

17 December 2019

Department of Health and Human Services  
Nursing, Midwifery and Paramedicine Workforce Unit  
50 Lonsdale Street  
Victoria Australia

By email: [nmw@dhhs.vic.gov.au](mailto:nmw@dhhs.vic.gov.au)

Dear NMW,

### **Victorian Nurse Practitioner Prescribing Arrangements**

The Australian Society of Anaesthetists (ASA) is the peak body and leading representative of the professional and economic interests of Australian anaesthetists. The ASA was established in 1934, and represents Australian Anaesthetists ensuring the high standards of the profession.

The ASA opposes this legislative change to approve a general authorisation for Victorian nurse practitioners to obtain and to use, sell or supply any Schedule 2,3,4 or 8 poison (medications) in the lawful practice of their profession for the following reasons.

1. Duplication of services
  - a. General practitioners already provide these medical services for patients. GP's are trained to treat patients with multiple co-morbidities across disciplines.
  - b. Nurse practitioners with specific scope of practices working in conjunction with GP's and specialist clinics/ departments already have a mechanism in place for prescribing relevant to their practice.
  
2. Fragmentation of services
  - a. Having alternative providers prescribing additional medications may lead to multiple treatments being applied simultaneously as patients seek care from different providers at different points in time. Health providers working in silos have the potential to cause harm and adverse events for patients.
  - b. General practitioners have the appropriate medical training to provide holistic care for the patient including pharmacological and non-pharmacological management plans.
  - c. Providing appropriate healthcare also involves knowing the limitations of one's scope of practice and when to refer for specialist management rather than merely prescribing more medication.
  - d. Nursing practitioners prescribing within their scope of practice should not require this new legislative change that facilitates prescribing from different schedule classes.
  - e. Patients in areas of special need should have access to appropriately trained general practitioners.
  - f. Loss of health information by multiple healthcare providers working in silos will lead to worse outcomes for patients.
  
3. Potential increase in opioid addiction and adverse outcomes

- a. Overprescribing of opioids has led to an opioid epidemic both overseas and in Australia. This has resulted in substantial morbidity and mortality. Increasing the number of prescribers will logically lead to more prescriptions for opioids. This is a retrograde step in the regulatory process.

4. Over-servicing

- a. Australia's universal healthcare system has the potential to generate unlimited patient demands for services. Increasing the access to increased healthcare providers will drive this demand.
- b. Increase patient demand will drive escalation of healthcare costs without necessarily increasing healthcare quality outcomes.
- c. Healthcare outcomes may be reduced due to duplication and fragmentation of services.
- d. Diluting funding currently directed towards general practice will erode the access, quality and safety of medical services.

5. Increased pressure on public sector

- a. If there are complications arising from inappropriate prescribing, overprescribing or adverse drug interactions, the public hospital emergency departments will need to manage these patients. This will increase the burden on the public hospital sector.

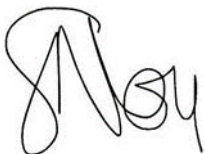
6. Conclusion

This proposal will drive patient demand, increase healthcare costs, lead to a reduction in the quality and safety of care provided through duplication, fragmentation, loss of health information, practitioners working in silos and increase the burden on the public sector.

What is needed is better communication and coordination amongst existing healthcare providers, consolidated funding for general practitioners and nurse practitioners working within their scope of practice optimising the holistic care provided by the existing team approach.

If you require any further information or would like to discuss further, please do not hesitate to contact Ms Jacintha Victor John, Policy Manager on (02) 8556 9720 alternatively, via email [jvictorjohn@asa.org.au](mailto:jvictorjohn@asa.org.au) in the first instance should you require additional information.

Yours sincerely,



**Dr Suzi Nou**  
President  
Australian Society of Anaesthetists

