

# Unleashing the Potential of our Health Workforce - Scope of Practice Review

*Joint submission from MS Australia & MS  
Nurses Australasia*

**October 2023**

**SUBMISSION**

## MS Australia

MS Australia is Australia's national multiple sclerosis (MS) not-for-profit organisation that empowers researchers to identify ways to treat, prevent and cure MS, seeks sustained and systemic policy change via advocacy, and acts as the national champion for Australia's community of people affected by MS.

MS Australia represents and collaborates with its state and territory MS Member Organisations, people with MS, their carers, families and friends and various national and international bodies to:

- Fund, coordinate, educate and advocate for MS research as part of the worldwide effort to solve MS
- Provide the latest evidence-based information and resources
- Help meet the needs of people affected by MS.

Multiple Sclerosis (MS) is the most acquired neurological disease in younger adults around the world with over 2.8 million people affected. More than 33,300 Australians live with MS and over 7.6 million Australians know someone or have a loved one with this potentially debilitating disease.

Symptoms vary between people and can come and go; they can include severe pain, walking difficulties, debilitating fatigue, partial blindness and thinking and memory problems. For some, MS is characterised by periods of relapse and remission, while for others it has a progressive pattern of disability. MS robs people of quality of life, primarily driven by the impact of MS on pain, independent living, mental health and relationships.

## MS Nurses Australasia

MS Nurses Australasia Inc (MSNA) is the peak body for MS Nurses in the Southern Hemisphere, providing education and support for MS nurses and other health care professionals in Australia and New Zealand.

Multiple Sclerosis (MS) nurses are a subspecialty in neuroscience nursing and have become a dynamic group who have worked hard to ensure that high quality, evidence-based nursing care is promoted and delivered for all people diagnosed with MS.

MSNA strives to improve and support the MS nursing cohort through:

- Supporting strong formal and informal networking, peer support and mentorship opportunities for MS nurses
- Presenting an annual conference to showcase Australasian MS nurse research and practice developments
- Providing financial scholarship opportunities for MSNA members to support and encourage further development of the MS nurse skill set, nurse led research, support career development and to advance MS nursing practice in Australasia
- Keeping MS nurses updated on contemporary issues impacting people with MS to enhance their capacity to advocate for and support people with MS and work effectively within that person's health care team.

## Scope of Practice Review

MS Australia and MS Nurses Australasia Inc (MSNA) welcome the opportunity to provide a submission to *Unleashing the Potential of our Health Workforce*, the Scope of Practice Review. The focus of this submission is on the scope of practice of Multiple Sclerosis (MS nurses). MS Australia and MSNA are committed to expanding and improving access to MS nursing care for people living with MS. Ensuring that nurses can work to their full scope of practice with support from Neurologists, employers and the government is crucial to providing high quality MS nursing care.

### MS Australia & MSNA Recommendations

- Funding of **\$6.5 million** to employ an additional 65 MS Nurses for the people living with MS currently without access in Australia. Based on a conservative estimate of 10% cost savings, this could reduce the cost of their overall MS care by **\$77.1 million** annually.
- Funding of **\$2 million** for a MS nurses pilot project in Tasmania.
- Improved workplace conditions and more stable employment including:
  - ❖ A commitment from employers including state and territory government and hospitals to ensuring that MS Nursing positions receive ongoing funding, are permanent and are supported through appropriate working hours and conditions
  - ❖ A commitment in the new [National Nursing Workforce Strategy](#) to ensure nursing workforce sustainability through improved nursing working conditions, stable employment and a commitment to specialists nursing across Australia
  - ❖ A focus on the funding of and support for MS nurse led clinics
- Supporting MS Nurse Practitioners by:
  - ❖ Improving prescribing arrangements for MS nurse practitioners including the ability to prescribe more MS medications and therapies
  - ❖ Removing barriers to MS Nurse Practitioners practicing their full scope of practice including Collaborative Arrangements and limited access to MBS
  - ❖ Allowing MS Nurse Practitioners to be professionally accountable for their own practice, as determined by the Nursing and Midwifery Board of Australia.
- Federal and state and territory governments committing to:
  - ❖ improving integration across Australia's health care systems to support integrated care and allow MS Nurses to better support patients
  - ❖ increasing the availability of imaging facilities
  - ❖ improved understanding of the work of specialist nurses, including MS nurses, and the substantial economic benefits they bring to the health system

### Benefits of Full Scope of Practice

MS Nurses are an integral part of the multidisciplinary health care team of specialist health care professionals providing support, education, advice, and care for people with MS and their family and carers including:

- Information, education and advice at the point of diagnosis and ongoing
- Case management and clinical care
- Symptom assessment and management
- Relapse management
- Monitoring, safety and risk management of disease modifying therapies (DMTs) and medications
- Psychosocial support
- Assisting with accessing relevant support services
- Empowering people through informed and shared decision-making about treatment, lifestyle, and research choices.

