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## 3.1 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a diverse range of experiences and provides the opportunity to be part of a clinical team caring for the varied primary care needs of the community. Nursing in general practice represents 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 (Division 1 and 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 nurses<sup>1</sup> and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work collaboratively 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, enabling 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.<sup>2</sup> These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity.ii 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.'*<sup>3</sup>

# SECTION THREE: For the nurse

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 illness<sup>4</sup>
- 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 practice.<sup>5</sup>
- improvement in the ability of the practice to adapt to change<sup>2</sup>

## 3.2 General practice in Australia

General practice is the centre of primary health care in Australia and is the most frequent point of entry into the health system, with around 85% of the population reported to visit a GP in any one year. General practice focuses on the health and well-being of individuals within communities, and reflects a diverse workforce operating in practice arrangements that range from solo, to small and large practices, and in various community settings ranging from small remote and rural communities to densely populated urban communities. The clinical role of the general practice workforce spans the full spectrum of care from primary, through to secondary and tertiary care. Multidisciplinary clinical teams work with general practitioners, as the clinical leader, to enhance a collegiate approach to care and service provision.

The depth and breadth of the types of general practices includes:

- solo practices often supported with administration staff who have the responsibility for providing all levels of practice support (eg, reception duties, management duties and triage)
- multi-GP practices with identified administration support, practice nurse support and possibly allied health support
- multi-faceted business oriented corporate practices where all staff (including GPs) are the employees of a business entity that may not have any relationship to the practice apart from owning the business
- 'super-clinic' models that include GPs, practice nurses, allied health professionals and may also include a range of other primary care services such as community pharmacy, community nurses, pathology and radiology.

General practice is an important and cost-effective health care setting in which quality services are delivered to the population. As a commercial enterprise, a balance is required between the delivery of quality care and financial viability.

Australia has a universal insurance scheme known as Medicare. General practices have the option of:

- bulk-billing patients for the service provided and claiming the Medicare payment directly from Medicare Australia
- charging the patient a fee for the service before the patient makes a Medicare claim. This fee may be greater than the amount claimable from Medicare so the patient may be required to pay the difference between the fee and the Medicare rebate, often called the 'gap'.

### Australian General Practice Network

The Australian General Practice Network (AGPN) is the peak national body for the General Practice Network. AGPN works to implement major national primary health care initiatives; to contribute to managing change in general practice; is involved in research partnerships; contributes to inform and influence national policy; and develops and delivers national scale programs in the general practice setting. AGPN also works to engage its network members and state based organisations, which cover diverse population demographics in urban, rural and remote settings, to understand their communities' needs and to find local solutions to national health issues.

For more information about AGPN visit this link:  
<http://www.agpn.com.au>

### The General Practice Network

The General Practice Network spans 111 regionally based network member organisations across Australia as well as eight state based organisations and the AGPN. The network is focused on supporting high quality, evidenced based primary health care and integrating health services. The network engages the local community and enhances communication between government and general practice.

Members of the network are an integral component of the Australian Government's general practice strategy. They play a major part in implementing policy, supporting general practice and managing health programs at a local level. Member organisations have been responsible for progressing many of the current developments in Australian general practice. Approximately 95 per cent of GPs are members of a local general practice network.

## State Based Organisations

The dual roles of state based organisations (SBOs) are to build the capacity of their state and territory member organisations to achieve outcomes, and to link with state governments and other agencies in order to achieve health integration at the state level. These roles include identifying and promoting best practice and knowledge sharing at the local, state and territory level; and supporting individual branches in performance and quality improvements.

For more information about SBOs in each state/territory visit this link: <http://www.agpn.com.au/site/index.cfm?module=DIVISION>

### 3.3 Roles for nurses in general practice

The way in which an individual practice will utilise nursing services is unique and depends on a variety of factors, some of which include:

- size of the practice (large medical centre versus smaller practice)
- patient demographics (older patients versus younger patient base, rates of chronic diseases, etc)
- GP preferences and specialty areas
- physical layout of the practice (room for a treatment room versus small consult room only)
- experience and special qualifications of the nurse (eg, nurse with a postgraduate certificate child and family health or midwifery).

Nurses working in general practice may take on one or more of the following roles<sup>6</sup>:

#### Roles of nurses in general practice

- providing clinical nursing services in the general practice context through:
  - triage
  - assessment (including health assessments of people over 75 years)
  - therapeutic care and treatment
  - wound care
  - diagnostic services
  - clinical data management.

- coordinating patient services through:
  - networking with allied services
  - integrating service delivery
  - sustaining continuity of care
  - planning and management of care (working with GPs in care planning activities)
  - providing information and feedback between the services, patients and GP's
  - patient advocacy.
- managing the clinical environment by assisting general practice to meet relevant standards and legislative requirements in:
  - infection control and sterilisation
  - cold chain monitoring
  - records management
  - occupational health and safety
  - accreditation processes
  - maintenance of medical supplies.
- 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
  - building 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
  - register and recalls
  - patient education
  - outreach services
  - systems management
  - acute and chronic disease management.

# SECTION THREE: For the nurse

A recently completed study undertaken by the Australian National University and AGPN, the Australian General Practice Nurse Study, explored the contribution that nurses make to general practice. The study identified that the role of the practice nurse is orientated towards the patients, the general practice and the community, and extends beyond the clinical and administrative roles that are generally attributed to the general practice nurse.<sup>ii</sup> Following is a description of the six key operating roles for nurses in general practice.

**Figure 1. The six key operating roles for general practice nurses described by the Australian General Practice Nurse Study.**

## NURSES AS PATIENT CARERS

- Caring for patients is a primary function for nurses in general practice.
- This function is centred on the nurse ~ patient relationship and includes clinical care but also concepts of advocacy and nurture.
- Talking and listening are dominant features of this behaviour and reflect a 'responsive and receptive' orientation by practice nurses.

## NURSES AS ORGANISERS

- In this role, nurses act as creators of efficiency and protectors of GP time
- The role includes the traditional 'housekeeping' aspects often associated with nursing practice (sparkling clean surfaces, immaculate storage), but crosses between the clinical, administrative and 'servicing' domains of practice nurse work to undertake activities like stock control, sterilisation, cold chain management, and organising of the doctors bag.
- This is a role that doctors and other staff seem to acknowledge very readily

## NURSES AS PROBLEM SOLVERS

- Nurses are both reactive and strategic problem solvers.
- In real time nurses restore order and coherence in response to change, and develop adhoc solutions and responses.
- At the strategic level, they function as innovators, thinkers and reflectors, advocating and acting as agents for change. They have particular affinity for time management approaches and the applications of systems and procedures.

## NURSES AS QUALITY CONTROL

- Nurses have a specific role in supporting practice accreditation processes, and are seen by others in the practice to excel in this domain due to their comfort with systems and procedures.
- Nurses are key players in ensuring compliance with occupational health and safety measures and through educative and monitoring behaviours which address the conduct of others.
- Nurses also have strong internal and unofficial notions of quality which are centred on 'caring' for patients and linked to job satisfaction.

## NURSES AS EDUCATORS

- General practice offers specific opportunities for education in a low-stress setting with a trusted health adviser.
- Much of the nurse's patient education appears to address ways of improving self-management capacity for chronic illness, moving beyond "knowledge transfer" approaches which simply train patients (for example) in medication manipulation in response to symptoms.
- This work is currently underfunded through Medicare.
- Nurses educate nurses, receptionists and junior doctors, but their education of senior doctors is often non-directive.
- Nurses have a collectivist attitude to education as something to be undertaken as part of a team, and to be shared as a social good.
- Nurses can help accelerate the transformation of general practices into learning organisations.

## NURSES AS AGENTS OF CONNECTIVITY

- Nurses bring an intangible 'added benefit' to general practices and their capacity to deliver comprehensive and holistic care, creating a whole that is greater than the sum of its parts.
- The role of nurses as agents of connectivity has not been previously articulated, and is central to this capacity.
- Brokering connectivity incorporates a broad and flexible range of activities, and is largely dependent on the highly fluid nature of nursing time.
- This role helps bond the practice and make it resilient and responsive to change.

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.

