

Table of contents

SECTION ONE

Acknowledgement	- 3 -
The Project Team.....	- 5 -
Funding	- 5 -
List of abbreviations	- 6 -
Introduction	- 7 -
Nursing in General Practice: Key national priorities	- 9 -
Why do you need a general practice nurse support program?	- 12 -
What strengthening Medicare will add to practice nursing	- 13 -
Demonstration Divisions	- 14 -
Benefits of divisional practice nurse support	- 15 -
Benefits for nurses include:.....	- 15 -
Benefits for general practitioners include:.....	- 15 -
Benefits and opportunities for divisions include:	- 16 -
Benefits for consumers.....	- 17 -
Brief overview of the Demonstration Division projects	- 18 -
Adelaide North Eastern Divisions of General Practice Group (ANEDGP).....	- 18 -
Canning Division of General Practice Group	- 19 -
Fremantle Regional Division of General Practice (FRDGP)	- 20 -
Hunter Urban Division of General Practice (HUDGP).....	- 21 -
Northern Tasmania Division of General Practice (GP North)	- 21 -
South East NSW Division of General Practice Group (SENSW DGP).....	- 22 -
Southern Metropolitan Region Divisions of General Practice (SMRDGP).....	- 23 -
Townsville Division of General Practice (TDGP)	- 24 -
Key elements of the projects	- 26 -
Important elements in providing a practice nurse support program	- 34 -
Board and Executive Officer approval.....	- 34 -
Identifying local needs and priorities	- 35 -
Level of division resources required.....	- 35 -
Some tips from the Demonstration Divisions:	- 37 -
Common enablers and barriers identified by Divisions of General Practice, general practitioners and practice nurses	- 38 -
Most commonly identified enablers.....	- 38 -
Most commonly identified barriers	- 39 -
Strategies for overcoming barriers	- 40 -
Frequently asked questions and answers	- 43 -

Case studies	- 46 -
Adelaide North East Division of General Practice Group.....	- 46 -
Mid North Rural Division of General Practice (SA)	- 48 -
Canning Division of General Practice Group (CDGP)	- 50 -
Fremantle Regional Division of General Practice (FRDGP)	- 52 -
Hunter Urban Division of General Practice (HUDGP).....	- 55 -
Northern Tasmania Division of General Practice (GP North)	- 57 -
South East NSW Divisions of General Practice Group (SENSW)	- 59 -
Southern Metropolitan Region Divisions of General Practice (SMRDGP).....	- 60 -
Townsville Division of General Practice (TDGP)	- 62 -
Useful references	- 65 -
Websites.....	- 65 -
Publications	- 65 -
List of references	- 66 -
Appendix one.....	- 67 -
Recruitment and retention	- 67 -
Professional development.....	- 74 -
Mentoring and support	- 78 -
Collaboration and partnerships	- 80 -
Promotion of practice nurses and clarification of roles	- 82 -
Teamwork and integration.....	- 84 -
Professional standards.....	- 86 -
Division support for practice nurse involvement in EPC, PIP and SIPs.....	- 88 -
Appendix two	- 91 -
Resources developed by the Demonstration Divisions.....	- 92 -

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 - Adelaide North East Division of General Practice
 - Northern Division of General Practice
 - Mid North Rural Division of General Practice
 - Yorke Peninsula Division of General Practice
- Canning Division of General Practice Group, incorporating
 - Canning Division of General Practice
 - Perth and Hills Division of General Practice, and
 - Easter Goldfields Medical Division of General Practice
 - Fremantle Regional Division of General Practice (GP Network)
- Hunter Urban Division of General Practice
- Northern Tasmania Division of General Practice (GP North)
- South East NSW Division of General Practice Group, incorporating
 - South East NSW Division of General Practice
 - ACT Division of General Practice
 - Riverina Division of General Practice
- Southern Metropolitan Region Divisions of General Practice (Melbourne) incorporating,
 - Monash Division of General Practice
 - Greater South Eastern Division of General Practice
 - Mornington Peninsula Division of General Practice
 - Dandenong and District Division of General Practice
 - Eastern Ranges Division of General Practice
 - South City Division of General Practice (GP Services), and
 - Central Bayside Division of General Practice
- Townsville Division of General Practice

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Bankstown	Monash	Adelaide North East
Western Sydney	Central Bayside	Adelaide Central & Eastern
Northern Sydney	Knox	Adelaide Southern
St George	Dandenong & District	Barossa
Liverpool	Eastern Ranges	Yorke Peninsula
Hornsby Ku-Ring-Gai Ryde	Mornington Peninsula	Mid North Rural SA
Sutherland	GP Association of Geelong	Riverland
Macarthur	Central Highlands	Eyre Peninsula
Illawarra	Central-West Gippsland	Murray Mallee
Hunter Urban	Otway	Adelaide Hills
Hunter Rural	Ballarat & District	Perth – Perth and Hills from 1/7/02
Shoalhaven	Bendigo & District	Perth Central Coastal
South East NSW	Goulburn Valley	Osborne
Port Macquarie	East Gippsland	Canning
Mid North Coast (NSW)	Border	Fremantle Regional
Northern Rivers	West Victorian	Rockingham/Kwinana
Tweed Valley	Murray Plains	Peel & South West
New England	Queensland Divisions of	Perth and Hills
Riverina	General Practice	Great Southern WA
NSW Central West	Brisbane Inner South	Kimberley
Dubbo Plains	Brisbane Southside Central	Eastern Goldfields
Barwon	Bayside	Mid West
Murrumbidgee	Logan Area	Greater Bunbury
Southern Highlands	Brisbane North	Pilbara
North West Slopes	Gold Coast	Central Wheatbelt
Nepean	Redcliffe-Bribie-Caboolture	Southern Region
Blue Mountains	Ipswich & West Moreton	Northern Tasmania
Hawkesbury	Toowoomba & District	North West Tasmania
General Practice Divisions of	Mackay Region	General Practice & Primary Health
Victoria	Townsville	Care NT
Melbourne	Cairns	Top End
North-East Valley	Central Qld Rural	Central Australian Division of Primary
Inner Eastern Melbourne	Southern Qld Rural	Health Care
Southcity (Inner SE Melbourne)	North & West Qld Rural	Australian Capital Territory DGP
Westgate	Far North Qld Rural	
Western Melbourne	Sunshine Coast	

The Project Team

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For further information regarding this project, please contact Julie Porritt phone (02) 6228 0820, email jporritt@adgp.com.au

List of abbreviations

ACIR	Australian Childhood Immunisation Register
ADGP	Australian Divisions of General Practice Ltd
AGPAL	Australian General Practice Accreditation Ltd
ANMC	Australian Nursing and Midwifery Council
ANF	Australian Nursing Federation
APNA	Australian Practice Nurses Association
CDM	Chronic Disease Management
CNE	Continuing Nurse Education
Division/DGP	Division of General Practice
DoHA	Australian Government Department of Health and Ageing
EN	Enrolled Nurse
EPC	Enhanced Primary Care
FTE	Full Time Equivalent
HIC	Health Insurance Commission
ICT	Integrated Care Team
MAHS	More Allied Health Services (Program)
MBS	Medicare Benefits Schedule
PIP	Practice Incentives Program
PSRNS	Practice Support Registered Nurse Service
SBO	State Based Organisation
SIP	Service Incentive Payment
SWPE	Standardised Whole Patient Equivalent
RRMA	Remote Rural Metropolitan Area
RCNA	Royal College of Nursing Australia
RACGP	Royal Australian College of General Practitioners
TAIS	Townsville Aboriginal and Islander Health Service

Introduction

The Demonstration Divisions Project aims to build on the experience in divisions of general practice (divisions) of supporting nursing in general practice and to ensure that all interested divisions are able to share in the knowledge, expertise and experience.

The Demonstration Divisions Project was funded by the Australian Government Department of Health and Ageing (DoHA), and has a number of key phases:

- The Demonstration Divisions are contracted by the DoHA to:
 - Document the range of model(s) and strategies used to support nursing in general practice.
 - Share information, experience and expertise in supporting nursing in general practice with other divisions of general practice by contributing to workshops, coaching and small group peer support and other divisional engagement strategies as agreed with DoHA.
 - Identify the key issues, barriers, and enablers for further building and sustaining the capacity of divisions of general practice to promote and support nursing in general practice.
- ADGP were engaged by the DoHA to:
 - Utilise the documented models and strategies of the Demonstration Divisions to prepare a national resource kit.
 - Co-ordinate and facilitate seven national workshops to enable divisions of general practice to share the experiences and learning's of the Demonstration Divisions and other divisions; and to encourage the establishment of support networks. Plan and facilitate a feedback workshop to be attended by the Demonstration Divisions and the Department of Health and Ageing, to present and discuss the key findings of the project.
 - Identify the key issues, barriers and enablers facing divisions to support nursing in general practice in the short, medium and long term.
 - The Centre for General Practice Integration and Studies UNSW (CGPIS) was contracted by ADGP to co-facilitate the national workshops, record and analyse the information that arose at the workshops and develop a report of key findings.
 - The National Resource Kit documents the experience and knowledge of the Demonstrations Divisions in establishing and maintaining practice nurse support programs. The Kit is designed to share the knowledge, experience and resources of the Demonstration Divisions with all other divisions in order to enhance the recruitment and support of nurses in general practice.

The Kit is divided into a number of sections and shares the accounts of the Demonstration Divisions in a number of ways:

- **Section one** provides some background to the Practice Nurse Initiative, National Programs and the role of divisions in practice nurse support programs.
- **Section two** provides a brief overview of the Demonstration Divisions Projects and the key elements of support provided. Greater detail on the Demonstration Divisions projects is provided in Appendix One, with snapshots of the projects provided throughout the Kit.

- **Section three** examines the important elements in providing a practice nurse support program and discusses some of strategies used by the Demonstration Divisions in overcoming challenges and barriers to implementation and ongoing support. This section also provides some of the most frequently asked questions from the National Workshops and the responses from the Demonstration Divisions.
- **Section four** includes a number of case studies illustrating the work Demonstration Divisions in the practice setting.
- **Section five** lists some useful references and websites.
- **Section six.** Appendix one provides a detailed account of the Demonstration Divisions projects and the work they have been involved in.
- **Section seven.** Appendix Two includes the contact details for the Demonstration Division personnel. Appendix Two also lists the resources developed by the Demonstration Divisions. These resources are available free of charge to all other divisions and are either provided in hard copy in the kit; provided in electronic form on the accompanying CD; or contact details are provided to order the resource direct from the division.
- **CD-ROM.** The CD-ROM accompanying your kit contains an electronic copy of the National Resource Kit including copies of the resources provided in the Kit.

The contracts for the Demonstration Divisions have been extended until 30th June 2005. The Demonstration Divisions are available to provide support, mentoring and expertise to other divisions to assist divisions to build their capacity to support nursing in general practice. Contact details for the Demonstration Divisions are included in Appendix One.

For further information regarding the information in the National Resource Kit or for assistance with your practice nursing program please contact one of the Demonstration Divisions or Julie Porritt, Principal Advisor for Nursing in General Practice email jporritt@adgp.com.au

Nursing in General Practice: Key national priorities

Since the 2001–2002 Federal Budget announcement of \$104.3 million dollars to encourage more general practitioners to employ practice nurses, the training and support component of the Initiative has been working on 'building blocks' to underpin the capacity of general practice. The National Workshop: 'Future Directions in Practice Nursing', held in July 2001, which included over 90 people from across government, nursing and general practice, aimed to inform the implementation of the Initiative. The short-term priorities for nursing in general practice were identified from the workshop outcomes. These included:

- ensuring general practice and nursing are well informed about the Initiative
- building the capacity of divisions of general practice to work with nursing in general practice
- ensuring training and upskilling options for both nurses and general practitioners working together are available and accessible through the RCNA, (Royal College of Nursing Australia) and RACGP (Royal Australian College of General Practitioners)
- developing networks for practice nurses and effective mentoring systems
- ensuring effective evaluation to monitor and guide further development.

Projects funded by the Australian Government under these priorities include:

1 Information for general practitioners and nurses

Strategies to inform general practitioners and nurses about the Initiative include:

- *Information kits* to every general practice, State Based Organisations (SBO's), key nursing, and general practice organisations. These kits aim to support the recruitment of nurses in general practice. They provide general practitioners with the nursing perspective on key issues such as registration and employment and provide handy contact details for further information. The kits were distributed to all general practices and divisions in March 2002 and are still available from the Australian Government Department of Health and Ageing (DoHA) website: <http://www.health.gov.au/pcd/programs/nursing/gpinfo.htm>
- *Guidelines and Application forms to access the Practice Incentive Program, (PIP)*. The Health Insurance Commission (HIC) distributed the forms and information, along with answers to common questions to all eligible practices in November 2001.
- *'Business cases'*. ADGP has developed a series of business cases, which aim to assist general practices in their assessment of the benefits and financial implications of employing a practice nurse.
- *Interactive Website*. The Australian Practice Nurses Association's (APNA) interactive website (www.apna.asn.au), is hosted by the ADGP, and has links to other useful sites, for general practitioners and nurses.

- *Consumer communication.* Recent research exploring consumer perceptions of nursing in general practice will be used to inform future communication strategies.

2 Nurses' access to training and upskilling courses

Developing the capacity of nursing to contribute to general practice relies on ensuring that appropriate educational courses are available and accessible to nurses. The RCNA and RACGP have been working together to scope the existing training and education available to practice nurses, and "map" these options against the work practice nurses currently undertake. This project has identified courses and gaps that need to be addressed in the development and training for practitioners.

The Australian Nurses' Federation (ANF) has been funded to develop competency standards for registered and enrolled nurses who work in general practice.

3 Nurses' networks and mentoring systems

Mentoring is a key factor in effective support for nursing in general practice. To ensure effective and sustainable mentoring systems, a national mentoring framework is being developed which will identify the existing mechanisms for linking practice nurses, and suggest options for addressing future needs. The mentoring options paper prepared by the Centre for Research into Nursing and Health Care, will inform the development of the framework. Extension of this project is underway which expands the concept of Mentoring to scope currently available professional support opportunities for nurses working in general practice and develop resources for the implementation of mentoring as a professional support strategy for nurses in general practice.

APNA has been funded for two years as the peak national body providing representation, support and networks for nurses in general practice at local, state and national levels.

4 Building the capacity of Divisions of General Practice

The Demonstration Divisions have been selected by the Australian Government Department of Health and Ageing (DoHA) to act as Demonstration Divisions to build the capacity of divisions of general practice to effectively support nursing in general practice. (As detailed in this Resource Kit).

DoHA has worked with each of the Demonstration Divisions to build on the existing experience in divisions of general practice in supporting practice nursing and to ensure that all divisions of general practice are able to share in this knowledge, expertise and experience.

The aim of the Demonstration Divisions project was to improve the capacity of divisions of general practice to support nursing in general practice. The Demonstration Divisions have contributed to this aim by:

- documenting the range of model(s) and strategies used to support nursing in general practice
- sharing information, experience and expertise in supporting nursing in general practice with other divisions of general practice by contributing to workshops, coaching and small group peer support and other divisional engagement strategies as agreed with DoHA

- identifying the key issues, barriers, and enablers for further building and sustaining the capacity of divisions of general practice to promote and support nursing in general practice. Coordination and support services for the Demonstration Divisions project was undertaken by the ADGP in conjunction with the Centre for General Practice Integration Studies, University of New South Wales.

The position of Principal Policy Advisor on Nursing in General Practice has been created within ADGP to develop effective linkages with practice nurse coordinators within divisions; promote the Nursing in General Practice Initiative; and to provide strategic policy advice.

Funding to enhance the role of practice nurses in the management and treatment of chronic conditions was provided to all divisions of general Practice through the Chronic Disease Management (CDM) Initiative 2001–2004.

Melbourne Division of General Practice has been provided with funding to trial with Victorian divisions a practice nurse recruitment and induction kit they have created. It is anticipated that additional funding will be provided to develop a national version of this resource.

5 Research and evaluation of the overall initiative

Research and evaluation is vital to learning from existing experience and ensuring that practice nursing is developed in a sustainable way. As nursing in general practice involves a range of stakeholders and settings, research and evaluation is likely to be complex and include a range of aspects including cost effectiveness, financial considerations, health outcomes, clinical and practice processes, collaboration and partnerships. The National Steering Committee developed an evaluation framework to inform the evaluation of the key aspects of the initiative.

An evaluation of the initiative has now been undertaken and will inform future policy direction and finances for the Nursing in General Practice Initiative.

Why do you need a general practice nurse support program?

Over the past three years divisions of general practice have had a requirement to provide support to practice nurses through the Chronic Disease Management Initiative.

Australia has an ageing population and the nature of illness and disability has dramatically shifted away from infectious diseases to chronic conditions, especially those influenced by lifestyle and behaviour (AIHW, 2002). There is an increasing demand for a wide range of health services at all levels of the health care system including general practice (AIHW, 2002).

Coupled with the increasing demand for general practice services is the current workforce shortage of general practitioners, which is predicted to worsen over the next decade (Australian Medical Workforce Advisory Committee, 2000).

Overseas and Australian literature indicates a number of benefits that nurses can bring to a practice. These include improved health outcomes in chronic disease (Wagner et.al.1996), assistance in primary-acute sector integration, better coordination of care, increased workforce capacity, the provision of practical and professional support to GPs, and an enhancement in the range of services available to people attending the practice (Watts et.al. 2004).

The divisions of general practice are a focal point in coordinating the needs of general practitioners and their practices in addressing the health of populations (Annual Survey of Divisions 2001-2002). Divisions are the best-placed organisations to play a role in supporting general practitioners in the recruitment and provision of ongoing support of practice nurses. Divisions have a knowledge and understanding of the context in which practice nursing services are provided.

What strengthening Medicare will add to practice nursing

The *Strengthening Medicare* Initiative, introduced by the Australian government in November 2003, retains grants for general practices to employ practice nurses originally announced in *A Fairer Medicare*. 457 nurses will be supported in urban areas of workforce shortage, providing services at around 800 practices, with no other conditions attached.

Strengthening Medicare adds another important initiative. It enables certain services provided by nurses working in general practice to be paid through the Medicare Benefits Schedule (MBS) without a general practitioner needing to be present. This is expected to support an additional 1,150 full-time equivalent (FTE) practice nurses by 2007, and free up general practitioner time equivalent to 160 doctors. Through this Initiative, doctors will be able to focus on medical issues that most need their attention.

