanced practice nurse whose work is a combination of clinician and consultant practice may be a wound care specialist working in the community setting. They would run workshops for community nurses and general practitioners, advise domiciliary nurses in wound management and provide direct care for patients with complex wounds.

<sup>40</sup> Gardner G, Duffield C, Gardner A. 2017. Making Nursing Work: Developing a national framework for advanced practice in nursing. *Final Report for Industry Partners* (ARC Project # LP140100320)

Nurses practicing at advanced level are clinical leaders who work in both specialist and generalist fields, have high levels of autonomy and knowledge of health systems, traverse the hospital community interface in management of patient/client care and provide clinical care across all levels of complexity. In addition, the advanced practice nursing workforce is large, estimated at around 9% of the total registered nurse workforce, numbering over 26,000<sup>41</sup>.

## The cost of advanced practice nursing

The financial investment in education and training of an advanced practice nurse is significant. To build a career in advanced practice, the nurse will have completed a three-year undergraduate degree to qualify for nurse registration, which is likely to cost around \$40,000<sup>42</sup>. The degree is often followed by clinical specialist training through a six-month higher education graduate certificate course which has a fee range of \$9,000 to \$12,000. After an additional period of clinical experience, the nurse is likely to undertake a two or three semester masters' degree with an estimated fee range between \$15,000 and \$22,000<sup>43</sup>. The cost of postgraduate courses is usually met by the nurse.

The cost of employing an advanced practice nurse is also considerable. The direct salary cost for an advanced practice nurse varies across jurisdictions but will range between \$116,000 and \$119,600 per annum.

This is a substantial investment by government, the individual nurse and the employing health service. And yet, this nurse is not working to the full scope of practice: their clinical service potential is unrealised and underutilised. That this occurs in a health system under pressure, with consumers who are under or poorly serviced, and where policy is missing the mark for innovative service models, is a serious waste of public money. Advanced practice nurses are a solution, hiding in plain sight.

The Australian College of Nursing has been proactive in identifying this problem and has established a national Community of Interest (COI) to foster the advanced practice nursing workforce<sup>44</sup>. This fast-growing initiative is laying the foundation and policy agenda for building an identifiable, cohesive, advanced practice nursing workforce with common policy and service goals and, through the Australian College of Nursing, provides a strong voice for health service reform. This initiative provides a bedrock for nurse-led health services.

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<sup>41</sup> Ibid Gardner G, Duffield C, Doubrovsky A, *et al* 2016.

<sup>42</sup> Australian Government Department of Education and Training 2014. The Hon Dr David Kemp and Andrew Norton: *Review of the Demand Driven Funding System* Report to the Australian Government

<sup>43</sup> Estimation of the fees for postgraduate courses was informed by data gathered from a web search of university sites. All education costs are based on best available figures as of April 2019.

<sup>44</sup> Australian College of Nursing Communities of Interest – Advanced Practice Nursing. <https://www.acn.edu.au/membership/coi/coi-leads#advanced-practice> Accessed April 2019.

# ECONOMIC REALITIES IN HEALTH SERVICE

**Health reform must recognise the differences in the service models of nursing and medicine. The service potential for both professions will then be enhanced, authentic team approaches will be enabled, and health care for patients and families will be optimised.**

Innovation in health service can change the trajectory of health spending. Inevitably this means transforming the way health care is delivered. The dual imperatives to drive down health care costs whilst also improving patient outcomes are unlikely to be achieved through continuation of the current approach to health service.

Real health service reform requires a paradigm shift. A shift away from policy that places nursing in an ancillary role towards innovations that will optimise the potential of the nursing workforce. The nursing practice model is and has long been, patient-centred, based on collaborative and respectful partnership that is not influenced by professional power. Accordingly, the move to place patients/communities at the centre of care mandates that nursing is positioned at the centre of health service.

Achieving a paradigm shift must include leveraging advanced practice nursing service to deliver health care where current services are scant, ineffective, inappropriate or not yet considered.

## Advanced practice nursing service within and beyond the hospital

The time is right. Fast growing technological advances in health care as well as new clarity about the potential of the national nursing workforce provide the climate for change.

In this White Paper, the Australian College of Nursing proposes a way forward in designing services to improve health care for targeted consumer groups in new health service contexts. We argue from the premise that a fully utilised advanced practice nursing workforce, with the requisite policy levers to work to the full scope of nursing practice, will be a major player in achieving these goals.

Crowded hospital wards and over-burdened emergency departments are indicators of a stressed health system<sup>45</sup>. As illustrated earlier (p11), inadequate health care resources in community and aged care settings can lead to avoidable emergency department presentations and hospitalisations.

