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1.1 Primary health care in Australia, implications for the future and health priority areas

Australia's current health system is complex, rapidly changing and under pressure. As a result, a national approach to primary health care policy and a practical strategy to create a more robust primary health care system is needed.¹

Rising demand for health services and health costs reflect an ageing population, higher levels of chronic illness, changing patterns of disease, increasing medical technology, rising community expectations and the need for more proactive care.

The interface between the primary and tertiary health care sectors is also a contributing factor. Cost and workforce pressures in the tertiary system impact on the capacity and responsiveness of the primary health care system.

In response to these challenges the Australian Government has committed to a national primary care strategy and prevention agenda to better meet the needs of the population for the 21st Century.²

The National Primary Care Strategy will provide an opportunity to reform and strengthen the provision of primary care services in Australia with a focus on keeping people well and participating in life and work.³ The Strategy is due for completion in 2009. Further information can be found at: <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr08-nr-nr096.htm>

Alongside the development of the National Primary Health Care Strategy other key reform processes include the:

- Council of Australian Governments (COAG) Health and Ageing Working Group
- National Health and Hospitals Reform Commission (NHHRC)
- Preventative Health Taskforce
- Review of Maternity Services.³

Primary health care represents the platform for the development of a health system which is more equitable, inclusive and fair, and which meets growing expectations for better system performance.²

SECTION ONE: The general practice team

1.2 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a range of experiences and provides the opportunity to be part of a small clinical team, meeting the diverse primary care needs of the community. Nursing in general practice is a shift from a hospital-based environment to a small business environment located in the local community.

A practice nurse is a registered nurse or an enrolled nurse (RN Division 1 and Division 2 in Victoria) who is employed by, or whose services are otherwise retained by, a general practice.

In 2007 approximately 58% of practices employed one or more general practice nurses⁴ and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work in collaboration with general practitioners, providing a range of services, including chronic disease management and population health activities. Their role is diverse and influenced by factors such as the practice population, nurses' qualifications, practice structure, professional standards and national incentives and programs.

Nurses are core members of the general practice team, assisting practices to meet the diverse and complex health care needs of an ageing population, with increasing rates of chronic disease and illness. Nurses have also been found to play a key role in creating resilient general practices through their ability to cycle rapidly through six key operating roles.⁵ These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity.⁵ Further details on these roles is provided in Section 3.3 Roles for nurses in general practice.

The growing burden of chronic disease and patient demand has increased GP workloads. Nurses in general practice work collaboratively with GPs to provide efficient and effective health care to all patients. The Competency Standards for Nurses in General Practice identify the following role statement for nurses:

*'nurses in general practice demonstrate competence in the provision of primary health care centered on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and practice context in an environment characterised by unpredictability and individual diversity across the lifespan.'*⁶

A range of Australian and international literature identifies some of the benefits nurses can bring to a practice. These include:

- improved health outcomes in chronic illness⁷
- assistance in primary-acute sector integration
- better coordination of care
- increased workforce capacity
- provision of practical and professional support to GPs
- enhancement of the range of services available to people attending the practice⁸
- improvement in the ability of the practice to adapt to change⁵

1.3 Communication and teamwork

The Commonwealth Government's Nursing in General Practice (NiGP) initiative acknowledges that general practice is operating in a changing environment. It requires multidisciplinary team-based approaches to delivery of care in order to meet the health care needs of the community. Multidisciplinary teams with GPs as essential members will be central to population health initiatives, community development activities and clinical encounters.⁹

Effective team relationships don't just happen. They take time and require leadership, a sense of direction, good organisation and information systems, efficient communications, training and team building.

Communication systems may include: formal policies and procedures; common templates for recording information; job descriptions and role delineation; as well as methods to recognise and work with any conflicting interests.

The aim of such systems is to acknowledge the different specialties, interests and abilities of each member of the general practice team. The benefits that may result include not only better outcomes for patients but increased job satisfaction, and increases in the cost effectiveness and efficiency of service delivery.

Regular meetings and information exchange provide opportunities for communication and also reinforce the team work approach. Regular review and discussion can lead to resolution of issues that may become barriers to effective teamwork.

An examination of relevant research has found that effective primary care teams require:

- clarity about the role and expertise of each member
- flexible funding and employment strategies
- willingness to allocate tasks according to skills and joint responsibility for outcomes
- regular and effective communication
- support and ongoing education for team members
- rigorous and innovative research and evaluation into team processes, economic costs and patient outcomes and acknowledgment of the context in which teams operate.¹⁰

1.4 Multidisciplinary teams in general practice

The AGPN Primary Health Care Position Statement outlines the important role of multidisciplinary teams in the delivery of primary health care.

Multidisciplinary teams are fundamental to primary health care and have been shown to improve health outcomes, particularly for those people with a chronic disease.

The composition of teams is based on the mix of clinical skills required for optimal care of individuals and local communities. GPs, practice nurses and practice managers are core members of general practice teams. Other team members can include allied health professionals, psychologists, Aboriginal health workers, pharmacists, and carers.

General Practice networks have a major role in supporting effective, multidisciplinary service provider teams that are built and maintained at the service delivery level.

To ensure effective teams, the primary health care system at the level of network members and general practices must:

- feature whole-of-practice approaches to education, training and peer support
- provide training to general practice in communication and team working skills.

