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One step forward or two steps back?

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One step forward or two steps back?

The Surgical Assistant Working Group (SAWG) draft report has been released, which proposes to allow nurses in the surgical assistant role to access a patient rebate from the Medicare Benefits Schedule (MBS). This will address some of the issues affecting access to surgery in Australia. While an initial read of the report has buoyed the spirits of those closely involved, it is with circumspection that we venture forward.

The SAWG, a sub-committee of the newly formed Medicare Benefits Schedule Review Advisory Committee (MRAC), released its draft final report in late August 2022. The MRAC builds on the work of the Medicare Benefits Schedule (MBS) Review Taskforce that concluded in June 2020. Despite extensive work by the Nurse Practitioner Reference Group, a sub-committee of the taskforce, the MBS Review Taskforce vetoed all recommendations aimed at increasing patient access to health care and improving the health care system in relation to work done by nurse practitioners (NPs). So, what can we expect from the new government committee, the new sub-committee and the new proposal?

The report proposes access to an MBS patient rebate if a 'medical practitioner, *suitably qualified nurse or nurse practitioner*, other than the surgeon, the anaesthetist or the assistant anaesthetist' undertakes the surgical assistant role. The amendment to the explanatory note is the addition of the words 'suitably qualified nurse or nurse practitioner'. This report is open for public consultation until 7th October 2022.

While the addition of nurses and NPs is encouraging, there are two points that require addressing – the definition of 'suitably qualified' and the process of accessing the MBS.

What defines 'suitably qualified'?

Medical practitioners, NPs and nurses are registered with the Australian Health Practitioner Regulation Authority (AHPRA) which, combined with the boards of national professional bodies, sets standards for all registered health practitioners. Interestingly, nurses and NPs must be suitably qualified to act as a surgical assistant but medical practitioners undertaking the surgical assistant role do not have the words 'suitably qualified' applied to them. Additionally, medical practitioners acting as a surgical assistant can access MBS patient rebates as soon as one year after completing university.

It is outlined in its report that the SAWG considers the surgeon to be the best person to assess whether someone is a good assistant; and the report advocates that the surgical assistant be chosen by surgeon preference, and work with surgeon oversight.

Capability for acting as a surgical assistant is also determined by the hospital credentialing process. All surgical assistants must satisfy the rigorous process of hospital credentialing which requires proof of qualifications and multiple references from surgeons. This process is a requirement of the Australian Commission on Safety and Quality in Health Care (ACSQHC) and is verified at the time of hospital accreditation.

Any surgical assistant who is registered with AHPRA, chosen by the surgeon and satisfies hospital credentialing is suitably qualified. These processes allow nurses who have been performing the surgical assistant role for many years and nurses with various post-registration graduate certificates, graduate diplomas or master's degrees to continue adding value to the health care system. Application of the phrase 'suitably qualified' that excludes nurses from performing the surgical

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assistant role, and denies patients access to rebates, would impact access to surgical care for patients. This is particularly true for highly specialised procedures and procedures performed out-of-hours or in regional or rural areas.

The process of accessing the MBS

While medical practitioners and NPs are able to access MBS patient rebates, nurses who are not endorsed NPs are not able to. Gaining access to MBS patient rebates is where nurses need to invest their energy. A precedent for non-NP nurses to access MBS patient rebates has been set by mental health nurses and diabetic nurse educators. Nurses acting as surgical assistants must adopt a similar process.

The phrase 'suitably qualified' can potentially lure the nursing profession into spending much time and energy discussing the minutiae of the various educational pathways to the surgical assistant role. This could fracture the response from the nursing profession as each faction tries to secure the legitimacy of their qualifications. It must be acknowledged that education, and therefore qualifications, follow many pathways. A pathway to MBS patient rebates for non-NP nurses will recognise not only qualifications but also skills, expertise, professional development and experience.

If nurses can unite and seize the opportunity to broaden access to MBS patient rebates when they act as surgical assistants, it will be one giant step forward for the nursing profession. Sadly, what is prominent in the minds of the profession is the lack of support for nurses that was displayed at the conclusion of the 2020 MBS review. If the work of the SAWG and the MRAC is vetoed by those in the Department of Health who wish to protect the turf of the medical practitioner rather than advance the cause of the patient, it will be two giant steps backward for health care in Australia.