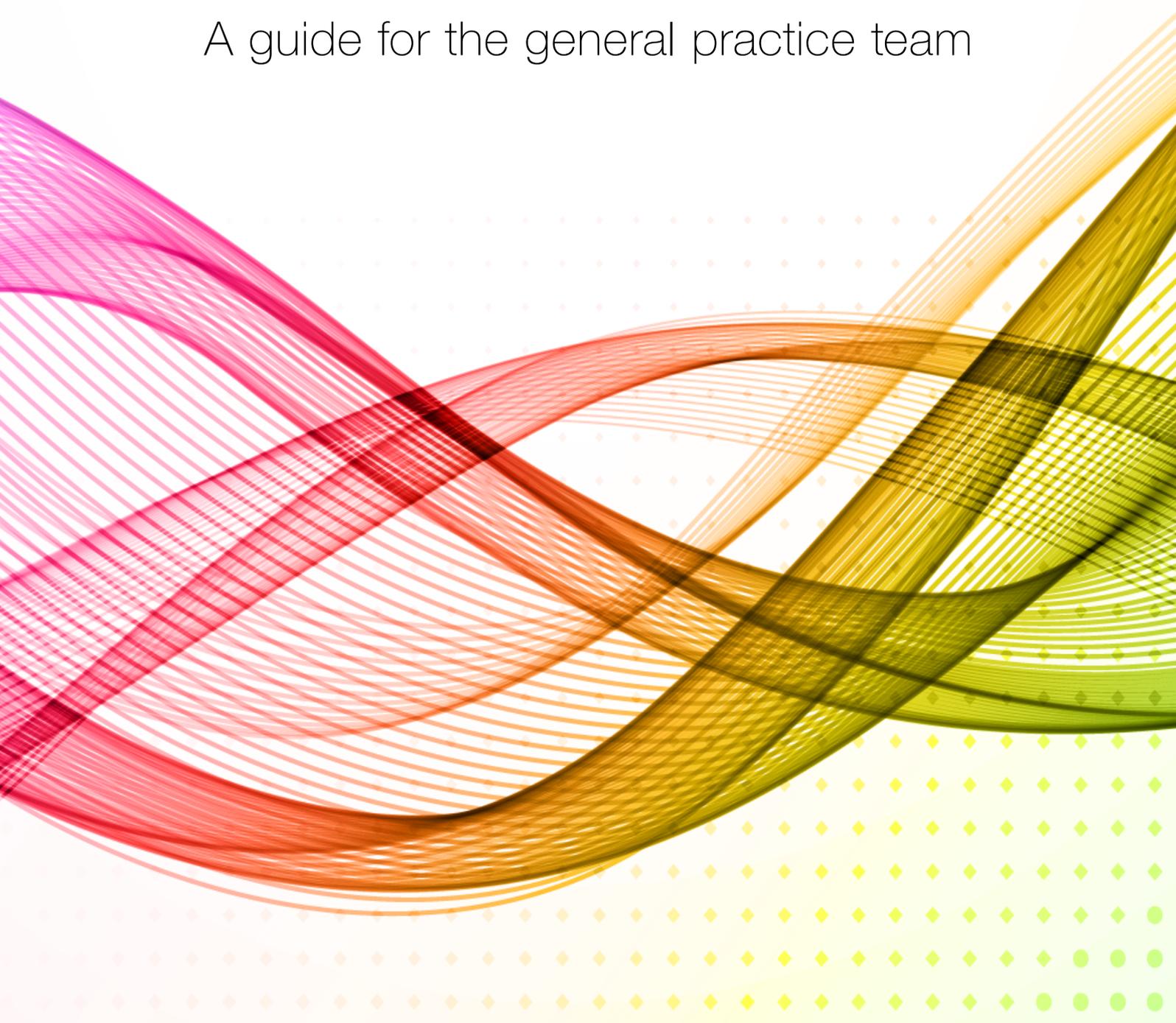




ACN

NURSING IN GENERAL PRACTICE

A guide for the general practice team



ISBN: 978-0-9943105-3-8

Nursing in General Practice: A guide for the general practice team
published by Australian College of Nursing, Canberra, 2015

© Australian College of Nursing 2015

NURSING IN GENERAL PRACTICE

A guide for the general practice team



AIM

This handbook has been developed to provide the general practice team with information on employing and supporting registered and enrolled nurses in general practice.

The handbook has been developed by Australian College of Nursing with funding from the Australian Government Department of Health. It replaces the previous *Nursing in General Practice Information Kit*, first published in 2001 and revised in 2005 by Royal College of Nursing, *Australia*.

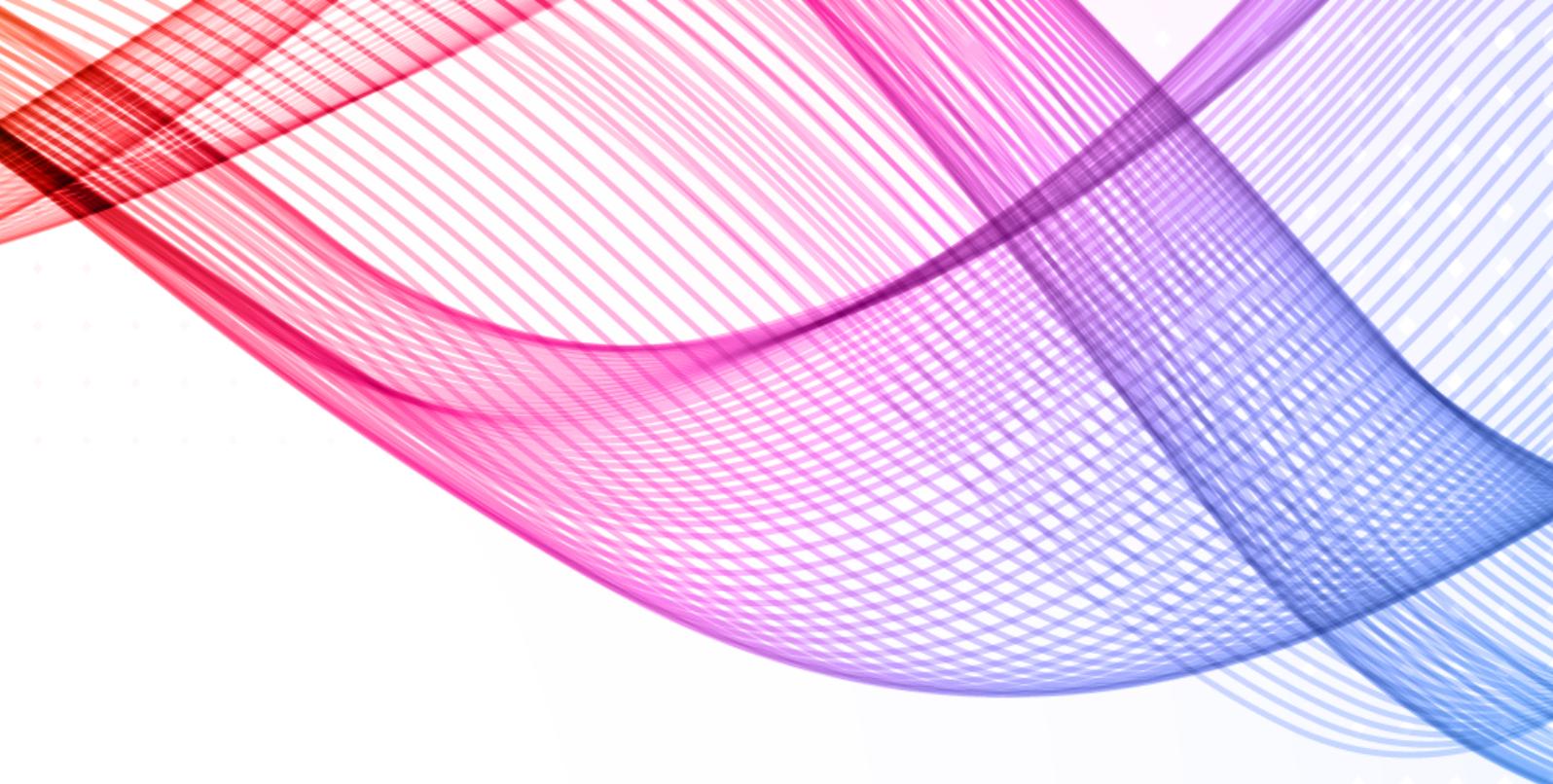
The handbook has been updated to reflect the ongoing development of roles of nurses in general practice, as well as changes to funding mechanisms available to support the employment of nurses in general practice.

ACN would like to acknowledge with thanks the review group of nurses, nurse practitioners, general practitioners and practice managers employed in general practice who provided feedback on the handbook's accuracy and usability.

CONTENTS

SECTION 1:		SECTION 5:	
NURSES IN GENERAL PRACTICE	3	MAXIMISING PRACTICE BENEFITS	25
▪ Nurse registration	4	▪ Practice Nurse Incentive Program (PNIP) payments	26
▪ What's the difference between the titles?	5	▪ Coordinated Veterans' Care Program	27
▪ Nursing roles	6	▪ Medicare Benefits Schedule items for nurses	27
▪ Patient perceptions	7	▪ Nurse practitioners	27
SECTION 2:		SECTION 6:	
PROFESSIONAL ACCOUNTABILITY	9	HUMAN RESOURCES	29
▪ Professional practice	11	▪ Retention	30
▪ Clinical governance	12	▪ Nurses' salaries and conditions of employment	30
SECTION 3:		▪ Performance reviews	31
OPPORTUNITIES IN GENERAL PRACTICE	15	EMPLOYER'S CHECKLIST	32
▪ Specialist nursing services	16	RESOURCES	33
▪ Nurse clinics	17	▪ General resources	33
▪ Nurse practitioner services	18	▪ Professional practice standards	34
SECTION 4:		CONTACTS	35
POSITIVE PRACTICE ENVIRONMENTS	21	ACRONYMS	36
▪ Collaborative practice	22		
▪ Leadership	22		
▪ Evidence-based practice and nurse-led research	22		
▪ Teaching	23		
▪ Mentoring	23		
▪ Wellbeing at work	23		
▪ Career progression	23		





SECTION 1: **NURSES IN GENERAL PRACTICE**

Nurses are key members of multidisciplinary primary health care teams in general practice. A nurse's scope of practice is determined by their registration (registered nurse or enrolled nurse), endorsement (e.g. nurse practitioner), educational background, previous nursing experience and clinical specialisation. Their roles may vary significantly between practices, generally reflecting local population health needs and complementing the services provided by the general practice team.

This section outlines the regulatory framework for nursing, describes the differences between enrolled nurses, registered nurses and nurse practitioners and provides an overview of the diverse roles nurses in general practice may undertake.

Nurse registration

Nurses and midwives must be registered with the Nursing and Midwifery Board of Australia (NMBA) in order to practice in Australia. A nurse will be registered as either a registered nurse or an enrolled nurse depending on their educational preparation. Nurse practitioners are registered nurses who are educated and endorsed to practice in an advanced and extended role.

