

# Appendix one

# Details of the Demonstration Divisions projects

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

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

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

## Recruitment and retention

### **Why is it Important?**

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

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

### **How does it work?**

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

on recruiting practice nurses but will need to focus more attention in the future on the retention of these nurses.

### **Recruitment models utilised by the Demonstration Divisions included:**

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

### **Division employed practice nursing services.**

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

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

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

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

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

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

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

To achieve this, the PSRN service endeavoured to:

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

- provide a skilled nursing workforce to general practice.

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

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

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

## Divisions recruitment of nurses on behalf of practices

### Hunter Urban Division of General Practice (HUDGP)

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

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

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

The following 'tips' are from the HUDGP program:

- Active recruitment has a life span—you eventually run out of practices so therefore plan accordingly.
- Don't over estimate your recruitment capabilities. Non PIP practices are not likely to want a practice nurse due to cost. Therefore the division needs to develop alternative approaches.
- Keep it simple—general practitioners don't necessarily want detailed financial models to prove practice nurse viability.
- Face to face practice visits to 'sell' the practice nurse role works best.

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

## **Divisions assisting with recruitment on behalf of practices**

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

### **Southern Metropolitan Region Divisions of General Practice**

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

The SMRDGP model aimed to:

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

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

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

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

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

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

### **Canning Division of General Practice Group**

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

- placing feature articles in the local newspaper targeting nurses
- development of an information kit sent to nurses enquiring about positions
- information evenings

- establishment of a database of nurses looking for work in practice nursing as well as practices looking to employ nurses
- use of the West Australian Practice Nurse Network employment network;
- the provision of general practitioner education in relation to the employment of staff
- developing a practice nurse 'Package for General Practitioners'.

### **Fremantle Regional DGP**

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

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

### **Townsville Division of General Practice**

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

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

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

### **More Allied Health Services (MAHS)**

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

### **Divisions utilising MAHS**

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

### **Mid North (South Australia)**

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

Prior to the implementation of this model there were few nurses employed in general practice in the area, due to lack of affordability especially in the sole practice environment. With MAHS funding and

the development of the MAHS Model for this region, the concept of the Primary Health Care Nurse was developed at ten practices.

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

### **Yorke Peninsula DGP (YPDGP)**

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

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

### **South East NSW DGP (SENSWDGP)**

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

### **Riverina DGP (RDGP)**

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

## **Common approaches to recruitment utilised by demonstration divisions included:**

- The provision of hands on nursing services to practices, including recruitment, orientation, training and placement of practice nurses.
- Establishment of data bases of nurses interested in a practice nurse position.
- Establishment of casual relief pools. This strategy had varying success due the difficulty in maintaining a viable pool, as nurses frequently accepted permanent vacancies as they arose.

- Developing orientation programs and processes for new staff.
- Development of information kits and employment packages including the relevant industrial award, and a job description.
- Information evenings for nurses not currently employed in general practice.
- Use of the Australian Practice Nurses Association or West Australian Practice Nurses Association, employment networks.
- Informal networking/ word of mouth to advise of positions vacant.
- Education for practice staff about how to recruit for nurses.
- Demonstrating the value of the practice nurse to general practitioners through the provision of division employed nurses placed in practices on a short-term basis.
- Use of divisional Web sites and newsletters advertising vacancies.
- Introducing undergraduate student placements into general practice from University Schools of Nursing, or TAFE campuses.
- Advertising and marketing campaigns including feature articles in local newspapers.

## Professional development

### Why is it important?

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

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

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

- lack of formal state or national competencies specifically relating to practice nursing
- a reluctance by some nurses to participate in ongoing professional development
- lack of dedicated funding for the professional development of practice nurses.

### How does it work?

All of the Demonstration Divisions have developed practice nurse education programs. The content for education and professional development has largely been determined by the practice nurses themselves through surveys and feedback from practice nurse support groups. There was also an

expressed need from general practitioners and practice managers for practice nurses to be well versed in practice incentive programs and other new incentives impacting on the practice.

