



# Submission to State Development and Regional Industries Committee

*Justice Legislation (COVID-19 Emergency Response  
– Permanency) Amendment Bill 2021*

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submission

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## Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the State Development and Regional Industries Committee for the opportunity to comment on the *Justice Legislation (COVID-19 Emergency Response – Permanency) Amendment Bill 2021* ('the bill').

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 67,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

Temporary modifications have been made to the *Powers of Attorney Act 1998* during the COVID-19 pandemic including, enabling nurse practitioners, in addition to doctors, to carry out capacity assessments necessary for people to make an advanced health directive (AHD) stating that the person making the document appears to have capacity.

The QNMU commends the proposed revisions in the bill to permanently retain the temporary modifications to enable nurse practitioners to carry out capacity assessments. The QNMU has long advocated for nurse practitioner's role in undertaking such assessments. In our view, broadening the level of qualifications and skills required will increase the accessibility and access to advanced care planning and support.

As such, the following submission provides broad support for the modifications to the *Power of Attorney Act 1998* that pertain to nurse practitioners.

We have consulted the expertise of our membership, as well as the QNMU's Nurse Practitioner Reference Group and First Nations Reference Group in drafting our response.

## Recommendations

The QNMU recommends:

- The Committee review other potential assessments where nurse practitioners can provide increased access to quality care

During the COVID-19 pandemic, the scope of practice of some nurses, including advanced practice nurses, has changed to address the growing demands of health care needs and emergency response requirements (McGilton et al., 2021).

Emerging literature on innovative nurse practitioner-led models of care trialled during the pandemic has highlighted the value that nurse practitioners provide and the potential benefits of improving access to quality care beyond the COVID-19 response (Wilson et al., 2021).

As such, we strongly support expanding the scope of capacity assessments to include nurse practitioners. A key advantage of this amendment will be increasing access to advanced care planning, particularly in geographical locations that are constrained by the availability of doctors able to make capacity assessments.

Enabling nurse practitioners to carry out capacity assessments after hours, as well as in nursing homes and palliative care services would be greatly beneficial for families and hospital and health services, particularly in rural and remote areas.

Beyond this, the QNMU considers the bill an opportunity to expand the scope of nurse practitioner enabled assessments. For instance, nurse practitioners could provide support with Justice of the Peace (JPs), death certificates, workers compensation and Enduring Power of Attorney (EOA) documents. This would facilitate nurse practitioners in providing greater access to quality care, particularly in areas that are under resourced, with delayed access to medical professionals.

## References

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- Wilson, E., Hanson, L.C., Tori, K.E., Perrin, B.M. (2021). Nurse practitioner led model of after-hours emergency care in an Australian rural urgent care Centre: health service stakeholder perceptions. *BMC health services research*, 21(1), 819. <https://doi.org/10.1186/s12913-021-06864-9>