

# Strengthening Sexual and Reproductive Health Nursing in Australia

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The Family Planning Alliance (FPAA)<sup>1</sup> is a long-standing alliance of the key sexual and reproductive health organisations in Australian states and territories and is their national policy and advocacy voice.

Our work cuts across 20+ national government strategies and policy frameworks in the portfolios of health, education, gendered violence, equity, e-safety, prevention of child sexual abuse and international development. FPAA is the Australian International Planned Parenthood Federation (IPPF) country member.

The FPAA primary member organisations<sup>2</sup> are:

- True Relationships and Reproductive Health (Qld)
- Sexual Health and Family Planning ACT (SHFPACT)
- Family Planning Tasmania
- Sexual Health Victoria
- SHINE SA
- Sexual Health Quarters (WA)
- Family Planning NT.

Nurses and midwives are essential to our primary member organisations, contributing in clinical care, clinical education, quality, leadership, executive and governance roles.

## Purpose

This brief proposes strengthening the role of sexual and reproductive health nurses and midwives who are trained and practice within our services, but also work in diverse settings including:

- government sexual health services
- government and non-government abortion services
- general practice
- women's health services
- rape crisis and family violence services
- child protection services
- drug and alcohol services
- mental health services
- youth health services
- Aboriginal health services
- street-based outreach
- prison health services
- juvenile justice services
- gender-affirming health services
- outreach e.g. sex on premises venues, brothels, street work.

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<sup>1</sup> See <https://familyplanningallianceaustralia.org.au/>

<sup>2</sup> Currently FPNSW are operating outside the Alliance.

## Relationship to government policy

This brief proposes a way forward to strengthen the role of sexual and reproductive health nurses to improve the communities access to this highly skilled and educated workforce, and support recommendations within the Australian government's response to the *Senate Enquiry Report, Ending the postcode lottery: Addressing barriers to sexual, maternity and reproductive healthcare in Australia*<sup>3</sup>. It also supports actions articulated in:

- National Sexually Transmissible Infections Strategy (pending)
- National strategic approach for responding to rising rates of syphilis in Australia, 2021
- National HIV Strategy (pending)
- National Hepatitis C Strategy (pending)
- National Hepatitis B Strategy (pending)
- National Aboriginal STI and BBV Strategy (pending)
- National Women's Health Strategy 2020-2030
- Australia's Primary Health Care Plan 2022-2032
- National Men's Health Strategy 2020-2030
- National Action Plan for Endometriosis 2018
- National Strategy for the Elimination of Cervical Cancer in Australia (pending)
- National Action Plan for the Health of Children and Young People 2020-2030
- National Immunisation Strategy 2019-2024
- National Action Plan for LGBTIQ+ Health (pending).

The FPAA acknowledges the advanced status and essential role of Nurse Practitioners (NP) and Endorsed Midwives (EM) in enhancing access to sexual and reproductive healthcare.

## We propose

This brief proposes we strengthen the role of sexual and reproductive health registered nurses in Australia through:

- aligning current national and state-based family planning clinical nurse training, including state-based Sexual Health Nurse Certificate Courses already running in most states, to create one common national FPAA Sexual Health Nurse Certificate;
- aligning processes for competency assessment for clinical placements;
- working collaboratively with federal, state and territory governments (and their leadership and advisory groups) on aligning legislation/regulations facilitating nurse-initiated medications;<sup>4</sup>
- working collaboratively with the nursing bodies and the Australian government on a system and process of endorsement for sexual health nurses and midwives to provide Medicare-funded services, including the ordering of diagnostic tests;
- working with the Australian Government to expand the number of endorsed sexual and reproductive health nurses in primary care.

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<sup>3</sup> Commonwealth of Australia (2023) Ending the postcode lottery. Available at: [https://www.aph.gov.au/Parliamentary\\_Business/Committees/Senate/Community\\_Affairs/ReproductiveHealthcare/Report](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Community_Affairs/ReproductiveHealthcare/Report)

<sup>4</sup> Nursing and Midwifery Board Ahpra (2023) Registration standard: Endorsement for scheduled medicines – designated registered nurse prescriber, Released for consultation.

