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2.1 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 (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 nurses¹ 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. They provide preventive and chronic care for people of all ages.

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.² These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity.² Further details on these roles is provided in Section 3.3 Roles for nurses in general practice.

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.

This 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.'*³

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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 illness⁴
- 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 practice⁵
- improvement in the ability of the practice to adapt to change²

2.2 Benefits of employing a nurse/role for the nurse in general practice

'As a solo practitioner, I could not practice effectively without my practice nurse. This has been a positive collaboration with the nurse relieving me of many time consuming tasks, adding positively to the practice bottom line and, by bringing a whole set of complementary skills to mine, enhancing the services we are able to provide. A must in the 21st century.'

Dr G.K. Victoria

There is a wide range of benefits for general practices that employ a practice nurse. The needs of individual practices and their patient population will shape the role/s a nurse will take on within that particular practice team, however likely benefits for any practice include:

- improvements in quality of care to patients
- improved work satisfaction for the GP/s
- additional support for the GP/s
- reduction in patient waiting times
- increased range of services offered at the practice
- increased capacity to adapt to change
- improved management of patients with chronic disease
- increased consumer satisfaction
- additional inducement to recruit new GPs.⁶

The unique way in which a practice may utilise nursing services can depend 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.)
- physical layout of the practice (room for a clinical treatment room versus small consult room only)
- experience and qualifications of the nurse (eg, registered nurse with a postgraduate certificate in child and family health or midwifery).

Practice nurses can take on one or more of the roles outlined below. The roles listed here are used by the Australian General Practice Network (AGPN) in its business case models (see 2.3 Financial and business implications), which demonstrate the way in which nurse utilisation can affect the practice financially.

The clinical support role: involves undertaking clinical activities with the purpose of more efficient use of GP time and extended patient contact. Examples of activities under this role are: wound care, immunisations, electrocardiographs (ECGs), spirometry, administration of medications/nebulisers, injections IM/IV, assisting with minor operations, plastering (back slabs), etc.

The administrative/management role: involves managing clinical systems, recall and reminder systems, stock control, equipment maintenance, infection control, sterilisation and accreditation.

The EPC/CDM role: ranges from providing home health assessments to managing the Enhanced Primary Care (EPC) and chronic disease management (CDM) system with patient audit and recruitment, recall registers, diabetes and asthma registers, and providing patient education.

The advanced primary care role: may involve the practice nurse running specialty clinics such as: weight loss, women's health, incontinence, diabetes, asthma, antenatal care and well baby checks. Nurses working at this level are required to have post graduate qualifications in the area of specialty.

'There is no doubt in my mind that my patients not only enjoy the added professional input contributing to their care but more importantly they benefit with better ongoing medical and preventative care. I would recommend any general practitioner to avail the support provided by a suitably qualified registered nurse to themselves and their patients'.

Dr N.E., Tasmania

Potential roles for practice nurses have also been outlined by the Department of Health and Ageing in a factsheet reproduced below⁷:

Roles of the general practice nurse

The role of nurses in general practice includes, but is not limited to, the following elements of work:

- 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 GPs
 - patient advocacy.
- managing the clinical environment by assisting the 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.

Further information on how to maximize the nurse's role in general practice can also be found in *'Nursing in General Practice: a guide for the general practice team'*, a resource released by Royal College of Nursing, Australia (RCNA) in January 2006, with assistance of the Department of Health and Ageing (<http://www.rcna.org.au/pages/nsggp.php>)

2.3 Financial and business implications

In addition to the many professional benefits nurses can bring to general practice, there are also financial benefits, which in turn assist practices to employ a nurse. Federal government funding initiatives that should be taken into account when planning to use a nurse in general practice include the Practice Incentives Program practice nurse incentive, the practice nurse MBS item numbers, and the Enhanced Primary Care (EPC) and Chronic Disease Management MBS items.

Practice Incentives Program

The Practice Incentives Program (PIP) aims to recognise general practices that provide comprehensive, quality care, and that are accredited or working towards accreditation against the Royal Australian College of General Practitioners *Standards for General Practices*.

The PIP is part of a 'blended payment' approach to general practice funding - that is, payments made through the program are in addition to other income sources for GPs and the practice, such as patient fees and Medicare rebates.

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PIP payments are mainly dependent on practice size, which is based on patients seen, rather than on the number of consultations performed. A rural loading is also paid to practices in rural and remote locations.

Practices may spend their payment as they wish, though the usual taxation rules apply.

The PIP PN incentive payment targets areas where patient access to medical services is limited, such as rural and remote communities and urban areas with workforce shortages. The payment is available to eligible practices in Rural Remote and Metropolitan Area classifications 3-7 (since 2001) and in urban areas since 2003. The initiative aims to improve the quality and accessibility of primary care to people living in these communities by increasing the capacity of general practices through the employment of a nurse.

The number of nurse sessions required to receive the incentive payment is calculated using the practice's Standardised Whole Patient Equivalent (SWPE). The 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.

Regardless of practice size, however, a practice must employ or retain the services of a nurse for a minimum of two sessions per week, averaged over each PIP payment quarter. A minimum session time for the purposes of this initiative is 3½ hours.

The employment requirement increases by one session for each additional 500 SWPEs, rounded down.

For eligibility criteria and more information see the Medicare Australia website

http://www.medicareaustralia.com.au/providers/incentives_allowances/PIP/new_incentives.htm

or call the PIP Inquiry Line on 1800 222 032 (8.30am – 5.00pm CST).

MBS items for services provided by a practice nurse

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.

Below is a summary of the practice nurse item numbers. For further information visit the Medicare Australia website at <http://www.medicareaustralia.gov.au/>

Table 2: Medicare Item Numbers for Practice Nurses

Item number	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"> with preventative health check
10998	<ul style="list-style-type: none"> without preventative health check
10999	
10996	Wound management by a nurse on behalf of GP
10997	Chronic disease: monitoring and support. Can include: <ul style="list-style-type: none"> checks on clinical progress monitoring medication compliance self management advice collection of information to support GP review of care plans
16400	Antenatal checks
711	Healthy kids check

Source of information: Medicare Australia 2009

Please note that Medicare bulk-billing incentives (MBS items 10990 or 10991) can be claimed in conjunction with the immunisation, wound management, Pap smear, and Pap smear and preventive checks, Healthy Kids Check and Chronic disease monitoring and support items, but not the antenatal care item.

Enhanced Primary Care

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

- improved coordination of care for people with chronic conditions and complex care needs
- increased preventative care for older Australians
- a framework for a multidisciplinary 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 (GPMP) 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 assisting the GP with many elements of EPC program. For more information visit: <http://www.health.gov.au/epc>

Nursing in General Practice Business Case Models

The Australian General Practice Network has formulated business case models to provide general practice with 'real life', user-friendly case studies, demonstrating the financial implications and benefits of employing a practice nurse.

First prepared in 2003, the business case models have undergone a number of revisions, and were most recently revised in December 2005 to reflect the introduction of the Medicare Chronic Disease Management items.


Business case models for large and small, urban, rural and solo GP practices are available, and different nurse utilisation models have been used to show general practices how this reflects on the financial performance of the practice.


The examples used in these models indicate that it is financially viable for a practice to employ a nurse, and some of the models demonstrate that having a nurse available at the practice can significantly add to practice income. The practices interviewed for this study indicated that these financial benefits were in addition to a range of other advantages that flowed from having a nurse employed by or contracted to the practice. As indicated above additional practice nurse items have been added to MBS schedule since 2005. The business case models do not reflect these new items or changes to the Service Incentive Payment (SIP) for childhood immunisation. However the models do provide general practice with a good appreciation of the financial implications for employing a nurse, and the financial model is even stronger since the introduction of additional practice nurse items.


The AGPN business case models can be accessed via the website on <http://www.adgp.com.au/site/index.cfm?display=4002>


Business Case Studies Package (downloads)


 Business Case Studies Cover Pages

 Business Case Studies: Large Rural (Revised December 2005)


 Business Case Studies: Large Urban (Revised December 2005)

 Business Case Studies: Small Rural (Revised December 2005)

 Business Case Studies: Small Urban (Revised December 2005)

 Business Case Studies: Solo Rural (Revised December 2005)

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 Business Case Studies: Solo Urban
(Revised December 2005)

 Case Studies: Metropolitan Practices

 Case Studies: Rural Practices

 Addendum (Produced February 2005)

2.4 How to determine the roles for the practice nurse

Nurses are key members of general practice teams and play a pivotal role in maintaining quality and safety systems in the practice.

The actual scope of an individual nurse's practice is influenced by the:

- changes and differences in the context in which they practice
- patient health needs
- level of competence, education and qualifications of the individual nurse
- practice policy, quality and risk management framework.⁸

To identify the roles a nurse will undertake in your practice you will need to consider the particular circumstances of the practice, the practice population and the skills and experience of the nurse/s employed. To develop selection criteria for the nurse position in your practice a template has been included for assistance. Templates are appended at part 2.11 of this 'For the employer' section of the resource.

Common practice nurse roles

The following is not an exhaustive list but is designed to provide an indication of some of the common duties and roles undertaken by nurses in general practice⁹.

Immunisation

- administers vaccines according to National Immunisation Program Schedule (NIPS), accreditation required in some states
- maintains patients immunisation records
- completes ACIR recording requirements
- checks monthly ACIR statements to follow up incomplete payments
- follows up GPII020A report quarterly
- orders vaccines

- maintains vaccine fridge according to NIPS recommendations
- completes daily vaccine fridge monitoring
- maintains vaccine recall system for children under 7 years of age
- maintains flu and pneumococcal vaccine recall system for over 65s
- completes annual flu acquittal form
- maintains practice immunisation rate above 90%

Health Assessments

- maintains over 75s recall system
- identifies patients suitable for the range of health assessments including 45 year old, refugee, indigenous and 4 year old checks
- undertakes information collection component of health assessment
- documents health assessments on computer or as determined
- arranges GP appointment with patient to complete health assessment
- undertakes Healthy Kids Check
- ensures Health Assessment Medicare item number claimed

GP Management Plans

- identifies appropriate patient/s
- maintains a recall system for GP Management Plans (GPMPs) and Team Care Arrangements (TCAs)
- participates in preparation of GPMPs and TCAs
- can fulfil the role as a "counted member" of the GPMP/TCA where the practice nurse is independently providing ongoing treatment or services to the patient
- ensures GPMP/TCA Medicare item numbers claimed
- provides monitoring and support to patients with a GP Management Plan, Team Care Arrangement or Multidisciplinary Care Plan in place, up to a maximum of five services per patient in a calendar year.

Diabetes

- compiles database of all patients with diabetes
- ensures each diabetes patient record has annual cycle of care documentation
- maintains diabetes recall system
- transfers diabetes pathology results to recall list
- undertakes diabetes education as deemed appropriate
- undertakes diabetes foot assessments
- ensures patient has a full eye examination at least every two years
- undertakes blood pressure, height, weight and calculates BMI
- undertakes BGLs as when appropriate
- takes bloods for Hb A1c, cholesterol, triglycerides & HDL monitoring
- ensures micro albuminuria check attended
- checks smoking status
- establishes Diabetes Clinic
- maintains Diabetes Education Centre (DEC) patient record card
- refers patients with diabetes when appropriate eg. podiatry services and diabetes centre
- ensures Diabetes Cycle of Care Medicare item number claimed when completed
- ensures practice's diabetes care rates meet requirements for PIP Outcome Payment
- assists the GP to perform the Type 2 Diabetes Risk Evaluation

Asthma

- develops practice asthma register
- investigates and orders resources
- undertakes spirometry as deemed appropriate
- checks smoking status
- develops individual patient asthma action plans in conjunction with GP
- provides asthma education to patients
- maintains contractual recall systems for patients undertaking the Asthma Cycle of Care
- encourages self-monitoring - demonstrates how to perform peak flow expiratory flow rate and maintains a symptoms/ peak flow diary
- ensures Asthma Cycle of Care Medicare item number claimed when completed

Cervical screening

- maintains cervical screening recall register
- undertakes pap smears, pelvic examinations and breast awareness education (note: check nurse has undertaken accredited training required to perform this role, and check your indemnity coverage.)
- develops and maintains practice cervical screening pathology follow up register
- ensures adequate sampling of squamous columnar junction
- ensures Cervical screening Medicare item number claimed when completed
- ensures practice's cervical screening rates meet requirement for PIP Outcome Payment

Venipuncture

- undertakes blood collection
- develops systems for the collection of blood by pathology service
- maintains blood collection register
- follows up blood collection results on a weekly basis

