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Practice nurses

Working smarter in general practice

BACKGROUND

Recent government funding initiatives have increased the number of nurses in general practice and the range of tasks undertaken by them. These nurses are trained, professionally regulated health care professionals who can make a significant contribution to the work of the practice.

OBJECTIVE

Approaches are described that enhance available general practice services, allow for the nurse to substitute for the general practitioner in some tasks, and leads to a delegation of roles that can improve patient health outcomes.

DISCUSSION

A well educated, well supported practice nurse can enhance both the services provided by a general practice and the income derived from such services.

One of the most significant changes to occur in general practice over the past 4 years has been the Australian government's provision of incentives for the employment of nurses working in general practice. In the Federal Budget 2001–2002, \$104.3 million was allocated to support the employment of nurses in general practice and a further \$129.7 million was committed in the 2005–2006 budget to be spread over the ensuing 4 years. This funding clearly demonstrates a commitment to the consolidation of practice nurses (PNs) as important members of the general practice team.

Significant issues confront general practice including a rapidly aging population with a rising prevalence of chronic disease, compounded by a shortage of general practitioners with consequently an excessive workload for those that do exist. There is increasing evidence that PNs can contribute addressing these issues.

A recent unpublished survey by the Australian Practice Nurses Association (APNA) estimated that there are 5500–6500 nurses employed in general practice in Australia with this number increasing by 15–17% per annum, making it Australia's fastest growing area of health care. Fifty percent of moderate sized practices of 4–8 GPs employed nurses; 60% of those practices employed 2–4 PNs.

The characteristics of a PN

The term 'practice nurse' refers to a nurse working and providing a nursing service in the general practice context.

These health care professionals can be a registered nurse (RN) (Division 1 in Victoria) or an enrolled nurse (EN) (Division 2 in Victoria). It is a statutory requirement that nurses are registered with the regulatory authority in their state and that ENs are supervised either directly or indirectly by a RN.¹ In order to meet the criteria for registration, ENs usually complete a 1 year course. A more extensive course is undertaken at tertiary level in order to qualify as a RN.

As with any other area of nursing, PNs must practise in an ethical, safe and competent manner. The Australian Nursing and Midwifery Council Code of Ethics² outlines the nursing profession's intention to accept the rights of individuals and to uphold these rights in practice. A nurse is personally accountable for the provision of safe and competent nursing care and the maintenance of competence, including participation in ongoing professional education.³ Nurses must be able to work within the competency standards set by the profession and within the training they have received. The nursing profession has very clear guidelines on nurses' competence and professional conduct; these are available for enrolled, registered and advanced level nurses.⁴

The APNA survey revealed that 90% of PNs are RNs, with the remaining 10% being ENs. In addition to the minimum registration requirements, 66% of respondents had undertaken formal training postregistration including midwifery (21%), or a postgraduate degree or diploma (11%). Although there is no requirement for a nurse to hold postbasic

qualifications in order to work in general practice, such expertise can only add to the range and quality of nursing services provided to patients.

The role of the PN

The advantages for consumers of nurses working in general practice have been identified by Sibbald⁵ as:

- being related to the enhancement of available services
- substitution for the GP in some tasks, and
- delegation of roles.

Having a nurse present in the practice enhances the range and depth of available services including chronic illness management, wound care, and health promotion. Medicare Benefits Schedule funding is now available for nurses providing some of these services including wound management and chronic illness management by way of GP management plans and team care arrangements. Given that chronic disease affects one in 4 Australians,⁶ chronic disease management is perhaps the biggest area in which PNs can improve health outcomes by enhancing or complementing care provided by the GP. For example, one study⁷ showed that patients treated by PNs who had been trained to use protocols for the management of lipid disorders were 2.5 times more likely to reach their cholesterol target than those treated by GPs, possibly due to the nurses' stronger adherence to evidence based guidelines. A Scottish study showed that nurse led secondary prevention clinics based in general practice are cost effective and can prevent cardiac deaths.⁸

Substitution of GP care may occur, for example, in cervical screening and immunisation, allowing practices to reach population targets.⁵ Increasingly, skilled PNs – including accredited nurse immunisers and credentialed Pap test providers – provide a safe and competent service while independently generating practice income. For example, a credentialed nurse Pap test provider can independently manage women undertaking cervical screening by performing the Pap test, following up the results, notifying the patient, and initiating the reminder process while billing the patient either a Medicare item number or a private fee. The nurses working in the author's moderate sized practice perform approximately 40% of all Pap tests. This allows greater responsibility for the nurse, better access for the patient, time saved for the GP, and increased income and capacity for the practice by reaching and maintaining Practice Incentive Payment (PIP) targets for both cervical screening and immunisation.

Delegation to the PN of many health screening activities, initial patient assessment, and the following up of pathology results allows the GP to spend more time

with patients who have greater health needs. This is an important factor considering the GP shortage and lack of available appointments. Saving a GP's time, however, is only one reason for employing a PN.

The business case

Business case models developed in 2003 clearly demonstrate possible practice income increases from a minimum of 1% in a small urban practice up to 10.7% in a large rural practice using an advanced PN model.⁹ This extra income results from the GP having time released to see other patients while the nurse generates independent income – further enhanced since this modelling occurred by the introduction of nurse specific item numbers.

Other opportunities exist for nurses to drive increased practice income by the effective use of recall and reminder systems. Practice Incentive Payments (PIP) will be increased if nurses coordinate patient data effectively to enable the practice to maximise the Diabetes Cycle of Care, Asthma 3+, and cervical screening PIP payments. These are over and above the Practice Nurse Incentive payment available to practices in rural areas (RAMA 3–7) and currently capped at \$40 000 depending on the size of the practice.

Educating patients that there is a PN available who is supported by the GP has been shown to influence how well consumers accept this change within general practice. Consumers' views depend on the issue requiring them to attend a practice, and their trust and knowledge of the nurse's skills, experience and qualifications. For some, personal recommendation is important and consumers trusted the GP to provide the right person for the job.¹⁰

Conclusion

As Australian general practice moves into an era of multidisciplinary teamwork, there is ample evidence to support the utilisation of nurses within the general practice team. Such utilisation will not only assist practices to remain viable businesses but will also be important in addressing problems related to the aging population, increasing chronic disease, and GP workforce issues.

Accepting PNs as skilled health care professionals capable of assessing, planning, coordinating, and in some cases managing, the care of patients is essential if general practice is to successfully incorporate nurses (as well as other health professionals) into the general practice environment. The future of nurses working in general practice is an exciting one with increased scope of practice, greater educational opportunities, and increased acceptance by both patients and GPs.

In the future we should see nurses in general practice running minor illness clinics, well women's and sexual health clinics, asthma and diabetes clinics, immunisation clinics, removing skin lesions, supporting lifestyle changes, providing structured and sustained follow up after the onset of cardiovascular disease including heart failure, and generally managing patients using evidence based and well accepted protocols.

Conflict of interest: none declared.

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