Further information regarding the way in which nurses can be utilised in general practice can also be found in the 'For the Employer' section (2.4) of this resource, and in *Nursing in General Practice – a guide for the general practice team*, a resource produced by the Royal College of Nursing, Australia (RCNA) in January 2006, with assistance of the Department of Health and Ageing <http://www.rcna.org.au/Default.aspx?SiteSearchID=360&ID=/results>

### 3.4 Skills and experience required

It is recommended that all nurses new to general practice access the national entry level orientation training program within six to twelve months of taking up their position in general practice. This program is offered through the AGPN. Further information can be found by contacting your local division of general practice, or visit the AGPN website at [www.agpn.com.au](http://www.agpn.com.au) and follow the links to the nursing in general practice program.

The skills and experience required for general practice nurse positions will vary depending on the requirements of the role as determined by the practice; however following are some general requirements.

#### Professional

- current authorisation to practice as a registered nurse or enrolled nurse (RN Division 1 and Division 2 in Victoria).
- knowledge of the relevant AMNC National Competency Standards for the registered and enrolled nurses available from the ANMC website [www.anmc.org.au](http://www.anmc.org.au)
- evidence of continuing professional development
- CPR certificate or willingness to obtain certification within specified time period following employment

#### Generic

- ability to be self-directed and to work as part of a team
- excellent communication and interpersonal skills
- excellent organisational skills
- computing skills

#### Other, depending individual practice requirements

- understanding of primary health care
- ability to undertake triage of clients
- ability and willingness to visit patients in their own homes
- knowledge of sterilisation, immunisation and appropriate accreditation
- knowledge of accreditation requirements for general practice
- knowledge of local allied health and community services
- previous experience or interest in patient education (eg, diabetes, asthma, and wound management)

Previous experience and skills in the following areas can be useful in general practice nursing:

- accident and emergency
- diabetes education
- pathology
- aged care
- health promotion
- women's health
- asthma education
- immunisation
- drug and alcohol
- CCU/ICU
- paediatrics
- rural and remote nursing
- community health
- operating theatre
- midwifery
- mental health
- school nurse
- counselling.

## 3.5 How to apply for practice nursing positions

There are a number of steps to be considered in preparing for a job application. The first step is to review and update your professional portfolio.

It is recommended that all nurses maintain a current professional portfolio. The Competency Standards for Nurses in General Practice developed by the Australian Nursing Federation, contain the following information regarding a professional portfolio:

*'A professional portfolio is a comprehensive record of your professional roles. It is updated on an annual basis at the minimum. A professional portfolio is a confidential document although you can use copies of some of the information when applying for a new position or a pay increase, applying to undertake some further education, or when audited by the nurse regulatory authority for the purposes of continuing competence'.*

The professional portfolio is a collection of documents which support your claimed skills and expertise. Evidence includes the following:

- records of formal qualifications – (practicing certificate(s) & academic programs completed
- any service records
- reports or commendatory statements, prizes, awards
- copies of appraisals
- records of any professional activities

It should also include:

- records of participation in courses, study days, conferences, seminars
- records of any conference presentations or publications
- records of any participation in research
- evidence of membership of professional organisations
- evidence of subscription to professional journals

One of the major reasons for completing a professional portfolio is that it provides you with an opportunity to undertake a professional self appraisal and reflect on your achievements and determine goals for the future. However, it can also contribute to a curriculum vitae.

Further information on developing a professional portfolio is provided in section 3.13

A curriculum vitae (CV) is the document that usually accompanies a job application. It documents professional and educational accomplishments. A CV should be typed and is generally between two and eight pages long, listing your employment history in reverse chronological order – beginning with your current job or your last job if you are currently unemployed. The aim of your CV should be to persuade the employer to invite you for a job interview. For that reason, your CV is a marketing tool, which should be customised to the job you are applying for.

The term CV is often used interchangeably with the term resume. The main difference between the two is their length – a resume is generally a summary of your key professional achievements usually about one or two pages long, while the CV provides a more detailed history. You need to be clear which of these an employer is looking for.

Remember your CV or resume is important as it is your opportunity to sell yourself.

To identify available general practice nursing positions check advertisements in newspapers, internet employment sites such as the APNA Career Centre site at [www.apna.asn.au](http://www.apna.asn.au), and by contacting divisions of general practice either by telephone or viewing division websites at <http://www.agpn.com.au/site/index.cfm?module=DIVISION> Consider visiting practices in locations of interest and leave a copy of your resume.

When you have identified positions for practice nurses, contact the named person in the advertisement and ask for further information about the position. Request that a copy of the position description and any other information be sent to you.

Most vacancies will require potential applicants to address specific selection criteria, including essential and desirable criteria. The essential or desirable criteria may be listed in the job advertisement or will be provided with the job information package. Your responses to the selection criteria can form part of your covering letter, or may be prepared separately. These criteria will be used to select applicants for interview so it is important that you answer the criteria carefully.

Essential criteria are those that are those absolutely necessary to do the job. So you should be competent in all of them to be considered for the position. Desirable criteria are those that would assist you in the job, but are not absolutely necessary.

You must address all the essential criteria in your application and attempt to address the desirable criteria if you can. Remember in a competitive environment the ability to satisfy the desirable criteria may be important.

In preparing your response to each of the selection criteria you need to provide sufficient information to demonstrate your competence but you should also be succinct. The person reading your application will not want to wade through long winded responses. Responding to selection criteria can be tricky at first but the following tips may help:

- read and follow any instructions provided in the job advertisement or job application package
- brainstorm with others to identify examples of your past behaviors' that will highlight your competencies
- address essential and desirable criteria separately
- use clear headings for each criterion
- include statements that highlight achievements and outcomes
- check your spelling and grammar.

Complete your written application with details as requested by the practice. These may include: a cover letter expressing your interest and summarising the skills and knowledge that you have relevant to the position advertised; a resume; and details of your skills, knowledge and experience in relation to the essential and desirable job description criteria. Prior to offering names of referees seek their permission to provide contact details.

Prepare for the interview by:

- reviewing the job description and preparing examples to demonstrate your knowledge, skills and experience
- assembling evidence of your registration and proof that it is current and up to date, and evidence of other qualifications including any accreditation and proof of its currency
- contacting sources of relevant information to update your knowledge regarding the community that the practice services
- contacting your local division of general practice for additional information
- prepare questions that you want answered at the interview. These questions might include information about: the practice team composition, the practice population,

the physical work environment, remuneration, practice communication, clinical meetings, ongoing professional development.

### Salary negotiation

For further information see the 'For the Employer', section 2.5, of this resource.

Nurses' salaries, classification structures and conditions of employment vary across states and territories, and most have different awards which set out minimum pay and conditions. Some states and territories also have awards that apply specifically to nurses working in medical rooms.

An award provides the employer with the minimum pay rates and employment conditions which must be given to employees. Alternatively, a contract or certified agreement can be prepared and applied. Employing a nurse with appropriate skills, knowledge and experience will require a competitive remuneration package. Nurses have the option of negotiating a salary based on their skills and experience.

The move from a hospital-based or public health service nursing position to working as a nurse in general practice means a shift to working in small business. Nurses need to understand the small business environment including the financial and other benefits that a general practice may achieve by employing a practice nurse. This understanding may assist nurses in salary negotiations. For information can be obtained from <http://www.generalpracticenursing.com.au/site/index.cfm> <http://www.apna.asn.au/displaycommon.cfm?an=2>