Minor procedures/wound care

- maintains minor procedures appointment system
- prepares patient for minor procedure
- prepares consulting room/s for minor procedures
- removes sutures and surgical clips
- assesses and attends to wound care

Antenatal care

- maintains antenatal register
- maintains birth register
- investigates and orders resources
- undertakes urinalysis, weight, BP, foetal hearts,
- foetal lie & presentation as deemed appropriate (note: check nurse has undertaken accredited training required to perform this role)
- provides antenatal education (note: check nurse has undertaken accredited training required to perform this role)

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Accreditation

- develops protocols and procedures relevant to nursing duties to ensure safety and quality of care
- attends practice clinical meetings
- is responsible for infection control within the practice
- maintains appropriate waste disposal and waste collection requirements
- maintains appropriate sharps disposal and sharps collection requirements
- provides education to staff regarding infection control and cleaning requirements

Sterilisation of instruments

- ensures that all used instruments are cleaned according to the RACGP guidelines
- ensures that the practice has a designated 'dirty' basin
- develops and maintains sterilisation protocol for the practice
- records all batches of sterilised instruments in a designated 'Sterilisation Book' according to RACGP guidelines
- ensures the steriliser meets all of the AS 4187 requirements
- ensures batch numbers are recorded in patient records
- arranges annually for the steriliser to be calibrated & validated
- ensures all sterilised stock is rotated and stored appropriately
- orders and replaces protective equipment as required
- maintains spills kit

General duties

- triages patients on arrival to practice
- maintains and rotates medication supplies on a fortnightly basis
- maintains practice S8 drug register/s
- gives injections
- undertakes ECGs
- undertakes urinalysis
- restocks medical supplies in consulting rooms
- syringes ears
- maintains cryotherapy equipment
- orders nitrous oxide and oxygen as required
- completes health summary documents on all new patients and maintains existing records
- undertakes audiometry as deemed appropriate

- checks and restocks emergency equipment weekly or after use
- conducts spirometry testing
- performs continence assessments, education and referral
- undertakes medicals for diving, Centrelink, Workcover as deemed appropriate by the GP
- undertakes 'eye washing' as necessary
- assists with plastering and removal of plasters

2.5 Recruitment, selection and employment guide including industrial, legal and insurance requirements

2.5.1 Recruitment

This part of the resource contains information to guide recruitment, selection and employment of a nurse for a general practice.

Before undertaking the recruitment process it is important to consider the roles that a nurse may undertake at your practice. Please refer to section 2.4 'How to determine the roles for the practice nurse'.

The first steps in the recruitment process are to:

- ensure a range of industrial, legal and insurance requirements are met
- identify the roles the nurse will undertake
- develop a job description and employment contract to be offered
- develop an advertisement, plan how interviews will be conducted, and decide on the appointment process.

At this time a decision should be made about who within the practice will be responsible for this process. For example, will the practice manager be solely responsible for all aspects of the recruitment of a nurse to the practice or will other practice team members be involved? Assistance with nurse recruitment may be sought from your local general practice network. Some network members also provide other supports such as a pool of nurses who can be contracted to the practice.

At this stage it is also a good time to identify a suitable area in the practice for the practice nurse. The area selected should conform to occupational health and safety guidelines; provide privacy for the nurse to attend to patients; and provide the clinical setting and tools for the work identified for the nurse at the practice including IM/IT access.

Templates to assist with the recruitment process have been provided in section 2.4 of this guide.

Key steps in the recruitment process

- Check professional indemnity cover
- Contracting, remuneration decisions
- Job description document
- Advertise
- Plan and conduct interview
- Appointment process
- Preparing for a new staff member — work area requirements and orientation plan
- Induction and orientation

Professional indemnity issues

One of the first things to do when thinking about employing a practice nurse is to check that the practice has sufficient professional indemnity insurance to cover the general practitioner and the practice nurse.

The information provided below does not substitute for professional legal advice. Contact your insurer for professional indemnity advice.

Professional indemnity issues are addressed in the RCNA *Nursing in General Practice – a guide for the general practice team resource* <http://www.rcna.org.au/pages/nsggp.php>¹⁰.

Recommended activities include:

- develop a clear **job description** document and **employment contract** for the practice nurse position, outlining the roles and responsibilities of the nurse within the practice, and the **conditions** under which they are employed
- check the nurse's registration by sighting the original annual certificate to practice to confirm that the registration is current. Most Nurse Registration Boards also provide a facility on their website to check if a nurse registration is current and if any restrictions have been placed on the registration to practice

- ensure that the applicant has the required experience or capability to meet the requirements of the job description, including a referee check.

The practice's policies and protocols should also be fully documented, frequently reviewed and updated, and freely available to the practice staff.

If the nurse who you intend to employ is an authorised nurse immuniser, or is accredited to undertake cervical screening, notify your insurer of this fact and ensure the practice nurse has relevant documentation and current certification before they perform these roles.

Further information regarding professional indemnity issues and practice nurses can also be found on the AGPAL website <http://www.qip.com.au/>

Professional standards

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 the nurse practices

- safely & competently
- within their scope
- in accordance with the code of ethics
- in accordance with the 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.

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.

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Nurses are legally bound by a framework of core professional standards that makes them accountable and responsible for their own actions within nursing practice. The core standards are:

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

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

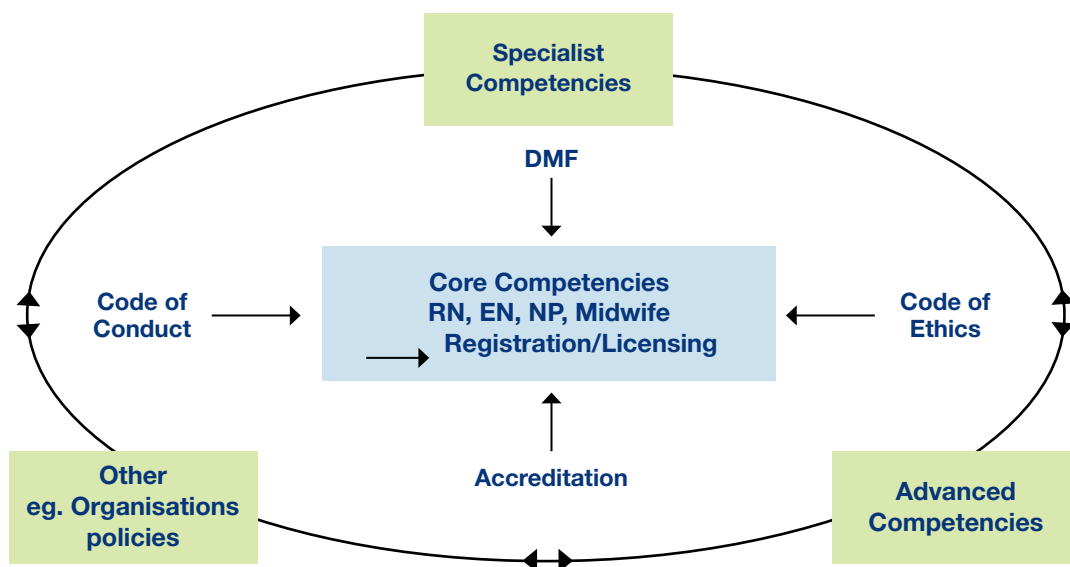
Standards which a practice nurse may be assessed against include the core competency standards, the competency standards for nurses in general practice and the competency standards for the advanced registered nurse and advanced enrolled nurse. These are available from the Australian Nursing Federation <http://www.anf.org.au>

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>

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



The following information under the headings 'Employment Options', 'Employment Contract', 'Remuneration' and 'Discrimination' was written as a result of advice received from DLA Phillips Fox Legal Firm. The advice is correct as at 5 October, 2006.

2.5.2 Employment options

Who is engaging the practice nurse?

Australian general practices operate under a range of structures with different legal entities employing some, most or all of the practice staff. These entities may include a company, a trust or a partnership. The practice nurse might be engaged as an independent contractor or, more commonly, as an employee of the practice. In some situations, the GP may be the employer. Where a trust is employing the person, the employer is the trustee of the trust. Similarly, where a partnership is employing the person, the employer is the partners in the partnership.

It is important to decide who is going to engage the practice nurse. In a large practice with a number of independent general practitioners practicing from the same building, more than one practice nurse might be engaged and the nurses might be engaged by different legal entities. The entity engaging the nurse must have sufficient revenue to pay the nurse and, if engaging the nurse as an employee, must have the requisite insurance cover.

The practice must ensure that arrangements for insurance, PAYG taxation, workers' compensation, superannuation, payroll tax (if applicable) and other regulatory requirements reflect the engagement of the practice nurse – independent contractor or employee – and that they are aligned for each practice nurse so that the correct entity is engaging the nurse.

Options for engaging practice nurses

There are two principal options available to the GP/practice (the **practice**) when engaging practice nurses:

1. practice nurses may be engaged as independent contractors
2. practice nurses may be engaged as employees (the most common method).

Engaging a practice nurse as an independent contractor

An independent contractor is a person who agrees to work for the practice under a contract *for* services, whereas an employee is engaged under a contract *of* service.

An independent contractor undertakes to produce a given result, the agreed payment becoming payable when the contractual conditions have been fulfilled. An independent contractor may be characterised as carrying on a trade or business of his or her own, rather than serving as an employee in the employer's business.

As the independent contractor is not employed directly by the practice, the contractor (and not the practice) is required to comply with relevant industrial laws and employment related taxation laws. If the practice engages a practice nurse on an independent contractor basis, the practice will not be required to pay, in respect of the practice nurse:

- PAYG or payroll tax
- Superannuation Guarantee Contributions
- some insurance premiums (usually, the contract governing the independent contractor arrangement will provide that the contractor is required to obtain workers' compensation insurance, professional indemnity insurance and public liability insurance). However some workers' compensation schemes (e.g. the ACT) have a very broad definition of employee which would cover independent contractors. The practice should, inform its insurer if it intends to engage a practice nurse as an independent contractor and ensure that the practice complies with its own insurance policy terms and disclosure obligations to its insurer

It is essential to document an independent contractor arrangement in a clear written contract. With such a contract in place, there should be no major problems. The contract should clearly place responsibility for employment related costs on the contractor and include an appropriate indemnity of the practice by the contractor.

However, regardless of what is stated in a contract, how a practice nurse is engaged may become an issue in the event of a claim by the practice nurse, a claim against the practice relating to the conduct of the practice nurse, or an enquiry from a regulatory body. Simply describing the practice nurse as an independent contractor or as an employee in the contract will not be sufficient. Courts and tribunals will look at all the circumstances of the employment relationship including what work is actually performed and how that work is performed.

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The main legislation governing independent contractors is the *Independent Contractors Act 2006 (Cth)* (**the Contractors Act**) which became law on 11 December 2006.

The Contractors Act, amongst other things, limits State regulation of independent contractor relationships and prohibits employers from terminating employees and rehiring them as independent contractors on the grounds of unfairness.

A contract will be 'unfair' if it is harsh or unconscionable, unjust, against the public interest or is designed or does avoid the provisions of the *Fair Work Act 2009 (FWA)*, a State or Territory law or an award or agreement made under either the FWA or a State or Territory law. If it is found that a contract is 'unfair' a court may make an order or determination setting aside the contract, declaring all or part of the contract void or unenforceable, or varying or amending part of the contract.

It is important to remember that engagement of the practice nurse as an independent contractor does not eliminate the legal exposure of the practice for the conduct of the nurse. It is therefore important that the practice ensures that its own insurance cover extends to this exposure.

Engaging a practice nurse as an employee

Practice nurses may be engaged by the practice as employees.

As an employer, the practice will be vicariously liable for the actions of the practice nurse and will be responsible for payment of:

- PAYG income tax and Payroll taxes
- Superannuation Guarantee Contributions
- workers' compensation insurance
- employee entitlements such as sick pay, annual leave, holiday pay, parental leave redundancy pay etc.

Employees may be engaged on a number of bases, including:

- on a casual basis
- on a permanent part-time basis
- on a full-time basis
- for a fixed term

Casual employees

Casual employees work as and when required and are generally engaged for short term, temporary or seasonal work. The practice is not required to guarantee a casual worker a minimum number of hours per week and casual employees are usually paid by the hour or day. However, depending on the terms of the applicable Award or industrial agreement the practice may have to pay a minimum number of hours for a shift, Casuals

are not entitled to permanent employment conditions such as sick leave or annual leave, so their wages usually include compensatory loads (usually 15-20 percent on top of their hourly rate) depending on the Award.

