



**NEW SOUTH WALES NURSES AND MIDWIVES' ASSOCIATION**  
**AUSTRALIAN NURSING AND MIDWIFERY FEDERATION NEW SOUTH WALES BRANCH**



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# **GUIDELINES ON NURSE AND MIDWIFE INITIATED DIAGNOSTIC INVESTIGATIONS**

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**NSW Nurses and Midwives' Association**  
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# Guidelines on Nurse and Midwife Initiated Diagnostic Investigations

Nurse and midwife initiated diagnostic interventions are becoming increasingly common in a range of practice areas, most notably among endorsed nurse practitioners, endorsed midwives and advanced practice nurses. This is largely due to increased scope of practice for some areas of nursing and midwifery and workforce changes across health. For example, there is increasing reliance on nurses and midwives to order diagnostic investigations in regional and rural areas.

Nurses and midwives who are able to initiate diagnostic investigations are endorsed nurse practitioners, endorsed midwives or advanced practice level nurses, such as those working towards their nurse practitioner status, or those who are working at an advanced level of registered nurse practice where local protocol allows them to initiate diagnostic interventions in their area of practice.

The requirements for initiating and processing diagnostic pathology and diagnostic imaging differ according to whether or not a charge is raised under Medicare for the processing of the request.

There are legal requirements when initiating diagnostic pathology or diagnostic imaging to be charged against Medicare for processing the request. In particular, the endorsed nurse or endorsed midwife (or other eligible practitioner) must initiate the request by completing and signing the request form prior to the service being provided. It is a breach of federal legislation for any of these professionals to sign the request form after the service has been initiated or to sign a blank request form. A request, however, can be initiated in advance or by telephone or facsimile.

## **NURSES AND MIDWIVES' EMPLOYED IN THE PUBLIC SECTOR**

Under current arrangements between state and federal governments, diagnostic pathology and diagnostic imaging which are provided in the public sector should not be costed for payment under Medicare. These costs should be met by the state through state/federal government funding arrangements for health. Therefore, if a nurse or midwife is employed in the public sector, the cost of nurse or midwife initiated diagnostic pathology and diagnostic imaging should be met by the state.

There are some NSW Health Local Health Districts that may have an exemption, under s19.2 of the *Improving Access to Primary Care in Rural and Remote Areas* (s19(2) Exemptions) Initiative<sup>4</sup> for a specific geographical area which enables Medicare benefits to be claimed for some services provided, which may include diagnostic investigations initiated by endorsed nurse practitioners who are authorised to do so.

If no claim is being made against Medicare for the processing of the request, then the protocol for making that request will be determined by local policy.

Any policy, guideline and/or protocol in relation to nurse or midwife initiated diagnostic pathology and diagnostic imaging should be consistent with legislation, should be in writing and be endorsed by the employing facility, and cover such areas as:

- the specific diagnostic pathology and diagnostic imaging items which are appropriate for nurse or midwife initiation;
- the circumstances under which these items can be initiated;
- the process required to make the request including use of Medicare or other request forms;
- how results are to be managed and by whom.

## **NURSES AND MIDWIVES' EMPLOYED IN THE PRIVATE SECTOR**

In the private sector, nurses and midwives are restricted in initiating diagnostic pathology and diagnostic imaging as the processing of such items would normally occur in a private facility and attract a charge against Medicare. Nurse or midwife initiated diagnostic pathology and diagnostic imaging could only occur if:

- Arrangements are available for the processing of the request that did not necessitate a claim against Medicare. For example, the client may choose to pay for the service, the employer may choose to fund the service as part of their operating costs, or funding may be sought under a specific state or federal government funding program (such as the better practice program); or
- The medical practitioner initiates the request in advance or by telephone or facsimile.

Written policy must include the process for all nurse and midwife initiated diagnostic interventions to be requested, managed and followed up.

## **NURSE PRACTITIONERS AND ENDORSED MIDWIVES**

From 1 November 2010, new laws came into effect enabling endorsed nurse practitioners and endorsed midwives to access specific items in the Medicare Benefits Scheme (MBS), including initiating specified diagnostic interventions.

Endorsed nurse practitioners and endorsed midwives in private practice have access to the Medicare Benefits Schedule (MBS) for items under their clinical practice guidelines.

To be 'eligible' the nurse practitioner or midwife must be

- registered under the National Registration Accreditation Scheme, and



- **endorsed as a nurse practitioner\*** by the Nursing and Midwifery Board of Australia, or
- **notated as an endorsed midwife\*** by the Nursing and Midwifery Board of Australia

(\*bolded for emphasis)

Recognition of a nurse practitioner or endorsed midwife by the Nursing and Midwifery Board of Australia is based on the nurse practitioner or midwife having appropriate advanced qualifications, experience and/or standards of practice.

Nurse practitioners and endorsed midwives accessing the MBS must demonstrate that collaborative arrangements are in place, including appropriate referral pathways with hospitals and medical practitioners to ensure that patients receive coordinated care and access to appropriate expertise and treatment as the clinical need arises.

## NOTE

*Health Legislation Amendment (Midwives and Nurse Practitioners) Bill 2009.*

## REFERENCES

1. NSW Health Guideline GL2017\_005 – Improving Access to Primary Care in Rural and Remote Areas (s19(s) Exemptions) Initiative.