



**COLLABORATIVE
ARRANGEMENTS**
WHAT YOU NEED TO KNOW



AMA



FOREWORD

Working with other health professionals is an everyday feature of clinical practice for a modern medical practitioner.

Effective teamwork can improve patient outcomes, create new opportunities for learning, and build a shared understanding of the skills that each person brings to the care of a patient.

The medical profession is known for innovation. We have led the way in developing new techniques, therapies and models of care. We embrace change when it is in the best interests of our patients.

The Commonwealth Government is implementing reforms to allow nurse practitioners and midwives to provide Medicare-funded services to patients and to prescribe medications listed on the PBS.

The AMA has worked very hard to ensure that these reforms do not fragment patient care or deny patients access to a medical practitioner.

Importantly, the Government has enshrined in law the requirement for nurse practitioners and midwives to work in collaborative arrangements with medical practitioners in order to get MBS and PBS access.

In a sense, this statutory requirement reflects the planned team care arrangements that have set parameters for collaboration in areas where doctors, midwives and nurses have always worked together - our hospitals.

As midwives and nurse practitioners move into more autonomous practice settings, it will be helpful if all members of the team understand clearly their roles and responsibilities in providing care for their patients.

These reforms introduce new funding arrangements that will present many of you with a unique opportunity to integrate nurse practitioners and midwives into your practice, or to give your patients better access to subsidised services for specific care needs.

Some doctors will be challenged by the Government's reforms, which will fund new models of patient care.



However, the requirement for a collaborative arrangement with a medical practitioner puts in place an overarching quality framework to preserve patient safety and ensure that medical practitioners are not left out of the loop.

The Government is very committed to this reform and there is a real need for the medical profession to make collaborative arrangements with nurse practitioners and midwives work in the interests of our patients.

If we do not embrace these changes, then pressure will mount on the Government to relax the requirement for collaborative arrangements to be in place. This would risk fragmentation of care to the detriment of patients.

This guide is designed to answer many of the questions you will have about collaborative arrangements and identify key issues that you should take into account when considering being part of a collaborative arrangement.

Your College may also be able to provide you with assistance, particularly with respect to clinical guidelines that can be used to underpin a collaborative arrangement.

The AMA welcomes your feedback on this guide and, over time, we would like to hear about your experience in the practical implementation of collaborative arrangements.

Dr Andrew Pesce
Federal AMA President



COLLABORATIVE ARRANGEMENTS

WHAT YOU NEED TO KNOW

This guide is intended to provide you with guidance on important information to consider when entering into a collaborative arrangement with a midwife or nurse practitioner.

The legislation

From 1 November 2010, Commonwealth Government reforms mean that eligible midwives and nurse practitioners will be able to provide some services that are funded through the Medicare Benefits Schedule (MBS) and prescribe certain medications subsidised under the Pharmaceutical Benefits Scheme (PBS). These reforms have passed through the Parliament and are found in the *Health Insurance Act 1973* and associated regulations (HIA).

It is a requirement of the reforms that eligible midwives and nurse practitioners who wish to take advantage of these changes must meet certain criteria with respect to their skills and qualifications. They must also have in place a collaborative arrangement with a medical practitioner(s) in relation to the provision of services to patients.

Effective collaboration is good for patients

The AMA supports a team-based approach to care and advocated very strongly for collaboration with a medical practitioner to be mandated as part of the Government's reforms. Effective collaboration is in the best interests of patients and all members of the collaborating team.

For collaboration to work well, the AMA believes that the arrangement should be well documented and clarified in advance to ensure that every member of the team knows exactly what their role is and how they need to work with each other. This will ensure high-quality patient care and minimise the potential for fragmentation of patient care.



What is a collaborative arrangement?

The HIA, in summary, defines a collaborative arrangement as being one of the following:

1. The midwife or nurse practitioner is engaged or employed by a medical practice, or
2. A patient is referred to the midwife or nurse practitioner by a medical practitioner, or
3. The midwife or nurse practitioner has in a place a written collaborative agreement with a medical practitioner(s) covering one or more patients, or
4. The midwife or nurse practitioner has in place an individual collaborative arrangement with a medical practitioner(s) for a patient, detailed evidence of which is kept in the patient's clinical notes – including evidence of the consent of the collaborating practitioner(s).

This means that you may be approached by a midwife or a nurse practitioner promoting the services that they provide and, in relation to points three and four above, asking you to participate in a collaborative arrangement.

Does the midwife/nurse practitioner meet the relevant MBS/PBS requirements?

