

**COUNCIL OF DEANS OF NURSING AND  
MIDWIFERY  
(AUSTRALIA AND NEW ZEALAND)**

**Position Paper**

**Practice Nurses**

**As at April 2004**

**The CDNM notes that:**

A well-educated and trained nursing workforce will help ensure the delivery of high quality, cost effective health care. Evidence suggests that there are a number of areas where nurses can deliver treatments and services for patients of comparable quality to those delivered by doctors and at a reduced cost (for example, Kinnersley, Anderson & Butler, 2000; Lattimer et al. 2000; Marks et al. 1977, 1985; Paykel & Griffiths 1983; Shum et al. 2000). The World Health Organization also recognizes the central role of nurses when it states that nurses will be the primary agents in progressing a primary care agenda (World Health Organization 1984). The cited research has shown that clinical outcomes for doctor and nurse consultations are similar, that patients consulting nurses are significantly more satisfied with their care and that the services provided by nurses cost less than an equivalent service provided by doctors.

The promotion of nurses engaged in general practice settings has been driven by the changing health care needs of consumers and the increasing workloads of general practitioners. A Practice Nurse is a licensed Registered or Enrolled Nurse employed within a general practice setting (Hibble 1995; Young 2003; Department of Health and Ageing 2004). The role of the Practice Nurse varies from the delivery of specific clinical tasks to an extended role that involves a high degree of clinical judgment and autonomy. However, the ad hoc development of the Practice Nurse role in other countries and Australia has led to a lack of clarity about the extent of their role (Atkins & Lunt 1995; Condon et al. 2000).

During recent years in Australia there have been a number of enquiries into various aspects of nursing, all welcomed by the CDNM, and a range of initiatives proposed to support the further development of nursing in this country. The Federal Government 2001-2 Budget allocation of \$104m over four years to enable doctors to employ more Practice Nurses, particularly in areas where access to medical services is limited, is one such initiative. This fund includes an allocation of funding for education and training for Practice Nurses (Commonwealth Department of Health and Ageing General Practice Branch, 2002). Whilst the importance of this funding is not denied, the future development of nursing in this country requires that such a strategy is carefully implemented and evaluated.

**The CDNM affirms:**

The practice nurse is in the best position to provide an effective primary health care model. These nurses are often the first point of contact for patients and treat a range of conditions from minor wounds, coughs and colds through to chronic illness problems. They also provide an important role in health education and promotion. This takes many tasks away from doctors thus freeing them to do other tasks.

The extension of the Practice Nurse role has the potential to diminish the medical monopoly of health care currently in existence in Australia. The Practice Nurse should not be necessarily dependent upon or linked to a medical provider. They need the ability to work independently of medical practitioners and bill patients under Medicare if appropriate to their geographic location. This issue may be more relevant in rural and remote areas and could represent a significant cost saving to the government.

Practice Nurses currently working in the role have varied backgrounds and educational preparation. Many have been in a role of this type for many years and have not taken up opportunities for further education. The expectations of the role and its educational requirements should be determined and relevant courses prepared and funded. There is now urgent need to equip nurses with specialist skills in patient assessment, treatment and evaluation. Further, a time period by which all Practice Nurses should be expected to reach a given level of educational preparation, should be determined.

There is some confusion over the title and role of the Practice Nurse. At one extreme, the Practice Nurse can be a doctor's receptionist or book-keeper and at the other extreme, the role can be equated with that of a Nurse Practitioner. The role and its scope need further definition and the distinction from the Nurse Practitioner role clearly delineated.

While the evidence is available to support the notion that appropriately educated and trained nurses can play a vital role in delivering high quality and cost-effective patient outcomes, a significant alteration in the policy agenda is necessary if the potential of nurses is to be realized in Australia.

**The CDNM makes the following recommendations:**

Government and professional associations should collaborate to identify the Practice Nurse role and clearly distinguish the role from that of the Nurse Practitioner.

That the Commonwealth instigates further research to identify areas of practice where nurses, with appropriate education and training, can provide cost-effective services of comparable quality to doctors, and that the further educational needs of Practice Nurses be identified and appropriate educational programs designed and funded.

That the Commonwealth establishes a number of 'nurse-led' projects to identify the clinical effectiveness, scope of practice and fiscal impact of Practice Nurses.

That the Commonwealth alters legislation to enable Practice Nurse services to be recoverable under Medicare.

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