Cancer Nurses Society of Australia (CNSA) Submission to the Nurse Practitioner Role in the National Lung Cancer Screening Program

28 March 2025

The CNSA represents nearly 2,100 cancer nurses across Australia. As the peak national body for cancer nursing, the CNSA strives to promote excellence in cancer care through the professional contribution of cancer nurses. To achieve this mission, CNSA acts as a resource to cancer nurses and all nurses who provide care to individuals living with cancer around Australia, regardless of geographical location or area of practice. We are the critical link between cancer nurses in Australia, the consumers of cancer services, and other health services and providers involved in cancer control.

Our Vision: Best possible outcomes and experiences for all people affected by cancer.

Our Mission: Promoting excellence in cancer care and control through the professional contribution of cancer nurses.

The CNSA welcome the opportunity to address the Department of Health and Aged Care consultation on the ***Nurse Practitioner (NP) role in the National Lung Cancer Screening Program*** (NLCSP) by participating in this consultation process. This consultation is important as it recognises the important role nurse practitioners will play in the NLCSP to ensure patient engagement and expand the reach of the service and its long-term sustainability.

This submission was authorised by:

Anne Mellon

CNSA President and Board Chair

Cancer Nurses Society of Australia

Submission contact:

Jemma Still

CNSA Chief Executive Officer

Cancer Nurses Society of Australia

Email: jemma@cnsa.org.au

CONSULTATION QUESTIONS

1. **Is the role described within the scope of practice for Nurse Practitioners?**

   Yes.
   However, consideration should be given to the fact that every NP's scope of practice will differ depending on the organisation they work for and the support and funding of their role.

   a. undertaking the eligibility assessment

   Yes.
   Eligibility assessments are paramount and well within the general scope of NP practice.

   b. having shared decision-making discussions

   Yes.
   NPs already support shared decision-making with patients. NPs should have a role in advanced decision-making and be able to do this independently if needed.

   c. requesting a low-dose CT scan by providing participants with their NLCSP request form

   Yes.
   This may require adjustment of the NP scope of practice. To reduce barriers to NP participation in this program, it will be important to ensure NLCSP request form orders are accepted by all radiological service providers, as this may pose a significant challenge if requests are rejected. This is currently an issue for many NPs across Australia with imaging requests for other imaging tests.

   d. enrolling participants in the National Cancer Screening Register (NCSR),

   Yes.
   NPs already support patients to address any anxieties and discuss the specific risks and benefits to the patient in participating in screening programs.

   e. discussing results with participants and

   Yes.
   NPs will need upskilling and training on the interpretation of results to allow for them to do this regularly as part of their practice. They also have a role in patient education, follow-up, and ongoing referral or management pathways that can be autonomously actioned as required.
   It is important to outline a pathway for incidental findings; these can be assessed by the NP and referred as required, either to the patient's GP for action or to a specialist if the finding is significant. Providing detailed pathways for referrals will give NPs the confidence to ensure the patient is on the correct pathway for investigations and follow-up.
   NPs can collaborate with GPs and specialist healthcare providers when the ongoing patient care requirements are outside the scope of the NP’s practice, in the same way a doctor would arrange their ongoing plan of care if they found themselves in the same situation.

   f. referring participants for follow-up investigations if/as required (note question 2)

      i. are there limitations on the types of tests or types of healthcare providers NPs can refer to?

NPs in this circumstance should be able to refer directly to a specialist, but it will depend on the service and the state or territory they work. This will require alignment across states and territory regulations concerning the scope of practice for NPs to refer to specialists.
MBS note MN .14. 15 allows NPs to refer to a specialist. It will depend on how detailed the recommendations were in the reporting protocol for the suggested follow-up investigation (e.g., NP could request a pulmonary function test and refer to a respiratory doctor but could not request a PET or MRI). It would be best if each site had a clear pathway for referral back to a particular team or respiratory doctor involved in lung cancer management.

ii. **would it be appropriate in some circumstances for NPs to refer participants to a GP for follow-up investigations if it is not within their scope of practice to refer directly for specific investigations?**
Consideration should be given to the fact that referring to a GP has the potential to introduce delays and additional costs to the patient, there is also a risk that the patient may fall through the gaps and is lost to follow-up.

