

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!