## **Some examples of factors affecting individual program development within Demonstration Divisions**

### **Hunter Urban Division of General Practice (HUDGP)**

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

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

### **Hunter Practice Nurse Education & Training—what works?**

- The workshops are facilitated by credentialed educators who are considered 'experts' in their field.
- Core learning area workshops are offered on a number of occasions, throughout the year offering a choice of attendance dates.
- Practice nurses have a choice of days on which to attend workshops.
- The workshop calendar is available prior to the commencement of the New Year. Practice nurses are given adequate time to make alternative arrangements for staff and child-care rostering.
- Topics covered were initially identified by general practitioners and practice nurses, through a survey process.
- Workshops are offered in a central location. No practice nurse is further than 30 minutes from the educational venue. Parking is readily available.
- Workshops are offered at minimal cost.
- Lunch, morning & afternoon tea is provided.
- Workshops are offered during work time on days identified as "best" by practice nurses
- Lots of laughter and interaction between practice nurses is encouraged.
- A divisional staff member is always present to address areas of concern/questions during the workshop or to meet privately at the completion.
- The workshop format offers an opportunity for Practice nurses to share resources.
- To ease confusion a standard fee, for Hunter Area Health Service facilitators, was negotiated. e.g. \$300 per facilitator.
- Work with your local Diabetes Centre, in the HUDGP experience this meant working with the Diabetic Education Centre part of the Hunter Area Health Service. The Diabetic Education Centre

(DEC) developed and implemented, on HUDGP's behalf, a two day education workshop based on the PIP Diabetic Annual Cycle of Care.

- To complement the Diabetes program a one day accredited Diabetic Foot Care Course was also offered. This was in conjunction with the podiatrist based at the DEC.
- Following on from a request from HUDGP and having run an initial pilot in the Hunter, Family Planning Australia now run a one day accredited program for practice nurses - "Well Women's" Short Course. In NSW the NSW Cervical Screening Service has arranged for eight practice nurses within each division to undertake this course free of charge.
- The HUDGP has approached WEA/Adult Ed to offer workshops, which are normally three hours per week for eight weeks, have been tailored to two full days e.g. medical receptionist's course. Upon further discussion the WEA are developing a "general practice staff" specific course.
- One of the Hunter's cardiologist provides all our CPR workshops free in their rooms (no venue cost) and provides afternoon tea.
- A leading ophthalmologist in the Hunter provided the "Eye testing for the Elderly" workshop – free of charge.
- The Hunter branch of the National Hearing Laboratories offered a free hearing workshop, which was held at their rooms. Practice nurses were given a site tour and afternoon tea.
- The federal & state Nursing Colleges have been approached to provide workshops. These workshops are often very expensive (Legal & Professional Issues—\$1045) so the HUDGP advertised in all adjoining divisions to help meet costs.

### **Northern Tasmania Division of General Practice (GP North)**

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

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

Additionally the interpretative cue states:

"Regular self evaluation of own nursing practice is undertaken"

Competency 5.2 states:

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

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

## What else is happening?

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

A summary of activities include:

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

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

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

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

The Demonstration Divisions are maintaining a focus on capacity building for practices and promoting better health outcomes for patients with the delivery of current evidence based clinical information and training for their practice nurses. This approach can assist general practitioners to understand the relevance of the education for their nurse and therefore encourages their support. General practitioners and practice staff need to be made aware of the importance of the practice nurses maintaining current skills and knowledge in order to deliver quality care.

## Mentoring and support

### **Why is it important?**

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

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

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

### **How does it work?**

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

#### **The Fremantle Regional Division of General Practice (FRDGP)**

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

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

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

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

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

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

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

## **What else is happening?**

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

The overwhelming experiences of the Demonstration Divisions are that no one support model fits all and programs for practice nurses need to be flexible and responsive to practice needs. Practice nurses need to be well matched to the practice environment they are entering. Personal contact with practices (face-to-face) has been the single most successful strategy identified by the Demonstration Divisions in terms of addressing professional isolation, improving communication and increasing job satisfaction for practice nurses. Through structured support programs, divisions not only increase practice capacity but

also improve relationships by getting to know their practices at a grass roots level and are better able to keep in touch with the diverse issues affecting general practice on the ground.

