

# The non-medical surgical assistant in Australia: who should contribute to governance?

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## KEY WORDS

Surgical Assistant; Non-Medical Surgical Assistant; Governance; Australian Health Practitioner Regulatory Agency; Advanced Practice Nursing

## ABSTRACT

### Objective

This paper focuses on the role of the Non-Medical Surgical Assistant (NMSA) in Australia. Registered Nurses predominately perform this role. This paper will articulate a position to:

- validate this role as an Advanced Practice Nursing (APN) role in Australia through regulation and governance by the Nursing and Midwifery Board of Australia (NMBA) who sit under the umbrella of the Australian Health Practitioner Regulation Agency (AHPRA);
- lobby AHPRA to recognise, regulate and protect the title of Advanced Practice Nursing (APN) roles other than the Nurse Practitioner (NP) in Australia; and
- as a result of sanctioned regulation, facilitate APN (including NP) to seek appropriate remuneration for undertaking this role in the private sector in Australia.

### Setting

The Australian Healthcare system.

### Subjects

Clinicians performing the role of the NMSA in Australia.

### Primary Argument

The NMSA is well established with clear mechanisms for governance internationally. This role has been practiced in Australia for more than 20 years, and while clinicians function under the guise of advanced practice, the role is not clearly defined, standardised or regulated. This is partially attributed to lack of sanctioned governance from AHPRA.

### Conclusion

While the AHPRA via the NMBA are reluctant to formally recognise and regulate this role, the overwhelming majority of clinicians in Australia are nurses. Without regulation it is difficult to quantify the role as APN. Lack of governance excludes NMSA (including the NP) from access to the Medicare Benefits Schedule and private health funds for intraoperative reimbursement thereby rendering a potentially cost-effective role unsustainable to many clinicians.

## INTRODUCTION

### International Context of the NMSA Role

The international role of the Non-Medical Surgical Assistant (NMSA) is well recognised and has many titles (Hains et al 2017a). Differences in the role, between countries and within a country, can be attributed to content of curriculum, the underlying qualifications of the personnel who perform these roles and support of implementation from key stakeholders and state/national authorities. The literature is teeming with innumerable titles for this role. Arguably the most notable of the international titles for this role reside in the United States of America (USA) in the form of the Physician Assistant (PA) and Nurse Practitioner (NP). In the USA in 2015, 35,000 PAs worked in the surgical environment (American Association of Surgical Physician Assistants 2015) and more than 15,000 NPs worked in the Acute Care setting (American Association of Nurse Practitioners 2015).

The roles of the NP and the PA on first inspection seem similar but are very different. The simplest contrast is that PAs must work under the supervision and delegation of a physician unlike NPs who work independently (Nurse Practitioner Schools 2015). The courses for both roles are currently a minimum of a Master's degree. NPs in the USA seek certification through the American Nurses Credentialing Centre or the American Academy of Nurse Practitioners. PAs are required to pass the Physician Assistant National Certifying Examination available through the National Commission on Certification of Physician Assistants. Both of these roles enjoy title protection, a standardised curriculum and national regulation (Hains et al 2017a). Both roles are required to obtain individual state based licensure (Nurse Practitioner Schools 2015).

Possibly the most fundamental difference in the roles of the NP and PA in the USA is that the NP graduates from a School of Nursing, whereas the PA graduates from a medical school or 'Centre of Medicine'. These institutions focus on very different philosophies with the nursing school concentrating on a patient centred model of care while the medical school applies a disease centred model (Nurse Practitioner Schools 2015).

Regardless of their differences, both of these roles provide cost-effective perioperative care within the USA. Similarly, both of these roles are eligible for certification with the American medical reimbursement systems Medicare and Medicaid. In the USA both of these roles receive favourable reimbursement from commercial (private) healthcare funds (Practicing Clinicians Exchange 2015).

### Australian Context of the NMSA Role

In the Australian healthcare system there is one overriding agency for registration, setting national standards, auditing and accrediting training and education of healthcare professionals. (Australian Health Practitioner Regulation Agency 2016) This entity is the Australian Health Practitioner Regulation Agency (AHPRA). Under the umbrella of AHPRA, as outlined in table 1, sit 14 National Boards.

The Medical Board of Australia regulates Australia's medical practitioners. The Nursing and Midwifery Board of Australia (NMBA) regulates the practice of nurses and midwives in Australia. The NMBA recognises the following categories of nurses (Nursing Midwifery Board of Australia 2016):

- Enrolled Nurse
- Registered Nurse
- Midwife
- Nurse Practitioner

**Table 1: National Boards of the Australian Health Practitioner Regulation Agency**

Aboriginal and Torres Strait Islander Health Practice Board of Australia
Chinese Medicine Board of Australia
Chiropractic Board of Australia
Dental Board of Australia
Medical Board of Australia
Medical Radiation Practice Board of Australia
Nursing and Midwifery Board of Australia
Occupational Therapy Board of Australia
Optometry Board of Australia
Osteopathy Board of Australia
Pharmacy Board of Australia
Physiotherapy Board of Australia
Podiatry Board of Australia
Psychology Board of Australia

