

[REDACTED]
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Dear [REDACTED]

DECISION ON YOUR ACCESS APPLICATION

I refer to your application under section 30 of the *Freedom of Information Act 2016* (FOI Act), received by the ACT Health Directorate (ACTHD) on **Wednesday 22 March 2023**.

This application requested access to:

'Copies of the following briefs (excluding attachments):

1. *MIN22/1180*
2. *MIN22/1142*
3. *MIN22/993*
4. *MIN22/890'*

I am an Information Officer appointed by the Director-General of ACTHD under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. ACTHD was required to provide a decision on your access application by **Friday 21 April 2023**.

I have identified four documents holding the information within scope of your access application. These are outlined in the schedule of documents included at [Attachment A](#) to this decision letter.

Decisions

I have decided to:

- grant full access to three documents; and
- grant partial access to one document.

My access decisions are detailed further in the following statement of reasons and the documents released to you are provided as [Attachment B](#) to this letter.

In reaching my access decision, I have taken the following into account:

- The FOI Act;
- The contents of the documents that fall within the scope of your request;
- The views of relevant third parties; and
- The *Human Rights Act 2004*.

Full Access

I have decided to grant full access to three documents at references 1-3.

Partial Access

I have decided to grant partial access to the document at reference 4.

Redactions have been made to information that would reveal deliberations of Cabinet and is therefore taken to be contrary to the public interest to release, under Schedule 1.6 (1) Cabinet Information (d) the disclosure of which would reveal any deliberation of Cabinet.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability; and
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*.

The document is partially comprised of an ACT-Government employee's mobile number and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

Charges

Processing charges are not applicable to this request.

Disclosure Log

Under section 28 of the FOI Act, ACTHD maintains an online record of access applications called a disclosure log. The scope of your access application, my decision and documents released to you will be published in the disclosure log not less than three days but not more than 10 days after the date of this decision. Your personal contact details will not be published.

<https://www.health.act.gov.au/about-our-health-system/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the FOI Act. You have the right to seek Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health's disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman
GPO Box 442
CANBERRA ACT 2601
Via email: ACTFOI@ombudsman.gov.au
Website: ombudsman.act.gov.au

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision. Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal
Level 4, 1 Moore St
GPO Box 370
Canberra City ACT 2601
Telephone: (02) 6207 1740
<http://www.acat.act.gov.au/>

Further assistance

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on (02) 5124 9831 or email HealthFOI@act.gov.au.

Yours sincerely,



Catherine Ellis
A/g Senior Director
Ministerial and Government Services
ACT Health Directorate


20 April 2023

FREEDOM OF INFORMATION SCHEDULE OF DOCUMENTS

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

APPLICANT NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	FILE NUMBER
	<i>'Copies of the following briefs (excluding attachments):</i> <ol style="list-style-type: none"> 1. MIN22/1180 2. MIN22/1142 3. MIN22/993 4. MIN22/890' 	ACTHDFOI22-23.44

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
1.	1 – 4	MIN22/1180 Ministerial Brief - Minister for Health – Meeting with Ms Glenys Beauchamp to seek Minister for Health's input to the third independent Annual Review of the Culture Review Implementation	8 September 2022	Full Release		YES
2.	5 – 9	MIN22/1142 Ministerial Brief - Minister for Health – Consultation about the ACT Health Workforce Strategy 2022-2032	5 August 2022	Full Release		YES
3.	10 – 12	MIN22/993 Ministerial Brief - Minister for Health – Accreditation of Baxter Renal Care Services	3 August 2022	Full Release		YES

4.	13 – 18	MIN22/890 Ministerial Brief - Minister for Health – Nurse Practitioner Professional Practice Project – Final Report and Recommendations	21 June 2022	Partial Release	Schedule 1.6 Cabinet Schedule 2, 2.2(a)(ii) Privacy	YES
Total Number of Documents						
4						

ACT Health Directorate

To:	Minister for Health	Tracking No.: MIN22/1180
From:	Rebecca Cross, Director General	
Subject:	Meeting with Ms Glenys Beauchamp to seek Minister for Health's input to the third independent Annual Review of the Culture Review Implementation	
Critical Date:	8 September 2022	
Critical Reason:	The meeting is scheduled for this day	

Recommendations

That you:

1. Provide input to the third independent and external annual review of the Culture Review Implementation Program, and discuss opportunities to support sustainable culture reform across the ACT public health system when meeting with Ms Beauchamp on 8 September 2022;