Part-time employees

Part-time employees work less than the standard full-time 38-hour week and are engaged on a regular basis. Part-time employees usually work a set number of hours per week (which the employer is required to honour). Part-time employees generally accrue the same award conditions as full time employees such as annual leave, sick leave and other employee entitlements on a pro rata basis.

Full-time employees

Full-time employees have an expectation of continuing employment and are subject to a maximum of 38 hours work per week, subject to reasonable additional hours. Full time employees enjoy the full range of employee entitlements and protections.

Fixed term employees

Fixed term employees are employed on a fixed contract of employment which the parties have expressly agreed will continue for a specified period and no longer. A fixed term contract expires at the end of the specified period with no need for the employer to give the employee notice of termination.

The Fair Work Act 2009

The FWA replaces the current *Workplace Relations Act 1996*. The new laws operate from 1 July 2009 with the exception of the new award system introducing modern awards and National Employment Standards (**NES**) which operate from 1 January 2010.

The FWA has 6 main objects:

- ensuring a guaranteed minimum safety net of fair, comprehensive and enforceable wages and conditions;
- protections from unfair dismissal for all employees;
- protection for the low-paid;
- assisting in balancing work and family responsibilities;
- the right to be represented at work including prevention of discrimination, freedom of association, and protecting against unfair treatment; and
- a system that has at its heart bargaining in good faith at the enterprise level.

In broad terms, the FWA is a comprehensive reworking of the *Workplace Relations Act 1996* and contains significant changes which will affect GP practices. The FWA abolishes the Industrial Relations Commission and replaces it with Fair Work Australia which is a 'one stop shop' dealing with information, advice and assistance on workplace issues. The Fair Work Australia Inspectorate assumes the functions of the Workplace Ombudsman and members of Fair Work Australia have the power to review and vary awards, deal with unfair dismissal claims and make orders against industrial action.

Application of the FWA to GP Practices

The FWA applies to national system employers in the Federal workplace relations system including constitutional corporations, the Commonwealth and its authorities, employers in the Territories and employers of maritime as well as waterside workers and flight crew.

The majority of Australian general practices are subject to the FWA because the employing entity falls within the definition of a national system employer, that is, the practice will generally be a trading corporation for the purposes of the Australian Constitution.

The FWA will automatically apply to GP practices in Victoria, the ACT and the Northern Territory and to the exclusion of all State or Territory industrial laws as far as they relate to a national system employee. The Federal Government is yet to release a second Transitional Bill dealing with referrals of power under the FWA, if any, by the States. It is important that practices keep up to date with any transitional legislation to determine whether or not their practice is subject to the provisions of the FWA.

It is important to note that it is the definition of a national system employer that is the key factor. Australian GPs practice in a wide variety of settings and structures. There may be a practice company, a service trust or a partnership that employs the staff in the practice and will be employing the practice nurse.

In some situations, an individual GP may wish to employ their own practice nurse rather than have the group practice entity do so. It is also possible that practice nurses working in the same GP practice may have different employers. This could arise where legally separate practices conduct their practices from the same premises but do not use the same entity to employ staff.

Although limits on powers given to the Commonwealth mean the FWA cannot apply to a trust or a partnership under the corporations power of the Australian Constitution, it is likely that the employment of practice nurses by a service trust or partnership **will** be subject to the FWA in some situations.

The majority of service trusts used to employ staff will have a company as trustee and it is this company that is the employer of staff. It is also likely that a number of GP practice partnerships will have the GP's practice company as the partner in the partnership rather than the GP personally. A practice nurse employed by a partnership has the partners as their employer. GP practices engaging a practice nurse as an employee must carefully determine whether the FWA applies to the employer and the employment contract. Practices may need specialist employment law advice on this issue.

There are many issues that remain to be clarified or tested under the FWA and users of this Kit should ensure that they have checked up to date information or obtained specialist employment law advice to ensure that they are compliant with the provisions of the FWA.

Industrial instruments that govern the employment conditions of practice nurses

In general terms, practice nurses can be employed under an Award, an enterprise agreement, a certified agreement or an individual contract

Awards, certified agreements or enterprise agreements are legally binding instruments that operate with the force of legislation regulating the terms and conditions on which specific types of workers may be employed. They cover entitlements such as minimum hours of work, rates of pay, job classification levels, annual leave, holiday pay, allowances, overtime and time in lieu, personal/carer's leave and representation and dispute settlement. Awards are made by industrial tribunals established under either federal or state law.

Employees cannot be offered or paid entitlements less generous than provided for in a binding award or agreement. However, employers and employees may contract to provide for more generous entitlements, for example, a higher wage rate than that provided in the applicable award.

Industrial Instruments and the FWA

Federal Award, Australian Workplace Agreement (AWA) or Collective Agreement.

Modern Awards

Under the FWA modern awards will be revised at the federal level by the Australian Industrial Relations Commission. The modern awards will be industry or occupation based and will be streamlined in an attempt to simplify the current federal awards. The modern awards will set out minimum conditions an employer must meet.

SECTION TWO: For the employer

The revised modern awards will be based on the 10 National Employment Standards (NES) and will include additional minimum conditions of employment tailored to specific industries or occupations. These awards will apply to all employees in the federal system from 1 January 2010. It is important that practices check their applicable award close to 1 January 2010 to ensure that they are compliant with the minimum statutory employment conditions stipulated.

If the employer of the practice nurse is bound by an existing Federal Award, the Federal Award continues to apply until the revised modern awards are introduced on 1 January 2010.

Where a practice nurse is employed by an AWA under the *Workplace Relations Act 1996* or pre-reform AWA the modern award will not apply except to stipulate that the base rate of pay under the agreement should not be less than the relevant modern award rate.

A modern award will also apply to a pre-reform certified agreement that applies to an employee of the practice. The agreement will prevail to the extent of any inconsistency (except that a higher base rate of pay in the modern award will apply).

As of 1 July 2009 existing and modern awards will not apply to high income earners, that is employees earning over \$100,000.

Existing Agreements

All existing agreements and agreements made prior to 31 December 2009 such as workplace agreements, pre reform certified agreements and awards will continue to operate under the FWA but will be known as 'transitional instruments'. Any transitional instruments need to satisfy a 'no detriment' rule which compares the terms of the agreement against the NES. The 'no detriment' rule commences on 1 January 2010 when the NES come into effect.

Practices will have to ensure that any existing agreements are not detrimental when compared to the NES. A practice which has employees covered by a transitional instrument can apply to Fair Work Australia to resolve any difficulties about the interaction between the transitional instrument and the NES in which case Fair Work Australia may order a variation to the transitional instrument.

New enterprise agreements

It is unlikely many practice nurses will be employed under collective agreements but where they are, any new workplace agreements entered into by the GP practice are described as 'enterprise agreements' with no distinction made between an agreement made between a union and one directly made with employees. An enterprise agreement may override a modern award and regulate the terms and conditions of employment so long as the agreement is in line with the NES, are made in good faith and satisfy the 'better off overall test'. To satisfy the better off overall test, the enterprise agreement or individual flexibility arrangement must leave each award-covered employee better off overall than if the relevant award applied to the employee. The content of any enterprise agreements will be compared against the relevant modern award for the purposes of this test. The practice should carefully consider all enterprise agreements to ensure that they satisfy this test before submitting an enterprise agreement to Fair Work Australia for approval.

National Employment Standards

The FWA replaces the Australian Fair Pay and Conditions Standards and other minimum terms and conditions of employment under the *WorkPlace Relations Act 1996* (Cth) with the NES. The FWA contains 10 basic minimum standards which employees are required to comply with. The 10 standards are:

- Maximum weekly hours of work: 38 plus reasonable additional hours
- Requests for flexible working arrangements: for employees with children under school age or under 18 and who have a disability
- Parental Leave: unpaid birth-related and adoption related leave.
- Annual leave:
- Personal/carer's leave and compassionate leave:
- Community service leave: including jury service
- Long service leavePublic holidays
- Notice of termination and redundancy pay
- The Fair Work Information Statement

Unfair dismissal

Under the previous Work Choices legislation, employers with less than 100 employees were generally exempt from **unfair** dismissal laws. However, the FWA removes the exemption to unfair dismissal remedies for businesses which employ under 100 employees. Instead there is a qualifying period for a 'small business', that is a business with less than 15 employees. Employees of a small business may only access the unfair dismissal jurisdiction once they have served 12 months service. For all other employees the period is 6 months.

Casual employees are eligible to access the unfair dismissal jurisdiction if they satisfy the applicable qualifying period discussed above, have been employed on a regular and systematic basis and have a reasonable expectation of continuing employment.

Under the FWA a dismissal is held to be unfair if:

1. the employee was dismissed at the initiative of the employer: this does not include demotion or if a fixed term contract has come to an end.
2. the dismissal was harsh, unjust or unreasonable: was there a valid reason for the dismissal? was the employee notified of the reason for dismissal and given a chance to respond?
3. the dismissal was not consistent with the Small Business Fair Dismissal Code: for dismissal for performance or conduct the Small Business Fair Code includes one verbal or written warning with the chance for the employee to improve; or summary dismissal where the employer believes on reasonable grounds that the misconduct is sufficiently serious.
4. the dismissal is not a genuine redundancy: one reason a redundancy may not be genuine is if it can be found that the employee should have been redeployed within the agency.

Super Choice

Superannuation Guarantee Contributions must be made by employers in respect of all employees. The employer is required to contribute 9% of the practice nurse's earnings base (up to a maximum base of approximately \$134,000) to a nominated superannuation fund.

Under superannuation legislation, 'employees' include full-time, part-time and casual employees and a broad range of other workers, including some contract workers.

Choice of superannuation fund is available to all employees of practices covered by FWA.

New eligible employees must be provided with a super choice form within 28 days of their start date.

If an employer fails to meet the minimum level of superannuation contribution for an employee, the employer will incur a liability for the superannuation guarantee charge, enforced by the Australian Taxation Office.

Workers' compensation insurance

Workers' compensation legislation sets up a scheme of mandatory benefits to be paid to employees injured whilst at work. Each state and territory has a workers' compensation scheme.

All employers **must** obtain workers' compensation insurance from an approved insurer in respect of each of its employees.

Occupational health and safety

Each state and territory has enacted legislation designed to impose duties and responsibilities upon employers in relation to the occupational health and safety (OH&S) of their employees.

OH&S legislation makes it mandatory for employers and controllers of premises to provide a safe work environment for both employees and non-employees, that is without risk to health, safety and wellbeing.

In all jurisdictions, a breach of the applicable legislation may be recorded as a criminal conviction against the company and a monetary penalty imposed (in some cases up to an amount exceeding \$500,000). Most legislation also contains provisions allowing individuals, such as supervisors and company directors, to be prosecuted personally. As in the case of a company, a criminal conviction may be recorded against the individual prosecuted.

An actual injury to an employee is not necessary to give rise to a prosecution under occupational health and safety legislation. A risk to the health, safety and welfare of employees (and certain non-employees, such as people who access the employer's workplace) may amount to a breach of the legislation.

The legislation imposes duties on controllers of premises as well as the employer. Depending on the GP practice structure involved, there may be a service entity providing the premises in which the practice nurse will work while another entity is the practice nurse's employer. Both entities will have obligations to the practice nurse under OH&S legislation.

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Discrimination

The federal government has enacted a number of legislative instruments that prohibit, among other things, discrimination in the workplace, on a number of grounds, including sex, race, ethnicity, religion, sexual orientation, disability, age and parental and marital status.

Anti-discrimination legislation also exists at state and territory level. While similar, the state or territory legislation may cover different grounds of discrimination and have different complaints bodies and dispute resolution mechanisms.

In addition, equal opportunity legislation exists, imposing positive obligations on certain employers (including those with more than 100 employees) to implement equal opportunity in the workplace for women.

Anti-discrimination legislation deems that in many circumstances, an employer is also liable for the discriminatory acts of its employees.

Employees who allege that they have been discriminated against may lodge a complaint under the federal legislation with the Human Rights and Equal Opportunity Commission (HREOC). If the complaint is not resolved at this level, a claim may be commenced in the Federal Magistrates Court of Australia.

For further information on discrimination law, a good starting point is the HREOC website (www.humanrights.gov.au).

2.5.3 Employment contract

All Practice Nurses that are employed by the practice should have a written employment contract that sets out the terms and conditions on which they will be employed or provide nursing services to the practice. The following employment contract guide can be used to assist in the development of a contract.