In addition to overseeing the registration process, the NMBA also develops standards, codes and guidelines for the nursing and midwifery professions and investigates concerns about the professional conduct of nurses and midwives. The NMBA's functions are supported by the Australian Health Practitioner Regulation Agency (AHPRA) whose operations are governed by the *Health Practitioner Regulation National Law (the National Law)*, as in force in each state and territory.

A publicly available register of nurses who are registered to practice in Australia is on AHPRA's website.

Registration standards

There are five mandatory registration standards which all nurses must meet to be registered. They are related to:

- criminal history
- English language skills
- professional indemnity insurance arrangements (see Section 2)
- continuing professional development (see Section 2)
- recency of practice.

Nurses must be able to meet the standards each year at the time of renewal of their registration. All nursing registration standards can be viewed on the NMBA's website.

Endorsements

Nurses may have one or more endorsements of their registration to identify additional qualifications and specific expertise. Standards exist that must be met by registered nurses to obtain and maintain these endorsements.

Possible endorsements for registered nurses are:

- nurse practitioner
- registered nurse – supply scheduled medicines (rural and isolated practice).

Notations

Before the National Registration and Accreditation Scheme was introduced, each state and territory used a different approach to the regulation of nurses with a sole qualification in mental health nursing, paediatric nursing or disability nursing.

Nurses with a sole qualification in one of these areas now have a notation on their registration which limits their scope of practice to a specific area of practice. They have general registration but with a notation 'solely qualified in the area of....'.

Conditions on nursing registration

The NMBA may impose conditions on the registration of an individual nurse. Conditions restrict a nurse's practice, for example by requiring a nurse to undertake a period of supervised practice or to complete further education within a specified period of time. Conditions are published on the register until they are no longer required.

Protected titles and unregistered health care workers

A range of protected titles exist under the *Health Practitioner Regulation National Law (The National Law)* that nurses and midwives may use depending on their registration and endorsement of registration. They are:

- nurse
- registered nurse
- enrolled nurse
- nurse practitioner
- midwife
- midwife practitioner.

On occasion general practice teams may also include unregistered health care workers, using titles such as 'medical assistant', 'assistant in nursing' or 'nursing assistant'. These unregistered health care workers are not nurses, are not regulated by the NMBA and should not use any of the protected titles.

Practice standards

The Nursing and Midwifery Board of Australia (NMBA) publishes national standards for practice for registered nurses, enrolled nurses and nurse practitioners. These are the core standards against which a nurse's competence to practice is assessed to determine initial and ongoing eligibility for registration.

- *National competency standards for the enrolled nurse*
- *National competency standards for the registered nurse*
- *Nurse practitioner standards for practice*

A further range of professional practice standards exist to support a number of areas of specialty nursing practice (see the Resources section at the end of this handbook).

Specific to general practice are the *National Practice Standards for Nurses in General Practice*. While these standards are not required for registration, they provide a framework that reflects nursing practice in the general practice setting. The standards for practice are also useful to inform the development of nursing roles in general practice and accompanying position descriptions.

What's the difference between the titles?

Registered nurses

Registered nurses (RNs) provide evidence-based nursing care from care planning to delivery and evaluation, within their scope of practice. As members of multidisciplinary health care teams RNs can play a central role in organising and coordinating care, as well as providing education to patients. They are responsible and accountable for the nursing care they provide and for the delegated care provided by enrolled nurses under their direction and supervision.

Since the early 1990s the requirement for registration as a RN has been a Bachelor of Nursing degree (or an approved post-graduate qualification). RNs who were educated before the early 1990s may have completed a hospital-based Certificate course or a Diploma of Applied Science in Nursing.

Enrolled nurses

An enrolled nurse (EN) is legally required to work under the direction and supervision of an RN and is responsible for providing delegated nursing care to patients within their scope of practice. The core responsibilities of ENs include assisting the RN with the delivery of nursing care and providing support and comfort to patients.

As of 1 July 2014, the Diploma of Nursing (Enrolled/Division 2 Nursing) is the minimum entry requirement for new graduates seeking registration as an EN. Previously, the minimum educational requirement for an EN was a Certificate IV in Nursing.

Supervision of enrolled nurses

In accordance with the *National competency standards for the enrolled nurse*, ENs must work under the direction and supervision of registered nurses. Any RN providing supervision to an EN must be fully aware of the education, experience and scope of practice of the EN. It is not acceptable for other health practitioners to provide clinical supervision for ENs.

Supervision provided by an RN may be direct or indirect. Direct supervision is when the RN is physically present and directly observing the EN undertaking clinical duties. Indirect supervision is when the RN does not constantly observe the EN at practice. When providing indirect supervision for an EN, an RN must be easily contactable and available to the EN to discuss care delivery.

Whether direct or indirect supervision is appropriate will depend on:

- the context in which care is delivered
- the needs of the patient and the complexity of the care being delivered
- the EN's scope of practice and experience.

Arrangements for the supervision of ENs may vary. Employers should discuss options with the RN who will be providing supervision for the EN.

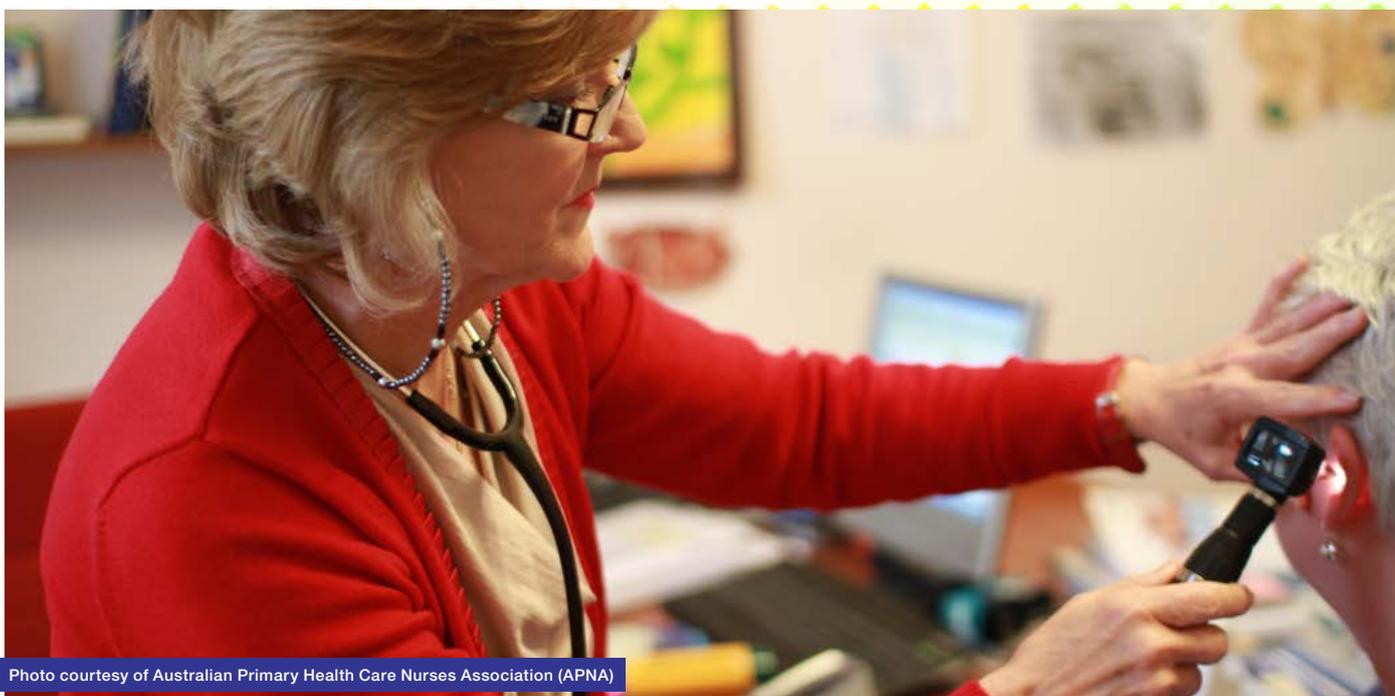


Photo courtesy of Australian Primary Health Care Nurses Association (APNA)

Enrolled nurses and administration of medicines

State and territory legislation and relevant policies specify the routes and schedules of medicines that ENs are authorised to administer.

An EN may only administer medicines if they have completed the relevant medication administration education units as required by the NMBA. ENs who have not completed this education will have a notation on their registration stating that the EN *'Does not hold Board-approved qualification in administration of medicines'* which can be viewed on the public register. ENs must complete a specific additional unit of education before they are qualified to administer intravenous (IV) medicines.

Employers should discuss the role of the EN in administering medicines with the supervising RN and seek guidance from the NMBA and state/territory health departments if necessary.

Previously, the title 'Endorsed Enrolled Nurse' (EEN) was used for those ENs able to administer medications. As of 2010, this term is redundant and no longer appears on the register, however the term may still be in use as an unofficial shorthand in documents such as position descriptions and job advertisements.

For information on the role of ENs in delivering immunisations, see page 16.

Nurse practitioners

A nurse practitioner (NP) is a registered nurse who is educated and authorised to function in an advanced and extended clinical role. NPs are highly experienced registered nurses who have completed post-graduate education and extensive clinical training in a specific area of practice. NPs must complete a nurse practitioner program of study, usually at Master's level, to meet the NMBA's requirements for endorsement as an NP.

NPs work in a variety of practice settings to deliver high-level, clinically-focused nursing care. The NP's scope of practice builds upon that of the RN, enabling NPs to manage episodes of care as a primary provider or as part of a collaborative care team. NPs order and interpret diagnostic tests (including pathology and radiology), prescribe medications and other therapeutic interventions, and independently provide and receive referrals. Although clinically-focussed, nurse practitioners are also expected to actively participate in research, service evaluation, education and leadership as applied to clinical care.

Each state and territory has particular requirements for the establishment of new nurse practitioner positions. Information is available through state or territory Nursing and Midwifery Offices.

Pharmaceutical Benefits Scheme (PBS) prescribing for NPs is limited by the NP's scope of practice as well as state/territory authorisation. More information on Nurse Practitioner PBS prescribing is available on the PBS website.

Nursing roles

There is a broad range of roles that nurses in general practice can undertake to assist in meeting service demands in general practice. The *Practice Nurse Incentive Program Guidelines* (2012), published by the Australian Government Department of Human Services, identifies a range of roles for nurses dependent on an individual nurse's scope of practice. These are presented below with minor adaptation.

Nurses may need to complete additional education in order to undertake some of these roles.

Provision and coordination of clinical care

Provision of clinical nursing services through

- triage
- emergency management
- holistic health assessment including patient history, health screening and physical and preventative health checks – e.g. cervical smears, child health checks, oral health checks
- immunisation, including childhood immunisation
- managing recall and reminder systems
- participating in the preparation of GP Management Plans and Team Care Arrangements and their review
- therapeutic care and treatment – participating in/leading a team approach to chronic disease management, wound management, assistance with minor surgical procedures, administration of medications and vaccines
- diagnostic services – ECGs, stress tests, drug screening, hearing tests, peak flow, spirometry and mood & memory assessment
- nurse clinics – e.g. diabetes clinics, cancer survivorship clinics, wound management clinics, sexual health and family planning clinics
- outreach services – e.g. home visits, aged-care facility visits, medication administration school and community visits
- care coordination and monitoring of acute and chronic disease.