Agreed / Not Agreed / Please Discuss

2. Note the Terms of Reference for the third annual review at Attachment A; and

Noted / Please Discuss

3. Note that Jodie Junk-Gibson will be the ACT Health representative attending this meeting.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. On 10 September 2018, the former Minister for Health and Wellbeing appointed an independent panel, led by Mr Michael Reid, to undertake a review into workplace culture within the ACT public health system.
2. The final report of the Independent Review into Workplace Culture within the ACT Public Health Services (Culture Review) was tabled in the ACT Legislative Assembly on 7 March 2019.
3. The Culture Review Implementation Program commenced in April 2019 to facilitate the delivery of the 20 recommendations of the Culture Review. The three-year program ended on 30 June 2022.
4. Recommendation 19 of the Final Report of the Independent Review into the Workplace Culture within ACT Public Health Services recommended that there be an annual independent and external review of the extent of the implementation of the recommendations and the consequent impact on cultural change within the ACT public health system.
5. Mr Reid conducted the first independent annual review, which was tabled in the ACT Legislative Assembly on 4 June 2020. Ms Renee Leon undertook the second annual review, which was tabled in the ACT Legislative Assembly on 11 November 2021.
6. Ms Glenys Beauchamp has been appointed to undertake the third and final annual review of the Culture Review implementation (Third Annual Review).
7. The Third Annual Review will be conducted from July 2022 to November 2022, with the findings being tabled at the December 2022 ACT Legislative Assembly sitting.
8. Ms Beauchamp will provide an update on progress and present preliminary findings to the Culture Reform Oversight Group in September and October 2022. It is anticipated the CROG will have a final discussion regarding the findings of the review in February 2023, and that this will be the formal conclusion and transition of the Culture Review Implementation Program to a sustainable approach across the ACT public health system.

Issues

9. As part of undertaking the Annual Review, Ms Beauchamp will meet with key stakeholders including you, Minister Davidson, the Opposition Health Spokesperson and Opposition Mental Health Spokesperson, members of the CROG, the heads of the three arms of the ACT public health system, members of the Clinical Leadership Forum, union representatives, and key representatives from each organisation.
10. Staff, union members and health care consumers will have an opportunity to participate in the Annual Review with focus groups to be facilitated from mid-September 2022 to early October 2022.

OFFICIAL

11. Meeting with Ms Beauchamp will provide an opportunity for you to discuss the impact of the Culture Review Implementation Program on workforce culture from the changes introduced to date and provide input into the infrastructure, governance and accountability processes required to support the transition of culture reform to a business-as-usual function within each organisation, and as a system-wide approach.
12. This follows the practice for previous reviews, while also ensuring the smooth transition to the next phase of sustainable culture reform.
13. It is anticipated that Ms Beauchamp will provide the final report of the third annual review to you in mid-November 2022.

Financial Implications

14. Not applicable.

ConsultationInternal

15. Not applicable.

Cross Directorate

16. Not applicable.

External

17. The CROG is aware that the Annual Review has commenced. Ms Beauchamp will provide an update on progress and present preliminary findings to the committee at the 26 September 2022 and 25 October 2022 CROG Meetings.

Work Health and Safety

18. Not applicable.

Benefits/Sensitivities

19. The annual review process is an important independent assessment of the Culture Review implementation. It represents a transparent accountability mechanism and a learning opportunity to reinforce sustainable change and system-wide cultural reform.
20. In undertaking the Annual Review, it is possible that some recommendations may be deemed by Ms Beauchamp to have been insufficiently implemented by one or more of the three arms of the ACT public health system. Ms Beauchamp has the experience and diplomacy required to communicate this sensitively.
21. There are opportunities for further discussion and understanding of the assessment by Ms Beauchamp throughout the review process with the leaders of Canberra Health Services, Calvary Public Hospital Bruce, and the ACT Health Directorate.

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Communications, media, and engagement implications

22. A Media response has previously been provided to your office to support any questions or requests for information about the third annual review.