Employment contract guide

1. **Position title:** This depends on the qualification and may include Practice Nurse (Enrolled Nurse) or Practice Nurse (Registered Nurse).
2. **Term of employment period:** If the practice wishes to employ the practice nurse for a limited period (eg, 12 months), this must be clearly stated in the contract. If no term of employment is stated, termination of the employment contract will require the period of notice required by law. If a probation period is intended this also needs to be clearly stated. Probation periods are generally 3 months and it is recommended that the practice enforce only one probationary period. A longer probation period may be determined by written agreement between the nurse and the practice prior to the practice nurse commencing employment. The basis of the employment should be specified, ie, full-time, part-time or casual.

Full-time – maximum 38 hours per week or 76 hours per fortnight or 152 hours per month, plus reasonable additional hours.

Part-time – varying periods normally up to 20 hours per week.

Casual – those employed for short intermittent periods and normally for not less than two hours for each period of work.
3. **Remuneration:** Includes salary, allowances, loadings (including casual loadings) and other like items specified in the employment contract or relevant award.
4. **Superannuation:** Currently, employers are required to pay a minimum of 9% of the nurses' ordinary time earnings into a superannuation fund. Ordinary earnings are the wages, allowances and loadings that a nurse would normally receive on a week to week basis.
5. **Hours of work:** The contract should outline this and include:
 - the days on which the practice nurse is to attend work
 - the hours to be worked
 - whether the nurse is to work a 19-day month and get an accrued day off
 - rostering arrangements.
6. **Annual leave:** employees are entitled to a minimum of four weeks annual leave per 12 full months of employment, in accordance with the Australian Fair Pay and Conditions Standards and the NES which are due to commence on 1 January 2010, with a loading of 17.5% of ordinary pay.
7. **Personal/carer's leave (including sick leave):** 10 days paid leave per year for full time employees, in accordance with the Standard.
8. **Long service leave:** Paid leave at the completion of a period of employment and can vary between states, and is based on ordinary time earnings governed by the state legislation.

9. **Confidentiality and privacy:** The employer should provide details of the relevant legislation on this area and how it is implemented within their organisation. All nurses comply with state and federal legislation regarding confidentiality and privacy.

10. **Termination of employment:** Length of notice to be given to the employee is set out below:

Period of continuous service period of notice

1 year or less	1 week
1 year and up to 3 years	2 weeks
3 years and up to 5 years	3 weeks
5 years and over	4 weeks

If employee is over 45 years with not less than two years continuous service, an additional period of notice is required. Payment in lieu of notice, notice of termination by the employee, time off during the notice period and statement of employment should be included in the contract.

11. **Public holidays:** Nurses are generally entitled to 10 to 13 public holidays per year depending on the State in which they work. If a nurse is required to work on a public holiday, penalty rates apply from 100% to 150% on an hourly rate. Otherwise the entitlement relates to a day off without loss of pay.

12. **Study leave:** Recognises that a nurse is required to undertake professional development activities in order to keep up to date with advances in nursing practice. This varies across awards ranging from three to five days per annum to a specific number of hours per week.

13. **Bereavement leave:** two days paid leave for each occasion on the death or serious illness of a member of the employee's immediate family or household.

14. **Parental leave:** 52 weeks of unpaid leave for permanent employees and eligible casual employees.

15. It is also important for practices to be aware that a new government funded paid parental leave scheme is to take effect from 1 January 2011 entitling working mothers who have assumed primary care responsibility for a newly born child 18 weeks paid leave at the federal minimum wage. GP practices should ensure they keep updated and informed on these changes closer to 2011.

Community Service: unpaid community service leave to undertake an eligible community service activity such as volunteer bush-fire fighting

Jury duty: up to 10 days make-up pay to an employee performing jury duty

A right to request flexible working arrangements:

employees have a right to request flexible working arrangements to care for children under school age. An employer may only refuse a flexible working arrangement request only on reasonable business grounds. If refused the employee may make a discrimination claim. Keeping in mind the operation of discrimination law, employers will need to handle any denial of a request sensitively.

Further nursing contract information can be obtained from the following websites. Please check that information has been updated regularly following the introduction of the FWA as further changes may still be made.

Department of Health and Ageing <http://www.health.gov.au/>

AGPAL <http://www.qjp.com.au/>

Australian Medical Association <http://www.ama.com.au>

2.5.4 Remuneration

As of 1 July 2010, following the commencement of the FWA, minimum rates of pay will be included in modern awards. Fair Work Australia will review minimum wages each year having regard to social and economic factors. The new rates of pay will take effect on or before 1 July each year.

During the transition period the minimum remuneration will depend on whether a Federal Award, or a transitional instrument applies. The applicable industrial instrument will set the minimum remuneration for the practice nurse.

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. Employing a nurse with appropriate skills, knowledge and experience will require a competitive remuneration package. A nurse's individual skills and experience and further qualifications may also need to be considered during salary negotiations.

SECTION TWO: For the employer

Alternatively, a contract or enterprise agreement can be prepared and applied.

An enterprise **agreement** is a document containing all the conditions of employment and clauses that apply to that practice only. It must not be less than the minimum conditions and you may employ and remunerate over and above those conditions and any relevant award.

Individual contracts can also be used. Each staff member would have their own 'contract' of employment referring to their particular conditions and remuneration. These conditions cannot be less than the minimum conditions; however the practice may use conditions and remuneration over and above the award.

Conditions of Employment

For information about salaries and conditions of employment visit the website of the Australian Nursing Federation branch in your state or territory.

www.anfvic.asn.au

www.nswnurses.asn.au

www.actanf.org.au

www.anfwa.asn.au

www.anftas.org

www.qnu.org.au

www.sa.anf.org.au

www.anfnt.org.au

Further information may be accessed through ANF national website <http://www.anf.org.au>

Contract/award/agreement

Each Australian state has a minimum pay rate and conditions that will need to be met. Access current information by referring to <http://www.wagenet.gov.au> or calling Wage Line 1300 363 264 – NSW, VIC, TAS, ACT, NT

1300 369 945 – QLD

1300 365 255– SA

1300 655 266 - WA

See also the AGPAL site: http://www.qip.com.au/library.asp?aqid=1&libid=42&cat_id=168

Other relevant employment information

Superannuation

To find all the information on superannuation and employment log on to <http://www.ato.gov.au/super/>

Occupational health and safety/Workcover

www.business.gov.au

www.workcover.qld.gov.au

www.worksafe.nt.gov.au

www.workcover.tas.gov.au

www.workcover.nsw.gov.au

www.workcover.sa.gov.au

www.workcover.wa.gov.au

www.workcover.vic.gov.au

www.workcover.act.gov.au

Discrimination law

Both federal and state/territory discrimination law will apply to the GP practice and the employment of the practice nurse. A good starting point for further information is the Human Rights and Equal Opportunity Commission website www.humanrights.gov.au

Three federal laws – the Sex Discrimination Act, the Racial Discrimination Act and the Disability Discrimination Act – prohibit an employer from discriminating either directly or indirectly when employing staff on the grounds of sex (including pregnancy and childbirth) or sexual orientation, colour, age, race or disability, religious or ethical beliefs, family, marital or employment status, ethnic or national origin, political opinion, gender identity, and breastfeeding.

The text of these laws can be found at the following Links:

http://www.austlii.edu.au/au/legis/cth/consol_act/sda1984209/

http://www.austlii.edu.au/au/legis/cth/consol_act/rda1975202/

http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/

2.5.5 Advertising, interviewing, and selecting a practice nurse

Position description

A written position description including relevant selection criteria should be developed based on the identified needs within your practice. The position description should describe the duties and responsibilities of the position. The position description and selection criteria should differentiate between essential and desirable criteria and the practice should have an understanding of how this criterion will be assessed at the interview stage.

To begin the development of, or to review an existing position description, practice staff should answer some questions regarding the role and expectations of a nurse in your practice. The aim is to clarify selection criteria for the position such as specific skills and professional attributes. Questions to consider as well as examples of position descriptions are included in the templates in section 2.11 of this guide.

Advertising for a GP nurse

Positions in general practice can offer the nurse opportunities to use their training in new and different ways not available in the more traditional hospital based setting. It can also offer nurses the opportunity to develop new and interesting skills in such tasks as preventive health services, administration and patient health management.

The following tips on advertising for a practice nurse are taken from the Melbourne Division of General Practice nurse recruitment kit.

Advertising a position is an opportunity to 'showcase' the range of skills and duties associated with the role of a clinic or practice nurse in your practice. Make your advertisement attractive and interesting; tell the nurse why they would want to work in your practice (remembering the attributes of working in the general practice setting, which might make working conditions attractive to the nurse).

It is also important that any advertisements for a practice nurse do not use stereotypical or discriminatory language or discriminatory requirements, for example, 'practice nurse, female, age 30'. If length of experience, age or gender is an essential requirement for the advertised position it is important that these criteria are justified and are not arbitrary. The practice should protect themselves and ensure that individuals involved in the recruitment process are aware of equal opportunity and anti-discrimination principles and legislation. A good point of reference is the Human Rights and Equal Opportunity website at: <http://www.hreoc.gov.au/>

Constructing an advertisement

The information that is contained in an advertisement will largely determine the number and quality of applicants that respond to the position. Providing specific details of the position will indicate that the practice has prepared for the process and will assist in answering the questions of potential applicants.

The following key information could be included in an advertisement:

- position title, and level if applicable
- practice locality(s)
- members of the general practice team
- employment hours over a week
- contact information for a copy of the Position Description
- closing date for applications
- selection criteria that may include:
 - registered (enrolled) nurse licensed to practice in (state/territory)
 - current driver's license (if required)
 - experience working in a primary health care setting
 - experience working with older people and people with chronic illness
 - experience working as part of a small team
 - excellent communication skills
 - other specific qualifications if required such as asthma educator, diabetes educator, Pap smear training.

As well as presenting key information, a good advertisement will also be eye-catching and inviting, and use positive wording.

Placement of advertisements

In order to attract the best candidate for the position, advertise as widely as possible (within the allocated budget) and use a number of avenues.

Newspapers

Most applicants seeking new positions refer to the major weekend and local papers. Often there is a special section for health personnel and your advertisement is best placed in this section.

Internet sites

The internet sites such as www.mycareer.com.au or www.seek.com.au are popular recruitment sites. A nursing specific site is www.nursingjobs.com.au and the Australian Practice Nurses Association also advertises job vacancies at www.apna.asn.au

SECTION TWO: For the employer

General practice network

Your local network member organisation may advertise vacant positions.

Responding to enquiries, applications

Set time aside to respond to questions from applicants over the telephone or emails. Follow up with:

- an expression of interest letter
- the position description
- an employment application form.

(Examples and templates shown in section 2.11 of this resource.)

Keep a record of the name and contact details of each applicant who has expressed an interest in the position.

The interview

Before the interview a number of things need to be organised:

- develop a selection criteria checklist (see template, section 2.11)
- choose a shortlist of candidates to interview from the applicants
- develop interview questions (see template, section 2.11)
- develop referee questions (see template, section 2.11).

Step 1 Review all applications

Set aside time to thoroughly read all applications.

- Has all requested information been supplied?
- Use a selection criteria checklist based on the essential and desirable criteria for the position.

Review:

- experience relevant to the position
- experience matching the position description
- evidence of professional and relevant personal achievements
- tone, style and construction of the letter and curriculum vitae/resume
- inclusion of referee names and contact details.

Step 2 Create a shortlist

Select those applicants who meet the selection criteria, have an appropriate and explainable work history, and who may have other attributes that adds to their application, for example a non-English language. Reduce the number to be interviewed by a continuing process of elimination. It is preferable and an efficient use of time for several applicants (at least two to three) to be short-listed for interviewing where possible. It is important to be consistent, unbiased and fair when short listing applicants. It is advisable to keep written reasons for all decisions made throughout the recruitment process in the event of any future legal claim or dispute arising from any stage of the recruitment process.

Step 3 Prepare for the interview

The interview provides an opportunity to demonstrate the professionalism of your practice. It is therefore important to prepare for the interview ahead of time.

Convene an interview panel: the interview panel should comprise the practice manager, at least one general practitioner and ideally a nurse. Your network member organisation may be able to assist with a nurse representative. There should preferably be more than one and no more than three panel members. Provide all panel members with a copy of the job description, selection criteria and applications from the interviewees ahead of time so that any clarifications can be discussed where required.

Schedule the interview: identify an appropriate location for the interviews, preferably at the practice so that the applicants can understand the type of work environment where they might be employed. Check if there is a need for any specific arrangements such as physical access or interpreters. Allocate enough time to interview each applicant and for them to ask any questions they have. Leave a short period of time between interviews so that panel members can discuss each applicant and complete documentation.