Promoting patient, family, carer and community wellbeing through

- patient audits
- community development including promotion of healthy lifestyle and liaison with community groups
- supporting self-care and self-management – provision of patient/carer education, information and support, health coaching and assisting patients to navigate the health system
- providing education to patients in areas including (but not limited to) immunisation, drug and alcohol guidance, the management of specific health conditions, and maternal and child health.



Photo courtesy of Australian Primary Health Care Nurses Association (APNA)

Collaborative practice

This may include:

- networking with community agencies and service providers
- liaising with Local Hospital Networks and other health service providers to enable smooth transfer of patient care and to promote continuity of care
- building and maintaining relationships across the practice team
- integrating service delivery, including managing internal and external referral processes, arranging case conferences and providing feedback between services, patients and GPs.
- planning and coordinating care including routine monitoring and follow up of patients with care plans
- patient support and advocacy.

Professional practice

This may include:

- participating in practice planning and clinical team meetings
- participating in / leading a team approach to managing adverse events
- undertaking professional development
- providing education to other members of the general practice team
- practising and promoting cultural safety and respect
- reactive and strategic problem solving
- managing clinical systems.

The full Practice Nurse Incentive Program guidelines can be accessed on the Australian Government Department of Human Service's website.

Patient perceptions

The public's awareness and understanding of the role of nurses working in general practice varies considerably. Patients may not be aware of a nurse's scope of practice within a general practice team or how nurses can assist them in achieving health outcomes.

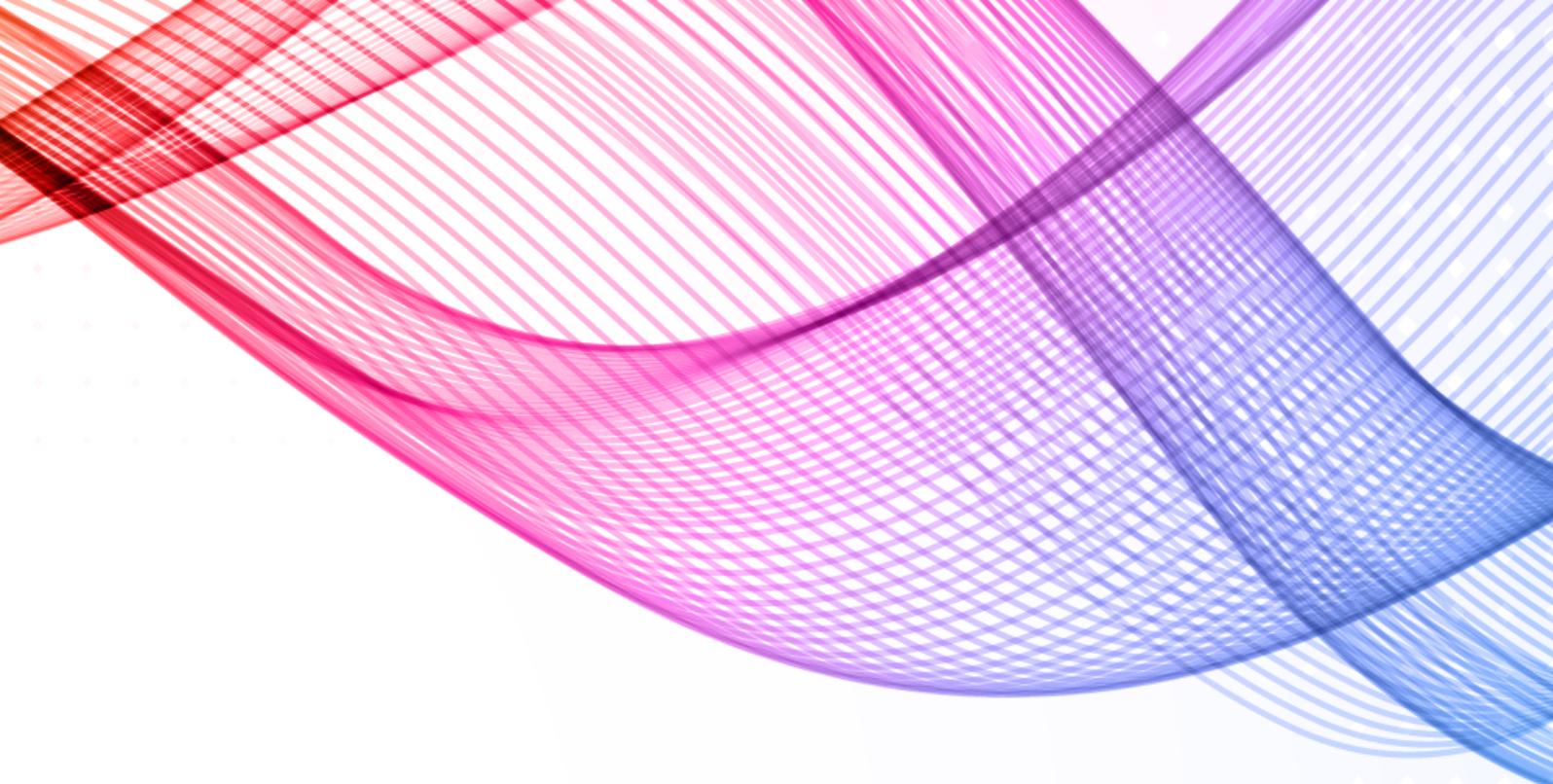
General practices can use a range of strategies to raise public awareness of nursing roles in general practice. Discussing the role the nurse will play in assisting them to achieve their health goals will create greater understanding amongst patients. Making available written information on nursing services operating within the practice can help to familiarise patients with the nursing services available. Listing nurses' names alongside the names of other clinical staff on signage in general practices will also profile the nurse as a member of the general practice team.

Management of clinical care systems

This may include:

- maintaining, monitoring and improving patient information systems
- practice population profiling
- arranging for the follow up of pathology results
- follow up of specialists' appointments or other referrals for patients
- leading / supporting practice accreditation
- leading / ensuring compliance with occupational health and safety systems
- implementing clinical risk systems
- ensuring maintenance of cold chain for vaccines
- stock control including drugs
- sterilisation of instruments
- supporting the development of electronic health communications
- sharing patient information as appropriate – e.g. with the relevant hospital after admission and updating the patient's file with discharge summaries.





SECTION 2: **PROFESSIONAL ACCOUNTABILITY**

Nurses are accountable and responsible for their practice. They practise within a defined scope of practice and in accordance with a professional practice framework shaped by the regulatory authority, the NMBA. Nurses also have a responsibility to contribute to clinical governance within multidisciplinary teams.

This section provides an overview of professional practice requirements for nurses and outlines the elements of clinical governance of relevance to nurses in general practice.



Photo courtesy of the New South Wales Refugee Health Service

Professional practice

Nurses practice within a professional practice framework shaped by the regulatory authority, the NMBA. A nurse's scope of practice is informed by the professional practice framework, Australia's state and territory laws and organisational policies.

Nursing practice

The International Council of Nurses defines nursing in the following way:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.

Scope of practice

A nurse's scope of practice is defined by the NMBA as "the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform".

An individual nurse's scope of practice varies according to their educational preparation, clinical experience, context of practice, relevant legislation and the employment setting. Nurses must only deliver care within their individual scope of practice. A decision-making framework and decision-making tools developed by NMBA are available to all nurses to guide them in making decisions about their scope of practice. These are available on the NMBA website.

Professional practice framework

The NMBA's registration standards, codes, guidelines, policies and standards for practice together provide a professional practice framework for nurses. The framework determines the professional requirements and expectations for nurses practising in Australia. Nurses are required to be familiar with all elements of the practice framework that are relevant to their registration and context of practice.

Core elements of the professional practice framework include:

- nursing registration standards, including the *Continuing professional development registration standard* and the *Professional indemnity insurance arrangements registration standard* (see below for further detail)
- professional practice standards (previously known as competency standards, see Section One for further detail)
- the *Code of Professional Conduct for Nurses in Australia*
- the *Code of ethics for nurses in Australia*
- *A nurse's guide to professional boundaries*

- professional practice guidelines, including the decision-making framework, guidelines for mandatory notifications and advertising regulated health services
- the AHPRA *Social media policy*

It is particularly important that employers are familiar with the *Continuing professional development registration standard* and the *Professional indemnity insurance arrangements registration standard*. These standards are described below.

All registration standards can be accessed on the NMBA's website.

The continuing professional development registration standard

Continuing professional development (CPD) is essential to maintain contemporary, quality practice and is a requirement to maintain registration as a nurse. The CPD registration standard establishes minimum CPD requirements for registered nurses, enrolled nurses, nurse practitioners and nurses with additional endorsements to maintain registration.

General practice teams should consider how they can best support nurses to meet CPD requirements. Strategies may include financial support for course fees and/or paid study leave. General practices in rural areas may be entitled to apply for locum support from the Nursing and Allied Health Rural Locum Scheme (NAHRLS) to enable nursing staff to access CPD.

A number of organisations offer CPD courses tailored to the needs of nurses working in general practice. CPD activities can include:

- Reading relevant peer-reviewed research articles
- Attending conferences or seminars
- Mandatory learning activities in the workplace (e.g. Cardio Pulmonary Resuscitation training)

Practices may be able to organise multidisciplinary activities such as journal clubs for clinical staff that contribute to CPD requirements for doctors, nurses and allied health staff.

In addition to CPD related to nursing practice, nurses in general practice may also benefit from CPD in areas such as leadership, research, mentoring, practice administration and information technology.

The professional indemnity insurance arrangements registration standard

All nurses must be covered by appropriate Professional Indemnity Insurance (PII) in order to practise and maintain registration with the NMBA. This requirement applies to all practising nurses, regardless of employment arrangements. Nurses may hold their own private PII or they may be covered by their employer's PII coverage for employees. In instances where nurses are not covered by their employer's PII, nurses are required to make their own PII arrangements.

All nurses in general practice should have a clear understanding of the nature and limits of their PII arrangements. The most

appropriate type of insurance cover will depend on a range of factors, including employment status, experience, practice setting and the volume and type of patients cared for by the nurse.

It is important that employers and nurses discuss whether and to what extent the practice's insurance covers nurses employed in the practice for professional indemnity. All parties should satisfy themselves that the insurance arrangements in place are adequate and seek independent advice if necessary.

Commonwealth and state/territory legislation

Important legislation that impacts all nursing practice includes the *Health Practitioner Regulation National Law* (the National Law), which provides the legislative framework for the National Registration and Accreditation Scheme (NRAS), as well as drugs and poisons Acts, public health Acts and privacy laws.

Organisational policies

Policies and protocols in general practices will have a direct impact on the professional practice of a nurse in general practice. On occasion, organisational policies may directly or indirectly restrict a nurse's scope of practice and as a result the general practice may not realise the full potential scope of a nurse working in the practice. It is valuable to have frequent discussions with nurses about their scope of practice and how organisational policies may be able to support the nurse's role.

