Reform Within Australian Practice Nursing: Background & Vision

~ Peter Larter, GPDV ~

My Background

- 2000-01
  - Department of Health and Ageing
- 2001-present
  - General Practice Divisions - Victoria
    - Practice Nursing
    - GP-Pharmacy programs

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Preface

- Why is there an increasing focus on practice nursing?
- Why are Divisions of GP and the Commonwealth Government involved?
- What are the current issues and barriers?
- Where to from here? The vision...

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What is GPDV?

- State-based peak body for Victorian divisions of general practice since 1998

- "Nurses in General Practice" program
  - GP-nursing partnerships - ↑care and efficiency
  - Nurses' special skills in population health - complements the GP role
  - Increasing focus on CDM

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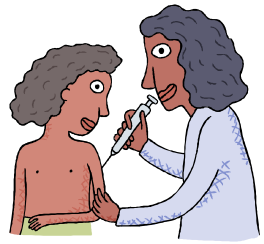
Why the focus on nurses?



- General Practice - shift from **reactive** to **proactive** care
  - Better for patients
  - Better for taxpayers
- Nurses have a key role to play eg:
  - recall / reminders
  - manage chronic disease / health promotion
  - management of the clinical environment

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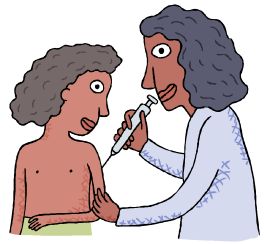

- Health Priority Areas
  - Asthma
  - Cancer
  - Cardiovascular Health
  - Diabetes
  - Injury Prevention
  - Mental Health
  - Musculoskeletal conditions / arthritis

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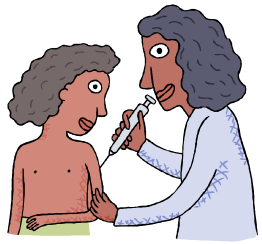

- Evidence of good clinical outcomes

- Nurses can also improve the business of GP
  - PN payment from government
  - Commonwealth programs such as EPC care plans, health assessments, HMRs

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Practice Nursing & Divisions: How did it all begin?

- PNs have been around in Australia for at least forty years
- 1992 GP Strategy -> Demonstration Projects involving PNs
- 2000 -> Joint RCNA/RACGP proposal to Minister for Health and Aged Care

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2001/2 Budget (May 2001)

- DoHA: $104.3 million over four years
  - $86.6 million to practices to employ more nurses in rural areas (including Otways)
  - $12.5 million for training initiatives and professional support of practice nurses
  - $5.2 million for 400 nursing scholarships p.a.

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Future Directions in PN Workshop (July 2001)

- 90 invited stakeholders to discuss potential future of practice nursing

- Divisions -> key role to promote models of care that include PN roles

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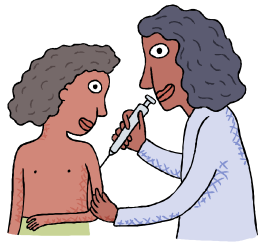
What's Happening Now?



- National Committee on Nursing in General Practice
- APNA established (www.apna.asn.au)
- 84% of divisions in Australia are providing support for practice nurses

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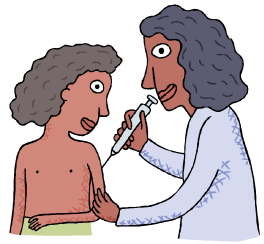
What's Happening Now?



- Consumers' Views of Practice Nursing
- RCNA / GPEA ongoing education program
- RCNA / GPEA project
  - where is Pnursing going?
  - What are the educational "gaps"?

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Qualifications & Education

- Recognition that RN Div 1 and RN Div 2 qualifications are relevant to GP
- Minimum qualifications required:
  - RN Div 2 is minimum
  - Will depend on the duties expected of the nurse in each specific clinical context
  - Should recognise both previous experience of the nurse **and** the nurse's education (university, TAFE, specific)

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Medico-Legal Issues

- Supervision requirement for RN Div 2 nurses (Nurses Board)
- Insurance

- APNA & ANF strongly recommend personal insurance

- Position descriptions & policy/procedures

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Which Way From Here?