## 3.6 Managing nursing care in general practice

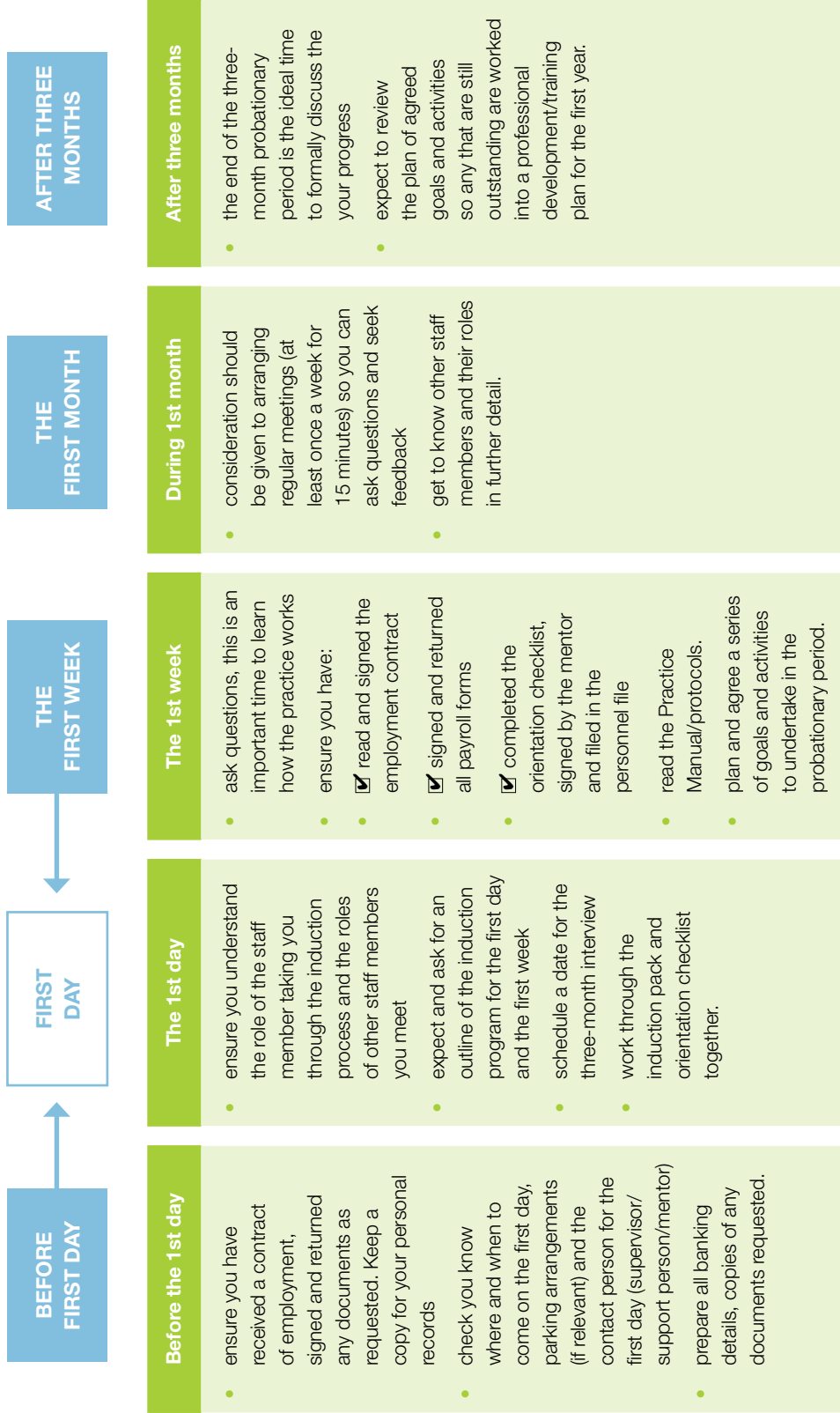
Nursing in general practice is a unique environment in which to work. Nurses need to become familiar with the practice population in terms of demographic data such as patient age groups and morbidity data including the burden of chronic disease. Practice records and systems can provide this information. Nurses can contribute to comprehensive care systems such as maintaining disease registers, recall and reminder systems.

Further information about the local community can be obtained from the local division and public health unit.

A high level of collaboration with the practice team and other service providers is essential to the delivery of quality care.

## 3.7 Induction and orientation guide

### Induction Process



### 3.8 General practice financing

#### Medicare Australia

Medicare Australia's responsibilities include:

- ensuring Medicare benefits are paid to eligible health care consumers for services provided by eligible medical practitioners
- assessing and paying Medicare benefits for a range of medical services, whether provided in or out of hospitals, based on a schedule of fees (the Medicare Benefits Schedule) determined by the Australian Government Department of Health and Ageing in consultation with professional bodies.

The latest Medicare benefits information is available on <http://www.health.gov.au/mbsonline>

Medicare is available to:

- eligible Australian residents
- New Zealand citizens
- holders of permanent visas and in some cases those who have applied for permanent visas
- a number of visitors and temporary residents from countries with reciprocal health care arrangements with Australia are covered in certain circumstances.

Some categories of Australians, such as members of the armed services and veterans, are covered by additional special arrangements, while remaining eligible for mainstream coverage by Medicare. Some injuries and illnesses are covered by other forms of financing: such as workers' compensation insurance. Motor vehicle accidents may be covered by third person motor vehicle insurance.

In February 2004, for the first time in Australia, Medicare Benefits Schedule (MBS) items were made available for the work undertaken by general practice nurses. These items were initially for a practice nurse to provide immunisation and wound management services for and on behalf of a GP. Additional items for Pap smears, Pap smears and Preventive Health Checks, Antenatal Care, Monitoring Support for Chronic Disease Care and Healthy Kids Checks have since been added to the schedule.

**Table 2: Medicare Item Numbers for Practice Nurses**

Item No	Description
10993	Immunisation given by a nurse on behalf of GP
10994	Cervical smear and preventative checks provided by practice nurse
10995	<ul style="list-style-type: none"> <li>with preventative health check</li> </ul>
10998	<ul style="list-style-type: none"> <li>without preventative health check</li> </ul>
10999	
10996	Wound management by a nurse on behalf of GP
10997	<p>Chronic disease: monitoring and support.</p> <p>Can include:</p> <ul style="list-style-type: none"> <li>checks on clinical progress</li> <li>monitoring medication compliance</li> <li>self management advice</li> <li>collection of information to support GP review of care plans</li> </ul>
16400	Antenatal checks
711	Healthy kids check

Source of information: Medicare Australia 2009

For more information see the "For the employer" section 2.3 of this resource. Other information is also available at <http://www.health.gov.au/mbsonline>

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## For more information about Medicare:

- call Medicare Australia Information Service on 132 011
- write to Medicare Australia at GPO Box 9822 in your capital city
- visit the Medicare Australian website at <http://www.medicareaustralia.gov.au/>

## Bulk-billing

Bulk-billing is when a doctor bills Medicare directly, accepting the Medicare rebate as full payment for a service. Under this arrangement the patient signs a Medicare claim form and no additional charges relating to the service can be made. Therefore, there are no 'out of pocket expenses' to the patient. Bulk-billing applies at the doctor's discretion.

On 1 February 2004, new Medicare items were introduced to pay GPs incentive payments for bulk-billed services provided to concession cardholders and children. The items provide an additional incentive payment to GPs to encourage bulk billing.

More information is available at <http://www.health.gov.au/internet/budget/publishing.nsf/Content/budget2006-hfact55.htm>

## The gap

'The gap' is the difference between the fee charged by GPs for their medical services and the recommended Medicare rebate relating to those services. If the doctor's fee is above the Medicare rebate, the patient will pay the remainder of the doctor's fee. This is known as 'the gap'.

For more information on fees and rebates, and 'the gap', visit: <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-privatehealth-outofpocket-expenses>

## The Pharmaceutical Benefits Scheme

The Commonwealth Government has provided affordable access to a wide range of medicines for all Australians via a subsidy whereby the patient pays less for their medication. This is known as the Pharmaceutical Benefits Scheme (PBS).

Information on the PBS Safety Net is available by calling free call 1800 020 613 or visit [http://www.medicareaustralia.gov.au/yourhealth/our\\_services/pbs.htm](http://www.medicareaustralia.gov.au/yourhealth/our_services/pbs.htm)

## Department of Veterans' Affairs

The Department of Veterans' Affairs funds medical services provided by GPs and specialists who are registered with DVA for eligible veterans, widowers, war widows and their dependents. Eligible veterans are issued with either a gold or white health care card. A gold card entitles a veteran to a full range of services funded by DVA whether they are related to war service or not. A white card provides access to health care and associated services for war or service-related conditions

For more information on benefits available to DVA patients, including Veterans mates program <http://www.dva.gov.au>

## Practice Incentives Program

The Practice Incentives Program (PIP) is part of a 'blended payments' approach to general practice funding, that is, payments made through the program are in addition to other general practice income sources such as patient fees and Medicare rebates.

Practices must be accredited or registered for accreditation to be eligible to participate in the program, which aims to recognise general practices that provide comprehensive, quality care. It identifies areas within the general practice that contribute to quality of care rather than patient turnover and provides incentives for practices to improve these areas.