Demonstration Divisions

The eight Demonstrations Divisions or divisional consortia are:

1. Adelaide North East Division of General Practice Group, incorporating:
 - Adelaide North East Division of General Practice
 - Mid North Rural Division of General Practice
 - Yorke Peninsula Division of General Practice and
 - Northern Division of General Practice.
2. Canning Division of General Practice Group, incorporating:
 - Canning Division of General Practice
 - Perth and Hills Division of General Practice and
 - Eastern Goldfields Medical Division of General Practice
3. Fremantle Regional Division of General Practice (General Practitioner Network)
4. Hunter Urban Division of General Practice
5. Northern Tasmania Division of General Practice (GP North)
6. South East NSW Division of General Practice Group, incorporating:
 - South East NSW Division of General Practice
 - ACT Division of General Practice, and
 - Riverina Division of General Practice
7. Southern Metropolitan Region Divisions of General Practice (Melbourne) incorporating:
 - Monash Division of General Practice
 - Greater South Eastern Division of General Practice
 - Mornington Peninsula Division of General Practice
 - Dandenong and District Division of General Practice
 - Eastern Ranges Division of General Practice
 - South City Division of General Practice (GP Services), and
 - Central Bayside Division of General Practice
8. Townsville Division of General Practice

Benefits of divisional practice nurse support

Benefits for nurses include:

- Increased recognition and promotion of the general practice nurse workforce
- Increased professional development opportunities.
- Overcoming some of the professional isolation experienced by practice nurses.
- Clarification of issues relating to supervision and mentoring.
- Increased satisfaction and pride in their work.
- Greater rapport and interaction amongst local nurses.
- Opportunities for nurses to vent frustrations and problems and to seek solutions, amongst their peers and with division representatives.
- Networking and opportunities to share experiences and knowledge.
- Dissemination of information pertinent to the general practice nurse profession.
- Assistance in the implementation of the DoHA Nursing in General Practice Initiatives.
- Stronger links with the community through participation in divisional programs.
- Increased capacity for practice nurses to undertake extended roles in Chronic Disease Management and preventative/population health programs.
- The opportunity to have a collective voice through participation in Practice Nurse Networks.

Benefits for general practitioners include:

- Greater access to practice nursing services through assistance with recruitment and /or contract services.
- A well-supported nursing workforce, ensuring sustainability in an environment of projected workforce pressures for both general practitioners and nursing services over the coming years.
- Clarification or identification of the barriers and enablers related to issues of supervision, mentoring, professional development and nurse education.

- Promotion, and an increased understanding, of how practice nurses can enhance the range of general practice services offered to the community.
- Increased consumer satisfaction. Consumers like having a practice nurse available at the practice.
- Opportunities for teamwork and sharing of work loads.
- Practice nurses can attract additional income to the practice including through EPC Health Assessments, use of the new practice nurse MBS items, and assistance with procedures that attract practice incentive payments and service incentive payments.
- Practice nurses can free up the general practitioner's time to attend to other patients.
- Practice nurses bring a new skill-set to the practice from their professional training and experience.
- Having a practice nurse is a significant factor in a practice's ability to respond to change.
- A practice nurse can relieve the pressure on the general practitioner by allowing the general practitioner to delegate some of the responsibilities for follow-up of patient care to the nurse.

Benefits and opportunities for divisions include:

- Divisions are recognised as having a key role in supporting practice nursing services and are frequently consulted by outside organisations in this capacity.
- Divisions can support and drive the development of the role for practice nurses in line with the needs of general practitioners.
- The experience of some divisions in providing practice nurse programs has proved a valuable learning experience, which has been extended into structured whole-of-practice support programs.
- Division's profile and rapport with practice nurses and practice staff has improved tremendously.
- Division staff are in touch with grass roots practice nursing issues and are able to respond with tailored solutions and individual service that ensures the best outcomes.
- Stronger collaborative working relationships with other divisions.
- Increased capacity to support professional groups.
- Identification of emerging opportunities for collaborative partnerships with other organisations.
- Increased multi divisional and multi stakeholder collaboration.
- The ability to share knowledge, resources and tasks between divisions and to undertake tasks which would be beyond the capacity of individual divisions.
- Pooling of divisional expertise has increased the capacity of divisions to attract additional funding to support specific projects.

Benefits for consumers

In 2002, DoHA commissioned a study of consumer perceptions of nursing and nurses in general practice. The study explored consumer views and experiences as a means to strengthen the voice of consumers and to provide information to make health care services more responsive to consumers. Some of the key findings of the study were:

- Widespread acceptances from consumers of nursing in general practice—participants were ‘openly glowing’ of nurses.
- Nurses in general practice have the time and caring characteristics that consumers believe enables the nurse to have a significant role in providing support, health information or in assisting consumer understanding.
- Participants perceived the nurses in general practice could enhance the quality of their care.
- Consumers believed that practice nurses could assist in taking the pressure off general practitioners.
- That a united front of cooperation and respect and a team approach to care between doctor and nurse was important to the patient’s trust in the quality of the service.

Brief overview of the Demonstration Division projects

Following is an outline of the major activities undertaken by each of the Demonstration Divisions projects. More comprehensive information about the projects is included in Appendix One: Overview of the Models. The key elements addressed by the Demonstration Division projects are:

- Recruitment and retention
- Professional development
- Mentoring and support
- Partnerships and collaboration
- Teamwork and integration
- Promotion of practice nurse roles
- Professional standards
- Activities for EPC/PIP/SIPS.

Although there are common themes and similarities across the models, each project has taken its own individual approach to addressing these key elements.

Adelaide North Eastern Divisions of General Practice Group (ANEDGP)

Adelaide North East DGP currently supports practice nurses under the Chronic Diseases banner by providing education and training programs and supporting the practice nurse network group.

Monthly meetings for practice nurses are held at the division and this has been a successful component of the model. A variety of topics are presented for upskilling and increasing the knowledge base of the nurse. Time is also allocated, during the meetings, for information sharing and networking. Feedback via an evaluation form highlights that it is a very important and much valued component of the program.

The Model purports the success of the various workshops that are run for nurses throughout the year. A two-day Asthma management workshop was well attended, as was a workshop on Professional and Legal Issues in general practice. Evaluation forms indicated new learning and upskilling for the nurses that attended.

The Adelaide Northern Division (ANDGP) model sought to provide a fee for service nursing service by employing nurses to be contracted to practices within the division. It was envisaged that different doctors would utilise the nurses with differing frequencies depending on their needs while those general practitioners already employing a practice nurse would utilise the service for holiday or

sickness relief. The stated objectives of the model were to utilise practice nurses to enhance the outcomes of the Enhanced Primary Care (EPC) programs, provide a system for general practice to employ the services of a practice nurse according to demand, and to increase the number of practice nurses supporting general practice particularly solo practitioners.

One of the keys to the success of the program was the recruitment of suitably trained nurses with experience in working in general practice.

The Yorke Peninsula DGP through the More Allied Health Service (MAHS) funding developed the role of the Practice Based EPC Nurse to address current health issues in the community in relation to asthma and diabetes. Through a range of consultative mechanisms diabetes and asthma were identified as two of the regions highest health priorities. In response to this, the Practice Based EPC nurse and asthma educator services were implemented to provide comprehensive care for those people with a diagnosis of diabetes and /or asthma.

Mid North DGP developed a similar model to Yorke Peninsula DGP. The key to the success of the model, again, is largely due to funding received by the division through the MAHS program.

Canning Division of General Practice Group

Across the three divisions in this group, recruitment and retention of nurses is a major challenge to the progression of practice nursing as a unique area of practice, with low rates of pay identified as a key impediment to recruitment and retention.

A number of issues have been identified that have the potential to address and improve retention and recruitment of nurses in general practice. Each division has employed strategies to tackle the issue, with Canning Division establishing a “register, recruit and relief” database of nurses who are seeking employment in general practice and are matching this information to practices looking to employ nurses.

The Perth and Hills Division has established a personnel database and has actively promoted, through literature and education, the career opportunities offered by practice nursing.

The Eastern Goldfields Division faced the challenges of small numbers of practice nurses, spread over a large geographical area. The division established a Combined Health Support Network with invitations extended to practice nurses, practice managers and aboriginal health workers.

Canning Division’s greatest area of activity undertaken in the process of supporting nursing in general practice was accomplished through professional education and training. Practice nurses identified the areas where they felt they had a knowledge deficit and a program was built around their need. In addition to professional education, a program of information management and computer training was implemented in the Canning Division. The Perth and Hills Division offered collaborative education programs with topics including the management of diabetes and asthma, spirometry and events offered by the National Prescribing Service Program.

The Perth and Hills Division invested considerable time and effort in building a broad consultative network of key stakeholders to inform the development of a Practice Nurse Modeling Tool. The tool can

be used by practices for forecasting, budgeting and strategic planning and demonstrates the financial implications of employing a nurse. This project has also fostered strategic relationships with local, state and national professional organisations; education providers; and government agencies.

The three divisions have introduced a Practice Nurse Support Officer position. This position has proven very successful and has been instrumental in raising the profile of practice nurses across the divisions.

Fremantle Regional Division of General Practice (FRDGP)

The Practice Nursing Program 'model' utilised by Fremantle Regional Division of General Practice comprises a series of activities and program elements have been developed as a result of experiences gained since 1997. Importantly, the approach taken by the division is one of meeting the needs of each individual practice. It is FRDGP's experience that no 'one model fits all', as practices are at different stages of change in terms of embracing the role of the practice nurse.

The various aspects of the 'model' include the following:

- **Practice Nurse Network** provides a structured support system for nurses in the general practice setting, in order to encourage and facilitate networking, peer support and discussion on evidence-based practice.
- **Practice Nurse Mentoring** provides support to all practice nurses working in the division in areas of identified need.
- **Cost Modelling** to demonstrate the financial benefits of employing a practice nurse the division has developed basic cost modelling worksheets identifying the role of the nurse in aspects of Enhanced Primary Care and the Practice Incentive Payment Program.
- **Alliance with Notre Dame University** placement of student nurses within the general practice environment enabling students to gain insight and experience in the speciality of practice nursing whilst working with experienced practice nurses.
- **General Practice Development Team** a team of three part-time project officers work closely to encourage practices to integrate clinical and practice management procedures and to work together as a team.
- **Practice Nurse Recruitment** the Practice Nurse Support Project Officer works closely with practices requiring assistance with the employment of a Practice Nurse.
- **Professional Development** FRDGP actively promotes a 'whole of practice' approach to professional development. General practitioners and practice nurses are invited to attend relevant joint educational events. In addition, comprehensive professional development is also provided specifically for practice nurses.
- **Multidisciplinary Teams and Integration** collaboration is an integral part of FRDGP's ethos. Practice nurses are an essential part of the many collaborative ventures with various aspects of the community, primary and acute health sectors.

Hunter Urban Division of General Practice (HUDGP)

This model focused on the facilitation of, or support for, the employment of nurses in general practice on a permanent basis. This service involved a full recruitment and training program, which included:

- advertising, recruitment and selection of practice nurses for placement within general practice
- a three (3) day induction training including orientation and procedural manuals
- a one day mentoring program conducted by an experienced Hunter Urban Division nurse within the employing practice
- liaison visits by the Hunter Urban Division program manager as required.

The second key strategy of the Hunter model is the provision of ongoing education, training and resourcing for those nurses working within general practice that involves:

- Monthly half, one or two day workshops usually, but not always, focusing on the EPC Items and the 2001 PIP Budget Incentives. This program was expanded, in 2003, to weekly workshops focusing on five core learning areas: Health Promotion, Infection Control, Cardio Pulmonary Resuscitation, Cultural Diversity Attitudes & Values and Child Protection.
- a five day a week hotline based at the division and manned by senior nurses
- ongoing current, relevant information and resources included in the Hunter Urban Division weekly fax and the Practice Nurse Employment Package.

The third strategy of the model focused on the formation of partnerships with relevant organisations, which has provided specific support and enhancement to the practice nurse education program.

Northern Tasmania Division of General Practice (GP North)

By the year 2000 the membership of GP North identified the need to offer general practice 'broader' support services than were offered at the time, and as a result the division established a service delivery entity Northern Practice Services (Tas Prac) which offers a range of additional supports for general practice. As part of Tas Prac, practice nurses are employed by the division and provided to interested practices on a contract basis. The division also assist practices wishing to recruit nurses themselves.

Through the Contract Nurse Service, GP North has been involved in the recruitment, employment, orientation, and ongoing support of Level Two experienced Registered Nurses (Clinical Nurse Specialists in NSW).

The division has also worked closely with practices nurses and general practitioners in the areas of supervision, mentoring and other professional issues. Some examples include:

- Providing information relating to the understanding of and adherence to the Australian Nursing and Midwifery Council (ANC) Competencies, as well as other relevant professional guidelines.
- Working to clarify the role of the practice nurse (levels one and two) within general practice.

- Providing information relating to understanding and maintaining the ANC Competencies.
- Development of a Journal of Reflective Nursing Practice and Professional Development for practice nurses.
- Providing general practitioners with information about working with practice nurses (advantages, PIP, systems of care), including practice visits. Also providing general practitioners with opportunities to discuss systems of care including how nurses are utilised within other practices.
- Re-development of GP North's practice nurse website to include practice nurse pages.

South East NSW Division of General Practice Group (SENSW DGP)

A Practice Support Registered Nurse Service (PSRNS) was established in June 2001 to provide outreach services in four distant geographical areas within the SENSWDGP. All practices in the target regions were approached and consulted regarding their preferences for this service. As this was a completely new and innovative program, a considerable amount of flexibility and adjustment was needed while the service was established. Providing nursing services to practices that do not have an existing practice nurse not only demonstrates the value in having a practice nurse but also reduces practice resources involved in the recruitment of a practice nurse.

As the demand for the PSRNS has exceeded the capabilities of the existing nurses, the SENSWDGP is now contracting out nurses to practices upon request. SENSWDGP is responsible for the recruitment of the practice nurse, who is then contracted out to a practice at full cost recovery to work for that practice only. The practice nurse is supported with professional development provided by the SENSWDGP.

The SENSWDGP recognised that it was important to demonstrate to the general practitioners the financial value of being involved in the EPC and PIP, however, it was equally important to provide the support to implement the Initiatives without increasing the general practitioners workload. In response to this, the PSRNS team developed assessment tools that demonstrated how the nurse could be utilised in implementing the EPC items and Chronic Disease Initiatives.

When the Riverina Division commenced its Practice Nurse Program in 2001, practice nurses were already employed in a number of practices. This was often the result of an invitation by the general practitioner to a hospital nurse with whom there was an existing solid working relationship, to work in his/her practice. As a result, recruitment does not feature in this model.

Board and executive level support has been strong from the outset with the Practice Nurse Program firmly embedded in the division's philosophy and documented in strategic plans. The focus of Riverina's model in the early stages was to consider the needs, via an annual survey, of the practice nurses in terms of educational requirements and to facilitate the provision of appropriate, high quality training in partnership with outside agencies such as the Area Health Service and RCNA.

The divisions' monthly newsletter contains a dedicated practice nurse page with up to date news on professional issues, clinical information and other items of interest. This also serves to maintain awareness of nursing in general practice among all the general practitioner readers.

The practice nurses eagerly embraced opportunities to undertake education specific to their needs and welcomed the division's practice nurse program manager, a registered nurse, as a trustworthy source of 'help desk' type support. The division's model has expanded to incorporate informal networking opportunities in combination with educational events to further support the ever growing number of practice nurses.

More Allied Health Services funding has been used to provide division employed nurses who are diabetes or asthma educators to practices in eligible RRMA 4–7. Practice nurses have benefited from the clinical expertise of these colleagues through their involvement at the practice level and also at education events. More recently a practice nurse has joined two of the three key division committees.

Another feature of the Riverina Division of General Practice model is the provision of a nursing service offered to 12 rural communities with a population of less than 1000 people. The program is funded under the Regional Health Services Program and offers:

- a community capacity building focus to encourage and assist communities to look at strategies for improved health and wellbeing—the strategies fall in line with the Healthy Cities Model and create innovative or alternate delivery of health services
- support to the visiting general practitioner, similar to the concept of a practice nurse in general practice
- follow up of general practitioner patients in their homes as required
- facilitation of patient care through development of partnerships between other health service providers and key stakeholders e.g. the support palliative care service for remote communities.

The ACT Division of General Practice (ACTDGP) practice nurse program has evolved in response to the expressed needs of practice nurses and GPs with three main focus areas of: professional development, practice nurse networking opportunities and a practice nurse staff pool. Professional development programs are provided on a quarterly basis utilising credentialed external facilitators. A practice nurse interest group was established to provide an opportunity for the nurses to explore areas of interest, and to problem solve issues of concern.

Some GPs within the ACT Division expressed a need for a practice nurse staff pool to cover periods of staff leave and provide a casual pool of nurses for periods of additional demand. The ACTDGP is in the process of exploring the feasibility of providing a practice nurse staff pool.

Southern Metropolitan Region Divisions of General Practice (SMRDGP)

The Southern Metropolitan Region Divisions of General Practice (SMRDGP) model is not one specific project, but rather an example of ongoing regional collaboration between seven divisions.

Establishing the SMRDGP Regional Practice Nurse Support Network involved:

- a commitment of resources by each division to practice nurse support
- the identification of one staff member per division with responsibility for this role
- regular meetings, with frequency varying according to level of project activity

- ongoing communication via email and phone, and most importantly,
- a shared belief in the value of nursing in general practice.

Project one: National Innovations Funding Pool Project: Supporting general practitioners in enhanced primary care—identifying a role for practice nurses and divisions. This was a 12-month collaborative project across five of the SMRDGP Divisions.

Project two: Case studies in multidisciplinary teamwork

The SMRDGP Regional Practice Nurse Support Network is currently compiling a set of case studies, which each division will include as a monthly feature in their newsletters in 2004.

Project three: Information and orientation sessions

Several members of the Regional Practice Nurse Support Network identified that while there was a growing interest among General practitioners to employ nurses, the recruitment process and a perceived lack of suitably qualified nurses remain significant barriers. It was decided to address these by taking a regional approach to recruitment, which would then give each division the capacity to promote the availability of nurses and assist their own practices with employing a nurse.

The aims of the project were:

- to raise awareness of practice nursing as a career option among nurses in other sectors
- to establish a register of nurses interested in practice nurse positions
- to provide direct assistance to practices planning to employ a nurse.

There were four main components to this project: an advertising campaign, a series three information sessions, the establishment of a register of nurses interested in practice nurse positions; and an orientation day.

Project four: Regional Motivational Interviewing Workshop

The need for professional development to improve practice nurse skills in health promotion and motivating patients for behaviour change was identified through local surveys and focus groups. A regional whole-day workshop on Motivational Interviewing was held in May 2003, with 22 practice nurses attending from across the seven divisions.

Townsville Division of General Practice (TDGP)

The main aim of the Townsville model was to support and enhance general practice capacity to provide effective primary health care services. The objectives were to enhance education of the practice nurse and to provide support and networking opportunities. Workforce shortages and the introduction of government incentive packages stimulated the division to kick-start the process by providing incentive funding to allow practices to set up their infrastructure to handle the new challenges.

Professional development has aimed to support the workforce through enhancing knowledge, skills and resources. It has included workshops and the establishment and development of the Practice Nurse Network, employment of a registered nurse as a Practice Support Program Manager, the establishment and development of a Practice Managers Network and the recent creation of Practice Liaison Officers. Professional development of practice nurses is now viewed as an integral part of the divisional Continuing Medical Education (CME) program.

