

Functions of the Practice Nurse within General Practice

The functions to be undertaken by a practice nurse may include the following.

Providing clinical nursing services through:

- triage
- assessment
- therapeutic care and treatment
- diagnostic services
- clinical data management

Coordinating patient services through:

- networking with the other services
- integration of service delivery
- planning and management of care
- providing information and feedback between the services, patients and GP
- patient advocacy

Assisting the clinical environment to meet relevant standards and legislative requirements in:

- infection control
- cold chain monitoring
- records management
- occupational health and safety
- accreditation process

Promoting patient, carer and community well being through:

- health information
- education
- specific programs
- community development
- self care / self management education

Management of human and material resources in the practice through:

- optimising the use of the professional resources
- building practice capacity
- maximizing financial efficiency

Enhancing the management and prevention of ill health through:

- health screening
- immunisation
- recall
- patient education
- outreach services
- systems management
- acute-and chronic-disease management

The Practice Nurse Incentive Program (PNIP) allows nurses to provide chronic disease prevention and management services. Under this initiative, nurses can assist and support GPs with immunisation, wound management, cervical screening, health assessments and the preparation of care plans. See over. Otherwise, nurse care is provided as part of GP fees or on a fee-for-service basis to patients.

Continued over

The Role of the Practice Nurse in Chronic Disease Management

The Department of Health recognises the valuable role that practice nurses play in assisting with primary health care delivery. Under the supervision of a medical practitioner, practice nurses can assist with the provision of care for chronic disease prevention and management.

Before making a claim under Medicare (MBS), the doctor must be satisfied that the MBS items requirements have been met.

The Department requirements regarding practice nurses and their supervision include:

- the nurse may be either a Registered Nurse or an Enrolled Nurse and must be registered with the relevant registration board of the State/territory in which they are employed.
- the nurse must have the minimum specified qualifications appropriate to the functions undertaken.

Diabetes

It is not necessary for a doctor to perform each step for the Diabetes Annual Cycle of Care. For example, a doctor may assess a patient's condition, monitor and prescribe relevant medications. An appropriately trained and skilled practice nurse under GP supervision can undertake checks such as blood pressure, BMI, feet examination and review the patient's diet and exercise. The nurse will then report back to the doctor who must note that the elements of annual diabetes care have been provided. The doctor may claim only for the time in which s/he saw the patient, not the time the nurse takes to undertake checks. SIP items 2517-2526 apply.

Asthma

A GP is expected to provide the majority of care for the Asthma Cycle of Care. However, under the doctor's supervision an appropriately skilled practice nurse can provide information and reinforce key messages on asthma education, ensure the patient's record is up-to-date including medication, and undertake spirometry testing if fully trained. The doctor must be satisfied that each of the requirements has been completed and only claim for the duration of time in which they saw the patient. SIP items 2546-2559 apply.

Cervical Screening

A practice nurse can take a cervical smear if they have undertaken appropriate training. The doctor should review the pathology results. The service can be covered by PNIP funding alone, or the GP can see the patient at the conclusion of the test and claim for the length of time that the GP saw the patient. This may be a SIP item 2497, 2501-2509 if the patient is eligible.

Mental Health

A GP Mental Health Treatment Plan can only be provided by a GP registered with Medicare Australia; a practice nurse does not take part in delivery of this service.

Health Assessments

A practice nurse can assist the GP to conduct an annual health assessment for a patient over 75 years, a chronic disease 45-49 year check, a 40-49 year diabetes evaluation, a Health Kid's Check, or a Comprehensive Medical Assessment for a patient in residential aged care. The nurse can collect information for the assessment, and can provide lifestyle advice if appropriately skilled. MBS items 701-707 apply.

Care Plan preparation

A nurse may assist a GP in preparing or reviewing a GP Management Plan (GPMP) or Team Care Arrangement (TCA). The 'usual' GP co-ordinates the plan for a patient with chronic disease/s and ensures that each member of the multidisciplinary team has contributed to the plan's development or review. The nurse can collect history, identify needs, goals and the actions, and make arrangements with services. The GP must review the plan with the patient before claiming the relevant item/s. Items 721, 723 and 732 apply.

Care Plan monitoring

Patients being managed under a GPMP-TCA may receive ongoing support and monitoring from practice nurses, up to 5 times per year, on behalf of the GP who prepared the plan. MBS nurse item 10997 applies.

GPs and nurses should read the relevant MBS items before providing a primary care service: see www.mbsonline.gov.au and www.health.gov.au/mbsprimarycareitems

Melbourne Primary Care Network