

## CLINICAL SERVICES LETTER NO. 137

### TO MEDICAL PRACTITIONERS

Dear Doctor,

### GOVERNMENT ASSISTANCE FOR PRACTICE NURSES IN GENERAL PRACTICE

1. This letter confirms recent announcements in the *Budget* and by the Acting Minister of Health about a new scheme of financial assistance for practice nurses in general practice. It is to take effect from 1 July 1974.

2. *Subsidy Offered to Urban General Practitioners*—Subsidy will be available to general practitioners in urban areas employing practice nurses, except those practising in hospital board owned health centres, where rather different arrangements will apply (see paragraph 14 below).

The subsidy will be up to 100 percent of approved remuneration paid by the employing doctor, and is to be based on the salary applicable from time to time to a registered nurse in the hospital service qualified for appointment as a staff nurse or staff sister, as appropriate. For a practice nurse employed on a part-time basis, the maximum subsidy payable will be calculated as a proportion of the appropriate subsidy based on a 40-hour week.

3. *Conditions of Subsidy*—These are as follows:

- (a) No general medical services benefit is to be claimed, or charge made to the patient, where the services are rendered *solely* by the practice nurse. A general medical services benefit may be claimed, however, where a service is afforded by the doctor personally in conjunction with the nurse.
- (b) The services of the practice nurse which qualify for subsidy should be confined to professional duties. The subsidy is not to extend to time spent on receptionist or similar functions.
- (c) The subsidy is to be limited to salary at rates for normal hours. It is not payable for special allowances, e.g., overtime, penal rates, etc.
- (d) Mileage at general medical services rates will be payable for domiciliary visits by the practice nurse where the employing doctor would be eligible for general medical services mileage.
- (e) A daily work record is to be maintained as indicated in paragraph 11, below. This record is to be available for perusal by authorised officers of the Department of Health, who shall be registered medical practitioners or registered nurses.

4. *Subsidy Offered to Rural General Practitioners*—(a) Practitioners in designated rural areas may, if they wish, change over to a subsidy system on similar lines to the urban subsidy scheme, as an alternative to the existing rural practice nurse scheme. In that case, the 75c per domiciliary visit by the practice nurse will not be payable.



(b) Alternatively, where a rural general practitioner elects to continue under the existing scheme, the 50 percent subsidy currently payable will not be subject to the existing maximum of \$25 per week. The 50 percent refund will be based on the salary applicable from time to time to a registered nurse in the hospital service qualified for appointment as a staff nurse or staff sister as appropriate, and related to the approved hours of work. Under this option, the 75c subsidy per domiciliary visit will be retained.

*5. Ratio of Practice Nurses to Doctors*—The Director-General of Health has been authorised to determine the ratio of practice nurses (whose employment is assisted by Government funds) to practitioners in solo practice, multiple or group practices, and health centres, according to the circumstances in each case. This applies both to urban and rural practice.

For subsidy purposes the following ratios have been established:

Solo practice	.....	100 percent subsidy up to a maximum of 30 hours per week.
Two-doctor practice	.....	100 percent subsidy up to a maximum of 60 hours per week.
Three-doctor practice	.....	100 percent subsidy up to a maximum of 80 hours per week.
Four-doctor practice	.....	100 percent subsidy up to a maximum of 80 hours per week. This may be increased to 100 hours per week subject to a satisfactory explanation of need.
Five-doctor practice	.....	100 percent subsidy up to 100 hours per week. This may be increased to 120 hours per week subject to a satisfactory explanation of need.
Six-doctor practice	.....	100 percent subsidy up to a maximum of 120 hours per week.

Medical officers of health may approve applications within the established ratios. Provision is made, however, to consider applications for variations outside the above ratios (see paragraph 7, Consultative Committee).

*6. Salary Rates for Subsidy Purposes*—From 1 July 1974, these are as follows:

	Yearly	Weekly (40 hours)	Hourly
Staff nurse	\$4,688	\$90.15	\$2.25
Staff sister	\$5,011	\$96.37	\$2.41
	\$5,189	\$99.79	\$2.49

Instructions for calculating commencing salaries have been forwarded to medical officers of health. In the event of a doctor not being satisfied with the department's decision, provision exists for review by the Consultative Committee.