In reference to the role of the NMSA in Australia, while the role has been practiced for over 20 years, there is little published and no formal legislation with national governing bodies (Hains et al 2016). Only Registered Nurses (RN) and NPs responded to a recent practice audit on the role of the NMSA in Australia (Hains et al 2016). A 2016 survey of Australian surgeons regarding the role of the NMSA in Australia indicated that the majority of clinicians were RNs or NPs. Some Enrolled Nurses (EN), PAs and Allied Health Professionals were also being utilised by surgeons in the NMSA role (Hains et al 2017b). As outlined in table 2, the notion of clinicians other than RNs and NPs fulfilling the role of the NMSA in Australia was also supported in a recent survey of perioperative staff attending the national Australian College of Operating Room Nurses (ACORN) conference (Hains et al 2017c).

**Table 2: Non-medical surgical assistants in the Australian healthcare system: a review of three surveys**

**Survey Question: Personnel undertaking the role of the NMSA in Australia**

	NMSA Practice Audit 2015	NMSA Surgeon Survey 2016	NMSA Perioperative Staff Conference Survey 2016
	<i>n=77(%)</i>	<i>n=332(%)</i>	<i>n=122(%)</i>
Enrolled Nurse	0(0)	24(7)	19 (15)
Registered Nurse	77(100)	160(48)	118(96)
Nurse Practitioner	11(14)	39(12)	14(11)
Physician Assistant	0(0)	18(5)	6(5)
Allied Health Professional	0(0)	2(1)	10(8)
I have not worked with a NMSA in Australia	-	146(44)	49(40)
Other	-	8(2)	2(2)
I don't know the qualification of the NMSA	-	6(2)	-

As of December 2015 there were 1,319 NPs in Australia (Nursing Midwifery Board of Australia 2016). NPs are endorsed by AHPRA and this endorsement appears online in a register (Australian Health Practitioner Registration Agency 2013). From the practice audit of NMSAs administered in 2015, of the 83 respondents, 11(14%) were NPs working in the role of the NMSA. The role of NP was well represented from the surgeon survey in 2016, where out of 334 respondents 39(12%) surgeons had worked with an NP in the role of the NMSA in Australia.

The role of the PA is difficult to quantify in Australia as the role is not registered with AHPRA. A recent consultation paper published by the Queensland Government states there are approximately 40 Australian trained PAs. However, not all of these clinicians are working as PAs (Queensland Government 2016). In addition to this there may be PAs who were trained overseas working in the Australian healthcare system. In the 2016 surgeon survey 18(5%) surgeons said they had worked with a PA as a NMSA in Australia. The only PA course in Australia is administered as a Bachelor of Health Science (Physician Assistant) from a medical platform through the College of Medicine and Dentistry at James Cook University (James Cook University 2015). This course is not accredited by an Australian accreditation body (Queensland Government 2016).

Without doubt, the qualification with the greatest representation in the role of the NMSA in all surveys mentioned here is that of the RN. While many of the RNs who responded to the practice audit possessed post-graduate qualifications specific to the role of the NMSA, called the Perioperative Nurse Surgeon's Assistant (PNSA), this data is not formally recorded in Australia nor is it able to be retrieved from AHPRA. Similar to the PA course, the post graduate NMSA course in Australia is not accredited by an Australian accreditation body. These clinicians with specialist qualifications are solely RNs in the eyes of the national regulating body AHPRA.

As noted in table 2 aside from RNs, NPs and PAs, ENs and Allied Health Professionals e.g. Physiotherapists are also fulfilling the role of the NMSA in Australia. This makes the range of qualifications of clinicians performing this role vast. However, the number of clinicians in some categories is quite small.

Similar to the USA, NMSAs in Australia are from either a medical based model or, for the vast majority, a nursing based model. In contrast to NMSAs in the USA, NMSAs in Australia do not receive any intraoperative reimbursement from the Medicare system or private healthcare funds (Australian Government Department of Health 2017).

## DISCUSSION

While there are many different clinicians performing this role, which clinicians are appropriate to perform the role of the NMSA in Australia? Similarly, should the national regulatory body AHPRA provide (and impose) governance for this role?

In consideration of the three objectives of this paper:

1. Validate this role as an Advanced Practice Nursing (APN) role in Australia through regulation and governance by the Nursing and Midwifery Board of Australia (NMBA) who sit under the umbrella of the Australian Health Practitioner Regulation Agency (AHPRA).

The Australian Association of Nurse Surgical Assistants (AANSA) recently approached the NMBA requesting endorsement of the specialty/advanced practice nursing role of the NMSA as a means to validate and regulate the role of the nurse as NMSA in Australia. The practice of the NMBA is to only endorse those nursing roles it is required to under national law (Nursing Midwifery Board Australia 2016). The NMBA's rationale for this is that recognition of specialty/advanced (nursing) practice other than that of the NP and eligible midwife does not reduce risk to the public and:

*“Organisations representing specialty nursing groups in Australia have developed processes for recognising specialty practice” (Nursing Midwifery Board of Australia 2015).*

The points made by the NMBA pose several questions:

- What is the difference between specialty practice nursing and advanced practice nursing?