MS nursing care is provided face to face in MS clinics, hospitals and neurologist's offices, through outreach clinics in regional and remote locations and via telephone/telelink services.

Another important aspect of the MS nursing role is engagement in MS research including:

- Research management including clinical research trials
- Nursing research projects
- Advocating for and promoting research findings
- Supporting patients to engage with research including clinical trials.

Experienced MS nurses also provide invaluable education and peer support to emerging MS nurses.

There are a range of benefits to MS Nurses working their full scope of practice. Access to MS Nurse care brings a range of health benefits for people with MS. These include lower disability level, slower self-reported disease progression, less severe symptoms, lower levels of depression and anxiety, and a higher quality of life.

The [MS Nurse Care in Australia Report](#)<sup>1</sup> (MS Nurse Care Report) by MS Australia, in collaboration with the Menzies Institute for Medical Research and MSNA explores the patterns of access to MS Nurses in Australia and the impact on health outcomes for people living with MS. The report found that MS Nurses are a highly cost-effective model of care. MS Nurse care reduces the need for other, more costly health professionals, such as GPs and Neurologists and prevents unnecessary emergency department presentations and potentially, unplanned hospital admissions.

If every Australian with MS had access to MS Nurse care as part of their ongoing MS management plan this would result in substantial cost savings for MS health care in Australia. It would significantly delay disease progression and contribute to an increased quality of life. There are further savings from a reduced reliance on disability, aged care and community supports.

MSNA have developed [Professional and Practice Standards for Multiple Sclerosis Nurses](#) to provide meaning and value to MS nursing practice and act as a guide to nurses seeking to enhance their practice, and as a learning tool to support practitioners who are new to the field of MS nursing. This resource has been developed to reflect current best practice standards in the delivery of MS Nursing care regardless of their work positions, environments or the contexts of their service delivery. The Standards are aligned to the National Competency Standards for the Registered and Enrolled Nurse in all countries affiliated with MSNA. These Standards can help guide nurses and their employees in better understanding the scope of the MS Nursing role.

If MS Nurses are fully supported to work within their scope of practice this will substantially improve outcomes for people living with MS, reduce care costs and improve MS research outcomes.

## Best practice examples

MS Nurses are working in roles across Australia that span clinical work, research, education and peer support. Below are some cases studies of MS nurses that show best practice examples of the MS nursing role across a range of settings:

### Case Study - Tim

Tim was one of the first MS Specialist Nurses and the first MS Nurse Practitioner in Australia. He works as a MS Nurse Practitioner across two Queensland hospitals with his MS nurse-led and patient-focused clinics.

Tim works with patients from the time of diagnosis and across their life span and has worked with some patients for over 20 years. Tim works with nearly **1,000 MS patients** across two diverse hospital districts providing individualised care. He works with a range of other clinicians including Neurologists, GPs, nurses and allied health.

As a nurse practitioner Tim is able to provide their patients with a wide range of services including assess, plan and treat, prescribe (some) symptomatic therapies, order pathology and some radiology.

Tim further contributes to the work of MS nurses through support, mentoring and education for other MS nurses and pioneering the development of web-based education for people living with MS.

### Case Study - Belinda

Belinda works in both a clinical role as a MS nurse and in research management, overseeing MS clinical trials at a Victorian hospital.

Belinda has been working with people living with MS for more than 15 years and supports them from the time of diagnosis and helps them to understand the unique complexities and challenges of MS. Belinda manages a team of MS nurses who provide support to people living with MS and specialist MS Nurse education through preceptorship programs for new MS Nurses and by helping them develop a broader understanding of MS care and clinical trials skills by providing training by observation in their large multidisciplinary clinic.

Belinda works closely with other services, general practice, local community, national and international partners.

As part of her role Belinda is actively engaged in MS research including management of the research program and oversight of clinical trials. Belinda has also been involved in research that explores the delivery and value of MS nurse care in Australia and is a co-author of the [MS Nurse Care in Australia Report](#).

### Case Study - Bridie

Bridie works as a MS Nurse Advisor within a community health and disability service provider. Bridie's role is diverse; however, her areas of specialisation are pain management, palliative care, continence management and carer support.

Bridie's role covers four Australian States and Territories with over **13,000 people** living with MS and their families, friends, and carers registered as part of the service. Bridie primarily conducts nursing consultations through a telehealth model of care, reactive to people's needs as they arise. This approach is designed to overcome various barriers to accessing health care, such as geographical distance, time constraints, and other inequities.

As part of the Nurse Advisory Service, Bridie's role involves supporting people in navigating the complexities of health care and disability systems within their local communities. This support includes education, coaching, and listening. Bridie also assists people when their health condition changes or deteriorates and helps them access the services they require. Additionally, she empowers people by improving their health literacy and self-efficacy, fosters connections within the health care and the broader community, links people to reliable information, and facilitates involvement in the latest research, including participation in clinical trials conducted at major MS centres.