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<sup>45</sup> Affleck A, Parks P, Drummond A, et al. 2013. Emergency department overcrowding and access block. *CJEM*. 15:359-70.

**Reform initiatives can reverse the dynamic of hospital care and take expert nursing to these patients, to where they live, to where they work and to where they reside in long-term care facilities.**

In this paper the Australian College of Nursing proposes that advanced practice nursing service can be harnessed to develop and deliver health care both within and beyond the hospital; to reimagine health service across a range of contexts. This will provide service for consumer groups where the specific nursing practice model is most effective, in contexts where fragmented and uncoordinated care is dominant. The foremost groups that will benefit from nursing service are:

- The elderly in aged care facilities and community settings
- Patients in transitional care
- People with complex chronic diseases
- People with mental illness

For these and other consumer populations, this proposed new approach to health service reform will optimise utilisation of senior expert nurses working with nurse practitioners and multidisciplinary teams to lead health care improvement, reduce reliance on hospital care, promote patient-centred care and build self-care competencies in specific patient populations.

This will also support the imperative for patients from culturally and linguistically diverse backgrounds to receive holistic health care, inclusive of health promotion and illness prevention, that is culturally appropriate.

The Australian College of Nursing proposes new funding models that will support advanced practice nurse-led service for delivery of expert, specialist nursing care.

## **Valuing nursing care**

Health service innovation must be pragmatic. Testing new service models is essential in advance of large-scale reform initiatives, the service model in this proposal is advanced practice nursing. Accordingly, evaluation methods that specifically estimate the cost benefit value of the nursing model of practice against patient outcomes is an essential component. Nursing has traditionally been valued according to structural variables such as nurse patient ratios. In an environment of reform, nursing will be practiced in different ways, in different settings with a more direct connection to consumer populations<sup>46</sup>.

**New programs should include methodologies to identify and measure the process value of nursing.**

The nursing model of practice has a unique care profile; Nursing is both a service and an intervention. This practice model incorporates biophysical care and the biographical person in planning and delivering care.

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<sup>46</sup> Kagan P. 2013. Innovation in nursing: Only radical change will do *Advanced in Nursing Science* 36(4): 268- 270

A most distinguishing characteristic of the nursing model is the nature of the relationship that nurses develop with individuals and communities. Central to the nursing model of practice is a triad of interrelated practice activities that comprises:

- Interpersonal engagement,
- Education for health and health maintenance and
- Coaching for self-care and carer-care competency development.

For some groups, this practice triad collectively enables and supports the person to remain in their communities, manage self-care requirements and be experts in their own health issues. For those groups that require institutional care, this nursing practice model supports ageing-in-place and timely care to prevent avoidable hospitalisation.

This is the nature of nursing practice that is consistently reported by the general public as “Trust” and most worthy of their regard<sup>47</sup>, and is the basis of unique and effective nurse patient interactions.

## Innovative care – innovative funding models

Nursing’s care approach is an intervention that develops through taking time to develop a therapeutic relationship particularly with patients and carers who have complex health issues.

The pragmatics of valuing nursing care is also about testing the clinical, social and economic efficacy of new funding models. There is currently no model of Commonwealth funding for out-of-hospital nursing service. Fee-for-service funding is not a viable option. This funding model is counter-productive to effective nursing practice. This is a major consideration for establishing nurse-led service models.

There is scope in this proposal to forge new ways of delivering health care to a new wave of health care consumer populations.

- It sets the framework for small steps to test the efficacy, acceptability, sustainability and the economic benefit of advanced practice nursing service models.
- It sets the context to fully test the nursing model of practice where other practice models fall short of meeting new health care need profiles.
- It sets the conditions for innovative and bespoke health service planning that is nurse-led and health team focused.
- It provides a test bed for assessing the cost effectiveness of new, value-based funding models for community-based nursing service.

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<sup>47</sup> Ibid Roy Morgan Image of Professions Survey 20178

# IMPROVING COMMUNITIES' ACCESS TO HEALTH CARE

**Health spending continues to increase. Large sectors of the population are struggling to access timely, relevant health care, and hospitals are overcrowded due to avoidable hospitalisations.**

**Meanwhile, the large, specialised and cost-effective nursing workforce remains underutilised.**

Our current system of health service was developed for a different type of health care and a different type of health care consumer. The rapid development in treatment innovations, driven by advances in technology and bioscience, have not been matched by innovations in health service. Additionally, the cost of health care has been incrementally rising with total expenditure on health having increased each year in real terms (after adjusting for inflation), since 2006-07<sup>48</sup>.

Hospitals and primary care account for three-quarters of total health expenditure. And yet the system is struggling to meet demand.