Division involvement with practice nurses has highlighted the need to ensure that general practitioners and practice managers are aware of the scope of the practice nurse role in general practice and that nurses are appropriately educated for the role in which they are working.

To assist in leave coverage and in some instance permanent employment, a small casual staff pool was developed through the Practice Manager's Network. Many of the staff worked in other practices and all had had general practice experience. The After Hours General Practice (AHGP), coordinated by TDGP, has also provided a database of potential locum nurses. The division acted as the coordinator of the staff pool, and practice managers rang when staff were needed. This has provided temporary relief and has worked well for many practices.

The development of partnerships with other health providers has been central to the success of the whole program. Today the Practice Nurse Program is an integral part of the overall practice support program. Much has been achieved in two years. Unlike many divisions, Townsville has not had to *sell* practice nursing to general practice. However, much can still be achieved in the way practice nurses contribute to general practice.

Key elements of the projects

Following are a number of tables that give a pictorial overview of the strategies utilised by the Demonstration Divisions in each of the key areas. More detailed information on the work undertaken in these key areas by the Demonstration Divisions is provided in Appendix One.

Recruitment of practice nurses

Division/s	Division advertises or assists with advertising	Employs or assists with employment	Orientation or assists with orientation	Employment packages	PN Database	Contracts Nurses	Casual Nursing Pool
Adelaide North East Group	●	●	●	●	●	●	●
Canning Group		●	●		●	●	
Fremantle Regional	●	●	●	●	●		
HUDGP	●	●	●	●	●	●	●
GP North	●	●	●		●	●	
SENSW Group	●				●	●	
SMRDGP	●	●	●		●		
Townsville	●				●		●

Professional development

Division/s	Structured education programs	Information sessions	Inclusion in education calendars	IM/IT training. Including electronic register/recall systems	Annual survey of learning needs	Development of professional portfolio	CNE points for practice nurse education
Adelaide NE Group	●	●	●	●			
Canning Group	●	●	●	●	●	●	
Fremantle Regional	●	●	●	●	●		
HUDGP	●	●	●	●	●	●	●
GP North	●	●	●	●		●	●
SENSW Group	●	●	●	●	●		
SMRDGP Group	●	●	●	●			
Townsville	●	●	●	●	●		

Mentoring and support

Division/s	Division Commitment to "Whole of Practice" Approach	Established Practice Nurse Program	Practice Nurse Interest Groups/Steering Committees	Dedicated practice nurse Program coordinator	Mentor Program	Help desk/ Hotline/ telephone support	Board support	Annual practice nurse dinner
Adelaide North East Group	●	●	●	●			●	
Canning Group	●	●	●	●	●	●	●	
Fremantle Regional	●	●	●	●	●	●	●	
HUDGP	●	●	●	●	●	●	●	●
GP North	●	●	●	●		●	●	
SENSW Group	●	●	●	●		●	●	●
SMRDGP	●	●	●	●		●	●	
Townsville	●	●	●	●		●	●	

Partnership and collaboration

Division/s	Practice nurse program has enhanced partnerships	Use of external agencies for practice nurse education	Partnerships with local public health units and Practice Nurse Program	Partnerships with local area health service and Practice Nurse Program	Partnerships with community health and Practice Nurse Program	Consumer input into Practice Nurse Program
Adelaide North East Group	●	●		●	●	
Canning Group	●	●	●	●	●	
Fremantle Regional	●	●	●	●	●	●
HUDGP	●	●	●	●	●	●
GP North	●	●	●		●	
SENSW Group	●	●		●	●	
SMRDGP	●	●			●	
Townsville	●	●	●	●	●	

Teamwork and integration

Division/s	Conduct combined PN/GP education programs	Integration of Practice Nurse Program with other divisional programs	Team building skills for general practitioners and practice nurses	Collaborative programs with other divisions	Promotion of examples of effective teamwork
Adelaide North East Group		●			
Canning Group	●	●	●	●	
Fremantle Regional	●	●			●
HUDGP	●	●	●	●	●
GP North		●			
SENSW Group	●	●			
SMRDGP	●	●		●	●
Townsville	●	●	●	●	

Promotion of practice nurse roles

Division/s	Dedicated practice nurse newsletter	Practice nurse segment in newsletter	Practice nurse webpage on division website	Practice visits – one on one education to practice staff on PN roles	Practice nurses represented on steering committees	Division presentations at nursing conferences /workshops highlighting PN roles
Adelaide North East Group						
Canning Group	●	●	●	●	●	●
Fremantle Regional	●	●	●	●	●	
HUDGP	●	●	●	●	●	●
GP North		●	●	●		●
SENSW Group		●		●		
SMRDGP		●		●	●	●
Townsville	●	●		●		

Professional standards

Division/s	Division encourages nurses to join professional organisations	Division seeks advice from state and national professional nursing bodies	Advice / information on professional issues included in newsletters	Division provides advice to practices on nursing professional issues	Annual educational program for nurses on professional issues.	Advice provided to nurses on ANC competencies
Adelaide North East Group						
Canning Group	●	●	●			●
Fremantle Regional	●	●	●			●
HUDGP	●	●	●			●
GP North	●	●				●
SENSW Group	●	●				●
SMRDGP	●	●	●			
Townsville	●		●			

Activities around EPC/PIP/SIPS

Division/s	Practice based EPC Nurses	Access to MAHS Funding	Development of EPC Based Resources	Regular practice nurse education of EPC Initiatives
Adelaide North East Group		●	●	●
Canning Group	●		●	●
Fremantle Regional			●	●
HUDGP			●	●
GP North		●	●	●
SENSW Group		●	●	●
SMRDGP			●	●
Townsville			●	●

Important elements in providing a practice nurse support program

The Demonstration Divisions identified that some of the key elements to providing a practice nurses program included:

- Gaining Board and Executive Officer support
- Identifying local needs and priorities.
- Assessing the level of division resources required.

The following section outlines the learning's of the Demonstration Divisions in these key areas.

Board and Executive Officer approval

One of the most important elements that the Demonstration Divisions reported in developing their practice nursing programs was to gain the support of the division board and executive officer.

Following is an overview of some of the elements that assisted the Demonstration Divisions to gain this support:

- It was important to include practice nursing program initiatives in the division's strategic and business plans that were endorsed by the Executive Officer and Board members. These initiatives need to provide clear objectives, activities, costs and outcomes, in order to measure the progress and success of the programs.
- In a number of the Demonstration Divisions, the Practice Nursing Program was actually driven by the Board and Executive Officer due to their recognition of the general practice workforce issues and their desire to promote a sustainable general practice into the future.
- Those divisions that had extended their vision beyond the provision of support to only general practitioners to include the whole practice team also readily embraced the benefits of providing a practice nurse support program.
- Where divisions had Board members with experience working with nurses in general practice it was beneficial to share this information with other Board members, and to use these general practitioners as champions to support the Practice Nurse Program.
- The Australian Government Initiatives to integrate practice nurses into general practice such as the Practice Nurse Incentive program, EPC, MAHS and the Chronic Disease Incentives, provided many of the divisions with an opportunity to influence the Board of the need to provide support to practice nurses who could in turn assist the general practitioner in accessing these incentives.
- Some of the Demonstration Divisions gained Board support for their Practice Nurse Program as a result of feedback from general practitioner members through division surveys and other feedback mechanisms. Similarly, some divisions received lobbying from local practice nurses themselves who requested support and offered to get involved in the divisions programs.

- It was also beneficial to have a nurse on staff at the division could promote the role of the practice nurse and the benefits to general practice of employing a nurse.
- It was important to encourage the Board and Executive Officer of the need to allocate resources to a dedicated division officer who could develop and direct the Practice Nurse Program. In most of the Demonstration Division programs this person is a nurse who has an understanding of professional nursing issues and the specific needs of practice nurses.
- The experience of some divisions in providing practice nurse programs has proved a valuable learning experience that has been extended into structured whole-of-practice support programs.

Identifying local needs and priorities

One of the key elements in the development of the Practice Nursing Programs of the Demonstration Divisions was to respond to the needs and priorities of local general practices and nurses and to tailor programs to meet these needs.

These needs were identified through feedback from divisional surveys or anecdotal feedback to division staff from practice visits.

Many of the models acknowledge that no two practices are the same, and that general practitioners and practices will be at different stages in their requirements for practice nurse support. The type of support required by practices can include:

- understanding what roles a nurse can perform in general practice, and how to best utilise the services of a nurse
- deciding if the practice can afford a nurse
- recruitment requirements including advertising, interviewing, drawing up contracts of employment, and orientation programs
- how to determine if a nurse is suitably qualified and experienced to work in general practice.

Similarly, practice nurses will have different needs and requirements of the division support program.

Level of division resources required

It is obvious that the level of resources that each division devotes to practice nursing will vary in accordance the strategic directions and business plans of the divisions. This section will endeavour to provide an overview of the level of resources that the Demonstration Divisions have committed to their programs as a guide to other divisions. We are not able to give financial estimates, but rather have provided an overview of the key elements that need to be considered.

Each of the Demonstration Divisions has a dedicated person whose duties include the management of the Practice Nurse Program. The hours dedicated to this role vary from a full time position to two days per week. The position is generally held by an employee with a nursing background, which is highly recommended, as this is particularly advantageous in understanding the roles and professional issues

for nurses. In most cases these positions in the Demonstration Divisions pre dated both the 2001 budget initiative and the Demonstration Divisions project.

The models of the Demonstration Divisions were funded from a variety of sources across the models including:

- the division's chronic disease funds
- core funding
- MAHS funding, or
- special project funds.

In the area of non human resources the key elements to consider are as follows:

- All of the Demonstration Divisions provided an information sheet for practice nurses, as a separate newsletter, incorporated into the existing division newsletter, or as a specific practice staff bulletin.
- Education/information sessions were provided to practice nurses on a regular basis in all of the models. In some cases a small fee was charged for attendance, however in the majority of cases the total cost was worn by the division. Total cost can include speaker payments, printing of programs/handouts, venue hire, catering, and audiovisual hire.
- Similarly all of the Demonstration Divisions provided a practice nurse network either as an addition to the education sessions or incorporated as part of the education calendar.
- Many of the Demonstration Divisions projects provide a special webpage specifically for practice nurses.
- All of the models have developed practice nurse resources that are made available to practices. Costs to consider include development costs, printing/publishing costs, associated training/education if required, and distribution costs.

Many of the projects acknowledge the importance of collaborative relationships with other organisations that have assisted the divisions with information and educational resources. Some divisions have received pharmaceutical sponsorship to assist with educational programs; others raise a minimal charge for nurses to attend educational events; many have collaborative arrangements with local health providers who can provide the services of presenters free of charge.

Those divisions that have participated in partnerships with other divisions have benefited by sharing the cost of providing services such as educational programs or information workshops for nurses. This type of partnership has also produced the flexibility to offer programs in a range of locations and has facilitated the sharing of divisional expertise and workloads. The SMRDGP Model provides a good example of this type of partnership.

Some tips from the Demonstration Divisions:

- Practices employ nurses for different reasons; flexibility is the key to offering support.
- Divisions need to be sensitive to the constantly changing needs of practices and respond in a timely, appropriate fashion.
- Importantly, practice nurses themselves are and must be central to the entire process, to ensure that training and supports are relevant and address locally identified needs.
- General practitioners and practice managers need to be engaged in the process to ensure that systems and supports developed are workable within the individual general practice setting and there is a commitment to such support systems.
- Many divisions have relied on the results of practice surveys to guide the development of programs.
- Lessons learned indicate the need for a comprehensive 'package' for promoting the role of the practice nurse, and assisting general practitioners recruit and retain practice nurses.
- It is important (to the success of the program) to ensure that general practitioners are aware of the scope of practice for the practice nurse, and that practice nurses are appropriately trained to undertake the role required by the particular practice.
- Rural divisions of general practice have endeavoured to find ways to support nurses in rural areas and whilst the divisions key support is fundamentally to general practice, nurses working either in hospitals or community services in rural, regional and remote areas are not excluded from receiving support or attending education programs held by the division. Many nurses working in general practice have a dual role in that they are also employed at the local hospital or within the community providing nursing care or working on health promotion programs.

Common enablers and barriers identified by Divisions of General Practice, general practitioners and practice nurses

The Demonstration Divisions experienced many enablers and barriers around the promotion and integration of practice nurses into the traditional general practice environment. Rural divisions of general practice highlighted difficulties surrounding isolation and access to professional development activities. Divisions have experienced many similar difficulties in providing support to practice nurses such as lack of clear roles for practice nurses, access to ongoing education and training for nurses; concerns by general practitioners around the financial viability of employing practice nurses; and reluctance by some to change practice structures to incorporate a nurse.

Listed below is a summary of the most common barriers and enablers identified by the Demonstration Divisions and some strategies employed when attempting to address them.

Most commonly identified enablers

Division

- Management and board commitment.
- Adopting 'whole of practice approach' by the division.
- The development of targeted, low cost, professional development programs.
- Availability of core funding and MAHS funding.
- Access to the Demonstration Divisions nursing support models.
- Use of experienced registered nurses to facilitate divisional Practice Nurse Programs.
- Introduction of EPC items, especially health care assessments.
- Face to face communication via practice visits was emphasised by nearly all divisions as important in gaining practice acceptance.

Practices

- Education activities linked to income generating Australian Government Initiatives such as EPC and asthma 3+ programs.
- Practice Nurse Incentive Payment.
- Increase in the range of services that can be offered by the practices employing practice nurses.
- Potential for a decrease in general practitioners workload.

- Division based recruitment and employment.
- The provision of ongoing practice support and professional development programs by divisions.
- Practice nurses allocated to practices based on skills prioritised by that practice.
- Patient attitude and acceptance of the practice nurse.

Nurses

- Accessible practice nurse support services, including telephone, email or face-to-face visits.
- Increase in practice nurse support systems leads to increase in practice nurse job satisfaction and higher retention rates.
- Reduction in professional isolation.
- Access to support/mentoring programs.
- Regular information/updates provided.
- Access to ongoing education targeted to specific needs.

Most commonly identified barriers

Division

- Constraints of providing educational programs, such as inaccessibility, expense, relevance (not focused on practice nurse needs), reluctance on behalf of some practices to release nurses during working hours and the lack of financial support from some practices for the nurse to update skills and knowledge.
- Lack of specific competency based standards to guide training and education.
- Lack of allocated funding for practice nurse education.

Practices

- Lack of understanding of the practice nurse role by general practitioners, practice nurses, practice managers, practice staff and consumers.
- Practice concern about the cost of employing a nurse.
- No funding in urban practices (prior to *Strengthening Medicare*) for practice nurse PIP.
- General practitioners unaware as to how to best utilise a practice nurse.
- Shortage in some areas of appropriately trained nurses leading to recruitment difficulties.
- Lack of physical space and resources within a practice.
- No clear guidelines regarding the supervision of enrolled nurses in practices where there is no registered nurse employed.

- Lack of clarity regarding indemnity insurance cover for practice nurses.
- Medico-legal issues of employing a practice nurse.
- Not enough work within the practice (particularly cited as an issue for solo practices).
- The difficult attitudes of some general practitioners, including philosophical opposition to practice nurses, opposition to Australian Government Initiatives and a general reluctance to change the practice environment.
- Advertising and recruiting for new positions from an already depleted workforce can cause conflict with other health agencies.

Nurses

- Lack of access to continuing education, support and up skilling for practice nurses.
- Reluctance by some nurses to commit to ongoing education and no statutory requirements for nurses to do so.
- Lack of formal job descriptions or roles.
- Poor remuneration and industrial conditions.
- Geographical isolation particularly in rural areas.
- Lack of access to computers and/or varied expertise in the use of computers.

Strategies for overcoming barriers

(See also: Important Elements in Providing a Practice Nurse Support Program.)

In all Demonstration Divisions the inception of peer support networks (such as the development of Practice Nurse Interest Groups) and the implementation of professional development programs addressed the issues of isolation and access to information and education and was the starting point for most Practice Nurse Programs. Nurses attending information/networking sessions were often inspired and empowered by the enthusiasm of others to be able to make changes.

The success of the practice nurse support model is dependant on the commitment and enthusiasm of all the key players i.e. division board and staff, general practitioners and practice staff, and the nurses themselves. Programs need to be tailored to ensure that there are clear objectives and guidelines, that local needs are identified and addressed, and that the program has measurable outcomes that can be evaluated to measure success and to guide ongoing development.

Collaboration and partnership were important in all of the Demonstration Divisions models to provide:

- access to local education providers and other resources
- professional advice on nursing issues
- opportunities to share resources and expertise (between divisions but also with other stakeholders) and to avoid duplication of effort
- opportunities for integration of programs at the community level.

All of the models found that direct support at the practice level had the greatest impact for the division and the practice. It was acknowledged that it is very difficult to support practice nurses in isolation, so division staff need to work with all members of the general practice team. It is also important to remember that practices employ nurses for different reasons so that flexibility is the key to offering any support programs.

Practice nurses are often the drivers of change at the practice level so a successful practice nurse support program can provide benefits to the division to affect change management strategies in practices and to introduce new initiatives.

The national study of *Consumer Perceptions of Nursing and Nurses in General Practice* demonstrates that consumers are positive and supportive of a role for practice nurses. This is a powerful strategy to support discussions with general practice about the benefits of employing a practice nurse. Similarly the results of international research and anecdotal evidence in Australia, demonstrate that having a nurse employed at the practice can improve the outcomes for patients with chronic and complex conditions and increase health promotion strategies.

Some of the barriers relate to issues that are currently being addressed at the national level.

- a. Funded by the Australian Government the RCNA and the RACGP have recently completed a study of *'General Practice Nursing in Australia'*. The results of this study will provide some direction at the national level for the planning and provision of ongoing education for practice nurses.
- b. ADGP has undertaken a study to demonstrate to general practice the benefits and financial implications for employing a practice nurse. The results of this study are available on the ADGP website at www.adgp.com.au
- c. The ANF is currently undertaking a project funded by the Australian Government to develop specific competencies for registered and enrolled nurses working in general practice.
- d. ADGP and RCNA are working with the Australian Nursing and Midwifery Council to endeavour to provide some guidelines for general practice around the supervision of the enrolled nurse, particularly where there is no registered nurse employed at the practice.
- e. Some of the Nurses Registration Boards already require nurses to show proof of ongoing competence in order to renew annual registration or enrolment to practice. This is an issue that is being examined by all of the boards. However nurses in Australia are regulated and are accountable to the community for providing high quality care through safe and effective work practice (ANC 2000). As with any other professional they have an obligation to maintain current skills and knowledge in the areas in which they practice.

Other strategies included:

- Targeted information for general practitioners and practice staff on the value of employing a practice nurse.
- The development of orientation programs for practice nurses.
- Mentoring practice nurses within the practice.
- Annual survey of practice nurse learning needs.
- Establishment of practice nurse databases (nurses available for recruitment) by several of the Demonstration Divisions.

