Nursing In General Practice
Recruitment and Orientation Resource:

A GUIDE FOR GENERAL PRACTICES, PRACTICE NURSES & NETWORK MEMBER ORGANISATIONS
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Revised Edition 2009

Delivering local health solutions through general practice
Project Partners:
Australian General Practice Network
Australian Nursing Federation
Australian Practice Nurses Association

Steering Committee:
Australian General Practice Network
Australian Nursing Federation
Australian Practice Nurses Association
Australian Association of Practice Managers
Australian Nursing and Midwifery Council
Illawarra Division of General Practice
Melbourne Division of General Practice
Royal College of Nursing, Australia
South Australian Divisions Incorporated
Australian Government Department of Health and Ageing

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Resource developed: 2006
Revised: 2009

Disclaimer:
The information provided in this resource is to support general practices in the process of recruitment and orientation of practice nurses. While all information has been assessed for accuracy and is up to date at time of release, the information provided in this resource does not substitute for legal or other advice. Employers should not rely on it to provide legal interpretations of legislation or awards information.
This resource has built on an existing body of knowledge and resources developed by divisions of general practice to support the recruitment and orientation of a nurse into general practice. A number of divisions provided resources and information to inform the project. Of particular significance were the resources developed by:

- GP Access (formerly Hunter Urban Division of General Practice)
- Illawarra Division of General Practice
- Melbourne Division of General Practice
- Riverina Division of General Practice and Primary Health.

Contributions were also received from the following state based organisations and divisions of general practice:

- General Practice NSW (formerly Alliance of NSW Divisions)
- Cairns Division of General Practice
- Central Queensland Rural Division of General Practice
- Dandenong Casey General Practice Association (formerly Dandenong District Division of General Practice)
- Dubbo Plains Division of General Practice
- Fremantle Regional GP Network
- General Practice Victoria (formerly General Practice Divisions Victoria)
- Gold Coast Division of General Practice
- GP Down South
- GP North Division of General Practice
- Murrumbidgee Division of General Practice
- General Practice Queensland (formerly Queensland Divisions of General Practice)
- South East Alliance of General Practice
- South Eastern Sydney Division of General Practice
- WA General Practice Network.

The following documents were also used extensively to guide the development of this resource:

- Royal College of Nursing, Australia. Nursing in General Practice – a guide for the general practice team, 2005.
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Recognition of the need for this resource

Practice nurses have an important role in primary health care. For many years the United Kingdom and New Zealand have acknowledged the significant role nurses play in supporting general practice in improving the health outcomes of patients. In recent years Australia has also embraced the value of the extended role of nurses in primary health care.

Through the introduction of health initiatives in 2001, the ‘Strengthening Medicare’ package, and the recent commitments to a national primary health care strategy and prevention agenda, the Australian Government has provided an opportunity for general practices to develop a primary health care team that will support general practice and their patients. Included in these initiatives is the provision for increasing the number of nurses working in general practice.

The Government has, as part of these initiatives, recognised that the recruitment and orientation of nurses to general practice is an important aspect of the transition of nursing to the primary health care sector.

In recognition of the need for support in the recruitment and orientation of general practice nurses, the Department of Health and Ageing (DoHA) has provided funding to develop this national resource. In its development, recognition is given to the previous work of a number of divisions of general practice in producing local resources for recruitment and orientation. These resources demonstrate the commitment of divisions to supporting nursing in general practice.

General practice networks across Australia who have generously provided information and resources developed at a local level are listed on the “Acknowledgements” page of this guide. The guide draws from those contributions, in particular, the considerable early work of GP Access (formerly the Hunter Urban Division of General Practice), and later the Melbourne, Riverina and Illawarra divisions of general practice resource kits.

Development of the Nursing in General Practice Recruitment and Orientation Resource

Project partners in the development of this national resource are the Australian General Practice Network (AGPN), the Australian Nursing Federation (ANF), and the Australian Practice Nurses Association (APNA).

A Steering Committee guided the project and was comprised of the project partners and representatives from: Royal College of Nursing, Australia (RCNA), Australian Nursing and Midwifery Council (ANMC); Melbourne Division of General Practice; Illawarra Division of General Practice; South Australian Divisions Incorporated; Australian Association of Practice Managers (AAPM); Australian Government Department of Health and Ageing (DoHA).

Validation of the resource content also included a consultation process involving practice nurses, general practitioners, practice managers, and General Practice Network staff via focus groups, interviews and a web-based survey.

Audience for the national resource

The resource has been developed to assist general practices in the recruitment and orientation of a nurse to general practice. The target audiences for the resource are:

- general practitioners
- practice managers
- nurses
- the general practice team
- general practice networks.

The resource provides general practitioners and practice managers with an overview of the possible roles nurses can perform in the general practice setting. It also addresses questions most commonly asked by general practices regarding the recruitment and orientation process and nurse utilisation. Professional issues such as registration of nurses, competency standards for nurses in general practice, and professional indemnity considerations are covered.

The resource has also been designed to support nurses in the transition to working in general practice from other clinical areas. It includes information about general practice, the roles and support available to nurses who move to the primary health sector, and professional development issues.
This resource addresses recruitment and orientation of practice nurses for a number of relevant audiences: the employer, the nurse, the general practice team and general practice networks.

Information is presented in sections to the different audiences, with some common information repeated in each section.

It is designed to provide a national resource including generic downloadable templates in Word, for customising to individual practice requirements.

It is designed to be complemented at the general practice network and local level with relevant information including local program information, professional development activities, resources, and service/referral directories, etc.

Web links have been included to enable access to further information. The links have been selected on the basis that sites contain the most appropriate and relevant information, as well as being the most likely to be updated on a regular basis.
SECTION ONE: The general practice team

This section of the resource provides information for the general practice team. It includes an overview of primary health care in Australia and health priority areas; an introduction to practice nursing in Australia; issues in relation to communication and teamwork in multidisciplinary teams; and issues in relation to the orientation of new team members.
1.1 Primary health care in Australia, implications for the future and health priority areas

Australia’s current health system is complex, rapidly changing and under pressure. As a result, a national approach to primary health care policy and a practical strategy to create a more robust primary health care system is needed.\(^1\)

Rising demand for health services and health costs reflect an ageing population, higher levels of chronic illness, changing patterns of disease, increasing medical technology, rising community expectations and the need for more proactive care.

The interface between the primary and tertiary health care sectors is also a contributing factor. Cost and workforce pressures in the tertiary system impact on the capacity and responsiveness of the primary health care system.

In response to these challenges the Australian Government has committed to a national primary care strategy and prevention agenda to better meet the needs of the population for the 21st Century.\(^2\)

The National Primary Care Strategy will provide an opportunity to reform and strengthen the provision of primary care services in Australia with a focus on keeping people well and participating in life and work.\(^3\) The Strategy is due for completion in 2009. Further information can be found at: [http://www.health.gov.au/internet/ministers/publishing.nsf/content/mr-yr08-nr-nr096.htm](http://www.health.gov.au/internet/ministers/publishing.nsf/content/mr-yr08-nr-nr096.htm)

Alongside the development of the National Primary Health Care Strategy other key reform processes include the:

- Council of Australian Governments (COAG) Health and Ageing Working Group
- National Health and Hospitals Reform Commission (NHHRC)
- Preventative Health Taskforce
- Review of Maternity Services.\(^3\)

Primary health care represents the platform for the development of a health system which is more equitable, inclusive and fair, and which meets growing expectations for better system performance.\(^5\)
1.2 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a range of experiences and provides the opportunity to be part of a small clinical team, meeting the diverse primary care needs of the community. Nursing in general practice is a shift from a hospital-based environment to a small business environment located in the local community.

A practice nurse is a registered nurse or an enrolled nurse (RN Division 1 and Division 2 in Victoria) who is employed by, or whose services are otherwise retained by, a general practice.

In 2007 approximately 58% of practices employed one or more general practice nurses and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work in collaboration with general practitioners, providing a range of services, including chronic disease management and population health activities. Their role is diverse and influenced by factors such as the practice population, nurses’ qualifications, practice structure, professional standards and national incentives and programs.

Nurses are core members of the general practice team, assisting practices to meet the diverse and complex health care needs of an ageing population, with increasing rates of chronic disease and illness. Nurses have also been found to play a key role in creating resilient general practices through their ability to cycle rapidly through six key operating roles. These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity. Further details on these roles is provided in Section 3.3 Roles for nurses in general practice.

The growing burden of chronic disease and patient demand has increased GP workloads. Nurses in general practice work collaboratively with GPs to provide efficient and effective health care to all patients. The Competency Standards for Nurses in General Practice indicate the following role statement for nurses:

“Nurses in general practice demonstrate competence in the provision of primary health care centered on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and practice context in an environment characterised by unpredictability and individual diversity across the lifespan.”

A range of Australian and international literature identifies some of the benefits nurses can bring to a practice. These include:

- improved health outcomes in chronic illness
- assistance in primary-acute sector integration
- better coordination of care
- increased workforce capacity
- provision of practical and professional support to GPs
- enhancement of the range of services available to people attending the practice
- improvement in the ability of the practice to adapt to change

1.3 Communication and teamwork

The Commonwealth Government’s Nursing in General Practice (NiGP) initiative acknowledges that general practice is operating in a changing environment. It requires multidisciplinary team-based approaches to delivery of care in order to meet the health care needs of the community. Multidisciplinary teams with GPs as essential members will be central to population health initiatives, community development activities and clinical encounters.

Effective team relationships don’t just happen. They take time and require leadership, a sense of direction, good organisation and information systems, efficient communications, training and team building.

Communication systems may include: formal policies and procedures; common templates for recording information; job descriptions and role delineation; as well as methods to recognise and work with any conflicting interests.

Regular meetings and information exchange provide opportunities for communication and also reinforce the teamwork approach. Regular review and discussion can lead to resolution of issues that may become barriers to effective teamwork.
An examination of relevant research has found that effective primary care teams require:

- clarity about the role and expertise of each member
- flexible funding and employment strategies
- willingness to allocate tasks according to skills and joint responsibility for outcomes
- regular and effective communication
- support and ongoing education for team members
- rigorous and innovative research and evaluation into team processes, economic costs and patient outcomes and acknowledgment of the context in which teams operate.10

1.4 Multidisciplinary teams in general practice

The AGPN Primary Health Care Position Statement outlines the important role of multidisciplinary teams in the delivery of primary health care.

Multidisciplinary teams are fundamental to primary health care and have been shown to improve health outcomes, particularly for those people with a chronic disease.

The composition of teams is based on the mix of clinical skills required for optimal care of individuals and local communities. GPs, practice nurses and practice managers are core members of general practice teams. Other team members can include allied health professionals, psychologists, Aboriginal health workers, pharmacists, and carers.

General Practice networks have a major role in supporting effective, multidisciplinary service provider teams that are built and maintained at the service delivery level.

To ensure effective teams, the primary health care system at the level of network members and general practices must:

- feature whole-of-practice approaches to education, training and peer support
- provide training to general practice in communication and team working skills.

The employment of a nurse in general practice allows for a multidisciplinary approach to patient care, as the nurse has the skills and ability to undertake and enhance primary care activities, such as undertaking health assessments, the set-up and maintenance of a recall system, and carrying out health promotion activities, patient education, screening and chronic disease management.

The ability of appropriately trained nurses to undertake procedures historically undertaken by the general practitioner such as immunisations, Pap smears and wound care, may enable the general practitioner to realign personal workloads.11

1.5 Useful links

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

Australian General Practice Network
www.agpn.com.au

Australian Medical Association
www.ama.com.au

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

Australian Nursing Federation
www.anf.org.au

Australian Practice Nurses Association
www.apna.asn.au

Australian Rural Nurses & Midwives
http://www.rcna.org.au/chapters/rural_faculty

Council of Australian Governments (COAG)
www.coag.gov.au

Council of Remote Area Nurses of Australia
www.crana.org.au

Department of Health and Ageing

National Health and Hospitals Reform Commission (NHHRC)
www.nhhrc.org.au

Preventative Health Taskforce
www.preventativehealth.org.au

Review of Maternity Services

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

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

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

AAPM Australian Association of Practice Managers Ltd
ACCHS Aboriginal Community Controlled Health Services
ACIR Australian Childhood Immunisation Register
AGPN Australian General Practice Network Ltd
AHW Aboriginal Health Worker
AMA Australian Medical Association
AMS Aboriginal Medical Service
ANF Australian Nursing Federation
ANMC Australian Nursing and Midwifery Council
APNA Australian Practice Nurses Association
AWA Australian Workplace Agreement
BOMHI Better Outcomes in Mental Healthcare Initiative
BGL Blood Glucose Level
BSL Blood Sugar Level
BMI Body Mass Index
CDM Chronic Disease Management
CRANA Council of Remote Area Nurses of Australia
DoHA Australian Government Department of Health and Ageing
EN Enrolled Nurse (Division 2 Registered Nurse Victoria)
EPC Enhanced Primary Care
GP General Practitioner
GPII General Practice Immunisation Incentive
GPO GP Liaison Officer
GPMP GP Management Plan
HREOC Human Rights and Equal Opportunity Commission
HMR Home Medications Review
IM / IT Information Management / Information Technology
FaCSIA Australian Government Department of Families, Community Services and Indigenous Affairs

PIP Practice Incentives Program
PN Practice Nurse
PN PIP Practice Nurse incentive under the Practice Incentives Program
RACGP Royal Australian College of General Practitioners
RCNA Royal College of Nursing Australia
RMMR Residential Medication Management Review
RN Registered Nurse (Division 1 Registered Nurse Victoria)
RRMA Rural, Remote and Metropolitan Areas Classification
SBO State Based Organisation
SIP Service Incentive Payment
SWPE Standard Whole Patient Equivalent

For more acronyms commonly used in Australian general practice and primary health care:
Primary Health Care Research & Information Service

1.7 Endnotes

1 AGPN. Primary Health Care Position Statement, 2005.
2 Australian General Practice Network. Primary Care Position Statement 2009. AGPN, Canberra.
7 Wagner et al. Organising Care for Patients with Chronic Illness, The Milbank Quarterly, 1996; 74 (4) 511-534
9 AGPN. Primary Health Care Position Statement, 2005.
11 RCNA, Nursing in General Practice -a guide for the general practice team, 2005.
SECTION TWO: For the employer

This section of the Nursing in General Practice Recruitment and Orientation Resource provides information for the employer. It covers issues to consider in deciding to employ a practice nurse and the process of recruitment and orientation of a practice nurse.
2.1 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a diverse range of experiences and provides the opportunity to be part of a clinical team caring for the varied primary care needs of the community. Nursing in general practice represents a shift from a hospital-based environment to a small business environment located in the local community.

A practice nurse is a registered nurse or an enrolled nurse (RN Division 1 and Division 2 in Victoria) who is employed by, or whose services are otherwise retained by, a general practice. In 2007 approximately 58% of practices employed one or more general practice nurses and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work in collaboration with general practitioners providing a range of services, including chronic disease management and population health activities. Their role is diverse and influenced by factors such as the practice population, nurses’ qualifications, practice structure, professional standards and national incentives and programs. They provide preventive and chronic care for people of all ages.

Nurses have also been found to play a key role in creating resilient general practices through their ability to cycle rapidly through six key operating roles. These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity. Further details on these roles is provided in Section 3.3 Roles for nurses in general practice.

Nurses are core members of the general practice team assisting practices to meet the diverse and complex health care needs of an ageing population, with increasing rates of chronic disease and illness.

This growing burden of chronic disease and patient demand has increased GP workloads. Nurses in general practice work collaboratively with GPs to provide efficient and effective health care to all patients. The Competency Standards for Nurses in General Practice identify the following role statement for nurses:

> nurses in general practice demonstrate competence in the provision of primary health care centered on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and practice context in an environment characterised by unpredictability and individual diversity across the lifespan.
A range of Australian and international literature identifies some of the benefits nurses can bring to a practice. These include:

- improved health outcomes in chronic illness
- assistance in primary-acute sector integration
- better coordination of care
- increased workforce capacity
- provision of practical and professional support to GPs
- enhancement of the range of services available to people attending the practice
- improvement in the ability of the practice to adapt to change

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

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

Dr G.K. Victoria

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

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

The unique way in which a practice may utilise nursing services can depend on a variety of factors, some of which include:

- size of the practice (large medical centre versus smaller practice)
- patient demographics (older patients versus younger patient base, rates of chronic diseases, etc.)
- physical layout of the practice (room for a clinical treatment room versus small consult room only)
- experience and qualifications of the nurse (e.g., registered nurse with a postgraduate certificate in child and family health or midwifery).

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

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

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

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

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

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

Dr N.E., Tasmania
Potential roles for practice nurses have also been outlined by the Department of Health and Ageing in a factsheet reproduced below:

Roles of the general practice nurse

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

- providing clinical nursing services in the general practice context through:
  - triage
  - assessment (including health assessments of people over 75 years)
  - therapeutic care and treatment
  - wound care
  - diagnostic services
  - clinical data management.

- coordinating patient services through:
  - networking with allied services
  - integrating service delivery
  - sustaining continuity of care
  - planning and management of care (working with GPs in care planning activities)
  - providing information and feedback between the services, patients and GPs
  - patient advocacy.

- managing the clinical environment by assisting the general practice to meet relevant standards and legislative requirements in:
  - infection control and sterilisation
  - cold chain monitoring
  - records management
  - occupational health and safety
  - accreditation processes
  - maintenance of medical supplies.

- promoting patient, carer and community well being through:
  - health information
  - education
  - specific programs
  - community development
  - self care.

- sustaining general practice by contributing to better management of human and material resources through:
  - optimising the use of professional resources
  - building the practice base
  - building practice capacity to adapt to change
  - maximising financial efficiency.

- improving health outcomes by contributing to and enhancing the management and prevention of ill health through:
  - health screening
  - immunisation
  - register and recalls
  - patient education
  - outreach services
  - systems management
  - acute and chronic disease management.

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

2.3 Financial and business implications

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

Practice Incentives Program

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

The PIP is part of a ‘blended payment’ approach to general practice funding - that is, payments made through the program are in addition to other income sources for GPs and the practice, such as patient fees and Medicare rebates.
PIP payments are mainly dependent on practice size, which is based on patients seen, rather than on the number of consultations performed. A rural loading is also paid to practices in rural and remote locations.

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

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

The number of nurse sessions required to receive the incentive payment is calculated using the practice’s Standardised Whole Patient Equivalent (SWPE). The SWPE is a measure of practice size that is independent of the number of services provided to patients, with standardisation applied for age and sex.

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

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

For eligibility criteria and more information see the Medicare Australia website http://www.medicareaustralia.com.au/providers/incentives_allowances/pip/new_incentives.htm or call the PIP Inquiry Line on 1800 222 032 (8.30am – 5.00pm CST).

