

Australian Practice Nurses Association



Submission to the National Health and Hospitals Reform Commission

30 May 2008

Executive Summary

Australia's health system is vital in maintaining the well-being of all Australians. To meet the challenges resulting from the constantly changing needs of Australia's rapidly growing population and address the new focus in preventative care, improvements are required to the existing system.

The Australian Practice Nurses Association (APNA) presents this submission to the National Hospital and Health Reform Committee (NHHRC) with suggestions and recommendations relating to issues framed by the Terms of Reference in the design of Australia's future health system.

APNA represents nurses in the fastest growing area of nursing currently, who are in the frontline of recent reform in primary care delivery in Australia. Nurses are ideally placed to be a key provider in achieving better preventative care, chronic disease management, and a range of other health services that Australians have difficulty accessing.

We have a rapidly growing member base who provide APNA with a unique perspective of Australia's health system. In this submission, APNA offers its specialised knowledge to identify the challenges faced by the health system today and offers detailed analyses against the Terms of Reference that APNA has most expert knowledge in, followed by recommendations that may be implemented in the short and long term.

Our recommendations are summarised below:

c. bring a greater focus on prevention to the health system

- Funding mechanisms should be developed to support an enhanced role for nurses in general practice to undertake effective preventative activities which reward and recognise expertise and allow adequate consultation time.
- Education and training for prevention needs to be integrated into the role of all health professionals. For the GPN, they should be recognised and supported through a coordinated approach to education and training in prevention, for example, through a formal qualification pathway.

e. improve frontline care to better promote healthy lifestyles and prevent and intervene early chronic illness

- Revision of payment models, such as the task-based Fee-for-Service (FFS) model, that currently prevents extension of roles and prevents realisation of the full-potential of GPNs
- Extend nurses' roles to fully maximise the potential of GPNs through provision of a structured education pathway specific to general practice nursing which is aligned to the commonwealth priority areas.
- Design and/or revise data collection methods for more accurate reporting of nurses' roles
- Support and develop extensive research into nurses' roles in primary health through the establishment of a specific research strategy for general practice nurses.

f. improve the provision of health services in rural areas

- Provide support to attract nurses to work in rural and remote general practice or include other rural workforce strategies.
- Provide locum support structure for GPNs.
- Recognise the difficulty of access to training and education for rural practice nurses, and provide online and other formats of high level training.

h. provide a well qualified and sustainable health workforce into the future

- A clear intention to employ nurses in primary care as a key and valued part of reform strategy should be developed to increase patient access to high quality clinical care.
- Develop and promote a career pathway for practice nurses that leads a new graduate to becoming a nurse practitioner
- Develop training models for practice nursing

Australian Practice Nurses Association



1. Introduction

The Australian Practice Nurses Association (APNA) presents this submission to the National Hospital and Health Reform Committee (NHHRC). APNA is the leading national body for nurses working in general practice, providing support and educational opportunities to general practice nurses (GPNs) across Australia.

APNA receives feedback from GPNs regarding their working conditions and the challenges they face delivering health care in Australia, and also communicates with other health professionals and organisations. This privileged role provides APNA with a unique perspective of Australia's health system.

APNA has had extensive experience in providing further education to practice nurses across Australia. In 2005, we were selected to administrate The Australian Government Practice Nurse Scholarship Scheme. In the three years since, APNA has awarded over 1,691 continuing education and post-graduate scholarships to practice nurses, totalling over 1.8 million dollars worth of educational assistance

General practice nurses are the fastest growing specialty of nursing in Australia and practice nurses numbered around 7,824 (est.) in 2007, presenting an increase of 59% from 2005.¹ Almost 60% of practices have a GPN and their roles include prevention (immunisation, pap smears, sexual health screening, life style risk factor monitoring and counselling and more), chronic disease management (monitoring, care planning, care coordination and self management support), triage, minor injury management, health assessments, quality improvement and other diverse activities. Over 10 million Medicare item numbers involving practice nurses have been claimed in the last 4 years. A comprehensive analysis of the general practice nursing specialty is provided in the 2007 Parliamentary Report.²

2. Scope

A quality health system that addresses the constantly evolving health care needs is crucial to a healthy population. APNA understands this through its unique access to practice nurses working in primary health care settings.

