

Media Release

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Nurse practitioners a solution to private hospital workforce woes

Nurse practitioners should be given more responsibilities in private hospitals under Medicare to ease a shortage of medical specialists, the peak body for health funds says.

Speaking at the Australian College of Nurse Practitioners Conference in Cairns today, Private Healthcare Australia's Director of Policy and Research Ben Harris called on the Federal Government to allow Medicare and health funds to directly fund nurse practitioner consultations.

"The battle on nurse practitioners' clinical competency was settled 15 years ago," Mr Harris said at the conference. "We are only now catching up on making sure nurse practitioners can get paid properly for their work. The Albanese Government has recently made the necessary changes for nurse practitioners to operate more effectively in the community with Medicare rebates and referral powers. The next stage is to allow nurse practitioners to do the same in private hospitals."

A nurse practitioner is an experienced registered nurse who has completed an additional master's degree and has been endorsed by the Nursing and Midwifery Board of Australia (NMBA). There are about 2,200 nurse practitioners in Australia.

Medicare has different rebate levels for community care and private hospital work based on a scheduled fee, Mr Harris said. For example, a specialist medical practitioner consultation attracts an 85% rebate in a consultants' rooms and a 75% rebate in private hospitals. Health funds are required to pay at least the other 25% of the scheduled fee for in-hospital work. Health funds are prohibited from covering patient consultations with a specialist doctor in a community setting outside of a hospital admission.

Nurse practitioners' Medicare items have a community rate, which health funds are not allowed to top up with additional payment. Nurse practitioners do not have a rebate available for in-hospital work. Giving nurse practitioners a Medicare rebate for work inside private hospitals would attract funding from both the Australian Government and health funds for in-hospital consultations, he said.

"Private hospitals are often crying out for staff, as highlighted by the government in last week's Private Hospital Sector Financial Health Check, and nurse practitioners could help fill some of these gaps. It is not necessary for career medical officers to do much of the day-to-day work in private hospitals. Nurse practitioners are more than capable of putting in a catheter, adjusting medications and most of the work supporting patients and working with specialists in private hospitals."

He said changing the Medicare Schedule would be simple – adding an in-hospital rate to the existing consultation items. PHA, which represents almost 15 million Australians with private health insurance, had written to Federal Health Minister Mark Butler requesting the change.

"The Albanese Government has been very supportive of nursing and expanding scope of practice. This proposal is consistent with the policy directions of the Strengthening Medicare Taskforce, the various nursing strategies and the Scope of Practice Review released earlier this week.

"We look forward to working with nurse practitioners to promote the next stage of workforce development – unleashing the potential of nurse practitioners in the private sector. It makes sense for health funds, it makes sense for private hospitals, and most importantly, it makes sense for patients."

Media contact
Julia Medew
M: 0402 011 438

Private Healthcare Australia
Suite 1702, Level 17, Chifley Tower
2 Chifley Square
SYDNEY NSW 2000

T: (+61) 2 6202 1000
E: admin@pha.org.au
www.privatehealthcareaustralia.org.au
X: @PHA_Healthcare