MBS items for services provided by a practice nurse

In February 2004, for the first time in Australia, Medicare Benefits Schedule (MBS) items were made available for the work undertaken by general practice nurses. These items were initially for a practice nurse to provide immunisation and wound management services for and on behalf of a GP. Additional items for Pap smears, Pap smears and Preventive Health Checks, Antenatal Care, Monitoring Support for Chronic Disease Care and Healthy Kids Checks have since been added to the schedule.

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

<table>
<thead>
<tr>
<th>Item number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10993</td>
<td>Immunisation given by a nurse on behalf of GP</td>
</tr>
<tr>
<td>10994</td>
<td>Cervical smear and preventative checks provided by practice nurse</td>
</tr>
<tr>
<td>10995</td>
<td>• with preventative health check</td>
</tr>
<tr>
<td>10998</td>
<td>• without preventative health check</td>
</tr>
<tr>
<td>10999</td>
<td></td>
</tr>
<tr>
<td>10996</td>
<td>Wound management by a nurse on behalf of GP</td>
</tr>
<tr>
<td>10997</td>
<td>Chronic disease: monitoring and support. Can include:</td>
</tr>
<tr>
<td></td>
<td>• checks on clinical progress</td>
</tr>
<tr>
<td></td>
<td>• monitoring medication compliance</td>
</tr>
<tr>
<td></td>
<td>• self management advice</td>
</tr>
<tr>
<td></td>
<td>• collection of information to support GP review of care plans</td>
</tr>
<tr>
<td>16400</td>
<td>Antenatal checks</td>
</tr>
<tr>
<td>711</td>
<td>Healthy kids check</td>
</tr>
</tbody>
</table>

Source of information: Medicare Australia 2009
Please note that Medicare bulk-billing incentives (MBS items 10990 or 10991) can be claimed in conjunction with the immunisation, wound management, Pap smear, and Pap smear and preventive checks, Healthy Kids Check and Chronic disease monitoring and support items, but not the antenatal care item.

Enhanced Primary Care

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

- improved coordination of care for people with chronic conditions and complex care needs
- increased preventative care for older Australians
- a framework for a multidisciplinary approach to health care through a more flexible, efficient and responsive match between services and the patient’s needs.

The EPC ‘package’ has grown since 1999 and now comprises a number of Medicare items including:

- annual Health Assessments for people aged 75 years and over
- annual Health Assessments for Aboriginal and Torres Strait Islander (ATSI) people 55 years and over in recognition of their specific health needs
- two-yearly adult ATSI health check for 15 to 54 year olds
- 45 year old health check
- a Comprehensive Medical Assessment – ‘health assessments’ for permanent residents of Residential Aged Care Facilities regardless of age
- Health Assessment for Refugees and other Humanitarian Entrants
- multidisciplinary case conferencing requiring participation by the patient’s usual GP and at least two other health care providers
- a GP Management Plan (GPMP) for patients of any age with chronic conditions
- Team Care Arrangements (GPMP/TCA) for patients of any age with chronic conditions and complex care needs.
- Healthy Kids Check
- Type 2 Diabetes Risk Evaluation

Practice nurses can play an important role in assisting the GP with many elements of EPC program. For more information visit: http://www.health.gov.au/epc

Nursing in General Practice Business Case Models

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

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

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

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

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

Business Case Studies Package (downloads)

- Business Case Studies Cover Pages
- Business Case Studies: Large Rural (Revised December 2005)
- Business Case Studies: Large Urban (Revised December 2005)
- Business Case Studies: Small Rural (Revised December 2005)
- Business Case Studies: Small Urban (Revised December 2005)
- Business Case Studies: Solo Rural (Revised December 2005)
2.4 How to determine the roles for the practice nurse

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

The actual scope of an individual nurse’s practice is influenced by the:
- changes and differences in the context in which they practice
- patient health needs
- level of competence, education and qualifications of the individual nurse
- practice policy, quality and risk management framework

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

Common practice nurse roles

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

Immunisation
- administers vaccines according to National Immunisation Program Schedule (NIPS), accreditation required in some states
- maintains patients immunisation records
- completes ACIR recording requirements
- checks monthly ACIR statements to follow up incomplete payments
- follows up GPII020A report quarterly
- orders vaccines
- maintains vaccine fridge according to NIPS recommendations
- completes daily vaccine fridge monitoring
- maintains vaccine recall system for children under 7 years of age
- maintains flu and pneumococcal vaccine recall system for over 65s
- completes annual flu acquittal form
- maintains practice immunisation rate above 90%

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

GP Management Plans
- identifies appropriate patient/s
- maintains a recall system for GP Management Plans (GPMPs) and Team Care Arrangements (TCAs)
- participates in preparation of GPMPs and TCAs
- can fulfil the role as a “counted member” of the GPMP/TCA where the practice nurse is independently providing ongoing treatment or services to the patient
- ensures GPMP/TCA Medicare item numbers claimed
- provides monitoring and support to patients with a GP Management Plan, Team Care Arrangement or Multidisciplinary Care Plan in place, up to a maximum of five services per patient in a calendar year.
**Diabetes**
- compiles database of all patients with diabetes
- ensures each diabetes patient record has annual cycle of care documentation
- maintains diabetes recall system
- transfers diabetes pathology results to recall list
- undertakes diabetes education as deemed appropriate
- undertakes diabetes foot assessments
- ensures patient has a full eye examination at least every two years
- undertakes blood pressure, height, weight and calculates BMI
- undertakes BGLs as when appropriate
- takes bloods for Hb A1c, cholesterol, triglycerides & HDL monitoring
- ensures micro albuminuria check attended
- checks smoking status
- establishes Diabetes Clinic
- maintains Diabetes Education Centre (DEC) patient record card
- refers patients with diabetes when appropriate eg. podiatry services and diabetes centre
- ensures Diabetes Cycle of Care Medicare item number claimed when completed
- ensures practice’s diabetes care rates meet requirements for PIP Outcome Payment
- assists the GP to perform the Type 2 Diabetes Risk Evaluation

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

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

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

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

**Antenatal care**
- maintains antenatal register
- maintains birth register
- investigates and orders resources
- undertakes urinalysis, weight, BP, foetal hearts, foetal lie & presentation as deemed appropriate (note: check nurse has undertaken accredited training required to perform this role)
- provides antenatal education (note: check nurse has undertaken accredited training required to perform this role)
Accreditation
- develops protocols and procedures relevant to nursing duties to ensure safety and quality of care
- attends practice clinical meetings
- is responsible for infection control within the practice
- maintains appropriate waste disposal and waste collection requirements
- maintains appropriate sharps disposal and sharps collection requirements
- provides education to staff regarding infection control and cleaning requirements

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

General duties
- triages patients on arrival to practice
- maintains and rotates medication supplies on a fortnightly basis
- maintains practice S8 drug register/s
- gives injections
- undertakes ECGs
- undertakes urinalysis
- restocks medical supplies in consulting rooms
- syringes ears
- maintains cryotherapy equipment
- orders nitrous oxide and oxygen as required
- completes health summary documents on all new patients and maintains existing records
- undertakes audiometry as deemed appropriate
- checks and restocks emergency equipment weekly or after use
- conducts spirometry testing
- performs continence assessments, education and referral
- undertakes medicals for diving, Centrelink, Workcover as deemed appropriate by the GP
- undertakes ‘eye washing’ as necessary
- assists with plastering and removal of plasters

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

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

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

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

At this time a decision should be made about who within the practice will be responsible for this process. For example, will the practice manager be solely responsible for all aspects of the recruitment of a nurse to the practice or will other practice team members be involved? Assistance with nurse recruitment may be sought from your local general practice network. Some network members also provide other supports such as a pool of nurses who can be contracted to the practice.
At this stage it is also a good time to identify a suitable area in the practice for the practice nurse. The area selected should conform to occupational health and safety guidelines; provide privacy for the nurse to attend to patients; and provide the clinical setting and tools for the work identified for the nurse at the practice including IM/IT access.

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

Key steps in the recruitment process

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

Professional indemnity issues

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

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


Recommended activities include:
- develop a clear job description document and employment contract for the practice nurse position, outlining the roles and responsibilities of the nurse within the practice, and the conditions under which they are employed
- check the nurse’s registration by sighting the original annual certificate to practice to confirm that the registration is current. Most Nurse Registration Boards also provide a facility on their website to check if a nurse registration is current and if any restrictions have been placed on the registration to practice
- ensure that the applicant has the required experience or capability to meet the requirements of the job description, including a referee check.

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

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

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

Professional standards

Regulation of practice

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practices. Licensure requires that the nurse practices
- safely & competently
- within their scope
- in accordance with the code of ethics
- in accordance with the code of professional conduct
- within a legislative framework.

The Council of Australian Governments (COAG) will establish by July 2010:
- a single national registration scheme for health professionals to facilitate workforce mobility, improve safety and quality, and reduce red tape
- a single national accreditation scheme for health education and training, to simplify and improve the consistency of the current arrangements.

Until national registration commences in 2010 each nursing and midwifery regulatory authority (NMRA) has the responsibility to administer the relevant legislation pertaining to nursing practice in that state or territory. These acts are known as the Nurses Act or Nurses and Midwives Act in some states, but may also be known as the Health Professionals Act as in the ACT where omnibus legislation was introduced.
Nurses are legally bound by a framework of core professional standards that makes them accountable and responsible for their own actions within nursing practice. The core standards are:

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

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

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

Within scope of practice statements are decision making frameworks which provide guidance for individual nurses, other health care personnel, employers and consumers in decision making about nursing practice. Most regulatory authorities have developed decision making frameworks and the ANMC has developed a national decision making framework. Details of this are available on the ANMC website: Ref: http://www.anmc.org.au

Issues of particular significance in the decision making framework are delegation, supervision and role relationships. They provide information on delegation between registered nurses (Div 1) and enrolled nurses (Div 2), and to unregulated care providers.

The ANMC diagram below demonstrates the links between competency standards, code of ethics, code of professional conduct and nursing accreditation.
The following information under the headings 'Employment Options', 'Employment Contract', 'Remuneration' and 'Discrimination' was written as a result of advice received from DLA Phillips Fox Legal Firm. The advice is correct as at 5 October, 2006.

2.5.2 Employment options

Who is engaging the practice nurse?

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

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

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

Options for engaging practice nurses

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

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

Engaging a practice nurse as an independent contractor

An independent contractor is a person who agrees to work for the practice under a contract for services, whereas an employee is engaged under a contract of service. An independent contractor undertakes to produce a given result, the agreed payment becoming payable when the contractual conditions have been fulfilled. An independent contractor may be characterised as carrying on a trade or business of his or her own, rather than serving as an employee in the employer’s business.

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

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

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

However, regardless of what is stated in a contract, how a practice nurse is engaged may become an issue in the event of a claim by the practice nurse, a claim against the practice relating to the conduct of the practice nurse, or an enquiry from a regulatory body. Simply describing the practice nurse as an independent contractor or as an employee in the contract will not be sufficient. Courts and tribunals will look at all the circumstances of the employment relationship including what work is actually performed and how that work is performed.
The main legislation governing independent contractors is the Independent Contractors Act 2006 (Cth) (the Contractors Act) which became law on 11 December 2006. The Contractors Act, amongst other things, limits State regulation of independent contractor relationships and prohibits employers from terminating employees and rehiring them as independent contractors on the grounds of unfairness.

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

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

Engaging a practice nurse as an employee
Practice nurses may be engaged by the practice as employees. As an employer, the practice will be vicariously liable for the actions of the practice nurse and will be responsible for payment of:

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

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

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

Casual employees
Casual employees work as and when required and are generally engaged for short term, temporary or seasonal work. The practice is not required to guarantee a casual worker a minimum number of hours per week and casual employees are usually paid by the hour or day. However, depending on the terms of the applicable Award or industrial agreement the practice may have to pay a minimum number of hours for a shift, Casuals are not entitled to permanent employment conditions such as sick leave or annual leave, so their wages usually include compensatory loads (usually 15-20 percent on top of their hourly rate) depending on the Award.

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

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

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

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

The FWA has 6 main objectives:

- ensuring a guaranteed minimum safety net of fair, comprehensive and enforceable wages and conditions;
- protections from unfair dismissal for all employees;
- protection for the low-paid;
- assisting in balancing work and family responsibilities;
- the right to be represented at work including prevention of discrimination, freedom of association, and protecting against unfair treatment; and
- a system that has at its heart bargaining in good faith at the enterprise level.
In broad terms, the FWA is a comprehensive reworking of the Workplace Relations Act 1996 and contains significant changes which will affect GP practices. The FWA abolishes the Industrial Relations Commission and replaces it with Fair Work Australia which is a ‘one stop shop’ dealing with information, advice and assistance on workplace issues. The Fair Work Australia Inspectorate assumes the functions of the Workplace Ombudsman and members of Fair Work Australia have the power to review and vary awards, deal with unfair dismissal claims and make orders against industrial action.

**Application of the FWA to GP Practices**

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

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

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

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

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

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

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

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

**Industrial instruments that govern the employment conditions of practice nurses**

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

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

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

**Industrial Instruments and the FWA**

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

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

**Modern Awards**

Under the FWA modern awards will be revised at the federal level by the Australian Industrial Relations Commission. The modern awards will be industry or occupation based and will be streamlined in an attempt to simplify the current federal awards. The modern awards will set out minimum conditions an employer must meet.
The revised modern awards will be based on the 10 National Employment Standards (NES) and will include additional minimum conditions of employment tailored to specific industries or occupations. These awards will apply to all employees in the federal system from 1 January 2010. It is important that practices check their applicable award close to 1 January 2010 to ensure that they are compliant with the minimum statutory employment conditions stipulated.

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

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

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

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

New enterprise agreements

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

National Employment Standards

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

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

Existing Agreements

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

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

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

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

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

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

Super Choice

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

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

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

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

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

Workers’ compensation insurance

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

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

Occupational health and safety

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

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

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

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

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

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

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

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

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

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

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

2.5.3 Employment contract

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

Employment contract guide

1. **Position title:** This depends on the qualification and may include Practice Nurse (Enrolled Nurse) or Practice Nurse (Registered Nurse).

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

   - **Full-time** – maximum 38 hours per week or 76 hours per fortnight or 152 hours per month, plus reasonable additional hours.
   - **Part-time** – varying periods normally up to 20 hours per week.
   - **Casual** – those employed for short intermittent periods and normally for not less than two hours for each period of work.

3. **Remuneration:** Includes salary, allowances, loadings (including casual loadings) and other like items specified in the employment contract or relevant award.

4. **Superannuation:** Currently, employers are required to pay a minimum of 9% of the nurses’ ordinary time earnings into a superannuation fund. Ordinary earnings are the wages, allowances and loadings that a nurse would normally receive on a week to week basis.

5. **Hours of work:** The contract should outline this and include:
   - the days on which the practice nurse is to attend work
   - the hours to be worked
   - whether the nurse is to work a 19-day month and get an accrued day off
   - rostering arrangements.

6. **Annual leave:** employees are entitled to a minimum of four weeks annual leave per 12 full months of employment, in accordance with the Australian Fair Pay and Conditions Standards and the NES which are due to commence on 1 January 2010, with a loading of 17.5% of ordinary pay.

7. **Personal/carer’s leave (including sick leave):** 10 days paid leave per year for full time employees, in accordance with the Standard.

8. **Long service leave:** Paid leave at the completion of a period of employment and can vary between states, and is based on ordinary time earnings governed by the state legislation.
9. **Confidentiality and privacy:** The employer should provide details of the relevant legislation on this area and how it is implemented within their organisation. All nurses comply with state and federal legislation regarding confidentiality and privacy.

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

<table>
<thead>
<tr>
<th>Period of continuous service</th>
<th>Period of notice</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year or less</td>
<td>1 week</td>
</tr>
<tr>
<td>1 year and up to 3 years</td>
<td>2 weeks</td>
</tr>
<tr>
<td>3 years and up to 5 years</td>
<td>3 weeks</td>
</tr>
<tr>
<td>5 years and over</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>

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

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

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

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

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

15. It is also important for practices to be aware that a new government funded paid parental leave scheme is to take effect from 1 January 2011 entitling working mothers who have assumed primary care responsibility for a newly born child 18 weeks paid leave at the federal minimum wage. GP practices should ensure they keep updated and informed on the operation of discrimination law, employers will need to handle any denial of a request sensitively.

16. **Community Service:** Unpaid community service leave to undertake an eligible community service activity such as volunteer bush-fire fighting

17. **Jury duty:** Up to 10 days make-up pay to an employee performing jury duty

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

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


### 2.5.4 Remuneration

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

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

Nurses’ salaries, classification structures and conditions of employment vary across States and Territories, and must have different awards which set out minimum pay and conditions. Some states and territories also have awards that apply specifically to nurses working in medical rooms.

An Award provides the employer with the minimum pay rates and employment conditions which must be given to employees. Employing a nurse with appropriate skills, knowledge and experience will require a competitive remuneration package. A nurse’s individual skills and experience and further qualifications may also need to be considered during salary negotiations.
Alternatively, a contract or enterprise agreement can be prepared and applied.

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

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

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

www.anfvic.asn.au
www.nswnurses.asn.au
www.actanf.org.au
www.anfwasa.asn.au
www.anfas.org
www.qnu.org.au
www.sa.anf.org.au
www.anfnt.org.au

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

Contract/award/agreement
Each Australian state has a minimum pay rate and conditions that will need to be met. Access current information by referring to http://www.wagenet.gov.au or calling Wage Line

1300 363 264 – NSW, VIC, TAS, ACT, NT
1300 369 945 – QLD
1300 365 255 – SA
1300 655 266 - WA

See also the AGPAL site: http://www.qip.com.au/library.asp?aqid=1&libid=42&cat_id=1681

Other relevant employment information

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

Occupational health and safety/Workcover
www.business.gov.au
www.workcover.qld.gov.au
www.worksafe.nt.gov.au
www.workcover.tas.gov.au
www.workcover.nsw.gov.au
www.workcover.sa.gov.au
www.workcover.wa.gov.au
www.workcover.vic.gov.au
www.workcover.act.gov.au

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

www.humanrights.gov.au

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

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

2.5.5 Advertising, interviewing, and selecting a practice nurse

Position description

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

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

Advertising for a GP nurse

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

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

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

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

Constructing an advertisement

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

The following key information could be included in an advertisement:

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

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

Placement of advertisements

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

Newspapers

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

Internet sites

The internet sites such as www.mycareer.com.au or www.seek.com.au are popular recruitment sites. A nursing specific site is www.nursingjobs.com.au and the Australian Practice Nurses Association also advertises job vacancies at www.apna.asn.au
General practice network
Your local network member organisation may advertise vacant positions.