- Far North Qld study of 98 PNs[1]:
  - PNs self-reported a low level of competence in patient teaching across a range of topic areas
  - However, many PNs didn't want further education to assist with patient teaching

[1] **O'Connor, T. 2002.** ***Nurses in General Practice: The role and education needs of nurses - A study undertaken in five northern Queensland Divisions of General Practice***

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What's Possible?

- Nurse-led diabetic or asthma clinics, attached to the practice
- Nurse-led health assessments in the home
- Care plan liaison & assessment (difficult)
- Practice immunisation program

(Otway very successful already)

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Example: Nurse-led Asthma Clinic

Costs

- Training for PN approx $750 plus 1 weeks wages while training
- Purchase spirometer $3200
- A lot of equipment free through drug companies

Benefits

- PIP sign $250 per full time GP
- $100 per 3+ Plan completed
- Level D consultation (??) per each visit to Clinic - nurse 45 minutes / GP 10 minutes Spirometry charge

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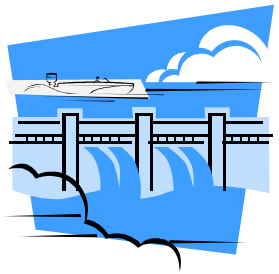
Barriers



- "Practice Nursing has yet to be taken seriously as a career path"[1]

- "Up until the early 1990s, it was not uncommon for Nurses' Registration Boards to question the right of PNs to practice"[2]

[1] **Willis and Condon. 1998.** ***Shared Care between Nurses and General Practice.*** **Adelaide: Flinders University School of Medicine.**

2 Percival, E. 1993. "Practice Nurses: What Do They Do?" ***NBSA Nursing News 4(1):2.***

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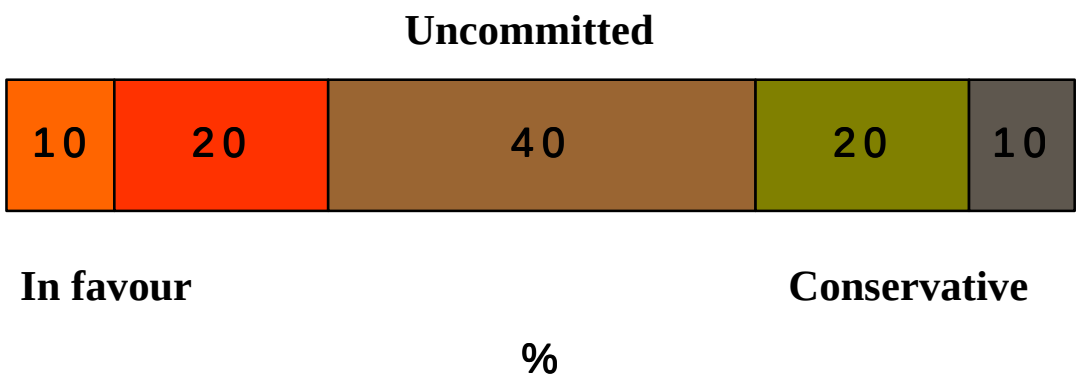
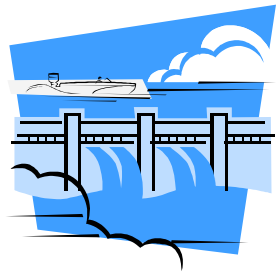
Barriers

- How can divisions bring more health professionals on board?



Barriers



- PN Education: what's in it for nurses and for practices?
  - Need for credentialling of courses tailored towards PNs, with CNE points system, to ensure
    - The quality of the course
    - Some professional recognition for CQI
  - Creation of grades of practice nursing, or specialisations linked to training?

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Conclusion

- Exciting reform happening in the health system - focus on primary care
- Barriers are being worked through, and attitudes are changing
- Division here to help

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Some Useful Web Links

- APNA - www.apna.asn.au
- GPDV - www.gpdv.com.au
- ADGP - www.adgp.com.au
- Commonwealth Practice Nursing Site - www.health.gov.au/hsdd/gp/nursing/

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Follow-up Information

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