



the Australian College
of Mental Health Nurses Inc.

CONSENSUS STATEMENT

Registered nurse and nurse practitioner role in primary health care

This Consensus Statement reflects the position of the Australian Nursing Federation, the Australian Practice Nurses Association, the Australian Nurse Practitioners Association, the Royal College of Nursing Australia and the Australian College of Mental Health Nurses in relation to the role of the registered nurse and nurse practitioner in primary health care.

The health reform agenda in Australia offers a unique opportunity to consider an enhanced model of primary health care that extends beyond the services of a general practitioner to a multidisciplinary model to offer comprehensive, patient centred primary health care services.

Primary health care, as identified in the 1978 international Treaty of Alma Ata, recognises the inseparability of health from the social, environmental and economic factors that affect human life. It is characterised by a focus on the promotion of health and the prevention of illness, according to principles of equity, access, and community empowerment, and achieved by care delivered by multidisciplinary teams.

In Australia, a significant aspect of primary health care is offered through general practices. In addition, a considerable number of nurses work in primary health care settings, employed as maternal and child health nurses, general practice nurses, community health nurses, school nurses, occupational health nurses, rural nurses, remote area nurses, sexual health nurses and mental health nurses, both as registered nurses and nurse practitioners.

Recognition of the role of nurses in primary health care is increasing nationallyⁱ and internationallyⁱⁱ and is seen as essential to achieving improved population health outcomes and better access to primary health care services for communities. A broader role for nurses enables services to focus on the prevention of illness and health promotion, and offers an opportunity to improve the management of chronic disease as well as reduce demand on the acute hospital sector.

The current systems for health funding in Australia create serious barriers to effective health promotion and chronic disease management, and limit effectiveness in terms of equity, access and value for money. Major reform is needed to achieve models of care that are based on the best available evidence; are efficient and cost effective; and provide for positive patient outcomes and sustainable service delivery. Funding models should support sound health policy designed to meet population needs.

For registered nurses and nurse practitioners to work to the full scope of their practice in the delivery of primary health care services in Australia, historical, professional and potential legislative barriers must be overcome.

Registered nurses are self-regulated health care professionals who provide care in collaboration with other health professionals and individuals requiring nursing care. Legislation and regulation guide nursing practice. Registered nurses, as qualified licensed professionals, are accountable and responsible for their own actions.



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Nurses are entitled to identify the nursing care which they are educated, competent and authorised to provide. Nurses are held accountable for their practice by the nurse regulatory authorities, whose role is to protect the public, as is the case for all other regulated health professions.

As regulated health professionals, registered nurses are not 'supervised' nor do they provide care 'for and on behalf of' any other health care professional. Nurses acknowledge that all health care is a collaborative endeavour focused on positive outcomes for individuals and groups.

Registered nurses are prepared for advanced practice through post registration education, and accept responsibility for complex situations which may encompass clinical, managerial, educational and research contexts. They provide leadership, initiate change and practise comprehensively as an interdependent member of the team. These nurses have particular breadth and depth of experience and knowledge in their field of practice. Where appropriate, these advanced registered nurses may seek authorisation or endorsement as a nurse practitioner.

The nurse practitioner role is differentiated by their expert practice in clinical assessment, prescribing, referral and diagnostics. These broader practice modalities are enshrined in state and territory legislation. While there are around 300 authorised or endorsed nurse practitioners in Australia, only around half of these nurses are employed in nurse practitioner positions and even less are practising to the full scope of their role. Some of the restrictions on nurse practitioner practice are the lack of positions, an inability for patients to receive subsidised medicines if prescribed by a nurse practitioner (as distinct from a medical practitioner) or rebates from Medicare for nurse practitioner services, limiting their practice and reducing patients' access to affordable, high quality health care.

Registered nurses and nurse practitioners are ideally placed to deliver primary health care in Australia. Nurses in primary health care will not replace other health professionals but will (and do) provide a unique service that they are already well prepared and qualified to offer. Extending this service will enable the community to access a level of primary health care that is currently not available to the Australian population.

There is urgent need and immense benefit in reforming primary health care in Australia to optimise the expert and effective roles of nurses. There is strong potential not only to deliver improved health outcomes for the community, but also to impact positively on national productivity through the best employment of nurses - the largest professional health workforce in the country.

Our enhanced vision for the delivery of primary health care to the Australian population requires the acknowledgement at policy level of the capacity for professional nurses to make autonomous decisions. In addition, equitable funding mechanisms must be developed to facilitate the increased deployment of registered nurses and nurse practitioners in primary health care services and for the community to have access to subsidised medicines and services provided by nurse practitioners.

ⁱ Keleher, H. (2001) 'Why primary health care offers a more comprehensive approach for tackling health inequities than primary care'. *Australian Journal of Primary Health*, vol 7 (2), 57-61.

ⁱⁱ Laurant, Reeves, Hermens, Braspenning, Grol and Sibbald (2004) Substitution of doctors by nurses in primary care (Review) The Cochrane Collaboration.