Responding to enquiries, applications
Set time aside to respond to questions from applicants over the telephone or emails. Follow up with:
- an expression of interest letter
- the position description
- an employment application form.
(Examples and templates shown in section 2.11 of this resource.)
Keep a record of the name and contact details of each applicant who has expressed an interest in the position.

The interview
Before the interview a number of things need to be organised:
- develop a selection criteria checklist (see template, section 2.11)
- choose a shortlist of candidates to interview from the applicants
- develop interview questions (see template, section 2.11)
- develop referee questions (see template, section 2.11).

Step 1 Review all applications
Set aside time to thoroughly read all applications.
- Has all requested information been supplied?
- Use a selection criteria checklist based on the essential and desirable criteria for the position.

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

Step 2 Create a shortlist
Select those applicants who meet the selection criteria, have an appropriate and explainable work history, and who may have other attributes that adds to their application, for example a non-English language. Reduce the number to be interviewed by a continuing process of elimination. It is preferable and an efficient use of time for several applicants (at least two to three) to be short-listed for interviewing where possible. It is important to be consistent, unbiased and fair when short listing applicants. It is advisable to keep written reasons for all decisions made throughout the recruitment process in the event of any future legal claim or dispute arising from any stage of the recruitment process.

Step 3 Prepare for the interview
The interview provides an opportunity to demonstrate the professionalism of your practice. It is therefore important to prepare for the interview ahead of time.

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

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

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

To enable the applicant to introduce themselves, start with general questions about the applicant’s interest in the position. Develop questions that allow the applicant to demonstrate to you their experience in applying skills or knowledge, for example ‘Give us an example of a time when you….’ Develop questions that will enable the applicant to tell you of specific experience,
skills or training. Ensure that there is consistency and fairness in the questioning of all applicants and that the questions focus on the requirements of the position. The interviewers should refrain from making assumptions or stereotyping individuals based on individual characteristics and should not ask invasive or irrelevant questions, for example ‘do you intend to have a family’. It is important that interviewers are aware of relevant equal opportunity and anti-discrimination laws. It may also be useful to develop a case scenario that is typical of the problem solving required of a nurse in your practice. (See interview questions template, section 2.11)

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

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

The interview

A well-structured interview will proceed as follows:

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

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

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

Reference checks

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

- How long since the referee employed/worked with the applicant?
- Did the past position require the same level of skills?
- What was their working relationship with the applicant?
- Period of time the applicant was employed?

(see template, section 2.11)

Police check

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


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

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

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

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

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

(See templates, section 2.11)

Appointment process

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

(See templates, section 2.11)

Probationary period

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

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

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

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

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

It also includes professional issues related to:
- scope of practice and supervision of an enrolled nurse (RN Division 2 in Victoria)
- competency standards
- professional development
- performance review.

An induction checklist is provided.

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

Orientation information:

When employing a nurse in general practice appropriate infrastructures will help sustain the nurse’s position. This might include:
- guidelines of administrative structures and processes such as lines of authority
- human resource management, for example, position descriptions, how to apply for leave, etc
- provision of appropriate work space and equipment
- information and record management systems within the practice
- a safe environment
- quality assurance processes
- support from the employer for professional learning and development, such as the opportunity for relevant continuing education
- a practice based policy manual.

Induction process

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

Induction checklist

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

Induction Process

**Before the 1st day**
- Ensure that the new staff member has received a contract of employment.
- Sight and take a copy of the nurse’s annual registration, authority to practice card.
- Assign a mentor.
- Send a letter explaining where and when to come on the first day, parking arrangements (if relevant) and the contact person for the first day (mentor).
- Prepare an agenda for the first day’s activities and make necessary arrangements with people involved in the induction.

**The 1st day**
- Be punctual, enthusiastic and friendly — remember, first impressions count!
- Explain your role within the practice and in the induction process.
- Give a brief outline of the induction program for the first day and the first week. This will help to put the practice nurse at ease, as they will have some idea of what to expect. Try to provide a timetable for their first two weeks.
- Schedule a date for the three-month interview.
- Work through the induction pack and orientation checklist.
- Make yourself available to the new staff member, or ensure that someone can fill this role if you’re busy.
- Ensure that the new staff member has:
  - Read and signed the employment contract.
  - Signed and returned all payroll forms.
  - Completed the orientation checklist, signed by the mentor and filed in the personnel file.
- Consideration should be given to arranging regular meetings (at least once a week for 15 minutes) so you can answer any questions that the staff member may have and provide some general feedback.

**The 1st week**
- The first month
- After three months
- Schedule a date for the three-month interview.
- Work through the induction pack and orientation checklist.
- Plan and agree a series of goals and activities for the new staff member to undertake in the probationary period.
- The end of the three-month probationary period is the ideal time to formally discuss the new staff member’s progress.
- Review the plan of agreed goals and activities and ensure that any that are still outstanding are worked into a professional development/training plan for the first year.
- Good work should be recognised and any remaining transitional issues should be resolved.
2.7 Professional issues

Scope of practice and supervision

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

Nurses working in general practice may be either registered or enrolled nurses (RN Division 1 and Division 2 in Victoria). Where enrolled nurses are employed, it is the obligation of the employing general practice to ensure the enrolled nurse is either directly or indirectly supervised by a registered nurse. The level of supervision required depends on the abilities, education, qualifications, scope of practice and experience of the enrolled nurse and external factors such as geographical setting and size of the practice. Most state and territories have legislation that requires enrolled nurses to be supervised by registered nurses. In South Australia enrolled nurses can apply for exemption from the requirement of supervision by a registered nurse (http://www.nursesboard.sa.gov.au/pdf/Enrolled_Nurse_Working_Without_Supervision.pdf).


Authority to practice as a registered or enrolled nurse

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

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

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

Registered nurses

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

Enrolled nurses

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

Enrolled nurses working in general practice

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

How to check a nurse’s authority to practice

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

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

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

- Nurses and Midwives Board New South Wales
- Health Professionals Licensing Authority, Northern Territory.
- Nurses Board of South Australia
- Nursing Board of Tasmania
  http://www.nursingboardtas.org.au/nbtonline.nsf/$LookupDocName/home
- Nurses Board of Victoria
- Nurses Board of Western Australia
- Queensland Nursing Council
- ACT Nursing and Midwifery Board

2.8 Competency standards and continuing professional development

Competency standards for nurses in general practice

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practice. To assist in achieving this, the Australian Nursing and Midwifery Council (ANMC) has developed national standards and codes to provide a professional framework for nursing practice. These standards are:

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

The framework of standards may be used:

- by the individual nurse to assess his or her own performance, or the performance of peers
- by the regulatory authorities to assess performance in order to obtain or retain a licence to practice
- by the regulatory authorities to assess nurses involved in professional misconduct matters
- by higher and vocational education authorities who use competency standards as a framework for course development
- by employers who use competency standards for position description and performance assessment purposes
- by the profession to communicate to consumers the standards which can be expected from a registered or enrolled nurse.

The Code of Professional Conduct for Nurses in Australia is a set of expected national standards of nursing conduct for Australian nurses. A breach of the Code may constitute professional misconduct or unprofessional conduct. The Code of Ethics for Nurses in Australia outlines the ethical standards expected and required of nurses practicing in Australia.

The Code of Ethics for Nurses in Australia and the Code of Professional Conduct for Nurses in Australia can be viewed and downloaded from the ANMC website: www.anmc.org.au.

In 2005 the Australian Nursing Federation (ANF) released ‘Competency Standards for nurses working in general practice’. An online information kit has been designed to assist nurses, GPs, practice managers and education providers understand how to use the standards.

To access the Competency Standards for nurses working in general practice, along with the toolkit, visit the ANF website www.anf.org.au/nurses_gp

These standards are designed to assist:

- nurses, by providing an additional component of the practice framework against which to measure performance and to develop and maintain performance in the general practice setting;
- regulatory authorities in cases of professional misconduct;
- higher and vocational education authorities in course development when offering courses for practice nurses
- employers for position description and performance assessment purposes.
The competency standards are able to provide employers with a guide when preparing position descriptions, job advertisements and performance assessments. Sample position descriptions for both the enrolled nurse and registered nurse are available at www.anf.org.au/nurses_gp

Continuing professional development

Continuing professional development (CPD) is a vital part of every nurse’s career, keeping the nurse up to date in professional practice and ensuring safety and quality in patient care. In some states registration is dependent upon the nurse maintaining evidence of CPD. This may take the form of a system of accrual of Continuing Nurse Education (CNE) points. In future with the introduction of national registration it is likely that participation and proof of participation in CPD will be mandatory for nurses throughout Australia.

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

Professional development activities may include:
- education courses
- supervised clinical experience
- reflective practice in conjunction with personal study
- networking
- mentoring.

The ‘Competency standards for nurses working in general practice’ provide standards that can be used to assess professional development needs. A professional development plan can be developed using the units of competency. The Standards include templates for a professional development plan.

For more information visit the ANF website www.anf.org.au/nurses_gp

Network member organisations broker and facilitate education and training opportunities for nurses in general practice on a regular basis to meet the needs of practice nurses.

Education and training opportunities can be identified by contacting:
- your network member for local training initiatives, networks, resources, mentors
- the Australian Practice Nurses Association for the Practice Nurse Scholarship Scheme and other training programs
- the Australian Nursing Federation for information on seminars and training
- the Royal College of Nursing, Australia for the 3LP Program, and information on education providers and programs in each state including postgraduate university courses, and various scholarship schemes
- the College of Nursing (Incorporating the College of Nursing NSW) for Practice Nursing An Introduction and other relevant programs.

2.9 Performance management appraisal tools

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

By referring to the duties and responsibilities set out in the practice nurse job description position, difficulties in processes, procedures and team working can also be discussed providing an opportunity to identify barriers and facilitators to achieving performance targets. Performance targets include the work that is covered in the job description and those areas of specific skills or knowledge that employer or supervisor and the practice nurse agree will be the focus of the work of the practice nurse and the professional development of this individual employee.

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

In order to provide a consistent approach to performance management, and to provide a means to plan for and document performance review and development needs, a performance appraisal tool can be used. It will then formalise and provide clear direction of what goals are to be achieved within the position and the means for achieving them. It is a good idea to initiate the performance review process in the second or third week of induction. A further schedule of review can then be timetabled according to the practice needs.
Performance review can include self assessment, peer assessment, as well as employer assessment. Templates for assessment tools are part of the ANF’s “Competency standards for nurses working in general practice” (http://www.anf.org.au/nurses_gp).

2.10 Where to find additional information

Australian General Practice Network
www.agpn.com.au

Australian Nurses Federation
www.anf.org.au

Australian Practice Nurses Association
www.apna.asn.au

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

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

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

Department of Health and Ageing
## TEMPLATES

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

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<tr>
<th>Template No.</th>
<th>Title</th>
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</thead>
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<td>TEMPLATE 10</td>
<td>Staff employment details</td>
</tr>
<tr>
<td>TEMPLATE 11</td>
<td>Induction checklist</td>
</tr>
</tbody>
</table>
SECTION TWO: For the employer

TEMPLATE 1 — Questions to determine selection criteria

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

Position held in practice .................................................................

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

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

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

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

What skills will the candidate require to perform the role?

How will we know we have selected the right candidate?

How could this role evolve in the future?
TEMPLATE 2 — Employment application

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

Employment application

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

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

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

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

<table>
<thead>
<tr>
<th>Skill area</th>
<th>Experience and qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phlebotomy</td>
<td>□ Yes □ No Comments</td>
</tr>
<tr>
<td>ECG</td>
<td>□ Yes □ No Comments</td>
</tr>
<tr>
<td>Pathology — Other</td>
<td>□ Yes □ No Comments</td>
</tr>
<tr>
<td>Annual Health Assessments</td>
<td>□ Yes □ No Comments</td>
</tr>
<tr>
<td>Care Plans/ Case Conferences</td>
<td>□ Yes □ No Comments</td>
</tr>
</tbody>
</table>
## SECTION TWO: For the employer

<table>
<thead>
<tr>
<th>Service</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirometry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor procedures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wound Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Promotion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sterilisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IT skills</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Member of professional nursing organisations**  
Yes  No  
Comments  
List organisation

**Other notable achievements**

### Professional referees

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

**Referee 1**  
Name:  
Organisation and Position:  
Contact Number:  

**Referee 2**  
Name:  
Organisation and Position:  
Contact Number:
Police check

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

Illness/injury

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

☐ No

☐ Yes — Please describe below.

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

Privacy disclosure

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

Applicant’s consent

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

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

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

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

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

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

Full Name: ..................................................................................................................................................

Signature: ..................................................................................................................................................

Date: .................................................................................................................................................
TEMPLATE 3 — Position description

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

Sample job description for a registered nurse in general practice

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

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

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

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

Key criteria

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

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

Job requirements

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

2. Initiates and conducts comprehensive health maintenance and health promotion in partnership with individuals, groups and the general practice team.
   - Undertakes health screening and health monitoring activities such as cardiac assessment including electrocardiographs and stress tests
   - Involved in chronic disease management activities such as preparing a management plan, coordinating care, and providing education about self-help strategies
• Provides timely and accurate information and education
• Undertakes care planning and reviews
• Conducts immunisation, wound care and chronic disease management clinics.

3. **Conducts diagnostic activities in collaboration with the general practice team.**
   • Demonstrates proficiency in health assessment skills
   • Checks diagnostic results against client symptoms and previous results.

4. **Provides evidence based information, resources and education to assist individuals, groups and families to make health care decisions.**
   • Ensures that all information about chronic disease management, immunisation and wound care is accurate according to reliable sources
   • Considers the ongoing implications of the health of individuals and groups beyond the immediate episode of care
   • Regularly reviews and updates individuals and group information and resources.

5. **Uses best available research to inform clinical care management.**
   • Collaborates with the general practice network, general practice and health product provider representatives to access current information
   • Initiates changes to practice guidelines and protocols based on evaluation of research outcomes and evidence
   • Participates in research taking place in the general practice setting.

6. **Coordinates and reviews programs, registers and systems to facilitate quality individual and group health care outcomes.**
   • Ensures that recall registers, pathology systems and individual and group documentation systems are continuously reviewed to achieve optimal outcomes
   • Collaborates with individuals, groups, general practitioners, other general practice staff and health care providers in the development and review of guidelines, protocols or templates
   • Monitors infection control processes in the general practice including compliance with sterilisation guidelines
   • Maintains the cold chain systems and other medicine storage systems
   • Participates in practice accreditation processes.

7. **Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.**
   • Understands the funding, billing and business systems used in the general practice
   • Participates in practice accreditation processes
   • Updates practice and clinical policies and procedures.

8. **Ensures clinical nursing decisions are communicated to the general practice team.**
   • Appropriately refers clients to general practitioners
   • Collaborates with general practitioners to develop guidelines and protocols
   • Is actively involved in community meetings, case conferences and care planning.
9. Participates in shared decision making about care delivery with individuals, groups and members of the general practice team.
   - Attends and contributes to practice meetings
   - Addresses safety and quality issues for individuals, groups, and others working in the general practice.

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

Employment conditions [insert relevant details]
With thanks to the Australian Nursing Federation Competency Standards Project funded by the Australian Government Department of Health and Ageing

Sample job description for an enrolled nurse in general practice

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

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

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

Professional supervisor: Senior registered nurse in the general practice

Reports to: General practitioner, senior registered nurse

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

Key criteria

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

Job requirements

1. Demonstrates knowledge and skill in providing delegated episodic and ongoing care that is responsive to individual and group circumstances and environments.
   - Provides clinical care to individuals as agreed with the general practitioners and the supervising registered nurse
   - Gathers relevant information from individuals and groups presenting without appointments and communicates this information appropriately to improve outcomes and minimise adverse events
   - Recognises when a more detailed assessment of individuals and groups is required and seeks registered nurse or general practitioner assistance
   - Follows protocols when conducting health assessments and reviews.

2. Collects and reports information about the health and functional status of individuals and groups.
   - Demonstrates technical proficiency in measuring and documenting vital signs and test results such as blood glucose readings, urinalysis, wound and skin checks
   - Demonstrates accurate use of spirometry, electrocardiographs and other health care technologies
   - Assesses wound healing and exudate amount, type, and colour.
3. Provides care for individuals and groups in consultation with the registered nurse and/or general practitioner.
   - Follows care plans, protocols or treatment regimes
   - Assists the registered nurse in conducting nurse led clinics
   - Assesses wound healing and modifies dressing regimes accordingly
   - Assists with minor procedures
   - Assists with immunisation, wound care and chronic disease management clinics.

4. Liaises with the registered nurse and general practitioner in providing evidence-based health promotion and illness management information to individuals, groups and their families.
   - Uses resources available within the practice to meet the needs of individuals and groups
   - Provides information and resources according to the needs of individuals and groups
   - Contributes to the review and update of information resources for individuals and groups.

5. Recognises the responsibility and implications of enrolled nursing practice in general practice including professional supervisory relationships.
   - Accesses registered nurses for professional supervision:
   - Involved in ongoing professional development

6. Recognises the need for ongoing education and training to maintain competence for nursing practice.
   - Seeks out education and training opportunities when required to undertake new responsibilities
   - Maintains skills in cardiopulmonary resuscitation and other basic first aid.

7. Uses relevant guidelines, protocols and systems as evidence for practice.
   - Collaborates with registered nurses and general practitioners in development and review of guidelines and protocols.

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

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

10. Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.
     - Effectively uses administrative systems designed to assist with the care of individuals and groups
     - Maintains clinical data systems including entry and retrieval processes.
11. Recognises when to seek advice from the registered nurse and general practitioner about the care of individuals and groups.

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

Employment conditions: [insert relevant details]
**TEMPLATE 4 — Selection criteria checklist**

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

**Selection Criteria Checklist**

<table>
<thead>
<tr>
<th>Key selection criteria</th>
<th>Comments</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered Nurse with current practising certificate of registration with Board of your state / territory</td>
<td>☐ Yes ☐ No</td>
<td>Request to view original certificate and not a photocopy at interview Registration number:…………………………………</td>
</tr>
<tr>
<td>Member of a professional body</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Possess current drivers licence</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Demonstrated patient-focused approach in service provision</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Has worked in a team</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Has worked independently</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Shown commitment to ongoing professional development</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
<tr>
<td>Demonstrated ability to organise and prioritise</td>
<td>☐ Yes ☐ No</td>
<td></td>
</tr>
</tbody>
</table>

**Essential skills**

Insert the skills you have identified in your practice position description. These are some examples.