2. **What clinical governance is required to support Nurse Practitioners involvement discussing results with participants?**

    a. **Arrangements for participants with very low; low; low to moderate; and moderate findings**

    b. **Arrangements for participants with high; and very high-risk findings**

    c. **Arrangements for additional findings, noting this may be dependent on the finding type**

    Currently, this would be addressed in the individual NP's scope of practice, which is credentialled by the organisation for which they work.

    Governance arrangements must be standardised nationally to ensure consistency for all practitioners enrolling participants in the NLCSP, not just NPs. This includes education programs, referral pathways, and guidelines for participants of varying risk levels. Governance should focus on diagnostic capacity, result interpretation, and consultation rather than being profession-specific and relevant to all risk profiles.

    It is also important that NPs connect with the wider team (including GPs and Specialists) to support their role and enable a pathway for referrals. One way to implement this could be that the respiratory specialist team is connected to the NP and provides training (complete a certain minimum number of screening/training sessions) under their supervision. This can support their involvement in the program and create a pathway for ongoing referrals.

3. **Are there any barriers that need to be overcome to enable Nurse Practitioner participation in the NLCSP?**

- **Legislation and regulation barriers?**

  Legislation and regulation of the scope of practice of NPs should be standardised nationally to support participation in this program.

- **Individual practices and settings barriers?**

NPs' scope of practice is often determined by their practice and setting, so this will have to be addressed to ensure consistency nationally in the ability of NPs to participate in the program.

- **Education and training barriers?**

  Education and training may be required, depending on the experience of the individual NP in this area. Initial criteria or assessment of individuals' ability to participate in the program may be needed to evaluate their need for education and training. There may be a need for ongoing evaluation and training to support participation in the long term.

  NPs may need NRT and smoking cessation training if this was not previously part of their practice. Communication skills training should also be provided in delivering screening services, which can lead to patient anxiety if requiring ongoing screening.

- **Funding barriers?**

  MBS items must be updated to ensure this is not a barrier to NPs requesting imaging tests and update providers to ensure they accept referrals for testing from NPs.

  NPs may require planning and additional travel costs to deliver this service for remote and rural patients. This should be addressed to ensure NPs do not encounter barriers to delivering this service to patients/communities to ensure equity of access to the program.

- **Technology barriers?**

  In rural and remote areas, there may be challenges in accessing CT scanning services and results. This should be addressed to ensure there are no logistics or technological barriers preventing NPs in these areas from participating, as patients in these areas could benefit from improved access.

- **Clinical barriers?**

  Rapid access to a respiratory physician involved in MDT or GP may be a barrier in rural and remote settings. This could be supported if NPs are connected to a specific tertiary respiratory site to support referral for other investigations, provide advice and expedite referral pathways.

  There should also be an opportunity for formal meetings to review action items appropriately, as per recommendations, particularly the outcomes of the ‘additional findings group’.

- **Governance or accreditation barriers?**

  Governance arrangements must also be standardised nationally to ensure consistency for all practitioners.

4. Are there any enablers or requirements that would need to be implemented to support Nurse Practitioners undertaking this role, for example, Program-specific education or training?

The following will also be important to enable NPs to undertake this role:

- Ensure MBS remuneration is the same for NPs as for GPs

- Standardised practitioner interdisciplinary training and education should be available for NPs similar to other professionals involved in the NLCSP. NPs should be provided with specific training on radiology to enable them to request and educate patients about CT scans.
- NPs require approved courses, and candidates require clinical nursing and medical mentorship as part of the approved master's degree. This may be a barrier to there being sufficient NPs to facilitate access to this program, given there is also a national shortage of nurses.