Where the opportunity to develop new roles or services exists, general practices can support nurses in expanding their practice through making available education and practice opportunities.



Clinical governance

Clinical governance refers to the systems and practices health care organisations institute to:

- ensure organisational and individual accountability for the safety and quality of care
- maintain high standards of care
- continuously improve the quality of service delivery.

Good clinical governance places an emphasis on systemic approaches to safety and quality, rather than reactive, short-term fixes. It draws on the experiences of patients and the contributions of clinicians, as well as organisation-level strategies.

Continuous quality improvement

Nurses in general practice are expected to participate in quality improvement processes, as outlined in the Competency Standards for Nurses in General Practice. Nurses may contribute to the identification of quality improvement goals, the design and implementation of quality improvement initiatives and the evaluation of outcomes within their professional settings.

General practices might consider engaging the nurses working in the practice in the coordination of continuous quality improvement activities. Clinical audits are recognised as valuable tools to review systems, policies and procedures, the use of resources and patient outcomes against explicit criteria. Clinical audits provide opportunities to improve interdisciplinary team work and collaboration between nursing, medical and allied health staff.

Workplace health and safety

Like all employees in general practice, nurses have a right to work in an environment that does not endanger their physical or psychological health. Nurses also have a responsibility to maintain a safe workplace for others. Risks to health in the general practice environment may include manual handling injuries, needle stick injuries, exposure to allergens, toxins and biological hazards, occupational stress and workplace violence. Nurses must ensure that they are familiar with the general practice's work health and safety policy, which should be regularly updated in consultation with all members of the practice team. General practices should also have strategies in place to manage patient initiated threats and violence.

Information technology

Information technology has great potential to lead to improved processes and efficiency gains in general practice. To maximise this potential, employers should ensure that nurses have access to computers and training in the software used by the practice. Nurses should be aware of practice policies on the creation, storage, access and destruction of patient data stored in electronic formats.

Social media is increasingly used by health care professionals, including those working in the general practice environment. It is important that employers ensure all members of the general practice team, including nurses, understand the practice's social media policy. Nurses are expected to comply with professional practice standards when using social media and are also guided by AHPRA's Social Media Policy, which is available on the NMBA website.

The NMBA has created an information sheet on social media for nurses and midwives, which can also be accessed on the NMBA's website.

Documentation

Documentation is an important element of risk-management in general practice. Nurses have a professional responsibility to maintain contemporaneous records of the nursing care they deliver. To ensure that records are as complete and accurate as possible, it is important that nurses are able to enter their own documentation of the care they provide. Nurses must have ready access to a computer to access the practice's patient records and patients' e-health records. Nurses should also have access to patient records to facilitate case conferences, manage recall and reminder systems and conduct clinical audits.



Open disclosure

Open disclosure refers to the process of engaging in transparent communication following an adverse event which caused unintended harm to a patient. It is important that nurses are familiar with the practice's policies and procedures surrounding open disclosure. Nurses should be involved in the investigation of adverse events, as they may be able to contribute additional information or a different perspective on the causes of the incident. Nurses directly involved in adverse events should be informed about the outcome of the incident, participate in the open disclosure process if appropriate and be given an opportunity to debrief.

Confidentiality

Nurses must adhere to the NMBA's *Code of Professional Conduct for Nurses in Australia*, which requires nurses to treat information obtained in a professional capacity as private and confidential.

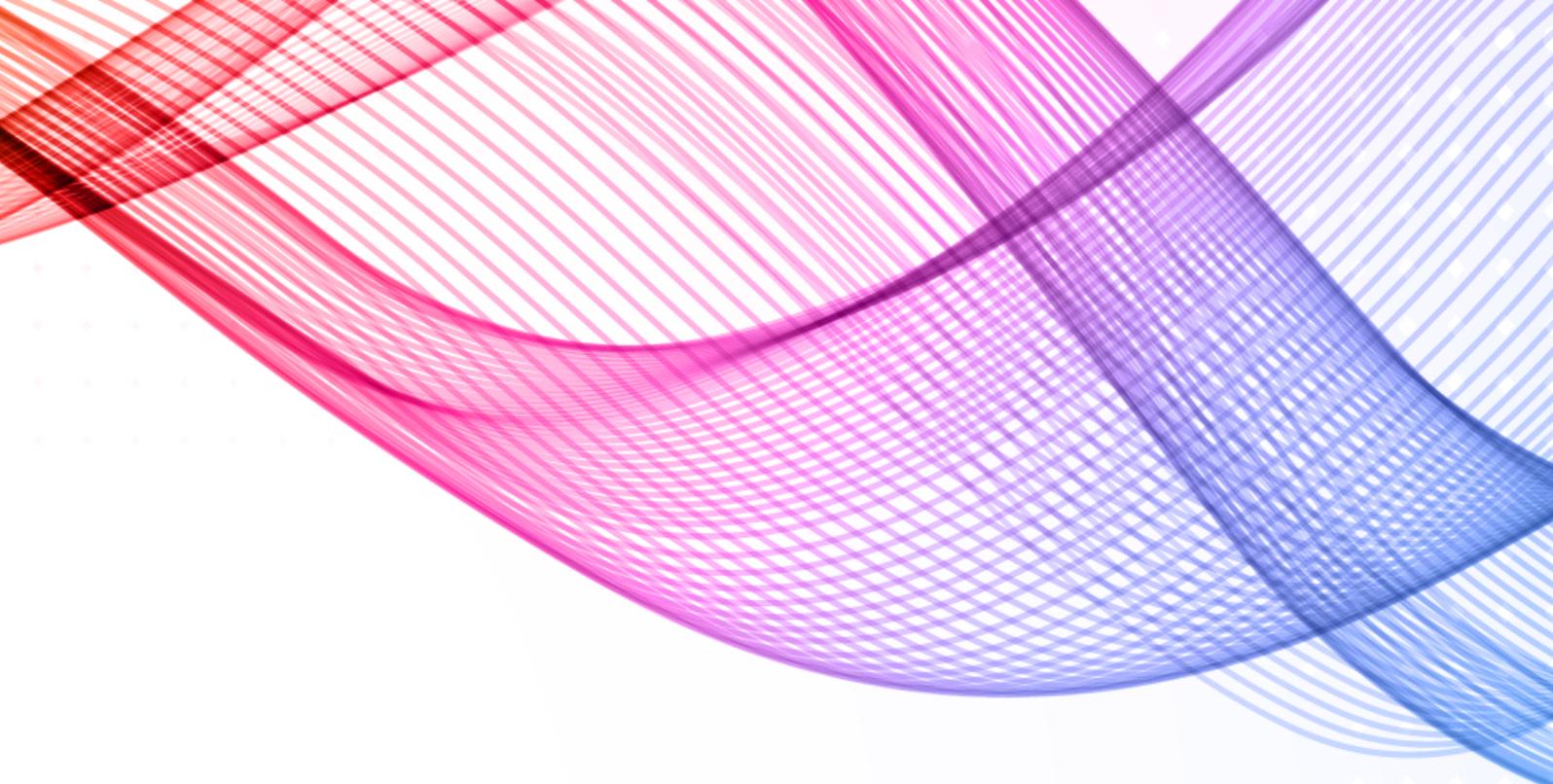
The physical layout of a general practice should support patients' privacy and confidentiality in all interactions with nurses. The Royal Australian College of General Practitioners recommends that practices should have at least one dedicated consulting room for each clinical staff member. It is important that nurses have access to a private room for consultations with patients, and that patients' privacy is maintained during examination or treatment by nurses. Secure messaging systems should be in place for the transmission of information between staff, including nurses. Consideration should also be given to the placement of computer monitors and information contained on appointment schedules to maintain privacy.

Handover of care

When a patient's care is transferred to another health care professional and/or another health care service, it is essential to ensure patient safety and continuity of care. General practices should ensure that they have an appropriate handover of care policy and accompanying documentation for use by all clinicians, including nurses.

A range of resources are available to support best practice in clinical handover in general practice, including the *Safe Clinical Handover Guide* developed by the NSW Agency for Clinical Innovation and General Practice NSW.





SECTION 3: **OPPORTUNITIES IN GENERAL PRACTICE**

Increasing specialisation in health and changing models of service delivery provide opportunities for general practices to consider how they can incorporate and develop specialist nursing roles and nursing-specific services.

This section provides examples of how specialist nursing and nurse practitioner services can help to meet local population health needs within general practice.

Specialist nursing services

Nurses in general practice can be employed in specialist roles as clinical nurse specialists (CNS), clinical nurse consultants (CNC) or nurse practitioners (NP) in particular areas of practice. General practices are probably most familiar with such specialist roles as nurse immunisers, mental health nurses and diabetes nurse educators. However, there are also opportunities to employ specialist nurses in a much wider range of specialist roles.

Immunisation services

Providing immunisation services is a common role for nurses in general practice. In accordance with state or territory legislation, general practices are able to establish immunisation clinics in which nurse immunisers administer vaccinations, provide health promotion education, and work to increase immunisation levels in the community.

All RNs can administer vaccines with a medical practitioner's written or oral order (subject to organisational policy). ENs working under the supervision and direction of a registered

nurse can only administer immunisations with a medical practitioner's order if they have completed the required medicines administration education (see Enrolled Nurses in this Section).

However, RNs who have completed an approved program of study, and are often titled nurse immunisers, are able to administer vaccines on the National Immunisation Program Schedule without an order from a medical practitioner. Nurse immunisers and their employers must adhere to national and state/territory immunisation policy.

The legislative and regulatory requirements for nurses providing immunisation services may vary. For further information, contact your state/territory health department.

Mental health services

In recent years it has become more common for mental health nurses to work in collaboration with other members of the health care team to provide coordinated care for people experiencing mental health issues in the general practice setting. Mental health nurses generally have post-graduate



Photo courtesy of Australian Primary Health Care Nurses Association (APNA)



qualifications in mental health and may also be credentialed by the Australian College of Mental Health Nurses (ACMHN).

The Mental Health Nurse Incentive Programme (MHNIP) funded by the Australian Government Department of Health provides a non-MBS incentive payment to specified health care providers, including general practices, who engage credentialed mental health nurses to assist in the provision of coordinated clinical care for people with severe mental health disorders.

Diabetes nurse educators

As members of multidisciplinary teams, diabetes nurse educators support individuals in the management of their diabetes. Diabetes nurse educators have completed, at a minimum, a Graduate Certificate in diabetes education and may also be credentialed by the Australian Diabetes Educators Association (ADEA).

Credentialed diabetes nurse educators are eligible to provide services under the Chronic Disease Management (CDM) Medicare items. Practices employing diabetes nurse educators are also eligible to participate in the Practice Nurse Incentive Program (PNIP).

Sexual and reproductive health care

Nurses can provide sexual health care in collaboration with the general practice team. Nurses conduct a wide range of sexual health activities, including taking sexual and reproductive histories, screening for sexually transmitted infections, contact tracing, and providing information and education to patients.