<table>
<thead>
<tr>
<th>Essential skills</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experience working in a primary health care setting</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Experience working with older people and people with chronic illness</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Experience working as part of a small team</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Excellent communication skills</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Desirable skills</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------</td>
<td></td>
</tr>
</tbody>
</table>
| *Insert your list of desirable skills from your position description.*  
  *These are some examples*          | □ Yes □ No |

<table>
<thead>
<tr>
<th>Duties and responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of MBS, practice nurse items and Chronic Disease Management items</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical skills</th>
<th>List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other notable, skills, experience, abilities</td>
<td>List</td>
</tr>
</tbody>
</table>
**TEMPLATE 5 — Expression of interest letter**

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

**Practice letterhead**

(date)

(name)

(address)

Dear Applicants Name,

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

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

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

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

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

Yours sincerely,

Practice Manager’s name

Enclosure (2)
**TEMPLATE 6 — Letter of decline**

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

**Practice letterhead**

*(date)*

*(name)*

*(address)*

Dear Applicants Name,

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

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

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

Yours sincerely

*Practice Manager’s name*
TEMPLATE 7 — Interview questions

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

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

Candidate’s name: …………………………………………………………………………………………………

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

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

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

Other matters
1. We remind you of the Probationary Period that applies for the first three months of employment.
2. Are you aware of any pre-existing injuries or illnesses that would prevent you from undertaking the requirements of this job as stated in the Position Description?
3. Do you have any questions you would like to ask?
TEMPLATE 8 — Questions for referee

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

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

Applicant’s name:....................................................................................................................................................................................

Referee’s name:....................................................................................................................................................................................

Position/relationship to applicant:........................................................................................................................................................

1. In what capacity do you know the applicant?

2. How long since the referee employed/worked with the applicant?

3. Ask previous employers to confirm dates of employment and title or job held

4. Did the last position require the same level of skills and behaviour?

5. What were the applicant’s strengths and weaknesses in the position and areas for improvement?

6. What skills did the applicant possess that were key competencies of the position?

7. Ask referees to use four or five single words which best describe the applicant

8. Any unsatisfactory aspects of performance that could be relevant to the position for which they have applied?

9. How did they work in a team/individual situation?

10. Are there any reasons why you think that we should not employ this person?

11. Would you re-employ this person?
TEMPLATE 9 — Letter of offer

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

Practice letterhead

(date)

(name)

(address)

Dear (name)

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

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

Your duties will be as per the attached Position Description.

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

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

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

Please retain the original documents for your own reference.

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

Yours faithfully

(name)

for (practice name)
TEMPLATE 10 — Staff employment details

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

Staff employment details confidential

Personal details

Full name: ...........................................................................................................................................................................................................................

Date of birth: .....................................................................................................................................................................................................................

Home address: ................................................................................................................................................................................................................

Mailing address (If different from above)

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

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

Emergency contacts

First contact

Name: ............................................................................................... Relationship: ....................................................................................................... 

Phone (Work): ........................................................................................... Home: .......................................................................................................

Second contact

Name: ............................................................................................... Relationship: ....................................................................................................... 

Phone (Work): ........................................................................................... Home: .......................................................................................................

Doctor: ......................................................................................................... Phone: ....................................................................................................... 

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

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

Immunisation status

Received and completed childhood immunisation schedule

☐ Yes  ☐ No  ☐ Don’t know

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

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

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

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

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

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

Year of last chest X-ray: .................................................................
Banking details for EFT of wages

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

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

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

Evidence of registration
State registration held in: ..............................................................................................................................................................................................................
Registration number: ..............................................................................................................................................................................................................
(Ensure photocopy of current registration is filed and thereafter annually)

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

............................................................................................................../........../...........
(signed) (date)
(employee name)
Before the 1st day
- ensure that the new staff member has received a contract of employment
- sight and take a copy of the nurse’s annual registration, authority to practice card
- assign a mentor
- send a letter explaining where and when to come on the first day, parking arrangements (if relevant) and the contact person for the first day (mentor)
- prepare an agenda for the first day’s activities and make necessary arrangements with people involved in the induction.

The 1st day
- be punctual, enthusiastic and friendly — remember, first impressions count!
- explain your role within the practice and in the induction process
- give a brief outline of the induction program for the first day and the first week. This will help to put the practice nurse at ease, as they will have some idea of what to expect. Try to provide a timetable for their first two weeks
- schedule a date for the three-month interview
- work through the induction pack and orientation checklist.

The 1st week
- make yourself available to the new staff member, or ensure that someone can fill this role if you’re busy
- ensure that the new staff member has:
  - read and signed the employment contract
  - signed and returned all payroll forms
  - completed the orientation checklist, signed by the mentor and filed in the personnel file
  - plan and agree a series of goals and activities for the new staff member to undertake in the probationary period.

During 1st month
- consideration should be given to arranging regular meetings (at least once a week for 15 minutes) so you can answer any questions that the staff member may have and provide some general feedback
- to reduce the likelihood of feeling isolated after the initial high contact in the first week, the mentor should try to touch base with the employee by having informal meetings (go for coffee with them or take them out to lunch).

After three months
- the end of the three-month probationary period is the ideal time to formally discuss the new staff member’s progress
- review the plan of agreed goals and activities and ensure that any that are still outstanding are worked into a professional development/training plan for the first year
- good work should be recognised and any remaining transitional issues should be resolved.
Induction checklist

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

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

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

Notes:
- The same person may fill more than one role.
- The information provided is examples only.
<table>
<thead>
<tr>
<th>Area</th>
<th>Item</th>
<th>Key Point to Cover</th>
<th>Reference Documents</th>
<th>Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>The first day</td>
<td>Meet and greet</td>
<td>Mentor to greet and welcome the new staff member</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td></td>
<td>Introduction to team</td>
<td>Introduce the doctors and staff</td>
<td>Contact List</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practice overview</td>
<td>Provide a description of the practice, its structure and philosophy. Profile the number of patients and the patient demographics such as age and type of patients. Also cover practice culture.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Induction program</td>
<td>Provide the new staff member with an overview of the induction program. Arrange regular meeting times for first week. Each day at (time)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area</td>
<td>Item</td>
<td>Key Point to Cover</td>
<td>Reference Documents</td>
<td>Responsibility</td>
</tr>
<tr>
<td>-------------------------------------</td>
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<td>-----------------</td>
</tr>
<tr>
<td>The first day</td>
<td>Authority</td>
<td>Advise new staff member on who has responsibility and authority for different areas in the practice</td>
<td></td>
<td>SU  ME  PM  RE</td>
</tr>
<tr>
<td></td>
<td>Practice tour</td>
<td>Location of facilities — toilets, lunch room, notice boards, emergency exits, location of extinguishers and their use and any other fire equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Supervisor</td>
<td>Advise who will be the new staff member’s supervisor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Working hours and Leave Entitlements</td>
<td>Advise new staff member on hours of work, policy/roster for weekend working and policy in relation to cover for other staff while on leave, Advise on policy for annual leave, public holidays, sick leave. Explain where leave and sickness forms are kept</td>
<td>Leave and sickness forms</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wages</td>
<td>Explain how to fill out time sheets, how wages are paid ensure you have bank account details and superannuation details</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office routine</td>
<td>Advise practice office hours and doctors hours, Opening and closing procedure for practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Office equipment</td>
<td>Explain use of phones, taxes, photocopiers, system for taking messages</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Security</td>
<td>Explain procedures for personal security, alarms systems, hold ups</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Confidentiality Statement</td>
<td>Ensure that confidentiality statement has been understood and signed and emphasise that any breaches may result in immediate dismissal</td>
<td>Confidentiality Statement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Grievances</td>
<td>Discuss grievance procedure and provide a contact name for any grievances</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accidents</td>
<td>Explain who accidents must be reported to and how they must be documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area</td>
<td>Item</td>
<td>Key Point to Cover</td>
<td>Reference Documents</td>
<td>Responsibility</td>
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<td>--------------------------------------------------------</td>
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</tr>
<tr>
<td>The first day</td>
<td>Uniforms</td>
<td>Discuss uniforms to be worn and any protective clothing.</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Policies and procedures</td>
<td>Manual</td>
<td>Explain the location of the Practice Policies and Procedures manual and advise the new staff member to make themselves familiar with its contents during the first month</td>
<td>Policies and Procedures Manual</td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Occupational Health and Safety</td>
<td>Manual</td>
<td>Explain the location of the Occupational Health and Safety Manual and advise the new staff member to make themselves familiar with its contents during the first month</td>
<td>Occupational Health and Safety Manual</td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>The first week</td>
<td>Reception</td>
<td>Spend time shadowing and helping reception staff to gain a feel for the practice, the patients and some of the process</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Records/filing</td>
<td>Manual</td>
<td>Explain filing system of itinerant, permanent, archived and deceased patient records. Filing of results x-rays pathology. Advise location of doctors’ trays</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>IT Management</td>
<td>Medical software</td>
<td>Spend time becoming familiar with the practice medical software in particular learn how to ‘log in’ set up recalls/reminders, make appointments, perform a client /data search, enter data.</td>
<td>Division IT Support Officer</td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Accreditation</td>
<td>Practice Nurse</td>
<td>Discuss status of practice within the accreditation process and identify responsibilities of practice nurse within the process.</td>
<td>Division Accreditation Support Officer</td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Practice management</td>
<td>Practice Nurse</td>
<td>Discuss practice nurse’s responsibilities within the role of practice management.</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Role of employee</td>
<td>Practice Nurse</td>
<td>Discuss role in areas such as infection control, sterilization, stock control, results processing and notification, ACIR, cold chain monitoring, immunization, health assessments, care plans, case conferences, diabetes, asthma, wound care.</td>
<td></td>
<td>SU ME PM RE</td>
</tr>
<tr>
<td>Area</td>
<td>Item</td>
<td>Key Point to Cover</td>
<td>Reference Documents</td>
<td>SU</td>
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<td>--------------------</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>The Second Week</td>
<td>Plan</td>
<td>Plan activities and nominate areas requiring further information and time to consolidate knowledge over the next and following weeks.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Division of general practice</td>
<td>Call your general practice network to establish contact with the network member practice nurse program leader or other network staff members. Request to be placed on their database and to be notified of upcoming practice nurse meetings</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Clinical mentor</td>
<td>Organise time to spend with clinical mentor, either on site if experienced practice nurse available or off site at another practice with allocated clinical mentor</td>
<td>General practice network Nurse Coordinator can organise clinical mentor</td>
<td></td>
</tr>
<tr>
<td>The first month</td>
<td>Clinical duties</td>
<td>Commence clinical duties building up to a full work load over a agreed period of time</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity planning</td>
<td>Discuss with new staff member expectations of the role, Identify key areas for learning over the next three months. Document on Activity Plan agreed areas</td>
<td>Practice Nurse Handbook</td>
<td></td>
</tr>
<tr>
<td>The second month</td>
<td>Meeting</td>
<td>Discuss how induction period is progressing for both parties; address any identified issues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The third month</td>
<td>Meeting</td>
<td>Discuss how induction period is progressing for both parties; address any identified issues. Complete probationary performance review if appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Activity planning</td>
<td>Review the plan of agreed goals and activities and ensure that any that are still outstanding are worked into a professional development/training plan for the first year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.12 Acronyms

AAPM  Australian Association of Practice Managers Ltd
ACCHS  Australian Community Controlled Health Services
ACIR  Australian Childhood Immunisation Register
AGPN  Australian General Practice Network Ltd
AHW  Aboriginal Health Worker
AMA  Australian Medical Association
AMS  Aboriginal Medical Service
ANF  Australian Nursing Federation
ANMC  Aboriginal Nursing and Midwifery Council
APNA  Australian Practice Nurses Association
AWA  Australian Workplace Agreement
BOMHI  Better Outcomes in Mental Healthcare Initiative
BGL  Blood Glucose Level
BSL  Blood Sugar Level
BMI  Body Mass Index
CDM  Chronic Disease Management
CRANA  Council of Remote Area Nurses of Australia
DoHA  Australian Government Department of Health and Ageing
EN  Enrolled Nurse (Division 2 Registered Nurse Victoria)
EPC  Enhanced Primary Care
GP  General Practitioner
GPII  General Practice Immunisation Incentive
GPLO  GP Liaison Officer
GPMP  GP Management Plan
HREOC  Human Rights and Equal Opportunity Commission
HMR  Home Medications Review
IM / IT  Information Management / Information Technology
FaCSIA  Australian Government Department of Families, Community

Services and Indigenous Affairs

FTE  Full-time equivalent
MAHS  More Allied Health Services
MBS  Medicare Benefits Schedule
NACCHO National Aboriginal Community Controlled Health Organisation
NAPSA  National Agreement Preserving State Awards
NIGP  Nursing in General Practice
NMRA  Nursing and midwifery regulatory authority
NPS  National Prescribing Service
PBS  Pharmaceutical Benefits Scheme
PC  Primary Care
PHC  Primary Health Care
PHCRIS  Primary Health Care Research and Information Service
PI  Performance Indicator
PIP  Practice Incentives Program
PN  Practice Nurse
PN PIP  Practice Nurse incentive under the Practice Incentives Program
RACGP  Royal Australian College of General Practitioners
RCNA  Royal College of Nursing Australia
RMMR  Residential Medication Management Review
RN  Registered Nurse (Division 1 Registered Nurse Victoria)
RRMA  Rural, Remote and Metropolitan Areas Classification
SBO  State Based Organisation
SIP  Service Incentive Payment
SWPE  Standard Whole Patient Equivalent

For more acronyms commonly used in Australian general practice and primary health care:

Primary Health Care Research & Information Service
2.13 Endnotes

SECTION THREE: For the nurse

This section of the Nursing in General Practice Recruitment and Orientation Resource provides information for nurses considering working in a general practice as well as those newly recruited to general practice. It includes an introduction to general practice, employment and professional issues, and sources of support.
3.1 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a diverse range of experiences and provides the opportunity to be part of a clinical team caring for the varied primary care needs of the community. Nursing in general practice represents a shift from a hospital-based environment to a small business environment located in the local community.

A practice nurse is a registered nurse or an enrolled nurse (Division 1 and 2 in Victoria) who is employed by, or whose services are otherwise retained by, a general practice.

In 2007 approximately 58% of practices employed one or more general practice nurses and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work collaboratively with general practitioners providing a range of services, including chronic disease management and population health activities. Their role is diverse and influenced by factors such as the practice population, nurses’ qualifications, practice structure, professional standards and national incentives and programs.

Nurses are core members of the general practice team, enabling practices to meet the diverse and complex health care needs of an ageing population, with increasing rates of chronic disease and illness. Nurses have also been found to play a key role in creating resilient general practices through their ability to cycle rapidly through six key operating roles. These roles are patient carer, organiser, problem solver, quality controller, educator and agent of connectivity. Further details on these roles is provided in Section 3.3 Roles for nurses in general practice.

The growing burden of chronic disease and patient demand has increased GP workloads. Nurses in general practice work collaboratively with GPs to provide efficient and effective health care to all patients. The Competency Standards for Nurses in General Practice indentify the following role statement for nurses:

‘nurses in general practice demonstrate competence in the provision of primary health care centered on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and practice context in an environment characterised by unpredictability and individual diversity across the lifespan.’
A range of Australian and international literature identifies some of the benefits nurses can bring to a practice. These include:

- improved health outcomes in chronic illness
- assistance in primary-acute sector integration
- better coordination of care
- increased workforce capacity
- provision of practical and professional support to GPs
- enhancement of the range of services available to people attending the practice.

General practice is an important and cost-effective health care setting in which quality services are delivered to the population. As a commercial enterprise, a balance is required between the delivery of quality care and financial viability.

Australia has a universal insurance scheme known as Medicare. General practices have the option of:

- bulk-billing patients for the service provided and claiming the Medicare payment directly from Medicare Australia
- charging the patient a fee for the service before the patient makes a Medicare claim. This fee may be greater than the amount claimable from Medicare so the patient may be required to pay the difference between the fee and the Medicare rebate, often called the ‘gap’.

3.2 General practice in Australia

General practice is the centre of primary health care in Australia and is the most frequent point of entry into the health system, with around 85% of the population reported to visit a GP in any one year. General practice focuses on the health and well-being of individuals within communities, and reflects a diverse workforce operating in practice arrangements that range from solo, to small and large practices, and in various community settings ranging from small remote and rural communities to densely populated urban communities.

The clinical role of the general practice workforce spans the full spectrum of care from primary, through to secondary and tertiary care. Multidisciplinary clinical teams work with general practitioners, as the clinical leader, to enhance a collegiate approach to care and service provision.

The depth and breadth of the types of general practices includes:

- solo practices often supported with administration staff who have the responsibility for providing all levels of practice support (eg, reception duties, management duties and triage)
- multi-GP practices with identified administration support, practice nurse support and possibly allied health support
- multi-faceted business oriented corporate practices where all staff (including GPs) are the employees of a business entity that may not have any relationship to the practice apart from owning the business
- ‘super-clinic’ models that include GPs, practice nurses, allied health professionals and may also include a range of other primary care services such as community pharmacy, community nurses, pathology and radiology.

Australian General Practice Network

The Australian General Practice Network (AGPN) is the peak national body for the General Practice Network. AGPN works to implement major national primary health care initiatives; to contribute to managing change in general practice; is involved in research partnerships; contributes to inform and influence national policy; and develops and delivers national scale programs in the general practice setting. AGPN also works to engage its network members and state based organisations, which cover diverse population demographics in urban, rural and remote settings, to understand their communities’ needs and to find local solutions to national health issues.

For more information about AGPN visit this link:
http://www.agpn.com.au

The General Practice Network

The General Practice Network spans 111 regionally based network member organisations across Australia as well as eight state based organisations and the AGPN. The network is focused on supporting high quality, evidenced based primary health care and integrating health services. The network engages the local community and enhances communication between government and general practice.

Members of the network are an integral component of the Australian Government’s general practice strategy. They play a major part in implementing policy, supporting general practice and managing health programs at a local level. Member organisations have been responsible for progressing many of the current developments in Australian general practice. Approximately 95 per cent of GPs are members of a local general practice network.
State Based Organisations

The dual roles of state based organisations (SBOs) are to build the capacity of their state and territory member organisations to achieve outcomes, and to link with state governments and other agencies in order to achieve health integration at the state level. These roles include identifying and promoting best practice and knowledge sharing at the local, state and territory level; and supporting individual branches in performance and quality improvements.

For more information about SBOs in each state/territory visit this link: http://www.agpn.com.au/site/index.cfm?module=DIVISION

3.3 Roles for nurses in general practice

The way in which an individual practice will utilise nursing services is unique and depends on a variety of factors, some of which include:

- size of the practice (large medical centre versus smaller practice)
- patient demographics (older patients versus younger patient base, rates of chronic diseases, etc)
- GP preferences and specialty areas
- physical layout of the practice (room for a treatment room versus small consult room only)
- experience and special qualifications of the nurse (eg, nurse with a postgraduate certificate child and family health or midwifery).