## Collaboration and partnerships

### Why is it important?

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

### How does it work?

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

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

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

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

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

An example of this is the working relationship first established with The Townsville Aboriginal & Islander Health Services (TAIHS) in 2001. Practice nurses and Aboriginal Health Workers were actively encouraged to participate in small group learning and program development. In 2002, TDGP developed a diabetes query tool and piloted this at TAIHS. TAIHS subsequently set up a diabetes project, the outcome of which was a practice nurse run diabetes clinic held twice a week. TAIHS nursing staff are very active in the practice nurse network. The extent of practice of the aboriginal health

workers has also been a real revelation for many other practice nurses, as they have become more aware of the scope of this role.

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

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

### **Hunter Urban Division of General Practice**

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

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

### **What else is happening?**

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

- Australian Government (Dept of Health and Ageing).
- State/ territory governments.
- Local Area Health Services.
- ADGP who provide a Nursing in General Practice Program coordinated by the Principle Nurse Advisor.
- Non-government organisations such as the Asthma Council, Diabetes Australia.

- Tertiary institutions such as Universities. Some of these partnerships have seen the placement of student nurses within the general practice environment enabling students to gain insight and experience in the speciality of practice nursing whilst working with experienced practice nurses. Several divisions have flagged the need to target local Universities with a view to promoting nursing in general practice as a career path and to facilitate practicum placements.
- Nursing organisations such as the ANF, RCNA and APNA
- Health Insurance Commission.

## Promotion of practice nurses and clarification of roles

### Why is it important?

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

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

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

### How does it work?

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

#### **Canning Division of General Practice Group**

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

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

In contrast, the Eastern Goldfield Medical Divisions of General Practice (EGMDGP) report that general practitioners in their region employ practice nurses in a very ‘traditional’ role, with reluctance for change

experienced by divisional staff. There appears to be a lack of understanding on behalf of both nurses and general practitioners of:

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

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

### **Northern Tasmania DGP (GP North)**

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

### **Perth and Hills DGP**

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

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

## **What else is happening?**

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

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

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

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

- some general practitioners do not understand the value of providing financial support to their nurse to attend education programs

- some do not wish their nurses to undertake 'advanced nursing roles'
- others do not see nurses as financially viable within their practice setting, (particularly solo practitioners)
- some general practitioners do not support Australian Government Initiatives such as PIP and EPC.

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

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

## Teamwork and integration

### Why is it important?

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

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

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

### How does it work?

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

### South East NSW Division of General Practice

There is an expectation by the SENSWDGP that the Practice PSRNs, employed by the division, have baseline knowledge of all the programs run at the division. Due to the hands on nature of the PSRN

service they are often utilised as an information resource for all practice staff including general practitioners, practice managers, practice nurses and reception staff. The PSRNs are able to access information for practices in other program areas run at the division including:

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

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

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

### **Canning Division of General Practice**

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

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

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

### **What else is happening?**

Some other examples of divisional activities promoting teamwork include:

- 'Afternoon tea with my general practitioner' – patient education is provided in a local general practitioner surgery with the general practitioner, practice nurses and a variety of allied health professionals attending. Topics have included physical activity, nutrition and preventative health for children and women's health.
- Encouraging practice nurses to be represented on project steering committees and being central to project development, which involves multidisciplinary teams.

- Developing a culture of consumer consultation. The Fremantle Regional Division has worked with consumers since its inception. There is consumer input in all program areas.
- Integration of practice nursing into population health and chronic disease management programs. This ‘whole of practice’ approach in population health/chronic disease management has been promoted to general practitioners and nurses with nursing being integral to the provision of comprehensive primary health care in general practice.
- Collaborative educational events involving general practitioners, practice nurses, practice staff, community providers (such as Aged Care Assessment Teams), tertiary hospital staff and allied health professionals.
- The development of an Integrated Care Team (ICT) at the Adelaide Northern Division, a “packaging model” that worked to break down barriers around general practitioner attitudes to employing and integrating practice nurses into the general practice team. Due to the introduction of the ICT, staff are in touch with grass roots general practice and are able to respond by offering tailored solutions and individual service to ensure the best outcomes.