- The development of resources including induction and employment manuals.
- Being able to demonstrate financial benefits of practices employing a practice nurse.
- The use of marketing strategies to promote practice nurse profiles with general practitioners and patients.
- Use and dissemination of educational calendars and other educational material complimenting professional development activities.
- Identifying and utilising GP/ practice nurse “champions”.
- Divisions that were able to provide back up and relief for practice nurses taking holiday or sick leave reported high levels of satisfaction from general practitioners and practices accessing their services as well as from the practice nurses benefiting from the relief.

Most Demonstration Divisions emphasised the need for divisions to be flexible, responsive and to be able to meet individual practice needs. Utilising the expertise of division staff, dovetailing practice nurse programs with other divisional programs and providing face-to-face contact with practices and practice nurses increased division credibility. The profile of practice nurses needs to be maintained and further enhanced in order to facilitate the cultural shift needed for some general practitioners to incorporate nursing into general practice.

Frequently asked questions and answers

1 How do divisions fund and sustain their Practice Nurse Programs (including educational activities), especially with the ending of the Chronic Disease Funding in June 2004.

Most of the Demonstration Divisions commenced their practice nurse programs with core funding (prior to the Chronic Disease Funding). The consensus amongst the Demonstration Divisions is that the most effective way to establish and maintain a practice nurse program is to integrate the program across other program areas within the division, and consider practice nursing as part of the 'whole of practice' approach to supporting general practice.

Some of the Demonstration Divisions also looked at other sources of funding within the division such as immunisation funding and the MAHS funding in rural divisions to provide some extra support to the practice nursing program.

The Fremantle Regional Division practice nurse program has been funded with CDM money and core business funds. The practice nurse program is part of the General Practice Development Support Team Program and the division considers it vital to ensure a whole of practice approach. If there is a new division program, the practice nurse role is automatically an essential component and considered in the costs of providing the program.

With regard to funding of educational events, most of the cost involved is recovered primarily through drug company sponsorship by providing supper and programs are held at the division to avoid facility fees. Speakers usually do not charge a fee. The division tends to use speakers/organisations with which they have established a reciprocal relationship. Occasionally, money is used from core funding to support educational events and the practice nurses are not charged for educational events they attend.

At the Monash Division, practice nurse support is a core component of most funded programs e.g. immunisation, CDM and IMIT (which Monash is continuing from core funds). The division also has a similar practice support team approach to Fremantle, so that practice nurse support is not the sole responsibility of one staff member. Practice nurses are also included on the divisions program working groups as well as general practitioners and other practice staff, so that the nurses are involved in program planning ensuring that programs address their needs.

For educational activities Monash usually source speakers who are local service providers and do not charge. Sometimes they obtain sponsorship to cover catering, but as their events are usually at lunchtime, it is 'light refreshments' only. Practice nurses are welcome to attend relevant general practitioner education events, which are usually sponsored. For education which involves payment to specialist presenters, the division often combines with neighbouring divisions in the region to share the cost.

2 What are some common strategies used to help convince general practitioners to support and value the employment of practice nurses?

Fremantle Regional Division has employed a variety of approaches depending on the general practitioner and their circumstance. Some general practitioners are worried about the financial aspect and appreciate information about the amount of money the practice nurse will cost and the income they will generate. To assist general practitioners with this concern Fremantle has created some business case worksheets to identify income practice nurses can earn and the outlay costs. Such worksheets allow general practitioners to evaluate their individual situations and visualise expenses. Other approaches include the use of “champion” general practitioners to promote the use of practice nurses to other general practitioners and articles in the divisional newsletter.

The key is to find out the main concerns of the individual general practitioners and address them. Fremantle has found their concerns can vary greatly and each responds to different approaches.

Monash Division agrees that general practitioner “champions” seem to be well received. Practice managers can also be quite influential, so working with them is another angle. Demonstrating that the division is available to assist with recruitment and orientation also helps.

3 How do you utilise and encourage partnerships with regional services/organisations?

Fremantle Regional Division use experts from community agencies for guest speakers for educational events and throughout various projects. They also have a consumer group that they consult regarding division issues and projects. Fremantle find that community agencies have been enthusiastic and happy to become involved within division education and project events. These partnerships have benefited the division, its members, the community, and encouraged a whole of practice approach. When there is a reciprocal relationship established these individuals become involved for little or no cost to the division.

Monash Division also has an arrangement with one of their local Community Health Services, who have a number of Community Health Nurses available (in their own time) to undertake home based health assessments for practices who do not employ their own practice nurses—usually solo general practitioners. The division has applied jointly with local organisations/primary care services for a number of small community grants which have relevance to practice nurses, e.g. community education and service coordination projects.

4 How can divisions promote and support teamwork within general practice?

The whole of practice approach is a concept that is important to convey to general practitioners. To assist with this, Fremantle Regional Division work not only with the general practitioner, but also with the practice nurse and practice staff to help them establish a systems approach to issues, problems and processes in their practice. By addressing each person’s role in a process, everyone becomes part of the team and works more effectively towards a systematic approach.

The division tends to include the idea of 'whole of practice' in everything they discuss with GPs, from events, practice visits and newsletter articles. We always incorporate the potential role of the practice nurses, practice managers and practice staff.

5 How do you engage practice nurses with the division's program, i.e. attendance at education events and other projects?

Some strategies include:

- The involvement of practice nurses in planning and undertaking a needs assessment. Both of which help to ensure that the program is addressing their diversity of needs.
- Offer a range of times/ venues for group events/offer childcare.
- Provide resources to those who cannot attend.
- Start up an email group.
- Produce a regular PN Newsletter.
- Go to them if they won't/can't come to you—visit them in the practice and provide support in areas of interest to them.
- Reinforce the requirement (both for nursing registration and for practice accreditation) for ongoing professional development at every opportunity—to practice nurses, general practitioners *and* practice managers.

Be realistic—accept that there will always be some nurses who do not wish to become involved in the division, and do not beat yourself up about it!

Case studies

Following are a number of case studies from the Demonstration Divisions projects that provide examples of how the models were introduced in the general practice setting.

Adelaide North East Division of General Practice Group

Adelaide Northern Division of General Practice Integrated Care Team (ICT) Trial

The ICT targeted several large urban practices in the Adelaide Northern Division of General Practice (ANDGP) region with a view of implementing a trial to measure benefits presented as a result of an integrated approach to chronic disease management.

Coordinated by the Practice Support Manager through the service of:

- Participating general practitioners
- Pharmacist – Home Medication Review
- Practice nurse – care plans, health assessments and clinical support
- Asthma educator – Spirometry and asthma education

One of the first participants to adopt the approach was *ACC*, a large medical practice in the Northern Metro area of Adelaide. *ACC* services a large population in an area classified as low income with a high instance of chronic disease, in particular asthma. The initial visit to the practice by the ICT was to introduce the nine general practitioners at *ACC* to the service and how they may utilise the team to achieve maximum benefits. Members of the ICT introduced their area of speciality including the integration between each area, how to access the service, cost and desired outcomes. Two practitioners and the practice manager volunteered to participate in the trial. For ease of access and tight integration the team was lead by the Practice Services Manager who acts as the central contact for team members and the Practice.

Asthma 3 Plus:

The practice identified 20 asthmatic patients with a recent past history of incident. Ten patients had attended the practice recently, a further ten patients were included as opportunities presented in the next week. The initial patient visit was dedicated to general practitioner consultation; the second consisted of a spirometry session, observation of a medication administration technique and education session. The third visit consisted of a review of medication administration technique and a further education session followed by general practitioner consultation to review the process outcomes with the patient. At the third visit the Asthma 3 Plus item number was triggered. During the process the asthma educator on occasions called on the practice nurse for clinical support (e.g. correct care and maintenance of puffer) or the pharmacist to conduct Home Medication Review in complex cases.

Examples discovered by the asthma educator during this process included:

- A patient produced a puffer full of red dust. The puffer (without the cover) sat on the vehicle dash, close to an open window on a dirt road.
- A patient who “sprayed the puffer around the room to kill bugs”, because the bugs were the cause of her asthma.
- Another patient sprayed the puffer on his chest and rubbed the medication in because the doctor had told him “this is for your chest”.

Medication technique and non-compliance were two common problems identified by the asthma educator. The pharmacist was asked to review several patients due to the complexity of their condition. This was undertaken by an HMR with recommendations communicated to the general practitioner. In one case the pharmacist identified a “home remedy” which included a couple of out of date medications from another family member and a splash of herbs and spices (well it worked for Colonel Sander!). A combined service (in some cases an asthma educator alone, in other cases a combination of two service providers comprising a pharmacist or practice nurse and asthma educator and in the more complex cases all three service providers) worked together with the general practitioner to cover all bases to ensure optimal outcomes for the patient.

The outcomes for asthma patients were varied. In some cases there was a marked improvement in the condition, in other cases a less marked improvement. It was agreed by the providers the service, on a combined front with enhanced service options, was focused with outcomes above expectations. The trial has been expanded by the case study practice to include a further two doctors in addition to one rural practice and three urban practices adopting the service.

Service provider’s comments:

“Although you know these services are available all the time, the communication and coordination help the delivery process run a lot smoother”.

Asthma Educator

“I like the option of being able to call on other professionals to assist as the patient’s circumstance unfold” (general practitioner).

“I like to be part of a team approach; we work really well together and have had some outstanding successes” (pharmacist).

“The support and network is very concentrated, I like the idea of working together and having the other professionals on tap, we can work quickly to identify problems and solve them” (practice nurse).

Barriers to the ICT approach to the Asthma 3 Plus Plan:

- Third visit – it is difficult to secure the third visits to trigger the MBS item.
- As patients gain control of their condition they are reluctant to visit the general practitioner for an asthma education session and review visit with the GP.
- Practice staff must be committed to the process. If patients are a no show it is important to make contact and reschedule the third appointment.
- Inappropriate selection of patient e.g. age or incorrect diagnosis. (CPD, not asthma.)

- Keeping the system rotating – it is difficult to maintain the number of patients participating. There is no limit to the number of patients able to participate in the process, but it does require some coordination to maintain a steady flow of patients.

Enablers to the ICT approach to the Asthma 3 Plus Plan:

- Flexible delivery options. One, two, three or more service providers depending on the complexity of the case.
- Provides the patient with the best available care in disease management, education, support and clinical care.
- Reduces the number and severity of incidence due to self-management education, correct medication administration and medication options.
- Reduces the number and severity of incidents due to non-compliance.
- Offers a focused service for the general practitioner to plug into.
- Easy to access—central contact point means service available through central contact.
- Service cost on a user pays basis. The practice can utilise leaders in a field without the cost of direct employment.
- Maintains a system for claiming MBS item for Asthma 3 Plus.
- Provides the general practitioner with secure knowledge the team approach is in a strong position to recognise deficiencies in patient medication techniques, non-compliance issues, or unwise self-medication practice.

Mid North Rural Division of General Practice (SA)

In 2000/2001, the Mid North Division of General Practice, in pursuing funding under the MAHS program, undertook an allied health services needs analysis of all communities across the region. The analysis found amongst a number of specific needs, a common need for practice nurse support to case conferencing and care planning; and asthma and diabetes education and management in a number of areas.

With the development of the MAHS model for the region, the concept of the primary health care/practice nurse was developed. Following a needs analysis a medical centre within the division catchment area sought the services of a nurse who was to be employed directly by the division, at the level of 0.4 FTE (two days per week). With approval for the MAHS project obtained by the division, the processes of implementation commenced, in consultation with the practice.

The Mid North area of South Australia like many similar rural areas around Australia, experiences difficulties in recruiting general practitioners, nurses and other health professionals. Within the local Primary Health Care Nurse model there is a need to ensure some flexibility on the part of the employer, to ensure that work and family time commitment can be mutually met.

The necessary processes required the recruitment of a suitable nurse and it was identified that the incumbent should have extensive experience, including some outreach history and the ability to be well

placed in a practice of significant size and with the ability to self-manage and develop systems somewhat independently of the general practitioners. This latter stated need arose from the need to manage their activity from within a workforce, that was, despite the identified need, treading altogether new and unfamiliar ground.

A suitable candidate was found and appointed in consultation between the division and the practice and appointment was made some seven months after the initial concept was floated. The activity at the Medical Centre is in its third year of operation and provides 15 hours of work per week over two days. The Practice has a patient base of 6000 patients serviced by eight doctors supported by a clinical assistant and administrative practice staff.

The division employed, practice located Primary Health Care Nurse is a new Initiative for the practice. The Primary Health Care Nurse by necessity shares accommodation within the practice as space is limited. Vacant practice rooms and administrative space is provided on a casual basis as the opportunities arise. The primary role for the Primary Health Care Nurse has been case conferencing and care planning as well as chronic disease (asthma and diabetes in particular) education, support and management.

The actual process of recruitment was collaborative, with input from the practice principals and the division. The selection of the appropriate person for the tasks envisaged measured by issues such as clinical competence, experience levels, personality and other factors was perceived to be the prerogative of the practice principals. All of the tasks of advertising, short listing and the administrative processes involved in the determination and agreement of contracts, pay details etc were managed by the division.

The practice nurse like many of her counterparts is a married woman with family commitments, who elected to work part time. This is common throughout the local nursing workforce. The nurse uses accommodation at the practice as a room becomes available. There are no on site meeting rooms so care planning, case conferencing and other consultations in house are achieved through use of vacant doctor's rooms when available. It has been necessary therefore for the nurse to become flexible in her activities.

There were few if any barriers to the development of the proposal to place a Primary Health Care Nurse at the Medical Centre. A key enabler to the activity has been the personality of the incumbent as she has been readily able to work as a team with other practice staff.

A further enabler has been the workload of the practice that is high, with a high doctor to patient ratio and the opportunity arising from the new role to delegate and empower the nurse to assume responsibilities for chronic disease education and support activities. As a result the elderly and those with chronic illness are receiving advice and care that previously occurred only when directly managed by general practitioners when the time and the opportunity arose.

The activity has created alternative employment for nurses in this rural setting, permitting enhanced professional development and satisfaction for the nurses. The Initiative has been embraced by the practice and the community and has filled a gap in services.

Canning Division of General Practice Group (CDGP)

Case Study from the Perth and Hills Division of General Practice (P&HDGP)

Practice Nurse Modelling Tool

Sixty-seven percent (67%) of practices in PHDGP do not have a practice nurse and the issue of financial viability is a major concern for these practices.

The key initiative undertaken by PHDGP over the 12 months has been the development, piloting and implementation of a Practice Nurse Modelling Tool. The tool is an Excel-based IT program that allows tracking and analysis of the roles of general practice personnel and the financial modelling of operations within the division. This tool allows practice personnel to maximize forecasting, budgeting and strategic planning within the practice setting, thus demonstrating the opportunity and financial benefits of practice nurses in general practice. The program also provides a process to assess the impact on personnel and the financial implications of any changes under consideration.

Aim

The aim of the Practice Nurse Modelling Tool in Perth and Hills Division of General Practice is to support and promote the provision of quality nursing care in general practice.

Objectives

- To provide insight into different functions of practice nurses.
- To engage practice staff and discuss options and strategies to enable practice nurses to achieve their full potential.
- To demonstrate the value of the role/s of the practice nurse in terms of opportunity and financial benefits.
- To demonstrate the impact of changing functions of the practice nurse.
- To track the number of practice nurse hours that are required to perform the required functions of the practice.
- To assess the value of Australian Government incentives to general practice.
- To be customised to individual practices.

Description

Data used in the construction of the Practice Nurse Modelling Tool was obtained from the Western Australian Practice Nurse Association, APNA and the HIC. The expanded roles of the practice nurse were based on RCNA's "Nursing in General Practice Information Kit". Further feedback was provided by focus groups and individual contact with practice nurses, general practitioners, practice managers, and division staff. Specialist IT services were engaged to develop and pilot the tool.

The Practice Nurse Modelling Tool is designed as an initial point for investigating the benefits of employing practice nurses. The tool is greatly enhanced by discussions on quality issues and practice systems at individual practices.

While the Practice Nurse Modelling Tool is designed to be customised to individual practices by taking account of many variables, it is impossible to allow for all foreseen and unforeseen variations within practices and individuals. The tool is not seen as a definitive predictor of financial or other benefit and should not be considered as a tool for benchmarking performance.

When first piloting the Practice Nurse Modelling Tool some practice staff perceived that it would be a panacea for all problems within the practice setting. To counteract this, the tool was modified to include an explanation of the tool's capability and limitations and the need for a systematic approach to its use. Additionally, individual follow-up of practice staff piloting the tool was conducted to discuss any change required and how to achieve such change effectively and efficiently in a team environment. Utilising the Practice Nurse Modelling Tool to demonstrate the impact and benefits of practice nurses in general practice was an important component of the implementation process. The Perth and Hills Division Practice Nurse Modelling Tool is an excellent mechanism to engage general practitioners, practice managers and practice nurses in reflecting on the benefits of possible practice nurse roles.

The Practice Nurse Modelling Tool forecasts outcomes in dollar and hour terms. The results should be indicative of the magnitude of the potential benefit but are not absolute. A more accurate prediction of potential benefits for practices can be obtained by entering individual practice data into the tool. If practice data is not available, the Practice Nurse Modelling Tool contains default data obtained from: division, state and national data, practice nurse focus groups, practice managers and general practitioners.

Since the development of the Practice Nurse Modelling Tool there has been much interest in obtaining a copy of the tool. Practice nurses, general practitioners and practice managers within Perth and Hills Division, other state and interstate divisions and international general practitioners have expressed interest in the tool. This widespread interest may reflect the dearth of customised tools that demonstrate the benefits of practice nurses.

Evaluation

A formal evaluation has been performed on the Perth and Hills Practice Nurse Modelling Tool. The evaluation was based on feedback from three workshops attended by six practice managers, five practice nurses and five general practitioners and follow-up practice based evaluations with each participant. The evaluations demonstrated a universal perception by participants for the need of the Practice Nurse Modelling Tool in general practice. The tool demonstrated the possible expansion of roles for practice nurses to 80% of the general practitioners. The workshops facilitated discussion of the benefits of practice nurses between general practitioners who did not have and those who already had a practice nurse.

The process evaluation illustrated that to achieve maximum orientation to the tool, that in addition to the workshop demonstration, a practice-based demonstration was also necessary. Post workshop evaluations are being conducted following the practice-based demonstration to ascertain the staffs' perceived usefulness of the tool.

Feedback has identified that:

- the tool functions well to engage the practice staff team in reflection on what they want for the practice nurse role
- underlying issues in relation to implementing or maintaining practice nurses include role clarification, expectations, and award conditions for practice nurses.