## International practice

While the specific roles and responsibilities of sexual and reproductive health nurses may vary between countries, the following are some countries where sexual health nurses have been supported and integrated into more advanced practice roles:

- (1) **Australia.** Australia has also recognized the importance of sexual and reproductive health nurses in providing specialized care in sexual and reproductive health. These nurses work in various settings, such as sexual health clinics, community health centres, and general practices. They provide services like STI and BBV testing and treatment, sexual health education, and support for vulnerable populations. Within most family planning clinics they also initiate medications, provide contraceptive counselling, pregnancy options counselling and other services.<sup>5</sup>
- (2) **Canada.** Canada has also recognized the valuable contributions of sexual and reproductive health nurses in providing comprehensive sexual and reproductive health care. Sexual and reproductive health nurses in Canada may work in various settings, including community health centres, family planning clinics, and sexual health organizations. They are involved in STI prevention and management, contraceptive counselling, sexual health education, and promoting overall well-being.<sup>6</sup>
- (3) **New Zealand.** In New Zealand, sexual and reproductive health nurses are integral to the provision of sexual and reproductive health services. They play a vital role in promoting sexual health, providing STI testing and treatment, family planning and contraceptive advice, and counselling on sexual health matters. Sexual health nurses in New Zealand may work in dedicated sexual and reproductive health clinics, community health centres, and other healthcare settings.<sup>7</sup> Our sister organisation, Family Planning New Zealand already has a sexual and reproductive health prescribing nurse role,<sup>8</sup> working within their primary health and specialty teams framework.<sup>9</sup>
- (4) **United Kingdom.** In the UK, sexual and reproductive health nurses, also known as genitourinary medicine (GUM) nurses, have been playing an increasingly important role in providing sexual and reproductive health services. They offer a variety of services, including sexual health counselling, STI testing and treatment, contraceptive advice, and education. GUM nurses are often involved in running specialized clinics within sexual health services.<sup>10</sup>

## The breadth of family planning clinical practice

In Australia, while sexual and reproductive health nurses practice in a range of settings, it is within the family planning clinics that they gain the broadest, most independent clinical experience alongside general practitioners. This is due to our specialised work in clinics targeting disadvantaged and underserved priority populations identified within the National STI and BBV Strategies, with a wide range of sexual and reproductive health services.

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<sup>5</sup> Australian College of Nursing. (2019). Scope of Nursing and Midwifery Practice Framework.

<sup>6</sup> Canadian Nurses Association. (2015). Sexuality and sexual health nursing: An overview of the role and scope.

<sup>7</sup> New Zealand Sexual Health Society. (2014). National Standards for Sexual Health Services in New Zealand.

<sup>8</sup> Family Planning NZ website. Available at: [Nurse prescribing in community health rolled out \(familyplanning.org.nz\)](https://www.familyplanning.org.nz)

<sup>9</sup> Nursing Council of NZ. Available at: [https://www.nursingcouncil.org.nz/Public/Nursing/Nurse\\_prescribing/NCNZ/nursing-section/Nurse\\_Prescribing.aspx](https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/NCNZ/nursing-section/Nurse_Prescribing.aspx).

<sup>10</sup> Health Education England. (2017). Sexual Health and Reproductive Health Core Capabilities Framework for Registered Nurses: GUM/HIV Services.

Family planning clinics and their integrated information and education services were established across Australia in the 1970's and played a pivotal role in the original development of this workforce.

Today family planning clinics continue to provide a key role in the training and continuous professional development of doctors and nurses working in primary care. See Attachment C for a list of the courses currently provided for nurses.

While in some states, the lack of state/territory funding has at times limited the scope of services, nurses are already assisting communities via multi-disciplinary approaches in family planning organisations, offering medication abortion, working within sexual assault services, endometriosis clinics, HIV care, PrEP/PEP provision and gender-affirming medical care.