Areas targeted as part of PIP include:

### *Information Management, Information Technology (IM-IT)*

A payment is available for PIP practices maintaining electronic health records and implementing secure IM-IT practice systems which facilitate effective and widespread information transfer and storage. The PIP eHealth Incentive will replace the existing PIP IM-IT Incentive that will cease by August 2009.

### *After hours care*

PIP payments are available for ensuring that regular patients of the practice have either access to or the provision of 24 hour care.

### *Practice Nurse Incentive (PNI)*

The PIP practice nurse incentive encourages general practices and Aboriginal Medical Services (AMS) in rural and remote areas to employ practice nurses or Aboriginal Health Workers. Practices in some urban areas of workforce shortage are also eligible for the practice nurse incentive. The incentive is not intended to cover the full employment costs of the nurse.

### Quality Prescribing Incentive (QPI)

The QPI is available to assist PIP practices to remain current with information on the quality use of medicines.

### Teaching

An incentive payment is available for PIP practices that host undergraduate medical students for teaching placements.

### Rural loading

Rural loadings are payable to a PIP practice depending on the geographical size of the region of the practice location and the remoteness of the practice, according to the Rural, Remote and Metropolitan Area classification (RRMA) 3-7.

### Cervical Screening Incentive

The Cervical Screening Incentive consists of the following components:

- sign-on payment: one-off payment to PIP practices that engage with the state or territory cervical screening registers
- outcomes payment: a payment to PIP practices where a specified proportion of women aged 20 to 69 years have been screened in the last 30 months
- services incentive payment: a payment to practitioners working within a PIP practice for screening women 20 to 69 years, who have not had a cervical smear in the last four years.

### Asthma Incentive

The Asthma Incentive consists of the following components:

- sign-on payment: one-off payment to PIP practices that implement a cycle of care for patients with moderate to severe asthma.
- service incentive payment: payment to practitioners working within a PIP practice who complete an asthma cycle of care for patients with moderate to severe asthma, payable once per year per patient.

### Diabetes Incentive

The Diabetes Incentive consists of the following components:

- sign-on payment: one-off payment for notifying the Australian government that the PIP practice uses a diabetes register and recall-reminder system
- outcomes payment: payment to PIP practices that complete an annual cycle of care for a target proportion of their patients with diabetes.

- service incentive payment: payment to providers working within a PIP practice for each annual cycle of care for a patient with diabetes, payable once per year per patient.

### Rural and Remote Procedural GP Payment

This initiative acknowledges that general practices in rural and remote areas are often required to deliver a wide range of services such as obstetrics, surgery and anaesthetics which in urban areas are typically the province of a specific referral based specialty. For a practice to be eligible for the payment it must participate in the PIP, be located within the target area Rural, Remote and Metropolitan Area classification (RRMAs) 3-7, and have at least one GP that provides one or more of the procedural services described in the definition of a procedural general practitioner.

### Domestic Violence Incentive

The Domestic Violence Incentive aims to support PIP practices in RRMAs 3-7 that act as a referral point for domestic violence support services for people experiencing domestic violence

Some levels of payment under the PIP are also linked to the size of a practice. The Standardised Whole Patient Equivalent (SWPE) is used to measure practice size. SWPE is a measure of practice size that is independent of the number of services provided to patients with standardisation applied for age and sex.

Practice nurses can play a pivotal role in many of the PIP incentives. For more information visit <http://www.medicareaustralia.gov.au/provider/incentives/PIP/index.jsp>

The Rural, Remote and Metropolitan Areas (RRMA) classification of a practice also impacts on certain aspects of the PIP. The Rural, Remote and Metropolitan Areas (RRMA) classification was developed in 1994, and was one of the first ways to target health programs towards areas with poorer access to health services, or which were in greater need of additional support. The RRMA classification divides Australia's states and territories into metropolitan, regional, rural and remote zones. RRMA is also utilised for a number of programs related to medical practice mostly related to primary care and the general practice workforce in Australia. Its structure is outlined in the table below:

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**Table 1 Structure of the Rural, Remote and Metropolitan Areas classification**

Zone	Class	Abbreviation
Metropolitan	Capital cities	RRMA 1
Metropolitan	Other metropolitan centre >100 000	RRMA 2
Rural Zone	Large rural centres (urban centre population 25,000-99,999)	RRMA 3
	Small rural centres (urban centre population 10,000 -24,999)	RRMA 4
	Other rural area (urban centre population <10,000)	RRMA 5
Remote zone	Remote centre (urban centre population >5,000)	RRMA 6
	Other remote centre (urban centre population <5000)	RRMA 7

However the RRMA classification has recently been replaced by the Remoteness Area Classification

The Remoteness Area classification was developed by the Australian Bureau of Statistics as a statistical geography that allowed quantitative comparisons between 'city' and 'country' Australia. The purpose of the structure is to classify census collection districts (CDs) which share common characteristics of remoteness into broad geographical regions called Remoteness Areas (RAs). The defining difference between 'city' and 'country' is physical remoteness from goods and services.

RAs are the spatial units that make up the ASGC Remoteness Classification. The RA categories are listed below :

- Major Cities of Australia (RA1)
- Inner Regional Australia (RA2)
- Outer Regional Australia (RA3)
- Remote Australia (RA4)
- Very Remote Australia (RA5)

Remoteness Areas are aggregations of Collection Districts (CD) which share common characteristics of remoteness.

The remoteness structure includes all CDs thereby covering the whole of geographic Australia. The RA structure is updated each census.

### How is RA Calculated?

Remoteness is calculated using the road distance to the nearest Urban Centre in each of five classes based on population size.

### General Practice Immunisation Incentives (GPPI) Scheme

The GPPI scheme provides a financial incentive to general practices that monitor, promote and provide immunisation services to children up to the age of seven years. The overall aim of the GPPI scheme is to encourage at least 90% of practices to achieve 90% proportions of age appropriate full immunisation.

The GPPI is made up of two components:

- an Outcome Payment paid to practices that achieve 90 per cent or greater proportions of full immunisation providing the practice attains 10 WPEs (Whole Patient Equivalents)
- immunisation infrastructure funding, which provides funds to divisions of general practice, state-based organisations and a National GP immunisation coordinator to improve the proportion of children who are immunised at local, state and national level.

General practice accreditation is not necessary for a practice to participate in this incentive. For more information visit <http://www.medicareaustralia.gov.au/provider/incentives/gpii/index.jsp> and Immunise - National vaccine storage guidelines: Strive for 5

## The Australian Childhood Immunisation Register (ACIR)

The ACIR began recording details of all immunisations provided to children less than seven years of age on 1 January 1996. It is overseen by Medicare Australia. Access to the secure ACIR website is easy to arrange. The site provides a wealth of information on children's vaccination histories, including due and overdue details. Regular electronic reports can be requested to help improve the practice's childhood immunisation coverage rates. Local divisions can provide assistance with access to and navigation of the ACIR website, data cleaning and managing reports.

There are four methods of submitting immunisation data to the ACIR:

1. Medicare Australia's online claiming
2. secure website via <http://www.medicareaustralia.gov.au>
3. Medclaims
4. manual submissions.

Useful contacts include:

- GPII General Inquiries  
1800 246 101  
[http://www.medicareaustralia.gov.au/providers/programs\\_services/acir/info\\_for\\_imm\\_providers.htm](http://www.medicareaustralia.gov.au/providers/programs_services/acir/info_for_imm_providers.htm)
- ACIR payments, child histories and data correction  
1800 653 809
- ACIR Field Officer – please call your division to obtain a name
- Immunisation Register [Online] [http://www.medicareaustralia.gov.au/yourhealth/our\\_services/aacir.htm](http://www.medicareaustralia.gov.au/yourhealth/our_services/aacir.htm)
- internet helpdesk  
1300 650 039
- Immunisation Register fax number  
08 9214 8163
- stationery order forms  
1800 815 664

## Government immunisation programs

Local general practice networks provide support and advice to practice nurses regarding immunisation issues including vaccination schedules, data cleansing, and cold chain management.

State/territory health departments and the Australian Government Department of Health and Ageing provide a wealth of immunisation information most of which is available via their respective websites. Immunisation coordinators at Public Health Units can also assist practice nurses with immunisation information and resources.