Sexual health care is often delivered opportunistically by nurses performing women's health checks or cervical screening services such as Pap smears. Nurses who perform these

services have specialist knowledge and qualifications. The education and credentialing requirements for nurse cervical screening providers varies between jurisdictions. For more information, contact your state or territory health department.

Nurse clinics

As general practices continue to structure their services and develop new models to deliver quality services in efficient, timely and cost-effective ways, they are increasingly considering the development of nurse clinics. A nurse clinic can be defined as a clinic where the nurse, within their nursing scope of practice, is the primary provider of care for the patient. Nurses conducting nurse clinics have their own patient loads and operate within a collaborative model of care. Nurse clinics are conducted by nurses with education and expertise in a specific area of practice.

Nurse Clinics in Australian General Practice: Planning, Implementation & Evaluation, developed by the Australian Medical Local Alliance, is an invaluable resource to guide and inform the development of nurse clinics in general practice. The document includes a number of case studies of nurse clinics, as well as information on practical considerations to be taken into account in establishing a nurse clinic.

In most cases, nurse clinics focus their services on a particular patient group. Examples of nurse clinics that have been implemented in Australia include:

- women's health
- immunisation
- asthma
- chronic disease (e.g., respiratory and cardiovascular disease)
- musculoskeletal
- lifestyle modification (e.g., weight loss, smoking cessation)
- mental health
- diabetes
- wound management
- cancer survivorship.

Nurse clinics can generally be introduced into general practices without major restructure of the physical environment, governance structure or administrative processes. General practices may make available dedicated space for nurse clinics or alternatively utilise rooms in the practice on a rotational basis. Administrative supports can commonly be integrated into existing administrative processes of the practice.

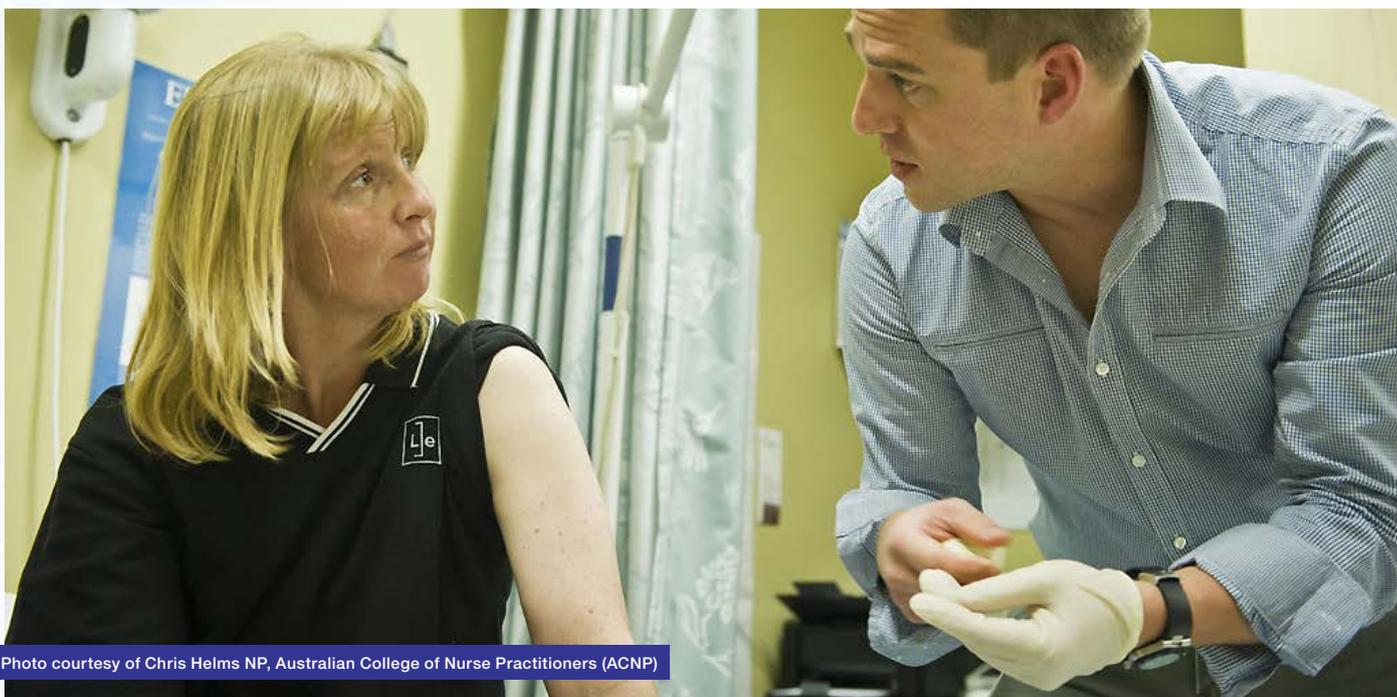


Photo courtesy of Chris Helms NP, Australian College of Nurse Practitioners (ACNP)

Outreach nursing services

Nurses working in general practice are able to provide outreach services to patients in their homes, in community settings or in residential aged care facilities and provide nursing assessments, direct nursing care, and refer patients to other members of the general practice team or other community services as needed.

The benefits of nursing outreach services include:

- opportunities to assess patients' functional status and care needs in their home environment
- greater access to care for patients with low mobility, caring responsibilities or limited access to transport
- improved communication between the practice and patients;
- greater adherence to treatment plans
- opportunities for nurses to deliver health promotion, patient education and preventative health interventions.

Outreach services may particularly benefit certain groups, including patients who are:

- at high risk of becoming disengaged from primary care services
- in need of a high level of monitoring and follow-up
- transitioning from inpatient care to community-based care
- experiencing multiple or complex health issues.

Nurse practitioner services

Nurse practitioners function in an advanced and extended nursing role and are able to prescribe a range of medications and order a range of diagnostic investigations. They offer targeted clinical services to meet patient needs and provide in-depth education to patients during appointments. Nurse practitioners can also provide outreach services to patients with complex conditions and high care needs.

Nurse practitioners commonly specialise in caring for certain patient groups or providing specialist care in one area of nursing practice. Generally, nurse practitioner roles are incorporated into general practice in response to an identified local population health need. Examples of nurse practitioner roles in general practice include, but are not limited to:

Generalist nurse practitioners

Generalist NPs work as part of the multidisciplinary general practice team to triage, assess, manage, and refer patients with a broad range of medical problems. This may include the treatment of chronic conditions such as diabetes, hypertension, dyslipidaemia and chronic heart failure, as well as managing acute presentations such as asthma attacks, chest pain and traumatic injuries. Generalist NPs order and interpret a broad range of diagnostic tests including ECGs, spirometry, and pathology, and make referrals to specialists and other health practitioners as appropriate. They also undertake a range of procedures which may include skin biopsies, implanon insertion and removal, and cryotherapy. Preventative care and patient education is an integral part of their work. This may include conducting lifestyle modification programs focussed on topics such as smoking cessation and weight loss.

Wound management nurse practitioners

The wound management NP scope of practice encompasses the management acute and chronic wounds, including venous ulcers, stomas, pressure ulcers, complex wounds and diabetic foot ulcers, in collaboration with other health care professionals. Wound management NPs conduct comprehensive wound assessments and order and interpret diagnostic tests. They provide evidence-based wound treatments, such as prescribing medicines, debridement, treatment of infections and pain management. Wound management NPs provide referrals to other health care professionals as appropriate, including to medical specialists and allied health practitioners. General practice-based wound management NPs may deliver outreach services to the community, including in residential aged care facilities. Wound management NPs are also able to provide education to other members of the general practice team about the latest research and therapies in wound management.

Women's health nurse practitioner

Women's health NPs provide holistic care to women in collaboration with other health care professionals. Services provided by women's health NPs may include screening services (including breast examinations and cervical screening), contraception advice and management (including insertion and removal of intrauterine devices), unplanned pregnancy counselling, preconception and postnatal checks and menopause management. As an integral part of the role, women's health NPs provide education on topics including sexual health, osteoporosis, obesity and cardiac risk factors. They conduct opportunistic screening for sexually transmitted infections, chronic disease and domestic violence, and are able to refer women to appropriate health and community services. Women's health nurse practitioners based in general practice may be able to address some of the barriers women from certain demographics may face when accessing health care, for example by developing clinics or outreach services for particular patient groups.