Develop interview questions: panel members should document or rate each applicant's responses to a set of questions. The questions should relate to the job description, essential and desirable criteria and should not be stereotypical or discriminatory.

To enable the applicant to introduce themselves, start with general questions about the applicant's interest in the position. Develop questions that allow the applicant to demonstrate to you their experience in applying skills or knowledge, for example 'Give us an example of a time when you....' Develop questions that will enable the applicant to tell you of specific experience,

skills or training. Ensure that there is consistency and fairness in the questioning of all applicants and that the questions focus on the requirements of the position. The interviewers should refrain from making assumptions or stereotyping individuals based on individual characteristics and should not ask invasive or irrelevant questions, for example 'do you intend to have a family'. It is important that interviewers are aware of relevant equal opportunity and anti-discrimination laws. It may also be useful to develop a case scenario that is typical of the problem solving required of a nurse in your practice. (See interview questions template, section 2.11)

Prepare for candidate questions: have to hand information that candidates may ask questions about including conditions, pay structure and professional development.

Develop referee questions: referee input is an important part of the recruitment process and referees should always be contacted before a position is offered to a candidate. Develop questions that are related to the selection criteria and the professional attributes required for the position. Include questions that will establish when the referee employed/worked with the applicant, period of time employed and the level of skills required and demonstrated in that position. (see sample questions template, section 2.11)

The interview

A well-structured interview will proceed as follows:

- Welcome, introduction of the panel, outline of how the interview will progress including when the applicant can ask questions about the position. Ensure that the applicant is comfortable.
- Questions – prepared questions are then asked, including probes where clarification is required. Clarification can include: 'Give us an example...', 'Can you tell us more about...', 'How would you go about...'
- Invite questions from the applicant.
- Advise the applicant of the process that will follow the interview, timelines, notification of unsuccessful applicants, referee and police checks (if required) to be conducted for the preferred applicant(s).
- Sight current original registration.

At the completion of each interview, panel members can briefly discuss each applicant and complete documentation. The panel should review their responses and documentation and select a preferred candidate(s). Before any offer is made, verbal or written, references and police checking (if required) should be completed. Interviewers should keep detailed written notes on each of the applicants.

It is good practice for records of each candidate to be held for a 12-month period. Although unlikely, a candidate has the right to contest the decisions during this time frame. Under the Privacy Act candidate may also ask to see any information you hold on them including interview panel documentation.

Reference checks

Preferred candidate(s) employment history and experience should be checked. Telephoning the referee is the most reliable way of gaining accurate information. Clearly identify yourself to the nominated referee and establish if it is a good time to talk with them or if you will need to call back at a more convenient time. Outline the position to the referee and then evaluate the referee's ability to provide accurate and relevant information by asking about their contact with the applicant. For example:

- How long since the referee employed/worked with the applicant?
- Did the past position require the same level of skills?
- What was their working relationship with the applicant?
- Period of time the applicant was employed? (see template, section 2.11)

Police check

The requirement for suitability checks for staff and volunteers working with children and young people varies greatly across Australia. The following internet site of the National Child Protection Clearing House, is provided as a guide to obtaining information on police clearances and checks. Links are provided where possible, and it is suggested that the relevant organisations are contacted for additional information.

For information: Police clearances and checks – National Child Protection Clearinghouse <http://www.aifs.gov.au/nch/policechecks.html>

Having completed the recruitment process and prior to notifying the successful applicant, the practice should undertake a police check on the preferred applicant if this is required in your state or territory. Police checks may take several weeks to obtain so allow time within the recruitment process.

At this stage you may notify the preferred applicant that pending the outcome of the police check they will be offered the position.

SECTION TWO: For the employer

Informing unsuccessful candidates

If requested, unsuccessful applicants may ask for feedback. It is important that the practice provides constructive feedback to applicants based on the advertised selection criteria. It may also be advisable to defer sending letters to unsuccessful candidates until you have received an acceptance of your offer by the preferred candidate.

If the interview process identified several candidates suitable for the position you may consider contacting them and asking them if they would be interested to be on an eligibility list that the practice would use if a position became available over the next six months. This way valuable time and resources can be saved should further recruitment be required.

You may also consider asking suitable candidates if their names and contact details can be forward to the local division of general practice to go on a database of nurses seeking work in general practice.

(See templates, section 2.11)

Appointment process

On completion of the interview process advise the preferred applicant by telephone of the offer and inform them that you will forward a Letter of Offer stating the Award and conditions that they will be employed under. If not a respondent to an Award, you will need to supply an individual contract setting out remuneration and conditions (see 'Industrial instruments that govern the employment conditions of practice nurses' in section 2.5.2). Include with the letter of offer the position description for their agreement and signature. At this time you may also request staff employment details such as tax file number, bank branch and account numbers for salary payments, emergency contacts details etc to be kept on the staff file at your practice.

(See templates, section 2.11)

Probationary period

New staff can be employed on a probationary period. The probation period will have been notified in the position description, at interview and will be specified in the employment contract. The probationary period is usually for three months but can be up to six months. A longer probation period may be determined by written agreement between the nurse and the practice prior to the practice nurse commencing employment. If the practice wishes to include an option of extending the probation period if it considers it necessary, this should also be included in the employment contract.

The probationary period is a time when both the employer and employee are working towards making the partnership a success. Regular meetings should be held between the new employee and their manager over that three-month timeframe to review how the employee is performing in the position. The employee must be given the opportunity to ask questions and to express any concerns they have about the workplace. If either party has problems, these must be addressed. For example, if an employee is not performing a duty correctly they must be shown the correct way, several times if necessary. The employee must then be given the opportunity to demonstrate improved performance. If there is no improvement the employee must be informed that it may affect their on-going employment. If their behaviour or conduct is inappropriate this must be addressed in the context of their work. These meetings should be documented.

Employees can be dismissed during the probationary period where they have not shown capacity to perform the work satisfactorily despite having been given training, support and sufficient time to improve.

It is important that adequate support and orientation to your practice is available to the new employee. Planning for the induction and orientation period will provide the employee with an introduction to your practice and increase their efficiency in the first few weeks and demonstrate the professionalism of your practice. Your local general practice network may be able to assist with information and resources pertinent to the practice nurse's duties and may be able to source an experienced practice nurse to support your new employee.

2.6 Induction and orientation guide

This section of the resource is designed to provide you with support and information for the induction and orientation of the nurse newly recruited to your practice.

It also includes professional issues related to:

- scope of practice and supervision of an enrolled nurse (RN Division 2 in Victoria)
- competency standards
- professional development
- performance review.

An induction checklist is provided.

Please note that just as you may not have employed a nurse for your practice previously and therefore need to plan for the changes that will occur, the nurse recruited to your practice may not have worked in general practice before. It will represent a significant and exciting change for the nurse who will need to learn about the practice population, how general practice is conducted, the associated systems, and how the general practice clinical team will work together. You will need to take this into account.

Orientation information:

When employing a nurse in general practice appropriate infrastructures will help sustain the nurse's position.

This might include:

- guidelines of administrative structures and processes such as lines of authority
- human resource management, for example, position descriptions, how to apply for leave, etc
- provision of appropriate work space and equipment
- information and record management systems within the practice
- a safe environment
- quality assurance processes
- support from the employer for professional learning and development, such as the opportunity for relevant continuing education
- a practice based policy manual.

Induction process

Prior to commencement: ensure that a contract of employment has been received; agree with the new employee on a start date and time and contact person. Prepare an agenda for the first day's activities and arrange for introductions to staff and times for meeting other staff involved in the induction. A plan for the first three months should also be prepared at this time.

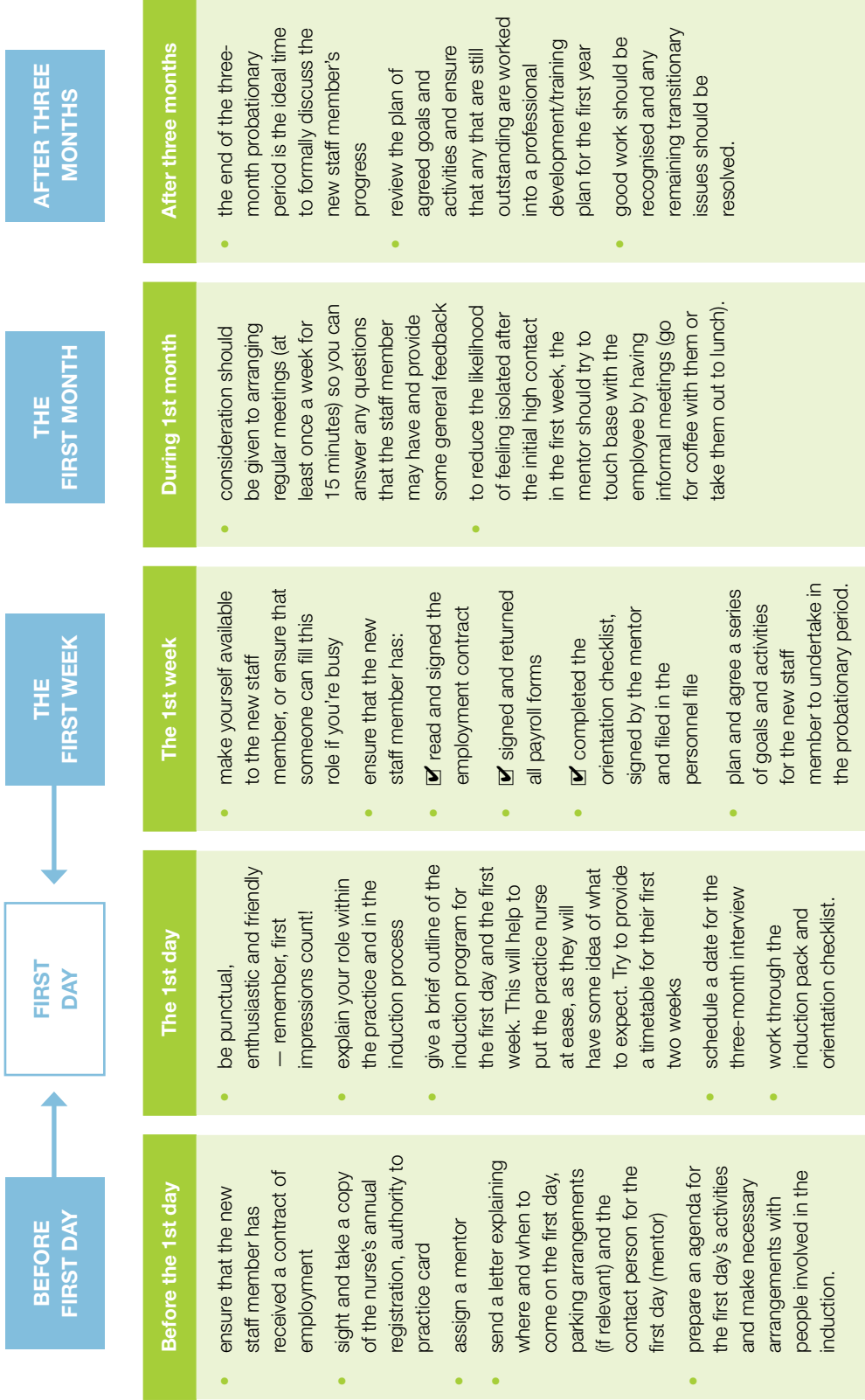
The following induction checklist provides an overview and details of an induction plan.

Induction checklist

The induction checklist provides structure and guidelines for the induction period. It is a checklist of tasks and information that should be followed by the practice to ensure the newly employed practice nurse has been provided with all the necessary information to be able to undertake his or her role effectively. The checklist is available in electronic form so it can be tailored to the specific needs of your practice (see templates, section 2.11). An overview of the suggested induction process covering the first three months follows:

SECTION TWO: For the employer

Induction Process



2.7 Professional issues

Scope of practice and supervision

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

Nurses working in general practice may be either registered or enrolled nurses (RN Division 1 and Division 2 in Victoria). 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. Most state and territories have legislation that requires enrolled nurses to be supervised by registered nurses. In South Australia enrolled nurses can apply for exemption from the requirement of supervision by a registered nurse (http://www.nursesboard.sa.gov.au/pdf/Enrolled_Nurse_Working_Without_Supervision.pdf).

Further information regarding supervision of the enrolled nurse can be found at Australian Nursing and Midwifery Council - Position Statements and Guidelines. http://www.anmc.org.au/research_policy/position_statements.php

Authority to practice as a registered or enrolled nurse

Each Australian state and territory has a statutory authority responsible for the registration of nurses and midwives, the authorisation of nurses and midwives to practice as nurse practitioners and midwife practitioners respectively, and for the enrolment of nurses in that state.