Public Health Units employ immunisation coordinators, infectious disease surveillance staff, Environmental Health Officers and epidemiologists. The immunisation coordinators can advise practice nurses and GPs on all aspects of vaccination, including vaccine delivery, cold chain, catch up schedules and other technical vaccine information. Surveillance officers take notifications of diseases and can advise on control and treatment/prophylaxis of specific diseases. The environmental health officers work with water quality, smoking legislation and exhumations. The epidemiologist can provide statistical data for research and planning.

Other useful sources of information include:

- the 'Immunise Australia program – resources for providers and parents' website <http://www.immunise.health.gov.au> or telephone Immunisation Australia 1800 671 811.
- the RACGP guidelines at <http://www.racgp.org.au/guidelines/immunisation>
- the NHMRC *The Australian Immunisation Handbook (9th Edition)*. <http://www.health.gov.au/internet/immunise/publishing.nsf/Content/Handbook-home>
- the National HPV Vaccination Program Register at [www.hpvregister.org.au](http://www.hpvregister.org.au)

Contact your general practice network for a list of teaching organisations that provide training for accreditation as vaccinators. <http://www.agpn.com.au/site/index.cfm?module=DIVISION>

The National Centre for Immunisation Research and Surveillance ([www.ncirs.usyd.edu.au](http://www.ncirs.usyd.edu.au)) also contains useful fact sheets and questions and answers.

# SECTION THREE: For the nurse

## Enhanced Primary Care

The Enhanced Primary Care (EPC) initiative was introduced by the Commonwealth Government in 1999 to support:

- improved coordination of care for people with chronic conditions and complex care needs
- increased preventive care for older Australians
- a framework for a multidisciplinary clinical approach to health care through a more flexible, efficient and responsive match between services and the patient's needs.

The EPC 'package' has grown since 1999 and now comprises a number of Medicare items including:

- annual Health Assessments for people aged 75 years and over
- annual Health Assessments for Aboriginal and Torres Strait Islander (ATSI) people 55 years and over in recognition of their specific health needs
- two-yearly adult ATSI health check for 15 to 54 year olds
- 45 year old health check
- a Comprehensive Medical Assessment – 'health assessments' for permanent residents of Residential Aged Care Facilities regardless of age
- Health Assessment for Refugees and other Humanitarian Entrants
- multidisciplinary case conferencing requiring participation by the patient's usual GP and at least two other health care providers
- a GP Management Plan for patients of any age with chronic conditions
- Team Care Arrangements (GPMP/TCA) for patients of any age with chronic conditions and complex care needs.
- Healthy Kids Check
- Type 2 Diabetes Risk Evaluation

Practice nurses can play an important role in providing many elements of EPC. For more information visit:

<http://www.health.gov.au/epc>

## Allied health and dental services

Patients with chronic conditions and complex care needs who are being managed by their usual GP under both a GP Management Plan and Team Care Arrangement are eligible for Medicare rebates for certain allied health and dental services. The need for allied health care must be identified in the patient's management plan. The list of allied health professionals who may provide a service are:

- Aboriginal Health Worker
- credentialed diabetes educator
- audiologist
- dietitian
- mental health worker
- occupational therapist
- physiotherapist
- podiatrist or chiropractor
- osteopath
- psychologist
- speech pathologist
- exercise physiologist.

For more information visit <http://www.health.gov.au/epc>

Patients with private health cover may also be eligible for rebates for allied health and dental services from their fund.

The government does not control the amount of benefit that may be provided to patients by private health funds for allied health and dental services. In some circumstances the health fund will cover the cost of treatment for services and in other cases they will not and the patient will have out of pocket expenses.

A patient's health fund will provide details of their arrangements.

## More Allied Health Services (MAHS) Program

The MAHS program commenced in 2001 and aims to improve the health of people living in rural areas by providing more allied health care to the community through general practice.

Funding for the program is managed by eligible rural divisions of general practice and recognises the important role divisions have in improving the health of communities.

The MAHS program emphasises a multidisciplinary approach to the provision of health care to key groups within the rural community.

For more information visit:

<http://www.health.gov.au/internet/main/publishing.nsf/content/health-pcd-programs-mahs>

## Home Medicines Review

A Home Medicines Review (HMR), previously known as a Domiciliary Medication Management Review (DMMR), provides an opportunity for patients to benefit from a partnership approach between their usual GP and pharmacist. A HMR may be provided as an annual service to patients living at home in the community.

A review can be offered to any patient for whom the GP feels it is clinically necessary to ensure quality use of medicines or address patient needs. There are some known risk factors that may predispose people to medication related problems, these include:

- patient is taking five or more regular medications
- patient is taking more than 12 doses of medication/day
- significant changes have been made to the medication regimen in the last three months
- symptoms suggest of an adverse drug reaction
- sub-therapeutic response to treatment
- suspected non-compliance with the medication/s
- literacy or language, eye sight, confusion/dementia or other cognitive concerns
- recent discharge from hospital.

A referral is sent to the accredited pharmacy of the patient's choice and a specially accredited pharmacist completes a thorough evaluation of the medications, including any complementary therapies. A report is sent to the referring GP and a Medication Management Plan is formulated from the information gleaned. For more information visit <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-epc-dmmr-answers.htm>

## Residential Medication Management Reviews (RMMR)

A Residential Medication Management Review (RMMR) is similar to HMR but it is specifically for permanent residents of Commonwealth funded Residential Aged Care Facilities. Respite residents are eligible for HMR once they return home.

Prior to the introduction of RMMR in November 2004, medication review was conducted by the Aged Care Home's accredited pharmacist in consultation with staff. This system was (and still is) available to all residents.

RMMR is a collaborative service between a GP and accredited pharmacist to review the medication management needs of new or existing residents, where in the opinion of the GP there is a clinical need for a review. RMMR is dependent upon a referral from the resident's usual GP.

More information is available at <http://www.health.gov.au/internet/main/publishing.nsf/Content/health-epc-dmmrqa.htm>

## Medicare Benefits Schedule attendance items

The MBS contains a unique item number for each professional medical service or 'attendance'. An electronic version is available on: <http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1>

The needs of patients vary widely and practices need to have flexible appointment systems that can accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health needs during normal opening hours.

Appointment systems vary widely from practice to practice and have evolved to meet community and practice needs. The majority of practices, but not all, make appointments within 10 to 15 minute time frames for the majority of patients. Patients are billed according to the consultation scale below. The GP determines the level of consultation according to the needs of the patient. Patients can be encouraged to book consultations of appropriate length particularly if they know they will need a long consultation for a complex issue or a procedure such as a Pap smear.

The most common or 'standard' GP consultation is known as a Level 'B' and usually lasts less than 20 minutes. There is greater 'content' in a Level 'B' than in a Level 'A' consultation. A Level 'A' consultation might be for an annual Fluvax, for example (see table below on page 78).

## GP standard patient attendances - classifications

Level	Definition
A (MBS item 3)	Professional attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management.
B (MBS item 23)	Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan, in relation to 1 or more problems, OR a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37,38, 40, 43,44, 47,48, 50 or 51 applies.
C (MBS item 36)	Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving a service to which item 44,47,48,50 or 51 applies.
D (MBS item 44)	Professional attendance involving taking an exhaustive history, comprehensive examination of multiple systems, arranging any necessary investigation and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan.

## 3.9 Practice accreditation

Accreditation is a voluntary process undertaken and paid for by individual practices. It provides a mechanism for demonstrating and acknowledging the quality of a general practice and provides a pathway for quality improvement. Nurses play a vital role in their contribution to quality and safety at the practice.

Quality in care can be described in terms of the structure, process and outcomes of the general practice:

- structure relates to material resources, facilities, equipment and the range of services provided at the general practice
- process relates to what is done in giving and receiving care (eg, the consultation, ordering tests or prescribing)
- outcomes relate to the effects of care on patients and communities (eg, immunisation coverage rates, diabetes management, or cervical screening).

All staff should participate in the accreditation process.

The Royal Australian College of General Practitioners *Standards for General Practices* form one of the benchmarks of quality and safety in Australian general practice and provide future directions for quality improvement. Practices are reviewed against these standards.

The *Standards* outline the aspects of general practice that support high quality and safe comprehensive care, including attention to the services practices provide, the rights and needs of patients, quality improvement and education processes, practice management, and the physical aspects of the practice.