There are several existing nurse-led initiatives in community settings around Australia, for example post-hospital discharge care<sup>49</sup>, walk in clinics<sup>50</sup>, and refugee health services<sup>51</sup>. These and other localised projects illustrate the potential of nurse-led service to address current health service gaps. But for most Australian communities these services are unavailable.

The Australian College of Nursing proposes modern-day service options that involve optimising the untapped potential of advanced practice nursing on a national scale. This is not claiming nursing to be the total solution; no single health profession is. Instead drawing upon arguments developed in this White Paper, the Australian College of Nursing holds that optimising the senior clinical nursing workforce will be an important part of the solution of health service improvement for all Australians.

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<sup>48</sup> Ibid AIHW 2018.

<sup>49</sup> Spooner A, Booth, N Downer, T *et al* (2019) Advanced practice profiles and work activities of nurse navigators: An early-stage evaluation. *Collegian* Vol.26(1), pp.103-109

<sup>50</sup> Rhian Parker R, Forrest L, Desborough J, *et al* (2011) Independent evaluation of the nurse-led ACT Health Walk-in Centre. Australian Primary Health Care Research Institute. Access April 2019 <https://rsph.anu.edu.au/research/projects/independent-evaluation-act-health-nurse-led-walk-centre>

<sup>51</sup> Anonymous NSW Nurse led refugee health service makes a difference (2013) *Australian Nursing & Midwifery Journal* Vol 21(4) p17



## Advanced practice nursing service models

Establishing and testing advanced practice nursing service will produce high quality evidence on the clinical and cost effectiveness of specific health care initiatives. Advanced practice nurses know health systems<sup>52</sup>. These clinicians are on the ground, intersecting with other health professionals, in close and ongoing connection with patients and their families/carers. This cohort of clinicians witness the gaps and discontinuities in health service and how these influence the effectiveness of patient care and patient outcomes.

Accordingly, the Australian College of Nursing proposes that government health authorities harness this expertise and support individual, outstanding clinicians to test new service models in their scope of practice and clinical field. In addition to testing the efficacy of nursing clinical service, the time is right to test new models of health service funding. Providing funding based on and related to outcomes of care rather than individual service events will support the effectiveness of the nursing model of practice on health and self-care patient outcomes and the health of specific communities.

There are four main issues that need to be recognised so that government policy is enabled to, (a) embrace service reform, (b) to steer a course in health service improvement for patient groups that dominant systems are failing, and (c) to address the ever-increasing costs of health care. These issues are:

1. The necessity to move beyond the assumption that health services must be led by a medical practitioner. This will open new thinking about health service planning that can recognise nursing service as the most appropriate, the most relevant and the most economical to lead health care for some patient groups.
2. Recognition that nursing is a costly health service resource that is underutilised. Many advanced practice nurses are not working to their full clinical capacity and this is a waste of the health dollar and missed opportunity for effective clinical service.
3. Nursing is a collaborative practice profession. Nurses work effectively in multidisciplinary teams where team leaders are determined by patient need rather than perceptions of professional power.
4. A need to provide the policy climate and the material resources where advanced practice nursing can be tested in a service environment that draws upon the full scope of nursing practice.

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<sup>52</sup> Ibid Gardner G, Duffield C, Doubrovsky A, *et al.* 2017.

## The final word

There will be critics of this new way of thinking about health service. To date, medical professional bodies have consistently and strongly resisted nursing service innovations<sup>53</sup>. Furthermore, the Royal Australian College of General Practitioners (RACGP) has vigorously resisted service initiatives to improve health service in the primary care context that is other than a general practitioner-led service<sup>54</sup>.

The assertion of this organisation that nurses lack the training to make clinical decisions is ill-informed and misguided. Furthermore, the claim by the RACGP that nursing service must be monitored and supervised by medical doctors is patently wrong. Nursing has legal responsibility and autonomy over nursing practice. It is not the purview of medicine to determine what is and is not nursing's practice scope; that is the role of every nurse and ultimately regulatory bodies.

**Nurses and doctors have worked together for centuries. This proposal is a new model of collaboration. It is one that recognises the unique contribution of both disciplines to enhance the health and welfare of all sectors of the community.**

Nursing is no threat to the business model of medicine. But nursing can provide a valuable clinical service that is better suited to the health care needs of some consumer groups. This is our proposal. Whilst the general practitioner service model is important to the health of Australian communities, it is no longer sufficient. Views to the contrary are outdated, and bring disadvantage to underserved and poorly serviced sectors of the Australian population.

Ultimately it is the patients, carers and communities who will benefit and who will judge. The Australian population has already, consistently, flagged their trust in nursing<sup>55</sup>.

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<sup>53</sup> The Australian Medical Association calls for nurse practitioner proposals to be rejected. <https://ama.com.au/gp-network-news/ama-calls-nurse-practitioner-proposals-be-rejected> Accessed April 2019.

