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27 March 2019

Professor Bruce Robinson
Chair, MBS Review Taskforce

Email: MBSReviews@health.gov.au

Dear Professor Robinson,

RE: Report of the Nurse Practitioner Reference Group of the MBS Review Taskforce

On behalf of the Australasian College of Dermatologists, thank you for the opportunity to provide comment on the report of the Nurse Practitioner Reference Group. This report was read with interest. As almost 10 years has passed since the introduction of nurse practitioner (NP) items into the schedule, a review of their utilisation, impact and relevance is timely.

The Reference Group put forward fourteen recommendations which fall into four main themes, broadly aiming to: support care for people with chronic health conditions and for Aboriginal and Torres Strait Islander people; enable access to nurse practitioner care; address system inefficiencies; and improve patient access to telehealth services.

This submission specifically addresses areas of relevance to specialist dermatologists and as such, focuses on Recommendations 8 and 10.

Recommendation 8: Remove the mandated requirement for NPs to form collaborative arrangements

The Reference Group recommends that the mandated requirement for NPs to form collaborative arrangements with a specified medical officer be removed.

A key strategic priority for the College is to address maldistribution of Dermatology services in Australia. In this regard we have engaged at all levels of government to advocate for increased specialist training for Dermatologists. We have also implemented educational programs for other health practitioners, including upskilling of General Practitioners in management of skin disease and melanography training for nurses. The College has actively encouraged nurses to acquire skills in Dermatology nursing in collaborative arrangements.

Management of skin disease involves the use of diagnostic skills to differentiate between subtly different clinical presentations of conditions with often markedly different management and prognostic implications. In addition many skin conditions may be associated with multisystem disease; and with an increasingly aged population base the incidence of comorbidities with an impact on management of skin disease is also increasing. The appropriate response to this challenge should be to improve access to highly trained practitioners skilled in multisystem and chronic disease management; this need will not be met by expanding the scope of practice of NPs.

Health workforce statistics also demonstrate that the nursing workforce outside major capital cities (MMM1) is marginal; and projections show an increasing shortfall of qualified registered nurses. It is hard to reconcile these issues with an expansion of subspecialised nurses enhancing access in rural and regional areas, where the medical (including Dermatologist) workforce is in most need of support.

The College refutes the suggestion that NPs operating without collaborative arrangements with medical practitioners would contribute to improved quality care, and improve access in areas where clinical need remains most acute.

Recommendation 10: Enable patients to access MBS rebates for procedures performed by an NP

The Reference Group recommends that patients should be able to access rebates for certain procedures performed by an NP including a range of T8 (surgical) procedures. These include skin service items 31356–31376 (Removal of skin lesions) and item 30071 (skin biopsy). Other items listed include 31205, 31210 and 31230; these items are now obsolete, omitted from the Schedule in November 2016 as part of the Skin Services Review.

The College has concerns relating to this recommendation. As stated in the report (Page 21), '*All health practitioners, including NPs, are expected to practice within the scope of health care delivery in which they have been educated and deemed competent*'. While we agree that skin excisions and biopsies may be safely conducted with assistance, whereby part of the procedure can be performed by NPs with medical practitioner supervision, we are of the view that these procedures are not within the scope of NP practice to warrant access to MBS items.

The items 31356–31376 pertain to the surgical excision of a range of skin lesion types - benign and malignant - in complex and non-complex sites as specified in the item descriptor. Performing such excisions safely requires specific training, not only to master the technical skills but also to gain the required diagnostic acuity to adequately assess the most appropriate course of treatment. A greater knowledge of skin and surface anatomy is required, and surgical technique - from site allocation, excision design and closure as well as suture selection and suture techniques - is needed. Furthermore, complications such as haemorrhage and infection as well as scar formation can occur and require medical management and oversight.

Analyses of MBS utilisation in recent years, via the Skin Services Review and the MBS Review (Dermatology, Allergy and Immunology), revealed inappropriate use and over-servicing of T8 skin items, including those relating to benign lesions. These findings have helped inform a series of changes to the Schedule to encourage best practice. Expanding access to NPs would have the potential to further escalate Medicare costs, an outcome of which would be contrary to the purpose of the MBS review. Since pathology analysis of excision specimens is mandated, there is likely to be a commensurate escalation of pathology costs.

The delivery of safe and quality healthcare is of utmost importance and the significant role of NPs should not be underestimated nor undervalued. We are however of the view that the current level of training undertaken by NPs is not preparatory with respect to skin cancer detection, diagnosis and management. We do note that the NP Reference Group recommends access to suture repair of wounds item numbers. The College finds this sits within the NP scope of practice and would be supportive of this change.

Impact of application of Recommendations 8 and 10

The College is further concerned that the combined effect of application of both recommendations 8 and 10 would foster growth of inappropriate and low value interventions. The joint effect would encourage further expansion of poorly trained skin cancer clinics that have been the focus of critical attention from within the Department's compliance section, and the Professional Services Review.

The diagnostic and management planning skills required to competently and independently treat skin cancer patients are not available to NPs. The College contends that joint application of both recommendations would actually serve to erode quality care of skin disease for Australians.

We also note that stakeholder forums are to be held in April and the College would be very keen to contribute. We look forward to hearing from you so that an appropriate College representative can be in attendance.

Thank you in advance for your consideration. Please contact Dr Haley Bennett, Director of Policy, Engagement and Advocacy at haley@dermcoll.edu.au for further correspondence on this matter.

Kind regards,

Dr Andrew Miller FACD
President
The Australasian College of Dermatologists