The requirement to have a collaborative arrangement in place with a medical practitioner(s) is just one prerequisite for midwives/nurse practitioners MBS and PBS access.

With respect to registration requirements, midwives must hold an endorsement as an eligible midwife issued by the Nursing and Midwifery Board of Australia (NMBA). In addition, for a midwife to be permitted to prescribe scheduled medicines under state/territory law, they must hold an endorsement for scheduled medicines for eligible midwives issued by the NMBA.

A nurse practitioner must hold an endorsement as a nurse practitioner issued by the NMBA.

If you want to confirm someone's registration status you can refer to the register of health practitioners, which is located at the Australian Health Practitioners Registration Agency [website](#).



Indemnity insurance

The AMA understands that medical indemnity insurance policies for medical practitioners will cover their liabilities arising from collaborative arrangements with a midwife/nurse practitioner, provided the medical practitioner is in the correct risk category for the work being carried out. If you are participating in a collaborative care arrangement, it is important to advise your insurer of this fact and also the nature and extent of activities being undertaken by the midwife/nurse practitioner.

Your risk category will most likely be specified on your policy schedule.

It is recommended that you speak with your Medical Indemnity Insurer (MII) to confirm that you are covered in circumstances where you enter into a collaborative arrangement and to ascertain whether it has any specific guidelines or recommendations for you to follow.

It is recommended that you seek confirmation that the midwife/nurse practitioner carries appropriate and adequate professional indemnity insurance, in the same way as you may for any other health care professional that you work with.

Under new national registration arrangements, with limited exceptions nurses and midwives must not practise their professions unless they are covered in the conduct of their practice by appropriate professional indemnity insurance arrangements. Compliance with this requirement is monitored by the NMBA.

Is there any obligation to participate in a collaborative arrangement?

If you do not want to be part of a collaborative arrangement, or you are unable to reach agreement on the appropriate terms of a collaborative arrangement, then there is no obligation to be part of one. You do not have to commit to being part of a collaborative arrangement for any particular period. How this question is addressed is a matter for you to discuss and agree upon with a midwife/nurse practitioner.



Are there any restrictions on which medical practitioners can participate in a collaborative arrangement?

Not all medical practitioners will be recognised under relevant MBS and PBS arrangements as able to participate in a collaborative arrangement with a midwife. In this regard, midwives can only have a collaborative arrangement with:

- an obstetrician; or
- a medical practitioner providing obstetric services; or
- a medical practitioner working for a hospital who has been authorised by the hospital to participate in a collaborative arrangement.

A nurse practitioner may have a collaborative arrangement with any type of medical practitioner, although it would be unwise for any medical practitioner to enter into a collaborative arrangement with a nurse practitioner that covered services outside the medical practitioner's normal area of medical practice.


Can more than one medical practitioner be a party to a collaborative arrangement?

More than one medical practitioner can be involved in a collaborative arrangement with a midwife/nurse practitioner. You should confirm, and if possible document in a written agreement, who else will be involved and what their role will be.

Is a collaborative arrangement required for every patient?

If you enter into a written collaborative arrangement with a midwife/nurse practitioner, then that agreement can cover one or more patients. This means that you could have a written agreement covering all the patients of the midwife/nurse practitioner, or one that is based on more defined circumstances such as patients with particular health care needs or an agreement in respect of one individual patient.

How this is defined will be up to you and the midwife/nurse practitioner to agree upon. You will need to consider their skills and experience as well as your own, along with those of any other medical practitioner involved in the collaborative agreement.



Do you have confidence in the midwife or nurse practitioner?

In many circumstances you will know the midwife/nurse practitioner who is seeking a collaborative arrangement with you and know about their work, their scope of practice and their general reputation. Indeed, you may already be working with them on a regular basis and a decision to have a formal collaborative arrangement with them will be relatively straightforward.

However, you may be approached by someone whom you have not worked with before, or who you simply do not know. Before you agree to participate in a collaborative arrangement, you need to satisfy yourself that they are someone you will be able to work with, and that you have sufficient confidence in their standards of patient care.

Remuneration

Other than the usual access to MBS items, there are no specific MBS items for a medical practitioner who is party to a collaborative arrangement. The Government's Maternity Services Advisory Group has recommended some specific MBS item numbers for attendances by a specialist or GP obstetrician with women referred by midwives for antenatal review. We await confirmation that the Government has adopted this recommendation.

While you will be able to charge patients a fee that attracts a Medicare rebate if you see them, there will be services that will not attract an MBS rebate such as providing telephone advice about a patient's condition.