<sup>54</sup> RACGP Independent nurse-led clinics in primary healthcare Position Statement 2015 <https://www.racgp.org.au/download/Documents/Policies/Health%20systems/RACGP-Position-on-independent-nurse-led-clinics-in-primary-healthcare.pdf> Accessed April 2019.

<sup>55</sup> Ibid Roy Morgan Image of Professions Survey 2017

# CONCLUSION

The argument for service innovation using advanced practice nurses is compelling.

## Issues

The Australian nursing workforce is underutilised, and our most senior nurses are not working to their full scope of practice. This is in a context where health spending increases annually, access to health care for some groups is limited, hospitals are overcrowded and for some people the contrast between what is available and what is accessible is a shameful gap. Our health system is challenged to care for more people, in a service context where chronicity, illness and disability has triumphed over premature death and cure.

## Analysis

Over the past decade, various community-based programs and services have been implemented. This White Paper has concluded that many health care consumers remain disadvantaged because services do not take account of issues of access, complexity of health needs and other social, economic and cultural population factors.

Additionally, these models lack an authentic collaborative health team approach and operate on the assumption that, in the primary care sector the general practitioner is always and will always be, the sole leader and primary provider of service. This assumption is outdated.

Furthermore, the funding model that supports this system is unsustainable and masks the contribution of other health professionals, primarily nursing.

Health service in the primary care sector needs to expand and health care teams are the way of the future. Team leaders need to be determined by the specific consumer group and specific health care requirements.

Advanced practice nurses make up 9% of the total nursing workforce with over 26,000 clinicians Australia wide. These are clinical leaders, educated and experienced to practice autonomously within the registered nurse practice scope with a model of care that resonates with the engagement and trust of health care consumers. And yet this significant senior clinical workforce is underemployed.

**Technological and pharmacological innovations will continue to exert pressure for change on the health industry and the cost and complexity of health care consumer needs will continue to escalate. Inevitably, the advanced practice nursing workforce will become more and more important to health service planning and delivery.**

# RECOMMENDATIONS

The Australian College of Nursing calls for change. This document outlines a proposal to test new models of nursing service in both hospital and primary care settings. The premise underlying this proposal is that optimum utilisation of the nursing workforce will improve access and quality of health care for specific consumer groups, provide a model for safe, cost-effective health care and inform new approaches to health service funding.

## **In its capacity as the professional voice of nursing in Australia the Australian College of Nursing:**

1. Asserts that the changing landscape of the health sector mandates a corresponding reform of health service models and health workforce structures.
2. Calls on the Australian government to engage with the ACN as a principal participant and key resource in the design and development of health service and health workforce policy.
3. Urges all levels of government to actively explore the potential for advanced practice nursing to improve the quality, relevance and access of health service for all Australian communities.
4. Encourages the Australian government to reform current health funding models to enable advanced practice nurses and nurse practitioners to provide clinical care unfettered by the boundaries of the hospital/primary care interface.
5. Exhorts the Australian government to actively collaborate with the Australian College of Nursing in a long-term reform agenda to optimise the national nursing workforce in Australian health systems.

# APPENDIX I

## Explanation of Domains of Nursing Practice

(Adapted with permission from: Ackerman L, Martin B, Wiedrich J, Kitzman H. (1996). Development of a model of advanced practice. *American Journal of Critical Care*, 5: 68-73)

### Clinical practice

This domain includes activities carried out on behalf of individual patients/clients focusing on specific needs, including procedures, assessments, interpretation of data, provision of physical care and counselling. Clinical Care also includes care coordination, care delivery, and guidance and direction to others relevant to a specific patient population.

### Optimising health systems

This domain includes practice focused on contribution to effective functioning of health systems and the institutional nursing service including role advocacy, promoting innovative patient care and facilitating equitable, patient-centred systems of health care.

### Education

In this domain nurses are involved in dissemination of current scientific knowledge for enhancement of caregiver, student and public learning related to health and illness. This also includes aiding patients and families to manage illness and to promote wellness, informal and formal staff development and formal presentations to healthcare professionals

### Leadership

Leadership is both practice and attributes that allow for sharing and dissemination of knowledge beyond the individual's institutional setting. These activities promote nurses, nursing and healthcare and include disseminating nursing knowledge, serving in professional organisations, and acting as a consultant to individuals and groups. Leadership also includes setting directions and modelling standards towards optimising population and patient care outcomes.

### Research

Practice in this domain supports a culture that challenges the norm, that seek better patient care through scientific inquiry and promotion of innovative problem solving to answer clinical questions. This includes conducting clinical research, identifying funding sources and using evidence to guide practice and policy.