## Professional standards

### Why is it important?

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

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

### How does it work?

#### **Northern Tasmania Division of General Practice (GP North)**

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

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

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

Providing information relating to understanding and maintaining the ANC Competencies:

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

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

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

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

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

## **What else is happening?**

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

- Lack of clarity and confusion about what practice nurses can and should be doing. Therefore, we must encourage nurses to understand the principles of 'scope of practice' as set out by their respective registering authority.
- Blurring of boundaries with other members of the general practice team.
- Lack of guidance from professional nursing bodies about competency standards and educational requirements.
- Lack of recognition of practice nursing as a speciality.
- Difficulty applying the existing ANC competency standards to practice nursing.
- Poor rates of pay compared to the public sector. This has created dilemmas for divisions between advocating for practice nurses and encouraging role expansion and providing employment advice to general practitioners.

- Practice nurses are unsure of and lack the necessary skills and confidence to negotiate rates of pay and conditions
- Feelings of professional isolation continue particularly for practice nurses in remote locations.
- There is a need to scope and further define the role of the enrolled nurse, and a need for national consistency in course structure, duration and content, including consistent legislation in relation to the administration of medications by enrolled nurses.
- Many practice nurses are employed on a part-time basis, due to choice and family commitments; this contributes to a greater degree of difficulty accessing professional networks.
- Lack of a career structure for nurses in general practice. Lack of exposure to practice nursing at an undergraduate level.
- Uncertainty around providing supervision of enrolled nurses and confusion of the title of practice nurse with that of nurse practitioner.

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

### Why is it important?

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

The Demonstration Divisions have shown that practice nurses can:

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

### How does it work?

#### Hunter Urban Division of General Practice (HUDGP)

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

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

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

### **Northern Tasmania Division of General Practice (GP North)**

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

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

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

### **Yorke Peninsula Division of General Practice**

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

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

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

## **What else is happening?**

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

- increase in establishment of patient recall systems
- increase in the uptake of SIP and PIP incentives
- increase in the utilisation of EPC items

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

## Appendix two

# Contact details for Demonstration Divisions

## **Adelaide North East Division of General Practice Group**

Adelaide North East Division of General Practice

Carolyn Black: [cblack@anedgp.com.au](mailto:cblack@anedgp.com.au) phone (08) 8396 4511

Adelaide Northern Division of General Practice

Angela Newbound: [anewbound@andgp.org.au](mailto:anewbound@andgp.org.au) phone (08) 8252 9444

## **Canning Division of General Practice Group**

Canning Division of General Practice

Christine Prosser: [c.prosser@canningdivision.com.au](mailto:c.prosser@canningdivision.com.au)

Phone (08) 9458 0505

## **Fremantle Regional Division of General Practice (GP Network)**

Gae Sawyer: [gaes@frdgp.com.au](mailto:gaes@frdgp.com.au) phone (08) 9330 4422

## **Hunter Urban Division of General Practice**

Liz Meadley: [lizm@hudgp.org.au](mailto:lizm@hudgp.org.au) phone (02) 49252259

## **Northern Tasmania Division of General Practice (GP North)**

Aitor Baonza: [aitor@gpnorth.com.au](mailto:aitor@gpnorth.com.au) phone (03) 6331 9296

## **South East NSW Division of General Practice Group**

Sally Hall: [shall@senswdgp.com.au](mailto:shall@senswdgp.com.au) phone (02) 4822 7671 (SENSW)

Ruth Moss: [r.moss@actdgp.asn.au](mailto:r.moss@actdgp.asn.au) phone (02) 6287 8099 (ACT)

Jenny Bouffler: [jbouffler@rdgp.com.au](mailto:jbouffler@rdgp.com.au) phone (02) 6923 3100 (Riverina)

## **Southern Metropolitan Region Divisions of General Practice (Melbourne)**

Monash Division of General Practice

Mary Mathews: [mmathews@rubix.net.au](mailto:mmathews@rubix.net.au) phone (03) 9570 3727

## **Townsville Division of General Practice**

Carol Nolan: [carol@tdgp.com.au](mailto:carol@tdgp.com.au) phone (07) 4725 8915

# Resources developed by the Demonstration Divisions

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

## 1 Adelaide North East Division of General Practice Group.

- \*Practice Nurse Pamphlet – hard copy attached.