Signatory Name: Rebecca Cross, Director-General Phone: Ext 49400

Action Officer: Jodie Junk-Gibson, Executive Branch Phone: Ext 49923
Manager, People Strategy and
Culture

Attachments

Attachment	Title
Attachment A	Terms Of Reference for Third Annual Review

ACT Health Directorate**To:** Minister for Health

Tracking No.: MIN22/1142

Date: 05/08/2022**From:** Stephen Miners, A/g Deputy Director-General**Subject:** Consultation about the ACT Health Workforce Strategy 2022-2032**Critical Date:** 05/08/2022**Critical Reason:** Launch of community consultation on the ACT Health Workforce Strategy**Recommendations**

That you:

1. Agree to release the draft ACT Health Workforce Strategy at Attachment A for public consultation.

Agreed/ Not Agreed / Please Discuss

2. Agree that the public consultation will be for a six-week period commencing the week beginning 8 August 2022.

Agreed/ Not Agreed / Please Discuss

3. Note that your office has requested the announcement be aligned with the launch of the ACT Health Services Plan.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. In the week beginning 8 August 2022, you plan to announce community consultation on the ACT Health Workforce Strategy (Strategy) to support the launch of ACT's new health services plan.
2. Having a clear ACT Health Workforce Strategy is of critical significance in providing a vision and direction for developing both appropriate and adequate capacity and capability of our health workforce to support healthcare delivery.
3. Having an explicit Workforce Strategy is also necessary to support the delivery of services through existing and planned service and infrastructure developments, including the Canberra Hospital Expansion and the development of Northside hospital.
4. The need for an ACT Health Workforce Strategy has been noted in several ACT public health system-wide publications, including the:
 - ACT Health Corporate Plan 2018-2021,
 - ACT Health Directorate Strategic Plan 2020-25, and
 - Territory-wide Health Services Plan 2021-2026.
5. The DRAFT ACT Health Workforce Strategy 2022-32 (Attachment A) identifies four priorities:
 1. Ensuring the design of our future workforce reflects the future needs of the community. This will ensure there is structured workforce analysis and forecasting to ensure our future workforce is aligned with infrastructure and facilities development and we develop workforce capability to meet the expectations within a changing healthcare environment.
 2. Enabling our workforce through efficient and effective recruitment and retention to ensure that we have capacity and capability to provide multidisciplinary, integrated and holistic healthcare. We want to have a responsive and agile workforce reflecting changing technologies, consumer preferences and healthcare trends.

3. Effective collaborations across health services, health education providers and other partners. We want to ensure there is community and consumer/carer participation and we develop our health workforce in partnership with private health providers and the primary care sector. Working in partnership with educational institutions and healthcare providers will allow us to focus on the entire workforce pipeline to ensure we have a workforce that is right for the needs and expectations of the community.
4. Developing skilled and highly productive workforce. We want to have a particular focus on capacity and capability development and will continue to prioritise development of the right culture and values to deliver high-quality, collaborative, effective and consumer-focussed healthcare. We will have focus on ensuring we have education, training and development programs that prepare the workforce for evolving models of care.

Issues:

6. The development and implementation of Health Workforce Strategy is being managed as a project as part of the ACT Health Directorate (ACTHD) ACT-wide planning and stewardship responsibility.
7. The Workforce Education and Training Working Group of the ACT Health and Wellbeing Partnership Board is providing support and oversight to the strategy development process. This group is chaired by Jane Frost (University of Canberra) and includes representatives from tertiary educations and training providers in the ACT.
8. Presentations to socialise the intent behind the Strategy and subsequent workforce planning efforts have occurred with Executive Teams at Canberra Health Service (CHS) and Calvary Public Hospital Bruce (CPHB) and to the Partnership Board, the Clinical Leadership Forum and the ACT Professional Colleges Advisory Committee. A similar presentation and discussion also occurred with Unions at the Directorate Consultative Committee. The Strategy has also been socialised with private hospitals in the ACT, Capital Health Network, ACT Ambulance Services and Southern New South Wales Local Health District.
9. There is general awareness about the need for and significance of this Strategy. Feedback received during the consultations highlighted:
 - the need for the more detailed planning phase to integrate with the workforce plans of CHS and CPHB.
 - the importance of progressing short term actions while the longer-term strategic alignment work was occurring.
 - the importance of all stakeholders across the system coming together to formulate and agree the plan, with unions being particular about their desire to sit side-by-side with ACTHD when planning numbers are decided.

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10. There has been discussion with your office to finalise arrangements for you to launch formal community consultation on the Strategy. Background information has been prepared.
11. Following your announcement of a six-week consultation:
 - The DRAFT Strategy will be made available on-line at health.act.gov.au/about-our-health-system/planning-future with provision for stakeholders to provide feedback on-line.
 - Some on-line/face-to-face consultation forums will be arranged over August-September 2022.
 - At least one consensus development forum will be held in early September 2022.
12. The Strategy will then be finalised in late 2022, pending appropriate approval processes. A Project Control Group is being formed and will include leads from CHS, CPHB and ACTHD.
13. In parallel with finalising the Strategy itself, ACTHD will also start preparations for the next stage to release the Strategy and develop an implementation plan to progress priorities contained in the Strategy. This will include recruiting appropriate staff and collating relevant data.

