

NURSES AMENDMENT BILL 2002

Council's Amendments

The amendments made by the Council now considered.

Consideration in Detail

The amendments made by the Council were as follows -

No 1

Clause 42, page 17, line 10 - To insert after "time" -
, subject to subregulation (4)

No 2

Clause 42, page 17, lines 11 to 16 - To delete the lines and insert instead -

- (3) The Commissioner of Health may not designate an area under subsection (1) until after receiving -
 - (a) written advice with respect to the proposal to designate the area from the officer of the department who is principally responsible for providing advice on matters related to nursing; and
 - (b) clinical protocols for the proposed area approved in writing by -
 - (i) the officer referred to in paragraph (a);
 - (ii) the person holding or acting in the office of Executive Director, Personal Health Services in the department; and
 - (iii) the person holding or acting in the office known as Executive Director, Population Health, or if there is no such office at the relevant time, the office of Executive Director, Public Health and Scientific Support Services in the department.
- (4) The Commissioner of Health may not amend or withdraw a designation under this section until after receiving written advice with respect to the proposed action from the officer of the department who is principally responsible for providing advice on matters related to nursing.

Mr R.C. KUCERA: I move -

That the amendments made by the Council be agreed to.

This is something of a historic Bill for nursing in this State. It recently passed through the upper House with these two minor amendments to which I will speak very briefly. Amendment No 1 simply inserts "subject to subregulation (4)", which states -

The Commissioner of Health may not amend or withdraw a designation under this section until after receiving written advice with respect to the proposed action from the officer of the department who is principally responsible for providing advice on matters related to nursing.

I thank the other side of the House for accommodating this amendment. It simply gives power to the chief nurse to ensure that any designations are with his or her concurrence before being placed before the Commissioner of Health.

There are a number of reasons for amendment No 2. During the general debate, some concern was raised about the capacity for input by clinicians; in other words, medical officers. As can be seen from the amendment, the Commissioner of Health may not designate an area under proposed subsection (1) unless three persons concur with the designation. The one who was originally agreed to was the principal nurse. The two who have been added are the chief medical officer, who is referred to in the amendment as Executive Director, Personal Health Services, and the Executive Director, Population Health. The reason is that the second person is responsible for issues relating to radiology and X-rays. The intention under this legislation is to allow a certain level of diagnosis by nurse practitioners in those two areas. The key issue is that it makes those three bureaucrats accountable for the designation. They will be held to account on behalf of the Commissioner of Health. The

principal effect of this amendment is to take away a concern that was expressed in both this House and the upper House about enshrining the protocols that are necessary in legislation.

I congratulate the Opposition and all parties for by and large supporting the thrust of this legislation. There is no doubt that the delivery of health services is constantly changing, but the introduction of nurse practitioners has been on the books for some 20-odd years. I commend both these amendments to the House.

Mr M.F. BOARD: The Opposition will be supporting both these amendments, but I will make some comments. I listened to the minister put the reason for the amendments on the record, but there needs to be some clarification. I am not quite sure they do exactly what the minister has outlined. The Commissioner of Health may not alter the designation of an area in which a nurse practitioner could practice unless he received written advice for the proposal. It does not mean that the Commissioner of Health cannot designate an area and must accept that advice. He must simply receive the written advice, which is the way the amendment is written. The clinical protocols that are required for the proposed areas are clinical protocols established after the designated area is established.

The officer referred to in paragraph (a) is the chief nursing officer. The executive director of personal health services, and the executive director of population health - if that position materialises - would be required to give the clinical protocol in writing. The amendment does not require them to give permission for the designated area. It is a step in the right direction in that it requires support and advice from principal officers of the department. However, it does not require their permission. It is important that be recognised; the minister would not argue with that.

Mr R.C. Kucera: To a degree. I agree with some of what the member has said. The essence of the amendment is that there needs to be concurrence between the three officers.

Mr M.F. BOARD: We will hope that, in practice, there would be concurrence. The amendment does not call for that. The amendment leaves the power with the Commissioner of Health - or the director general when acting in that position - to designate the area, even after having received written advice.

Mr R.C. Kucera: This requires the protocols to be enshrined in writing. The protocols need to be spelt out by the three designated officers before the Commissioner of Health will agree to an area being designated.

Mr M.F. BOARD: The Opposition supports the amendment because it moves closer to the position it has put, particularly with amendments moved in the upper House. The amendments that failed did not attract the support of the Greens (WA). Those amendments tried to give a greater amount of independence - not clinical control - to the designated areas, away from the Commissioner of Health. They tried to give additional powers directly to the minister. The reason was the growing pressure in the health system and the shortage of clinicians and GPs. It will put pressure on the Department of Health, particularly the Commissioner of Health and the director general, to consider allocating nurse practitioner positions and alleviate pressures in non-country areas, particularly the metropolitan area. The community and the medical profession have some concerns about the Parliament taking shortcuts or substituting the need to train and employ more GPs in the public health system. Having said that, this amendment moves closer to what the Opposition would like to see in allowing greater advice and support from health professionals in the creation of those positions. The Opposition supports the amendment.

Mr R.C. KUCERA: I must put on record that it is not the intention of this amendment to allow the issues raised by the member for Murdoch to occur. There is no intention to replace doctors with nurses; that was never the intention of this Bill. This is about first-class nursing, not second-class doctoring. That was stated throughout the debate in this House and the other place. The other amendments failed because it was considered there was too much control in one direction without obtaining a spread of control, as shown in the amendments before us today. I commend these amendments to the House.

Question put and passed; the Council's amendments agreed to.

The Council acquainted accordingly.

House adjourned at 11.14 pm