Nurses working in general practice may take on one or more of the following roles:

Roles of nurses in general practice

- providing clinical nursing services in the general practice context through:
  - triage
  - assessment (including health assessments of people over 75 years)
  - therapeutic care and treatment
  - wound care
  - diagnostic services
  - clinical data management.
- coordinating patient services through:
  - networking with allied services
  - integrating service delivery
  - sustaining continuity of care
  - planning and management of care (working with GPs in care planning activities)
  - providing information and feedback between the services, patients and GPs
  - patient advocacy.
- managing the clinical environment by assisting general practice to meet relevant standards and legislative requirements in:
  - infection control and sterilisation
  - cold chain monitoring
  - records management
  - occupational health and safety
  - accreditation processes
  - maintenance of medical supplies.
- promoting patient carer and community well being through:
  - health information
  - education
  - specific programs
  - community development
  - self care.
- sustaining general practice by contributing to better management of human and material resources through:
  - optimising the use of professional resources
  - building the practice base
  - building practice capacity to adapt to change
  - maximising financial efficiency.
- improving health outcomes by contributing to and enhancing the management and prevention of ill health through:
  - health screening
  - immunisation
  - register and recalls
  - patient education
  - outreach services
  - systems management
  - acute and chronic disease management.
A recently completed study undertaken by the Australian National University and AGPN, the Australian General Practice Nurse Study, explored the contribution that nurses make to general practice. The study identified that the role of the practice nurse is orientated towards the patients, the general practice and the community, and extends beyond the clinical and administrative roles that are generally attributed to the general practice nurse. Following is a description of the six key operating roles for nurses in general practice.

Figure 1. The six key operating roles for general practice nurses described by the Australian General Practice Nurse Study.

NURSES AS PATIENT CARERS
- Caring for patients is a primary function for nurses in general practice.
- This function is centred on the nurse – patient relationship and includes clinical care but also concepts of advocacy and nurture.
- Talking and listening are dominant features of this behaviour and reflect a responsive and receptive orientation by practice nurses.

NURSES AS ORGANISERS
- In this role, nurses act as creators of efficiency and protectors of GP time.
- The role includes the traditional "housekeeping" aspects often associated with nursing practice (sparkling clean surfaces, immaculate storage), but crosses between the clinical, administrative and 'servicing' domains of practice nurse work to undertake activities like stock control, sterilisation, cold chain management, and organising of the doctors bag.
- This is a role that doctors and other staff seem to acknowledge very readily.

NURSES AS PROBLEM SOLVERS
- Nurses are both reactive and strategic problem solvers.
- In real time nurses restore order and coherence in response to change, and develop ad hoc solutions and responses.
- At the strategic level, they function as innovators, thinkers and reflectors, advocating and acting as agents for change. They have particular affinity for time management approaches and the applications of systems and procedures.

NURSES AS QUALITY CONTROL
- Nurses have a specific role in supporting practice accreditation processes, and are seen by others in the practice to excel in this domain due to their comfort with systems and procedures.
- Nurses are key players in ensuring compliance with occupational health and safety measures and through educative and monitoring behaviours which address the conduct of others.
- Nurses also have strong internal and unofficial notions of quality which are centred on ‘caring’ for patients and linked to job satisfaction.

NURSES AS EDUCATORS
- General practice offers specific opportunities for education in a low-stress setting with a trusted health adviser.
- Much of the nurse’s patient education appears to address ways of improving self-management capacity for chronic illness, moving beyond "knowledge transfer" approaches which simply train patients (for example) in medication manipulation in response to symptoms.
- This work is currently underfunded through Medicare.
- Nurses educate nurses, receptionists and junior doctors, but their education of senior doctors is often non-directive.
- Nurses have a collectivist attitude to education as something to be undertaken as part of a team, and to be shared as a social good.
- Nurses can help accelerate the transformation of general practices into learning organisations.

NURSES AS AGENTS OF CONNECTIVITY
- Nurses bring an intangible ‘added benefit’ to general practices and their capacity to deliver comprehensive and holistic care, creating a whole that is greater than the sum of its parts.
- The role of nurses as agents of connectivity has not been previously articulated, and is central to this capacity.
- Brokering connectivity incorporates a broad and flexible range of activities, and is largely dependent on the highly fluid nature of nursing time.
- This role helps bond the practice and make it resilient and responsive to change.

Further information regarding the way in which nurses can be utilised in general practice can also be found in the ‘For the Employer’ section (2.4) of this resource, and in Nursing in General Practice – a guide for the general practice team, a resource produced by the Royal College of Nursing, Australia (RCNA) in January 2006, with assistance of the Department of Health and Ageing http://www.rcna.org.au/Default.aspx?SiteSearchID=360&ID=/results

3.4 Skills and experience required

It is recommended that all nurses new to general practice access the national entry level orientation training program within six to twelve months of taking up their position in general practice. This program is offered through the AGPN. Further information can be found by contacting your local division of general practice, or visit the AGPN website at www.agpn.com.au and follow the links to the nursing in general practice program.

The skills and experience required for general practice nurse positions will vary depending on the requirements of the role as determined by the practice; however following are some general requirements.

Professional

- current authorisation to practice as a registered nurse or enrolled nurse (RN Division 1 and Division 2 in Victoria).
- knowledge of the relevant AMNC National Competency Standards for the registered and enrolled nurses available from the ANMC website www.anmc.org.au
- evidence of continuing professional development
- CPR certificate or willingness to obtain certification within specified time period following employment

Generic

- ability to be self-directed and to work as part of a team
- excellent communication and interpersonal skills
- excellent organisational skills
- computing skills

Other, depending individual practice requirements

- understanding of primary health care
- ability to undertake triage of clients
- ability and willingness to visit patients in their own homes
- knowledge of sterilisation, immunisation and appropriate accreditation
- knowledge of accreditation requirements for general practice
- knowledge of local allied health and community services
- previous experience or interest in patient education (eg, diabetes, asthma, and wound management)

Previous experience and skills in the following areas can be useful in general practice nursing:

- accident and emergency
- diabetes education
- pathology
- aged care
- health promotion
- women’s health
- asthma education
- immunisation
- drug and alcohol
- CCU/ICU
- paediatrics
- rural and remote nursing
- community health
- operating theatre
- midwifery
- mental health
- school nurse
- counselling.
3.5 How to apply for practice nursing positions

There are a number of steps to be considered in preparing for a job application. The first step is to review and update your professional portfolio.

It is recommended that all nurses maintain a current professional portfolio. The Competency Standards for Nurses in General Practice developed by the Australian Nursing Federation, contain the following information regarding a professional portfolio:

‘A professional portfolio is a comprehensive record of your professional roles. It is updated on an annual basis at the minimum. A professional portfolio is a confidential document although you can use copies of some of the information when applying for a new position or a pay increase, applying to undertake some further education, or when audited by the nurse regulatory authority for the purposes of continuing competence’.

The professional portfolio is a collection of documents which support your claimed skills and expertise. Evidence includes the following:

- records of formal qualifications – (practicing certificate(s) & academic programs completed
- any service records
- reports or commendatory statements, prizes, awards
- copies of appraisals
- records of any professional activities

It should also include:

- records of participation in courses, study days, conferences, seminars
- records of any conference presentations or publications
- records of any participation in research
- evidence of membership of professional organisations
- evidence of subscription to professional journals

One of the major reasons for completing a professional portfolio is that it provides you with an opportunity to undertake a professional self appraisal and reflect on your achievements and determine goals for the future. However, it can also contribute to a curriculum vitae.

Further information on developing a professional portfolio is provided in section 3.13

A curriculum vitae (CV) is the document that usually accompanies a job application. It documents professional and educational accomplishments. A CV should be typed and is generally between two and eight pages long, listing your employment history in reverse chronological order – beginning with your current job or your last job if you are currently unemployed. The aim of your CV should be to persuade the employer to invite you for a job interview. For that reason, your CV is a marketing tool, which should be customised to the job you are applying for.

The term CV is often used interchangeably with the term resume. The main difference between the two is their length – a resume is generally a summary of your key professional achievements usually about one or two pages long, while the CV provides a more detailed history. You need to be clear which of these an employer is looking for.

Remember your CV or resume is important as it is your opportunity to sell yourself.

To identify available general practice nursing positions check advertisements in newspapers, internet employment sites such as the APNA Career Centre site at www.apna.asn.au, and by contacting divisions of general practice either by telephone or viewing division websites at http://www.agpn.com.au/site/index.cfm?module=DIVISION Consider visiting practices in locations of interest and leave a copy of your resume.

When you have identified positions for practice nurses, contact the named person in the advertisement and ask for further information about the position. Request that a copy of the position description and any other information be sent to you.

Most vacancies will require potential applicants to address specific selection criteria, including essential and desirable criteria. The essential or desirable criteria may be listed in the job advertisement or will be provided with the job information package. Your responses to the selection criteria can form part of your covering letter, or may be prepared separately. These criteria will be used to select applicants for interview so it is important that you answer the criteria carefully.
Essential criteria are those that are absolutely necessary to do the job. So you should be competent in all of them to be considered for the position. Desirable criteria are those that would assist you in the job, but are not absolutely necessary.

You must address all the essential criteria in your application and attempt to address the desirable criteria if you can. Remember in a competitive environment the ability to satisfy the desirable criteria may be important.

In preparing your response to each of the selection criteria you need to provide sufficient information to demonstrate your competence but you should also be succinct. The person reading your application will not want to wade through long winded responses. Responding to selection criteria can be tricky at first but the following tips may help:

- read and follow any instructions provided in the job advertisement or job application package
- brainstorm with others to identify examples of your past behaviors that will highlight your competencies
- address essential and desirable criteria separately
- use clear headings for each criterion
- include statements that highlight achievements and outcomes
- check your spelling and grammar.

Complete your written application with details as requested by the practice. These may include: a cover letter expressing your interest and summarising the skills and knowledge that you have relevant to the position advertised; a resume; and details of your skills, knowledge and experience in relation to the essential and desirable job description criteria. Prior to offering names of referees seek their permission to provide contact details.

Prepare for the interview by:

- reviewing the job description and preparing examples to demonstrate your knowledge, skills and experience
- assembling evidence of your registration and proof that it is current and up to date, and evidence of other qualifications including any accreditation and proof of its currency
- contacting sources of relevant information to update your knowledge regarding the community that the practice services
- contacting your local division of general practice for additional information
- prepare questions that you want answered at the interview. These questions might include information about the practice team composition, the practice population, the physical work environment, remuneration, practice communication, clinical meetings, ongoing professional development.

Salary negotiation

For further information see the ‘For the Employer’, section 2.5, of this resource.

Nurses’ salaries, classification structures and conditions of employment vary across states and territories, and most have different awards which set out minimum pay and conditions. Some states and territories also have awards that apply specifically to nurses working in medical rooms.

An award provides the employer with the minimum pay rates and employment conditions which must be given to employees. Alternatively, a contract or certified agreement can be prepared and applied. Employing a nurse with appropriate skills, knowledge and experience will require a competitive remuneration package. Nurses have the option of negotiating a salary based on their skills and experience.

The move from a hospital-based or public health service nursing position to working as a nurse in general practice means a shift to working in small business. Nurses need to understand the small business environment including the financial and other benefits that a general practice may achieve by employing a practice nurse. This understanding may assist nurses in salary negotiations. For information can be obtained from http://www.generalpracticenursing.com.au/site/index.cfm http://www.apna.asn.au/displaycommon.cfm?an=2

3.6 Managing nursing care in general practice

Nursing in general practice is a unique environment in which to work. Nurses need to become familiar with the practice population in terms of demographic data such as patient age groups and morbidity data including the burden of chronic disease. Practice records and systems can provide this information. Nurses can contribute to comprehensive care systems such as maintaining disease registers, recall and reminder systems.

Further information about the local community can be obtained from the local division and public health unit.

A high level of collaboration with the practice team and other service providers is essential to the delivery of quality care.
### 3.7 Induction and orientation guide

**Induction Process**

<table>
<thead>
<tr>
<th>Before the 1st day</th>
<th>The 1st day</th>
<th>The 1st week</th>
<th>During the 1st month</th>
<th>After three months</th>
</tr>
</thead>
<tbody>
<tr>
<td>• ensure you have received a contract of employment, signed and returned any documents as requested. Keep a copy for your personal records.</td>
<td>• ensure you understand the role of the staff member taking you through the induction process and the roles of other staff members you meet.</td>
<td>• ask questions, this is an important time to learn how the practice works</td>
<td>• consider asking the supervisor/support person/mentor for an outline of the induction program for the first day and the first week.</td>
<td>• schedule a date for the three-month interview.</td>
</tr>
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<td>• check you know where and when to come on the first day, parking arrangements and the contact person for the first day.</td>
<td>• expect to know other staff members and their roles in further detail.</td>
<td>• prepare all banking details, copies of any documents requested.</td>
<td>• check you know where and when to come on the first day, parking arrangements and the contact person for the first day.</td>
<td>• work through the induction pack and orientation checklist together.</td>
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</table>

**BEFORE FIRST DAY**

1. Ensure you have received a contract of employment, signed and returned any documents as requested. Keep a copy for your personal records.
2. Check you know where and when to come on the first day, parking arrangements and the contact person for the first day.

**FIRST DAY**

1. Ensure you understand the role of the staff member taking you through the induction process and the roles of other staff members you meet.
2. Ask questions, this is an important time to learn how the practice works.

**THE FIRST WEEK**

1. Ask questions, this is an important time to learn how the practice works.
2. Consider asking the supervisor/support person/mentor for an outline of the induction program for the first day and the first week.
3. Prepare all banking details, copies of any documents requested.

**THE FIRST MONTH**

1. Schedule a date for the three-month interview.
2. Expect to know other staff members and their roles in further detail.
3. Prepare all banking details, copies of any documents requested.

**AFTER THREE MONTHS**

1. The end of the three-month probationary period is the ideal time to formally discuss your progress.
2. Expect to review the plan of agreed goals and activities agreed so any that are still outstanding are worked into a professional learning plan for the first year.
3. Address any outstanding issues and discuss your professional development requirements for the first year.

**Induction Process**

<table>
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</tbody>
</table>
3.8 General practice financing

Medicare Australia

Medicare Australia’s responsibilities include:

- ensuring Medicare benefits are paid to eligible health care consumers for services provided by eligible medical practitioners
- assessing and paying Medicare benefits for a range of medical services, whether provided in or out of hospitals, based on a schedule of fees (the Medicare Benefits Schedule) determined by the Australian Government Department of Health and Ageing in consultation with professional bodies.

The latest Medicare benefits information is available on http://www.health.gov.au/mbsonline

Medicare is available to:

- eligible Australian residents
- New Zealand citizens
- holders of permanent visas and in some cases those who have applied for permanent visas
- a number of visitors and temporary residents from countries with reciprocal health care arrangements with Australia are covered in certain circumstances.

Some categories of Australians, such as members of the armed services and veterans, are covered by additional special arrangements, while remaining eligible for mainstream coverage by Medicare. Some injuries and illnesses are covered by other forms of financing: such as workers’ compensation insurance. Motor vehicle accidents may be covered by third person motor vehicle insurance.

In February 2004, for the first time in Australia, Medicare Benefits Schedule (MBS) items were made available for the work undertaken by general practice nurses. These items were initially for a practice nurse to provide immunisation and wound management services for and on behalf of a GP. Additional items for Pap smears, Pap smears and Preventive Health Checks, Antenatal Care, Monitoring Support for Chronic Disease Care and Healthy Kids Checks have since been added to the schedule.

Table 2: Medicare Item Numbers for Practice Nurses

<table>
<thead>
<tr>
<th>Item No</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10993</td>
<td>Immunisation given by a nurse on behalf of GP</td>
</tr>
<tr>
<td>10994</td>
<td>Cervical smear and preventative checks provided by practice nurse</td>
</tr>
<tr>
<td>10995</td>
<td>with preventative health check</td>
</tr>
<tr>
<td>10998</td>
<td>without preventative health check</td>
</tr>
<tr>
<td>10999</td>
<td>Wound management by a nurse on behalf of GP</td>
</tr>
<tr>
<td>10997</td>
<td>Chronic disease: monitoring and support. Can include:</td>
</tr>
<tr>
<td></td>
<td>checks on clinical progress</td>
</tr>
<tr>
<td></td>
<td>monitoring medication compliance</td>
</tr>
<tr>
<td></td>
<td>self management advice</td>
</tr>
<tr>
<td></td>
<td>collection of information to support GP review of care plans</td>
</tr>
<tr>
<td>16400</td>
<td>Antenatal checks</td>
</tr>
<tr>
<td>711</td>
<td>Healthy kids check</td>
</tr>
</tbody>
</table>

Source of information: Medicare Australia 2009

For more information see the “For the employer” section 2.3 of this resource. Other information is also available at http://www.health.gov.au/mbsonline
For more information about Medicare:
— call Medicare Australia Information Service on 132 011
— write to Medicare Australia at GPO Box 9822
   in your capital city
— visit the Medicare Australian website at

Bulk-billing

Bulk-billing is when a doctor bills Medicare directly, accepting the Medicare rebate as full payment for a service. Under this arrangement the patient signs a Medicare claim form and no additional charges relating to the service can be made. Therefore, there are no ‘out of pocket expenses’ to the patient. Bulk-billing applies at the doctor’s discretion.

On 1 February 2004, new Medicare items were introduced to pay GPs incentive payments for bulk-billed services provided to concession cardholders and children. The items provide an additional incentive payment to GPs to encourage bulk billing.


The gap

‘The gap’ is the difference between the fee charged by GPs for their medical services and the recommended Medicare rebate relating to those services. If the doctor’s fee is above the Medicare rebate, the patient will pay the remainder of the doctor’s fee. This is known as ‘the gap’.


The Pharmaceutical Benefits Scheme

The Commonwealth Government has provided affordable access to a wide range of medicines for all Australians via a subsidy whereby the patient pays less for their medication. This is known as the Pharmaceutical Benefits Scheme (PBS).

Information on the PBS Safety Net is available by calling free call 1800 020 613 or visit http://www.medicareaustralia.gov.au/yourhealth/our_services/pbs.htm

Department of Veterans’ Affairs

The Department of Veterans’ Affairs funds medical services provided by GPs and specialists who are registered with DVA for eligible veterans, widowers, war widows and their dependents. Eligible veterans are issued with either a gold or white health care card. A gold card entitles a veteran to a full range of services funded by DVA whether they are related to war service or not. A white card provides access to health care and associated services for war or service-related conditions.