District health offices will be advised of changes in salary rates as they occur and, in turn, will inform doctors employing practice nurses.



7. *Consultative Committee*—It has been recommended to medical officers of health that they promote the formation of a consultative committee in each health district, comprising a representative of the Medical Association of New Zealand, a hospital board nursing officer, a departmental nursing officer, and the medical officer of health as chairman. The functions of this committee will include—

(a) Reviewing the starting salary rate for subsidy purposes if a doctor is dissatisfied with the department's decision.

(b) Reviewing the ratio of practice nurses to doctors where variation of the approved ratio is sought, and making recommendations to the Director-General of Health, Head Office, Department of Health.

8. *Qualifications of Practice Nurse*—The appointee must hold general or male nurse registration under the Nurses Act 1971 and have a current practising certificate. A doctor engaged in practice which includes maternity work should preferably seek an appointee who also holds maternity or midwifery registration. The appointment of a registered community nurse does not qualify for subsidy.

9. *Applications for Approval for Subsidy Purposes*—Applications should be in writing addressed to the local medical officer of health and should include the full name of the nurse, particulars of her current practising certificate, proposed hours of work, and sufficient written detail from her nursing employers to determine her commencing salary. If the latter details are not available, initial subsidy may only be approved and paid for at the basic rate (Staff nurse).

10. *Payment of Higher Rates of Salary and Longer Hours of Work*—Doctors may, of course, employ practice nurses at higher rates of salary and for whatever hours they wish. Subsidy will, however, be payable only on the approved basis.

11. *Daily Record*—In addition to any other details required by the employing doctor, the nurse must maintain a record on a daily basis, of the names of the patients seen by her, and where seen (surgery, home, etc.). This record should also show days off duty taken by the nurse for sickness or leave.

12. *Conditions of Nurses Employment*—The department does not prescribe the conditions of employment for practice nurses, but subsidy will be payable on annual and sick leave within a prescribed formula. Particulars may be obtained from the local district health office.

13. *Suitability for Employment*—If a doctor is in doubt about the suitability of a prospective practice nurse he may, if he wishes, confer with the medical officer of health, who will make such further confidential inquiries as may be deemed necessary.

14. *Practice Nurses in Hospital Board Owned Health Centres*—Practice nurses working with general practitioners in hospital board health centres will be employed by the boards concerned and either recruited by the board with the agreement of the general practitioners engaged in private practice at the centre, or recruited by the general practitioners concerned with the prior concurrence of the board as to suitability for board employment and rate of salary.



Conditions attached to the provision of practice nurses in health centres include the following—

- (a) No general medical services benefit is to be claimed or charge made to the patient where the services are rendered *solely* by the practice nurse.
- (b) The services of the practice nurse are to be confined to professional duties and shall not include receptionist or similar functions.
- (c) While the hospital board is responsible for the payment of health centre practice nurses, it shall be the responsibility of the health centre to keep records of hours of work, absences, and reasons for leave, and to notify the hospital board at agreed intervals for the purpose of pay and personnel records.
- (d) The health centre practice nurses shall accept directions from the health centre doctors in relation to her professional duties. All other matters affecting her employment at the health centre shall be the responsibility of the appropriate hospital board officer, provided always that consultation with the health centre doctors shall take place as and where necessary.
- (e) The hospital board is to be responsible for providing the practice nurse with such resources as are necessary to enable her to carry out her duties effectively.
- (f) The hospital board, in consultation at all times with the health centre doctors, shall accept responsibility for the continuity of practice nurse services in hospital board health centres.

15. *Consultation with Medical Officers of Health*—Medical officers of health have received information about the new scheme in rather greater detail than is practicable in this letter. If further information is required, practitioners should contact their local district health office. Doctors contemplating the employment of a practice nurse are recommended to approach the medical officer of health or his staff for prior discussions as to the procedures for obtaining the subsidy under this scheme.

Yours faithfully,



(A. W. S. Thompson)  
Director,



(A. H. Paul)  
Deputy Director,

Division of Clinical Services.