The employment of a nurse in general practice allows for a multidisciplinary approach to patient care, as the nurse has the skills and ability to undertake and enhance primary care activities, such as undertaking health assessments, the set-up and maintenance of a recall system, and carrying out health promotion activities, patient education, screening and chronic disease management.

The ability of appropriately trained nurses to undertake procedures historically undertaken by the general practitioner such as immunisations, Pap smears and wound care, may enable the general practitioner to realign personal workloads.¹¹

1.5 Useful links

Australian College of Rural and Remote Medicine
www.acrrm.org.au

Australian General Practice Network
www.agpn.com.au

Australian Medical Association
www.ama.com.au

Australian Nursing and Midwifery Council
www.anmc.org.au

Australian Nursing Federation
www.anf.org.au

Australian Practice Nurses Association
www.apna.asn.au

Australian Rural Nurses & Midwives
http://www.rcna.org.au/chapters/rural_faculty

Council of Australian Governments (COAG)
www.coag.gov.au

Council of Remote Area Nurses of Australia
www.crana.org.au

Department of Health and Ageing
<http://www.health.gov.au/internet/main/publishing.nsf/Content/portal-Nursing>

National Health and Hospitals Reform Commission (NHHC)
www.nhhrc.org.au

Preventative Health Taskforce
www.preventativehealth.org.au

Review of Maternity Services
www.health.gov.au/maternityservicesreview

Royal Australian College of General Practitioners
www.racgp.org.au

Royal College of Nursing, Australia
www.rcna.org.au

Rural Doctors Association of Australia
www.rdaa.com.au

SECTION ONE: The general practice team

1.6 Acronyms

AAPM	Australian Association of Practice Managers Ltd
ACCHS	Aboriginal Community Controlled Health Services
ACIR	Australian Childhood Immunisation Register
AGPN	Australian General Practice Network Ltd
AHW	Aboriginal Health Worker
AMA	Australian Medical Association
AMS	Aboriginal Medical Service
ANF	Australian Nursing Federation
ANMC	Australian Nursing and Midwifery Council
APNA	Australian Practice Nurses Association
AWA	Australian Workplace Agreement
BOMHI	Better Outcomes in Mental Healthcare Initiative
BGL	Blood Glucose Level
BSL	Blood Sugar Level
BMI	Body Mass Index
CDM	Chronic Disease Management
CRANA	Council of Remote Area Nurses of Australia
DoHA	Australian Government Department of Health and Ageing
EN	Enrolled Nurse (Division 2 Registered Nurse Victoria)
EPC	Enhanced Primary Care
GP	General Practitioner
GPII	General Practice Immunisation Incentive
GPLO	GP Liaison Officer
GPMP	GP Management Plan
HREOC	Human Rights and Equal Opportunity Commission
HMR	Home Medications Review
IM / IT	Information Management / Information Technology
FaCSIA	Australian Government Department of Families, Community

Services and Indigenous Affairs

FTE	Full-time equivalent
MAHS	More Allied Health Services
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NAPSA	Notional Agreement Preserving State Awards
NiGP	Nursing in General Practice
NMRA	Nursing and midwifery regulatory authority
NPS	National Prescribing Service
PBS	Pharmaceutical Benefits Scheme
PC	Primary Care
PHC	Primary Health Care
PHCRIS	Primary Health Care Research and Information Service
PI	Performance Indicator

PIP	Practice Incentives Program
PN	Practice Nurse
PN PIP	Practice Nurse incentive under the Practice Incentives Program
RACGP	Royal Australian College of General Practitioners
RCNA	Royal College of Nursing Australia
RMMR	Residential Medication Management Review
RN	Registered Nurse (Division 1 Registered Nurse Victoria)
RRMA	Rural, Remote and Metropolitan Areas Classification
SBO	State Based Organisation
SIP	Service Incentive Payment
SWPE	Standard Whole Patient Equivalent

For more acronyms commonly used in Australian general practice and primary health care:

Primary Health Care Research & Information Service
<http://www.phcris.org.au/products/acronyms.php>

1.7 Endnotes

- 1 AGPN. Primary Health Care Position Statement, 2005.
- 2 Australian General Practice Network. Primary Care Position Statement 2009. AGPN, Canberra.
- 3 Australian Government, Department of Health and Ageing, 2008. Towards a National Primary Health Care Strategy; A Discussion Paper from the Australian Government. DoHA Canberra.
- 4 Australian Divisions of General Practice, 2008. National Practice Nurse Workforce Survey 2007. ADGP Canberra.
- 5 Phillips CB, Pearce CM, Dwan KM, Hall S, Porritt J, Yates R, Kljakovic M, Sibbald B. Charting New Roles for Australian General Practice Nurses: Abridged Report of the Australian General Practice Nurses Study. Canberra: Australian Primary Health Care Institute, 2008.
- 6 Australian Nursing Federation. Competency Standards for nurses in general practice. 2005. ANF, Canberra.
- 7 Wagner et al. Organising Care for Patients with Chronic Illness, *The Millbank Quarterly*, 1996; 74 (4) 511-534
- 8 Watts et al. General Practice Nursing in Australia, RACGP/RCNA, cited in AGPN Demonstration Divisions Resource Kit, 2005, p. 13.
- 9 AGPN. Primary Health Care Position Statement, 2005.
- 10 Primary Health Care Research & Information Service. *Journal Watch*, April 2003.
- 11 RCNA. *Nursing in General Practice -a guide for the general practice team*, 2005.