



Practice nurses attend to a patient at a medical surgery in South Australia. Photo: Lindsay Moller/NewsPix

Story: Andrew Dawson

CHANGING PRACTICE

A new trend in nursing aims to take some of the pressure off our health system.

When you next visit a doctor's surgery, don't be surprised if you get treated by a nurse instead of a GP.

The trend of more and more nurses working in general practice has been confirmed by a new study revealing a 23 per cent increase in practice nurses over the past two years.

The study by the Australian Divisions of General Practice (ADGP) shows more than half of practices are now employing at least one practice nurse.

The results of the National Practice Nurse Workforce Survey Report demonstrated the growing clinical role for nurses, particularly in the management of chronic disease, according to ADGP chief executive Kate Carnell.

"Practice nurses are highly skilled health care providers that have a key role to play in improving access to quality primary health

care services in general practice," Ms Carnell said.

She has told a federal parliamentary inquiry into health funding that practice nurses will become absolutely fundamental to how GPs operate as demand grows. Appearing before the House of Representatives Health and Ageing Committee, Ms Carnell said that the greater use of practice nurses will help deliver more health services more efficiently.

"Currently, practice nurses can do immunisation and wound management without the doctor standing beside them—under the auspices of the doctor but without the doctor's direct involvement," Ms Carnell said.

"We would like to see the number of things that practice nurses can do independently extended quite significantly. When a diabetic comes in and just needs a weight check and a bit of a look at them, there is absolutely

no reason why a practice nurse cannot manage that patient without GP involvement at all."

Ms Carnell said more could be done to expand the role of nurses and take pressure off the health system.

"To continue to support general practice to employ nurses and expand their role, it will be important for government to increase the number of practice nurse Medicare Benefits Schedule item numbers and to make these available to all practices, not only those in rural areas," she said.

The federal government has made a significant investment in practice nursing: committing \$104 million over the last five years and \$130 million over the next five, to allow practices in rural areas to employ nurses.

In April the federal government announced it would subsidise the employment of practice nurses in all urban areas

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“About 40 per cent of practices around Australia now have practice nurses.”

where there is a shortage of GPs. Federal Health Minister Tony Abbott said more than 650 additional general practices in urban areas will be eligible for a government subsidy of about \$8,000 to employ nurses.

“The government's offer of extra help to overstretched general practices will help patients in urban areas where there are doctor shortages. The work of nurses helps to free up doctors, allowing the general practice to see more patients on a daily basis,” Mr Abbott said.

The ADGP survey shows:

- An estimated 4,924 practice nurses were employed across Australia in 2005. This compares with an estimate of 4,000 in 2003 and represents a 23 per cent increase in two years;
- An estimated 57 per cent of general practices in Australia employ one or more practice nurses, a 17 per cent increase on 2003;
- The practice nurse workforce was predominantly part-time (82 per cent), but there had been a 4 per cent increase in the number working full time since 2003; and
- 32 per cent of the workforce are employed in other nursing jobs.

The growth in the use of practice nurses is one remedy for a health system under increasing pressure. That pressure is being felt particularly by those on the frontline of our health system, such as nurses working in hospitals and aged care, who are more and more frustrated by what they see.

The ever increasing demands on nurses are seeing thousands either retire early or quit for easier, better paid jobs.

“Nurses leave because they can't provide the care that they were educated to provide,” Australian Nursing Federation federal secretary Jill Iliffe recently told the health funding inquiry.

“Nurses nurse because they care about people and want to make a difference by being there and if they can't provide quality nursing care then there is no job satisfaction.” Ms Iliffe said.

The Australian Nursing Federation represents 150,000 of Australia's 235,000 registered nurses, enrolled nurses, midwives, nursing assistants and personal care assistants across the country.



Kate Carnell, Australian Divisions of General Practice chief executive. Photo: AUSPIC

“Nurses know the health system very well but there are lots of things about it that we do not understand,” Ms Iliffe said.

“We do not understand why we have to treat people on trolleys in emergency departments.

“We do not understand why people have to wait for months or years for much-needed surgery that might improve their lives and perhaps even get them back into the workforce.

“We do not understand why our workloads are so high and why we struggle to provide basic care to ever-sicker people in shorter amount of time.

“We do not understand why people cannot see a general practitioner outside business hours to prevent a minor illness from becoming a major one.

“We do not understand why there does not seem to be enough money, even though there are large amounts of money going into the health sector, to provide the high quality health care service that we feel Australian people deserve.”

Ms Iliffe explained to the committee why so many nurses are leaving the profession after years of training.

“There are two main problems—the first is there are not enough nurses and the second is the working conditions of nurses,” she said.

“Not only do they not want to be there because it is frustrating but they are worried because of the way that they are working, the intensity that they work at, the lack of resources and they are scared of making mistakes.

“The biggest thing is the lack of job satisfaction if you have to walk past

somebody who is in pain or is crying or is frightened or needs information or you can't answer call bells in time.”