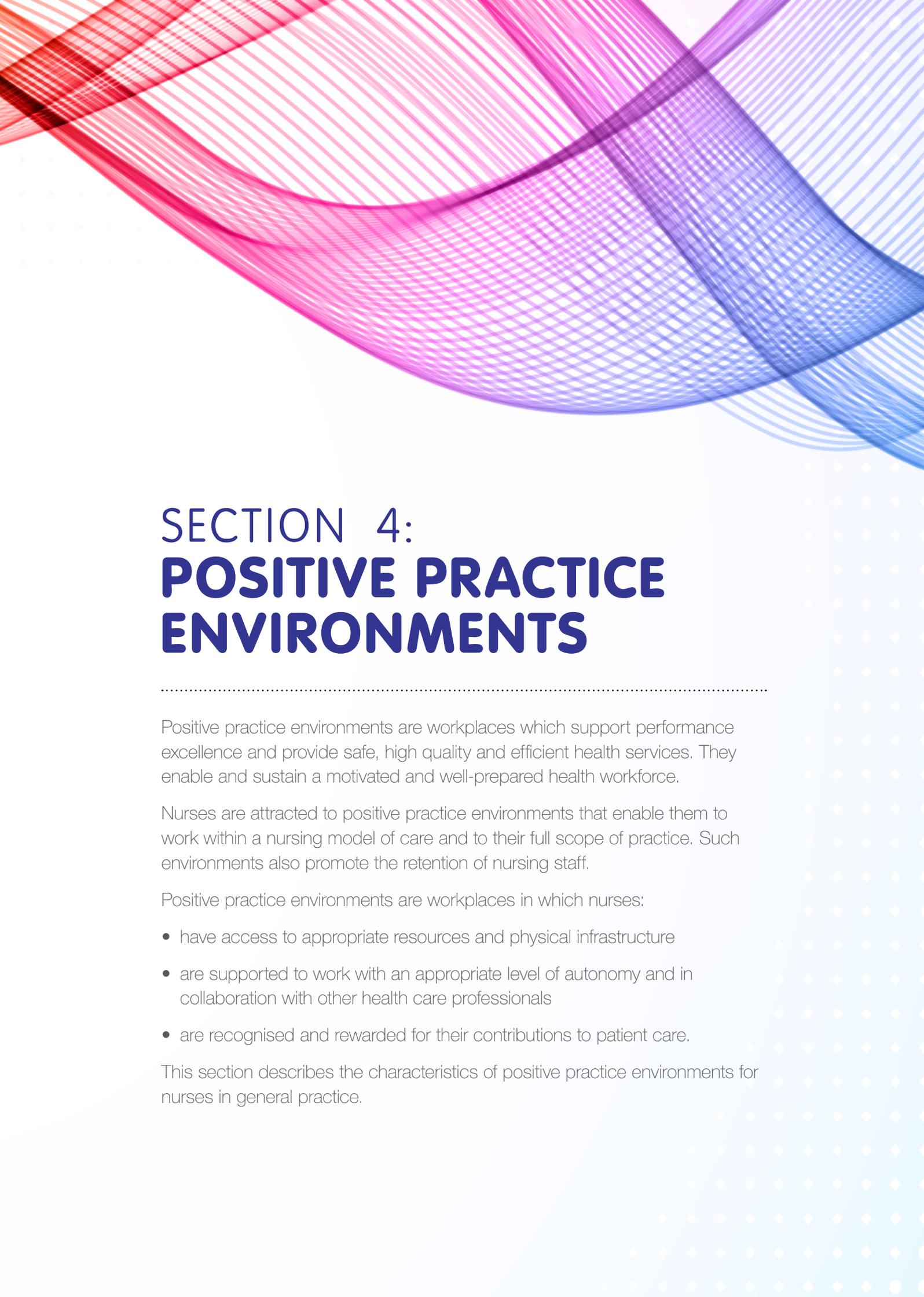
Aged care nurse practitioner

Aged care nurse practitioners based in general practice can help to improve the accessibility of primary health services for older people and reduce unplanned hospitalisations. Aged care NPs work in collaboration with other health professionals to assess elderly patients and establish and implement care plans. They conduct comprehensive geriatric assessments within the NP scope of practice, order and interpret diagnostic tests and treat a variety of conditions. Aged care NPs may also undertake medication reviews and provide case coordination for patients with complex needs. The role often involves a significant health promotion component, including providing education about lifestyle modification and teaching self-management strategies. Outreach work in the community and in residential aged care facilities may be a key part of the general-practice based aged care nurse practitioner role.



Photo courtesy of the New South Wales Refugee Health Service





SECTION 4: **POSITIVE PRACTICE ENVIRONMENTS**

Positive practice environments are workplaces which support performance excellence and provide safe, high quality and efficient health services. They enable and sustain a motivated and well-prepared health workforce.

Nurses are attracted to positive practice environments that enable them to work within a nursing model of care and to their full scope of practice. Such environments also promote the retention of nursing staff.

Positive practice environments are workplaces in which nurses:

- have access to appropriate resources and physical infrastructure
- are supported to work with an appropriate level of autonomy and in collaboration with other health care professionals
- are recognised and rewarded for their contributions to patient care.

This section describes the characteristics of positive practice environments for nurses in general practice.



Photo courtesy of the New South Wales Refugee Health Service

Collaborative practice

Collaborative practice is an approach to health care delivery which emphasises interdisciplinary teamwork. In a collaborative practice model, health care professionals work together to contribute their individual skills, knowledge and experience to patient care. Enhancing collaborative practice can play a key role in improving the quality of patient care.

The World Health Organization's (WHO) *Framework for action on interprofessional education and collaborative practice* identifies the factors that underpin successful models of collaborative practice. This document can be found on the World Health Organization's website.

Leadership

Nurses in general practice should be supported to develop leadership skills, including negotiation, relationship building and mentoring skills. Nurses can use these skills to contribute to continuous quality improvement, drive clinical collaboration and participate in the implementation of innovative models of care. Practices can also facilitate nurses' participation in broader leadership activities within both the nursing profession and the primary care system.

Evidence-based practice and nurse-led research

The translation of evidence-based research into clinical practice can have a positive impact on nursing care and health outcomes. Evidence-based practice is achieved through a commitment to CPD, change management practices and interdisciplinary collaboration. General practices should provide adequate support to nurses to undertake CPD, complete post-graduate qualifications, and provide nurses with access to peer-reviewed journals. A number of nursing organisations offer access to nursing libraries or online journal databases to support research and practice.

General practice nursing services can be further enhanced by nurse-led research. Enablers of nurse-led research in the general practice environment include mentoring arrangements with other clinicians, partnerships with tertiary institutions, access to post-graduate education, time to engage in research and opportunities to present findings at conferences or meetings. Nurses may also play a role in assisting with or managing the practice's involvement in clinical trials.

Teaching

General practices are important clinical teaching environments for health professionals, including GP registrars, medical students and nursing students. Acknowledging the importance of teaching and providing concrete support for nurses' preceptor and teaching roles is critical. This may involve facilitating access to educational opportunities to develop and extend teaching and mentoring skills.

Mentoring

Mentoring can assist nurses at any stage of their careers to develop their practice, leadership skills and professional networks. Mentoring can be particularly important for nurses working in primary health care settings, who may be more professionally isolated than their colleagues working in hospitals. General practices can facilitate mentoring opportunities for nurses by encouraging nurses to engage with local primary health care organisations and professional nursing organisations. Access to a professional mentor and other networking opportunities may increase nurses' professional satisfaction and contribute to their retention in general practice.

Wellbeing at work

General practices can support the well being of nurses at work by introducing flexible, family-friendly rostering practices, encouraging nurses to maintain a sustainable work/life balance, and providing access to employee assistance programs.

Workplace culture can also contribute to wellbeing at work. Shared values, collegial relationships and good communication underpin the general practice team's ability to work together towards common goals.

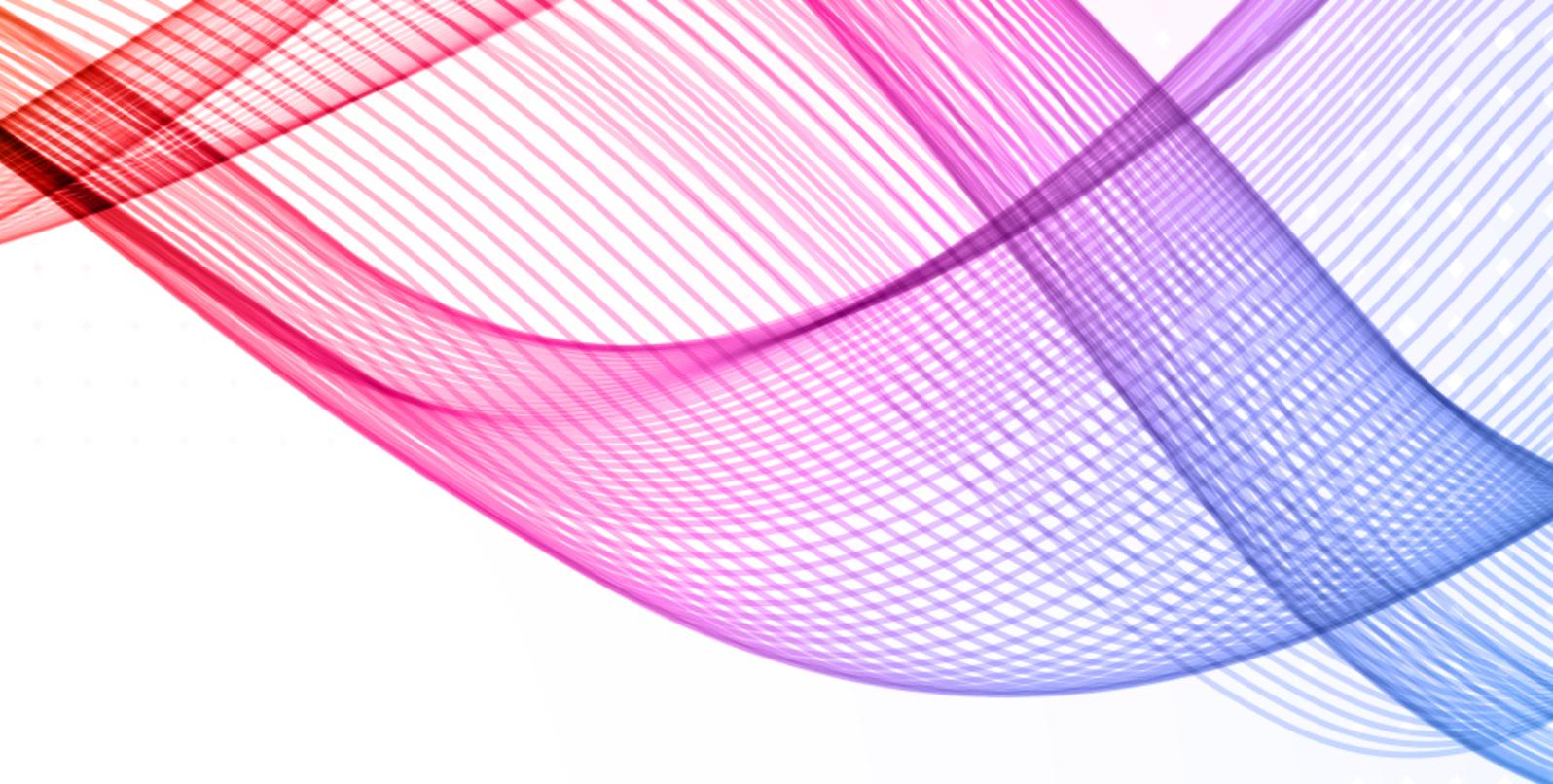
Career progression

Opportunities to develop professionally within a defined career structure can improve nurses' job satisfaction and retention. General practices should give consideration to how they may be able to create career pathways for the nurses in their practice. Opportunities could include additional clinical and leadership responsibilities or supporting nurses to pursue post-graduate qualifications. Practices can also support enrolled nurses to become registered nurses and registered nurses to complete the requirements for nurse practitioner endorsement.



Photo courtesy of the New South Wales Refugee Health Service





SECTION 5: **MAXIMISING PRACTICE BENEFITS**

General practices can benefit clinically and financially by implementing a variety of nursing service delivery models. Previous sections of this handbook have highlighted possible nursing roles and service models in general practice.

This section outlines funding initiatives, Medicare payments and financial arrangements which support the employment of nurses.

Practice Nurse Incentive Program (PNIP) payments

The Practice Nurse Incentive Program (PNIP) is a government initiative which provides funding to general practices employing nurses. It is administered by Medicare Australia on behalf of the Australian Government Department of Health and the Department of Veterans' Affairs.

The PNIP replaced the previous Practice Incentives Program (PIP) Practice Nurse Incentive and six of the Medicare Benefits Schedule (MBS) Practice Nurse Items.

The PNIP supports practice nurses working in general practice to continue to undertake activities such as immunisation, wound management and cervical screening, as well as a broad range of other activities including:

- providing preventative health programs
- coordinating patient care and monitoring of chronic diseases
- supporting self-care and self-management
- providing recall and reminder systems.

Eligibility

Most general practices are eligible to apply for PNIP payments. To be eligible, practices must meet the following criteria:

- meet the RACGP's definition of a general practice
- be accredited or registered for accreditation as a general practice
- have public liability insurance
- Ensure that all clinical staff, including general practitioners and nurses hold or are covered by appropriate professional indemnity insurance
- employ or retain the services of nurses eligible for payments under PNIP
- employ or retain the services of a GP.

Payments

PNIP payments are based on a measure of practice size known as the Standardised Whole Patient Equivalent (SWPE). The SWPE is based on the amount of care the practice provides to patients, weighted by their age and gender. The Australian Government Department of Human Services can provide more detailed information on calculating SWPE.

