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How will the nursing profession remember the Hon Greg Hunt MP?

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On 16 March 2010, the Senate passed historic legislation allowing nurse practitioners (NPs) and midwives limited access to the Medical Benefits Schedule (MBS) and the Pharmaceutical Benefits Schedule (PBS). The Hon Nicola Roxon MP was celebrated as the Minister for Health and Aging who showed courage and conviction for the nursing profession by facilitating this legislation. How will the current Minister for Health and Aging, the Hon Greg Hunt MP, be remembered by the nursing profession?

As I write this, I ponder my operating list for tomorrow. As an NP, I will be the surgical assistant for three patients. All are the same urgent Category 1 procedure in the same private hospital with the same primary surgeon. All patients will receive the same service from me but not all will have to pay for my services. The first patient is privately insured and will pay several hundred dollars 'out of pocket' for my services, as they cannot claim an MBS rebate or a refund from their health fund. The second patient is outsourced from the public sector due to the COVID crisis. They will pay nothing for my services, as the state health department has a contract with the private hospital that will remunerate me and the other clinicians. The last patient will have their expenses paid for by the Department of Veteran's Affairs (DVA).

Why is the private patient financially disadvantaged? Australian legislation sanctions NPs to undertake professional and medical services; and, as an NP surgical assistant, I work collaboratively with the primary surgeon the same way a medical practitioner surgical assistant would. However, Australian NPs are not afforded the same privileges as medical practitioners who have access to MBS patient rebates for many services, including surgical assisting, so private patients cannot claim an MBS rebate for my services even though they can for the same services provided by a medical practitioner surgical assistant. You might be wondering if my private patient is not entitled to an MBS rebate because I am not qualified to undertake the surgical assistant role. Fair question but that's not the reason – to become an NP I completed a master's degree and also completed a second master's degree to undertake the surgical assistant role.

All the patients on my operating list will receive the same service from me but my remuneration will vary. I will be paid for the private patient (by the patient) and the public patient (by the hospital) but, although the DVA would pay a medical practitioner surgical assistant, there is no mechanism for the DVA to pay me so I do DVA patients for free. Why work for nothing, you ask? I feel a duty to because there is a shortage of medical practitioners with skills in the surgical specialty I work in, and the COVID crisis compounds this.

It is not that I haven't tried to change public policy so that my private patients and I are not disadvantaged. I recently completed a PhD so I could provide Australian data, which corroborates international data, showing no difference in patient outcomes whether a doctor or nurse undertakes the role of surgical assistant. Aside from an unsuccessful submission to the Repatriation Commission in 2013 for a rebate for DVA patients, I have made submissions to the Medical Services Advisory Committee (MSAC), in 2013 and 2019, trying to gain access to an MBS patient rebate. In 2013 the federal Department of Health advised that MSAC was not the correct pathway to achieve this; in 2018, they advised that MSAC was the correct pathway but, on the failure of my 2019 application, I was informed that MSAC was not the correct pathway.

If this is not frustrating enough, along with many peak nursing bodies and individual leaders in the nursing profession, I submitted to the recently concluded Medical Benefits Schedule Review Taskforce (MBSRT). The government-appointed Nurse Practitioner Reference Group proposed 14 evidence-based recommendations to the MBSRT to broaden access to the MBS for patients of NPs, thereby increasing patient access to health care. The MBSRT rejected all 14 recommendations, and the Minister for Health did not object.

We are now awaiting the formation of yet another federal Department of Health committee for the ongoing review of the MBS. Given the Department of Health's disinterest in evidence-based recommendations to the MBSRT, I have low expectations that the new committee will recognise the contribution NP surgical assistants make. As this new committee will only meet quarterly, I anticipate having to wait sometime to be disappointed again.

The purpose of the MBSRT and the new Medical Benefits Schedule Review Advisory Committee (MRAC) is to align the MBS with clinical evidence and practice and