Bridie's care and services are provided across an individual's journey with MS, including the diagnosis stage, during MS relapses, when making decisions about MS treatment, managing MS symptoms, optimizing overall well-being and brain health, and planning for advanced stages of MS. Her nursing practices and activities are diverse and tailored to the specific needs of each person she assists.

Bridie's role also provides education to people with MS, community and disability service providers and health care professionals through various platforms, including webinars, podcasts, and event platforms.

## Barriers

MS Nurses face a range of barriers to practicing their full scope of practice which are outlined below.

### *Number of MS Nurses & MS Nurse/Patient ratio*

The MS Nurse Care Report also found that of those people receiving MS Nurse care in Australia, almost half (49%) reported that they had contact with an MS Nurse less than once per year and a further 29% only had annual contact. Those who have less than annual contact are less likely to rate MS nurse care as helpful and more likely to say the frequency of MS Nurse contact wasn't enough.

The Report also found that the number of MS nurses is declining and one-third of Australians living with MS do not have access to life-changing MS nurse care and have consistently worse health outcomes. The report made a range of recommendations including a call to increase the number of MS Nurses and to increase access to MS Nurses.

Currently, Australia has no consistent allocation of services for MS Nurses to patient numbers and need and it appears to be driven by individual hospitals and clinics, MS neurologist implementation, funding opportunities and individual business case requests, with no underlying pattern or formula reference<sup>2</sup>. There is a need to establish a more consistent allocation of MS Nurses and associated ongoing funding.

There is also no agreed MS Nurse nurse/patient ratio in Australia. However, recent work conducted in the United Kingdom recommends a caseload of 315 MS patients per FTE<sup>3</sup>, with higher caseloads required when the case mix includes more patients with complex needs, including comorbidities or high psychosocial needs. Currently, the ratio of MS nurses across Australia far exceeds this ratio with examples of nurses having individual caseloads of up to 1,000 patients. The highest rate of people living with MS is in Tasmania, where estimates are the current caseload of Tasmanian MS Nurses is 954 patients per FTE.

Additionally, many people living with MS report limited interaction with their Neurologist following diagnosis. The main source of clinical, psychological, social, and emotional support comes from their MS nurse. This can place a heavy burden on MS nurses and add to the already heavy workload outlined above and results in constant pressure to oversee every aspect of a patient's care. Many nurses report being left to follow up test results, referrals and other tasks that should be managed by the Neurologist and/or their team. Given the high ratio of patients that MS nurses are managing, this additional burden is unnecessary and takes away from quality patient time.

## Employment Conditions

One of the major barriers for MS nurses working to their full scope of practice are poor employment conditions. Most employers of MS nurses are not committed to permanent, full-time, and ongoing positions. Many MS nursing positions are part-time and rely on repeated fixed term contracts. Nurses are often required to undertake extensive unpaid overtime and expected to be on-call and contactable out of hours by their patients. MS nurses provide extensive support for their clients and are often the only health professional they can contact out of hours. Nurses also do not receive good levels of HR support and struggle to access leave and other entitlements.

These employment conditions create a range of difficulties for MS nurses including unstable employment and financial insecurity and makes it difficult to access mortgages and housing. It can create high levels of stress and anxiety and lead to nurses leaving the profession. It also makes it difficult to attract nurses to this specialty.

The below case study outlines provides an example of the poor working conditions faced by MS nurses:

### Case Study - Mary

Mary has been a MS Nurse for more than 20 years at a major metropolitan hospital. Early in her career Mary worked 3 days a week while she had young children. After a few years she was asked to increase her workload to 4 days a week. This included working long hours, high patients loads and after hours contact with patients.

During this time Mary's work contract was never appropriately amended by hospital HR. When Mary was due for long service leave, the hospital advised her she would only be paid for 3 days a week, not the four days she had been working for many years. Financially Mary could no longer afford to take leave at this rate.

Mary's case was only resolved after a lot of work on Mary's part including approaching the Fair Work Commission and her union who helped her to negotiate with HR and have the issue resolved.

## Nurse-led Clinics

MS Nurse led clinics can provide a high level of specialised and individual care to people living with MS. Nurse led clinics are more flexible and adaptive to patients that regular hospital systems including:

- ability to see patients quickly, often within weeks of referral
- timely treatment of symptoms, provision of advice and undertaking timely referrals
- providing a range of services over the phone including triaging, planning and treating people
- Comprehensive understanding of MS and experience working with a diverse range of patients.

A greater emphasis on MS nurse led clinics would improve outcomes for people living with MS and sustainably reduce the burden on hospitals.