This proposal was prepared in response to the call for submissions to NHHRC for suggestions and recommendations relating to issues framed by the Terms of Reference in the design of Australia’s future health system. APNA offers its specialised knowledge to identify the challenges faced by the health system today and offers detailed analyses against the Terms of Reference that APNA has most expert knowledge in, followed by recommendations that may be implemented in the short and long term:

Terms of Reference that APNA has most expert knowledge in	Addressed in Section
c. bring a greater focus on prevention to the health system	3.1
e. improve frontline care to better promote healthy lifestyles and prevent and intervene early chronic illness	3.2
f. improve the provision of health services in rural areas	3.3
h. provide a well qualified and sustainable health workforce into the future	3.4

3. Recommendations

3.1 Bringing a greater focus on prevention to the health system

- There is a need to address the increasing social costs of preventable illnesses, for example, obesity, use of tobacco, consumption of alcohol.³
 - The Australian Government reported that \$56.1 billion was lost to illnesses, premature death, reduced productivity, crime, and accidents caused by tobacco, alcohol and illicit drugs in 2004-5.
- The Australian Government has a new focus on preventative health measures.⁴
 - It has made the promise of ‘immediate action to ensure preventative health measures become a key part of health funding agreements.’⁵
- It is well-established that a focus on primary care reaps benefits: Primary care promotes a holistic approach to patient treatment, and the World Health Organisation (WHO) had previously asserted that preventative care techniques ‘help individuals and families to cope with illness and chronic disability’⁶, improving their quality of life.
- General Practice Nurses (GPN) are well-versed in preventative care, and have already been engaged in screening, health promotion and lifestyle risk factor counselling activities.
- Latest data from the Victorian Cervical Cytology Registry indicate that Pap tests taken by nurses in the state have doubled to 18,651 over the last ten years.⁷
 - Research also noted that 79.9% of Pap tests conducted by nurses contain an important endocervical component, compared to 76.4% of tests conducted by other practitioner types.⁸
 - Nurses have to be ‘re-credentialed’ every three years before being able to conduct Pap tests, maintaining practice standards and ensuring a high and consistent quality of service.⁹
- GPNs are key providers of childhood and adult immunisation services in many countries including Australia. In most states there are legislative arrangements in place to support an autonomous role for nurses in immunisation that includes the administration of adrenaline.
- Research evidence is still scarce about the specific contribution of nurses to lifestyle risk factor counselling. However, an evaluation of a research project of GPNs providing smoking cessation counselling conducted in the Southern Highlands of New South Wales revealed very encouraging results.¹⁰
 - It was found that nurses spend more time counselling patients, increasing their chances of quitting.
 - Practice nurses were also ‘uniquely positioned’ and ideal for the role, as compared to General Practitioners (GP).

- GPNs possess the opportunity for lifestyle risk factor identification in almost every aspect of their daily activities, allowing the potential for identifying at-risk clients.
- Nurses establish more contact time with patients.
 - Research indicates that the quality of consultations is relational to the amount of time spent between physician and patient.¹¹
 - Nurses spend more time with patients than doctors.
 - Extended contact time facilitates nurses' ability to compile detailed, accurate patient medical histories, to undertake comprehensive assessment of the patients, and to assess the patient's family's medical risks.¹²
 - The patient-nurse interactions act to enhance the therapeutic relationship, which create more opportunities to promote lifestyle changes.
- Nurses are essential members of the multi-disciplinary team in primary health care as their extensive communication skills enable them to contribute to preventative care by providing a broad scope of knowledge and skills.

Challenges:

- The current funding mechanism in Australia fails to adequately reward the expertise of GPNs and makes little provision for extended consultation times. This prevents the potential of the GPN to be fully realised.
- The shorter consultation times and lack of incentives are also barriers to the ideal performance of GPNs conducting lifestyle risk identifications.
- Career pathways are inadequately developed and there is a lack of comprehensive education in preventative care.
 - These challenges will be addressed in greater detail in Section **iv**.

APNA's recommendations:

- Funding mechanisms should be developed to support an enhanced role for nurses in general practice to undertake effective preventative activities which reward and recognise expertise and allow adequate consultation time.
- Education and training for prevention needs to be integrated into the role of all health professionals. For the GPN, they should be recognised and supported through a coordinated approach to education and training in prevention, for example, through a formal qualification pathway.

