

Report on the Australian College of Nurse Practitioner Conference 2017

This conference was held in Brisbane between the 5th and 7th of September 2017.

The conference was attended by over 350 delegates. The delegates were either Nurse Practitioner or Advanced Practice Nurses from all over Australia. The conference was officially opened by Her Excellency Lady Cosgrove who is the patron of the Australian College of Nurse Practitioners.

Each morning of the three days, a Plenary Session was held, followed by break out concurrent session for the remainder of the day in the streams of Chronic Disease, Primary Health Care or Emergency Care.

On the first day of the conference Professor Jenny Carryer from Massey University in New Zealand spoke on the Nurse Practitioner (NP) in the Australian and NZ Context. This address focused on courage and was very interesting and motivating. Professor Carryer emphasised that NPs were not the consolation prize if a General Practitioner (GP) was not available. She outlined that the NP is the solution to the global health care system crisis and went onto elaborate that the cost to produce a GP as being \$550,000 while it costs \$120,000 to produce a nurse practitioner (in New Zealand) and that NPs are providing the same scope of services as GPs. Professor Carryer says nurse practitioners have no desire to be regarded as substitutes for doctors, which highlights the common arguments against supporting NPs which are; they are a substitute for medical care, they are cheaper but more dangerous.

Professor Carryer related a comment from a NP in the audience at a recent conference she spoke at in New Zealand. The audience member said she has been treated with contempt by two health organisations, one of which told her she was “just a nurse” and another describing her as a “jumped up nurse”. This is a similar experience to what many NP in the Private Sector of the Australian health care system experience. Speaking from personal experience, although I am an endorse NP with AHPRA; I am not able to be credentialed at several hospitals as an NP as they do not credential NPs. At on major corporate facility I am credentialed as an Allied Health profession and at several others I am credentialed as a Perioperative Nurse Surgeon’s Assistant.

Following Professor Carryer was Professor Bruce Robinson who is the chair of the MBS Review Taskforce. This presentation was also very interesting and entertaining with Professor Robinson outlining some of the more humorous claims currently occurring under the MBS. He noted that the reviews were taking much longer than anticipated. When asked by a member of the audience if the 51300, 51303 etc numbers for “Assistant at Operation” had been reviewed at this point he said these numbers has not as yet been reviewed.

On the final day of the conference Professor Anne Gardner gave a presentation on NP clinical learning standards: Result of the CLLEVER2 study. This study is an extension of the CLLEVER Study which explored the metaspecialties and the quality of clinical education for nurse practitioner students using clinical specialty standards based on the metaspecialty grouping. The CLEEVER2 study has culminated in the development of a Toolkit for the purpose of clinical education. This Toolkit will soon be available for use in Australia.

My presentation took place on the final day of the conference which was the research focused day.

I presented on a survey I conducted at the 2016 National Australian College of Operating Room Nurses Conference. A paper from this survey was published in the ACORN Journal;

Knowledge and perceptions of the NMSA role in Australia: A perioperative staff survey (2017)
Hains, T; Turner, C; Strand, H. Journal of Perioperative Nursing in Australia Volume 30 Number 3
Spring 39- 45

The conclusions of this presentation were that:

A need exists in the Australian healthcare system for the NMSA role. Perioperative staff who fill this role on an impromptu basis expose themselves to medico-legal ramifications and compromise patient safety.

Support for the formal recognition and governance of the NMSA role in Australia is evidenced by perioperative staff perception that NMSAs with a higher level of qualification perform tasks related to mentoring, leadership, theatre efficiencies and procedural knowledge at a 'good' or higher level consistently

As is the case with many potentially advanced practice roles, no formal criteria exist for the practice or credentialing by the agencies with authority to enforce requirements.