The general practice initially registers for accreditation with one of the two recognised organisations, Australian General Practice Accreditation Ltd (AGPAL) and General Practice Australia Accreditation *plus* (GPA Accreditation *plus*), and then completes the cycle of accreditation that involves:

- self assessment against the agreed standards
- peer review survey (practice visits) of the practice's organisation and facilities
- the commencement of a continuous quality improvement cycle that consists of: plan to do something, do it, study the results and act to improve (PDSA = Plan Do Study Act).

Accredited practices can access the Commonwealth Government Practice Incentives Program (PIP).

For more information on accreditation visit:

- <http://www.racgp.org.au>
- <http://www.agpal.com.au>
- <http://www.gpa.net.au>

RACGP also publish a range of clinical practice guidelines and standards to support quality care. Many of these are relevant to practice nurses and are a good reference guide. Of particular interest are:

- Guidelines for preventive activities in general practice. Known as the 'red book', these guidelines provide for long and short term preventive action, grouped together by clinical topics. An effective resource in many contexts- a refresher on the latest recommendations; a check of preventive activities recommended for patients according to their age group and health profile; a comprehensive study guide; and as a patient education tool.
- Putting prevention into practice. Known as the 'green book', this 2nd edition of Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting has been created by a multidisciplinary team of experts for use by general practitioners, practice nurses and practice staff. The guidelines are intended to be a practical resource designed to strengthen prevention activities in general practice. The expert team has created an up-to-date prevention approach and identified effective prevention activities for general practice. The pressures of practice and the time constraints associated with patient consultations have been taken into account.
- RACGP Infection Control Standards for Office-based Practices (4th Edition) The RACGP IC Standards have been written specifically for general practices and other health professionals in office based settings. The RACGP IC Standards have been reviewed by experts in infectious diseases, pathology and infection control. General practitioners, practice nurses, steriliser technicians and accreditation agencies participated in the review process. The RACGP IC Standards were also reviewed by the RACGP National Expert Committee on Standards for General Practices, and endorsed by RACGP Council.

To access these and other useful clinical resources visit the RACGP website at: <http://www.racgp.org.au/publications/guidelines> or <http://www.racgp.org.au/infectioncontrol>

## 3.10 Legal and professional issues

### Regulation of practice

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practices. Licensure requires that you practice

- safely & competently
- within your scope
- in accordance with your code of ethics
- in accordance with your code of professional conduct
- within a legislative framework.

The Council of Australian Governments (COAG) will establish by July 2010:

- a single national registration scheme for health professionals to facilitate workforce mobility, improve safety and quality, and reduce red tape
- a single national accreditation scheme for health education and training, to simplify and improve the consistency of the current arrangements.

Registered and enrolled nurses practice within a regulatory framework which consists of:

- the national competency standards for the registered nurse
- the national competency standards for the enrolled nurse
- the Code of Ethics for Nurses in Australia
- the Code of Professional Conduct.

These core standards are available free of charge from the Australian Nursing and Midwifery Council (ANMC) website at <http://www.anmc.org.au>

Additional standards which a practice nurse may be assessed against include the competency standards for nurses in general practice and the competency standards for the advanced registered nurse and advanced enrolled nurse.

These are available from the Australian Nursing Federation at <http://anf.org.au>

### Decision making framework

Within scope of practice statements are decision making frameworks which provide guidance for individual nurses, other health care personnel, employers and consumers in decision making about nursing practice. Most regulatory authorities have developed decision making frameworks and the ANMC has developed a national decision making framework. Details of this are available on the ANMC website: Ref: <http://www.anmc.org.au>

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Issues of particular significance in the decision making framework are delegation, supervision and role relationships. They provide information on delegation between registered nurses (Div 1) and enrolled nurses (Div 2), and to unregulated care providers.

The ANMC has also developed A Nursing Practice Decision Framework Flowchart that is available at: <http://www.anmc.org.au>

All practice nurses should be familiar with the decision making framework.

Until national registration commences in 2010 each nursing and midwifery regulatory authority (NMRA) has the responsibility to administer the relevant legislation pertaining to nursing practice in that state or territory. These acts are known as the Nurses Act or Nurses and Midwives Act in some states, but may also be known as the Health Professionals Act as in the ACT where omnibus legislation was introduced.

All registered and enrolled nurses should be aware of the relevant legislation in their state or territory. More information can be obtained from Nursing and Midwifery Regulatory Authorities in each state:

- Nurses and Midwives Board New South Wales  
<http://www.nmb.nsw.gov.au/>
- Health Professionals Licensing Authority, Northern Territory,  
[http://www.health.nt.gov.au/Health\\_Professions\\_Licensing\\_Authority\\_HPLA/index.aspx](http://www.health.nt.gov.au/Health_Professions_Licensing_Authority_HPLA/index.aspx) Nurses Board of South Australia  
<http://www.nursesboard.sa.gov.au/index.html>
- Nursing Board of Tasmania  
<http://www.nursingboardtas.org.au/>
- Nurses Board of Victoria  
<http://www.nbv.org.au/>
- Nurses Board of Western Australia  
<http://www.nbwa.org.au/>
- Queensland Nursing Council  
<http://www.qnc.qld.gov.au/home/index.aspx>
- ACT Nursing and Midwifery Board  
<http://www.actnmb.act.gov.au/>

### Professional indemnity insurance

The RCNA's *Nursing in General Practice – guide for the general practice team* provides the following information regarding professional liability and indemnity:

If a patient is harmed, or is allegedly harmed, as a result of the negligent acts or omissions of a nurse working in general practice, the general practitioners legal responsibility in part depends on whether the practice nurse is an employee of the practice or an independent contractor.

Employers are legally responsible for an employee's negligence, based on the principle of vicarious liability. Under this principle, an employer is legally liable for the negligent acts and omissions of its employees where those acts and omissions arise from or occur in the scope and course of the employment relationship.

However, the employer, or very rarely, the patient may decide to sue the nurse or the nurse as well as the employer.

The principle of vicarious liability does not apply if the nurse is an independent contractor from a nursing agency, division of general practice or similar. In this case liability for any negligent act by a nurse lies with that nurse. A nurse who is an independent contractor should therefore obtain her/his own professional indemnity cover and the practice engaging the nurse should ensure that the nurse has appropriate and sufficient professional indemnity insurance.

*'The nurse (employee or contractor) and the general practitioner should identify and agree on a range of issues that govern the rights, roles and responsibilities of the practice nurse; and that they have a shared, accurate understanding of the scope and availability of insurance coverage, and in particular the extent to which the insurance taken out by the general practitioner provides appropriate protection for the nurse.'*<sup>7</sup>

For more information contact:

- your local general practice network at  
<http://www.agpn.com.au/site/index.cfm?module=DIVISION>
- the RACGP at <http://www.racgp.org.au>
- the AMA at <http://www.ama.com.au>

Information on professional indemnity insurance for nurses can be sought at:

- ANF <http://www.anf.org.au>
- APNA <http://apna.asn.au> (professional indemnity package specifically designed for nurses in general practice)
- RCNA (Guild Insurance) <http://www.rcna.org.au>

### Scope of practice

All nurses should work within their scope of practice, competency level, and the policies established by the individual general practice.

*'The scope of practice for each nurse is based on the individual's education, knowledge, competency and extent of experience and lawful authority...A part of a nurse's legal responsibility is that they do not practice outside their scope of practice.'*<sup>18</sup>

General practitioners and nurses should discuss and agree on, and then document, an acceptable scope of practice to ensure that the nurse and other members of the team have a shared understanding. Expansion of each individual nurse's scope of practice through professional development activities and other relevant experience should also be documented. The Decision Making Framework will provide the requirements for extending scope of practice.

For more information visit:  
<http://www.anmc.org.au>  
<http://www.apna.asn.au>  
<http://www.rcna.org.au>

### Supervision of the enrolled nurse

Nurses working in general practice may be either registered or enrolled nurses (Division 1 and Division 2 in Victoria). Enrolled nurses are associates to the registered nurse and are generally required to have a registered nurse as a professional supervisor when providing nursing care.

Where enrolled nurses are employed, it is the obligation of the employing general practice to ensure the enrolled nurse is either directly or indirectly supervised by a registered nurse.

The level of supervision required depends on the abilities, education, qualifications, scope of practice and experience of the enrolled nurse and external factors such as geographical setting and size of the practice.

