



**Australian Medical Association
Royal Australian and New Zealand College of Obstetricians and Gynaecologists
Royal Australian College of General Practitioners**

JOINT STATEMENT ON COLLABORATIVE CARE

Three of Australia's peak medical groups today called on the Senate Community Affairs Committee that is inquiring into the *Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009* and two related Bills to support the Government's amendments to the Bill.

The Australian Medical Association, Royal Australian and New Zealand College of Obstetricians and Gynaecologists and the Royal Australian College of General Practitioners support Government amendments that will require midwives and nurse practitioners to work in formal collaborative arrangements with medical practitioners.

They said that collaborative care was essential for the quality, safety and continuity of patient care.

Patients enjoy better health outcomes when they are treated in a model of care that provides coordinated, continuous and comprehensive patient-centred care delivered by appropriately trained health professionals.

It is imperative that collaborative care arrangements are put in place between health professionals who are involved in patient care and in a position to consider the clinical needs of a patient.

Doctors have been working effectively with other health care professionals for generations. The Government's amendments to the legislation currently before Parliament clearly support this approach and are sufficiently flexible to allow different team-based models to be developed, based on local circumstances and the clinical needs of patients.

This approach is entirely consistent with the recommendations of the National Health and Hospitals Reform Commission, the Primary Health care Reform report, the Report of the Maternity Services Review and the Government's stated intention to expand choice and access to services provided by nurse practitioners and midwives working collaboratively with doctors.

The cooperative participation by the medical profession in such collaborative care arrangements is based on what will be in the best interests of patients, consistent with the ethical framework that doctors have always worked under.

It is unhelpful to suggest (as some lobby groups have) that midwives, nurse practitioners and doctors will be competing with each other under collaborative care arrangements. If this notion is accepted by midwives, nurse practitioners and doctors, true clinical collaboration will never be possible.

We therefore strongly caution against the adoption of a presumption of competition rather than clinical collaboration.

In the absence of meaningful collaboration, there are a number of inherent risks to patient care, including:

- fragmentation of patient care by excluding or limiting General Practitioners and other medical specialists from the coordination and/or delivery of patient care,
- increased risk of misdiagnosis and missed diagnosis,
- increased risk of adverse outcomes from the interaction of different medications and treatments prescribed by different health professionals,
- increased cost to the health system because of extra tests being ordered and inappropriate referrals,
- unplanned medical intervention being required at the last minute when things go wrong, and
- communication between health professionals breaking down and professional silos worsening.

16 December 2009

MEDIA CONTACTS:

AMA	Peter Jean, 02 6270 5464 / 0427 209 753
RANACOG	Julia Serafin, 03 9412 2961 / 0488 367 476
RACGP	Melanie Fontolliet, 03 8699 0513 / 0424 461 622