The difference between specialty and advanced practice outlined in a paper “*Discerning the Differences*” is that the differences lie in the depth and complexity of the role which is addressed by varying levels of education of the clinician (Thoun 2011). The International Council of Nurses states entry level for APN of a Master Degree is essential (International Council of Nurses 2009). It is clearly defined in the recent surveys cited here that the levels of education of the nursing based NMSA vary greatly in Australia.

- What authority do specialty organisations have to enforce their standards?

Specialty organisations do not have any authority to enforce their standards. This is elaborated on under Objective 2.

- Are there factors in addition to patient safety that warrant a role being recognised and regulated as APN?

The results of a recent Australian surgeon survey highlight that when surgeons were asked who should govern the role of the NMSA in Australia, an equivalent number thought that AHPRA either via the Nursing and Midwifery Board of Australia 140(43%) or via the Medical Board of Australia 133(41%) would be applicable (Hains et al 2017b). This split reflects a Surgical Workforce Census Report published by the Royal Australasian College of Surgeons (RACS) where an equal number of surgeons espoused the NP (nursing based model) or the PA (medical based model) as a surgical assistant (Hass 2016). Governance via the NMBA would ensure this role evolves within the domain of nursing. Governance through AHPRA via the NMBA could mandate a Masters level qualification is required to perform this role and commence establishing the role as advanced practice.

2. Lobby AHPRA to recognise, regulate and protect the title of Advanced Practice Nursing (APN) roles other than the Nurse Practitioner (NP) in Australia.

While ACORN has a standard for the role of the NMSA (The Australian College of Operating Room Nurses 2015) and RACS has a position statement (Royal Australasian College of Surgeons 2015) for the surgical assistant, these documents are guidelines. Neither has been adopted by a national regulating body, neither is uniformly adopted by health care facilities, and neither is enforced at a state or national level. As the titles NMSA or PNSA are not protected in Australia, any clinician may use these titles. ACORN’s standard states that the PNSA must:

*“hold current registration as a registered nurse with Australian Health Practitioner Regulation Agency (AHPRA) in Australia” (The Australian College of Operating Room Nurses 2015).*

Clearly this is not the case in practice when 24(7%) surgeons are working with an EN as NMSA. Specialty organisations with the best intentions of regulating the specialty area of practice lack the authority to enforce any of their guidelines. Without legislated title protection any clinician is able to call themselves a NMSA or PNSA.

3. As a result of sanctioned regulation, facilitate APN (including NP) to seek appropriate remuneration for undertaking this role in the private sector in Australia.

A recent Australian paper investigating APN outlines that the extensive size of the nursing workforce, coupled with the flexibility of roles, places nurses to the optimum setting to improve health services (Gardner 2016). It has been shown that the RN/NP NMSA is cost-effective in the intraoperative phase within the Australian healthcare system. (Hains et al 2016; Smith et al 2016). Whether the NMSA is an NP or holds a PNSA Masters degree, lack of formal, national governance by the appropriate entities of roles such as the NMSA excludes the role from uniformly meeting the APN educational benchmark and gaining validation. As a consequence of lack of uniformity gained through regulation, entities such Medicare and the healthcare funds remain resistant to allowing access by the Australian NMSA to intraoperative remuneration. In the recent surgeon

survey 188(69%) of respondents were “Very Supportive” or “Supportive to some degree” of the role of the NMSA in the private sector in Australia. Lack of access to Medicare and healthcare funds renders the cost effective NMSA role in the private sector not financially viable to many clinicians (Yang and Hains 2017; Hains et al 2016).

## CONCLUSION

While professional bodies such as ACORN and RACS have guidance statements on the role of the NMSA in Australia these provide little weight in relation to whom healthcare facilities will let practice the role on a daily basis.

Though AHPRA via the NMBA is reluctant to formally recognise and regulate this role, the overwhelming majority of clinicians in the role of NMSA in Australia are nurses. As the spread of qualifications varies so greatly within the nursing based NMSA, it is difficult to categorise the role as APN.

The lack of formal regulation of the role of the NMSA in Australia excludes NMSA (including the NP) (Yang and Hains 2017) from access to Medicare and healthcare fund intraoperative reimbursement, thereby rendering a cost-effective role unsustainable to many clinicians.

## RECOMMENDATIONS

1. To ensure advanced practice roles such as that of the NMSA evolve within the nursing domain, the NMBA must recognise and regulate APN roles in addition to the role of the NP in Australia.
2. Protect the title of APNs. Title protection in conjunction with regulation would limit the clinicians who are able to gain credentialing as an NMSA within Australian healthcare facilities. This would ensure all clinicians practicing as an NMSA have a minimum education qualification and have met the NMBA criteria for APN.
3. Medicare and therefore the private healthcare funds recognise the role the APN have regarding cost savings to the healthcare system. APNs who meet a set of criteria regulated by the NMBA should have the ability to be remunerated for intra-operative assisting.

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