

RESPONSE TO AMACGP PRESS RELEASE RE NURSE PRACTITIONERS

NURSE PRACTITIONERS ARE AN ASSET NOT A THREAT

The Deans of Nursing and Midwifery have no desire to engage in a turf war with the College of General Practice over their press release about Nurse Practitioners, but we cannot let pass insulting remarks such as that they “would dumb down the Australian health system”, “inferior health care”, “an irresponsible and dangerous path to follow”. It is difficult to understand why the AMA has made this comment and also what evidence, if any, they have to support their claims.

Nurse practitioners are fully qualified and experienced nurses who have undergone further studies, usually at Master’s degree level. The legislation establishing the category defines strictly their scope of practice, which is complementary to the GP’s. Far from providing an inferior service, research studies suggest that appropriately prepared Nurse Practitioners provide the opportunity for enhanced use of both medical and nursing personnel. These include: a study that evaluated a Nurse Practitioner led early pregnancy assessment clinic found the nurse followed guidelines closely, did not overlook any ectopic pregnancies in the 6-month trial period, and that 61% of those attending did not need to be referred on to a doctor (Fox et al. 1999); a study that evaluated the services provided by Nurse Practitioners in a gynaecological ward found no ill effects on patient care (Easton et al. 2004); and a study that found Nurse Practitioners equally effective in prescribing oral anticoagulants as doctors (Vadher et al. 1997). Surely this is evidence that the addition of Nurse Practitioners to the Australian health care workforce will not result in the delivery of sub-standard care as is asserted by the AMACGP.

The College’s press release seems to suggest that the AMACGP sees Nurse Practitioners as some sort of threat. In the countries where Nurse Practitioners have been working for years (United Kingdom, United States of America, Canada, New Zealand, Fiji for example) we are not aware of any “dumbing down” of the health system or bankruptcies amongst GPs; rather, primary health care is more widely available, especially in rural and remote areas, than when GPs were the only source of health care. We regret the CGP’s scaremongering and we look forward to more cordial and constructive relationships with our fellow health professionals.

Fox et al 1999 "Early pregnancy assessment; a role for the gynaecology nurse-practitioner" J of Obstetrics and Gynaecology 19(6): 615-16.

Easton et al 2004 "Can an advanced nurse practitioner take on the role of senior house officer within a specialised area of practice: an evaluation" J of Obstetrics and Gynaecology, 24(6): 667-74.

Vadher et al 1997 "Comparison of oral anticoagulants control by a nurse-practitioner using a computer decision-support system with that by clinicians" Haematology, 19(3): 203 7.

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