Australian Practice Nurses Association

Nursing in General Practice election proposals 2010

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About the Australian Practice Nurses Association

The Australian Practice Nurses Association (APNA) is the national professional association for practice nurses working in general practice and the sole advocate for the profession in Australia. Established in 2001, APNA is governed by a Board of Directors and has a mission to support members to be *recognised*, *professional* and *empowered*.

The Association's core role and responsibilities are to support, advocate, develop and educate practice nurses in their role in general practice, and to promote their profile within the wider medical community to reflect their growing importance. The Association provides its members with representation, professional development and support at a local, state and national level.

In 2004, APNA was successful in receiving a seeding grant for 3 ½ years from the Commonwealth Government to establish itself as the peak professional association for nurses in general practice. It is now fully self-funded through membership subscriptions, sponsorship and project grants.

Since its inception, the organisation has not only grown a healthy membership base of over 1800 members, but is being recognised as a key player in primary health care. In November 2009, the APNA membership voted to change its membership eligibility to nurses working in primary health care, as a move to reframe the nursing role both within general practice and in other settings as primary health care nursing.

General Practice Nursing versus Primary Health Care Nursing

While we are now identifying ourselves as a peak professional association for primary health care nurses, for the purpose of this document, we will continue to use the term general practice nursing. We are addressing this submission in particular to supporting nurses working within the general practice setting because a) at present the Commonwealth has only funding responsibility for general practice nursing and b) commonwealth funding to date has been directed to general practice nursing through the Nursing in General Practice (NiGP) program. However, should changes being mooted in the National Health and Hospitals Network document be accepted and all of primary health care policy and funding be the responsibility of the Commonwealth

Government, many of the proposed initiatives in this document could be easily scaled up to also include other areas of nursing. Many of the issues of lack of access to professional development and a career path, recruitment and retention, clarity around clinical governance and isolation remain issues for nurses across the primary health care spectrum.

General Practice Nursing in Australia

General practice in Australia has had dramatic shifts in the last few decades. The general practitioner (GP) workforce is becoming proportionally feminised, older, much more likely to work part time and in a large practice[i]. A focus on multi-disciplinary team work, chronic disease management and care of the aged, has rapidly seen general practice turn to nurses as valuable team members.

General practice nursing is a relatively new area of nursing in Australia, but is one of the fastest growing areas within the healthcare sector. Since 2005, the number of general practice nurses employed in general practices in Australia increased from 5000 to nearly 9000, and is expected to increase by 500 every year. Around 60% of general practices employ at least one practice nurse[ii].

General practice nursing covers many specialist areas including: lifestyle education, aged care, women's health, men's health, infection control, chronic disease management, cardiovascular care, immunisation, cancer, asthma, COPD, mental health, maternal and child health, health promotion, care plans, population health, diabetes, wound management and much more.

With the ever increasing workloads placed on general practice, general practice nurses are a critical element in delivering continuous and improved patient outcomes.

General practice nurses work in collaboration with GPs and are involved in the full spectrum of patient care. General practice nurses are currently contributing to the development of a co-ordinated and prevention focused primary health care system, which reduces the economic and social burden of increasing chronic disease and the ageing population.

General practice nurses have been allocated an increasing number of items in the Medicare Benefits Schedule (MBS) in an effort to address these workforce shortages.

More than 16 million MBS item numbers involving general practice nurses have been claimed in the last four years.

Nurses are ideally placed to be a key provider in achieving better preventive care, chronic disease management, and a range of other health services that Australians have difficulty accessing. General practice nurses are an indispensable and increasingly critical part of the equation for keeping Australia healthy.

Why General Practice Nursing Matters

Ease of access

General practice nurses can facilitate access to a wide range of services, freeing up GPs to provide a greater quality of care. Additionally, data suggests that GPs in practices that employ a practice nurse can see an additional 16 patients a day[iii]. Access to particular services provided by a skilled practitioner is vital and access to skilled and qualified practice nurses is critical[iv v].

One barrier to ease of access is the current funding structure which rewards a task-based focus, duplication by the nurse and GP, and does not support flexibility regarding roles and tasks. Increasing the numbers of MBS rebates for different tasks undertaken by the nurse will result in a fragmented approach to care and rigidity in responding to patient needs.

Better quality care

A systematic review (Sibbald et al 2006[vi]) has demonstrated that using practice nurses to either substitute or supplement care provided by a GP is at least equal to or increases the quality of care, particularly with chronic disease management and health promotion.

The current funding system rewards quantity of care rather than quality of care and does not recognise different levels of skills and experience, creating an incentive to employ less skilled staff. There is no difference in the Medicare rebate whether the care has been provided by an enrolled nurse, a registered nurse or a registered nurse with a range of further qualifications, e.g. asthma educator, nurse immuniser, wound management qualifications.

