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# Primary care nursing workforce in Australia

## A vision for the future

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The National Health and Hospital Reform Commission Report (NHHRC)<sup>1</sup> and the Draft National Primary Health Care Strategy<sup>2</sup> offer a vision for a better coordinated, multidisciplinary primary health care system in Australia. Equitable access, improved care and care coordination in primary health care are core components of this vision. Integral to this is a workforce that can work in an interprofessional way to provide quality and timely care to patients. There is good evidence supporting nurses undertaking an expanded role in the primary health care team.<sup>2-4</sup>

Over the past decade, the role of nurses in general practice has increased and, in 2007, there were 7824 nurses employed in Australian general practice.<sup>5</sup> Strategies to support and extend these roles via Medical Benefits Scheme (MBS) and the Australian Government's practice nurse incentive in 2001 have included:

- funding targeted item numbers to enable nurses to fulfil limited roles
- funding to general practice networks ('divisions') to provide informal support
- continuing professional development activities
- scholarships for a range of courses through the Australian Practice Nurses Association.<sup>5</sup>

However, policy development has thus far failed to take a systematic and integrated approach to building a sustainable workforce that has

clearly defined professional roles, is underpinned by quality assured education, and supported by a career framework. Such policy needs to have a clearly articulated vision about what the profession of primary care nursing should look like in 2020 so that it can support the health and wellbeing of an aging population and integrate into the new reform agenda.

### Future roles for the practice nurse

A Royal Australian College of General Practitioners and Royal College of Nursing Australia evaluation predicted that in future, practice nurses (PNs) will undertake a greater integration role with more time spent in clinical care and clinical organisation, and less time on practice administration.<sup>3</sup> Policy development in the United Kingdom over the past decade has resulted in enhanced roles for practice nurses. Here, nurses were given extended roles in response to general practitioner shortages, an increased workload for the primary care sector, the development of the primary health care team and a reorientation of care to prevention, health promotion and the management of chronic disease.<sup>4</sup> These roles included the management of chronic conditions such as asthma, diabetes, hypertension and epilepsy and enhanced roles in health promotion and screening and other preventive health checks.<sup>4</sup> Significantly, practice nurses in the UK were also shown to be effective in triaging requests for home visits and successfully dealing with telephone consultations.<sup>4</sup> Given this evidence, it may be practicable for Australian PNs to extend their roles in a similar way, thus taking pressure off time poor GPs, particularly in areas where GPs are in short supply. Australian nurses are positive about their role expansion to date<sup>5</sup> and with adequate space and team

support could develop their role further.<sup>5</sup> Primary care nurses are known to achieve good patient compliance and to communicate well with patients<sup>6</sup> and it would make good sense for them to work more consistently with patients with chronic conditions who require ongoing support and monitoring of their conditions. Nurses could also take a greater role in preventive activities, including screening. While they have been remunerated through the MBS schedule for undertaking cervical screening, this remuneration is still low and barriers exist to nurses undertaking this work.<sup>7</sup> The Australian government, while adding MBS items for PNs, has so far failed to pay attention to how nurses would manage these change of roles within their practice.<sup>7</sup> Thus, while the first wave of PNs' role expansion has established a base for future role development much more needs to be done to develop policy and funding mechanisms that support change management, quality assured and standardised education for these nurses and inter-professional practice.

The complex remuneration mechanisms that currently support nurses working in general practice need to be reviewed to enable the funding of nurses to undertake more extended roles in patient care and care coordination. Nurses should be remunerated according to their skill level and the complexity of the tasks they undertake and not according to their ability to individually negotiate with their employer.

If we are to redesign and strengthen our primary health care system, as has been suggested by the National Health and Medical Research Council, and if nurses are to take on extended roles, universities, nursing organisations and registration boards need to review existing undergraduate curricula and better prepare nurses for the new health system. In particular, prevention and primary health care should feature more prominently in these curricula. Most importantly, appropriate and quality assured post registration training needs to be developed in universities to up skill the current primary care nursing workforce and government needs to support such initiatives through appropriate funding. Finally, there needs to be a clearly articulated career pathway, so as to attract and retain the best and brightest nurses to primary care.

## Conclusion

Practice nurses can contribute significantly to Australian general practice and the wider primary care sector as they respond to the Australian government's reform agenda. The UK experience shows that nurses can, and do, undertake a range of complex and extended roles. However, policy development in this area needs to be more robust. To support these extended roles:

- funding mechanisms need to be changed to reward complex tasks rather than focusing on narrow MBS item numbers
- quality assured education for existing PNs, that does more than train for specific tasks, needs to be made available through universities and other accredited institutions and funding should be allocated for this
- existing undergraduate curricula need to be reviewed and the focus on primary care and prevention strengthened so that young nurses are attracted to a career in primary care
- there needs to be a career pathway for these nurses so that primary care is an attractive option for all nurses who want to develop their career in this sector of the health industry.

The NHHRC has called for a multidisciplinary approach to primary health care. Nurses can be at the core of these multidisciplinary teams and provide excellent patient care if they are properly trained, properly remunerated and offered career options. It is now up to policy developers to provide a robust framework for the next phase in the development of practice nursing in Australia.

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