



Practice Nurses and/or Allied Health Workers for Urban Areas of Workforce Shortage – Guidelines

1. Introduction

On 18 November 2003, the Australian Government launched a \$2.85 billion package of initiatives to strengthen Medicare now and for future generations.

One of the initiatives of the enhanced Medicare package is a grant to general practices, located in urban areas of workforce shortage, to employ practice nurses and/or allied health workers. This initiative extends the current Practice Incentives Program (PIP) rural practice nurse incentive to selected urban areas.

An additional feature of this initiative is that it allows practices to employ other allied health workers, such as physiotherapists, dieticians and occupational therapists, either instead of or in addition to, practice nurses.

2. Eligibility Requirements

To be eligible for this incentive

- The practice must be participating in the PIP
- The practice must be located in an Urban Area of Workforce Shortage as defined by the Department of Health and Ageing
- The practice must employ or retain the services of a practice nurse and/or allied health worker for the minimum number of sessions required.

3. Urban Areas of Workforce Shortage

For the purpose of this initiative, urban areas of workforce shortage have been defined by the Department of Health and Ageing and are

population areas with a low doctor to population ratio and lower socio-economic status.

4. Who Can Be Employed?

- Registered nurses
- Enrolled nurses
- Allied health workers, including
 - Aboriginal Health Workers
 - Audiologists
 - Dieticians/nutritionists
 - Occupational therapists
 - Orthoptists
 - Orthotists/prosthetists
 - Physiotherapists
 - Podiatrists
 - Psychologists
 - Social workers
 - Speech pathologists

5. Minimum Employment Requirements

The minimum employment requirement for the practice nurse/allied health worker is dependent upon the size of the practice, which is determined by its SWPE value. Regardless of size, however, the practice must employ or retain the services of a practice nurse and/or allied health worker for a minimum of two sessions per week, averaged over each PIP payment quarter. A session for the purposes of this initiative is 3½ hours as a minimum.

The employment requirement increases by one session for each additional 500 SWPEs, rounded down, as shown in the following table.

Strengthening
Medicare

SWPE per Practice	Minimum sessions required to work per week averaged over the PIP payment period
0-1499	2
1500-1999	3
2000-2499	4
2500-2999	5
3000-3499	6
3500-3999	7
4000-4499	8
4500-4999	9
5000 or more	10 (full time)

The incentive payment is capped at a maximum of 5000 SWPEs per practice which would require a practice to employ or retain one full time nurse and/or allied health worker (ie. 10 sessions per week). The period of employment is inclusive of all personal leave and recreation leave.

6. Minimum Qualifications and Educational Requirements

Registered Nurse

- Current registration with relevant registration board in the state or territory of the practice
- Minimum specified qualifications appropriate to the functions undertaken.

Enrolled Nurse

- Current registration with relevant registration board in the state or territory of the practice
- Minimum specified qualifications appropriate to the functions undertaken
- Professional nursing standards require that an enrolled nurse must be supervised by a registered nurse. Supervision may be direct or indirect, but appropriate supervisory arrangements must be in place.

Allied Health Workers

- Recognised educational qualifications specific to the position for which they are employed
- Relevant registration/accreditation/membership with the profession where required
- Must not require supervision to undertake clinical tasks for which they are employed or engaged.

Aboriginal Health Workers

- The minimum qualification level of an Aboriginal health worker is a Certificate Level III in Aboriginal and Torres Strait Islander Health or above, from a recognised institute.
- For a comprehensive list of approved courses and training, please contact the Health Insurance Commission PIP enquiry line on 1800 222 032 and request a copy of *Guidelines for Employing an Aboriginal Health Worker*.

7. Roles and Functions of the Practice Nurse and Allied Health Worker

To be eligible for incentive payments nurses or allied health workers must undertake functions from the following, during the minimum employment period.