GPs routinely call family planning clinics and helplines for advice and refer their more complex patients to us and vice versa, as we refer back out to GPs with special interests. While GPs with a special interest in sexual and reproductive health often provide safety net level services, some may also refer patients when the MBS rebate is significantly inadequate to cover the costs of procedures such as the more difficult IUD insertions. Referrals into our clinics can also occur when the patient is in hardship, or when the patient is under the age of medical consent and needs to be deemed a competent minor.

Depending on state-based legislation and regulations in place, our nurses initiate medications under specific state-based regulations or medication orders.

### **FPAAs Survey**

A recent survey of FPAAs primary member organisations<sup>11</sup> highlighted opportunities to align and strengthen practice to ensure nurses continue to have opportunities to work to their full scope.

From reviewing this data, and in consultation with primary member organisations, FPAAs believes there is a significant opportunity to strengthen this workforce and use family planning organisations as a foundation for the ongoing development of an MBS billing and PBS prescribing sexual and reproductive health nurse.

See Appendices A to C for full details of the current lists of nurse-initiated medications by state/territory, current nurse training programs and a nurse headcount and FTE.

### **Consultation**

Currently, all FPAAs primary members have participated in this brief. In addition to our own primary membership, we have had initial briefing discussions with key stakeholders including:

- Emma Knowland, President, Australasian Sexual Health and HIV Nurses Association (ASHHNA)
- Melinda Hassall, Australian Society of HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Bonney Corbin, Chair Australian Women's Health Alliance (AWHA)
- Dr Bruce Willett, Vice-President, Royal Australian College of General Practitioners (RACGP).
- Karen Grace, A/g National Director, Professional Practice, Australian College of Nursing.

These early discussions lead us to believe that this concept is broadly supported and would not be controversial.

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<sup>11</sup> Every state and territory, not including FPNSW who are currently operating outside the Alliance.

## **Recommendations**

1. The Australian Government supports the FPAA with funding of \$300,000pa (ex GST) to appoint a Senior Nurse Advisor to work collaboratively with stakeholders to establish an MBS billing and PBS prescribing sexual and reproductive health nurse role.
2. The Australian Government commits to significantly enhancing access to sexual and reproductive health care by expanding the number of sexual and reproductive health nurses by another 50 positions, working within family planning organisations, and other diverse settings across Australia.



**Appendix A – Current list of medications able to be initiated by sexual and reproductive health nurses in family planning organisations.**

<b>Provided using standing medication orders/nurse initiation regulations</b>	<b>QLD</b>	<b>ACT</b>	<b>VIC</b>	<b>TAS</b>	<b>SA</b>	<b>WA</b>	<b>NT</b>
Adrenaline	No	No	No	Yes	Yes	No	Yes
Azithromycin (Chlamydia)	Yes	Yes	No	No	Yes	Yes	Yes
Ceftriaxone (and Azithromycin and Metoclopramide) (Gonorrhoea)	No	No	No	No	Yes	Yes	Yes
Cefuroxime	Yes	No	No	No	No	No	Yes
Clindamycin cream	Yes	No	No	No	No	No	Yes
Clotrimazole	Yes	No	No	No	No	No	Yes
Combined oral contraceptive pill	Yes	No	No	No	Yes	No	Yes
Depot Medroxyprogesterone Acetate	Yes	No	No	Yes	Yes	No	Yes
Doxycycline (and Azithromycin) (Mycoplasma Genitalium)	No	Yes	No	No	Yes	Yes	Yes
Doxycycline (Rectal Chlamydia)	Yes	No	No	No	Yes	Yes	Yes
Etonogestrel Implant	No	No	No	Yes	Yes	No	Yes
Famciclovir	Yes	No	No	No	No	No	Yes
Fluconazole	Yes	No	No	No	No	No	Yes
Hepatitis B Vaccine	Yes	No	No	No	Yes	Yes	Yes
HPV Vaccine (Gardasil9)	Yes	No	No	No	Yes	Yes	Yes
Influenza Vaccine	No	No	No	No	Yes	No	Yes
Levonorgestrel	Yes	Yes	No	No	Yes	No	Yes
Lignocaine	No	No	No	Yes	Yes	No	Yes
Lignocaine and Adrenaline	No	No	No	Yes	Yes	No	Yes
Medroxyprogesterone	No	No	No	No	No	No	No
Metronidazole (Bacterial Vaginosis)	Yes	No	No	No	Yes	No	Yes
Progestogen only pill	Yes	No	No	No	Yes	No	Yes
Trimethoprim	Yes	No	No	No	No	No	Yes
Ulipristal Acetate	Yes	No	No	No	Yes	No	Yes
Valaciclovir	Yes	No	No	No	No	No	Yes
<b>Special emergency pathway</b>							
Monkeypox vaccine (during outbreak)	No	No	No	No	Yes	No	No