For more information on benefits available to DVA patients, including Veterans mates program http://www.dva.gov.au

Practice Incentives Program

The Practice Incentives Program (PIP) is part of a ‘blended payments’ approach to general practice funding, that is, payments made through the program are in addition to other general practice income sources such as patient fees and Medicare rebates.

Practices must be accredited or registered for accreditation to be eligible to participate in the program, which aims to recognise general practices that provide comprehensive, quality care. It identifies areas within the general practice that contribute to quality of care rather than patient turnover and provides incentives for practices to improve these areas.

Areas targeted as part of PIP include:

Information Management, Information Technology (IM-IT)
A payment is available for PIP practices maintaining electronic health records and implementing secure IM-IT practice systems which facilitate effective and widespread information transfer and storage. The PIP eHealth Incentive will replace the existing PIP IM-IT Incentive that will cease by August 2009.

After hours care

PIP payments are available for ensuring that regular patients of the practice have either access to or the provision of 24 hour care.

Practice Nurse Incentive (PNI)

The PIP practice nurse incentive encourages general practices and Aboriginal Medical Services (AMS) in rural and remote areas to employ practice nurses or Aboriginal Health Workers. Practices in some urban areas of workforce shortage are also eligible for the practice nurse incentive. The incentive is not intended to cover the full employment costs of the nurse.
Quality Prescribing Incentive (QPI)
The QPI is available to assist PIP practices to remain current with information on the quality use of medicines.

Teaching
An incentive payment is available for PIP practices that host undergraduate medical students for teaching placements.

Rural loading
Rural loadings are payable to a PIP practice depending on the geographical size of the region of the practice location and the remoteness of the practice, according to the Rural, Remote and Metropolitan Area classification (RRMA) 3-7.

Cervical Screening Incentive
The Cervical Screening Incentive consists of the following components:
- sign-on payment: one-off payment to PIP practices that engage with the state or territory cervical screening registers
- outcomes payment: a payment to PIP practices where a specified proportion of women aged 20 to 69 years have been screened in the last 30 months
- services incentive payment: a payment to practitioners working within a PIP practice for screening women 20 to 69 years, who have not had a cervical smear in the last four years.

Asthma Incentive
The Asthma Incentive consists of the following components:
- sign-on payment: one-off payment to PIP practices that implement a cycle of care for patients with moderate to severe asthma.
- service incentive payment: payment to practitioners working within a PIP practice who complete an asthma cycle of care for patients with moderate to severe asthma, payable once per year per patient.

Diabetes Incentive
The Diabetes Incentive consists of the following components:
- sign-on payment: one-off payment for notifying the Australian government that the PIP practice uses a diabetes register and recall-reminder system
- outcomes payment: payment to PIP practices that complete an annual cycle of care for a target proportion of their patients with diabetes.
- service incentive payment: payment to providers working within a PIP practice for each annual cycle of care for a patient with diabetes, payable once per year per patient.

Rural and Remote Procedural GP Payment
This initiative acknowledges that general practices in rural and remote areas are often required to deliver a wide range of services such as obstetrics, surgery and anaesthetics which in urban areas are typically the province of a specific referral based specialty. For a practice to be eligible for the payment it must participate in the PIP, be located within the target area Rural, Remote and Metropolitan Area classification (RRMAs) 3-7, and have at least one GP that provides one or more of the procedural services described in the definition of a procedural general practitioner.

Domestic Violence Incentive
The Domestic Violence Incentive aims to support PIP practices in RRMAs 3-7 that act as a referral point for domestic violence support services for people experiencing domestic violence. Some levels of payment under the PIP are also linked to the size of a practice. The Standardised Whole Patient Equivalent (SWPE) is used to measure practice size. SWPE is a measure of practice size that is independent of the number of services provided to patients with standardisation applied for age and sex.

Practice nurses can play a pivotal role in many of the PIP incentives. For more information visit http://www.medicareaustralia.gov.au/provider/incentives/pip/index.jsp

The Rural, Remote and Metropolitan Areas (RRMA) classification of a practice also impacts on certain aspects of the PIP. The Rural, Remote and Metropolitan Areas (RRMA) classification was developed in 1994, and was one of the first ways to target health programs towards areas with poorer access to health services, or which were in greater need of additional support. The RRMA classification divides Australia’s states and territories into metropolitan, regional, rural and remote zones. RRMA is also utilised for a number of programs related to medical practice mostly related to primary care and the general practice workforce in Australia. Its structure is outlined in the table below:
Table 1: Structure of the Rural, Remote and Metropolitan Areas classification

<table>
<thead>
<tr>
<th>Zone</th>
<th>Class</th>
<th>Abbreviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Metropolitan</td>
<td>Capital cities</td>
<td>RRMA 1</td>
</tr>
<tr>
<td>Metropolitan</td>
<td>Other metropolitan centre &gt;100,000</td>
<td>RRMA 2</td>
</tr>
<tr>
<td>Rural Zone</td>
<td>Large rural centres (urban centre population 25,000-99,999)</td>
<td>RRMA 3</td>
</tr>
<tr>
<td>Rural Zone</td>
<td>Small rural centres (urban centre population 10,000-24,999)</td>
<td>RRMA 4</td>
</tr>
<tr>
<td>Remote zone</td>
<td>Other rural area (urban centre population &lt;10,000)</td>
<td>RRMA 5</td>
</tr>
<tr>
<td>Remote zone</td>
<td>Remote centre (urban centre population &gt;5,000)</td>
<td>RRMA 6</td>
</tr>
<tr>
<td>Remote zone</td>
<td>Other remote centre (urban centre population &lt;5,000)</td>
<td>RRMA 7</td>
</tr>
</tbody>
</table>

RAAs are the spatial units that make up the ASGC Remoteness Classification. The RA categories are listed below:

- Major Cities of Australia (RA1)
- Inner Regional Australia (RA2)
- Outer Regional Australia (RA3)
- Remote Australia (RA4)
- Very Remote Australia (RA5)

Remoteness Areas are aggregations of Collection Districts (CD) which share common characteristics of remoteness. The remoteness structure includes all CDs thereby covering the whole of geographic Australia. The RA structure is updated each census.

How is RA Calculated?

Remoteness is calculated using the road distance to the nearest Urban Centre in each of five classes based on population size.

General Practice Immunisation Incentives (GPII) Scheme

The GPII scheme provides a financial incentive to general practices that monitor, promote and provide immunisation services to children up to the age of seven years. The overall aim of the GPII scheme is to encourage at least 90% of practices to achieve 90% proportions of age appropriate full immunisation.

The GPII is made up of two components:

- an Outcome Payment paid to practices that achieve 90 per cent or greater proportions of full immunisation providing the practice attains 10 WPEs (Whole Patient Equivalents)
- immunisation infrastructure funding, which provides funds to divisions of general practice, state-based organisations and a National GP immunisation coordinator to improve the proportion of children who are immunised at local, state and national level.

General practice accreditation is not necessary for a practice to participate in this incentive. For more information visit http://www.medicareaustralia.gov.au/provider/incentives/gpii/index.jsp and Immunise - National vaccine storage guidelines: Strive for 5
The Australian Childhood Immunisation Register (ACIR)

The ACIR began recording details of all immunisations provided to children less than seven years of age on 1 January 1996. It is overseen by Medicare Australia. Access to the secure ACIR website is easy to arrange. The site provides a wealth of information on children’s vaccination histories, including due and overdue details. Regular electronic reports can be requested to help improve the practice’s childhood immunisation coverage rates. Local divisions can provide assistance with access to and navigation of the ACIR website, data cleaning and managing reports.

There are four methods of submitting immunisation data to the ACIR:

1. Medicare Australia’s online claiming
2. secure website via http://www.medicareaustralia.gov.au
3. Medclaims
4. manual submissions.

Useful contacts include:

- GPII General Inquiries
  1800 246 101

- ACIR payments, child histories and data correction
  1800 653 809

- ACIR Field Officer – please call your division to obtain a name


- internet helpdesk
  1300 650 039

- Immunisation Register fax number
  08 9214 8163

- stationery order forms
  1800 815 664

Government immunisation programs

Local general practice networks provide support and advice to practice nurses regarding immunisation issues including vaccination schedules, data cleansing, and cold chain management.

State/territory health departments and the Australian Government Department of Health and Ageing provide a wealth of immunisation information most of which is available via their respective websites. Immunisation coordinators at Public Health Units can also assist practice nurses with immunisation information and resources.

Public Health Units employ immunisation coordinators, infectious disease surveillance staff, Environmental Health Officers and epidemiologists. The immunisation coordinators can advise practice nurses and GPs on all aspects of vaccination, including vaccine delivery, cold chain, catch up schedules and other technical vaccine information. Surveillance officers take notifications of diseases and can advise on control and treatment/prophylaxis of specific diseases. The environmental health officers work with water quality, smoking legislation and exhumations. The epidemiologist can provide statistical data for research and planning.

Other useful sources of information include:

- the RACGP guidelines at http://www.racgp.org.au/guidelines/immunisation
- the National HPV Vaccination Program Register at www.hpvregister.org.au


The National Centre for Immunisation Research and Surveillance (www.ncirs.usyd.edu.au) also contains useful fact sheets and questions and answers.
**Enhanced Primary Care**

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

- improved coordination of care for people with chronic conditions and complex care needs
- increased preventive care for older Australians
- a framework for a multidisciplinary clinical approach to health care through a more flexible, efficient and responsive match between services and the patient’s needs.

The EPC ‘package’ has grown since 1999 and now comprises a number of Medicare items including:

- annual Health Assessments for people aged 75 years and over
- annual Health Assessments for Aboriginal and Torres Strait Islander (ATSI) people 55 years and over in recognition of their specific health needs
- two-yearly adult ATSI health check for 15 to 54 year olds
- 45 year old health check
- a Comprehensive Medical Assessment – ‘health assessments’ for permanent residents of Residential Aged Care Facilities regardless of age
- Health Assessment for Refugees and other Humanitarian Entrants
- multidisciplinary case conferencing requiring participation by the patient’s usual GP and at least two other health care providers
- a GP Management Plan for patients of any age with chronic conditions
- Team Care Arrangements (GPMP/TCA) for patients of any age with chronic conditions and complex care needs.
- Healthy Kids Check
- Type 2 Diabetes Risk Evaluation

Practice nurses can play an important role in providing many elements of EPC. For more information visit: http://www.health.gov.au/epc

**Allied health and dental services**

Patients with chronic conditions and complex care needs who are being managed by their usual GP under both a GP Management Plan and Team Care Arrangement are eligible for Medicare rebates for certain allied health and dental services. The need for allied health care must be identified in the patient’s management plan. The list of allied health professionals who may provide a service are:

- Aboriginal Health Worker
- credentialed diabetes educator
- audiologist
- dietitian
- mental health worker
- occupational therapist
- physiotherapist
- podiatrist or chiropractor
- osteopath
- psychologist
- speech pathologist
- exercise physiologist.

For more information visit http://www.health.gov.au/epc

Patients with private health cover may also be eligible for rebates for allied health and dental services from their fund. The government does not control the amount of benefit that may be provided to patients by private health funds for allied health and dental services. In some circumstances the health fund will cover the cost of treatment for services and in other cases they will not and the patient will have out of pocket expenses. A patient’s health fund will provide details of their arrangements.

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

The MAHS program commenced in 2001 and aims to improve the health of people living in rural areas by providing more allied health care to the community through general practice.

Funding for the program is managed by eligible rural divisions of general practice and recognises the important role divisions have in improving the health of communities.

The MAHS program emphasises a multidisciplinary approach to the provision of health care to key groups within the rural community.

For more information visit: http://www.health.gov.au/internet/main/publishing.nsf/content/health-pcd-programs-mahs
Home Medicines Review

A Home Medicines Review (HMR), previously known as a Domiciliary Medication Management Review (DMMR), provides an opportunity for patients to benefit from a partnership approach between their usual GP and pharmacist. A HMR may be provided as an annual service to patients living at home in the community.

A review can be offered to any patient for whom the GP feels it is clinically necessary to ensure quality use of medicines or address patient needs. There are some known risk factors that may predispose people to medication related problems, these include:

- patient is taking five or more regular medications
- patient is taking more than 12 doses of medication/day
- significant changes have been made to the medication regimen in the last three months
- symptoms suggest of an adverse drug reaction
- sub-therapeutic response to treatment
- suspected non-compliance with the medication/s
- literacy or language, eye sight, confusion/dementia or other cognitive concerns
- recent discharge from hospital.

A referral is sent to the accredited pharmacy of the patient’s choice and a specially accredited pharmacist completes a thorough evaluation of the medications, including any complementary therapies. A report is sent to the referring GP and a Medication Management Plan is formulated from the information gleaned. For more information visit http://www.health.gov.au/internet/main/publishing.nsf/Content/health-epc-dmmr-answers.htm

Residential Medication Management Reviews (RMMR)

A Residential Medication Management Review (RMMR) is similar to HMR but it is specifically for permanent residents of Commonwealth funded Residential Aged Care Facilities. Respite residents are eligible for HMR once they return home.

Prior to the introduction of RMMR in November 2004, medication review was conducted by the Aged Care Home’s accredited pharmacist in consultation with staff. This system was (and still is) available to all residents.

RMMR is a collaborative service between a GP and accredited pharmacist to review the medication management needs of new or existing residents, where in the opinion of the GP there is a clinical need for a review. RMMR is dependent upon a referral from the resident’s usual GP. More information is available at http://www.health.gov.au/internet/main/publishing.nsf/Content/health-epc-dmmrqa.htm

Medicare Benefits Schedule attendance items

The MBS contains a unique item number for each professional medical service or ‘attendance’. An electronic version is available on: http://www.health.gov.au/internet/mbsonline/publishing.nsf/Content/Medicare-Benefits-Schedule-MBS-1

The needs of patients vary widely and practices need to have flexible appointment systems that can accommodate patients with urgent, non-urgent, complex, planned chronic care and preventive health needs during normal opening hours.

Appointment systems vary widely from practice to practice and have evolved to meet community and practice needs. The majority of practices, but not all, make appointments within 10 to 15 minute time frames for the majority of patients. Patients are billed according to the consultation scale below. The GP determines the level of consultation according to the needs of the patient. Patients can be encouraged to book consultations of appropriate length particularly if they know they will need a long consultation for a complex issue or a procedure such as a Pap smear.

The most common or ‘standard’ GP consultation is known as a Level ‘B’ and usually lasts less than 20 minutes. There is greater ‘content’ in a Level ‘B’ than in a Level ‘A’ consultation. A Level ‘A’ consultation might be for an annual Fluvax, for example (see table below on page 78).
GP standard patient attendances - classifications

<table>
<thead>
<tr>
<th>Level</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Professional attendance for an obvious problem characterised by the straightforward nature of the task that requires a short patient history and, if required, limited examination and management. (MBS item 3)</td>
</tr>
<tr>
<td>B</td>
<td>Professional attendance involving taking a selective history, examination of the patient with implementation of a management plan, in relation to 1 or more problems, OR a professional attendance of less than 20 minutes duration involving components of a service to which item 36, 37,38, 40, 43,44, 47,48, 50 or 51 applies. (MBS item 23)</td>
</tr>
<tr>
<td>C</td>
<td>Professional attendance involving taking a detailed history, an examination of multiple systems, arranging any necessary investigations and implementing a management plan in relation to 1 or more complex problems and lasting at least 20 minutes, OR a professional attendance of less than 40 minutes duration involving a service to which item 44,47,48,50 or 51 applies. (MBS item 36)</td>
</tr>
<tr>
<td>D</td>
<td>Professional attendance involving taking an exhaustive history, comprehensive examination of multiple systems, arranging any necessary investigation and implementing a management plan in relation to 1 or more complex problems, and lasting at least 40 minutes, OR a professional attendance of at least 40 minutes duration for implementation of a management plan. (MBS item 44)</td>
</tr>
</tbody>
</table>

3.9 Practice accreditation

Accreditation is a voluntary process undertaken and paid for by individual practices. It provides a mechanism for demonstrating and acknowledging the quality of a general practice and provides a pathway for quality improvement. Nurses play a vital role in their contribution to quality and safety at the practice.

Quality in care can be described in terms of the structure, process and outcomes of the general practice:

- structure relates to material resources, facilities, equipment and the range of services provided at the general practice
- process relates to what is done in giving and receiving care (eg, the consultation, ordering tests or prescribing)
- outcomes relate to the effects of care on patients and communities (eg, immunisation coverage rates, diabetes management, or cervical screening).

All staff should participate in the accreditation process.

The Royal Australian College of General Practitioners Standards for General Practices form one of the benchmarks of quality and safety in Australian general practice and provide future directions for quality improvement. Practices are reviewed against these standards.

The Standards outline the aspects of general practice that support high quality and safe comprehensive care, including attention to the services practices provide, the rights and needs of patients, quality improvement and education processes, practice management, and the physical aspects of the practice.

The general practice initially registers for accreditation with one of the two recognised organisations, Australian General Practice Accreditation Ltd (AGPAL) and General Practice Australia Accreditation plus (GPA Accreditation plus), and then completes the cycle of accreditation that involves:

- self assessment against the agreed standards
- peer review survey (practice visits) of the practice’s organisation and facilities
- the commencement of a continuous quality improvement cycle that consists of: plan to do something, do it, study the results and act to improve (PDSA = Plan Do Study Act).

Accredited practices can access the Commonwealth Government Practice Incentives Program (PIP).

For more information on accreditation visit:

http://www.racgp.org.au
http://www.agpal.com.au
http://www.gpa.net.au
RACGP also publish a range of clinical practice guidelines and standards to support quality care. Many of these are relevant to practice nurses and are a good reference guide. Of particular interest are:

- **Guidelines for preventive activities in general practice.** Known as the ‘red book’, these guidelines provide for long and short term preventive action, grouped together by clinical topics. An effective resource in many contexts: a refresher on the latest recommendations; a check of preventive activities recommended for patients according to their age group and health profile; a comprehensive study guide; and as a patient education tool.

- **Putting prevention into practice.** Known as the ‘green book’, this 2nd edition of Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting has been created by a multidisciplinary team of experts for use by general practitioners, practice nurses and practice staff. The guidelines are intended to be a practical resource designed to strengthen prevention activities in general practice. The expert team has created an up-to-date prevention approach and identified effective prevention activities for general practice. The pressures of practice and the time constraints associated with patient consultations have been taken into account.

- **RACGP Infection Control Standards for Office-based Practices (4th Edition)** The RACGP IC Standards have been written specifically for general practices and other health professionals in office based settings. The RACGP IC Standards have been reviewed by experts in infectious diseases, pathology and infection control. General practitioners, practice nurses, steriliser technicians and accreditation agencies participated in the review process. The RACGP IC Standards were also reviewed by the RACGP National Expert Committee on Standards for General Practices, and endorsed by RACGP Council.