3.2 Improving frontline care to better promote healthy lifestyles and prevent and intervene early chronic illness

- Studies have shown that general practice nurses (GPN) are as effective¹³ as General Practitioners (GP) in performing primary care functions whilst receiving better results in patient satisfaction surveys.
 - Nurse-led care may involve higher levels of patient satisfaction and quality of life than doctor-led care¹⁴
 - Nurses are better managers of interpersonal relationships¹⁵, through clearer communication, conducting effective counselling and possessing better interviewing skills
 - GPNs can provide long-term care management and promote choice and positive health.¹⁶
- Nurses' roles can be extended to better support frontline care.
 - Extending nurses' roles can relieve the GP workforce shortage.
 - Nurses working alongside doctors can maintain (or increase) the quality of care.
 - It must be noted that evidence from other countries has not demonstrated any cost savings in supplementing doctors with nurses. However, practice nurses were found to be as proficient as GPs, and hence, such a practice has demonstrated no adverse outcomes.¹⁷
 - Supplementing doctors with practice nurses, if carefully managed, promotes the use of effective chronic disease control and preventative health functions
- Practice nurses have the potential for a diverse range of roles in first-point contact care, for example,
 - Triage,
 - Minor injury management,
 - Neonatal, paediatric, and geriatric care,
 - Occupational health care management,
 - Chronic disease management (CDM),
 - Extended care functions, including providing links to support agencies.¹⁸
- GPNs can coordinate care and function as the pivotal contact person for care providers and patients, ensuring quality care and reducing service overlaps or lapses.

Challenges:

- Current funding of nurses in general practice significantly limits their contribution to general practice as an accessible, affordable health service. The existing funding system for GPNs comprises
 - A mix of support of GP item numbers, for example Health Assessments, GP Management Plans,
 - Practice Incentive Programme (PIP) subsidy for employment of a GPN (up to \$40,000 a year for a practice with 5 Equivalent Full-Time (EFT) GPs),
 - GPN specific item numbers for immunisation (\$10.80), wound management (\$10.80), pap smears (\$10.80), pap smears plus preventive health (\$21.70), antenatal care (\$38.65) and chronic disease management (\$10.80).
 - Rebates for CDM items are limited to 5 payments per calendar year, insufficient to recover costs.
- The rebates for the GPN specific item numbers do not account for the
 - Qualifications of the nurse, encouraging practices to employ the least qualified nurse.
 - Time spent with patients, encouraging nurses to consult as quickly as possible, making it counterproductive for roles such as chronic disease management.
- Rebates between GPN and GP items differ greatly, worsening the GP workforce shortage by encouraging the employment of GPs in procedures GPNs are well-qualified to do.
- There is no funding for
 - Preventative activities such as lifestyle risk factor counselling,
 - Triage,
 - Minor injury management, for example: suturing, and casting.
- Current research is limited by data collection methods which do not accurately reflect the contribution of GPNs. This will be examined in greater detail in **Section 3.4.**

- There is a growing body of research pertaining to GPNs in Australia. However, further research into general practice nursing roles and conducting studies to determine the best outcomes for patients in general practice settings will add to the experiential evidence of the value of GPN work.

APNA's recommendations:

- Revision of payment models, such as the task-based Fee-for-Service (FFS) model, that currently prevents extension of roles and prevents realisation of the full-potential of GPNs
- Extend nurses' roles to fully maximise the potential of GPNs through provision of a structured education pathway specific to general practice nursing which is aligned to the commonwealth priority areas.
- Design and/or revise data collection methods for more accurate reporting of nurses' roles
- Support and develop extensive research into nurses' roles in primary health through the establishment of a specific research strategy for general practice nurses.

3.3 Improving the provision of health services in rural areas

- Importance of primary care in rural areas
 - One study reports a higher incidence of chronic heart failure in rural areas.¹⁹
 - A study of US practitioners had noted that physicians practising in rural communities require more general knowledge and less specialist knowledge due to the wider range of symptoms presented.²⁰
 - Emergency services are less accessible..
- General practice nurses (GPN) can support and relieve the General Practitioner (GP) workforce shortages in rural areas by functioning as a doctor supplement (see Section 3.2).
- Early focus of Commonwealth-funded GPN initiatives in rural health initiatives has resulted in a robust increase in the role and number of GPNs in rural and remote areas.