**Appendix B – Current courses and professional development for RN/RM offered by family planning organisations by state/territory**

Course/session name	QLD	ACT	VIC	TAS	SA	WA	NT
<b>Certificate</b>							
Certificate in Sexual Health (6 modules over 5 days; 7 in WA)	Pending	No	Yes	No	Yes	Yes*	Yes
Clinical Placement (14 X 3.75 hour clinics; 12 x 3.5 in WA)	No	No	No	No	Yes	Yes*	Yes
<b>Short training/professional development</b>							
Cervical Screening Provider course - theory only	No	Yes	No	Yes	Yes	No*	Yes
Cervical Screening Provider course - theory and clinical (in ACT this is a component of the Well Women's Screening Course)	Yes	Yes	Yes	Yes	Yes	Yes	No
Changes/Self-Collection in Cervical Screening Updates	Yes	No	No	No	No	No	Yes
Cervical Screening Provider course - theory and external preceptor option (theory + workplace practice)	Yes	No	Yes	No	Yes	Yes	Yes
Online Contraceptive Implant Course for RN/RMs - Theory & simulated assessment	Yes	No	Yes	No	Yes	Yes*	No
Hybrid Contraceptive Implant - online plus F2F assessment	Yes	No	Yes	No	No	No	No
Contraceptive Implant for RN/RM course - F2F workshop only	No	No	Yes	Yes	Yes	Yes	Yes
Pregnancy Choices Training	Pending	No	Yes	Yes	Yes	Yes	No
Contraception Updates/Workshops	Yes	Yes	Yes	No	Yes	Yes	Yes
STI/BBV Updates/Workshops	Yes	Yes	No	No	Yes	Yes	No
LGBTIQ Inclusive Practice	Yes	No	No	No	Yes	Yes	No
Assisting IUD Insertion for Healthcare Professionals	Yes	No	No	Yes	No	No	No
Introduction to IUDs	No	No	Yes	No	No	No	No
Introduction to Sexual & Reproductive Health for nurses	Yes	No	No	No	No	No	No
Vulvovaginal health	No	No	Yes	No	No	No	No



# FAMILY PLANNING ALLIANCE AUSTRALIA

## Appendix C - Current number of RN/RM in family planning organisations by state/territory

Head count	QLD	ACT*	VIC	TAS**	SA	WA	NT	All
Nurse Practitioners	6	0	0	0	0	0	0	6
Registered Nurses	11	8	13	7	18	8	1	66
Registered Midwives	6	0	0	0	1	0	2	9
<b>Total head count</b>	<b>23</b>	<b>8</b>	<b>13</b>	<b>7</b>	<b>19</b>	<b>8</b>	<b>3</b>	<b>81</b>
Nurse Practitioners	3.8	0	0	0	0	0	0	3.8
Registered Nurses	6.4	2.76	0	0	6.8	5	1	21.96
Registered Midwives	3.6	0	7.67	3.8	0.4	0	1.6	17.07
<b>Total FTE</b>	<b>13.8</b>	<b>2.76</b>	<b>7.67</b>	<b>3.8</b>	<b>7.2</b>	<b>5</b>	<b>2.6</b>	<b>42.83</b>

**Notes:**

\*ACT - two nurses were previously practicing midwives

\*\* All TAS nurses are also registered midwives

Some states also employ ENs including as a procedural assistant