

# Position Statement:



**Australia's health care bottleneck isn't just a shortage of nurses – it's a failure to empower them properly.**

## Nursing scope of practice: key to unlocking Australia's care capacity crisis

At Silverchain, we believe empowering community-based nurses to deliver care up to their full scope of practice is the urgent reform required to meet 21st-century health care needs at a cost Australia can afford.

Our experience shows this is achievable, with nurses already managing complex and acute care every day across Australia.

We are calling for the removal of outdated rules, funding, and cultural barriers that perpetuate delegated, task-based models where nursing is defined by medical delegation rather than professional competence. For more than 130 years, Silverchain has delivered models of care pioneered by nurses and evolved through frontline nursing expertise; models that enable nurses to work independently to their full scope of practice.

### Silverchain advocates for:

- Explicit recognition by government of registered nurses as independent health practitioners, with scope of practice defined by education, competence and regulation and not by medical delegation.
- National policy statements, program guidelines and funding instruments should reflect scope-based practice for nurses, not task-based nursing roles.
- Medicare and other Commonwealth funding arrangements must be reformed to end the artificial restriction of nursing practice through prescriptive item descriptors or delegation requirements. Funding should enable nurses to provide care within their authorised scope, rather than only for activities explicitly listed or overseen by a medical practitioner.
- Governments to invest in, and preference, shared and distributed clinical governance models that support multidisciplinary teams, with shared care across the system.

### Nursing in the community

**Community-based nurses like those at Silverchain are enabled to work independently and to their highest scope of practice to support patients to stay in their own homes during illness, treatment and/or injury.**

Nurses working alone in home-based care are practising at their highest scope because they must independently assess, make clinical decisions, manage risk and coordinate care without on-site support

from others. This requires advanced clinical judgement, accountability and the ability to respond to complexity in real time. These are all core elements of nursing practice, not delegated or task-based work.

Working autonomously in the home setting enables holistic care, allowing nurses to combine clinical, functional and psychosocial needs and initiate timely interventions. Rather than constraining practice, home-based care expects and relies on nurses to use their full skills, training and professional authority to achieve safe, person-centred outcomes.

Silverchain provides a variety of nursing services across Australia ranging from specialist palliative care and hospital in the home through to aged-related nursing services.

Our nurses share care with patients, their families and informal carers by working alongside them as partners, not replacements. They provide clinical oversight, guidance, reassurance and education while supporting carers to manage day-to-day tasks safely and confidently. This shared approach recognises families as part of the care team and helps people stay safely at home for longer as their needs change.

## What limits nursing scope of practice?

**Our health system has been set up to reinforce historical medical-nursing hierarchies where the medical practitioners are the decision makers and nursing practice is defined by what is delegated rather than by the nurse's own professional scope.**

The Federal Government's review of scope of practice - the *Unleashing the Potential of our Health Workforce 2024* review - identified a range of barriers to nurses (and other health professionals in primary care) to working to their full scope including:

- **Restrictive funding and payment policies.** For Silverchain, our nurse-led services are most successful at allowing our nurses to work to their highest scope when they are funded through a mix of block and blended funding models that do not rely on fee for activity funding or medical delegated workflows.
- **Limited awareness and recognition of nursing scope.** MBS rules prescribe what nurses can do, under what circumstances and under what conditions. MBS rules reflect only a narrow subset of nursing practice, yet they are treated as defining what nurses are able to do. This does little to improve awareness and recognition of nursing scope.
- **Cultural and leadership barriers** that prioritise and reinforce long standing medical-nursing hierarchies where the medical practitioners are seen as the primary decision makers and nursing practice is defined by what is delegated rather than by the nurse's own professional scope.
- **Weak clinical governance infrastructure in primary care.** Clinical governance and funding arrangements in primary care are poorly equipped to support multidisciplinary teams where health practitioners are employed by different organisations, reinforcing an assumption that nurses must be employed directly by general practices to participate fully in care delivery.

Current primary care governance, funding and regulatory models are designed around single-employer general practice structures, making it difficult to support integrated teams that include nurses employed by external or partner organisations who are working independently to their full scope of practice.

It can work. We know this because our nurses work in distributed employment teams with General Practitioners (GPs) and geriatricians every day where they retain medical decision making but nurses are able to provide care independently within their own scope of practice.

## Silverchain: a nurse-led organisation

We have 130 years of know-how as a nurse-led not for profit organisation. Our ambition is to create a better home care system for all Australians. We employ more than 1,000 nurses providing a range of community and home-based nursing across Australia.

For over 130 years, Silverchain has provided high-quality, in-home health and aged care services to multiple generations of Australians, supported by more than 5,900 employees across the country. Our team provide a range of health and aged care services to more than 140,000 people each year.

We have over 1,000 nurses with the majority being registered nurses. We also have enrolled nurses and Nurse Practitioners in our workforce. Our nurses provide a range of services including:

- Blood transfusions at home
- Hospital at home
- Specialist palliative care
- Wound clinics/services
- Post acute care
- Catheter and continence services
- Care coordination for people with chronic illnesses
- Oxygen therapy at home
- Clinics for survivors of family and/or sexual violence
- Clinics for people experiencing or at risk of homelessness or living with HIV
- Aged care nursing at home including end of life care.

Our nurses work in multidisciplinary teams, alongside allied health practitioners, care staff and medical doctors (whether Silverchain-employed, community-based GPs, hospital referring-doctors and/or specialists).

Silverchain conducts translational research into community nursing in wound care and palliative care, and we continue to invest in researching innovative nursing practice and nurse-led models of care delivery.