ConsultationInternal

14. Consultation has occurred with relevant Executives within the ACTHD.

Cross Directorate

15. CHS Executive Team has been consulted and the ACT Ambulance Service is participating in discussions about the Strategy implementation.

External

16. Stakeholders external to the ACT public health system are aware of this project and contents of the DRAFT Strategy and will be consulted further.

Work Health and Safety

17. None identified.

Benefits/Sensitivities

18. Not applicable.

Communications, media and engagement implications

19. A clear ACT Health Workforce Strategy will provide clear guidance to the ACT healthcare system about priorities and general direction in relation to workforce development. Communications, media and engagement implications.

OFFICIAL

Signatory Name: Stephen Miners, A/g Deputy Director-General Phone: 5124 6240

Action Officer: Dr Dinesh Arya, Chief Medical Officer Phone: 5124 9637

Attachments

Attachment	Title
Attachment A	Draft of the ACT Health Workforce Strategy 2022-23

ACT Health Directorate

To: Minister for Health

Tracking No.: MIN22/993

From: Dr Kerryn Coleman, Chief Health Officer, Population Health

Subject: Accreditation of Baxter Renal Care Services

Critical Date: 03/08/2022

Critical Reason: To provide a decision to Baxter Renal Care Services to enable them to commence their facility accreditation process.

Recommendations

That you:

1. Sign the letter of response at Attachment A, advising that you support the requested alternative accreditation standards and extension; and

Signed / Not Signed / Please Discuss

2. Sign the instrument at Attachment B, which delegates certain responsibilities under the Health Care Facilities Code of Practice to the Chief Health Officer.

Signed / Not Signed / Please Discuss

3. Note the letter from Baxter Renal Care Services at Attachment C seeking your agreement to an accreditation extension and alternative accreditation standards;

Noted / Please Discuss

Rachel Stephen-Smith MLA /...../.....

Minister's Office Feedback

Background

1. On 15 June 2022, the ACT Health Directorate (ACTHD) received a letter ([Attachment C](#)) from Baxter Renal Care Services (Baxter) seeking permission that they be accredited to the National Safety and Quality Primary and Community Healthcare Standards (Primary and Community Healthcare Standards).
2. Standard 4 of the Health Care Facilities (HCFs) Code of Practice (the CoP) requires HCFs to be accredited to the National Safety and Quality Health Service (NSQHS) Standards unless exempted by the Minister.
3. HCFs that were not accredited when the CoP was notified (on 27 September 2021) were given 18 months to obtain accreditation (i.e. until 27 March 2023). Baxter has requested that their date for initial accreditation be extended until 30 June 2023 due to COVID-19 related process delays.

Issues

4. Baxter provides outpatient dialysis services for Canberra Health Services in Belconnen and Tuggeranong. All staff are employed by Baxter.
5. The Chief Medical Officer (CMO) has reviewed Baxter's application and advised that the services and care provided at Baxter's ACT HCFs are appropriate for accreditation under the Primary and Community Healthcare Standards. The CMO also advised that the requested extension is appropriate. As such, a letter of response to Baxter is at [Attachment A](#) approving both requests.
6. The majority of HCF regulatory decisions have been delegated to the Chief Health Officer (CHO) (e.g. licence approvals, renewals and transfers), and on review it is also considered appropriate for decisions arising from requests related to Standard 3 (Infection control) and Standard 4 (Quality assurance) of the CoP to be delegated to the Chief Health Officer (CHO).
7. Requests for accreditation exemptions will be considered in consultation with the CMO.
8. An instrument delegating certain functions under the CoP to the CHO is at [Attachment B](#) for consideration and your signature if you agree. You will be advised of any significant decisions made by the CHO under the proposed delegation.

Financial Implications

9. Not Applicable.

Consultation

Internal

10. The CMO was consulted on the requests from Baxter.

Cross Directorate

11. Not Applicable.

External

12. The Australian Commission on Safety and Quality in Health Care has advised that it is the role of the regulator or funder of a healthcare service to mandate accreditation to a particular standard.

Work Health and Safety

13. Not Applicable.

Benefits/Sensitivities

14. The Explanatory Statement for the CoP notes that the CoP may be updated at a later date to reflect significant changes in the Commission's approach to the NSQHS Standards and its application to specific health care sectors including the adoption of the National Safety and Quality Primary Healthcare (NSQPH) Standards.