For more information see 'For the employer' section 2.7 of this resource kit.

## 3.1.1 Competency standards and continuing professional development

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practice. To assist in achieving this, the Australian Nursing and Midwifery Council (ANMC) has developed national standards and codes to provide a professional framework for nursing practice. These standards are:

- the ANMC National Competency Standards for Registered Nurses
- the ANMC National Competency Standards for Enrolled Nurses
- the ANMC Code of Ethics for Nurses in Australia
- the ANMC Code of Professional Conduct for Nurses in Australia.

The framework of standards may be used:

- by the individual nurse to assess his or her own performance, or the performance of peers
- by regulatory authorities to assess performance in order to obtain or retain a licence to practice
- by regulatory authorities to assess nurses involved in professional misconduct matters
- by higher and vocational education authorities as a framework for course development
- by employers for position description and performance assessment purposes
- by the profession to communicate to consumers the standards which can be expected from a registered or enrolled nurse.

The *Code of Professional Conduct for Nurses in Australia* is a set of expected national standards of nursing conduct for Australian nurses. A breach of the Code may constitute professional misconduct or unprofessional conduct. The *Code of Ethics for Nurses in Australia* outlines the ethical standards expected and required of nurses practicing in Australia.

The Code of Ethics for Nurses in Australia and the Code of Professional Conduct for Nurses in Australia can be viewed and downloaded from the ANMC website [www.anmc.org.au](http://www.anmc.org.au).

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In 2005 the Australian Nursing Federation (ANF) released *Competency Standards for nurses working in general practice*, a project funded by the Department of Health and Ageing. An online information kit has been designed to assist nurses, GPs, practice managers and education providers understand how to use the standards. To access the Competency Standards for nurses working in general practice, along with the toolkit, visit the ANF website: [www.anf.org.au/nurses\\_gp](http://www.anf.org.au/nurses_gp)

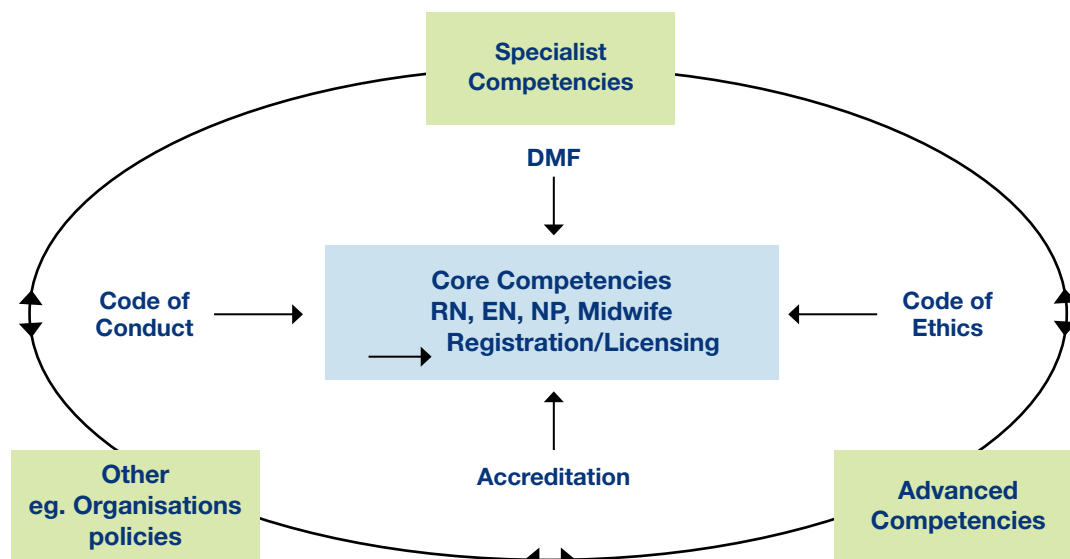
These standards are designed to complement the core standards and assist:

- nurses by providing an additional component of the practice framework against which to measure performance and to develop and maintain performance in the general practice setting

- regulatory authorities in cases of professional misconduct
- higher and vocational education authorities in course development when offering courses for practice nurses
- employers for position description and performance assessment purposes.

The competency standards are able to provide employers with a guide when preparing position descriptions, job advertisements and performance assessments. Sample position descriptions for both the enrolled nurse and registered nurse are available at the above web address.

The ANMC diagram below demonstrates the links between competency standards, code of ethics, code of conduct and accreditation.



## Continuing Professional Development

The importance of participating in an effective orientation program and then continuing education and professional development cannot be overstated.

In some jurisdictions there is a mandatory requirement for nurses to show active participation in continuing professional development (CPD). Registration renewal or endorsement depends on this. In some jurisdictions there are annual checks of professional development participation.

In future with the introduction of national registration it is likely that participation and proof of participation in CPD will be mandatory for nurses throughout Australia. To this end there are many options to maintain professional development.

Continuing professional development (CPD) is a vital part of a career. The aim of a CPD program is to maintain or increase competence in individuals. This keeps us up-to-date with new developments in general fields or specialty areas especially in an era of constant change. As such it ensures quality and safety in patient care.

For further information link to:  
[http://www.rcna.org.au/development/development\\_events](http://www.rcna.org.au/development/development_events)  
<http://www.apna.asn.au/displaycommon.cfm?an=1&subarticlenbr=255>

Professional development activities may include:

- education courses
- supervised clinical experience
- reflective practice in conjunction with personal study
- networking
- mentoring.

*The Competency Standards for nurses working in general practice* provide standards that can be used to assess professional development needs. A professional development plan can be developed using the units of competency. The Standards include templates for a professional development plan.

For more information visit the ANF website: [www.anf.org.au/nurses\\_gp](http://www.anf.org.au/nurses_gp) and see section 3.15 of this resource.

## 3.12 Understanding performance management

Most employing organisations have a system of performance review. The aim of performance management (or review) is to regularly review and assess performance against relevant criteria. For nurses working in general practice, these criteria might include the practice nurse job description and the Practice Nurse Competency Standards. Performance review also provides an opportunity to identify professional development needs including training and mentoring, and for formal acknowledgement of an employee's achievements.

By referring to the duties and responsibilities set out in the position description, difficulties in processes, procedures and team working can also be discussed providing an opportunity to identify barriers and facilitators to achieving performance targets. Performance targets include the work that is covered in the job description and those skills or knowledge areas that are the agreed focus of the individual nurse's work and development as a practice nurse.

Performance review may include an annual review date where both employer/supervisor and employee prepare beforehand to review performance, however it is useful to request to also have regular brief meetings for support, feedback and information.

For more information: [www.anf.org.au/anf\\_pdf/G\\_Performance\\_review.pdf](http://www.anf.org.au/anf_pdf/G_Performance_review.pdf)

## 3.13 How to develop a professional portfolio

A professional portfolio is a comprehensive record of professional roles and training undertaken. It is updated regularly and provides a document that can be used for:

- applying for a new position, a salary increase, or further education
- evidence when audited by a nurse regulatory authority for the purposes of continuing competence.

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## *How do I develop a professional portfolio?*

(from Competency Standards for Nurses in General Practice, Australian Nursing Federation)

- gather all the information you have about your career including: job descriptions; references; and a resumé or curriculum vitae
- collect copies of the following: education transcripts; any records of attendance at continuing education sessions; presentations that you have made; and a list of committee memberships
- purchase an appropriate folder and plastic sleeves to store the documents
- consider the Australian Nursing and Midwifery Council's national competency standards for the registered nurse and the competency standards for registered nurses in general practice and assess the information you need to demonstrate that you meet each standard (note that it may be difficult to produce evidence for every unit of competency but you can use a reflection on your practice as another form of evidence)
- include your self-assessment against the competency standards and your professional development plans
- collect resources such as the relevant nursing legislation, the competency standards and the codes for nurses.