The federal government announced in the May budget it will invest almost \$250 million over four years to train more doctors and nurses. This funding will provide an extra 1,000 new higher education places for nursing per year from 2007.

The ANF wants 4,000 additional university places in nursing arguing there are still not enough graduates to address a growing nurse shortage. Despite about 5,000 nurses graduating a year, the ANF expects the shortfall to worsen as more and more older nurses retire—as many as 70,000 will leave the profession over the next 15 years.

To highlight this ageing workforce, the ANF produced figures showing the percentage of nurses over the age of 45 was 17 per cent in 1986, 37 per cent in 1999 and 42 per cent in 2001. This contrasts with dwindling numbers of younger nurses. In 1995, 33 per cent of nurses were under 35 years of age and by 2005 that had reduced to only 25 per cent.

“The best estimate is that at the moment we are graduating about 5,000 registered nurses a year—we need to be doubling that,” Ms Iliffe said.

“We have an ageing workforce—the average age of a nurse is 42 and nearly half of our nursing workforce is over the age of 45. That means in 15 or 20 years we are going to lose half of our nursing workforce—the most experienced and the ones with the most qualifications so we have to start replacing those.



Jill Iliffe, Australian Nursing Federation federal secretary. Photo: AUSPIC

“We do not understand why we have to treat people on trolleys in emergency departments.”

“The federal government needs to be funding an additional 4,000 university places a year. It’s not because people don’t want to do nursing, universities are turning people away simply because they don’t have enough nursing places.

“As Australia’s population ages we are going to need even more nurses to look after more and more older people with more complex healthcare needs.”

Ms Iliffe also sees lower pay rates as a significant factor in deterring nursing staff from working in aged care facilities.

“Aged care is a particularly difficult area—we are seeing much older people living in residential aged care with lots of complex health problems so it’s not just a matter of babysitting them. You actually have to provide healthcare for them,” she said.

“One of biggest factors in aged care is that nurses are very poorly paid—on a national average they are paid \$200 a week less than what they would get somewhere else.”

The ANF identified the constant pressure on medical staff to cost shift between state and federal responsibilities as an infuriating issue they hope this parliamentary inquiry can help solve.

“Cost shifting does add to stress levels because it infuriates you. It is inefficient and an ineffective way to provide care. It’s really frustrating for

nurses and frustrating for patients,” Ms Iliffe said.

She noted that, because of cost shifting, patients who have fronted for treatment at an accident or emergency department have had to be referred off to a general practitioner somewhere else for their care.

Ms Iliffe told the committee of her own experience with cost shifting while working as a clinical nurse consultant in women’s health clinics and antenatal and postnatal clinics.

“I was not able to do routine things I was well qualified to do because the legislation did not allow it. I had to refer them off,” she recalled.

“Say for instance—a classic example—you are doing an internal examination and you notice that somebody has a vaginal infection. You are not able to treat that. You have to send the person off—the woman has to go through another invasive procedure—to do something that you really know, taking the swabs, is a simple thing to do.”

To improve Australia’s health system, the ANF believes federal and state governments need to foster better cooperation between themselves and also between nurses, doctors, clinicians, managers, colleges and universities.

The ANF said there are considerable disincentives to fixing health due to the “current dysfunctional relationships between different levels of government in Australia”.

“Lack of trust, overt cost shifting and little cooperation and coordination in cogent policy making, funding arrangements, service planning and

service delivery are features of the current health system in Australia,” the ANF said.

The ANF has a wish list of what needs to be done to alleviate many of the problems ingrained in Australia’s health system.

“Firstly we would like to see a Health Care Reform Commission established because it is only in a non-political way that you can get some of these issues addressed,” Ms Iliffe said.

“Secondly we’d like something done about the funding and the provision of healthcare that gets rid of the lack of coordination and the cost shifting between state and federal systems. We’d like to see the federal government take responsibility for national policy direction and also for all of the funding, while the state and territories take responsibility for the provision of healthcare.

“Finally we’d also like to see more nurses and doctors and allied health professionals educated and better working conditions for these health practitioners so we don’t lose them from the system.”

The Royal College of Nursing, in its submission to the health funding inquiry, wants a more inclusive national approach saying “all funding decisions in regard to health services be made on a national basis in conjunction with all state/territory and local governments”.

The college believes the complexity of funding structures and quality control results in a lack of overall accountability and ongoing evaluation of health systems. Further, it wants meaningful performance indicators to be applied to service outcomes.

The college wants the “inefficiencies, duplications and gaps in our health care system addressed” before any further decisions on funding and service delivery occur. It also stressed that the “lack of seamless service provision and resource allocation has had negative consequences for the health workforce, particularly nurses”.

The college also welcomes the “increasing use of nurses in both primary and community health care delivery as an important factor in ensuring that integration, continuity and equity of health services occur”. ■

For more information on the health funding inquiry visit www.aph.gov.au/house/committee/haa or email haa.reps@aph.gov.au or phone (02) 6277 4145.