The UK government recently gave full prescribing rights to all nurses and pharmacists. Responses ranged from a triumph of common sense, to, the end of life as we know it. If a country like the UK thinks that care can be effectively given through extending responsibilities among health professional groups, how is this not happening in Australia? Our health care system is widely being reported as not coping, especially in rural areas, how will it be able to cope with the rapidly changing health environment?

Australia is number four on the World obesity list, not an enviable position to be in. Amongst the health consequences of this is the prediction that within 10 years, 50% of Australians aged over 50 years will have diabetes. Then there are emerging infectious diseases. If our system is not coping now, held back by many factors including some entrenched professional interests, will it cope in 10 years time?

We have been following two cohorts of medical graduates; South Australians completing in 1990 and the national cohort who completed studies in 1997. At the point of graduation 52% of the 1990 cohort indicated that they would work a wholly full time career but six years out that had fallen to 34% and 15% had left the medical workforce. In the 1997 cohort only 28% at graduation indicated that they would work a wholly full time career. Young graduates want to be employed, have a good time in the work place and a good time out of it. They want to be part of multi-professional teams.

Going back some 30 to 40 years, patients with many conditions such as hypertension, diabetes or asthma were managed almost entirely in hospital and specialist clinics. Today, these conditions are almost entirely managed in general practice. General practice is bulging at the seams, groaning with conditions that it has not allowed to flow on to management by other health professionals. We have to ask the question, - are Australian nurses and allied health professionals so much worse trained and less capable than those in other countries that they can’t be trusted to take on some of this care? The answer is that of course our nurses and allied health professionals are amongst the best in the world, so they could take on the care if it were to be structured that way.

We were presented in Cessnock with the opportunity to set up, demonstrate and evaluate a model of care where the general practitioner is the leader of a
team of health professionals, reserving their specialist skills for where they are truly needed rather than delivering all elements of care themselves.

Cessnock was experiencing:
- The lowest socioeconomic scores in the Hunter Region;
- High rates of diabetes, stroke, heart disease;
- High rates of smoking and alcohol abuse;
- Very low Pap smear rate;
- Higher than average death rate and hospitalisation rate;
- High rates of teenage pregnancy and maternal smoking;
- GP to patient ratio (1:2825);
- Shortage of other health services (especially mental health, drug and alcohol, diabetes).

The Uni-Clinic Model aims to: Deliver excellent primary health care through a new model of service delivery using nurses and allied health professionals in general practitioner led teams.

The elements of the model are:
- Multidisciplinary patient care;
- GPs as team leaders;
- Nurses and Allied Health Professionals providing targeted health services;
- Full computerisation.

The health professionals in the model are:
- General Practitioners;
- Women’s Health Nurses + Midwives;
- Registered Nurses – Triage; Practice;
- Dieticians / Diabetes Educator;
- Mental Health Nurses/Drug and Alcohol Counsellors;
- All salaried + annual bonus.

The general practitioner team leader:
- Is responsible for the quality of service;
- Must be able to receive a report of the service.

The first year outcomes from start-up were:
- 5700 registered patients;
- Provided 32,500 medical services;
- Commenced comprehensive care for 120 Diabetic patients;
- Identified and managed 135 asthma patients
- Conducted comprehensive health care plans for over 450 over-75 year olds;
- Provided 145 Dietician services;
- Completed more than 650 cervical smears.
The Uni-Clinic team has delivered efficiently far more, highly acceptable services than the traditional general practice model could possibly have done.

The barriers to adopting the Uni-Clinic Model are:
- Physical space for an increased number of health professionals in the team;
- Professional attitudes and suspicions.

A strategy is needed for the widespread adoption and introduction of models of care such as the Uni-Clinic. There are sufficient doctors in Australia if we distribute them well and use them wisely as team leaders. It is not a question of providing worse care through a nurse or allied health professional but better and more appropriate care through a team where more value is place on each professional’s specialist skills. Current practice is unsustainable but many in leadership positions are unwilling to recognise or admit this.

John Donne put it beautifully in 1623, “Perchance he for whom this bell tolls may be so ill, as that he knows not it tolls for him; and perchance I may think myself so much better than I am, as that they who are about me, and see my state, may have caused it to toll for me, and I know not that.”

So, as a health professional, do you:
- Want to be valued for the specialist skills that you have?
- Provide better more appropriate care?
- Have a nicer life?

It's your choice…