## Nurse Practitioners

MS Nurses Practitioners (MS NP) can prescribe (some) symptomatic therapies to patients, however, they are currently severely limited in the number of MS medications they can prescribe on the PBS. Despite their extensive knowledge of MS and experience with a wide range of patients, there are very few MS medications that a nurse practitioner can initiate. A GP with limited knowledge of MS and immunotherapy can prescribe MS medications with no ongoing monitoring. Current MS Nurse Practitioners report having to show junior doctors (and occasionally consultant Neurologists) how to complete scripts for MS medications.

In addition, MS NPs provide guidance and advice on particular screening and work up that is required for disease modifying therapies, despite often being limited with an adequate space to provide their expert services. This is time consuming and often leads to delays in care, when the emphasis should clearly be on brain health; early diagnosis, identification, and treatment of the person living with Multiple Sclerosis.

In contrast to medical colleagues MS NPs have limited professional development leave and even more diminished opportunity for NP led research.

MS NPs also face additional barriers in government (public) health funded positions, not providing a Medicare provider number which then limits their ability to have pathology and radiology and other clinic work undertaken for their patients in a timely and effective manner. This limits patient choice and access to community providers.

There are very limited positions available for MS NPs, with limited succession planning and further development of (MS) nurse practitioners despite their ability to treat MS patients efficiently, effectively, economically and in an autonomous manner. None of Australia's currently employed MSNPs are 'backfilled' for leave of any kind.

Enabling a full scope of practice for MS NP will improve deficits in primary health care<sup>4</sup>. The MS NP role increases access to care, is cost efficient and influences social change from a health care perspective<sup>5</sup>. MS NPs are unique in their transformative approach to health care and they shape and develop services according to the needs of their patients from a holistic perspective<sup>6</sup>.

Allowing MS NPs to be professionally accountable for their own practice ensures collaboration will continue and could improve as MS NPs are enabled to work to their full scope of practice. Removing this restriction could significantly improve Commonwealth savings<sup>7,8</sup> as well as potentially increasing access to care in regional and remote areas.

### *Other Barriers*

MS Nurses are further limited in their scope of practice due the following barriers:

- Lack of integration across health care systems leading to fragmented care
- Lack of available imaging facilities delaying imaging and hampering consistency
- Poor insight from other government organisations into the expertise within the MS Nurse role.

### **Enablers**

There are a range of enablers that could better support MS Nurses to work their full scope of practice. In the first instance there needs to be a considerable increase in the numbers of MS nurses to help meet the current unmet need and ensure all people living with MS have access to a MS nurse. **MS Australia and MSNA recommend:**

- Funding of **\$6.5 million** to employ an additional 65 MS Nurses for the people living with MS currently without access in Australia. Based on a conservative estimate of 10% cost savings, this could reduce the cost of their overall MS care by **\$77.1 million** annually.
- Funding of **\$2 million** for a MS nurses pilot project in Tasmania that will include:
  - Assessing and monitoring the current levels of MS nurse case and the outcomes for patients
  - Increasing the level of MS nurse care to match the UK ratio of 315 patients per FTE and evaluating the outcome for patients including data collection, analysis and reports
  - Co-design including an intervention implementation strategy and research and evaluation strategy



As outlined above, MS nurses need to be supported through improved workplace conditions and more stable employment. **MS Australia and MSNA recommend:**

- A commitment from employers including state and territory governments and hospitals to ensuring that MS Nursing positions receive ongoing funding, are permanent and are supported through appropriate working hours and conditions
- A focus on the funding of and support for MS nurse led clinics
- A commitment in the new [National Nursing Workforce Strategy](#) to ensure the specialist nursing workforce is sustainable through improved nursing working conditions, stable employment and a recognition of the need for and benefits of a specialist nursing workforce in Australia

**MS Australia and MSNA further recommends** the following to support MS Nurse Practitioners:

- Improving prescribing arrangements for MS Nurse Practitioners including the ability to prescribe more MS medications and therapies
- Removing barriers to MS Nurse Practitioners practicing their full scope of practice including Collaborative Arrangements and limited access to MBS
- Allowing MS Nurse Practitioners to be professionally accountable for their own practice, as determined by the Nursing and Midwifery Board of Australia

**MS Australia and MSNA further recommends** a commitment from Federal and state and territory governments to:

- improving integration across Australia's health care systems to support integrated care and allow MS Nurses to better support patients
- increasing the availability of imaging facilities
- improved understanding of the work of specialist nurses, including MS nurses, and the substantial economic benefits they bring to the health system

## Reference

- <sup>1</sup> MS Australia, Menzies Institute for Medical Research & MS Nurses Australasia Inc (2022). *MS Nurse Care in Australia: Patterns of access and impact on health outcomes*. Retrieved from: <https://www.msaustralia.org.au/about-us/reports-and-financials/>
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