The PNIP provides eligible practices with annual incentive payments of:

- \$25,000 per 1,000 SWPE where a registered nurse works at least 12 hours and 40 minutes per week
- \$12,500 per 1,000 SWPE where an enrolled nurse works at least 12 hours and 40 minutes per week.

Practices are eligible for up to five PNIP payments (a total of \$125,000 per year), paid quarterly.

Note: the above rates of payment are correct as at August 2014, however rates are subject to change over time.

Practices that employ Aboriginal Health Workers and Allied Health Professionals may also be eligible for PNIP payments. This handbook does not cover the employment of these health professionals in detail. For more information, please contact the Australian Government Department of Human Services.

Practices are not eligible for PNIP incentives for any hours they are supported to employ or retain the services of a nurse through Australian, state or territory government funding and incentive programs, or other private funding.

Further information on a number of issues related to PNIP, including additional PNIP incentive payments, loadings, and other eligibility requirements is available in the PNIP Guidelines.

Applying for the PNIP

Practices can apply for PNIP payments through PNIP Online, which is available via Health Professional Online Services, within the Australian Government's Medicare Australia website.

Practices can also apply to join the PNIP using the PNIP application form which is available on the Australian Government Department of Human Services' website.

The Department of Human Services will advise applicants of their eligibility in writing.

Developing business models to access PNIP payments

The PNIP can facilitate collaborative practice, support the development of new models of care and assist in establishing new ways for nurses to work in general practice. A number of resources are available to support practices in planning and implementing new models of nursing care in general practice, including nurse clinics (see Section 3).

GP Perspective: *"When it comes to the question of whether employing a primary care nurse is financially practical, Gary asks: 'Can you afford not to have a primary care nurse? To me, the benefits of primary care nurses are two-fold – clinical and financial – and it's not hard to see why when you can offer extra services and improve the efficiency of the practice simultaneously. Care plans are well reimbursed so it makes sense to direct nursing resources to this area. Our primary care nurses generate considerable revenue."*

Nurse perspective: *"The GP and primary care nurse roles complement, rather than compete with, each other, Andrew says. 'Patients win because our ability to deliver more comprehensive care is a significant driver in improving outcomes. And, as a natural consequence of that, the practice derives various financial benefits... the practice nurse position pays for itself."*

Source: Australian Medicare Local Alliance (n. d.) *Case in Point: Primary care nursing in practice – Seeing the light: why it pays to employ a primary care nurse.*

Coordinated Veterans' Care Program

The Coordinated Veterans' Care (CVC) Program is administered by the Department of Veterans' Affairs (DVA). It aims to better manage and coordinate primary health and community care for veterans, war widows, war widowers and dependants, who have a Gold Card and who are at risk of unplanned hospitalisation.

The Program focuses on Gold Card holders who have chronic conditions and complex care needs, who would benefit from a coordinated model of care. The CVC Program can provide a range of benefits for participants, including improved health outcomes and quality of life, and a greater ability to self-manage their chronic conditions.

Care provided under the CVC Program is a partnership between the Gold Card holder, their general practitioner and a nurse coordinator. Nurses working in general practice may undertake needs assessments, work with doctors to develop care plans, provide advice and assistance with self-management, monitor the patient's condition and send out reminder notices.

Online training and education to support doctors, nurses and other clinicians who provide care for CVC participants is available through Flinders University: <http://cvcprogram.flinders.edu.au>

For more information on the CVC Program (including current rates of payment) and other DVA programs, please visit the DVA website

www.dva.gov.au

Medicare Benefits Schedule items for nurses

Reimbursement through the Medicare Benefits Schedule is available for a range of nursing services provided in general practice.

A number of MBS items for services provided by nurses exist and are reimbursed directly to the general practitioner.

In addition, a nurse may assist a medical practitioner in providing certain services such as health assessments and providing patients with information about recommended interventions. These activities are undertaken at the direction and supervision of the medical practitioner and must include personal attendance by the medical practitioner.

Changes are made to the MBS Items list from time to time. For this reason specific MBS Items are not listed here. For up-to-date information on MBS Items available to support nursing in general practice, please visit mbsonline.gov.au

Nurse practitioners

Nurses employed as NPs are not eligible to participate in the PNIP, however NPs working in general practice can provide income for the organisation through patient fees. NPs in private practice who have a collaborative arrangement with a specified medical practitioner are able to access specific items in the Medicare Benefits Schedule (MBS) and the Pharmaceutical Benefits Scheme (PBS).

There are several ways that a nurse practitioner can demonstrate a collaborative arrangement. For example, a collaborative arrangement can be demonstrated by being engaged by an entity that also employs a medical practitioner, or by receiving patients on written referral from a medical practitioner. Requirements are set out in the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*.

An up-to-date list of nurse practitioner services that attract a Medicare benefit is available on the Australian Government Department of Health's website. The Pharmaceutical Benefits Scheme website has a list of the medicines which may be prescribed by nurse practitioners. These medicines are identified by 'NP' in the PBS Schedule.

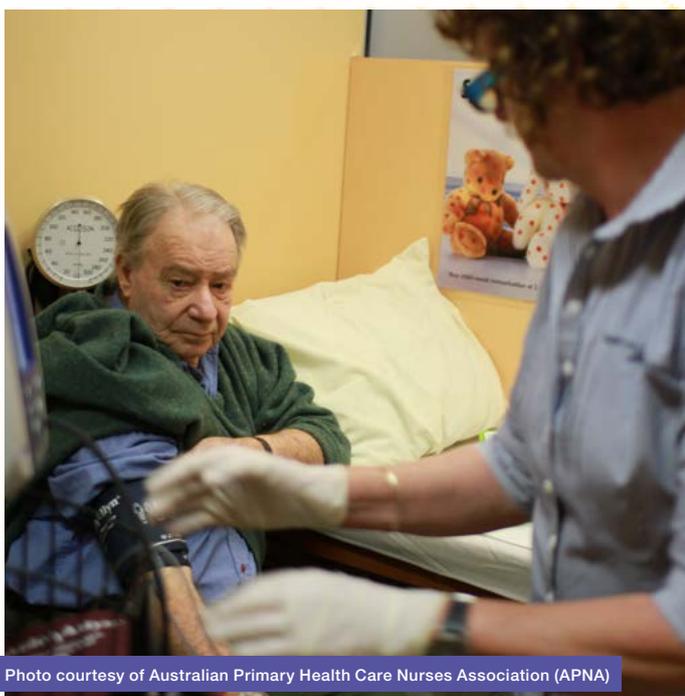


Photo courtesy of Australian Primary Health Care Nurses Association (APNA)





SECTION 6: **HUMAN RESOURCES**

There are a range of ways to employ nurses in general practice. A nurse may be employed on a casual or permanent basis, part-time or full-time, through an individual contract or through a nursing agency. Specific partnership arrangements may be negotiated with Nurse Practitioners and reflected in an agreed contract.

This section focusses on considerations for practices interested in recruiting a nurse or nurse practitioner as a salaried employee.

Retention

The general practice environment can be highly rewarding for nurses, particularly when a nurse can work to his or her full scope of practice as a valued member of a collaborative team. Factors that support nurses' job satisfaction in general practice include: a person-centred approach to care; adequate physical space for the provision of nursing care; being involved in quality improvement initiatives; support for their clinical decision making; and opportunities to develop new services (such as nurse clinics). As job satisfaction is closely linked to professional growth, it is important that nurses are supported to develop their role and responsibilities over time.

Nurses' salaries and conditions of employment

Nurses employed in private general practice may be covered by the Nurses Award 2010 or an Enterprise Agreement. The Award commenced operation on the 1 January 2010, and together with the National Employment Standards (NES), forms the safety net of wages and conditions for registered nurses (including nurse practitioners) and enrolled nurses.

The safety net establishes the minimum rates of pay and conditions, including penalty rates, allowances, leave entitlements and arrangements for dispute resolution and applies to nurses who are not covered by an Enterprise Agreement.

An Enterprise Agreement is an agreement made at the enterprise level between an employer and their employees about terms and conditions of employment. Attracting a nurse with appropriate skills, knowledge and experience usually requires a competitive employment package. Remuneration should be commensurate with the contribution that the nurse can make to the practice, taking into account the nurse's individual skills, educational qualifications and experience.

To view and download the Nurses Award 2010, the NES and for more information on agreement making visit the Fair Work Commission's website: www.fwc.gov.au



Photo courtesy of Australian Primary Health Care Nurses Association (APNA)

Recruitment and induction

Recruitment and induction are practice-specific processes and should be tailored to meet practice requirements. When considering employing a nurse, it is important to determine whether the role would best be filled by a registered nurse, an enrolled nurse or nurse practitioner. Employers should also consider whether the role may require the skills of a nurse with specific credentials (such as a diabetes nurse educator), expertise or post-graduate qualifications.

Position description

Position descriptions for nursing roles should set out the proposed title, position profile, mandatory qualifications, key competencies, reporting lines and working relationships. Professional practice standards should be used to guide the development of the position description. It may also be appropriate to involve other nurses working in the practice in the development of the position description which should be revised when any changes are made to the role.

The *Competency Standards for Nurses in General Practice* includes sample position descriptions for registered nurses and enrolled nurses in general practice, as well as guidance on using the competency standards for employment purposes.

Selection criteria

Selection criteria should reflect the requirements of the role, as outlined in the position description. Other requirements, such as hours of work, desired qualifications or experience and personal attributes may also be included.

Advertising

Advertisements for nursing positions can be placed in local and state/territory newspapers, however employment advertising for nursing positions is increasingly moving online. Nurses looking for employment opportunities will consult general online employment advertising websites as well as nursing-specific websites.

The following nursing organisations have online employment listings for nurses:

ACN CareerLink: <http://www.acn.edu.au/careers>

APNA job board: <http://www.primaryhealthcarenurses.com.au>

ACNP employment opportunities for Nurse Practitioners webpage: <http://acnp.org.au/employment>

Nurses may be willing to move for a position that offers them career progression and competitive conditions, so practices should consider advertising outside the local area or state/territory, especially when seeking a nurse with a specialist skill set.

Interviews

After reviewing the applications, a shortlist of candidates may be interviewed. Including a nurse on the interview panel can help to tailor questions to the position and determine the candidate's nursing scope of practice. When interviewing candidates for an enrolled nurse position, the registered nurse who will be supervising the new employee should be included on the panel.

Contract of employment

Nurses working in general practice should be provided with a contract which sets out the nurse's conditions of employment, including:

- position title and classification (if applicable)
- the award agreement which applies to the employment
- term of employment
- remuneration
- superannuation
- hours of work
- leave entitlements
- dispute resolution procedures
- workers' compensation arrangements.

For more information on drafting contracts for nurses in general practice, contact your employer association or the Fair Work Ombudsman.