Fremantle Regional Division of General Practice (FRDGP)

Case Study A: General practitioner who has never employed a practice nurse

Dr. A has two general practices in the Perth metropolitan area. He has never employed a practice nurse. "I have never taken the first step. I guess I do not have one by default". However, at the present time he is considering employing one but the task seems daunting to him and he stated without significant help from the division he will probably continue to 'procrastinate'. 'I am just too busy to think about all of the issues, I don't like to hire and fire people and would rather not have to deal with any more stress at the end of the day, despite the fact that I know it could potentially make it easier for me in the long term'.

Previously Dr. A made the choice not to employ a practice nurse with the following issues in mind:

- "I cannot afford one".
- "I like doing all the patient contact tasks such as dressing and immunisation myself".
- "I don't think I would have enough work for them to do".
- "I don't have the physical room in my practice for a practice nurse".

Dr A currently has the following issues to consider

- "Can I afford a practice nurse?"
- "What can a practice nurse do to help me and my practice?"
- "Can I justify having one?"
- "Will the patients be happy with a practice nurse?"
- "Is there enough work for a practice nurse?"

Dr. A has spoken to colleagues who have a practice nurse but is still unclear about what duties they are capable of and how employing one could benefit his practice. He was also informed that initially patients prefer the doctor to continue to do all procedures and that having a practice nurse can be awkward.

What would it now take to employ a practice nurse? "*It would take someone else to help me and basically take that first step*". Despite reading the division's monthly newsletter Dr A was unaware of

the services offered to assist him with employing a practice nurse. Now he has this information he has requested a formal session to update him on the division's role in assisting practices to employ a practice nurse. *"If you had not requested this interview I probably would still not have followed the issue up, at the end of the day I am too tired and just want to go home"*.

Case Study B: General practitioner who employed a practice nurse 14 months ago for the first time

Dr. B works in a metropolitan practice with three other general practitioners and two reception staff. The practice is in a low socio-economic area. Dr B has been actively involved in the division, at both a program and Board level for the past ten years and is thus well informed of the services the division can provide, in particular the Practice Support Team.

Despite all the information, knowledge and FRDGP support, Dr B has only decided in the past 14 months to employ a practice nurse. What have been the issues for Dr. B? Why has he not employed a practice nurse prior to this despite knowing the enormous benefits a practice nurse would bring to his practice?

A face-to-face interview with Dr. B provided wonderful (although not unique) insight into the issues general practitioners contemplate before employing a practice nurse. One of the main reasons Dr. B employed a practice nurse was to 'take some of the pressure off'. He also thought that there were many things the practice should have done and didn't because the doctors didn't have time. Like many of his colleagues, Dr. B waited until his stress levels were close to crisis point. Dr. B also reported that "trying to maximise finances for the practice as well as providing a better service for his patients" were motivating factors for him to employ a practice nurse and 14 months later, Dr B cannot believe he did not do it sooner. He has no negative experiences to report.

Dr. B admits that he is not using his practice nurse to her full capacity. He believes that he is still too busy and does not have time to "sit down and smell the roses". For him, making time to stop and re-evaluate the roles and responsibilities of his practice nurse is not seen as a current priority, nor does he see it as an activity that can further maximise the effectiveness of his practice. However, Dr. B does realise he will need to address this at some point in the future.

At present, Dr. B is happy with the way his practice dynamics have changed and his relationship with his practice nurse. "Nurse B knows my idiosyncrasies. She helps monitor the patients and keeps us all going. She knows when we might need a coffee break or an extra pair of hands. The patients are very positive about Nurse B being in the practice. You just cannot put a value on the extra pair of hands. We notice when she is not there. I just don't want to do it by myself anymore".

Case Study C: General practitioner who has always employed a practice nurse

Dr. C is a metropolitan area general practitioner who works in a large corporate practice with 12 other general practitioners and four practice nurses. Previously Dr. C worked in rural practice where he always employed practice nurses. "I have always been in practices with a practice nurse. They are an essential expense and an asset to any practice. General practitioners who do not have them are

money pinching. I think practice nurses are far more skilled at completing tasks such as immunisation, weight, height, BP check, blood sugar checks, and spirometry than us.”

Working with practice nurses is part of Dr. C’s daily routine in his practice. He believes that those general practitioners with a nurse are at a real advantage. “The first thing is that it gives you more time with patients. The patients can talk about the issues that brought them to you for the whole appointment time.”

How would he advise other general practitioners who are considering employing a practice nurse? “Do it. You will never regret it. They add so much to the practice. There is a big medicolegal advantage. You have another medical person keeping their eyes on and monitoring the patients.”

General practitioners are often concerned about what the patients think about not having a doctor attend to all of their medical needs. Dr. C strongly believes that his patients enjoy having a practice nurse. “They absolutely love it. Some come back on specific days just to see a specific nurse. Some would be okay to see the nurse only but unfortunately this is not cost effective the way the MBS is structured.”

How best could the division express to other practices the benefits of having a practice nurse? “We need to get around the cost some how. Doctors will not know until they try it. They should discuss it with their colleagues who have a practice nurse.” The following points regarding employing a practice nurse were highlighted from the face-to-face interview with Dr C:

- Face-to-face contact with general practitioners is beneficial.
- Address the cost factors, illustrate how a practice nurses can be a self-funding prospect.
- Listen to other general practitioners who have a practice nurse.

Hunter Urban Division of General Practice (HUDGP)

Case study: Practice Nurse Recruitment

Solo practitioner: Urban practice

Standard Whole Patient Equivalents (SWPEs) – 2300 with many family groups.

In the first roll out of the Practice Nurse Incentive Payment, the practice did not qualify for the incentive. However, the HUDGP approached the practice to see if they were interested in employing a practice nurse. The practice was interested and identified the role the practice nurse could take identifying immunisation, diabetes and women's health as the main areas of need.

The general practitioner knew of a registered nurse who was working in another area and he approached her to work 16 hrs/ week. She accepted the offer. The registered nurse was an accredited immuniser.

Initially the practice nurse saw patients on demand and as directed by the general practitioner but within three months they soon realised that the practice nurse would work more efficiently with her own appointment system so the following model was developed

GP	PN
GP pt 15 mins	PN pt 20mins
PN pt 5 mins	
GP pt 15 mins	PN pt 20mins
PN pt 5 mins	
GP pt 15 mins	PN pt 20 mins
PN pt 5 mins	
Total 3 pts	Total 3 pts

The general practitioner paid for the practice nurse to complete the Family Planning Australia Women's Health Course and on completion the practice nurse undertook all breast checks, pap smears, and contraceptive advice with support from the general practitioner.

As the number of practice based patients grew, and as the practice nurse had a young family and didn't want extra hours, the general practitioner employed a second practice nurse for 20 hrs per week. The practice nurse was a qualified diabetes educator.

Both practice nurses undertook EPC health assessments, wound care and immunisation.

After a 12-month period the general practitioner identified a need to provide extra support for patients attending with a mental health related problem e.g. depression, postnatal depression, grief and loss. In conjunction with the Hunter Area Health Mental Health Team, a mental health registered nurse who was interested in working in a practice environment was employed one day per week maintaining her area health position for the other four days.

The Practice Mental Health Nurse works five hours per day with the following model:

GP	MHN
GP pt 15 mins	MH pt 45 mins
GP pt 15 mins	
MH pt 15 mins	
GP pt 15 mins	MH pt 45 mins
GP pt 15 mins	
MH pt 15 mins	MH pt 45 mins
GP pt 15 mins	
GP pt 15 mins	
MH pt 15 mins	MH pt 45 mins
GP pt 15 mins	
GP pt 15 mins	MH pt 45 mins
GP pt 15 mins	
MH pt 15 mins	
Total 15 pts	Total 5 pts

This model frees up the general practitioner to see more patients per hour. The practice now qualifies for the Practice Nurse Incentive Payment with the availability of six sessions.

They also have a pharmacist attend the practice one day per fortnight to undertake the Home Medication Reviews, and a dietitian attends one day a fortnight to contribute to diabetes care planning and to see non-compliant diabetics.

Northern Tasmania Division of General Practice (GP North)

The Introduction of the Practice Nurse Concept to a General Practice

The strong driver behind GP North's Practice Nurse Program in 2000 was the introduction of the EPC item numbers by the Australian Governments DoHA, although by this time GP North via its membership had already identified the importance of practice nurse support, as beneficial to its members and general practice as a whole.

The introduction of these item numbers was viewed by the board at GP North as an invaluable opportunity to promote the integration of practice nurses into general practice and provided an excellent impetus to do so.

Additionally, GP North saw the potential benefits of being able to offer the membership practice nurses on a contract basis, which removed the fears of sustainability of employment, which at the time was viewed as a major barrier holding back general practitioners from taking the leap to integrate practice nurses into their practice. It was also considered that apart from practice nurses, the membership could benefit from being offered a broader range of services on a contract basis, such as secretarial and practice management. For the provision of such services, a subsidiary company with its own board of management was established.

The benefits of employing a practice nurse was presented to the membership via a combination of educational evenings focusing on the EPC item numbers and the role of the nurse in their access, as well as individual presentations delivered by GP North's Chief Executive Officer to practices and practitioners. Apart from the financial benefits, broadening of services offered, and improved patient outcomes resulting from integrating a practice nurse to the practice, members were made aware that the division's contract nursing service would provide them with highly experienced nurses, most of which had held senior nursing positions in their previous employment, and had been fully orientated to general practice using divisional resources and expertise.

The contract nurses were well versed in the new EPC item numbers and were provided with portable notebooks (laptop computer) and EPC templates which would see minimal or no disruption to the practice, whilst the nurse's new role in the practice was being developed. Additional orientation to general practice was provided to the newly employed nurses by divisional staff that held expert knowledge of the workings of general practice.

General practitioners were also offered the opportunity to visit other practices that employed practice nurses to see them in action and see how they could be utilised to enhance the practice and reduce the general practitioner workload.

Once the individual practice had made the commitment to employ a practice nurse via the division, a lunchtime meeting between the division's nurse coordinator, the nurse and the potential employer was held, so all parties could meet and discuss their actual/ potential role and expectations. A trial period was also set to ensure all parties were happy with the arrangements, and regular communication ensured that any arising issues were dealt with. It was also decided that to allay any reservations of over-commitment, the practice could begin by employing the nurse for one day a week only, with the

option of increasing their hours as their role was developed. In one example, a nurse was employed by a practice that had never had the services of a nurse before. It was a 3 FTE general practitioner, RRMA 3 general practice.

The nurse began by undertaking only EPC health assessments, one day per week. In the first month alone, over a dozen occupational therapy referrals were made, with obvious positive patient outcomes such as the installation of safety aids in the patient's home and the identification of various other risk factors, such as deficient dietary intake or poor medication compliance. Additionally a number of other referrals were made to allied health care providers ranging from podiatrists to Medi-alert services.

In on going discussion with the general practitioner employer, the nurse was soon able to show the employing practice, the various other skills they brought with them, such as the ability to undertake certain aspects of accreditation work, cold-chain management, triage, mediation with other health care providers, stock management, sterilisation, assistance with and undertaking of clinical procedures, and provide broad support to the general practitioners as required. The role of the nurse soon developed further and the nurse was contracted two days a week by the second month of employment.

The increased range of services provided by the practice as a result of employing a practice nurse saw the purchase of electrocardiography and spirometry equipment, the purchase of emergency equipment, including that required for emergency intubation and defibrillation. The surgery began nurse led asthma, diabetes and dietician clinics, allergy testing, broadened immunisation services, and for patients with complex and chronic conditions, various care plans were formulated and some case conferencing attended.

The number of surgical procedures undertaken at the practice also rose by four fold, as the general practitioners no longer had to allow time for the preparation of equipment and clean up. Additionally sterilisation was now the responsibility of the nurse who also introduced a tracking system. This marked the beginning of various quality assurance programs initiated by the nurse with the support of the practice team.

By the third month of employment, the nurse's hours were increased to three days per week and the general practitioners in the practice claimed to find the services of the practice nurse invaluable and somewhat indispensable. They found that the capacity of the practice to provide expanded services and embrace change had markedly increased, while their overall workload had decreased.

Although the initial underlying premise for employing a practice nurse was to access the new EPC items, the role of the nurse was broadened and became quite comprehensive in a very short period of time. The experience of the division's Nurse Employment Service has been that however the nurse is integrated into the practice initially, for example be it to provide a 'specific' service only such as EPC health assessments, there appears to be a rather speedy natural progression of the nurse's role within the practice.

Another observation made is that the introduction of the "Practice Nurse PIP" appears to have partially removed the 'pressure' on the practice nurse to generate enough income to 'justify' their employment, allowing the practice nurse to undertake extremely important work within the practice that does not necessarily attract obvious financial return. The new nurse item numbers have also been well received.

We view this example case study as classical of our experience of integrating nurses into general practice. Four years down the track this particular nurse is still employed by this practice and is considered an invaluable member of the 'team'. This result however is not guaranteed; there must be

willingness from the general practitioners to delegate aspects of patient care and learn to function as part of a team. In instances where this has not occurred either the nurse is no longer employed by the practice or their role has not developed as it could have, leading to poor job satisfaction.

It should also be noted at this time that the introduction of our nurse contract service provided the platform for a broader 'practice nurse support program' which we believe is an integral part of ensuring the sustainability of the general practice nurse workforce.

South East NSW Divisions of General Practice Group (SENSW)

A rural general practitioner who has never employed a practice nurse

Dr T is a rural GP whose practice is one of three in a small rural town. He has considered employing a practice nurse however has seen taking the step to do so as one of great difficulty. Following is an outline of that discussion.

"I have considered sharing a nurse with Dr K but never got around to it" While the doctor realises the benefits of employing a practice nurse he cited a number of problems that stand in the way:-

"I don't have enough room. Space is a problem that would need to be addressed. Maybe the nurse would have to come when I'm not here. It isn't such a problem for Dr K as he has more space".

These issues notwithstanding Dr T was certainly aware of the benefits to his practice in employing a nurse. "I know that employing a practice nurse would help me manage my workload more effectively and I'd have more time to spend with the patients. I might even finish surgery at a reasonable time. It wouldn't cost that much either."

Dr T saw another problem "I'm not sure when I should have the nurse here; the patients she could see don't always all come on the one day".

Further discussion about the role of practice nurses assisted Dr T to clarify the duties that a practice nurse could undertake.

How does Dr T now feel about the possibility of employing a practice nurse? "Maybe I need to talk with Dr K about sharing a practice nurse and someone could help us find someone suitable? I still would have to workout the issue of space".

Case study two

A group of general practitioners on the South Coast of NSW who did not employ practice nurses became convinced as to the benefits that could be afforded to their practice should they employ a practice nurse. The practice nurse originally employed was made available to this practice from the division free of charge. As the benefits for the practice in the way of assistance with clinical tasks such as conducting spirometry, ECGS, undertaking dressings, became evident the practice became more

open to the idea of having a practice nurse in their own right. The additional benefit of increasing income for the practice by way PIP and EPC Initiatives also helped to see the position grow.

Southern Metropolitan Region Divisions of General Practice (SMRDGP)

Background

As a group, the SMRDGP Regional Practice Nurse Support Network has undertaken a number of region-wide projects. These include:

- a research project exploring the role of the practice nurse in EPC, especially health assessments.
- information and orientation to general practice sessions for nurses working in other sectors.
- establishment of a database of available nurses—providing an advertising service for practices.
- regional professional development workshops for practice nurses.

Each of the seven divisions within the SMRDGP continues to undertake its own autonomous program of support to practices and nurses, maintaining a local focus with activities tailored to each division's unique needs and priorities. The following case study gives an example of how the regional activities translate into local practice-based outcomes.

The practice

The practice has two general practitioner principals plus several part time associates making up a total of approximately six FTE general practitioners. The practice had previously employed a nurse for one session per week to undertake home-based annual health assessments only. One of the principal general practitioners had been considering employing a nurse for some time; he had obtained some information from the division some months earlier, then followed up for further advice and a meeting was arranged between himself, his partner and the division Program Officer.

One purpose of the meeting was to convince the other principal that a nurse would benefit the practice. This general practitioner did not want to create a new position from existing tasks that were already being undertaken competently by other staff members. He was reluctant to fund a new position unless it would clearly add value, and revenue to the practice.

After discussing the practice patient profile, general practitioner workload and administrative responsibilities, it was identified that the practice was not accessing some components of the Chronic Disease Management PIP incentives, and missing opportunities under the EPC program.

It was identified that a new nurse could (two-three sessions per week initially) be responsible for home health assessments, setting up a system for recalling women for Pap tests, undertake diabetes assessment and education and provide wound care. There was potential for the hours and role to increase according to the nurse's level of skill and competence, to include asthma education and

spirometry, audiology, ECGs, immunisations and record keeping, general recall management and care planning/liaison with other services.

The general practitioner then prepared a position description to reflect these roles and responsibilities, which was distributed by the division to the nurses on the regional database.

The practice received approximately five applications. They interviewed a number of these and offered the position to one. The general practitioner also sought advice from the division on an appropriate level of pay.

The successful applicant had attended one of the three Information Sessions and the Orientation Day held by the Southern Metro Region divisions, so was well aware of the services and support provided by divisions to practice nurses. She contacted the local division and requested a number of resources that would assist her in the new position. She met with the Immunisation/CDM Program Officer who provided her with information about the EPC items and the Chronic Disease PIP and the process for immunisation reporting and other immunisation resources. She also had a training session on Medical Director with the IMIT Program Officer and has been given the names of several practice nurses in the area to which she can turn for advice once she starts the new position. All of this was prior to actually commencing the job!

She has now registered with the division's Practice Nurse Network, so will receive invitations to any educational activities offered, and has been informed that practice nurses are welcome to attend general practitioner Continuing Professional Development events that are relevant to her role. She has already attended a two-day Diabetes Update workshop, organised by the division network in conjunction with the International Diabetes Institute.

Mornington Peninsula Division of General Practice: supporting 70 practices.

The practice nurse and practice manager networks were set up six years ago with terms of reference to provide a forum for exchange of information and ideas for the division to support each separate network.

Each group wished to be the driver of their own agenda and initially a needs survey was undertaken to identify topics for discussion in the first twelve months. For each group a top ten was selected and the divisions proceeded to identify and recruit high quality speakers for each topic. This worked well on limited resources.

With the advent of accreditation for general practice a new dimension was added—the division decided not to appoint or resource an individual at the division to support accreditation rather to upskill a group of practice managers/practice nurses/general practitioners who were interested in accreditation and had participated in preparation for accreditation at their practice.

This group was to be supported by the division to go out and visit practices and create inter practice relationships and peer support. The group was provided with some training by Australian General Practice Accreditation Ltd (AGPAL) at the division and a number of division resources, and were soon visiting practices giving advice on division resources available and sharing their knowledge and support. All involved enjoyed this phase of operation.

The division provided support and ongoing upskilling through the two AGPAL surveyors within the division's boundary (one general practitioner and one practice manager). It continues to support, provide resources, kits and guidelines to assist practices achieve accreditation and reaccreditation.

