RURAL & REMOTE NURSING PRACTICE

This policy is intended to provide medical practitioners with a broad framework for the collaborative development of primary care nursing in rural and remote Australia.

In this document, the terms nurse and nursing include appropriately trained and qualified registered nurses, enrolled nurses and Indigenous Health Workers.

While education, training, supervision and standards are the mandate of the relevant professional bodies, the Rural Doctors Association of Australia (RDAA) believes that evolving models of partnership demand high levels of cooperation and communication. Major nursing organizations have therefore been consulted in the development of this document.

RDAA supports the development of models of nursing practice which enhance the key role of general practice in primary health care in regional, rural and remote parts of Australia. This support is grounded in the achievements of the many rural practice models in which doctors and registered and enrolled nurses across the country have been working for decades and in current research which has identified factors crucial to the success of these models.

RDAA sees the consultative evolution of flexible models of nursing practice which are compatible with community aspirations as a major strategy to meet the health needs of rural Australia. The development of collaborative and multidisciplinary teams involving medical practitioners, registered and enrolled nurses, Indigenous Health Workers and allied health workers is a cost-effective way to address current workforce shortages and extend the capacity of general practice to provide comprehensive care and continuity of care.

RDAA supports the evolution of rural and remote nursing practice which encompasses diverse roles including those of enrolled nurses, Indigenous Health Workers and practice nurses and models of advanced nursing practice.

a. PRACTICE NURSING

The purpose of practice nursing is to enhance the quality and delivery of health care in the context of general practice. This is a cooperative model of care in which the nurse employed by a practice/general practitioner plays a complementary role by providing a variety of services ranging from clinical care and service coordination to maintaining good health through screening, health promotion and education for individuals and the community.

The role of the practice nurse may vary from one setting to another. In some rural and remote environments, it may involve advanced nursing practice. In some, the practice nurse may be located away from the main surgery or work directly in the community as part of the practice team. In particular environments it may require specific skills and experience, for example in Indigenous health or aged care.

Research and experience indicate that the model is most effective when roles are clearly defined, negotiated between all professional stakeholders and implemented in a way which allows for flexibility.

As employer, the general practitioner/practice carries the responsibilities normally pertaining to that role, for example in the determination of selection criteria, ensuring that working conditions support safe and quality service delivery, professional indemnity coverage, professional development and access to appropriate nursing supervision. These responsibilities should be implemented in the context of current industrial standards and embodied in a formal contract.

Practice nursing can enhance and expand the efficiency and effectiveness of general practice in a number of ways and it can provide a basis for the development of collaborative models of advanced nursing practice.

Rural medical practitioners will work through the RDAA with nursing and other professional organizations on guidelines and protocols which provide a clear framework for the collaborative development of effective models of practice nursing.

RDAA supports the principle that undergraduate and postgraduate nursing education and training should include exposure to, and experience in, general practice models of primary care.
b. RURAL & REMOTE ADVANCED NURSING PRACTICE

RDAA recognizes that in under-serviced isolated or remote areas, nursing requires an additional and advanced level of responsibility, skill and decision making. This advanced nursing role may include diagnosis, ordering pathology, prescribing and certification. RDAA supports models of rural and remote advanced nursing practice which formalize the role of the specially qualified nurse as part of a collaborative primary care team which includes a general practitioner. This is of particular importance when the responsibilities of the role include diagnosis, ordering pathology, prescribing or sickness certification.

Whether practice, community or hospital based, the advanced practice nurse should:

• possess clinical and academic competencies appropriate to the higher level of autonomy and such special skills and education as needed in particular environments;

• work as part of a team, though this may be frequently in the absence of other team members;

• be guided by clear, consultatively developed protocols for clinical decision making and delegation in compliance with relevant legislation;

• be committed to the mutual professional respect and collaborative models of care which underpin this level of nursing practice.

RDAA will work with nursing organizations and community and government stakeholders on the development of models of advanced nursing. These should be subject to external evaluation which focuses on quality care and optimum health outcomes for people in rural and remote Australia.

RDAA will work with nursing and other professional and government bodies on the development of legislation and policies which provide a clear and consistent framework for collaborative models of advanced nursing practice.

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