Nurses are required to renew their registration or enrolment with the statutory authority on an annual basis.

The minimum essential qualifications to be held by a nurse employed in general practice are registered nurse and enrolled nurse. Enrolled nurses are associates to registered nurses and work under the direction and supervision of registered nurses, and where appropriate registered midwives.

Registered nurses

A person who has undertaken a bachelor level education program of not less than three years, or prior to 1985, have successfully completed a hospital based registered nurse training program. They must be currently licensed to practice nursing in an Australian state or territory.

Enrolled nurses

A person who has undertaken a shorter program of education (usually in a vocational education setting, eg TAFE), and is licensed as an enrolled nurse (Division 2 in Victoria) in an Australian state or territory Nurses Act, to provide nursing care under the supervision of a registered nurse.

Enrolled nurses working in general practice

Enrolled nurses work under the direction and supervision of a registered nurse, consistent with the ANMC's National Competency Standards for the Enrolled Nurse. Where a medical practice or any other organisation requires only one nurse, this should ideally be a registered nurse. If additional nurses are employed it may be appropriate to employ enrolled nurses. This would however depend upon the knowledge and skills required for the particular position, the ability of the registered nurse to provide adequate supervision, to delegate nursing care, to undertake an overall assessment of patients' needs and the enrolled nurse's abilities.

How to check a nurse's authority to practice

Registered nurses, registered midwives and enrolled nurses are issued certificates of registration and enrolment when they initially register or enrol. In order to continue in practice, each year nurses and midwives are required to obtain an **authority to practice** for a further year. Nurses and midwives who hold current registration or enrolment will be able to show a current authority to practice (card) to an employer or other person who requests it. This shows the name under which the person is registered and the period of authorisation to practice.

Employers are advised to sight a potential employee's or contractor's original authority to practice card to ensure it is current, and to verify the identity of the cardholder. Once employed, this needs to be sighted annually⁵. It is advised to keep a photocopy of the nurse's current authority to practice card in their personnel file and to replace this annually at the date of renewal.

Any person may contact a registration board to inquire whether a person of a particular name is entered in the Register of Nurses, Register of Midwives or Roll of Nurses.

SECTION TWO: For the employer

Contact:

- Nurses and Midwives Board New South Wales
<http://www.nmb.nsw.gov.au/>
- Health Professionals Licensing Authority, Northern Territory.
http://www.nt.gov.au/health/org_supp/prof_boards/prof_licensing_auth.shtml
- Nurses Board of South Australia
<http://www.nursesboard.sa.gov.au/index.html>
- Nursing Board of Tasmania
[http://www.nursingboardtas.org.au/nbtonline.nsf/\\$LookupDocName/home](http://www.nursingboardtas.org.au/nbtonline.nsf/$LookupDocName/home)
- 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.nursesboard.act.gov.au/>

2.8 Competency standards and continuing professional development

Competency standards for nurses in general practice

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 the regulatory authorities to assess performance in order to obtain or retain a licence to practice
- by the regulatory authorities to assess nurses involved in professional misconduct matters
- by higher and vocational education authorities who use competency standards as a framework for course development
- by employers who use competency standards 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.

In 2005 the Australian Nursing Federation (ANF) released 'Competency Standards for nurses working in general practice'. 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

These standards are designed to 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 www.anf.org.au/nurses_gp

Continuing professional development

Continuing professional development (CPD) is a vital part of every nurse's career, keeping the nurse up to date in professional practice and ensuring safety and quality in patient care. In some states registration is dependent upon the nurse maintaining evidence of CPD. This may take the form of a system of accrual of Continuing Nurse Education (CNE) points. 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.

For further information link to:
<http://www.rcna.org.au/pages/cne/php>

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

Network member organisations 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 network member for local training initiatives, networks, resources, mentors
- the Australian Practice Nurses Association for the Practice Nurse Scholarship Scheme and other training programs
- the Australian Nursing Federation for information on seminars and training

- the Royal College of Nursing, Australia for the 3LP Program, and information on education providers and programs in each state including postgraduate university courses, and various scholarship schemes
- the College of Nursing (Incorporating the College of Nursing NSW) for Practice Nursing An Introduction and other relevant programs.

2.9 Performance management appraisal tools

The aim of performance management (or review) is to regularly review and assess staff performance against relevant criteria. These criteria will include the practice nurse job description and the 'Competency standards for nurses working in general practice' (www.anf.org.au/nurses_gp). It also provides an opportunity to identify professional development needs including training and mentoring.

By referring to the duties and responsibilities set out in the practice nurse job description position, 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 areas of specific skills or knowledge that employer or supervisor and the practice nurse agree will be the focus of the work of the practice nurse and the professional development of this individual employee.

Performance management also allows for formal acknowledgement of achievements. While an annual review date may be set where both the employer/supervisor and the practice nurse prepare beforehand to review their work performance, regular brief meetings can support the nurse with feedback and information that will enhance practice efficiency and quality. This is important during the initial orientation of the nurse to the practice.

In order to provide a consistent approach to performance management, and to provide a means to plan for and document performance review and development needs, a performance appraisal tool can be used. It will then formalise and provide clear direction of what goals are to be achieved within the position and the means for achieving them. It is a good idea to initiate the performance review process in the second or third week of induction. A further schedule of review can then be timetabled according to the practice needs.

SECTION TWO: For the employer

Performance review can include self assessment, peer assessment, as well as employer assessment.

Templates for assessment tools are part of the ANF's '*Competency standards for nurses working in general practice*' (http://www.anf.org.au/nurses_gp).

2.10 Where to find additional information

Australian General Practice Network
www.agpn.com.au

Australian Nurses Federation
www.anf.org.au

Australian Practice Nurses Association
www.apna.asn.au

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

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

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

Department of Health and Ageing
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-pcd-programs-nursing-index.htm>

TEMPLATES

The following templates may be downloaded and customised to your practice.

Template No.	Title
TEMPLATE 1	Questions to determine selection criteria
TEMPLATE 2	Employment application
TEMPLATE 3	Position description
TEMPLATE 4	Selection criteria checklist
TEMPLATE 5	Expression of interest letter
TEMPLATE 6	Letter of decline
TEMPLATE 7	Interview questions
TEMPLATE 8	Questions for referee
TEMPLATE 9	Letter of offer
TEMPLATE 10	Staff employment details
TEMPLATE 11	Induction checklist

SECTION TWO: For the employer

TEMPLATE 1 – Questions to determine selection criteria

This list of questions is designed to help determine your selection criteria. Be specific with the answers as they will be your requirements for the position and the person filling it. Asking all staff members to complete the survey can be a team building exercise as it may reveal any mismatch expectations that can then be addressed. Simply print out a copy for each team member and ask them to complete it.

Position held in practice

What do you expect filling this position will achieve for the practice?

How do you see this position complementing/supporting or involving your position?

Are you prepared to support the PN for learning and development?

What unmet needs are to be filled by this position for the practice and/or patients of this practice?

What skills will the candidate require to perform the role?

How will we know we have selected the right candidate?

How could this role evolve in the future?

TEMPLATE 2 – Employment application

This application form can be sent out with the position description and the Expression of Interest Letter to all candidates. It can help save time when canvassing applicants as much of the information required is on the application form. Remember these are guidelines only and you can add or delete information to suit your requirements.

Employment application

Applicant details

Full name:.....
 Postal address:
 Email:
 Contact numbers (Home)..... (Mobile)
 Drivers Licence Number:..... Use of vehicle: Yes No

State registration board

State Board holding your Registration:.....
 Registration Number:.....

Nursing qualifications

Basic Qualification:.....
 Awarding Institution and Year obtained:
 Other Post Basic/Graduate qualifications

Please indicate experience and /or training in the following areas:

Skill area	Experience and qualification
Phlebotomy	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
ECG	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Pathology – Other	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Annual Health Assessments	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Care Plans/ Case Conferences	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments

SECTION TWO: For the employer

Immunisation	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Asthma Management	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Spirometry	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Diabetes Management	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Mental Health	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Minor procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Wound Management	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Health Promotion	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Practice Management	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Sterilisation	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
IT skills	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments
Member of professional nursing organisations	<input type="checkbox"/> Yes <input type="checkbox"/> No List organisation
Other notable achievements	

Professional referees

Please provide the names and contacts of two professional referees who held positions senior to yours and have worked with you within the last five years.

Referee 1 Name:

Organisation and Position:

Contact Number:

Referee 2 Name:

Organisation and Position:

Contact Number:

Police check

The preferred applicant may be required to undergo a Police Check and if so an offer of employment will be subject to the outcome.

Illness/injury

Are you aware of any pre-existing injuries or illnesses or other circumstances that would prevent you from undertaking the requirements of this job as described in the Position Description.

No

Yes — Please describe below.

.....
.....
.....

Privacy disclosure

As in accordance with the Privacy Act all information provided by the Applicant and any consented information obtained by (Practice name) relating to the Applicant’s application will be held confidentially and shall be permitted for use only by authorised staff of (Practice name) within the context of determining suitability for the advertised position. Any information the Applicant has provided will be held by (Practice name) for a period of up to 12 months it will remain confidential and will not be disclosed without the Applicant’s prior written consent. At the end of the twelve month period it shall be treated as a confidential document and disposed of accordingly.

Applicant’s consent

I, the Applicant (*Full name of applicant*) hereby consent to the following:

I authorise (*Practice Name*) to obtain relevant information from the referees I have nominated in this application.

I authorise the (*Practice Name*) to seek confirmation of the information I have provided in this application from State Nursing Registration authorities, State Health Care Complaints Commission and any providers of education from which my stated qualifications have been awarded.

I understand and accept that any information provided by myself or obtained with my consent by (*Practice Name*) will be dealt with as set out in the above Privacy Disclosure.

I understand and accept that I may be subject to a police check for the purpose of determining my suitability for the offered position.

I declare all information I have provided to support this Application is true and correct. If for whatever reason the information supplied changes I will immediately notify the (*Practice Name*).

Full Name:

Signature:

Date:

SECTION TWO: For the employer

TEMPLATE 3 – Position description

With thanks to the Australian Nursing Federation Competency Standards Project, funded by the Australian Government Department of Health and Ageing

Sample job description for a registered nurse in general practice

Competency standards can be used as a framework for a job description for a nurse working in general practice. Note that not all the units of competency are included in this sample job description although nurses have a professional responsibility to meet all the units. The order of the units have been re-arranged and some examples have been changed to meet the needs of the specific general practice

Title: Registered nurse (registered nurse division 1 in Victoria)

Position profile: Providing nursing care to patients presenting at the general practice

Performance appraisal: three months after commencement and every 12 months thereafter

Key criteria

- Registered nurse licensed to practice in [state/territory]
- Current driver's license
- Experience working in a primary health care setting
- Experience working with older people and people with chronic illnesses
- Able to work as part of a small team
- Excellent communication skills with patients, their families and with the other members of the general practice team.

Reports to: for example: General practitioner managing the general practice

Job requirements

1. Demonstrates comprehensive and accurate knowledge and skills in providing episodic and ongoing care that is responsive to individual and group circumstances and environments.

- Conducts accurate comprehensive assessment of individuals and groups presenting without appointments to improve outcomes and minimise adverse events
- Assesses and develops health care plans that direct health care interventions and activities by others
- Provides care in the general practice environment as well as in homes and other community settings
- Identifies and provides comprehensive physical, psychosocial and emotional care for individuals and groups
- Conducts health care clinics
- Provides health care services in accordance with Medicare Benefits Schedule conditions
- Assists with minor procedures undertaken by the general practitioner.

2. Initiates and conducts comprehensive health maintenance and health promotion in partnership with individuals, groups and the general practice team.