The two networks meet regularly, still drive their own agenda but enable the division to leverage on these forums to talk about how its programs can assist the practice nurse, practice manager and general practitioner to improve the quality of general practice. Regular annual and ad hoc feedback provides information on future meetings, topics, speakers, and liaison. We are still thriving and the Board and members fully appreciate the networks and support them by ensuring resources and expertise are available through the division.

Hospital-based upskilling for practice nurses

To enhance training and education opportunities the division negotiated with the acute sector (Peninsula Health) to provide access to hospital based in-service training for nurses to the broader audience of practice nurses. Often these in-service training sessions were conducted during the day, or in the evenings and suited practice nurses. Initially there was no cost for this training however there is now a small cost involved for non-hospital attendees, which is accepted by general practice.

This has built relationships, support and understanding of the practice nurse role at the acute interface and has provided high quality structured education programs. Some examples have included a SARS update. This provided a timely workshop also providing an opportunity to exchange information and understanding on how the acute/primary care sectors were to deal with SARS. Other examples have included wound management, infection control, ECGs, and numerous other topics.

Townsville Division of General Practice (TDGP)

TDGP Practice Support Incentive 2002 (TDGP PSI 2002)

Due to Medical workforce shortages in Townsville, resulting practice fatigue, and the lack of resources to effect change, TDGP Board decided to use newly allocated Chronic Disease Management (CDM) funding, up to \$30,000, to trial an initiative design to provide practice support at the grass roots level. Feedback from practice managers had indicated that the majority of practices would experience additional workloads associated with the setup of the information systems disease registers and active recall mechanisms required to support service incentive and outcomes payments. Thus, the division decided to assist all interested Townsville practices to set up the internal systems required to make the most of the new Practice Incentive Payments.

A payment of \$300 per FTE GP was made to applying practices. This incentive was to be used to buy extra nursing/staff time to meet critical needs within the practice.

Seventeen practices with a workforce of 65.2 FTE GPs (79% of FTE general practitioners) sought the incentive as a result of considerable marketing. In total \$19,560 was allocated under this proposal.

The applying practices identified the following needs to be addressed:

- Practice accreditation—improving quality and standards in the practice (one)
- Australian Childhood Immunisation Register reconciliation's (four)
- Develop and improve diabetes and asthma registers (nine)
- Data cleansing—computer and manual records (five)
- Up skill staff and systems to utilise EPC items (four)
- Coordination of recalls (three)
- Data collection improvements (one)

Most practices that accepted the PSI2002 wanted to access the PIP and Service Incentive Payment (SIP) funding and used the funding to buy extra nursing time. This time was spent:

- identifying asthmatic and diabetic patients and women who had not had a cervical smear for >four years
- data cleansing of demographic information, clinical diagnoses and immunisation data
- upskilling of nursing staff on current diabetic and asthma treatments and assessments

The participating practices were asked to provide the following reports:

- initial status (<50 words)
- procedures undertaken (<100 words)
- impact outcome i.e. immediate outcome (<100 words)
- outcome after three months (<50 words)

As a result of the incentive funding, general practitioners and nursing staff were able to identify critical issues and address them. The following are examples of such issues:

- **Data cleansing:** Electronic chart numbers in a practice ended with B or H and these needed to be appropriately archived to enable the practice to identify their current practice population.
- **Improved record keeping:** A solo general practitioner had just relocated to a manual record practice and wanted to computerise the records. He had purchased two computers but did not have the skills to network them or to get the clinical software operating. The small payment enabled him to subcontract the North & West Qld Primary Health Care IMIT officer to meet these needs. (TDGP policy at this time did not allow our IMIT officer to perform this role)
- **Consolidation of manual records:** Another new general practitioner had purchased an existing surgery, which then had three types of manual records. The payment for 1.3 FTE general practitioner enabled practice staff (at that stage they did not have a practice nurse) to reconcile their manual systems to one type.
- **Development of diabetic registers:** Most practices that accessed the TDGP PSI2002 used the payment to develop chronic disease registers enabling them to access PIPs and SIPs. TDGP assisted practices to identify the maximum number of patients by developing a Microsoft Access

query tool, which interrogated pathology, prescriptions and diagnosis. Some practices increased the number of identified diabetics from ten per cent to nearly double in one practice.

Where backfill was used, practice nurses had the time and resources to work on the issue without trying to squeeze it in with normal duties. At the same time they learned how to use staff effectively in identifying and addressing an issue.

Useful references

Websites

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<http://www.rcna.org.au/>
- Australian Nursing Federation
<http://www.anf.org.au/>
- Australian Nursing and Midwifery Council
<http://www.anmc.org.au/>
- Council for Remote Area Nurses
<http://www.crana.org.au/>
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Appendix one

Details of the Demonstration Divisions projects

The Demonstration Divisions have developed practice nurse support models that best fit the needs of their local members and communities. The projects have highlighted that there is no one right or wrong model for practice nurse support. However, there is a range of strategies that can be used to support local general practitioners and practice nurses. The key areas addressed in the Demonstration Divisions models are:

- recruitment and retention
- professional development
- mentoring and support
- collaboration and partnerships
- teamwork and integration
- professional standards
- divisional support for practice nurse involvement in EPC, PIP and SIPs.

Following is an overview of the features of the Demonstration Division models in accordance with these key areas.

Recruitment and retention

Why is it Important?

Assisting general practitioners to access practice nursing services was a key element of all of the Demonstration Divisions projects. The introduction of the Practice Nurse Incentive Payment for practices in rural areas in 2001 and for urban areas of workforce shortage in 2003, combined with the increased focus on the benefits of employing a nurse, has resulted in many more practices seeking to employ a practice nurse.

Many general practitioners have reported that although they have considered employing a nurse for the practice they haven't had the capacity or time to action this thought. Most practices have little experience with recruitment processes, are very time limited and often don't know how they might utilise a nurse (particularly if they have not previously employed a nurse). The Demonstration Divisions have been able to provide valuable support to assist practices with recruitment.

How does it work?

The Demonstration Divisions have utilised a range of strategies within their various program models. Recruitment was seen by most to be more of an issue than retention. This may be a reflection of the current development of the Practice Nurse Initiative which in this initial phase has placed a high priority on recruiting practice nurses but will need to focus more attention in the future on the retention of these nurses.

Recruitment models utilised by the Demonstration Divisions included:

- Division employed practice nursing services,
- Division recruitment of nurses on behalf of practices,
- Assisting practices with recruitment, and
- MAHS models.

Division employed practice nursing services.

The Adelaide Northern Division of General Practice (ANDGP), South East NSW DGP (SENSWDGP) and Northern Tasmania Division of General Practice (GP North) adopted direct employment models, which will now be described.

The Adelaide North Division of General Practice (ANDGP) commenced their Practice Nurse Program in June 2002 by employing one registered nurse for the purpose of contracting this nurse on a short and long-term basis into general practices.

ANDGP sought to establish a 'fee for service' general and specialist nursing service to general practitioners within their division, with the desired outcomes of:

- utilising the skills of practice nurses to enhance the outcomes of the EPC programs
- providing a seamless system for general practice to employ the services of a practice nurse on an ad hoc basis to suit demand
- increasing the number of practice nurses supporting general practice in ANDGP, in particular solo practitioners.

An advantage of this model experienced by the division was that solo general practitioners were able to access a divisional practice nurse on an ad-hoc basis. It also provided the opportunities for general practitioners to run specific clinics as booking arrangements would allow for a permanent booking on a specific day if required. Some general practitioners initiated immunisation and asthma clinics with this service.

South East NSW DGP (SENSWDGP) employed and provided five practice support registered nurses (PSRNs) to assist practices and existing practice nurses in four different rural locations in their region.

The initial aim of the PSRN service was to provide registered nurse support to general practice through offering a range of services, which would ultimately serve to improve the lifestyle and morale of general practitioners.

To achieve this, the PSRN service endeavoured to:

- provide support to general practice by offering a range of services which would decrease workload and maximise remuneration
- afford the opportunity for those practices without a practice nurse to recognise the potential value of the practice nurse role
- provide a skilled nursing workforce to general practice.

The demand for PSRN services in SENSW has exceeded the capabilities of the existing PSRNs. SENSWDGP is now contracting out nurses to practices upon request. SENSWDGP is responsible for recruitment of the practice nurse, who is then contracted out to a practice at full cost recovery basis to work for that practice only.

The Northern Tasmania Division of General Practice (GP North) model aimed to support regional general practitioners to attract, employ and retain appropriately trained nursing staff. Recruitment occurred through a range of employment strategies including direct, shared and contracted nursing models.

Providing the contract nursing service has involved the recruitment, employment, orientation and ongoing support of Level Two (Clinical Nurse Specialist level) registered nurses who are then contracted out to general practices through the division's service entity 'Tas Prac Services'.

Divisions recruitment of nurses on behalf of practices

Hunter Urban Division of General Practice (HUDGP)

The initial HUDGP Practice Nurse Program provided for the facilitation of, or support for, the employment of nurses in general practice on a permanent basis. This service involved a full recruitment and training program that included:

- advertising, recruitment and selection of practice nurses for placement within general practice
- the development of four Practice Nurse Employment Packages for use by practices including division employment of nurses on behalf of the practice
- a three-day induction training including orientation and procedural manuals
- a one-day mentoring day by an experienced HUDGP nurse within the employing practice
- liaison visits by the HUDGP Program Manager as required.

The initial HUDGP practice nurse recruitment program was an intensive, multi faceted one that, in an 18 month period, increased the number of practice nurses working within general practice in the area from 45 to 158. Since the beginning of 2003, recruitment of practice nurses has been via 'word of mouth'. Orientation is offered on a one-to-one basis at the division, and followed up by divisional accreditation and Chronic Disease Management staff visiting the employing practice upon request.

The following 'tips' are from the HUDGP program:

- Active recruitment has a life span—you eventually run out of practices so therefore plan accordingly.
- Don't over estimate your recruitment capabilities. Non PIP practices are not likely to want a practice nurse due to cost. Therefore the division needs to develop alternative approaches.

- Keep it simple—general practitioners don't necessarily want detailed financial models to prove practice nurse viability.
- Face to face practice visits to 'sell' the practice nurse role works best.
- Every practice is different—be flexible and accommodating.
- As time goes by the Practice Nurse Program can be tailored to continue to recruit and place practice nurses for those practices wanting a second nurse or where one nurse resigns/retires and needs replacement.
- Prioritise the program with divisional board support—allocate funds and staff to undertake the development and implementation. Don't skimp, it is better to develop a well-accepted, sustainable program and this takes time and commitment.
- When visiting practices to ascertain their need for a practice nurse, prioritise the key tasks they want the nurse to undertake and employ accordingly.
- Having senior nursing staff working within the program at the division proved extremely beneficial especially when it came to understanding practice nurse competencies.
- When culling from resumes, be aware that many nurses have not applied for positions for many years and therefore their resumes may not meet acceptable standards. The HUDGP initially culled a number of potentially excellent practice nurses based on their resumes. Most general practitioners have no knowledge of EEO principles and may need help from the division should they decide to employ their own practice nurse. They can of course 'do their own thing' but they need to be aware of the ramifications if they don't use EEO principles.
- Ensure that the original of the practice nurses' nursing registration is sighted.
- Ask all new recruits to fill in a privacy/ police/ nurses' registration check document.
- Send three (3) practice nurses to the practice so that the general practitioner /principal/practice manager can make the final decision as to whom they will employ. Be aware that the final choice will usually be based on personality.
- Ensure that the practice understands that they will need to cover the cost of wages for the new practice nurses while they attend the division orientation program.
- Ensure that the practice has investigated indemnity insurance coverage for the practice nurse once they are placed in the practice.
- Provide a Practice Nurse Employment Package—the HUDGP has developed one for distribution nationally.
- It is difficult to mentor in another practice due to insurance issues, best to mentor within the practice nurse's allocated new practice.
- A two-day orientation program was too 'heavy' for participants, and was extended to three days.
- In the 'Health Assessment' section of the orientation program having 'live patients' worked well.
- Give out as many resources as possible—the practice nurses found them very useful once placed.

- To maintain sustainability and continuity of care, don't employ the practice nurses through the division. If there is not sufficient work within one practice then a practice nurse can work in a number of practices.
- Only one practice nurse recruitment advertisement was required. Via word of mouth resumes continue to be forwarded to the division and the Practice Nurse Program facilitator at the division receives, on an average, one phone call per week for information re practice nurse employment.

Divisions assisting with recruitment on behalf of practices

Following is an overview of recruitment models from Southern Metropolitan Region Divisions of General Practice (SMRDGP), Fremantle Regional DGP and Townsville DGP.

Southern Metropolitan Region Divisions of General Practice

Following advice that there were a growing number of general practitioners interested in employing nurses in the SMRDGP, a regional approach to recruitment was adopted.

The SMRDGP model aimed to:

- raise awareness of practice nursing as a career option among nurses in other sectors
- establish a register of nurses interested in practice nurse positions
- provide direct assistance to practices planning to employ a nurse.

There were four main strategies for recruiting nurses, these were:

- an advertising campaign
- a series of three information sessions
- a register of nurses interested in practice nurse positions
- provision of direct assistance to practices planning to employ a nurse.

Advertisements were placed in relevant local publications, the Australian Nurses Journal as well as employment websites. Each division also distributed posters to clinics and other local sites, targeting registered nurses currently working in other sectors, or temporarily out of the paid workforce. The advertisements promoted the role of practice nursing as an attractive career option and publicised Information Sessions that were running in three separate locations

The advertising campaign resulted in 120 enquiries from nurses throughout Australia, 84 subsequently attended the information sessions and 60 were entered onto the regional database. Each division is now able to promote this as a service to its members and provides an opportunity to assist general practitioners with recruitment, for example through assistance in developing a position description that reflects the practice's individual needs.

This model provided a central register of available nurses, but afforded each division the flexibility to promote the availability of nurses and assist their own practices in accordance with local needs. The benefits of a regional approach enabled the consortium to identify common challenges, share knowledge, resources and tasks, benefit from the expertise of their neighbouring colleagues and undertake projects that would be beyond the capacity of an individual division.

Canning Division of General Practice Group

Similarly, Canning DGP, Perth Hills DGP and Eastern Goldfields DGP have assisted practices with recruitment by:

- placing feature articles in the local newspaper targeting nurses
- development of an information kit sent to nurses enquiring about positions
- information evenings
- establishment of a database of nurses looking for work in practice nursing as well as practices looking to employ nurses
- use of the West Australian Practice Nurse Network employment network;
- the provision of general practitioner education in relation to the employment of staff
- developing a practice nurse 'Package for General Practitioners.

Fremantle Regional DGP

Fremantle Regional DGP offers assistance with advertising, applicant screening, identifying the role envisaged for the practice nurse, demonstrating the financial benefits of employing the practice nurse and other considerations such as indemnity insurance or identifying the number of hours the nurse would be required.

In most cases the Practice Nurse Support Officer has spent time discussing the needs with the individual practice and then assisted with the development of a strategy tailored to suit the practice.

Townsville Division of General Practice

Townsville has a high level of practice nurse employment and has not had to 'sell' the value of practice nurses as in some other areas in Australia.

While there has been no formal recruitment process, Townsville DGP has provided assistance to practices with advertising vacancies through their weekly news fax and has also found word of mouth to be effective. Practices generally contact the division when they are looking for staff.

A casual staff pool was established but Townsville reports that this has recently been exhausted as the practice nurses have all found permanent positions.

More Allied Health Services (MAHS)

The More Allied health Services (MAHS) Program provides funding through the divisions of general practice to support the employment of allied health personnel to work with general practitioners in rural areas to improve the health care outcomes for local populations.

Divisions utilising MAHS

Some divisions such as Yorke Peninsula, Mid North SA, South East NSW and Riverina utilised MAHS funding to provide specialist nursing services such as diabetes education and asthma education.

Mid North (South Australia)

The Mid North Division sought to expand the scope of the nurse's role in general practice, hence the position of the Primary Health Care Nurse (PHCN) was identified. It was envisaged that Primary Health Care Nurses would help support general practitioners in the uptake of case conferencing, care planning, asthma and diabetes education and management.

Prior to the implementation of this model there were few nurses employed in general practice in the area, due to lack of affordability especially in the sole practice environment. With MAHS funding and the development of the MAHS Model for this region, the concept of the Primary Health Care Nurse was developed at ten practices.

This model has seen the utilisation of the nurse in a dual role, of a Primary Health Care Nurse and a practice manager. This dual role has been identified as a possible solution to the shortage of appropriately trained staff in rural areas and a cost efficient model for the practice.

Yorke Peninsula DGP (YPDGP)

Similarly, YPDGP via its MAHS funding developed the role of the practice based EPC nurse to address current health issues in the community in relation to asthma and diabetes. Via a range of consultative mechanisms, diabetes and asthma were identified as two of the regions highest priorities thus the implementation of a practice based EPC nurse and an asthma educator were introduced to provide comprehensive care for people with a diagnosis of asthma and or diabetes.

The EPC nurses were sought from existing practice nurses currently employed in general practice but wanting additional hours. They were funded by the division to expand their role to include Enhanced Primary Care models. Their responsibilities included, establishing recall systems and follow up care for patients with diabetes, diabetes management, assessment, risk management, patient education and ensured appropriate referral to other allied health staff. The asthma educator was directly employed by the division and provided services via asthma clinics based in the general practices. She was responsible for maintaining an asthma register and recall system, patient and community education programs, and the provision of spirometry services and correct asthma device usage.

South East NSW DGP (SENSWDGP)

SENSWDGP has utilised MAHS funding to support its Practice Support Registered Nurse Program (see division employed practice nurse services). Due to the success of the PSRN program and additional funds available through the MAHS program, some of the PSRN services have become partially funded through MAHS. MAHS funding has enabled the PSRN service to be charged at a subsidised rate that encourages practices to utilise the service.

Riverina DGP (RDGP)

MAHS covers rural towns throughout the RRMA 4–7 areas of the Riverina. Practice nurses utilise the specialised knowledge of the visiting MAHS workers to inform their own practice, and also consult MAHS workers for advice on asthma, diabetes and nutrition. Practice nurses can access the MAHS workers by phone, during practice visits, or at shared divisional activities.

Common approaches to recruitment utilised by demonstration divisions included:

- The provision of hands on nursing services to practices, including recruitment, orientation, training and placement of practice nurses.
- Establishment of data bases of nurses interested in a practice nurse position.
- Establishment of casual relief pools. This strategy had varying success due the difficulty in maintaining a viable pool, as nurses frequently accepted permanent vacancies as they arose.
- Developing orientation programs and processes for new staff.
- Development of information kits and employment packages including the relevant industrial award, and a job description.
- Information evenings for nurses not currently employed in general practice.
- Use of the Australian Practice Nurses Association or West Australian Practice Nurses Association, employment networks.
- Informal networking/ word of mouth to advise of positions vacant.
- Education for practice staff about how to recruit for nurses.
- Demonstrating the value of the practice nurse to general practitioners through the provision of division employed nurses placed in practices on a short-term basis.
- Use of divisional Web sites and newsletters advertising vacancies.
- Introducing undergraduate student placements into general practice from University Schools of Nursing, or TAFE campuses.
- Advertising and marketing campaigns including feature articles in local newspapers.

