

Commercial Insights

Collaborative arrangements between medical practitioners and eligible nurse practitioners and eligible midwives

The *Health Insurance Act 1973* and the *Health Insurance Regulations 2018* (**Regulations**) permit eligible midwives and eligible nurse practitioners to provide some services that are funded through the Medicare Benefits Schedule and prescribe certain medications subsidised under the Pharmaceutical Benefits Scheme provided they meet the relevant skills and qualifications criteria.

In order to provide these services and prescribe, eligible midwives and nurse practitioners must also have in place a collaborative arrangement with a medical practitioner. This requirement for collaborative arrangements is designed to ensure that members of the team, providing medical services to a patient, understand their roles and responsibilities and to ensure that medical practitioners are involved in that team.

Complying collaborative arrangements can take several forms, including:

- a) the midwife or nurse being employed by the medical practitioner
- b) the medical practitioner refers a patient to the nurse or midwife in writing, and
- c) where the nurse or midwife make an agreement in writing with the medical practitioner, signed by each party, and recording the terms of their collaborative arrangements.

The Regulations stipulate what must be contained within any written collaborative agreement as a minimum. However, thought should also be given to the commercial terms of such arrangements.

For example, is a nurse or midwife to be provided with a right to occupy part of the medical practitioner's premises? If so, what part of the premises and on what days and times, and is any payment required to be made as a result?

Are any services or amenities to be provided to the nurse or midwife? How long are the arrangements intended to continue, and how may they be brought to an end by either party?

Any protocols agreed between the nurse/midwife and the medical practitioner, for example, regarding prescribing or communications with a patient's usual general practitioner, should be recorded in the agreement.

Such an agreement could also be useful to include provisions regarding shared use of practice management software and to agree how patient confidentiality, privacy, and record keeping requirements are to be maintained between the medical practitioner and the nurse/midwife.

It is also important to specify the arrangements for insurance to be maintained by the parties, and for insurers to be notified of the collaborative arrangements in place.

A dispute resolution provision may also prove to be helpful in the future, should a dispute arise between the parties.

When negotiating or recording a written collaborative arrangement, we recommend that the medical practitioners and eligible nurse/midwife review their respective privacy policies and patient consent forms to ensure that patients are asked for any necessary consents for the disclosure of personal and sensitive information as between the practitioners.

This Insight was written by Principal, [Georgina Odell](#). Georgina and members of our Commercial team are experienced in advising on collaborative arrangements between medical practitioners and eligible nurse practitioners and eligible midwives. For further information, please contact Georgina.



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