Sample index for the professional portfolio

1. Curriculum vitae
2. Qualifications
  - 2.1 Records of qualifications including undergraduate and postgraduate studies
  - 2.2 Nursing registration papers/license to practice
3. Record of employment including job descriptions
  - 3.1 Current employment
  - 3.2 Previous employment
4. Self-assessment
5. Professional development plan
6. Performance evidence based on competency standards
  - 6.1 Australian Nursing and Midwifery Council national competency standards for the registered nurse and enrolled nurse
  - 6.2 Competency standards for the registered nurse in general practice

More detailed examples of professional portfolios can be found on the websites of the Australian Nursing Federation [http://www.anf.org.au/nurses%5Fgp/index\\_rn.html](http://www.anf.org.au/nurses%5Fgp/index_rn.html) ; Nurses Board of Western Australia ([www.nbwa.org.au](http://www.nbwa.org.au)); and in the 3LP section of Royal College of Nursing Australia's website ([www.rcna.org.au](http://www.rcna.org.au)).

## **3.14 Support organisations**

### **The General Practice Network**

The General Practice Network spans 111 regionally based member organisations across Australia as well as State Based Organisations (SBOs) and the peak body the Australian General Practice Network. All members of the general practice network provide support services to local nurses working in general practice, this can include assistance to practices to recruit a nurse, education and training, professional support, and networks and mentoring. To contact your local general practice network member visit: <http://www.agpn.com.au/site/index.cfm?module=DIVISION>

### **Australian Practice Nurses Association (APNA)**

The Australian Practice Nurses Association is the national professional association for practice nurses. Run by practice nurses, it provides representation, support and networking for practice nurses at national, state and local levels.

### **Australian Nursing Federation (ANF)**

The ANF is the national union for nurses and the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing through the activities of a national office and branches in every State and Territory.

### The Australian Nursing and Midwifery Council (ANMC)

The ANMC is a peak body established in 1992 to facilitate a national approach to nursing and midwifery regulation. The ANMC works with state and territory nursing and midwifery regulatory authorities (NMRA) in developing standards for statutory nursing and midwifery regulation. Current standards include:

- National Competency Standards for the Registered Nurse
- National Competency Standards for the Enrolled Nurse
- National Competency Standards for the Midwife
- National Competency Standards for the Nurse Practitioner
- Code of Professional Conduct
- Code of Ethics.

### Royal College of Nursing, Australia (RCNA)

The RCNA is the nation's leading professional organisation representing nurses from all areas of practice throughout Australia through the provision of education, professional development, providing information and networking opportunities, and input to health policy.

## 3.15 Education and training opportunities

Divisions of general practice broker and facilitate education and training opportunities for nurses in general practice on a regular basis to meet the needs of practice nurses.

Education and training opportunities can be identified by contacting:

- your local general practice network
- Australian Practice Nurses Association (APNA)
- Australian Nurse Federation (ANF)
- Royal College of Nursing, Australia (RCNA)
- The College of Nursing (Incorporating the College of Nursing NSW)
- universities and local health services

## 3.16 Networking and mentoring

### Practice nurse networks

The local general practice network may hold general practice nurse network meetings. Networking provides the opportunity for nurses to access education and contact with colleagues working in other local practices. Contact your local network member practice for more information.

The APNA has local branch networks in each state run by local practice nurse members. Contact the APNA for details of your local branch.

### Mentoring

Mentoring is a voluntary relationship between a mentor and a mentee. It is based on respect and agreed expectations. It is mutually beneficial and can be formal or informal. The aim is to share resources and networks and to provide a time and a process for reflection and feedback.

Mentoring is an 'offline relationship' which means that it does not include any form of performance appraisal, or any form of clinical competency evaluation or reporting. In most cases, mentoring will take place outside of the workplace.

A mentoring relationship is therefore different to a clinical preceptor relationship or clinical supervision. Modern mentoring literature, when referring to the benefits of mentoring, consistently list three groups of people that benefit from the formal mentoring activities: mentees, mentors and organisations.

A mentor is a more experienced person who acts as a role model or guide for a less experienced colleague. A mentor can assist a nurse new to general practice to develop their nursing practice and increase their professional satisfaction. Mentoring can help nurses learn how to handle various situations within a practice and how to enhance their contribution to general practice.

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## Nursing in General Practice National Mentoring Pilot

AGPN in conjunction with the Australian Mentor Centre with funding from the Department of Health and Ageing conducted an 18 month pilot "Nursing in General Practice National Mentoring Pilot". The pilot concluded in October 2008.

The pilot program aimed to provide practice nurses with opportunities to engage in structured mentoring relationships, to enhance personal and professional development, and strengthen the nursing services provided in the general practice environment.

## Key outcomes and benefits of the National Mentoring pilot

Participants in the pilot were asked to comment on what the key outcomes and benefits of the pilot were for themselves. The key outcomes and benefits reported by participants in the 1:1 partnerships were:

- support: reassurance and positive feedback
- networking: meeting different practice nurses
- friendship: trust and speak freely
- outcomes: setting and achieving goals and targets
- career and professional development: focus on career goals, skills and professional development
- giving back to the profession.

To find out more about mentoring and mentoring programs contact the local division practice nurse liaison officer or download the Commonwealth Department of Health and Ageing *Mentoring Fact Sheets for Nursing in General Practice*: [http://www.health.gov.au/internet/main/publishing.nsf/Content/A894BBCC1EFDF07CCA257070002F45D4/\\$File/mentor.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/A894BBCC1EFDF07CCA257070002F45D4/$File/mentor.pdf)

Another helpful website for mentoring is the Australian Mentor Centre: <http://www.australianmentorcentre.com.au>

## 3.17 Guidelines for common procedures undertaken in general practice

A number of organisations have developed, and regularly update, guidelines for common procedures undertaken in general practice. Contact your local general practice network or APNA for further information and support (see section 3.18 of this resource for details).

## 3.18 Where to find further information

Australian General Practice Network  
PO BOX 4308  
MANUKA ACT 2603  
Phone: 02 6228 0800  
Fax: 02 6228 0899  
Website: [www.agpn.com.au](http://www.agpn.com.au)

Australian Practice Nurses Association  
Level 1, 595 Little Collins Street, Melbourne, VIC 3000.  
Phone: 03 9614 7777  
Free call 1300 303 184  
Fax: 03 9614 7776  
Email: [service@apna.asn.au](mailto:service@apna.asn.au)  
Website: [www.apna.asn.au](http://www.apna.asn.au)

Australian Nursing Federation  
PO Box 4239  
KINGSTON ACT 2604  
Phone: 02 6232 6533  
Fax: 02 6232 6610  
Email: [anfcanberra@anf.org.au](mailto:anfcanberra@anf.org.au)  
Website: [www.anf.org.au](http://www.anf.org.au)

Australian Nursing and Midwifery Council  
PO Box 873  
DICKSON ACT 2602  
Phone: 02 6257 7960  
Fax: 02 6257 7955  
Email: [anmc@anmc.org.au](mailto:anmc@anmc.org.au)  
Website: [www.anmc.org.au](http://www.anmc.org.au)

Royal Australian College of General Practitioners  
1 Palmerston Cr  
SOUTH MELBOURNE VIC 3205  
Phone: 03 9214 1414  
Fax: 03 9214 1400  
Website: [www.racgp.org.au](http://www.racgp.org.au)

Royal College of Nursing, Australia  
PO Box 219  
DEAKIN WEST ACT 2600  
Phone: 02 6283 3400  
Fax: 02 6282 3565  
Email: [canberra@rcna.org.au](mailto:canberra@rcna.org.au)  
Website: [www.rcna.org.au](http://www.rcna.org.au)

### 3.19 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>

### 3.20 Endnotes

- 1 Australian Divisions of General Practice, 2008. National Practice Nurse Workforce Survey 2007. ADGP Canberra.
- 2 Phillips CB, Pearce CM, Dwan KM, Hall S, Porritt J, Yates R, Kijakovic 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.
- 3 Australian Nursing Federation. Competency Standards for nurses in general practice. 2005. ANF, Canberra.
- 4 Wagner et al. Organising Care for Patients with Chronic Illness, *The Millbank Quarterly*, 1996; 74 (4) 511-534.
- 5 Watts et al. General Practice Nursing in Australia, RACGP/RCNA, 2004, cited in AGPN, Demonstration Divisions Resource Kit, 2005.
- 6 Department of Health and Ageing (DoHA). Fact Sheet No. 1, Nurses in General Practice: Roles, 2001.
- 7 RCNA. Nursing in General Practice – guide for the general practice team, 2005; 13-14.
- 8 RCNA. Nursing in General Practice – guide for the general practice team, 2005; 15.

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