The issue of your remuneration for the provision of services that do not attract a Medicare rebate should be discussed and agreed as part of negotiations about the collaborative arrangement. This information does not necessarily need to be specified in the collaborative arrangement and could be agreed separately through a specific agreement on fees or an exchange of letters. It is recommended that any out-of-pocket charges are prospectively confirmed with patients themselves, and informed financial consent documented.



Should you insist on a written agreement?

The new MBS and PBS arrangements allow a midwife or nurse practitioner to keep a written record of a collaborative arrangement with a medical practitioner in their written records in relation to a patient, provided that the written records include an acknowledgement by the collaborating medical practitioner(s) that they will be collaborating in the patient's care. Such an arrangement can only apply to an individual patient and a separate arrangement will be required for each other patient.

It would be prudent for you to seek advice from your MII on this issue. From the AMA's perspective, a written agreement is the preferred option - as it is in any situation where you are entering into a working relationship with another party. Having a written agreement ensures that all parties clearly understand and agree on their respective roles and obligations, which will help ensure better patient care. It will also help to minimise the chance of misunderstandings or disputes down the track.

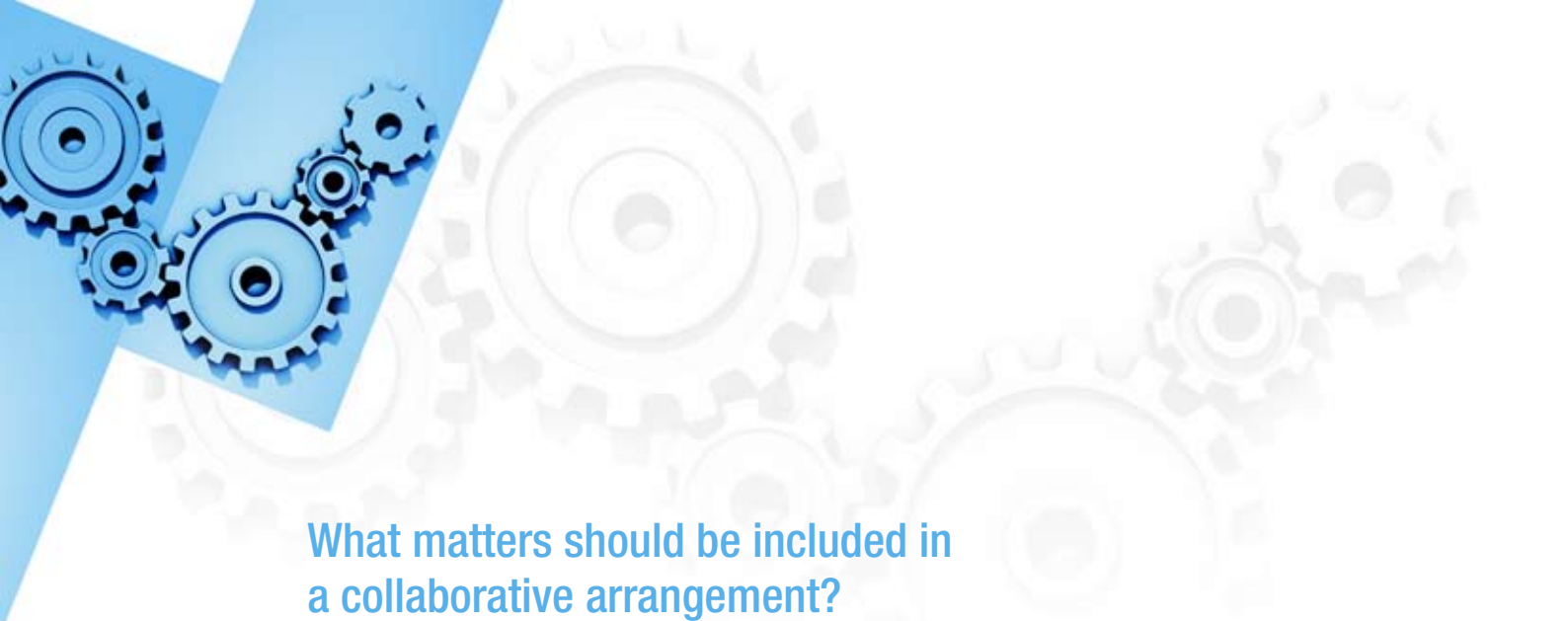
Clinical settings where services will be provided

It will be important for you to understand the clinical settings where the midwife/nurse practitioner will be providing services. With respect to midwives, they will need to be appropriately credentialed by the relevant health facility to provide birthing services.