Many of the models of care which have resulted in increases in quality of care in the United Kingdom[4] cannot be replicated in Australia because of our more rigid funding system, for example QUIT smoking clinics, other health promotion activities, triage by the nurse and heart health clinics. Where these models exist, practices are using a complicated regime of Medicare and PIP claiming.

Better outcomes

The role of practice nurses in the health care system is relatively new in Australia. It is therefore imperative that the contribution nurses make to improvements in patient outcomes and health service delivery in general practice is well understood. Anecdotally practices are reporting better patient health outcomes with expanded nurse roles but we are not in a position to record this systematically.

Currently the research regarding practice nursing is uncoordinated. It is not directed by national health priority areas or health service improvement agendas. Consequently, the amount of rigorous data available to inform policy development in this area is minimal and leads to an ad hoc approach to funding, programs and initiatives.

Improved cost efficiency

Nurses are a cost effective provider of primary care in collaboration with the GP. Many aspects of care can be confidently delegated to the skilled nurse at no risk to the patient.

However, our funding system discourages appropriate delegation by making the MBS item rebate so low that the GP is required to claim for the same visit, resulting in a greater cost to the taxpayer than a more realistic rebate for nurses.

Practice nursing in the UK has demonstrated that nurses are cost effective providers of primary care. Nurse led clinics for the secondary prevention of coronary heart disease in primary care seem to be cost effective compared with most interventions in health care, with the main gains in life years saved. However, the research in the Australian context is scant. Initiatives that support expanded roles for nurses need rigorous Australian-based research to ensure that extension to scope of practice is evidence-based and cost effective.

Based on the UK experience, we firmly believe that such evidence will be forthcoming and fully support new areas for role expansion.

Collaborative practice model

Collaborative care from a multidisciplinary team has been shown to provide better care for patients. Effective collaboration is assisted by clear clinical governance, inter-professional respect and clear role delineation[vii].

Systems for supporting the role of the general practice nurse (e.g. MBS rebates for general practice nurses, clinical guidelines etc.) have not established an effective clinical governance model that incorporates the requirements of all the professionals involved. Nurses are not recognised as accountable for the care they provide.

Additionally, a clear career path needs to be established that allows the nurse, employer and patient to define the role and expectations within a framework of education, skills and responsibility. The term general practice nurse currently refers to enrolled nurses, registered nurses, newly graduated nurses, nurses with years of experience and training and there is little consistency in recognition, responsibility and remuneration.

APNA addressing the issues

To date, the impetus for practice nurse growth has been driven by the increasing burden of chronic disease, workforce shortages and funding initiatives. APNA recognises the approach to fostering the growth of the profession relates to empowerment. APNA supports nurses by: facilitating and enhancing member engagement with the profession; providing access to quality and relevant information; and, providing tangible support and advocacy for general practice nurses.

APNA is committed to ensuring general practice nurses are *recognised* as key members of the general practice team in a way which reflects their advanced clinical contribution. This is necessary to maximise practice nurses contributions in the primary health care sector.

APNA believes that growth and innovation of the general practice nursing profession can be strengthened through the establishment of five key areas:

Leadership: Nurses need to play a key role in leading health care at the local, regional and national level

Recognition: Nurses need to be recognised by both health professional and the general community as safe, effective and accountable providers of health care

Effective teams: Effective teams have nurses as key and respected members

Viable workforce: Nursing in general practice is seen as a career path of choice for all nurses supported by supportive recruitment and induction processes, a clear career path, and appropriate funding mechanisms

Quality care and health outcomes: The community benefit from the advanced clinical care and a wide range of services provided by nurses in general practice

In the context of the proposed health reform, an enhanced role for nurses in primary health care is inevitable. This new speciality, however, has a number of **capacity issues** that need to be addressed to place the profession in the best position to take forward the proposed reform. We propose that the Department of Health and Ageing allocate funding to undertake the following pieces of work to enable the reform process to hit the ground running, rather than decide on an enhanced role for nurses then undertake this work before implementing any reform. We are cognisant of the need to ensure any extension of the nursing role in general practice is safe and effective.

Capacity issues and Election proposals

1. Development of key competencies

There is currently no definition of key competencies and skills for the specialty. While there were Competency Standards for the General Practice Nurse developed in 2004, they are very broad and difficult to use as a way of defining key skills and tasks associated with the role. Without this definition the following applies

- it is difficult to develop a standard education framework for the specialty and hence we have a very diverse and non-standardised array of education and training available for practice nurses. There are numerous post-graduate courses for general practice nurses available (which many have received DoHA scholarships to undertake) but we have no sense upon which the curricula have been based or to what extent they contribute to more effective nursing care in this specialty.

- There is no standard basis upon which orientation and induction programs can be developed.
- For specific clinical areas, there is no benchmarking for development of CPD against learning objectives.