Practice Nurse

Providing clinical nursing services in the general practice context through

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

Coordinating patient services through

- networking with other services
- integration of service delivery

- planning and management of care
- providing information and feedback between the services, patients and GP
- patient advocacy.

Managing the clinical environment by assisting general practice to meet relevant standards and legislative requirements in

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

Promoting patient, carer and community well being through

- health information
- education
- specific programs
- community development
- self care.

Sustaining general practice by contributing to better management of human and material resources through

- optimising the use of professional resources
- building the practice base
- build practice capacity to adapt to change
- maximising financial efficiency.

Improving health outcomes by contributing to and enhancing the management and prevention of ill health through

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

Allied Health Worker

- Provision of clinical services to patients on an individual or group treatment basis
- These services may include secondary preventative/educational intervention for clients with existing conditions
- Services may include occasional community level health promotion work although it is expected that direct clinical service provision to clients to address existing conditions will be the main workload
- Case conferencing and care planning.

Aboriginal Health Worker

- Community capacity building – building the knowledge, skills and networks of individuals and communities to enable them to take better care of their own health
- Promoting cultural awareness for allied health professionals
- Managing and supervising projects and teams
- Advocating for the rights and needs of individuals and families
- Providing informal training
- Developing, evaluating, amending and maintaining the community health profile
- Sustaining the Aboriginal Health Service by contributing to better management of human and material resources
- Managing a therapeutic environment – assisting Aboriginal Controlled Community Health Services to meet relevant standards and legislative requirements within resource constraints
- Coordinating services through networking and integrating service delivery
- Improving population health outcomes by participating in screening, immunising and patient recall and education.

8. Incentive Payments

How does your practice enrol for this incentive?

Practices that meet the eligibility criteria can enrol in the initiative at any time. A separate application form is included with these guidelines. This is to be completed, signed by the authorised contact person and returned to the Practice Incentives Program.

When will payments commence?

This initiative commenced on 1 March 2004, and the first incentive payments were made in May 2004 with the PIP quarterly payment.

How much will your practice receive?

As with most PIP components, incentive payments will be calculated on a dollar amount per SWPE. An annual incentive equivalent to \$8.00 per SWPE will be paid to practices that meet the eligibility criteria, up to a maximum of \$40,000 per annum.

The level of the incentive is designed to encourage practices to employ or retain the services of a nurse or allied health worker and is not intended to cover the full cost of employing them.

How will the payment be made?

Payment will be made by the Health Insurance Commission to eligible practices as part of each quarterly PIP payment. If the practice satisfies the eligibility criteria for a full PIP payment quarter, the practice will receive a PIP payment equal to approximately one quarter of the annual incentive amount at the end of that quarter.

What does it mean to your payment if your practice nurse/allied health worker resigns?

Incentive payments can only be made to a practice that can demonstrate that it has employed or retained the services of a practice nurse and/or allied health worker for a period of time equivalent to its minimum requirement

(based on its SWPE count) in each PIP payment quarter.

Provision has been made for a 21-day recruitment lag. For example if your practice nurse's employment ceases, you are allowed 21 days to make other arrangements for a replacement without your quarterly payment being affected.

9. What are your obligations?

You are required to notify the Health Insurance Commission if the employment period for the practice nurse or allied health worker falls below the minimum requirement during the quarter relating to the PIP payment cycle. You will be informed of your practice's minimum requirements with each PIP payment statement.

You are required to ensure that the practice nurse or allied health worker has a clear, unambiguous and agreed role description consistent with the qualifications of the nurse/allied health worker and the legislative framework of your State or Territory.

You are required to ensure that the practice nurse/allied health worker has support systems, such as access to training and peer mentoring opportunities.

You are required to maintain employment records relating to the practice nurse/allied health worker. These records may be required to demonstrate employment history under the Health Insurance Commission PIP Audit Program; and

You are required to ensure the registration of the practice nurse is current at all times. Evidence of this may be required under the Health Insurance Commission PIP Audit Program.