Challenges:

- It is as difficult to recruit nurses in rural areas as it also is for other health professionals.
- There is burnout due to difficulty in accessing locum support for nurses
- Currently, there are no strategies specifically for GPN recruitment or locum support in rural or remote setting similar to GP Rural Workforce strategies.
- There is a difficulty in accessing education and training in rural areas to match the greater demand on skills and knowledge that is required in the rural and remote settings.

APNA's recommendations:

- Provide support to attract nurses to work in rural and remote general practice or include other rural workforce strategies.
- Provide locum support structure for GPNs.
- Recognise the difficulty of access to training and education for rural practice nurses, and provide online and other formats of high level training.

3.4 Providing a well qualified and sustainable health workforce into the future

- Practice Nurses' current role in healthcare
 - Practice nurses are already a key component in primary care, numbering one nurse to every 2.3 general practitioners (GP) in 2007.²¹
 - The general practice nurse (GPN) workforce almost doubled between 2004 and 2006, while the GP workforce has barely grown in recent years, showing only a 5% growth from 2001-6.²²
 - According to the Australian General Practice Network (AGPN) Practice Nurse Workforce Survey 2007, there were 7728 nurses in late 2007 up from 4924 in late 2005.
 - However, data collection methods are flawed and underestimate nurses' contributions
 - There is a need to develop systematic approaches to the collection of data on numbers and Equivalent Full-Time (EFT) hours of GPNs, care provided by GPNs and outcomes.

Challenges:

- Training
 - Education presently does not adequately prepare nurses for primary care, having no comprehensive programme to train nurses for primary and community care.
 - Promotion of any defined career pathways are also lacking.²³
 - There is a need to develop a coordinated approach to implementing a career framework for primary and community nurses.²⁴
- Employment costs
 - The current Australian health system is not designed to make full employment of nurses a financially viable business decision for general practices
- Infrastructure
 - The existing funding systems are not designed to adequately provide for the proper working and training space of GPNs and offer little support in the training of new GPNs.
 - Nurses need consulting space within the practice to act at their full potential e.g. chronic disease management clinics.
 - Funding for practice nurses only covers their direct employment costs

- Restriction on the scope of practice
 - There is currently no comprehensive framework for the supervision of nurses working in general practice. As employees, they are often ‘supervised’ by their employing GP. In order to expand his or her scope of practice, a nurse must be supervised by another nurse under the nursing regulatory framework.
 - In this way, expansion to the scope of practice can be safely negotiated in the isolated general practice setting. This is particularly so for enrolled or Division II nurses who can provide an excellent support to general practice.
- Current payment systems
 - Current Fee-for-Service (FFS) systems prevent proper reimbursement and provide little incentives for GPNs. They also demand high throughput in service delivery, reducing the quality of care.²⁵
 - Maintaining a high quality of care is an intrinsic motivation for nurses.²⁶ However, the reduced the quality of care resulting from ‘productivity pressures’²⁷ of the FFS systems result in poorer job satisfaction and make nurses feel more dissatisfied than members of any other female profession.²⁸
- A study has revealed that the deployment of limited resources drives impairment of nurses’ non-wage rewards, such as patient-care quality and workplace control and quality.²⁹ This affects the job satisfaction of nurses and affects retention. More importantly, it adversely influences the quality of the service that can be delivered, ultimately affecting patient outcomes.

APNA’s recommendations:

- A clear intention to employ nurses in primary care as a key and valued part of reform strategy should be developed to increase patient access to high quality clinical care.
 - This needs to be supported by increasing the profile and the status of the nursing role in primary health care as a career path of choice.
 - Adopting such a goal shall foresee a stronger focus on primary health care in nursing undergraduate training, nursing graduate years, GPN career paths, remuneration, and developing an integrated approach to nursing.

- Develop and promote a career pathway for general practice nurses that leads a new graduate to becoming a nurse practitioner
 - Pathway will define key competencies and responsibilities at different levels.
- Develop training models for general practice nursing as a specialty in its own right

4. Annex

Background of the Organisation

The Australian Practice Nurses Association (APNA) was established in 2001 as a national organisation representing and advocating for the unique needs of practice nurses in Australia. In the 7 years since APNA's incorporation our membership base has grown to currently include over 1400 practice nurses, while the professional relationships we have fostered as an organisation help to ensure the voice of nurses are heard across the general practice setting. APNA have been recognised by the Department of Health and Ageing (DoHA) as the peak national body for nurses working in general practice and is endorsed by government, medical and other professional groups.

