



RACGP Collaborative Care Agreement – general practitioner/s and nurse practitioner/s

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

Full name

Registration no.

Name of practice

Practice address

Usual hours of practice

Practice telephone

Practice fax number

Practice mobile number

Practice email

Emergency, including after hours, contact numbers

(b) Nurse practitioner/s – repeat boxes if more than one

Full name

Registration no.

Qualifications

Name of practice

Practice address

Usual hours of practice

Practice telephone

Practice fax number

Practice mobile number

Practice email

Emergency, including after hours, contact numbers

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:

Referral arrangements – please specify:

Support arrangements – 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

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)

(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)