Professional development

Why is it important?

Prior to divisional based professional development programs, many practice nurses' experienced professional isolation and had difficulty accessing education that was specific to their needs.

The role of the practice nurse is expanding, and the expanding role has been influenced by the implementation of Australian Government Initiatives such as EPC in November 1999, the subsequent Chronic Disease Initiatives and more recently *Strengthening Medicare*. Much of the drive around professional development for practice nurses has been directed to supporting general practitioners and practice nurses to implement these Initiatives.

Three major issues have been identified by Demonstration Divisions about professional development. These are the:

- lack of formal state or national competencies specifically relating to practice nursing

- a reluctance by some nurses to participate in ongoing professional development
- lack of dedicated funding for the professional development of practice nurses.

How does it work?

All of the Demonstration Divisions have developed practice nurse education programs. The content for education and professional development has largely been determined by the practice nurses themselves through surveys and feedback from practice nurse support groups. There was also an expressed need from general practitioners and practice managers for practice nurses to be well versed in practice incentive programs and other new incentives impacting on the practice.

Some examples of factors affecting individual program development within Demonstration Divisions

Hunter Urban Division of General Practice (HUDGP)

With an increase in practice nurse numbers and no specific standards/competencies available to guide them, the Hunter Urban Division consulted several key professional nursing bodies to determine learning needs for practice nurses.

From these consultations, five core-learning areas were identified. These were health promotion, child protection, cultural diversity (attitudes and values), infection control and cardio pulmonary resuscitation (CPR). Accordingly, the 2003 HUDGP education & training program was developed around these five areas. One full time registered nurse, with a postgraduate teaching qualification facilitates the program.

Hunter Practice Nurse Education & Training—what works?

- The workshops are facilitated by credentialed educators who are considered 'experts' in their field.
- Core learning area workshops are offered on a number of occasions, throughout the year offering a choice of attendance dates.
- Practice nurses have a choice of days on which to attend workshops.
- The workshop calendar is available prior to the commencement of the New Year. Practice nurses are given adequate time to make alternative arrangements for staff and child-care rostering.
- Topics covered were initially identified by general practitioners and practice nurses, through a survey process.
- Workshops are offered in a central location. No practice nurse is further than 30 minutes from the educational venue. Parking is readily available.
- Workshops are offered at minimal cost.
- Lunch, morning & afternoon tea is provided.
- Workshops are offered during work time on days identified as "best" by practice nurses
- Lots of laughter and interaction between practice nurses is encouraged.

- A divisional staff member is always present to address areas of concern/questions during the workshop or to meet privately at the completion.
- The workshop format offers an opportunity for Practice nurses to share resources.
- To ease confusion a standard fee, for Hunter Area Health Service facilitators, was negotiated. e.g. \$300 per facilitator.
- Work with your local Diabetes Centre, in the HUDGP experience this meant working with the Diabetic Education Centre part of the Hunter Area Health Service. The Diabetic Education Centre (DEC) developed and implemented, on HUDGP's behalf, a two day education workshop based on the PIP Diabetic Annual Cycle of Care.
- To complement the Diabetes program a one day accredited Diabetic Foot Care Course was also offered. This was in conjunction with the podiatrist based at the DEC.
- Following on from a request from HUDGP and having run an initial pilot in the Hunter, Family Planning Australia now run a one day accredited program for practice nurses - "Well Women's" Short Course. In NSW the NSW Cervical Screening Service has arranged for eight practice nurses within each division to undertake this course free of charge.
- The HUDGP has approached WEA/Adult Ed to offer workshops, which are normally three hours per week for eight weeks, have been tailored to two full days e.g. medical receptionist's course. Upon further discussion the WEA are developing a "general practice staff" specific course.
- One of the Hunter's cardiologist provides all our CPR workshops free in their rooms (no venue cost) and provides afternoon tea.
- A leading ophthalmologist in the Hunter provided the "Eye testing for the Elderly" workshop – free of charge.
- The Hunter branch of the National Hearing Laboratories offered a free hearing workshop, which was held at their rooms. Practice nurses were given a site tour and afternoon tea.
- The federal & state Nursing Colleges have been approached to provide workshops. These workshops are often very expensive (Legal & Professional Issues—\$1045) so the HUDGP advertised in all adjoining divisions to help meet costs.

Northern Tasmania Division of General Practice (GP North)

In Tasmania, and in other states, there is a need for practice nurses to maintain a written record, showing adherence to Australian Nursing and Midwifery Council Competencies (which forms the basis for yearly registration or enrolment) and evidence of ongoing professional development. Competency Unit 5.1 in the ANC's "National Competency Standards for the Registered Nurse" May 2000 page 13 states:

"Uses professional standards of practice to assess performance of self"

Additionally the interpretative cue states:

"Regular self evaluation of own nursing practice is undertaken"

Competency 5.2 states:

"Recognises the need for and participates in professional development of self"

Practice nurses in Tasmania are subject to random audit by the Nursing Board of Tasmania, which saw the development by GP North of a “Professional Journal of Reflective Nursing Practice and Professional Development”. The need for such a resource was identified as a result of a professional development educational evening facilitated by a Nursing Board of Tasmania endorsed clinical preceptor. GP North predicts that this type of random auditing process may soon be adopted by the other registering authorities across Australia, and therefore all nurses should be encouraged to undertake regular self-evaluation and professional development.

What else is happening?

The Demonstration Divisions through a variety of strategies have sought to increase the quality and range of education and training opportunities within their regions for practice nurses. Most divisions cited the need for professional development activities to be low cost, accessible and specific to practice nurse needs.

A summary of activities include:

- production and dissemination of practice nurse education calendars
- regular practice nurse network meetings (or equivalent)
- combined continuing professional development activities with general practitioners promoting a ‘whole of practice’ approach. This has proved cost effective and has promoted collegiality
- distribution of professional journals such as the APNA journal
- flagging and promoting postgraduate courses for practice nurses
- liaison with external professional bodies to deliver education
- participation in ‘train the trainer’ workshops
- information via division newsletter
- education via satellite television for rural and remote areas
- input by divisions into the curriculum development of university courses pertaining to practice nursing.

General practitioner attitudes can affect the direction of professional development for practice nurses. It has been noted by divisions that if attendance at educational programs by practice nurses will result in a financial benefit to the practice then attendance is generally welcomed by the practice. Conversely, some practices do not provide support to practice nurses to attend educational programs, which are not considered essential to the practice.

General practitioners in the ACT for example were asked how they would like the ACTDGP to continue supporting nursing in general practice. The general practitioners requested that:

- education and training have a focus on enhancing general practice
- education should support the ongoing financial viability to employ a practice nurse.

The Demonstration Divisions are maintaining a focus on capacity building for practices and promoting better health outcomes for patients with the delivery of current evidence based clinical information and training for their practice nurses. This approach can assist general practitioners to understand the

relevance of the education for their nurse and therefore encourages their support. General practitioners and practice staff need to be made aware of the importance of the practice nurses maintaining current skills and knowledge in order to deliver quality care.

Mentoring and support

Why is it important?

The Demonstration Divisions have adopted a 'whole of practice' approach representing a shift in policy and culture since the inception of the divisions movement in the early 90's. It is well recognised by the Demonstration Divisions that to better support general practitioners they needed to better support the practice environment.

All Demonstration Divisions have set up structured support systems for practice nurses with the primary aim of incorporating practice nurses as key team players with general practitioners in the provision of primary care services.

In moving away from ad-hoc and fragmented responses, the Demonstration Divisions have elevated the role of practice nurses within individual practice settings, the health industry, professional nursing bodies, and with the wider community.

How does it work?

The Demonstration Divisions have established a variety of approaches to the provision of mentoring and support for practice nurses. An example from the Fremantle Regional Division is detailed below.

The Fremantle Regional Division of General Practice (FRDGP)

The Practice Nurse Network provides a structured support system for nurses in the general practice setting, in order to encourage and facilitate networking, peer support and discussion on evidence-based practice.

All practice nurses working within the divisional boundaries are automatically added to the practice nurse database (currently 67 Practice nurses). Bimonthly Practice Nurse Newsletters are disseminated, and have addressed topics relevant for practice nurses.

Nurses can also access the Practice Nurse Support Project Officer for phone assistance or practice visits depending on their individual requirements. For example, the Practice Nurse Support Project Officer will visit a nurse in the practice to demonstrate register and recall systems using Medical Director and other software. The practice nurse is then supported by telephone until they are confident using the system.

A Practice Nurse Mentoring Program provides support to all practice nurses working in the division if requested. The Practice Nurse Support Project Officer role is to mentor the practice nurse in areas of identified need. This may include support in the areas of; immunisation; EPC; PIP; register and recall and triage. Assistance is tailored to individual nurse's requirements and may involve a number of practice visits, completing annual health assessments in the home or simply phone support.

Meetings at FRDGP specifically for practice nurses have also been utilised as brainstorming sessions to discuss professional development needs, issues relating to privacy legislation, supervision of Enrolled Nurses, duty of care and other pertinent issues. Regular practice nurses meetings provide an excellent opportunity for networking and peer support.

Fremantle Regional have now expanded their support program into the Practice Support/ General Practice Development Program—a small team of part-time project officers work closely to facilitate the ‘whole of practice’ approach to divisional practices. This system encourages practices to integrate clinical and practice management procedures and to work together as a team.

Each Practice Support Team member focuses on supporting one of the following: general practitioners, practice nurses and practice managers/staff. However, each team member also facilitates the whole of practice approach with encouragement for practices to define the roles of all their staff.

What else is happening?

- All of the Demonstration Divisions have a dedicated Practice Nurse Program Officer or a similar position.
- Program officers have been responsible for developing peer support and networking groups so that practice nurses can access support, relevant information, discuss workforce issues and become familiar with other divisional programs.
- Formal education sessions also include a dedicated time to informally network and “catch up”.
- Some divisions provide telephone help desk and hotlines staffed by senior experienced registered nurses.
- The Demonstration Divisions all provide a specific practice nurse newsletter or have a practice nurses section in the divisional newsletter. Many also have a practice nurse website.
- Special interest groups of practice nurses can provide expert advice to divisions and program officers on issues of professional development and quality of nursing care of patients in general practice.
- SENSWDGP has developed a regional approach to practice nurse support. The Practice Support Registered Nurse (PSRN) service was developed to provide outreach services in four distant geographical areas within the SENSWDGP. Five registered nurses were employed by the SENSWDGP to provide practice nurse support/relief in different geographical areas.
- The Hunter Urban Division of Practice Nurses Program offers induction and orientation of new staff and one day mentoring by an experienced HUDGGP Nurse.
- Eastern Goldfields Division of General Practice established a combined Health Support Group in February 2003, with three meetings convened in Kalgoorlie and Esperance. Due to the limited numbers of practice nurses employed in this region, practice managers and Aboriginal Health Workers were also invited to join this group. Communication was through the Chronic Disease Coordinator and via a newsletter ‘CHSG Chat’. Information on this support group was also disseminated through the monthly divisional newsletters.

The overwhelming experiences of the Demonstration Divisions are that no one support model fits all and programs for practice nurses need to be flexible and responsive to practice needs. Practice nurses

need to be well matched to the practice environment they are entering. Personal contact with practices (face-to-face) has been the single most successful strategy identified by the Demonstration Divisions in terms of addressing professional isolation, improving communication and increasing job satisfaction for practice nurses. Through structured support programs, divisions not only increase practice capacity but also improve relationships by getting to know their practices at a grass roots level and are better able to keep in touch with the diverse issues affecting general practice on the ground.

Collaboration and partnerships

Why is it important?

In developing organised support systems for nursing in general practice most Demonstration Divisions recognised the need for working with others, pooling resources and developing effective partnerships based on expertise with a wide range of organisations. Most Demonstration Divisions reported high degrees of cooperation with other agencies in developing their Practice Nurses Support Programs.

How does it work?

A partnership story from Townsville Division of General Practice (TDGP)

The TDGP practice nurse program has worked collaboratively with a number of agencies and organisations to improve and provide education and training not readily available through TDGP. Through the professional development program, nurses are constantly being exposed to other health care providers and agencies. These have included:

- specialist doctors, such as an endocrinologist, bowel surgeon, and vascular surgeon
- specialist nurses, such as oncology, immunisation, wound and asthma specialists
- organisations such as the Tropical Public Health Unit, North Queensland Workforce Unit, Pharmacies, Oncology Nurses Group, Qld Health both community & hospital services, and James Cook University
- professional bodies such as RCNA, Qld Nursing Council
- other allied health providers

TDGP have found that such collaboration not only provides the nurses with the added knowledge and exposure to other health providers, but also assists others to recognise the role practice nurses play in health care.

Many others with specialist knowledge have been called upon for information and assistance, examples being divisions, Universities and accreditation bodies. Rarely has help been refused. Conversely, TDGP has provided support to other organisations when needed.

An example of this is the working relationship first established with The Townsville Aboriginal & Islander Health Services (TAIHS) in 2001. Practice nurses and Aboriginal Health Workers were actively encouraged to participate in small group learning and program development. In 2002, TDGP

developed a diabetes query tool and piloted this at TAIHS. TAIHS subsequently set up a diabetes project, the outcome of which was a practice nurse run diabetes clinic held twice a week. TAIHS nursing staff are very active in the practice nurse network. The extent of practice of the aboriginal health workers has also been a real revelation for many other practice nurses, as they have become more aware of the scope of this role.

Townsville practice nurses are also been involved in the After Hours general practitioner service in Townsville. The cooperative consists of 65 general practitioners working on a rotating roster to provide after hours primary medical care services to this area. The clinic is supported by nursing and reception staff. Many of the nursing staff already work in practices during normal hours, making this service a cooperative in the true sense.

Townsville has a high level of practice nurse employment and unlike many divisions has not had to sell practice nursing to general practice.

Hunter Urban Division of General Practice

Hunter Urban DGP has developed a similar model to Townsville. The HUDGP have worked collaboratively with a number of agencies and organisation and considers it a central element to their Practice Nurse Program. The following dot points are some of the learning experiences from the HUDGP experience.

- Don't hesitate to contact anyone you feel may have something to offer
- HUDGP would recommend that all divisions develop working relationships with their local Area Health & Public Health Units. Following on from a successful active working relationship in Immunisation with Hunter Area Health Service the lessons learned were used to develop new partnerships e.g. Infection Control, CDM, wound care and triaging.
- Develop partnerships with your local State Dept of Health CDM program officers—six of the HUDGP workshops were offered free under this program e.g. COPD, Smoking Cessation, Asthma, Spirometry x two and Patient Motivation & Behaviour Change.
- The HUDGP has been actively working with the Faculty of Health at Newcastle University to develop a practice nurse post-graduate course, which will be fully external. Higher Education Contribution Scheme (HECS) is available for students undertaking post-graduate qualifications.
- To encourage undergraduate students to consider a profession in practice nursing the HUDGP, in conjunction with the Nursing Faculty at The University of Newcastle, offers undergraduate nursing placements in general practice.

What else is happening?

Overall the most common partnerships developed by the Demonstration Divisions have included:

- Australian Government (Dept of Health and Ageing).
- State/ territory governments.
- Local Area Health Services.

- ADGP who provide a Nursing in General Practice Program coordinated by the Principle Nurse Advisor.
- Non-government organisations such as the Asthma Council, Diabetes Australia.
- Tertiary institutions such as Universities. Some of these partnerships have seen the placement of student nurses within the general practice environment enabling students to gain insight and experience in the speciality of practice nursing whilst working with experienced practice nurses. Several divisions have flagged the need to target local Universities with a view to promoting nursing in general practice as a career path and to facilitate practicum placements.
- Nursing organisations such as the ANF, RCNA and APNA
- Health Insurance Commission.

Promotion of practice nurses and clarification of roles

Why is it important?

With increasing general practitioner workforce shortages, the important role that nurses can and do play in supporting general practices is becoming evident to most divisions.

The Demonstration Divisions on Nursing in General Practice National Workshops “Future Directions in Practice Nursing”, convened by the Australian Government Department of Health and Aged Care in 2001, agreed that the role of the practice nurse is to “enhance the quality and delivery of health care by providing nursing services in the context of general practice”. It also identified that the roles of practice nursing was an important element that needed to be addressed and required further research.

Division involvement with practice nurses has highlighted the need to ensure that general practitioners and practice managers are aware of the scope of the practice nurse role, and ensure that nurses are appropriately educated for the role in which they are working. Practice nursing is becoming recognised as a specialist area of nursing. This is evidenced by the growth of practice nurse postgraduate courses, and the national focus on practice nurse education and professional development.

How does it work?

All the Demonstration Divisions are proactive in promoting the role of the practice nurse within their division. Following are some examples of how this has occurred.

Canning Division of General Practice Group

The Canning Division of General Practice along with other Demonstration Divisions have integrated nursing into general practice into population health and chronic disease management programs. This ‘whole of practice’ approach has been promoted to general practitioners and nurses with nursing being integral to the provision of comprehensive primary health care in general practice.

In Canning, initiatives to raise the profile of practice nurses amongst the division team, community groups, allied health, general practitioners, practice managers and practice nurses have successfully created opportunities for a multi-disciplinary approach to patient care.

In contrast, the Eastern Goldfield Medical Divisions of General Practice (EGMDGP) report that general practitioners in their region employ practice nurses in a very 'traditional' role, with reluctance for change experienced by divisional staff. There appears to be a lack of understanding on behalf of both nurses and general practitioners of:

- the expanded role of the practice nurse
- the role of the enrolled nurse
- the requirements of supervision by a registered nurse.

The expanding role of the practice nurse and the need for professional development and participation in practice support networks are not fully appreciated by general practitioners and nurses currently practicing in EGMDGP and undoubtedly, they may not be the only division to be experiencing such problems.

Northern Tasmania DGP (GP North)

GP North explored the opportunity of providing off-site supervision for enrolled nurses and concluded that there were too many unresolved legal considerations for divisions to be involved in such an undertaking. GP North has been advised that they would be legally responsible for any resulting litigation with regard to enrolled nurses' supervision.

Perth and Hills DGP

In the Perth and Hills DGP, only 33% of practices currently employ a practice nurse. While developing the Practice Nurse Modelling Tool it became apparent that the impact of the practice nurse varied depending on the duties and scope of practice of the nurse and whether the practice had systems in place to gain from the potential benefits of the practice nurse.

Practice nurses have great diversity in how they work and what they perceive the practice nurse role to be. This is perpetuated by significant variation in patient demographics within and between practices, work practices of general practitioners, practice nurse experiences, practice structure, and perceived roles/responsibilities of the practice nurse.

What else is happening?