APNA is unique in its access, its knowledge, its experiences and its capabilities as an organisation to delivering support and educational opportunities to practice nurses.

APNA is unique in its capacity as an organisation to directly target practice nurses and communicate information to and from other health professionals and organisations. APNA offers a range of vital services and benefits to its members, and in turn receives a great deal of important feedback from practice nurses regarding their working conditions, salary and professional development opportunities.

APNA has had extensive experience in providing further education to practice nurses across Australia. In 2005, we were selected to administrate The Australian Government Practice Nurse Scholarship Scheme. In the three years since, APNA has awarded over 1,691 continuing education and post graduate scholarships to practice nurses totalling over 1.8 million dollars worth of educational assistance.

Organisational purpose/objectives

Vision: To assist practice nurses to be recognised as professional members of collaborative teams with a key role in management of patient health underpinned by evidence-based practice.

Mission: APNA commits to supporting members to be *recognised, professional and empowered*.

Values: We value professional equity and integrity and seek transparency both from within and from our members so that we can achieve the professional development of which practice nursing is worthy.

Core Role and Responsibilities: To support, advocate, develop and educate practice nurses in their role in general practice, and to promote their profile within the wider medical community to reflect their growing importance.

5. Notes

- ¹ Australian General Practice Network (2007). *National Practice Nurse Workforce Survey Report 2007*, Manuka, p. 8.
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- ³ Department of Health and Ageing (2008). *\$56 billion up in smoke, drink and drugs*, Department of Health and Ageing, Canberra, viewed 16 May 2008, <[http://www.health.gov.au/internet/ministers/publishing.nsf/Content/7E4F19983A6A5DC0CA257426001BD506/\\$File/NR047.pdf](http://www.health.gov.au/internet/ministers/publishing.nsf/Content/7E4F19983A6A5DC0CA257426001BD506/$File/NR047.pdf)>.
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- ⁵ Ibid.
- ⁶ World Health Organisation: European Health for All Series; No. 6. Health21: The Health for All Policy Framework for the WHO European Region (1998). Copenhagen: Regional Office for Europe, p. 139.
- ⁷ APNA News (2008). No. 24, May 2008, p. 8.
- ⁸ Ibid.
- ⁹ Ibid.
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- ¹¹ Corrie, Karen and Watts, Ian (2002). *Literature on the Relationship Between Quality and Length of Consultations*, Royal Australian College of General Practitioners.
- ¹² Thompson, Lee (2008). 'The Role of Nursing in Governmentality, Biopower and Population Health: Family Health Nursing' in *Health and Place*, no. 14, p. 79.
- ¹³ Horrocks, Sue et al (2002). "Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. (Primary Care)." *British Medical Journal* 324.7341 (April 6, 2002): 819(5).
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- ¹⁵ Chambers, Naomi (1998). 'Nurse Practitioners for the UK' in *Nurse Practitioners in Primary Care*, UK: Radcliffe Medical Press Ltd., p. 17.
- ¹⁶ 'Key Roles and Responsibilities of Nurses in General Practice' (2006), National Health Service, UK, viewed 16 May 2008 <http://www.wipp.nhs.uk/tools_gpn/key_roles_responsibilities_gpns.php>.
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- ¹⁸ Thompson, Lee (2008). 'The Role of Nursing in Governmentality, Biopower and Population Health: Family Health Nursing' in *Health and Place*, no. 14, p. 80.
- ¹⁹ Clark, Robyn A et. al., Rural and urban differentials in primary care management of chronic heart failure: new data from the CASE study, *Medical Journal of Australia*, 2007; 186 (9): pp. 441-5.
- ²⁰ Carline, JD et al (1989). 'The knowledge base of certified internists. Relationships to training, practice type, and other physician characteristics' in *Arch Intern Med.* 1989, no. 149, pp. 2311-3.
- ²¹ Australian General Practice Network (2008), *Practice Nurse Workforce Survey Report 2007*, Australian General Practice Network, Manuka, viewed 21 May 2008, <http://www.agpn.com.au/site/content.cfm?page_id=32207¤t_category_code=106>.
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