Induction

A structured induction and orientation program ensures that the nurse is informed about the operational management of the practice and how the practice team functions. A nurse's induction may include:

- introductions to other staff members and identification of a mentor
- information on the culture and values of the practice
- information about the work of the practice, including patient demographics and specialist services
- a discussion about the nurses' scope of practice
- introduction to practice policies and procedures
- a discussion about collaborative care in the context of the practice team
- overview of practice accreditation and continuous quality improvement initiatives
- human resources procedures (claiming leave, pay cycles, etc.)
- overview of relevant local health and community services and organisations
- a review of insurance arrangements: employers and nurses should discuss PII arrangements to ensure that the nurse has adequate PII cover. (See Section 2)

Performance reviews

Regular performance reviews ensure that nurses in general practice meet the objectives of their role and performance standards. Reviews also provide an opportunity for nurses and employers to set goals, identify opportunities to improve nursing services within the practice and discuss the nurse's professional development needs.

Clinical performance reviews should be undertaken by the supervising RN (in the case of an EN) or by the senior RN. Practices employing a single RN may consider external nursing reviews.

The *Competency Standards for Nurses in General Practice* includes generic performance management tools for registered and enrolled nurses in general practice that may be useful.



Photo courtesy of Australian Primary Health Care Nurses Association (APNA)

EMPLOYER'S CHECKLIST

The following checklist is a basic guide for the employer to complete during the recruitment and induction process to ensure prospective nurses are appropriately qualified and supported.

- ❑ A position description has been developed according to local population health needs and practice requirements.
- ❑ Employer has confirmed the nurse's registration details on the AHPRA website. Employer is aware of any endorsements, notations or conditions on the nurse's registration.
- ❑ Employer is familiar with the NMBA's *National competency standards for the registered nurse*, *National competency standards for the enrolled nurse or the Nurse practitioner standards for practice*, as appropriate.
- ❑ Employer is familiar with the *Competency Standards for Nurses in General Practice*.
- ❑ Employer is familiar with the NMBA's *Code of Professional Conduct for Nurses in Australia* and *Code of Ethics for Nurses in Australia*.
- ❑ Employer has discussed scope of practice, role responsibilities and collaboration arrangements with the prospective nurse.
- ❑ Employer and employee have discussed supervision arrangements. If an enrolled nurse is to be employed, a registered nurse has agreed to provide supervision.
- ❑ Employer has discussed PII arrangements with the prospective nurse. Both parties are satisfied that adequate PII arrangements are in place. Independent advice may be sought by either or both parties.
- ❑ The new employee is aware of all practice policies and procedures, including clinical governance arrangements and procedures for handling complaints.



Photo courtesy of Australian Primary Health Care Nurses Association (APNA)

RESOURCES

General resources

Australian Commission on Safety and Quality in Health Care

Australian Commission on Safety and Quality in Health Care (2013) *Australian Open Disclosure Framework: Better communication, a better way to care*. Sydney: ACSQHC.

Australian Government

Department of Human Services (2012), *Practice Nurse Incentive Program guidelines*

<http://www.humanservices.gov.au>

Department of Veterans Affairs (2011) *Coordinated Veterans' Care Program: A Guide for General Practice*

<http://www.dva.gov.au>

Australian Health Practitioner Regulation Agency

AHPRA (2014) *Social media policy*

AHPRA (2014) *Guidelines for advertising regulated health services*

AHPRA (2014) *Guidelines for mandatory notifications*

<http://www.ahpra.gov.au>

Australian Medicare Local Alliance¹

Active Business Solutions (2012) *Teaching and learning in the workplace: A learning module for nurses in general practice*. Manuka: Australia Medicare Local Alliance.

Ashley C (2012) *Expanding your practice: A learning module for nurses in general practice*. Manuka: Australia Medicare Local Alliance.

Ashley C (2013) *Teamwork in primary care: A guide to roles, responsibilities and accountabilities*. Manuka: Australia Medicare Local Alliance.

Constable C (2012) *Leadership in action: A learning module for nurses in general practice*

Crow J, Walker L, Desborough J (n. d.) *Nurse Clinics in Australian general practice: Planning, implementation and evaluation*. Manuka: Australia Medicare Local Alliance.

King J, Corter A, Brewerton R, Watts I (2012) *Nurse Practitioners in primary care: Benefits for your practice*. Australian General Practice Network, Auckland: Julian King & Associates Limited; Kinnect Group.

Australian Primary Health Care Institute

Phillips C, Pearce C, Dwan K, Hall S, Porritt J, Yates R, Kljakovic M, Sibbald B (2008) *Charting new roles for Australian general practice nurses: A multicentre qualitative study. Abridged report of the Australian general practice nursing study*. Canberra: Australian Primary Health Care Institute.

<http://files.aphcri.anu.edu.au>

Australian Primary Health Care Nurses Association

APNA (n. d.) *Creating opportunity: Practice nurses working with the community and creating health*

King J, Watts I, Brewerton R (2011) *Developing a Business Case for an enhanced practice nurse role under the Practice Nurse Incentive Program (PNIP)*. Prepared for the Australian Practice Nurse Association (APNA) by Julian King & Associates Limited, Auckland.

<http://www.apna.asn.au>

Health Workforce Australia²

HWA (2013) *Health LEADS Australia: The Australian health leadership framework*

New South Wales Agency for Clinical Innovation

NSW Agency for Clinical Innovation in collaboration with General Practice NSW (n.d.) *Safe Clinical Handover: A resource for transferring care from General Practice to Hospital and Hospitals to General Practice*

¹ The Australian Medicare Local Alliance ceased operation in June 2014.

² Health Workforce Australia (HWA) ceased operation in August 2014. HWA's functions were transferred to the Australian Government Department of Health.

Nursing and Midwifery Board of Australia

Registration Standards

NMBA (n. d.) *Continuing professional development registration standard*

NMBA (n. d.) *Criminal history registration standard*

NMBA (2011) *English language skills registration standard*

NMBA (2011) *Professional indemnity insurance arrangements registration standard*

NMBA (2010) *Recency of practice registration standard*

Codes and guidelines

NMBA (2008) *Code of ethics for nurses in Australia*

NMBA (2008) *Code of Professional Conduct for Nurses in Australia*

NMBA (2010) *Nursing practice decisions summary guide (decision making framework)*

Standards

NMBA [ANMC] (2002) *Enrolled nurse competency standards*

NMBA [ANMC] (2006) *Registered nurse competency standards*

NMBA (2014) *Nurse Practitioner standards for practice*

Position statements

NMBA (2013) *Scope of practice of nurse practitioners*

<http://www.nursingmidwiferyboard.gov.au>

Royal Australian College of General Practitioners

Royal Australian College of General Practitioners (2010), *Standards for general practices (4th edition)*. Melbourne: RACGP.

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

World Health Organisation

World Health Organisation (2010) *Framework for action on interprofessional education and collaborative practice*.

<http://www.who.int>

Professional practice standards

The following list of professional practice standards (or competency standards) has been compiled to illustrate the variety of competency standards that are available to support nurses working in primary health care. Nurses and employers should check with the relevant organisations to ensure that they are using the most recent and complete version of the practice standards listed below.

- *National Practice Standards for Nurses in General Practice*
<http://anmf.org.au>
- *Competency standards for the advanced enrolled nurse*
<http://anmf.org.au>
- *Competency standards for the advanced registered nurse*
<http://anmf.org.au>
- *Sexual health competency standards for primary health care nurses (2012)* NSW STI Unit
<http://www.stipu.nsw.gov.au>
- *National core competencies for credentialed diabetes educators (2003)* Australian Diabetes Educators Association
<http://www.adea.com.au>
- *Wound management competency standards for general practice nurses (2009)* General Practice NSW, APNA and La Trobe University
<http://www.apna.asn.au>
- *Competency standards for specialist palliative care nursing practice (2005)* Canning D, Yates P and Rosenberg JP. Brisbane: Queensland University of Technology
<http://www.pcna.org.au>
- *Specialist breast nurse competency standards (2005)* The National Breast Cancer Centre
<http://canceraustralia.gov.au>
- *Advanced specialist standards for alcohol, tobacco and other drug (ATOD) nursing (n.d.)* Government of South Australia, Southern Adelaide Health Service and Drug & Alcohol Services Australia
<http://www.danaonline.org>

CONTACTS

Australian Association of Practice Managers
www.aapm.org.au

Australian College of Mental Health Nurses
www.acmhn.org

Australian College of Nurse Practitioners
www.acnp.org.au

Australian College of Nursing
www.acn.edu.au

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

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au

Australian Diabetes Educators Association
www.adea.com.au

Australian Government Department of Health
www.health.gov.au

Australian Government Department of Human Services
www.humanservices.gov.au

Australian Government Department of Social Services
www.dss.gov.au

Australian Health Practitioner Regulation Agency (AHPRA)
www.ahpra.gov.au

Australian Medical Association
www.ama.com.au

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

Australian Nursing and Midwifery Federation (ANMF)
www.anmf.org.au

Australian Primary Health Care Nurses Association

www.apna.asn.au

CRANAplus
crana.org.au

Department of Veterans' Affairs
www.dva.org.au

Fair Work Commission
www.fwc.gov.au

Fair Work Ombudsman
www.fairwork.gov.au

Immunise Australia Program
www.immunise.health.gov.au

International Council of Nurses
www.icn.ch

Medicare Benefits Schedule (MBS) Online
www.mbsonline.gov.au

Nursing and Allied Health Rural Locum Scheme
www.nahrls.gov.au

Nursing and Midwifery Board of Australia
www.nursingandmidwiferyboard.gov.au

Pharmaceutical Benefits Scheme
www.pbs.gov.au

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

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

Safe Work Australia
www.safeworkaustralia.gov.au

Western Australian Practice Nurses Association
www.wapna.org.au

ACRONYMS

ACMHN	Australian College of Mental Health Nurses
ACN	Australian College of Nursing
ADEA	Australian Diabetes Educators Association
AHPRA	Australian Health Practitioner Regulation Agency
AMLA	Australian Medicare Local Alliance
ANMF	Australian Nursing and Midwifery Federation
APNA	Australian Primary Health Care Nurses Association
CDM Medicare Items	Chronic Disease Management Medicare Items
CNC	Clinical Nurse Consultant
CNS	Clinical Nurse Specialist
CPD	Continuing Professional Development
CVC Program	Coordinated Veterans' Care Program
DVA	Department of Veterans' Affairs
ECG	Electrocardiogram
EEN	Endorsed Enrolled Nurse

EN	Enrolled nurse
GP	General practitioner
HWA	Health Workforce Australia
MBS	Medicare Benefits Schedule
NAHRLS	Nursing and Allied Health Rural Locum Scheme
NES	National Employment Standards
NMBA	Nursing and Midwifery Board of Australia
NP	Nurse practitioner
NRAS	National Registration and Accreditation Scheme
PBS	Pharmaceutical Benefits Scheme
PII	Professional Indemnity Insurance
PIP	Practice Incentives Program
PNIP	Practice Nurse Incentive Program
RACGP	Royal Australian College of General Practitioners
RN	Registered nurse
SWPE	Standardised Whole Patient Equivalent
WHO	World Health Organization





ACN

Australian College of Nursing
1 Napier Close, Deakin ACT 2600
t 02 6283 3400 | canberra@acn.edu.au
ABN 48 154 924 642