- Undertakes health screening and health monitoring activities such as cardiac assessment including electrocardiographs and stress tests
- Involved in chronic disease management activities such as preparing a management plan, coordinating care, and providing education about self-help strategies

- Provides timely and accurate information and education
 - Undertakes care planning and reviews
 - Conducts immunisation, wound care and chronic disease management clinics.
- 3. Conducts diagnostic activities in collaboration with the general practice team.**
- Demonstrates proficiency in health assessment skills
 - Checks diagnostic results against client symptoms and previous results.
- 4. Provides evidence based information, resources and education to assist individuals, groups and families to make health care decisions.**
- Ensures that all information about chronic disease management, immunisation and wound care is accurate according to reliable sources
 - Considers the ongoing implications of the health of individuals and groups beyond the immediate episode of care
 - Regularly reviews and updates individuals and group information and resources.
- 5. Uses best available research to inform clinical care management.**
- Collaborates with the general practice network, general practice and health product provider representatives to access current information
 - Initiates changes to practice guidelines and protocols based on evaluation of research outcomes and evidence
 - Participates in research taking place in the general practice setting.
- 6. Coordinates and reviews programs, registers and systems to facilitate quality individual and group health care outcomes.**
- Ensures that recall registers, pathology systems and individual and group documentation systems are continuously reviewed to achieve optimal outcomes
 - Collaborates with individuals, groups, general practitioners, other general practice staff and health care providers in the development and review of guidelines, protocols or templates
 - Monitors infection control processes in the general practice including compliance with sterilisation guidelines
 - Maintains the cold chain systems and other medicine storage systems
 - Participates in practice accreditation processes.
- 7. Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.**
- Understands the funding, billing and business systems used in the general practice
 - Participates in practice accreditation processes
 - Updates practice and clinical policies and procedures.
- 8. Ensures clinical nursing decisions are communicated to the general practice team.**
- Appropriately refers clients to general practitioners
 - Collaborates with general practitioners to develop guidelines and protocols
 - Is actively involved in community meetings, case conferences and care planning.

SECTION TWO: For the employer

9. Participates in shared decision making about care delivery with individuals, groups and members of the general practice team.

- Attends and contributes to practice meetings
- Addresses safety and quality issues for individuals, groups, and others working in the general practice.

10. Recognises the need for ongoing education and training to maintain competence for nursing practice.

- Uses self assessment and peer review to regularly assess own competence for practice within the agreed scope of practice
- Identifies the need for updated knowledge base for practice
- Supervises both enrolled and other registered nurses, and students of general practice health care
- Educates nurses and students of general practice health care
- Maintains skills in cardiopulmonary resuscitation and other first aid required in the setting.

Employment conditions [insert relevant details]

With thanks to the Australian Nursing Federation Competency Standards Project funded by the Australian Government Department of Health and Ageing

Sample job description for an enrolled nurse in general practice

Competency standards can be used as a framework for a job description for a nurse working in general practice. Note that not all the units of competency are included in this sample job description although nurses have a professional responsibility to meet all the units. The order of the units have been re-arranged and some examples have been changed to meet the needs of the specific general practice.

Title: Enrolled nurse (registered nurse division 2 in Victoria)

Position profile: Providing nursing care to patients presenting at the general practice

Professional supervisor: Senior registered nurse in the general practice

Reports to: General practitioner, senior registered nurse

Performance appraisal: three months after commencement and every 12 months thereafter

Key criteria

- Enrolled nurse licensed to practice in [state/territory]
- Current driver's licence
- Experience working in a primary health care setting
- Experience working with older people and people with chronic illnesses
- Able to work as part of a small team
- Excellent communication skills with patients, their families and with the other members of the general practice team.

Job requirements

- 1. Demonstrates knowledge and skill in providing delegated episodic and ongoing care that is responsive to individual and group circumstances and environments.**
 - Provides clinical care to individuals as agreed with the general practitioners and the supervising registered nurse
 - Gathers relevant information from individuals and groups presenting without appointments and communicates this information appropriately to improve outcomes and minimise adverse events
 - Recognises when a more detailed assessment of individuals and groups is required and seeks registered nurse or general practitioner assistance
 - Follows protocols when conducting health assessments and reviews.
- 2. Collects and reports information about the health and functional status of individuals and groups.**
 - Demonstrates technical proficiency in measuring and documenting vital signs and test results such as blood glucose readings, urinalysis, wound and skin checks
 - Demonstrates accurate use of spirometry, electrocardiographs and other health care technologies
 - Assesses wound healing and exudate amount, type, and colour.

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3. Provides care for individuals and groups in consultation with the registered nurse and/or general practitioner.

- Follows care plans, protocols or treatment regimes
- Assists the registered nurse in conducting nurse led clinics
- Assesses wound healing and modifies dressing regimes accordingly
- Assists with minor procedures
- Assists with immunisation, wound care and chronic disease management clinics.

4. Liaises with the registered nurse and general practitioner in providing evidence-based health promotion and illness management information to individuals, groups and their families.

- Uses resources available within the practice to meet the needs of individuals and groups
- Provides information and resources according to the needs of individuals and groups
- Contributes to the review and update of information resources for individuals and groups.

5. Recognises the responsibility and implications of enrolled nursing practice in general practice including professional supervisory relationships.

- Accesses registered nurses for professional supervision:
- Involved in ongoing professional development

6. Recognises the need for ongoing education and training to maintain competence for nursing practice.

- Seeks out education and training opportunities when required to undertake new responsibilities
- Maintains skills in cardiopulmonary resuscitation and other basic first aid.

7. Uses relevant guidelines, protocols and systems as evidence for practice.

- Collaborates with registered nurses and general practitioners in development and review of guidelines and protocols.

8. Maintains programs, registers and systems to ensure appropriate clinical care provision.

- Contributes to the funding, billing and business systems in general practice
- Assists with maintaining the recall registers, pathology systems and documentation systems to assist in the care of individuals and groups
- Uses guidelines, protocols or templates developed by the general practice team
- Participates in quality improvement and general practice accreditation processes.

9. Manages resources to promote optimal care for individuals and groups.

- Manages stocks and stores used in the general practice
- Monitors cold chain systems
- Manages sterilisation procedures and maintains standards
- Documents to comply with standards such as those required for cold chain and sterilisation systems.

10. Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.

- Effectively uses administrative systems designed to assist with the care of individuals and groups
- Maintains clinical data systems including entry and retrieval processes.

11. Recognises when to seek advice from the registered nurse and general practitioner about the care of individuals and groups.

- Seeks advice when the needs of individuals and groups are beyond own abilities and education
- Understands the roles of community agencies and service providers.

Employment conditions: [insert relevant details]

SECTION TWO: For the employer

TEMPLATE 4 – Selection criteria checklist

Insert your practices key selection criteria, mandatory and desirable skills and any other criteria important to the position into the boxes. Those listed below are examples that you may wish to keep, add and delete as per your practices requirements. When you come to review applicants CVs and application letters tick the boxes for the requirements they do or don't hold. This format makes the final review and selection of applicants for interview easier as you can simply compare the information on the checklist.

Selection Criteria Checklist

Candidate's name:.....

Key selection criteria	Comments
Registered Nurse with current practising certificate of registration with Board of your state / territory	<input type="checkbox"/> Yes <input type="checkbox"/> No Request to view original certificate and not a photocopy at interview Registration number:.....
Member of a professional body	<input type="checkbox"/> Yes <input type="checkbox"/> No
Possess current drivers licence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrated patient-focused approach in service provision	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has worked in a team	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has worked independently	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shown commitment to ongoing professional development	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demonstrated ability to organise and prioritise	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential skills	
<i>Insert the skills you have identified in your practice position description. These are some examples</i>	
Experience working in a primary health care setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experience working with older people and people with chronic illness	<input type="checkbox"/> Yes <input type="checkbox"/> No
Experience working as part of a small team	<input type="checkbox"/> Yes <input type="checkbox"/> No
Excellent communication skills	<input type="checkbox"/> Yes <input type="checkbox"/> No

Desirable skills	
<i>Insert your list of desirable skills from your position description. These are some examples</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma educator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes educator	<input type="checkbox"/> Yes <input type="checkbox"/> No
Duties and responsibilities	
Knowledge of MBS, practice nurse items and Chronic Disease Management items	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowledge of accreditation process	<input type="checkbox"/> Yes <input type="checkbox"/> No
Knowledge of ACIR requirements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Clinical skills	List
Other notable, skills, experience, abilities	List

SECTION TWO: For the employer

TEMPLATE 5 – Expression of interest letter

This sample letter is appropriate to send to interested applicants. Simply complete the italicised areas and insert your letterhead.

Practice letterhead

(date)

(name)

(address)

Dear *Applicants Name*,

Thank you for your telephone call and expression of interest in the advertised Practice Nurse position.

Enclosed is a position description outlining Duties and Responsibilities and Key Selection Criteria for the advertised vacancy and an application form to be completed and returned. The Key Selection Criteria will be used to select applicants for interviewing. These criteria should be addressed and included in your letter of application and submitted along with your application form and curriculum vitae.

The closing date of the position is *(date)*..... and selections for interviewing will be made by *(date)*.....

If you are not successful, you will be notified by mail. Applicants selected for interview will be contacted by telephone to arrange an interview time.

If you would like to clarify any issues, obtain more information or arrange a visit please call *(name)*
on *(place contact number and hours here)*.

Yours sincerely,

Practice Manager's name

Enclosure (2)

TEMPLATE 6 – Letter of decline

This sample letter is appropriate to send to unsuccessful applicants. Simply complete the italicised areas and insert your letterhead.

Practice letterhead

(date)

(name)

(address)

Dear *Applicants Name*,

Thank you for application for the position of Practice Nurse, as advertised in the *(name newspaper or website)* on the *(date of advertisement)*.

The quality of applications was very high, and on this occasion, we regret to inform you that your application was unsuccessful.

In accordance with the Privacy Act and the Equal Employment Opportunity Act the information you provided will be held by (Practice name) for a period of up to 12 months. At the end of the 12-month period it shall be treated as a confidential document and disposed of accordingly.

Yours sincerely

Practice Manager's name

SECTION TWO: For the employer

TEMPLATE 7 – Interview questions

Use this sheet as a template for structuring interview questions. Use a common set for each candidate and then enter the specific questions you would like to ask individual candidates based on the information they have supplied in their application or CV.

The questions listed here are a guide only. Delete inappropriate/unnecessary questions and add your own. Enter spaces between each question to write notes during interview.

Candidate's name:

Interest in position

1. What is it about the position that attracted you to it?
2. Tell us what you think that you bring to the position.
3. Tell us about your experience relevant to this position.

Personal attributes

1. What is your greatest strength/greatest weakness?
2. Describe a work situation in which there was conflict between staff.
3. What was your role in trying to resolve it?
4. What did you learn from that experience?
5. How do you approach change?
6. Tell us about the most difficult situation that you have been in at work.
7. How do you adapt to working both independently and in a team?

Job experience

1. What aspects of your last/current job do you like least/best?
2. How would your present manager describe you as an employee?
3. In what areas do you feel competent/not competent with your skills and knowledge?
4. How have you updated your skills in the past?
5. What are your plans for further education?
6. What type of approach to problem solving works best for you?
7. Describe any innovative projects you may have initiated or been involved in.
8. What kind of challenges do you enjoy/dislike in your work?
9. What defines an enjoyable job for you?
10. How do you deal with non-compliant patients?
11. How would you describe your work style?

Other matters

1. We remind you of the Probationary Period that applies for the first three months of employment.
2. Are you aware of any pre-existing injuries or illnesses that would prevent you from undertaking the requirements of this job as stated in the Position Description?
3. Do you have any questions you would like to ask?

TEMPLATE 8 – Questions for referee

Use this sheet as a template for questions to be asked of the nominated referee.

The questions listed here are only a guide only. Delete inappropriate/unnecessary questions and add your own. Enter spaces between each question to write notes during interview.

Applicant's name:.....

Referee's name:.....

Position/relationship to applicant:.....

1. In what capacity do you know the applicant?
2. How long since the referee employed/worked with the applicant?
3. Ask previous employers to confirm dates of employment and title or job held
4. Did the last position require the same level of skills and behaviour?
5. What were the applicant's strengths and weaknesses in the position and areas for improvement?
6. What skills did the applicant possess that were key competencies of the position?
7. Ask referees to use four or five single words which best describe the applicant
8. Any unsatisfactory aspects of performance that could be relevant to the position for which they have applied?
9. How did they work in a team/individual situation?
10. Are there any reasons why you think that we should not employ this person?
11. Would you re-employ this person?

SECTION TWO: For the employer

TEMPLATE 9 – Letter of offer

This sample letter of offer is appropriate for offering the position to the preferred candidate. Simply complete the italicised areas and insert your letterhead.

Practice letterhead

(date)

(name)

(address)

Dear *(name)*

I have great pleasure in extending to you an offer of employment as a practice nurse under the terms and conditions described below.

All conditions of employment are as per the attached contract/certified agreement

Your duties will be as per the attached Position Description.

All members of the practice are required to abide by the practice policy for maintaining privacy in accordance with the Privacy Act 2001 and the National Privacy Principles.

Please read this letter carefully and any attached documents. If you have any questions or queries please don't hesitate to call on *(phone number)*.

If the above terms and conditions, including those set out in the enclosed documents are acceptable to you and you wish to accept the offered position, please sign the copy of this letter and initial each page and return it to me by *(date)*. Please also complete, sign and return the enclosed Staff Employment Details and Position Description.