When considering participation in a collaborative arrangement, you should give some thought to the issue of proximity. Your ability to provide appropriate support for a "meaningful" collaborative arrangement will generally diminish the further you are away from the midwife/nurse practitioner.

If you intend participating in a collaborative arrangement with a midwife/nurse practitioner who will be providing services in areas that are well away from your own practice (eg working remotely in a rural area), then the communication protocols that you have in place will be critical and you should ensure that you and the midwife/nurse practitioner have access to appropriate means of communication.

Consultation, referral and transfer arrangements will need to recognise the challenges that distance presents and you should ensure that you and the midwife/nurse practitioner have fully addressed these issues.



What matters should be included in a collaborative arrangement?

The HIA requires that collaborative arrangements must specifically provide for consultation with and, referral and transfer to a medical practitioner. Where the midwife or nurse practitioner decides to record the details of a collaborative arrangement in their notes, the HIA also places a number of additional obligations on them. An extract from the relevant regulations can be found at [appendix A](#).

The AMA believes that where a written collaborative agreement is put in place, it should at least include provisions covering the following areas:

- the parties to the collaborative agreement,
- relevant registration details of each collaborating practitioner,
- the term of the agreement (the start date and period or the actual start and end date),
- the responsibilities and agreed scope of practice of the medical practitioner(s) and the midwife/nurse practitioner involved in the agreement,
- the clinical setting(s) in which care will be provided,
- if the agreement covers more than one patient, the range of services the midwife or nurse practitioner will provide and who they will be provided to,
- prescribing arrangements and protocols,
- protocols for consultation with, or referral, or transfer to a medical practitioner, including arrangements to apply in emergency situations,
- arrangements for initiating pathology/diagnostic imaging tests,
- communication protocols, including relevant arrangements for consulting with the patient's usual General Practitioner,
- arrangements for sharing relevant information from the patient's medical record,
- a regular review mechanism to see how the collaborative agreement is working in practice,
- a disputes provision,
- arrangements for terminating the collaborative agreement, and
- the signatures of all parties to the agreement.



Best practice guidelines

Some guidelines already exist that will help inform you of the clinical aspects of a collaborative arrangement such as the Royal Australian and New Zealand College of Obstetrics and Gynaecology's (RANZCOG) [Guideline: Suitability Criteria for Models of Care and Indications for Referral within and between Models of Care](#).

You should consult your own College when considering a collaborative arrangement to see if it has similar materials available.

Now that the Government's reforms have been legislated, it is expected that more materials will become available over time. For example, RANZCOG and the Australian College of Midwives are currently working towards a consensus guideline for consultation and referral, which should establish an agreed framework that could be the basis for collaborative agreements between doctors and midwives.

What should you do when a patient does not want to follow agreed clinical guidelines?

This may place you in a difficult situation. The AMA believes that the best way of handling this is to ensure that your written collaborative arrangement clearly states that you will only provide care in accordance with accepted medical practice and within accepted clinical guidelines.

It should also clarify what will occur in circumstances where a patient declines to follow these guidelines. If this occurs and you decide you cannot provide ongoing care for that patient, you will need to ensure that you advise the patient and the midwife/nurse practitioner so that an alternative arrangement can be put in place by the nurse practitioner/midwife.

How you will address this issue if it occurs needs to be agreed prospectively in order to avoid a situation where you are forced to continue care because of a lack of alternative arrangements.



What happens if things do not work out?

You should discuss any problems you experience when collaboration does not seem to be working out between you and the collaborating nurse practitioner/midwife. Good communication can often avoid or overcome misunderstanding or confusion that might arise from time to time.

There may be circumstances where you feel that you can no longer be a party to a collaborative arrangement and want to withdraw from it. This can have significant implications for patients who may lose their access to relevant Medicare rebates and PBS subsidised medicines.

It is very important that a collaborative arrangement includes details of how it may be terminated, including circumstances where you and the midwife/nurse practitioner cannot agree on key clinical issues relating to patient care.

Where can you obtain more information about relevant MBS and PBS arrangements?

Some of the details of the MBS and PBS arrangements for midwives and nurse practitioners are yet to be finalised and published.

The AMA will publish more information as it becomes available, including links to relevant websites such as the Department of Health and Ageing. Medicare Australia provides a limited amount of information for midwives/nurse practitioners, which can be found at the following [link](#).

MIs are also likely to make information available and you are strongly encouraged to make sure that you contact your insurer for advice prior to entering into a collaborative arrangement.