## 2 Canning Division of General Practice Group (CDGP)

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

Copies of the Education Kits can be obtained from:

### **Christine Prosser**

Practice Nurse Support Officer  
Canning Division of General Practice

Telephone + 61 (08) 9458 0505

Fax + 61 (08) 9458 8733

[www.canningdivision.com.au](http://www.canningdivision.com.au)

## 3 Perth and Hills DGP

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

The Practice Nurse Modelling Tool is fully customisable to allow maximum flexibility. Each surgery can enter their patient demographics, staffing details and clinical/non-clinical needs to trial different scenarios.

Copies of the modelling tool can be obtained from:

Diane Bailey [Diane.Bailey@phdgp.com.au](mailto:Diane.Bailey@phdgp.com.au)

Phone: 08 9376 9200.

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

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

#### **4 Eastern Goldfields Medical DGP:**

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

#### **5 Fremantle Regional Division of General Practice (GP Network)**

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

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

Copies of the Resource Kits can be obtained from:

Gae Sawyer [gaes@frdgp.com.au](mailto:gaes@frdgp.com.au)

Phone: 08 9330 4422

#### **6 Hunter Urban Division of General Practice**

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

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

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

- Education Calendar: A twelve month list of planned educational events

Copies of these resources can be obtained from:

Liz Meadley [lizm@hudgp.org.au](mailto:lizm@hudgp.org.au)

Phone: 02 4925 2259

## **7 Northern Tasmania Division of General Practice (GP North)**

- \*Journal of Reflective Nursing Practice and Professional Development for the Registered Nurse – hard copy attached
- \*Journal of Reflective Nursing Practice and Professional Development for the Enrolled Nurse – hard copy attached
- Orientation to General Practice Manual (for nurses) available from Aitor Baonza phone 03 6331 9296 or [aitor@gpnorth.com.au](mailto:aitor@gpnorth.com.au)

## **8 South East NSW Division of General Practice Group**

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

Please note that electronic copies of the Chronic Disease Updates are available by contacting Sally Hall Phone/Fax 02 4822 7671 [shall@senswdgp.com.au](mailto:shall@senswdgp.com.au)

## **9 Southern Metropolitan Region Divisions of General Practice (Melbourne)**

- \*Advertisement for Registered Nurse Information Evening – hard copy attached
- \*Promotional Poster for Registered Nurse Information Evening – hard copy attached

- \*Evaluation Form for Registered Nurse Information Evening – hard copy attached
- \*Expression of Interest for Employment in General Practice – hard copy attached

## **10 Townsville Division of General Practice**

- \*Asthma Poster – hard copy attached
- \*Evaluation of the Practice Nurse Program – hard copy attached

# Adelaide North East Division of General Practice Group

Practice Nurse Pamphlet

# Canning Division of General Practice Group (CDGP)

CDGP General Practice Nurse Flyer

# Fremantle Regional Division of General Practice (GP Network)

Practice Nurse Employment Kit

# Northern Tasmania Division of General Practice (GP North)

Journal of Reflective Nursing Practice and Professional Development for the Registered Nurse

Journal of Reflective Nursing Practice and Professional Development for the Enrolled Nurse

# South East NSW Division of General Practice Group

Asthma 3+ Visit Plan – Nursing Assessment  
Service Summary – Asthma Nursing Assessment  
Diabetes Management – Nursing Assessment  
Cervical Screening – Nursing Assessment  
Asthma Detailing Card – Key Messages  
Cervical Screening Detailing Card – Key Messages  
Diabetes Detailing Card – Key Messages  
Practice Nurse Incentive Detailing Card- Key Messages  
Flyer – Practice Nurse Support Program  
Sample Agreement for the Provision of Nursing Services  
Sample Position Description  
Chronic Disease Update – Asthma PIP  
Chronic Disease Update – Diabetes PIP  
Chronic Disease Update – Cervical Screening PIP  
Chronic Disease Update – The Cost of Stroke to Australians  
Chronic Disease Catch Up – Prostate Cancer

# Southern Metropolitan Region Divisions of General Practice (Melbourne)

Advertisement for Registered Nurse Information Evening

Promotional Poster for Registered Nurse Information Evening

Evaluation Form for Registered Nurse Information Evening

Expression of Interest for Employment in General Practice

# Townsville Division of General Practice

Asthma Poster

Evaluation of the Practice Nurse Program