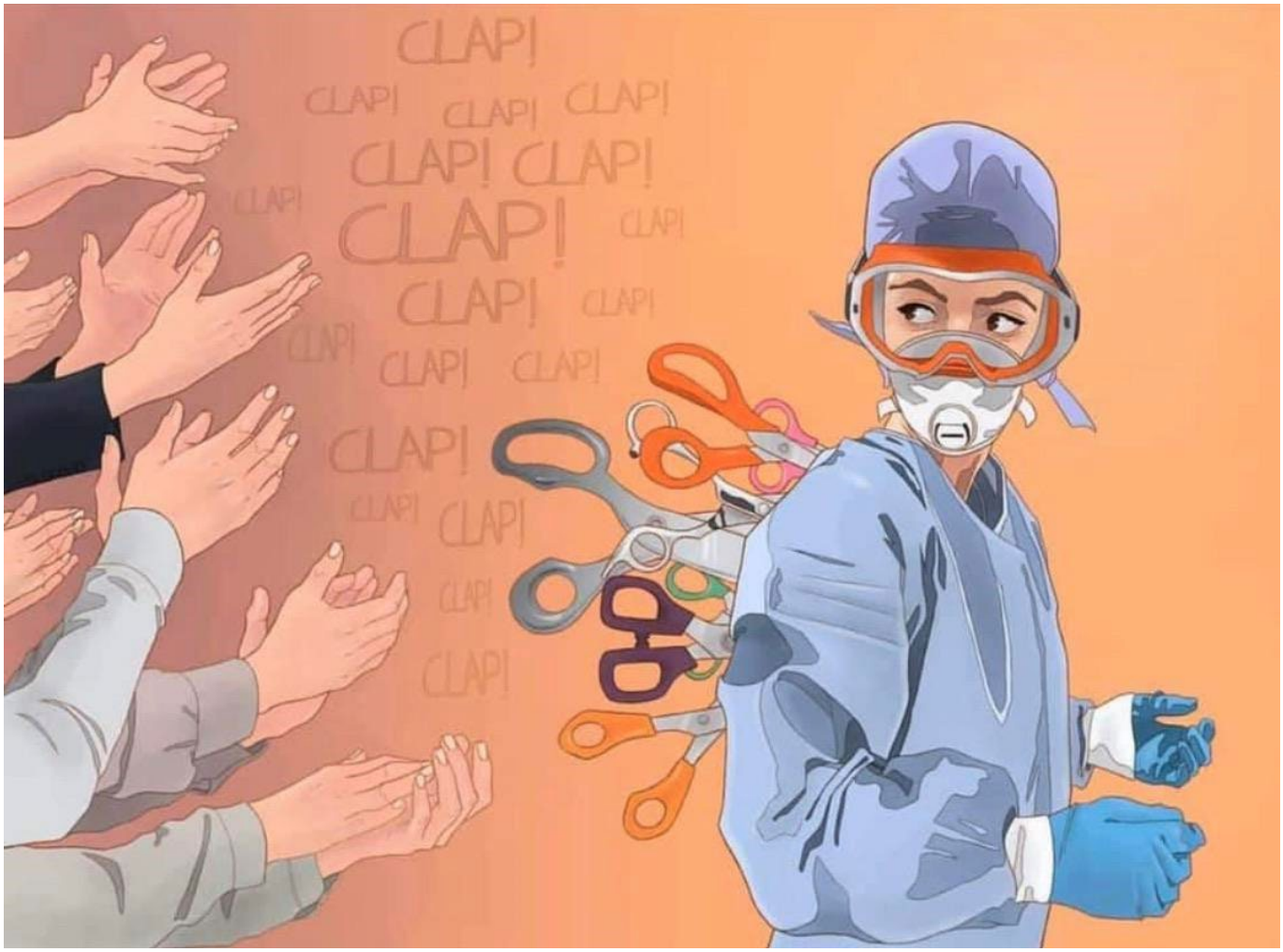

Image by Luis Quiles (Image reproduced with permission from the artist.)

provide recommendations to the Minister for Health and Aging, the Hon Greg Hunt MP.

Pre-COVID, I was at a nursing conference where the Hon Greg Hunt MP addressed the delegates, emphasising how much respect he had for the nursing profession, and disclosed that he was married to a nurse. Certainly, the nursing profession has risen to the COVID crisis challenges and has received applause and adulation from both the public and those who administer the health care system.

As the artist Luis Quiles has superbly portrayed in the artwork that accompanies this letter, those involved in the policy and administration of health care need to do more than applaud the nursing profession. Their respect needs to be translated into fair government health care policy to assist the nursing profession to provide the care they are so willing to offer instead of giving the profession the proverbial stab in the back with anti-competitive health care policy.

I am not sure the nursing professional will remember the Hon Greg Hunt MP as showing courage or conviction when committing to fair and reasonable review processes or advocating on behalf of the nursing profession. In an ideal world, the Minister for Health and Aging would have zero tolerance for anti-competitive behaviour from our health care policymakers, ensuring all Australian health care professionals and consumers have a level playing field when providing or accessing essential health care services. Sadly this has not been the case.