Communications, media and engagement implications

15. Not Applicable.

Signatory Name: Dr Kerryn Coleman, Chief Health Officer, Phone: 5124 9442
Population Health

Action Officer: Victor Martin, Executive Branch Manager, Phone: 5124 9262
Health Protection Service

Attachments

Attachment	Title
Attachment A	Response Letter to Baxter Renal Care Services from Minister for Health
Attachment B	Instrument – Delegation of HCFs CoP functions to CHO
Attachment C	Letter from Baxter Renal Care Services

ACT Health Directorate

To:	ACT Minister for Health	Tracking No.: MIN22/890
From:	Stephen Miners, A/g Deputy Director-General	
Subject:	Nurse Practitioner Professional Practice Project – Final Report and Recommendations	
Critical Date:	Not applicable	
Critical Reason:	Not applicable	

Recommendations

That you:

1. Agree to progress the recommendations arising in the final report of the Nurse Practitioner Professional Practice project at Attachment A;

Agreed / Not Agreed / Please Discuss

2. [REDACTED]

Agreed / Not Agreed / Please Discuss

3. Note the results from the ACT Nurse Practitioner Workforce and Employer Survey at Attachment B;

Noted / Please Discuss

4. Note the outcome of the evaluation on the Nurse Practitioner Policy and Legislation in the ACT at Attachment C;

Noted / Please Discuss

5. Note the implementation principles for the Nurse Practitioner credentialing in the ACT at Attachment D; and

Noted / Please Discuss

6. Note the Stakeholder Consultation paper at Attachment E.

Noted / Please Discuss

Rachel Stephen-Smith MLA/...../.....

Minister's Office Feedback

Background

1. In April 2020, the Chief Nursing and Midwifery Office (CNMO) provided advice to you on legislative and policy issues negatively impacting upon the ability of ACT Nurse Practitioners (NP) to enact their roles. This was done in response to correspondence received from the Australian College of Nurse Practitioners (ACNP). The Nurse Practitioner Professional Practice (NP-PP) project was initiated by the CNMO in response to that advice.
2. The NP-PP project employed a part-time senior project adviser, whose project management plan included the following key objectives:
 - a. engage stakeholders to better understand the current state of the ACT Nurse Practitioner (NP) workforce;
 - b. develop a legislative database relating to the clinical practice of NPs in the ACT;
 - c. conduct an outcome evaluation of legislation and policy affecting the NP workforce;
 - d. develop a credentialing framework to assist public and private sector employers in promoting a safe, effective and efficient NP workforce;
 - e. conduct a public consultation on proposed legislative changes to enable the NP workforce, with Ministerial recommendations for legislative change; and
 - f. develop a suite of resources to promote enhanced patient, employer, and NP understanding of the legislative requirements for the role in the ACT.
3. The NP-PP project resulted in several key deliverables, including:
 - a. Attachment B: Results from the ACT NP Workforce and Employer Survey
 - i. The survey presents the results of a recent workforce survey conducted with NPs and their employers in the ACT. The aim of the survey was to gain information relating to the current NP workforce characteristics and practice

profiles, determine how employer perceive the NP workforce, and better understand the barriers and facilitators to NP practice in the ACT.

- ii. The survey found that NPs across both the public and private health sectors were unable to undertake core activities required of their employed roles due to legislative restrictions and funding issues. This resulted in NPs requiring time-intensive workarounds that significantly reduced their clinical efficiency and shifted costs to health consumers. Such core activities include the ability to independently prescribe medicines, request and interpret diagnostic examinations (e.g. imaging and pathology tests), and refer to medical specialists within an NP's employed scope of practice. These issues were more pronounced for NPs employed in the public sector.
- b. Legislative Database
 - i. Provides insight into the extent to which current regulatory instruments inappropriately limit NP practice authority. There are currently 16 legislative instruments that enable NP practice authority in the ACT, but a further 63 that restrict NPs from achieving their full scope of practice to operationalise their employed roles.
 - c. Attachment C: Outcome Evaluation on NP Policy and Legislation in the ACT
 - i. Publishes the first known logic model describing the intended inputs, activities, outputs, enabling assumptions and adverse contextual factors that impact upon the intended short, intermediate, and long-term outcomes intended for the Australian NP role. It demonstrated the NP role has achieved several short and medium-term outcomes over the past twenty years. However, a lack of clarity in workforce strategy has resulted in piecemeal development of legislation and policy. The resulting strategic drift has impeded the ability of NPs to achieve full practice authority in the ACT.
 - d. Attachment D: Implementation Principles for NP Credentialing in the ACT
 - i. Targeted consultation with key stakeholders was undertaken in the formation of this discussion paper and associated tools, to assure their relevance to NPs and health organisations in the ACT. It serves as a useful resource for NPs and their employers when considering published guidance on credentialing processes. Tools were developed to help operationalise NP credentialing principles and are included in this resource.
 - ii. This resource and associated tools have been made available to all public and private sector employers and is published on the ACT Health website.
 - e. Attachment E: Stakeholder Consultation Paper
 - i. The above empirical research, reports and discussion papers listed in the above subpoints a-d are reflective of a considered and

