

December 7, 2009

To Whom It May Concern:

We welcome the opportunity to provide a submission to the review of the RACGP standards. Of primary importance to APNA is the recognition of the nurse as a clinician in the general practice setting and the development of standards which reflect and support this clinical role. Supporting the nurse role as a clinician with all its attendant obligations, will result in safer, more accessible and quality clinical care for patients.

We have listed some specific recommendations and suggestions which we think RACGP should include in its deliberations.

#### Accessibility of the Standards

- making the standards something that is easier read and more easily sold by the clinical leaders to the whole of the team. Currently the experience is people glaze over after reading the first page. We recommend culling it, make it electronic with hyperlinks to information as needed or wanted for clarification.

#### Clinical governance

- Clinical policies and procedures that clarify who in the team does what and scope of practice for all team members. Furthermore an element of agreement between the members of the team and unified across the GPs, i.e. nurse not having to remember what GP individual preferences are.
- Nurses (and indeed any clinicians, including allied health) included in clinical team meetings as a standard
- Identifying clinical leaders who can be nurse or GP or other for different areas with the practice e.g. prevention
- Processes for ensuring nurses appropriately qualified and understanding of the regulatory requirements of nurses boards.
- Clinical autonomy for nurses respected, similarly to Criterion 1.4.2. Refers to Nursing Code of Ethics and Conduct ([www.anmc.org.au](http://www.anmc.org.au)) to recognise that where clinicians collaborate this is done most effectively when members of the clinical team have a degree of autonomy as defined in Way et al<sup>1</sup>

*Autonomy involves the authority of the individual providers to independently make decisions and carry out the treatment plan. Autonomy is not contrary to collaboration and serves as a complement to shared work. Without the ability to work independently, the provider team becomes inefficient and work becomes unmanageable. .... Both partners need to fully understand and support practice autonomy, as well as, shared decision making from a liability perspective.*

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<sup>1</sup> Way, D., Jones, L., and Busing, N. *Implementation Strategies: "Collaboration in Primary Care- Family Doctors & Nurse Practitioners Delivering Shared Care": Discussion Paper Written for the Ontario College of Family Physicians.* May 18, 2000

## Supporting nurses in general practice

- Appropriate and demonstrable supervision mechanisms in place where applicable
- Nurses are appropriately indemnified

## Clinical care

- Quality Use of Medicines well understood and pushed by all clinicians
- Patient satisfaction with all clinicians evaluated and incorporated into practice planning, including nurses.
- Criterion 1.4.1 Evidence based practice apply to nurses as well as GPs.
- Practices support nurses with access to best practice products according to latest evidence e.g. wound management products. We have examples of nurses being restricted in ordering wound management products to 3 products which are clearly not current best practice. (such as in Primary Health Care Ltd practices)
- We support the use of clinical indicators within the standards

## Safe care

- Nurses have access to medical record in order to undertake clinical care (not allowed in many Primary Health Care Ltd practices) as an additional item in Criterion 1.7.3 Consultation notes.
- Space for clinical nursing care appropriate. Where the role includes one on one patient consultation e.g. pap smears, chronic disease management, lifestyle risk factor management etc similar provisions as for the GP requirements for a consultation room prevail (Criterion 5.1.1 - Practice facilities)
- Safe practice is an expectation and rewarded not prosecuted i.e nurses supported to provide safe clinical care. An example of this is the need to support nurses to advise practices of unsafe practices without consequence e.g. a practice where GP insisted on nurse administering allergen testing using allergens which were 3 years out of date and the nurse was terminated.
- OHS and legislation must be understood and this requires appropriate work space and conditions etc

## Professional development

- Nurses specifically have access to and supported to undertake relevant professional development aligned with practice needs. Despite the current Criterion 3.2.2 - Clinical staff qualifications, our annual APNA salary and conditions survey indicates that a large minority of nurses still have to self-fund all professional development costs and time away from practice. The majority still indicate that only partial support for professional development is provided.
- Professional development is of sufficiently high quality e.g. assessment components where possible, recognised qualification, breadth, participation in formal CPD program e.g. APNA, RCNA
- Adherence to new National Registration and Accreditation requirements
- Someone in practice responsible for developing professional development plan for practice
- Nurses required to demonstrate how they keep up to date with clinical knowledge and skills.

### Supporting nurses in general practice

- Must be inclusive of whole of team and give nurses the recognition they deserve as professionals and in particular predominantly the clinical leaders of accreditation / standard compliance

### Human resources

- Contracts in place which include the position descriptions and delegations etc mentioned above, access to professional development and termination clauses
- Job descriptions which adequately reflect nursing scope of practice, responsibilities and delegations;
- Orientation program available for new nurses in view of the fact that most new nurses are coming in from outside the sector and need a lot of support initially to provide the clinical care required in general practice. Linked to safe care.
- Role of nurse defined in practice in terms of lines of management e.g. challenges with practice managers having direct line management roles with nurses – related to clinical governance.

We thank you again for giving us the opportunity to provide feedback



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