Demonstration Divisions have assisted in developing the practice nurse role through the provision of education and networking opportunities.

Some Demonstration Divisions have found this challenging, particularly with the confusing information about the practice nurse role that occurred with the implementation of Care Planning (EPC). Clearer guidelines need to be formulated in line with relevant professional bodies to avoid this type of confusion before new initiatives are introduced.

Practice nurses need to be represented at a policy and decision making level to ensure their role is clearly identified and utilised in an effective way.

There are other challenges that the Demonstration Divisions have faced in promoting nursing in general practice. Some Demonstration Divisions have reported that:

- some general practitioners do not understand the value of providing financial support to their nurse to attend education programs
- some do not wish their nurses to undertake 'advanced nursing roles'
- others do not see nurses as financially viable within their practice setting, (particularly solo practitioners)
- some general practitioners do not support Australian Government Initiatives such as PIP and EPC.

Strategies from Demonstration Divisions in promoting the role of practice nurses to general practitioners include:

- promotion through the division newsletter and practice visits
- the development of financial modelling tools to demonstrate financial gain to practices
- facilitation of joint educational activities, increasing awareness of the scope of potential nursing activity in general practice
- support and advocacy for the 'whole of practice approach'
- the use of general practitioner champions to promote the role of practice nurses to their medical colleagues.
- the provision of division supplied nursing services to allow practices to experience what it might be like to have a nurse at the practice.

Teamwork and integration

Why is it important?

The concept of 'Primary Care Teams' has been in operation for a number of years overseas. The United Kingdom and New Zealand have demonstrated benefits in integrating practice nurses into general practice, as they can enhance the range and quality of health services provided.

There is an increasing focus in Australia on moving toward a multidisciplinary model of primary health care particularly as the impact of chronic disease is felt on the Australian health care system.

Again the 'whole of practice' approach' embraced by the Demonstration Divisions is a philosophy that promotes and supports teamwork in the general practice setting. Additionally, Demonstration Divisions have found that a 'whole of practice' approach is more cost and time effective and efficient means for utilising the resources of the division to get a message across to the general practice team.

How does it work?

The division based Practice Nurse Support Programs have provided a major vehicle for the facilitation of teamwork and the integration of nurses into general practice.

South East NSW Division of General Practice

There is an expectation by the SENSWDGP that the Practice PSRNs, employed by the division, have baseline knowledge of all the programs run at the division. Due to the hands on nature of the PSRN service they are often utilised as an information resource for all practice staff including general practitioners, practice managers, practice nurses and reception staff. The PSRNs are able to access information for practices in other program areas run at the division including:

- IT/IM
- Practice Management
- Immunisation/ACIR support
- Quality Use of Medicines/HMR
- MAHS

If the practice requires further information from a particular program the PSRN can put the practice in touch with the appropriate person. Knowledge about other programs is provided to the PSRNs during their orientation and quarterly meetings at the SENSWDGP.

Practice nurses are also exposed to other programs at the SENSWDGP through the Practice Nurse Support Networks. Program representatives are invited to attend the network meetings and provide information to the practice nurses about their program.

Canning Division of General Practice

The division has integrated nursing in general practice into population health and chronic disease management programs. This 'whole of practice' approach in population health/chronic disease management has been promoted to general practitioners and nurses with nursing being integral to the provision of comprehensive primary health care in general practice. The division will continue to develop and expand the role of practice nurses to support general practitioners in delivering quality primary health care.

Initiatives to raise the profile of practice nurses amongst the division team, community groups, allied health, general practitioners and practice nurses have successfully created opportunities for a multi-disciplinary approach to patient care.

A number of joint general practitioner/practice nurse education events have been conducted to promote the development of the primary care team within the practice. Speakers were engaged from external health services and agencies to provide the most current information regarding standards and care in general practice.

What else is happening?

Some other examples of divisional activities promoting teamwork include:

- ‘Afternoon tea with my general practitioner’– patient education is provided in a local general practitioner surgery with the general practitioner, practice nurses and a variety of allied health professionals attending. Topics have included physical activity, nutrition and preventative health for children and women’s health.
- Encouraging practice nurses to be represented on project steering committees and being central to project development, which involves multidisciplinary teams.
- Developing a culture of consumer consultation. The Fremantle Regional Division has worked with consumers since its inception. There is consumer input in all program areas.
- Integration of practice nursing into population health and chronic disease management programs. This ‘whole of practice’ approach in population health/chronic disease management has been promoted to general practitioners and nurses with nursing being integral to the provision of comprehensive primary health care in general practice.
- Collaborative educational events involving general practitioners, practice nurses, practice staff, community providers (such as Aged Care Assessment Teams), tertiary hospital staff and allied health professionals.
- The development of an Integrated Care Team (ICT) at the Adelaide Northern Division, a “packaging model” that worked to break down barriers around general practitioner attitudes to employing and integrating practice nurses into the general practice team. Due to the introduction of the ICT, staff are in touch with grass roots general practice and are able to respond by offering tailored solutions and individual service to ensure the best outcomes.

Professional standards

Why is it important?

All nurses are required to practice in accordance with the agreed standards of the profession; and not to discredit the profession (ANC 2003). The isolation experienced by many practice nurses has meant that these nurses have found it difficult to access ongoing professional support and advice.

The Demonstration Divisions have recognised the need to provide practice nurses with opportunities to access professional support and to receive information regarding professional standards for nurses.

How does it work?

Northern Tasmania Division of General Practice (GP North)

Professional isolation was identified as the issue of most importance to practice nurses across the divisional area. This professional isolation would remain were it not for the support structures provided by local divisions of general practice. Even though issues of career structure and remuneration within the profession remain unresolved, it could be argued that the wheels are in motion for change.

Some of the activities undertaken by GP North to support practice nursing in professional standards are detailed below.

GP North is currently working with the Nurses Board of Tasmania in the “Review of the Role of the Enrolled Nurse”, as Registration Authorities across Australia, attempt to scope and further define the role of the enrolled nurse, working towards national consistency in course structure, duration and content, including consistent legislation in relation to the administration of medications by enrolled nurses. The division is currently providing input as representatives of general practice along with the acute, age care, and community sectors.

Providing information relating to understanding and maintaining the ANC Competencies:

A workshop facilitated by a Nursing Board (of Tasmania) endorsed preceptor, presented case studies outlining how to apply the ANC Competencies to the general practice setting. The workshop identified the need for practice nurses to maintain a written record, showing their adherence to the ANC Competencies (which forms the basis for yearly registration or enrolment) and evidence of ongoing professional development. In case of a random audit by the Nursing Board of Tasmania Practice Nurses will be better placed to fulfill the board’s requirements.

This process has culminated in the development of a ‘Professional Journal of Reflective Nursing Practice and Professional Development’ by GP North to assist nurses with this task. Having gained copyright permission and considerable encouragement from the ANC and the Nursing Board of Tasmania, the resource should be ready and presented to practice nurses in the near future. Also worth noting, is that the other registering authorities may soon adopt this type of random auditing process across Australia. Hence this resource will be applicable to practice nurses throughout the country, and will be made available by GP North, to all divisions wishing to use it.

Providing general practitioners with information about working with practice nurses (advantages, PIP, systems of care), including practice visits. Also providing general practitioners with opportunities to discuss systems of care and how nurses are utilised within other practices.

GP North has explored the opportunity of providing off-site supervision for enrolled nurses, and we believe that there remain too many unresolved legal considerations, for divisions to be involved in such an undertaking. It appears that the division would be held legally responsible for any resulting litigation with regard to the enrolled nurse’s supervision.

Re-development of GP North’s Practice Nurse Website. This website will provide the opportunity for practice nurses to post information, share information, learn of upcoming education opportunities, participate in discussion groups and provide links to professional agencies and other sites of professional interest.

What else is happening?

Current professional issues highlighted by the Demonstration Divisions that they have endeavoured to address within their practice nurse support programs:

- Lack of clarity and confusion about what practice nurses can and should be doing. Therefore, we must encourage nurses to understand the principles of ‘scope of practice’ as set out by their respective registering authority.
- Blurring of boundaries with other members of the general practice team.
- Lack of guidance from professional nursing bodies about competency standards and educational requirements.

- Lack of recognition of practice nursing as a speciality.
- Difficulty applying the existing ANC competency standards to practice nursing.
- Poor rates of pay compared to the public sector. This has created dilemmas for divisions between advocating for practice nurses and encouraging role expansion and providing employment advice to general practitioners.
- Practice nurses are unsure of and lack the necessary skills and confidence to negotiate rates of pay and conditions
- Feelings of professional isolation continue particularly for practice nurses in remote locations.
- There is a need to scope and further define the role of the enrolled nurse, and a need for national consistency in course structure, duration and content, including consistent legislation in relation to the administration of medications by enrolled nurses.
- Many practice nurses are employed on a part-time basis, due to choice and family commitments; this contributes to a greater degree of difficulty accessing professional networks.
- Lack of a career structure for nurses in general practice. Lack of exposure to practice nursing at an undergraduate level.
- Uncertainty around providing supervision of enrolled nurses and confusion of the title of practice nurse with that of nurse practitioner.

Division support for practice nurse involvement in EPC, PIP and SIPs

Why is it important?

It is recognised that practice nurses can play a key role in the introduction and acceptance of new initiatives at the practice level. It is also acknowledged that as health professionals' nurses can play a vital role in supporting the general practitioner in the delivery of primary care services. It is for these reasons that the Demonstration Divisions have focused on ways that nurses can contribute to the introduction and uptake of new initiatives such as EPC, PIP and SIP programs.

The Demonstration Divisions have shown that practice nurses can:

- increase the capacity and quality of general practice by providing support to implement the Initiatives without increasing the general practitioners workload
- reduce the burden of work from general practitioners
- act as 'agents of change' within traditional practice settings
- increase remuneration for the practice.

How does it work?

Hunter Urban Division of General Practice (HUDGP)

With the advent of the EPC Initiative, HUDGP initially contracted out division employed nurses to undertake and encourage the uptake of EPC items. Twenty-two practices took up the option with a nurse working one or two days a month within specific practices.

While this worked well for EPC funded health assessments, for activities requiring continuity of care, the absence of an established relationship with the patients meant that this approach was less successful.

After 2002, practices that undertook contractual agreements with the HUDGP were encouraged to employ their own nurse as this was seen as a more cost effective and clinically appropriate alternative.

Northern Tasmania Division of General Practice (GP North)

The introduction of the EPC items and their potential benefits to general practice was one of the main drivers behind the establishment GP North's service delivery entity Tas Prac Services.

Providing a Contract Nurse Service has involved the recruitment, employment, orientation, and ongoing support of Level Two experienced Registered Nurses (Clinical Nurse Specialists in NSW) who are then contracted out to general practices.

As well as providing clinical and professional support roles these contract nurses also provide support in undertaking the functional component of the EPC health assessment, and assisting the GP with elements of the Diabetes Cycle of Care and Asthma 3 Plus Plan. Practice nurses play key roles in patient education and support, monitoring and reporting of clinical signs and systems, and the provision of direct care services in accordance with the level of competence of the nurse.

Yorke Peninsula Division of General Practice

MAHS funding enabled the appointment of part time practice based EPC nurses at seven practices whose duties included establishing recall systems and follow up care for patients with diabetes, assistance with the Diabetes Cycle of Care, patient assessment and risk management, and patient education.

An asthma educator was directly employed by the division and provided services via asthma clinics based in the general practices. She was responsible for maintaining asthma register and recall system, patient and community education programs, and the provision of spirometry services and correct asthma device usage.

This model has been successful for Yorke Peninsula in that it has significantly increased the capacity of practices to participate in practice incentive programs, increase the general practitioners utilisation of the relevant MBS items and has greatly enhanced patient care and service delivery. Importantly, the project has also helped to reduce the general practitioners workloads and stress which is a significant outcome given the shortage of general practitioners in rural areas.

What else is happening?

Adelaide North East Division of General Practice have developed a model to provide a wide range of support to general practice and those nurses working in general practice. Some of the successful outcomes of this model are;

- increase in establishment of patient recall systems
- increase in the uptake of SIP and PIP incentives
- increase in the utilisation of EPC items
- the establishment of asthma and diabetes and immunisation clinics in some practices
- practice nurses undertaking EPC health assessments
- nurses undertaking advanced practice roles
- specific focus on problem solving, coaching and facilitation to assist practices to integrate EPC into general practice, primarily by the Practice Nurse Support Officer at Canning Division and also by other divisional staff.

Appendix two

Contact details for Demonstration Divisions

Adelaide North East Division of General Practice Group

Adelaide North East Division of General Practice
anedgp@anedgp.com.au phone (08) 8397 9000

Adelaide Northern Division of General Practice
andgp@andgp.org.au phone (08) 8252 9444

Canning Division of General Practice Group

Canning Division of General Practice
admin@canningdivision.com.au phone (08) 9458 0505

Fremantle Regional Division of General Practice (GP Network)

reception@frdgp.com.au phone (08) 9319 0555

Hunter Urban Division of General Practice

hudgp@hudgp.org.au phone (02) 4925 2259

Northern Tasmania Division of General Practice (GP North)

contact@gpnorth.com.au phone (03) 6331 9296

South East NSW Division of General Practice Group

division@senswdgp.com.au phone (02) 4474 5100

Southern Metropolitan Region Divisions of General Practice (Melbourne)

Monash Division of General Practice
mdmadmin@monashdivision.com.au phone (03) 9570 3727

Townsville Division of General Practice

tdgp@tdgp.com.au phone (07) 4725 8915

Resources developed by the Demonstration Divisions

* Electronic copies available on CD-ROM accompanying the kit.

1 Adelaide North East Division of General Practice Group

- *Practice Nurse Pamphlet.

2 Canning Division of General Practice Group (CDGP)

- *CDGP General Practice Nurse Flyer
- Education Kits
 - **Falls Intervention:** The Falls Intervention for Nurses in General Practice was developed as a result of the increased risk of falls being highlighted through the Home Health Assessments and other patients presenting in general practice as a result of falls and the subsequent injuries. The focus of this session highlighted the role the nurse has in patient education, what the nurse can do as patients present opportunistically to the practice, complimenting the GP role /practice team approach and provided resources that are available to assist patients especially through Commonwealth Carelink.
 - **Warfarin Management in General Practice:** The Warfarin Management in General Practice education kit for practice nurses was developed following the Warfarin Collaborative project at CDGP. The interest generated from nurses in general practice on the subject of Warfarin resulted in this education session. The role the nurse has in the practice team and in patient education was the focus of this session.

Copies of the Education Kits can be obtained from:

Canning Division of General Practice

admin@canningdivision.com.au phone (08) 9458 0505

www.canningdivision.com.au

3 Perth and Hills DGP

- Practice Nurse Modeling Tool: The tool is able to demonstrate the:
 - value in time saved and/or dollars of employing a practice nurse
 - benefits of changing the roles of a practice nurse
 - types of roles that the practice nurse can fulfill
 - differences in adjusting aspects such as the number of practice nurse hours, pay rates of the practice nurse/s & the duties of the nurse.

The Practice Nurse Modelling Tool is fully customisable to allow maximum flexibility.

Each surgery can enter their patient demographics, staffing details and clinical/ non-clinical needs to trial different scenarios.

Copies of the modelling tool can be obtained from:
reception@phdgp.com.au phone (08) 9376 9200
<http://www.phdgp.com.au>

For a distribution & handling fee of ten dollars you will receive:

- Practice Nurse Modelling Tool CD,
- Practice Nurse Modelling Tool Instruction Booklet
- Evaluation form

4 Eastern Goldfields Medical DGP:

- *EPC booklet: A comprehensive guide to health assessments and care plans. This is large document so is not included in hard copy but is available on the CD-ROM.

5 Fremantle Regional Division of General Practice (GP Network)

- *Practice Nurse Employment Kit
- Resource Kits on EPC, Aged Care, PIP and Immunisation:

These resources were developed to explain the EPC, PIP and Immunisation Initiatives, but can also be useful tools for Practice Nurses when supporting GPs– they include templates, flowcharts, summaries, sample and ways to improve systems in the practice that may help generate more income from these Initiatives.

Copies of the Resource Kits can be obtained from:
reception@frdgp.com.au phone (08) 9319 0555
<http://www.frdgp.com.au>

6 Hunter Urban Division of General Practice

- The Practice Nurse Employment Package on CD-ROM: This pack has been developed with the objective of streamlining the process of employing a practice nurse by reducing the guesswork and the time commitment required of practices. It is an interactive resource that has been designed to assist you to recruit independently or with the assistance of division staff.

The pack will lead you through the entire employment process offering tips and ideas as well as the practical resources you will need. For an alternative package contact Melbourne Division of GP

- Hunter Urban Orientation Package: The aim of this manual is to resource divisions of general practice who intend to provide a Practice Nurse Orientation Program to new practice nurses (PN's) working within their division.
This manual is targeted at staff in divisions of general practice who wish to implement a Practice Nurse Orientation Program within their division.
- Education Calendar: A twelve month list of planned educational events

Copies of these resources can be obtained from:

hudgp@hudgp.org.au phone (02) 4925 2259

<http://www.hudgp.org.au>

7 Northern Tasmania Division of General Practice (GP North)

- *Journal of Reflective Nursing Practice and Professional Development for the Registered Nurse
- *Journal of Reflective Nursing Practice and Professional Development for the Enrolled Nurse
- Orientation to General Practice Manual (for nurses) available from:
contact@gpnorth.com.au phone (03) 6331 9296
<http://www.gpnorth.com.au>

8 South East NSW Division of General Practice Group

- *Asthma 3+ Visit Plan – Nursing Assessment
- *Service Summary – Asthma Nursing Assessment
- *Diabetes Management – Nursing Assessment
- *Cervical Screening – Nursing Assessment
- *Asthma Detailing Card – Key Messages
- *Cervical Screening Detailing Card – Key Messages
- *Diabetes Detailing Card – Key Messages
- *Practice Nursing Incentive (PIP) Detailing Card – Key Messages
- *Flyer – Practice Support Registered Nurses Program
- *Sample Agreement between division and general practice for the Provision of Nursing Services
- *Sample Position Description – general practice nurse
- Chronic Disease Update – Asthma PIP
- Chronic Disease Update – Diabetes PIP
- Chronic Disease Update – Cervical Screening PIP
- Chronic Disease Update – The Cost of Stroke to Australians
- Chronic Disease Catch Up – Prostate Cancer

Copies of these resources can be obtained from:

division@senswdgp.com.au phone (02) 4474 5100

<http://www.senswdgp.com.au>

9 Southern Metropolitan Region Divisions of General Practice (Melbourne)

- *Advertisement for Registered Nurse Information Evening
- *Promotional Poster for Registered Nurse Information Evening

- *Evaluation Form for Registered Nurse Information Evening
- *Expression of Interest for Employment in General Practice

10 Townsville Division of General Practice

- *Asthma Poster
- *Evaluation of the Practice Nurse Program.