Please retain the original documents for your own reference.

We look forward to your commencement of employment and would like to take this opportunity to welcome you to the team. You will be supported in your new role with an induction period that will commence on your first day of employment.

Yours faithfully

(name)

for *(practice name)*

TEMPLATE 10 – Staff employment details

This template should provide you with all the administration details you will require when employing, however you can add or delete any information as required.

Staff employment details confidential

Personal details

Full name:

Date of birth:

Home address:

Mailing address (If different from above)

.....

Phone (Home):..... (Mobile):

Emergency contacts

First contact

Name:..... Relationship:

Phone (Work): Home:

Second contact

Name:..... Relationship:

Phone (Work): Home:

Doctor:..... Phone:

Known allergies or medical conditions, practice should be alerted to.

.....

Immunisation status

Received and completed childhood immunisation schedule

Yes No Don't know

Hep B Date immunised..... Booster required Yes No Date of Booster

Hep A Date immunised..... Booster required Yes No Date of Booster

Tetanus Date immunised..... Booster required Yes No Date of Booster

Rubella Date immunised..... Booster required Yes No Date of Booster

Pertussis Date immunised..... Booster required Yes No Date of Booster

Influenza Date immunised.. Annual inoculation required Yes No Date of Inoculation.....

Year of last chest X-ray:.....

SECTION TWO: For the employer

Banking details for EFT of wages

Bank:.....
Address:..... Phone:.....
Account name:.....
BSB Number:..... Account number:

Tax details

Under the Privacy Act you do not need to supply you TFN however you will be taxed at a higher rate.

Tax File Number:.....

Superannuation

Nominated Superannuation Fund:.....
Address:.....
Phone number:

Fund account number:

Evidence of registration

State registration held in:.....
Registration number:

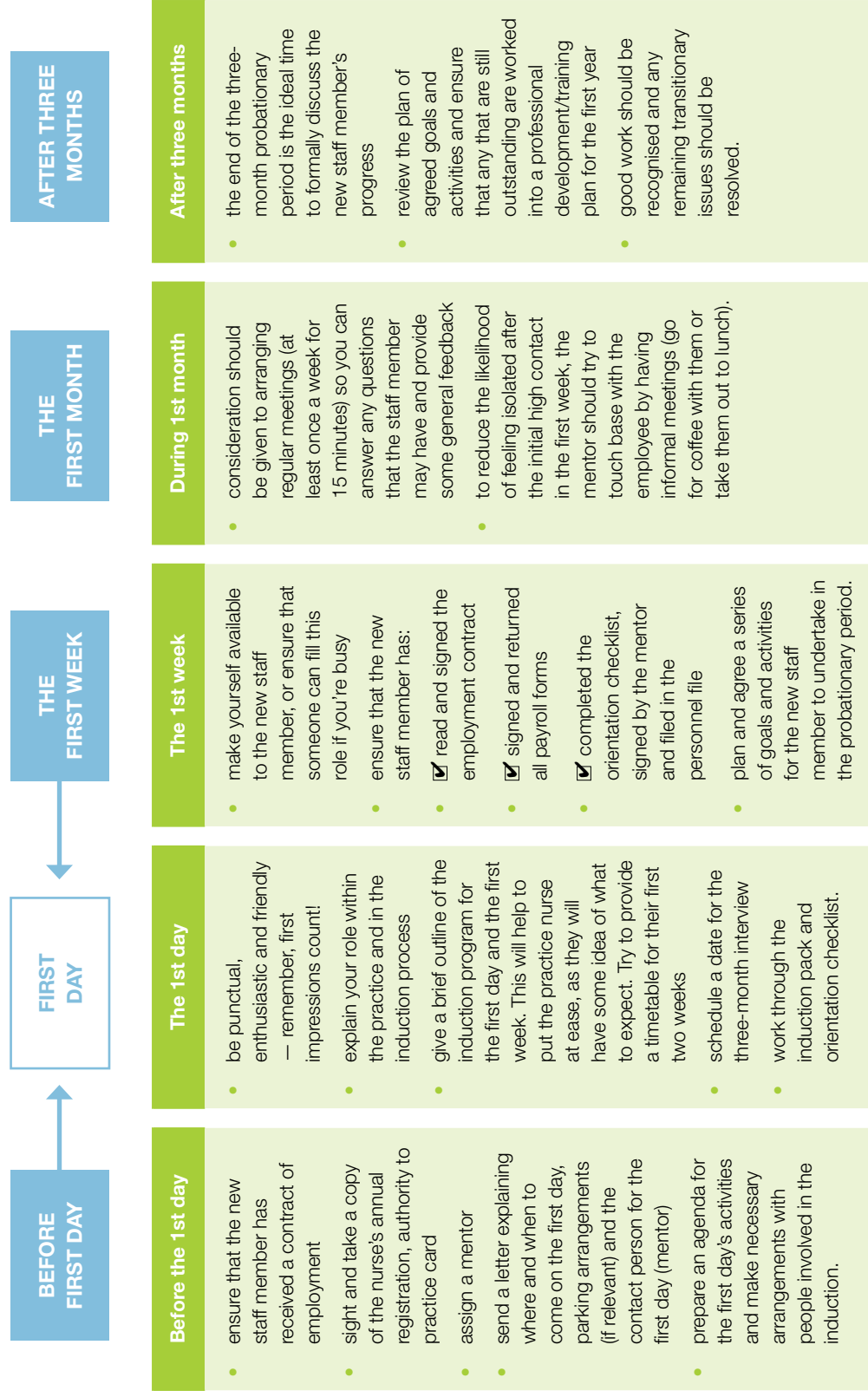
(Ensure photocopy of current registration is filed and thereafter annually)

I have read and understood this letter and hereby accept the offer of employment under the terms and conditions stated above.

..... / /

(signed) (date)
(employee name)

TEMPLATE 1 1: Induction checklist



SECTION TWO: For the employer

Induction checklist

A successful practice nurse induction program should cover the items listed below. At the completion of the program, each role should have ticked off each blue square in their column. Note.: the same person may fill more than one role. For example, the practice manager may fill the roles of both mentor and supervisor.

(This is a generic checklist. The information provided in the checklist above provides examples only. To tailor the checklist for the individual needs of your practices and newly employed staff member simply add or delete information.)

ME — Mentor	SU — Supervisor	PM — Practice Manager	RE — Receptionist	Responsibility			
				SU	ME	PM	RE
Area	Item	Key Point to Cover	Reference Documents	SU	ME	PM	RE
Before the first day	Letter of offer	Send letter of offer to new practice nurse Copy to practice manager					
	Personnel file	Set up personnel file, sight and take a copy of the nurse's annual registration, authority to practice card. A copy of the renewed registration card should be sighted and a copy retained in the file annually.					
	Induction package	Compile induction package					
	Set up desk	Stationary, name badge, etc.					
	Assign mentor	Choose a person with a good knowledge of the practice and who best matches the skill set of the new staff member					
	Allocate lockers, passwords, etc.	Ensure that a locker (and key) is allocated, if appropriate, together with any computer and security passwords or codes.					

ME – Mentor	SU – Supervisor	PM – Practice Manager	RE – Receptionist	Responsibility				
Area	Item	Key Point to Cover	Reference Documents	SU	ME	PM	RE	
The first day	Meet and greet	Mentor to greet and welcome the new staff member						
	Introduction to team	Introduce the doctors and staff	Contact List					
	Practice overview	Provide a description of the practice, its structure and philosophy. Profile the number of patients and the patient demographics such as age and type of patients. Also cover practice culture.						
	Induction program	Provide the new staff member with an overview of the induction program. Arrange regular meeting times for first week. Each day at (time)						

SECTION TWO: For the employer

ME — Mentor	SU — Supervisor	PM — Practice Manager	RE — Receptionist	Responsibility			
				SU	ME	PM	RE
Area	Item	Key Point to Cover	Reference Documents	SU	ME	PM	RE
The first day	Authority	Advise new staff member on who has responsibility and authority for different areas in the practice					
	Practice tour	Location of facilities — toilets, lunch room, notice boards, emergency exits, location of extinguishers and their use and any other fire equipment					
	Supervisor	Advise who will be the new staff member's supervisor					
	Working hours and Leave Entitlements	Advise new staff member on hours of work, policy/roster for weekend working and policy in relation to cover for other staff while on leave. Advise on policy for annual leave, public holidays, sick leave. Explain where leave and sickness forms are kept	Leave and sickness forms				
	Wages	Explain how to fill out time sheets, how wages are paid ensure you have bank account details and superannuation details					
	Office routine	Advise practice office hours and doctors hours. Opening and closing procedure for practice					
	Office equipment	Explain use of phones, faxes, photocopiers, system for taking messages					
	Security	Explain procedures for personal security, alarms systems, hold ups					
	Confidentiality Statement	Ensure that confidentiality statement has been understood and signed and emphasise that any breaches may result in immediate dismissal	Confidentiality Statement				
	Grievances	Discuss grievance procedure and provide a contact name for any grievances	Grievance Procedure				
	Accidents	Explain who accidents must be reported to and how they must be documented					

ME – Mentor	SU – Supervisor	PM – Practice Manager	RE – Receptionist	Responsibility			
				SU	ME	PM	RE
Area	Item	Key Point to Cover	Reference Documents	SU	ME	PM	RE
The first day	Uniforms	Discuss uniforms to be worn and any protective clothing.					
	Policies and procedures	Explain the location of the Practice Policies and Procedures manual and advise the new staff member to make themselves familiar with its contents during the first month	Policies and Procedures Manual				
	Occupational Health and Safety	Explain the location of the Occupational Health and Safety Manual and advise the new staff member to make themselves familiar with its contents during the first month	Occupational Health and Safety Manual				
The first week	Reception	Spend time shadowing and helping reception staff to gain a feel for the practice, the patients and some of the process					
	Records/filing	Explain filing system of itinerant, permanent, archived and deceased patient records. Filing of results x-rays pathology. Advise location of doctors' trays					
	IT Management	Spend time becoming familiar with the practice medical software in particular learn how to 'log in' set up recalls/reminders, make appointments, perform a client /data search, enter data.	Division IT Support Officer				
	Accreditation	Discuss status of practice within the accreditation process and identify responsibilities of practice nurse within the process.	Division Accreditation Support Officer				
	Practice management	Discuss practice nurse's responsibilities within the role of practice management.					
	Role of employee	Discuss role in areas such as infection control, sterilization, stock control, results processing and notification, ACIR, cold chain monitoring, immunization, health assessments, care plans, case conferences, diabetes, asthma, wound care.					

SECTION TWO: For the employer

ME — Mentor	SU — Supervisor	PM — Practice Manager	RE — Receptionist	Responsibility			
				SU	ME	PM	RE
Area	Item	Key Point to Cover	Reference Documents	SU	ME	PM	RE
The Second Week	Plan	Plan activities and nominate areas requiring further information and time to consolidate knowledge over the next and following weeks.					
	Division of general practice	Call your general practice network to establish contact with the network member practice nurse program leader or other network staff members. Request to be placed on their database and to be notified of upcoming practice nurse meetings					
	Clinical mentor	Organise time to spend with clinical mentor, either on site if experienced practice nurse available or off site at another practice with allocated clinical mentor	General practice network Nurse Coordinator can organise clinical mentor.				
The first month	Clinical duties	Commence clinical duties building up to a full work load over a agreed period of time					
	Activity planning	Discuss with new staff member expectations of the role. Identify key areas for learning over the next three months. Document on Activity Plan agreed areas	Practice Nurse Handbook				
The second month	Meeting	Discuss how induction period is progressing for both parties; address any identified issues					
The third month	Meeting	Discuss how induction period is progressing for both parties; address any identified issues. Complete probationary performance review if appropriate					
	Activity planning	Review the plan of agreed goals and activities and ensure that any that are still outstanding are worked into a professional development/training plan for the first year					

2.12 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>

2.13 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 AGPN, Business Case Package, 2006.
- 7 Australian Government Department of Health and Ageing (DoHA). Fact Sheet No. 1, Nurses in General Practice: Roles, 2001.
- 8 Australian Nursing and Midwifery Council. Consultation Document: Draft National Framework for Decision Making by Nurses and Midwives about Scope of Practice, 2006.
- 9 Practice nurse duty list adapted by Illawarra Division of General Practice from the Hunter Urban Division of General Practice 'Practice Nurse Recruitment Pack', 2003.
- 10 Royal College of Nursing, Australia. Nursing in General Practice -a guide for the general practice team, 2005.