To access these and other useful clinical resources visit the RACGP website at: http://www.racgp.org.au/publications/guidelines or http://www.racgp.org.au/infectioncontrol

### 3.10 Legal and professional issues

#### Regulation of practice

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practices. Licensure requires that you practice:

- safely & competently
- within your scope
- in accordance with your code of ethics
- in accordance with your code of professional conduct
- within a legislative framework.

The Council of Australian Governments (COAG) will establish by July 2010:

- a single national registration scheme for health professionals to facilitate workforce mobility, improve safety and quality, and reduce red tape
- a single national accreditation scheme for health education and training, to simplify and improve the consistency of the current arrangements.

Registered and enrolled nurses practice within a regulatory framework which consists of:

- the national competency standards for the registered nurse
- the national competency standards for the enrolled nurse
- the Code of Ethics for Nurses in Australia
- the Code of Professional Conduct.

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

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

#### Decision making framework

Within scope of practice statements are decision making frameworks which provide guidance for individual nurses, other health care personnel, employers and consumers in decision making about nursing practice. Most regulatory authorities have developed decision making frameworks and the ANMC has developed a national decision making framework. Details of this are available on the ANMC website: Ref: http://www.anmc.org.au
Issues of particular significance in the decision making framework are delegation, supervision and role relationships. They provide information on delegation between registered nurses (Div 1) and enrolled nurses (Div 2), and to unregulated care providers.

The ANMC has also developed A Nursing Practice Decision Framework Flowchart that is available at: http://www.anmc.org.au

All practice nurses should be familiar with the decision making framework.

Until national registration commences in 2010 each nursing and midwifery regulatory authority (NMRA) has the responsibility to administer the relevant legislation pertaining to nursing practice in that state or territory. These acts are known as the Nurses Act or Nurses and Midwives Act in some states, but may also be known as the Health Professionals Act as in the ACT where omnibus legislation was introduced.

All registered and enrolled nurses should be aware of the relevant legislation in their state or territory. More information can be obtained from Nursing and Midwifery Regulatory Authorities in each state:

- Nurses and Midwives Board New South Wales  
- Health Professionals Licensing Authority, Northern Territory  
- Nurses Board of South Australia  
- Nursing Board of Tasmania  
- Nurses Board of Victoria  
- Nurses Board of Western Australia  
- Queensland Nursing Council  
- ACT Nursing and Midwifery Board  

Professional indemnity insurance

The RCNA’s Nursing in General Practice – guide for the general practice team provides the following information regarding professional liability and indemnity:

If a patient is harmed, or is allegedly harmed, as a result of the negligent acts or omissions of a nurse working in general practice, the general practitioners legal responsibility in part depends on whether the practice nurse is an employee of the practice or an independent contractor.

Employers are legally responsible for an employee’s negligence, based on the principle of vicarious liability. Under this principle, an employer is legally liable for the negligent acts and omissions of its employees where those acts and omissions arise from or occur in the scope and course of the employment relationship.

However, the employer, or very rarely, the patient may decide to sue the nurse or the nurse as well as the employer.

The principle of vicarious liability does not apply if the nurse is an independent contractor from a nursing agency, division of general practice or similar. In this case liability for any negligent act by a nurse lies with that nurse. A nurse who is an independent contractor should therefore obtain his/her own professional indemnity cover and the practice engaging the nurse should ensure that the nurse has appropriate and sufficient professional indemnity insurance.

“The nurse (employee or contractor) and the general practitioner should identify and agree on a range of issues that govern the rights, roles and responsibilities of the practice nurse; and that they have a shared, accurate understanding of the scope and availability of insurance coverage, and in particular the extent to which the insurance taken out by the general practitioner provides appropriate protection for the nurse.”

For more information contact:

- the RACGP at http://www.racgp.org.au
- the AMA at http://www.ama.com.au
Information on professional indemnity insurance for nurses can be sought at:

- ANF http://www.anf.org.au
- APNA http://apna.asn.au (professional indemnity package specifically designed for nurses in general practice)
- RCNA (Guild Insurance) http://www.rcna.org.au

Scope of practice

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

“The scope of practice for each nurse is based on the individual’s education, knowledge, competency and extent of experience and lawful authority…A part of a nurse’s legal responsibility is that they do not practice outside their scope of practice.”

General practitioners and nurses should discuss and agree on, and then document, an acceptable scope of practice to ensure that the nurse and other members of the team have a shared understanding. Expansion of each individual nurse’s scope of practice through professional development activities and other relevant experience should also be documented. The Decision Making Framework will provide the requirements for extending scope of practice.

For more information visit:
http://www.anmc.org.au
http://www.apna.asn.au
http://www.rcna.org.au

Supervision of the enrolled nurse

Nurses working in general practice may be either registered or enrolled nurses (Division 1 and Division 2 in Victoria). Enrolled nurses are associates to the registered nurse and are generally required to have a registered nurse as a professional supervisor when providing nursing care.

Where enrolled nurses are employed, it is the obligation of the employing general practice to ensure the enrolled nurse is either directly or indirectly supervised by a registered nurse.

The level of supervision required depends on the abilities, education, qualifications, scope of practice and experience of the enrolled nurse and external factors such as geographical setting and size of the practice.

For more information see ‘For the employer’ section 2.7 of this resource kit.

3.11 Competency standards and continuing professional development

Nurses in Australia are regulated and accountable to the community for providing high quality care through safe and effective work practice. To assist in achieving this, the Australian Nursing and Midwifery Council (ANMC) has developed national standards and codes to provide a professional framework for nursing practice. These standards are:

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

The framework of standards may be used:

- by the individual nurse to assess his or her own performance, or the performance of peers
- by regulatory authorities to assess performance in order to obtain or retain a licence to practice
- by regulatory authorities to assess nurses involved in professional misconduct matters
- by higher and vocational education authorities as a framework for course development
- by employers for position description and performance assessment purposes
- by the profession to communicate to consumers the standards which can be expected from a registered or enrolled nurse.

The Code of Professional Conduct for Nurses in Australia is a set of expected national standards of nursing conduct for Australian nurses. A breach of the Code may constitute professional misconduct or unprofessional conduct. The Code of Ethics for Nurses in Australia outlines the ethical standards expected and required of nurses practicing in Australia.

The Code of Ethics for Nurses in Australia and the Code of Professional Conduct for Nurses in Australia can be viewed and downloaded from the ANMC website www.anmc.org.au.
In 2005 the Australian Nursing Federation (ANF) released Competency Standards for nurses working in general practice, a project funded by the Department of Health and Ageing. An online information kit has been designed to assist nurses, GPs, practice managers and education providers understand how to use the standards. To access the Competency Standards for nurses working in general practice, along with the toolkit, visit the ANF website: www.anf.org.au/nurses_gp

These standards are designed to complement the core standards and assist:

- nurses by providing an additional component of the practice framework against which to measure performance and to develop and maintain performance in the general practice setting
- regulatory authorities in cases of professional misconduct
- higher and vocational education authorities in course development when offering courses for practice nurses
- employers for position description and performance assessment purposes.

The competency standards are able to provide employers with a guide when preparing position descriptions, job advertisements and performance assessments. Sample position descriptions for both the enrolled nurse and registered nurse are available at the above web address.

The ANMC diagram below demonstrates the links between competency standards, code of ethics, code of conduct and accreditation.
Continuing Professional Development

The importance of participating in an effective orientation program and then continuing education and professional development cannot be overstated.

In some jurisdictions there is a mandatory requirement for nurses to show active participation in continuing professional development (CPD). Registration renewal or endorsement depends on this. In some jurisdictions there are annual checks of professional development participation.

In future with the introduction of national registration it is likely that participation and proof of participation in CPD will be mandatory for nurses throughout Australia. To this end there are many options to maintain professional development.

Continuing professional development (CPD) is a vital part of a career. The aim of a CPD program is to maintain or increase competence in individuals. This keeps us up-to-date with new developments in general fields or specialty areas especially in an era of constant change. As such it ensures quality and safety in patient care.

For further information link to:
http://www.rcna.org.au/development/development_events

Professional development activities may include:
- education courses
- supervised clinical experience
- reflective practice in conjunction with personal study
- networking
- mentoring.

The Competency Standards for nurses working in general practice provide standards that can be used to assess professional development needs. A professional development plan can be developed using the units of competency. The Standards include templates for a professional development plan.

For more information visit the ANF website: www.anf.org.au/nurses_gp and see section 3.15 of this resource.

3.12 Understanding performance management

Most employing organisations have a system of performance review. The aim of performance management (or review) is to regularly review and assess performance against relevant criteria. For nurses working in general practice, these criteria might include the practice nurse job description and the Practice Nurse Competency Standards. Performance review also provides an opportunity to identify professional development needs including training and mentoring, and for formal acknowledgement of an employee’s achievements.

By referring to the duties and responsibilities set out in the position description, difficulties in processes, procedures and team working can also be discussed providing an opportunity to identify barriers and facilitators to achieving performance targets. Performance targets include the work that is covered in the job description and those skills or knowledge areas that are the agreed focus of the individual nurse’s work and development as a practice nurse.

Performance review may include an annual review date where both employer/supervisor and employee prepare beforehand to review performance, however it is useful to request to also have regular brief meetings for support, feedback and information.


3.13 How to develop a professional portfolio

A professional portfolio is a comprehensive record of professional roles and training undertaken. It is updated regularly and provides a document that can be used for:
- applying for a new position, a salary increase, or further education
- evidence when audited by a nurse regulatory authority for the purposes of continuing competence.
How do I develop a professional portfolio?
(from Competency Standards for Nurses in General Practice, Australian Nursing Federation)

- gather all the information you have about your career including: job descriptions; references; and a resumé or curriculum vitae
- collect copies of the following: education transcripts; any records of attendance at continuing education sessions; presentations that you have made; and a list of committee memberships
- purchase an appropriate folder and plastic sleeves to store the documents
- consider the Australian Nursing and Midwifery Council’s national competency standards for the registered nurse and the competency standards for registered nurses in general practice and assess the information you need to demonstrate that you meet each standard (note that it may be difficult to produce evidence for every unit of competency but you can use a reflection on your practice as another form of evidence)
- include your self-assessment against the competency standards and your professional development plans
- collect resources such as the relevant nursing legislation, the competency standards and the codes for nurses.

Sample index for the professional portfolio

1. Curriculum vitae
2. Qualifications
   2.1 Records of qualifications including undergraduate and postgraduate studies
   2.2 Nursing registration papers/license to practice
3. Record of employment including job descriptions
   3.1 Current employment
   3.2 Previous employment
4. Self-assessment
5. Professional development plan
6. Performance evidence based on competency standards
   6.1 Australian Nursing and Midwifery Council national competency standards for the registered nurse and enrolled nurse
   6.2 Competency standards for the registered nurse in general practice

More detailed examples of professional portfolios can be found on the websites of the Australian Nursing Federation http://www.anf.org.au/nurses%5Fgp/index_m.html; Nurses Board of Western Australia (www.nbwa.org.au); and in the 3LP section of Royal College of Nursing Australia’s website (www.rcna.org.au).

3.14 Support organisations

The General Practice Network
The General Practice Network spans 111 regionally based member organisations across Australia as well as State Based Organisations (SBOs) and the peak body the Australian General Practice Network. All members of the general practice network provide support services to local nurses working in general practice, this can include assistance to practices to recruit a nurse, education and training, professional support, and networks and mentoring. To contact your local general practice network member visit: http://www.agpn.com.au/site/index.cfm?module=DIVISION

Australian Practice Nurses Association (APNA)
The Australian Practice Nurses Association is the national professional association for practice nurses. Run by practice nurses, it provides representation, support and networking for practice nurses at national, state and local levels.

Australian Nursing Federation (ANF)
The ANF is the national union for nurses and the largest professional nursing organisation in Australia. The ANF’s core business is the industrial and professional representation of nurses and nursing through the activities of a national office and branches in every State and Territory.
The Australian Nursing and Midwifery Council (ANMC)
The ANMC is a peak body established in 1992 to facilitate a national approach to nursing and midwifery regulation. The ANMC works with state and territory nursing and midwifery regulatory authorities (NMRAs) in developing standards for statutory nursing and midwifery regulation. Current standards include:

- National Competency Standards for the Registered Nurse
- National Competency Standards for the Enrolled Nurse
- National Competency Standards for the Midwife
- National Competency Standards for the Nurse Practitioner
- Code of Professional Conduct
- Code of Ethics.

Royal College of Nursing, Australia (RCNA)
The RCNA is the nation’s leading professional organisation representing nurses from all areas of practice throughout Australia through the provision of education, professional development, providing information and networking opportunities, and input to health policy.

3.15 Education and training opportunities
Divisions of general practice broker and facilitate education and training opportunities for nurses in general practice on a regular basis to meet the needs of practice nurses.

Education and training opportunities can be identified by contacting:

- your local general practice network
- Australian Practice Nurses Association (APNA)
- Australian Nurse Federation (ANF)
- Royal College of Nursing, Australia (RCNA)
- The College of Nursing (Incorporating the College of Nursing NSW)
- universities and local health services

3.16 Networking and mentoring

Practice nurse networks
The local general practice network may hold general practice nurse network meetings. Networking provides the opportunity for nurses to access education and contact with colleagues working in other local practices. Contact your local network member practice for more information.

The APNA has local branch networks in each state run by local practice nurse members. Contact the APNA for details of your local branch.

Mentoring
Mentoring is a voluntary relationship between a mentor and a mentee. It is based on respect and agreed expectations. It is mutually beneficial and can be formal or informal. The aim is to share resources and networks and to provide a time and a process for reflection and feedback.

Mentoring is an ‘offline relationship’ which means that it does not include any form of performance appraisal, or any form of clinical competency evaluation or reporting. In most cases, mentoring will take place outside of the workplace.

A mentoring relationship is therefore different to a clinical preceptor relationship or clinical supervision. Modern mentoring literature, when referring to the benefits of mentoring, consistently list three groups of people that benefit from the formal mentoring activities: mentees, mentors and organisations.

A mentor is a more experienced person who acts as a role model or guide for a less experienced colleague. A mentor can assist a nurse new to general practice to develop their nursing practice and increase their professional satisfaction. Mentoring can help nurses learn how to handle various situations within a practice and how to enhance their contribution to general practice.
Nursing in General Practice National Mentoring Pilot

AGPN in conjunction with the Australian Mentor Centre with funding from the Department of Health and Ageing conducted an 18 month pilot “Nursing in General Practice National Mentoring Pilot”. The pilot concluded in October 2008.

The pilot program aimed to provide practice nurses with opportunities to engage in structured mentoring relationships, to enhance personal and professional development, and strengthen the nursing services provided in the general practice environment.

Key outcomes and benefits of the National Mentoring pilot

Participants in the pilot were asked to comment on what the key outcomes and benefits of the pilot were for themselves. The key outcomes and benefits reported by participants in the 1:1 partnerships were:

- support: reassurance and positive feedback
- networking: meeting different practice nurses
- friendship: trust and speak freely
- outcomes: setting and achieving goals and targets
- career and professional development: focus on career goals, skills and professional development
- giving back to the profession.

To find out more about mentoring and mentoring programs contact the local division practice nurse liaison officer or download the Commonwealth Department of Health and Ageing Mentoring Fact Sheets for Nursing in General Practice: http://www.health.gov.au/internet/main/publishing.nsf/Content/A894BBCC1EFDF07CCA257070002F45D4/$File/mentor.pdf

Another helpful website for mentoring is the Australian Mentor Centre: http://www.australianmentorcentre.com.au

3.18 Where to find further information

Australian General Practice Network
PO BOX 4308
MANUKA ACT 2603
Phone: 02 6228 0800
Fax: 02 6228 0899
Website: www.agpn.com.au

Australian Practice Nurses Association
Level 1, 595 Little Collins Street, Melbourne, VIC 3000.
Phone: 03 9614 7777
Free call 1300 303 184
Fax: 03 9614 7776
Email: service@apna.asn.au
Website: www.apna.asn.au

Australian Nursing Federation
PO Box 4239
KINGSTON ACT 2604
Phone: 02 6232 6533
Fax: 02 6232 6610
Email: anfcanberra@anf.org.au
Website: www.anf.org.au

Australian Nursing and Midwifery Council
PO Box 873
DICKSON ACT 2602
Phone: 02 6257 7960
Fax: 02 6257 7955
Email: anmc@anmc.org.au
Website: www.anmc.org.au

Royal Australian College of General Practitioners
1 Palmerston Cr
SOUTH MELBOURNE VIC 3205
Phone: 03 9214 1414
Fax: 03 9214 1400
Website: www.racgp.org.au

Royal College of Nursing, Australia
PO Box 219
DEAKIN WEST ACT 2600
Phone: 02 6283 3400
Fax: 02 6282 3565
Email: canberra@rcna.org.au
Website: www.rcna.org.au

3.17 Guidelines for common procedures undertaken in general practice

A number of organisations have developed, and regularly update, guidelines for common procedures undertaken in general practice. Contact your local general practice network or APNA for further information and support (see section 3.18 of this resource for details).
3.19 Acronyms

AAPM  Australian Association of Practice Managers Ltd
ACCHS Aboriginal Community Controlled Health Services
ACIR Australian Childhood Immunisation Register
AGPN Australian General Practice Network Ltd
AHW Aboriginal Health Worker
AMA Australian Medical Association
AMS Aboriginal Medical Service
ANF Australian Nursing Federation
ANMC Australian Nursing and Midwifery Council
APNA Australian Practice Nurses Association
AWA Australian Workplace Agreement
BOMHI Better Outcomes in Mental Healthcare Initiative
BGL Blood Glucose Level
BSL Blood Sugar Level
BMI Body Mass Index
CDM Chronic Disease Management
CRANA Council of Remote Area Nurses of Australia
DoHA Australian Government Department of Health and Ageing
EN Enrolled Nurse (Division 2 Registered Nurse Victoria)
EPC Enhanced Primary Care
GP General Practitioner
GPII General Practice Immunisation Incentive
GPLO GP Liaison Officer
GPMP GP Management Plan
HREOC Human Rights and Equal Opportunity Commission
HMR Home Medications Review
IM / IT Information Management / Information Technology
FaCSIA Australian Government Department of Families, Community Services and Indigenous Affairs

FTE Full-time equivalent
MAHS More Allied Health Services
MBS Medicare Benefits Schedule
NACCHO National Aboriginal Community Controlled Health Organisation
NAPSA Notional Agreement Preserving State Awards
NGP Nursing in General Practice
NMRSA Nursing and midwifery regulatory authority
NPS National Prescribing Service
PBS Pharmaceutical Benefits Scheme
PC Primary Care

PHC Primary Health Care
PHCRIS Primary Health Care Research and Information Service
PI Performance Indicator
PIP Practice Incentives Program
PN Practice Nurse
PN PIP Practice Nurse incentive under the Practice Incentives Program
RACGP Royal Australian College of General Practitioners
RCNA Royal College of Nursing Australia
RMRRR Residential Medication Management Review
RN Registered Nurse (Division 1 Registered Nurse Victoria)
RRMA Rural, Remote and Metropolitan Areas Classification
SBO State Based Organisation
SIP Service Incentive Payment
SWPE Standard Whole Patient Equivalent

For more acronyms commonly used in Australian general practice and primary health care:

Primary Health Care Research & Information Service

3.20 Endnotes

4  Wagner et al. Organising Care for Patients with Chronic Illness, The Milbank Quarterly, 1996; 74 (4) 511-534.
6  Department of Health and Ageing (DoHA). Fact Sheet No. 1, Nurses in General Practice: Roles, 2001.
7  RCNA. Nursing in General Practice – guide for the general practice team, 2005; 13-14.
8  RCNA. Nursing in General Practice – guide for the general practice team, 2005; 15.
SECTION THREE: For the nurse
SECTION FOUR: For Network Member Organisations

This section of the Nursing in General Practice Recruitment and Orientation Resource provides information for Network Member Organisations. It includes an outline of the Nursing in General Practice (NIGP) program; strategies for supporting practices to employ or retain the services of a practice nurse; strategies for supporting practice nurses; and resources and support available.
4.1 Practice nursing in Australia

Nursing in general practice is a dynamic and vibrant area of the nursing profession. It offers a diverse range of experiences and provides the opportunity to be part of a clinical team caring for the varied primary care needs of the community. Nursing in general practice represents a shift from a hospital-based environment to a small business environment located in the local community.