evidence-informed approach to justify the case for legislative change for ACT NPs and their patients. A consultation paper was published in December 2021 inviting stakeholder feedback on proposed legislative changes that would give ACT NPs working within their employed scope of practice the ability to independently:

- perform Medical Termination of Pregnancy (MToP) before nine weeks' gestation;
- authorise driver's licence medicals;
- authorise Medical Certificates on Cause of Death (MCCD);
- witness non-written health directions in the absence of a medical practitioner; and
- authorise medical documentation required under Workers' Compensation and Comcare legislation.

Issues

4. Attachment A provides the final report on stakeholder consultation, as well as recommendations arising from the NP-PP. These recommendations can be found on pages 38-42.
5. Overall, diverse stakeholders supported changes to ACT legislation that would enable NP practice authority across the five legislative themes, with in-principle support from some. In-principle support would be mitigated by effective employer credentialing, stakeholder engagement, and education processes in all cases. The CNMO analysis of stakeholder feedback can be found on pages 12-35.
6. [REDACTED]
7. Although the ACT Courts and Tribunal (ACTCT) is agnostic in its view of NPs authorising MCCD in non-coronial cases, there are ongoing concerns relating to Section 13 of the *Coroner's Act 1997* which will require further dialogue. It is recommended Section 13 be amended to account for the fact that NPs may be providing palliative care for a patient, where death is anticipated, and the NP is the sole healthcare provider for that patient in the six months preceding their death.
8. It is recommended that ACT Government notify the Australian Bureau of Statistics and the Australian Institute of Health and Welfare on any proposed changes relating to MCCD legislation.
9. [REDACTED]

[REDACTED]

10. [REDACTED]

Financial Implications

11. The NP-PP final report provides several recommendations with financial implications. These can be found on pages 38-42 of Attachment A and include the following:

- a. funding of a permanent role within the CNMO that specifically focusses on developing and supporting the NP workforce; and
- b. provide funding and logistical support to monitor and report on the outcomes of enabling the practice authorities identified and recommended by the NP-PP.

12. [REDACTED]

Consultation

13. The list of invited persons and organisations that provided feedback can be found in Appendix A of Attachment A.

14. The CNMO notes no feedback was received from transport or government bodies relating to proposed changes that would enable NPs to authorise drivers' license medicals under the *Road Transport (Driver Licensing) Act 1999 and Regulations*.

15. Despite extensive and transparent consultation methods, two key stakeholders either did not respond to repeat invitations to the consultation invitation (Australian Medical Association), or indicated they had insufficient time to provide a response (Royal Australian College of General Practitioners).

Benefits/Sensitivities

16. [REDACTED]

17. [REDACTED] would reduce unnecessary duplication of care, enable the NP workforce to work to their fullest abilities, increase access to care, and improve the experience of health consumers.

18. The ACT would be the first jurisdiction to enable many of the practice authorities described in the consultation.

Communications, media and engagement implications19. [REDACTED]
[REDACTED]

Signatory Name: Stephen Miners, A/g Deputy Director-General Phone: x49400

Action Officer: Anthony Dombkins, Chief Nursing and Midwifery Officer Phone: [REDACTED]

Attachments

Attachment	Title
Attachment A	Final Report from the ACT Nurse Practitioner Professional Practice Project: Consultation Outcomes and Final Recommendations
Attachment B	Results from the ACT Nurse Practitioner Workforce and Employer Survey
Attachment C	Outcome Evaluation on Nurse Practitioner Policy and Legislation in the Australian Capital Territory
Attachment D	Implementation Principles for Nurse Practitioner Credentialing in the Australian Capital Territory
Attachment E	Consultation Paper on Proposed Legislative Changes to Authorise Core and Supplemental Clinical Activities Performed by Nurse Practitioners