This Collaborative Care Agreement is made on the date specified under Item 15 by and between the general practitioner/s described in Item 1a and the nurse practitioner/s described in Item 1b.

1. Collaborative care provider details and contact information

(a) General practitioner/s – repeat boxes if more than one

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<tr>
<th>Full name</th>
<th>Registration no.</th>
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<th>Emergency, including after hours, contact numbers</th>
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(b) Nurse practitioner/s – repeat boxes if more than one

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2. Clinical setting/s in which care will be provided

Will the nurse practitioner be working in your practice?
Please tick  

Yes  No

And/or

Include home visits  
Yes  No

In an aged care facility  
Yes  No

Continence clinics in state funded facilities  
Yes  No

Other settings – please specify: 

Does the nurse practitioner have, or intend to have, collaborative arrangements with other general practitioners?
Please tick  

Yes  No

3. Areas of nurse practitioner responsibility and agreed scope of practice for patient care

Range of patient conditions to be treated/services to be provided:

General community primary care triage  
Yes  No

Diabetes management  
Yes  No

Mental health  
Yes  No

Lifestyle management (including motivational counselling)  
Yes  No

Wound care  
Yes  No

Chronic pain management  
Yes  No

Residential care  
Yes  No

Other – please specify: 

I am duly qualified to treat patients within the range of conditions specified.

Signature of nurse practitioner  

Date  

Elements of treatment to deliver – please specify: 

4. Communication protocols

Communication regarding patient consultation occurrence and outcome:

General practitioner/nurse practitioner to be advised of every consultation

- Yes □
- No □

General practitioner/nurse practitioner to be advised only when significant change occurs in patient’s condition, or is made in the patient’s management plan

- Yes □
- No □

Communication protocols for pathology and/or diagnostic imaging test results:

General practitioner/nurse practitioner to be informed of every test result

- Yes □
- No □

General practitioner/nurse practitioner to be informed only when test result is abnormal (especially those requiring ‘urgent’ action)

- Yes □
- No □

General practitioner/nurse practitioner to be informed of test results within:

- 24 hours □
- 2–4 days □
- 1 week □

Other – please specify □

Regular nurse practitioner and medical practitioner follow up and review:

Follow up on issues the nurse practitioner does not feel confident managing and/or is outside scope of practice

- Yes □
- No □

Agreement between general practitioner and nurse practitioner on management of multiple co-morbidities

- Yes □
- No □

Other, please specify □

Forms of communication:

Written communication

- Yes □
- No □

Oral communication

- Yes □
- No □
5. Initiating pathology and diagnostic imaging

Tests nurse practitioner can autonomously initiate:

Please tick the relevant box/es

- [ ] X-ray

Other imaging, please specify

- [ ] Pathology
- [ ] MSU
- [ ] FBC
- [ ] UEC
- [ ] HbA1C
- [ ] Nasopharyngeal aspirate
- [ ] Wound swab
- [ ] Stool MCS

Other, please specify

Any test which the nurse practitioner wishes to order that is not listed above should be discussed with the general practitioner prior to ordering.

6. Prescribing arrangements

Drugs which may be autonomously prescribed by nurse practitioner:

Please list

The patient’s General Practitioner has been notified about the above ‘list’?  Yes [ ]  No [ ]

Roles and responsibilities for prescribing and supply of medication:

Is the prescription/s supply for a one-off supply [ ] or an ongoing supply [ ]

General practitioner/nurse practitioner to be advised of commencement of a regular medication or changes in medication  Yes [ ]  No [ ]

Please identify the potential for significant poly-pharmacy issues (if applicable)

7. Protocols for consultation, referral, and transfer

Types of patient/s requiring review

Protocols for referral to GP (if applicable):

General practitioner to be advised whenever nurse practitioner has a clinical concern about the patient  Yes [ ]  No [ ]

Please specify other situations when patient review is deemed necessary by the general practitioner, as requested by the nurse practitioner, eg. a medical emergency

Protocols for referral to a medical specialist other than the GP (if applicable):

General practitioner/nurse practitioner to be informed of every referral to a medical specialist  Yes [ ]  No [ ]
General practitioner/nurse practitioner to be informed of every referral for diagnostic imaging/pathology

Yes [ ]  No [ ]

If applicable, list the specialties that the nurse practitioner can refer a patient to:

Preferred method of contact for non-emergency situations – please tick the relevant box:

Via phone [ ]  Face-to-face with patient [ ]  Both via phone and face-to-face with patient [ ]

The anticipated turn-around time for GP review and support – please tick the relevant box:

Within 2–4 hours [ ]  Within 24 hours [ ]  Weekly [ ]

8. Protocols for after hours and emergency

Protocols for escalation of care:

Options are:

1. call any of the general practitioners who are parties to this agreement
2. call the after hours medical service
3. call an ambulance
4. if patient’s condition is critical, call an ambulance before doing Step 1 or 2.

Based on the aforementioned options, please identify:

The agreed protocols for abnormal test results

The protocols for patients in severe pain

The protocols for an emergency

Emergency contact numbers
Emergency contact numbers have been exchanged  Yes [ ]  No [ ]

Preferred method of contact for emergency situations

Phone [ ] or face-to-face with patient [ ] or both [ ]

Please specify the agreed protocols for patient follow up

9. Ongoing review of collaborative arrangements and quality assurance

Please specify ongoing review of the collaborative care agreement:
Weekly [ ]  Monthly [ ]  Quarterly [ ]  Yearly [ ]  Other [ ]

10. Life of the Collaborative Care Agreement

This agreement shall commence on: [ ] and expire at 5:00 pm on the [ ] anniversary of the commencement date unless earlier terminated by the parties.

11. Termination of agreement

List the circumstances whereby the agreement will be terminated

12. Remuneration for non-MBS reimbursed work

Please identify agreed arrangements for phone consultation and discussion

Please identify agreed arrangements for e-consultation and discussion

Please specify other arrangements (if applicable)

If patient is fee-paying, has patient consent been appropriately obtained?  Yes [ ]  No [ ]
13. Insurance details contact information

The parties represent and warrant to each other they will maintain current insurance during the currency of this agreement, and do nothing to jeopardise, the following respective insurance covers with reputable insurers:

**(a) General practitioner/s – repeat box if more than one**

**[i] Professional Indemnity Insurance**

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<th>Name of insurer</th>
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<td>Name of insured</td>
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<td>Telephone</td>
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<td>Email</td>
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<td>Policy limit</td>
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**[ii] Public Liability Insurance**

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<td>Name of insured</td>
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<td>Email</td>
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<tr>
<td>Policy number</td>
<td>Policy limit: $10m per event, automatically reinstating (attach Certificate of Currency of Insurance)</td>
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</table>
(a) Nurse practitioner/s – repeat box if more than one

[i] Professional Indemnity Insurance

Name of insurer

Name of insured

Postal address

Telephone  Fax number  Mobile number

Email

Policy limit  Policy number

(attach Certificate of Currency of Insurance)

[ii] Public Liability Insurance

Name of insurer

Name of insured

Postal address

Telephone  Fax number  Mobile number

Email

Policy number

Policy limit: $10m per event, automatically reinstating (attach Certificate of Currency of Insurance)

14. Health professionals’ agreement

Executed as an agreement on (insert date signed)

General practitioner’s name (repeat if more than one)

General practitioner’s signature (repeat if more than one)

Nurse practitioner’s name (repeat if more than one)

Nurse practitioner’s signature: (repeat if more than one)