A practice nurse is a registered nurse or an enrolled nurse (Division 1 and 2 in Victoria) who is employed by, or whose services are otherwise retained by, a general practice.

In 2007 approximately 58% of practices employed one or more general practice nurses and at the end of June 2008 it was estimated that there were over 8,000 general practice nurses in Australia.

Practice nurses work collaboratively with general practitioners providing a range of services, including chronic disease management and population health activities. Their role is diverse and influenced by factors such as the practice population, nurses’ qualifications, practice structure, professional standards and national incentives and programs.

Nurses are core members of the general practice team enabling practices to meet the diverse and complex health care needs of an ageing population, with increasing rates of chronic disease and illness.

The growing burden of chronic disease and patient demand has increased GP workloads. Nurses in general practice work collaboratively with GPs to provide efficient and effective health care to all patients.

A range of Australian and international literature identifies some of the benefits nurses can bring to a practice. These include:

- improved health outcomes in chronic illness
- assistance in primary-acute sector integration
- better coordination of care
- increased workforce capacity
- provision of practical and professional support to GPs
- enhancement of the range of services available to people attending the practice
- improvement in the ability of the practice to adapt to change

Further information on the role of nurses and the value their role brings to general practice is provided in section 3.3.
4.2 The Nursing in General Practice Program

The NiGP Program is one of the major change management programs managed by the Australian General Practice Network and has been at the forefront of the transition of general practice to include a significantly larger proportion of practice nurses and a much more multidisciplinary team approach to primary health care. It has been fundamental to the role of the Network and is a very successful program supporting workforce solutions for general practice – complementing the educational opportunities available through scholarships. Our program has supported more general practices to employ nurses, and provided a broad range of support services to practice nurses to enhance and expand their role and retain their expertise in general practice.

The Australian Government has been supporting the work of practice nurses through a range of programs.

In its 2001-2002 Federal Budget, the Australian Government provided funding of $104.3 million over four years for incentives to encourage general practices in rural areas and other areas of high workforce needs to employ more nurses. The practice nurse initiative had three components:

1. a Practice Incentive Payment (PIP) to encourage eligible practices to employ more nurses
2. funding for the provision of ongoing training and support of all nurses working in general practice
3. a Scholarship Scheme to support nurses to re-enter the workforce, and to provide funding for nurses currently employed to refresh their skills.

Additional initiatives were introduced in 2004 as part of the government’s Strengthening Medicare package, including:

- two new MBS items for services provided by general practice nurses for and on behalf of a general practitioner for immunisation and wound care services
- extension of the PIP practice nurse incentive to general practices in urban areas of workforce shortage
- an additional MBS item for Pap smears taken by practice nurses in regional, rural or remote areas.

The 2005-06 Federal Budget included two measures that contained components that together formed the Australian Government’s Nursing in General Practice Training and Support Initiative (the Initiative). These components included:

- $15.6 million (GST-exclusive) over four years for training and professional support for practice nurses under the Additional Practice Nurses for Rural Australia and Other Areas of Need Measure (a continuation of the 2001 Federal Budget measure)
- $2.6 million (GST-exclusive) over four years to facilitate access to training and provide support for nurses in regional and rural areas to be points of referral for people experiencing domestic violence, as part of the $75.7 million Women’s Safety Agenda managed by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA).

The key project for the Initiative in 2005-09 was the continuation of the Divisions Network Nursing in General Practice (NiGP) Program led by the Australian General Practice Network (AGPN) in conjunction with state based organisations (SBOs).

The objectives for the Nursing in General Practice Program were to:

1. build the capacity of general practice networks (formerly divisions) to deliver support services for nursing in general practice, in particular to recruit and retain nurses in general practice
2. broker, coordinate and fund education and professional development opportunities for nurses in general practice in collaboration with general practice networks across each state and territory.

The Commonwealth Department of Health and Ageing established guidelines that set out how the NiGP Program was funded and how it would operate. To find out more about the Guidelines for the Division Network Nursing In General Practice program go to http://www.health.gov.au/internet/main/publishing.nsf/Content/FC2EA2F5172BC69CCA25740500153F20/$File/guide.pdf

Further information regarding all these initiatives can be found on the Department of Health and Ageing website at Nursing in General Practice. http://www.health.gov.au/internet/main/publishing.nsf/Content/work-pr-nigp
Some of the key achievements for the AGPN in the leadership and support for the NiGP Program, and the continued role in provision of policy advice and promotion of the practice nurse role include:

- publication of the National Practice Nurse Workforce Survey Reports 2003, 2005 & 2007, the only comprehensive national information and statistics regarding the general practice nursing workforce. The 2007 survey results revealed a 59% increase in the number of practice nurses employed in general practice 2005-2007 (n=7824), with 58% of general practices nationally employing one or more nurses.
- preparation of a position statement on the Nurse Practitioner in General Practice endorsed by the network, in response to discussions surrounding alternate models for health care workers. AGPN supports the role for nurse practitioners in the general practice setting, where the nurse practitioner works collaboratively with the GP and general practice team to enhance patient care.
- revision of the Business Case Models for Nursing in General Practice to reflect the introduction of the practice nurse and new chronic disease Medicare items.
- lobbying for the introduction of additional Medicare items for services provided by practice nurses on behalf of the GP, the extension of the Practice Incentives Program practice nurse payment to all practices, and the introduction of infrastructure grants to assist practices to accommodate additional team members.
- hosting a national forum for network members for nursing in general practice, to showcase nationally relevant NiGP initiatives and models, share knowledge, skills and resources, and coach and collaborate with members to build their capacity to support Nursing in General Practice.
- production of a range of promotional material for general practice nursing including posters and information brochures for consumers, practices and other nurses.
- provision of a Leadership and Development Program for practice nurses delivered through the University of New England.
- participation in a collaborative research project with the Australian National University to examine the role of nurses in general practice and identify ways of expanding or changing these roles to enhance primary health care delivery.
- management of the National Mentoring Pilot for Nurses in General Practice. AGPN in conjunction with the Australian Mentor Centre with funding from the Department of Health and Ageing conducted an 18 month pilot program. The pilot concluded in October 2008. The pilot program aimed to provide practice nurses with opportunities to engage in structured mentoring relationships, to enhance personal and professional development, and strengthen the nursing services provided in the general practice environment.
- development of an e-learning training package to support Medicare item 10997, this project was undertaken in partnership with Royal College of Nursing Australia and Batchelor Institute of Indigenous Tertiary Education. Medicare Item 10997 applies to the provision of monitoring and support to people with a chronic disease care plan by a practice nurse or registered Aboriginal and Torres Strait Islander Health Worker on behalf of a general practitioner. The e-learning package is designed to enhance the role of practice nurses and Aboriginal Health Workers providing this service, and to assist general practitioners to feel confident that practice nurses and registered Aboriginal Health Workers who successfully undertake the e-learning package are appropriately qualified and trained to provide monitoring and support for patients with a chronic disease care plan. The package consists of a foundation module and seven disease specific modules.
- development of the Introduction to Nursing in General Practice Program. This program has been designed for registered and enrolled nurses who have maintained their registration but are not currently working in the nursing workforce. The program is designed to be delivered by network member organisations to provide information for individuals who are interested in gaining employment as a practice nurse. The program is designed to provide participants with an understanding of the diverse roles of the practice nurse and the context in which the practice nurse is employed.
- development of a comprehensive orientation program for nurses new to general practice. The intention is to provide the knowledge and skills required to assist in the transition to general practice nursing.
- developed a comprehensive Nursing in General Practice Orientation Manual for newly appointed network program officers to assist their role in the delivery of support services to practice nurses.
produced a series of PowerPoint presentations for network members to complement this National Recruitment and Orientation Resource. The presentations include speaker notes, and can be used to provide information sessions for GPs and practice staff, nurses interested in general practice and nurses new to general practice.

national coordination and moderation for the University of the Sunshine Coast Graduate Certificate in Nursing (General Practice). This is a unique and exciting program that is designed specifically for practice nurses to develop knowledge and skills to assist them to practice competently within the challenging and constantly evolving general practice environment.

promotion of the nursing in general practice program nationally and internationally through conference presentations, media articles and the establishment of networks with other key stakeholders.

provision of expertise to other national general practice nursing projects including the development of competency standards for nurses in general practice, the revision of the Royal College of Nursing Australia guide for the general practice team, and the scholarship program for practice nurses administered by the Australian Practice Nurses Association.

Further information on these activities and other information on the AGPN National Nursing in General Practice Program is available at: www.agpn.com.au and follow the links to Nursing in General Practice.

At the time of revising this resource, AGPN is currently negotiating with the Department of Health and Ageing the key priorities for the AGPN National Nursing in General Practice Program for the next three years 2009-2012. Further information will be provided on the AGPN website as the program unfolds.

4.3 Strategies for supporting practices to recruit or retain the services of a practice nurse

The General practice networks are a focal point in coordinating the needs of general practitioners and their practices. Network member organisations are the best placed organisations to play a role in supporting general practitioners in the recruitment and provision of ongoing support of practice nurses. One of the findings of the recently completed Australian General Practice Nurse Study was that for many practices, network support – ranging from support and education for nurses to direct recruitment of nurses – was instrumental in their decision to employ a nurse.4

Network member organisations have a knowledge and understanding of the context in which practice nursing services are provided.

Network member organisations can support practices to employ or retain a practice nurse in a number of ways. The supports listed below are drawn from the AGPN Demonstration Divisions Nursing in General Practice National Resource Kit (see http://www.generalpracticenursing.com.au/site/index.cfm?display=27434 )

The role of network member organisations includes:

- assessing the member practices in terms of the relevant barriers to practices employing a nurse
- developing strategies to overcome the barriers to uptake and enhance the contribution of nursing to general practice. These strategies may be to:
  - develop the business case for the actual and potential clinical contribution of the nurse to general practice and the relevant models of employment
  - involve practice nurses during the planning, implementation and evaluation phases of any new initiatives
  - support upskilling and refresher programs for practice nurses
  - foster regular networking activities, and provide regular information on current programs of interest
  - support clinical audit and practice management support
  - manage contracts or employ nurses on behalf of practices
- monitoring to enhance the capacity of nurses to work collaboratively as part of the team.

Further information on these activities and other information on the AGPN National Nursing in General Practice Program is available at: www.agpn.com.au and follow the links to Nursing in General Practice.
Benefits of network member organisation practice nurse support include:

- increased recognition and promotion of the general practice nurse workforce
- professional development opportunities
- overcoming the isolation experienced by practice nurses
- clarification of issues relating to supervision and mentoring
- increased satisfaction and pride in their work
- greater rapport and interaction amongst local nurses
- opportunities for nurses to vent frustrations and problems and to seek solutions amongst their peers and with Division representatives
- networking and opportunities to share experiences and knowledge
- dissemination of information pertinent to the general practice
- assistance in the implementation of the various DOHA Nursing in General Practice initiatives
- stronger links with the community through participation in divisional programs
- increased capacity for practice nurses to undertake extended roles in chronic disease management and preventive/population health programs
- the opportunity to have a collective voice through participation in practice nurse networks.

Network members may also provide support by:

- assisting with recruitment of a practice nurse
- running an Introduction to General Practice Program for nurses interested in general practice
- establishing a register of nurses interested in working or contracting a nurse to work in a practice
- development and dissemination of local community and referral information.
- trial a nurse programs
- network employed practice nurse programs
- supporting practices with direct employment
- supporting contract services and links with community services
- examining flexible models of service such as home visiting or off-site nursing services for those practices who do not have space to employ a nurse

For further information refer to the AGPN Demonstration Divisions Nursing in General Practice National Resource Kit at http://www.generalpracticenursing.com.au/site/index.cfm?display=27434

Nursing in General Practice Information Kit

Network member organisations may also find useful information in a nursing in general practice information kit that has been distributed to every Australian general practice, state based organisation and key nursing and general practice organisations.

The information kit aims to provide the general practice team with guidance on roles and responsibilities, legislative, regulatory, employment and human resource support information to assist general practices to effectively include a nurse within their general practice team.

The information kit may be downloaded from Royal College of Nursing, Australia (RCNA) http://www.rcna.org.au or nigp@health.gov.au to request a copy.
4.4 Strategies for supporting practice nurses

Network member organisations also play an important role in the provision of ongoing support for general practice nurses. This includes the provision of:

- on-going education and professional development
- networking opportunities
- assistance with orientation and induction
- information updates
- mentoring support.

Further information regarding the role of network member organisations in general practice nurse support can be found at http://www.generalpracticenursing.com.au/site/index.cfm or visit the website of your state and/or local branch of the network at http://www.agpn.com.au/site/index.cfm?module=DIVISION

4.5 Resources and support available

The Australian Government supports the work of general practice nurses through a range of programs. Information about the role of the general practice nurse and information about the programs supporting their work is outlined below.

Department of Health and Ageing

For more information on the practice nurse role, including frameworks to describe the role, refer to the following documents:

- Competency Standards for Nursing in General Practice http://www.anf.org.au/nurses%5Fgp/
- General Practice Nursing in Australia - by the Royal Australian College of General Practitioners (RACGP) and Royal College of Nursing, Australia (RCNA) http://www.racgp.org.au/AM/Template.cfm?Section=General_Practice_Nurses&Template=/CM/ContentDisplay.cfm&ContentID=10179

Other Australian Government nursing in general practice initiatives

The Initiative and NiGP Program complement and support a range of other Australian Government initiatives aimed at encouraging increased utilisation of practice nurses services, such as:

- the practice nurse Practice Incentives Program (PIP) incentive for rural Australian and urban areas of workforce shortage http://www.medicareaustralia.gov.au/provider/incentives/PIP/index.jsp
- the Enhanced Primary Care Program including MBS chronic disease management items which include the provision for GPs to be assisted by practice nurses, Aboriginal Health Workers (AHWs) and other health professionals in providing services for which these items may be claimed: www.health.gov.au/epc
4.6 Where to find further information

Australian General Practice Network
www.agpn.com.au

Australian Nursing Federation
www.anf.org.au

Australian Rural Nurses & Midwives
http://www.rcna.org.au/chapters/rural_faculty

Australian Practice Nurses Association
www.apna.asn.au

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

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

Council of Remote Area Nurses of Australia
www.crana.org.au

Department of Health and Ageing

4.7 Acronyms

AAPM  Australian Association of Practice Managers Ltd
ACCHS  Aboriginal Community Controlled Health Services
ACIR  Australian Childhood Immunisation Register
AGPN  Australian General Practice Network Ltd
AHW  Aboriginal Health Worker
AMA  Australian Medical Association
AMS  Aboriginal Medical Service
ANF  Australian Nursing Federation
ANMC  Australian Nursing and Midwifery Council
APNA  Australian Practice Nurses Association
AWA  Australian Workplace Agreement
BOMHI  Better Outcomes in Mental Healthcare Initiative
BGL  Blood Glucose Level
BSL  Blood Sugar Level
BMI  Body Mass Index
CDM  Chronic Disease Management
CRANA  Council of Remote Area Nurses of Australia
DoHA  Australian Government Department of Health and Ageing
EN  Enrolled Nurse (Division 2 Registered Nurse Victoria)
EPC  Enhanced Primary Care
GP  General Practitioner
GPPII  General Practice Immunisation Incentive
GPLO  GP Liaison Officer
GPMP  GP Management Plan
HREOC  Human Rights and Equal Opportunity Commission
HMR  Home Medications Review
IM / IT  Information Management / Information Technology
FaCSIA  Australian Government Department of Families, Community

Services and Indigenous Affairs

FTE  Full-time equivalent
MAHS  More Allied Health Services
MBS  Medicare Benefits Schedule
NACCHO  National Aboriginal Community Controlled Health Organisation
NAPSA  Notional Agreement Preserving State Awards
NGP  Nursing in General Practice
NMRA  Nursing and midwifery regulatory authority
NPS  National Prescribing Service
PBS  Pharmaceutical Benefits Scheme
PC  Primary Care
PHC  Primary Health Care
PHCRIS  Primary Health Care Research and Information Service
PI  Performance Indicator
PIP  Practice Incentives Program
PN  Practice Nurse
PN PIP  Practice Nurse incentive under the Practice Incentives Program
RACGP  Royal Australian College of General Practitioners
RCNA  Royal College of Nursing Australia
RMMR  Residential Medication Management Review
RN  Registered Nurse
(Division 1 Registered Nurse Victoria)
RRMA  Rural, Remote and Metropolitan Areas Classification
SBO  State Based Organisation
SIP  Service Incentive Payment
SWPE  Standard Whole Patient Equivalent
For more acronyms commonly used in Australian general practice and primary health care:
Primary Health Care Research & Information Service

4.8 Endnotes

2  Wagner et al. Organising Care for Patients with Chronic Illness, The Millbank Quarterly, 1996; 74 (4) 511-534
Nursing In General Practice Recruitment and Orientation Resource:

A GUIDE FOR GENERAL PRACTICES, PRACTICE NURSES & NETWORK MEMBER ORGANISATIONS