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APPENDIX A

2E Arrangement — midwife's written records

(1) An eligible midwife must record the following for a patient in the midwife's written records:

- (a) the name of at least 1 specified medical practitioner who is, or will be, collaborating with the midwife in the patient's care (a named medical practitioner);
- (b) that the midwife has told the patient that the midwife will be providing midwifery services to the patient in collaboration with 1 or more specified medical practitioners in accordance with this regulation;
- (c) acknowledgement by a named medical practitioner that the practitioner will be collaborating in the patient's care; (d) plans for the circumstances in which the midwife will do any of the following:
 - (i) consult with an obstetric specified medical practitioner;
 - (ii) refer the patient to a specified medical practitioner;
 - (iii) transfer the patient's care to an obstetric specified medical practitioner.

(2) The midwife must also record the following in the midwife's written records:

- (a) any consultation or other communication between the midwife and an obstetric specified medical practitioner about the patient's care;
- (b) any referral of the patient by the midwife to a specified medical practitioner;
- (c) any transfer by the midwife of the patient's care to an obstetric specified medical practitioner;
- (d) when the midwife gives a copy of the hospital booking letter (however described) for the patient to a named medical practitioner — acknowledgement that the named medical practitioner has received the copy;
- (e) when the midwife gives a copy of the patient's maternity care plan prepared by the midwife to a named medical practitioner — acknowledgement that the named medical practitioner has received the copy;
- (f) if the midwife requests diagnostic imaging or pathology services for the patient — when the midwife gives the results of the services to a named medical practitioner;
- (g) that the midwife has given a discharge summary (however described) at the end of the midwife's care for the patient to:
 - (i) a named medical practitioner; and
 - (ii) the patient's usual general practitioner

APPENDIX A

2H Arrangement — nurse practitioner’s written records

- (1) An eligible nurse practitioner must record the following for a patient in the nurse practitioner’s written records:
- (a) the name of at least 1 specified medical practitioner who is, or will be, collaborating with the nurse practitioner in the patient’s care (a named medical practitioner);
 - (b) that the nurse practitioner has told the patient that the nurse practitioner will be providing services to the patient in collaboration with 1 or more specified medical practitioners in accordance with this regulation;
 - (c) acknowledgement by a named medical practitioner that the practitioner will be collaborating in the patient’s care;
 - (d) plans for the circumstances in which the nurse practitioner will do any of the following:
 - (i) consult with a medical practitioner;
 - (ii) refer the patient to a medical practitioner;
 - (iii) transfer the patient’s care to a medical practitioner;
 - (e) any consultation or other communication between the nurse practitioner and a medical practitioner about the patient’s care;
 - (f) any transfer by the nurse practitioner of the patient’s care to a medical practitioner;
 - (g) any referral of the patient by the nurse practitioner to a medical practitioner;
 - (h) if the nurse practitioner gives a copy of a document mentioned in subregulation (2) or (3) to a named medical practitioner — when the copy is given;
 - (i) if the nurse practitioner gives a copy of a document mentioned in subregulation (4) or (5) to the patient’s usual general practitioner — when the copy is given.

APPENDIX A

- (2) If the nurse practitioner refers the patient to a specialist or consultant physician, or if the nurse practitioner requests diagnostic imaging or pathology services for the patient, the nurse practitioner must give a copy of the referral, or the results of the services, to a named medical practitioner if:
 - (a) the nurse practitioner:
 - (i) consults with the named medical practitioner; or
 - (ii) refers the patient to the named medical practitioner; or
 - (iii) transfers the patient's care to the named medical practitioner; and
 - (b) the named medical practitioner asks the nurse practitioner for a copy of the referral or results.

- (3) Also, the nurse practitioner must give a named medical practitioner a record of the services provided by the nurse practitioner to the patient if:
 - (a) the nurse practitioner:
 - (i) consults with the named medical practitioner; or
 - (ii) refers the patient to the named medical practitioner; or
 - (iii) transfers the patient's care to the named medical practitioner; and
 - (b) the named medical practitioner asks the nurse practitioner for the record.

- (4) If the nurse practitioner refers the patient to a specialist or consultant physician, or requests diagnostic imaging or pathology services for the patient, and the patient's usual general practitioner is not a named medical practitioner, the nurse practitioner must give a copy of the referral, or the results of the services, to the patient's usual general practitioner.

- (5) Also, if the patient's usual general practitioner is not a named medical practitioner, the nurse practitioner must give the patient's usual general practitioner a record of the services provided by the nurse practitioner to the patient.

- (6) However, subregulations (4) and (5) apply only if the patient consents.