APNA activity to this end: APNA, Australian Wound Management Association (AWMA) and GPNSW developed wound management competency standards, melding the AWMA competency standards with the General Practice Nursing Competency Standards. We make these available for developers of wound management training to apply to their courses before enabling CPD points to be attributed.

Election proposal:

Development of a key set of competencies and skills for nurses in general practice that could inform orientation and induction programs, postgraduate courses and education provided. The UK has already undertaken work which can be usefully adapted to the Australian setting without reinventing the wheel entirely, such as Skills assessment checklist at http://www.wipp.nhs.uk/uploads/GPN%20tools/preceptorship.pdf . However there is a need to ensure that any such work complements other existing Australian frameworks for nursing specialties.

Costs: $0.5 mill over 2 years

2. Credentialing

Funders may, and should, expect quality and safety for the funding provided. There are currently no expectations attached to the funding other than the nurse be registered and "appropriately trained and qualified" according to the GP. APNA feels General Practice Nursing needs a credentialing system which would enable differential funding to be provided for different levels of nurses. Credentialing already occurs in other nursing specialties such as mental health nursing and critical care nursing and federal government initiatives have used credentialing as a marker for quality and hence funding e.g. Mental Health Nurse Initiative and credentialed diabetes educators. General Practice funding of VR and non VR GPs also provides a precedent where government funding rewards a clinician for demonstrating a higher commitment to professional development and expertise in a specialty.

APNA activity to this end:

1. **We have had a fee-paying CPD program running for the last 2 ½ years with uptake of around 200 nurses in an environment where CPD has not been compulsory. We are now suspending that program to enable all general practice nurses regardless of APNA membership to utilise a web-based tool on our website for recording CPD in line with new national registration requirements. The decision to offer it at no cost to all general practice nurses is a decision by the APNA Board to ensure all nurses in our specialty are able to easily comply with the new regulatory environment.**
2. **We have developed a formal process for education providers to apply for endorsement of their training which requires they meet quality standards and have included nurses in the development of the education. To manage this process we have a professional development committee of highly qualified general practice nurses setting the standards and assessing each application. The committee is also tasked with identifying professional development gaps and issues in professional development.**
3. **We have been nominated as the credentialing body for a new title of Chronic Disease Self-Management Advisor as part of a DoHA funded CDSM project, which developed a nationally recognised vocational graduate certificate in CDSM Advising. We are developing a system for managing this credentialing process.**

Election proposal:

Once the core competencies and skills are defined, APNA could develop a rigorous continuing professional development program leading to credentialing for general practice nurses which would be similar to the RACGP QA&CPD program and could be recognised by Medicare in the same way Vocationally Registrered and non-Vocationally Registered status for GPs is recognised.

Costs: Depending on whether there is a user pays component, the cost could be set up only or fully funded

Set up only- $0.2 mill over one year

Fully funded: $3 mill over 3 years for 10,000 nurses

3. Career path

There is no defined progress through the specialty from beginning to advanced/expert which creates confusion at the practice level, frustration for nurses wanting to develop their role and is starting to significantly contribute to workforce attrition [viiiix]. Defining roles, responsibilities and education requirements against some structured framework, particularly in light of the new National Award has become increasingly urgent to assist both practices and nurses to negotiate roles and appropriate remuneration. In the absence of an objective structure, morale is declining and nurses are leaving.

APNA activity to this end: We have submitted a proposal to DoHA around the primary health care nursing workforce which includes a component developing a suitable career path for nurses working within primary health care where no path exists currently.

Election proposal:

The purpose of this project would be:

- to map the nursing workforce currently engaged in primary health care (PHC) settings, including practice nurses, nurses working in occupational health and safety roles, community nurses, school nurses and other similar roles. Mapping will include descriptions of roles, level and ease or not of movement between settings or roles, common clinical work types or competencies, availability and ease of access to professional development and presence or absence of career paths,
- to use information from the mapping process and other supporting national and international research or evidence to develop a PHC career path which articulates with existing competency standards and other specialist practice standards,
- to create a snapshot of primary health care nursing in 2010 to act as a benchmark for measuring future development of the workforce,
- to create a framework for a gaps analysis to show what is needed to shift and grow the PHC nursing workforce,
- to highlight particular issues of concern to nurses, and the factors that impede their ability to contribute fully to the primary health sector in Australia,

- to, upon analysis of all of the above, develop a suite of resources for nurses in primary health care and their employers to:
    - support effective movement between and within primary health care settings, and
    - understand and appropriately develop roles, responsibilities and professional development plans for PHC nurses.

Costs: $0.2 mill over 1 year

4. Recruitment and retention

Evidence from our salary and conditions survey indicates that practices remain highly variable in their provision of basic employment conditions to nurses and, in particular, provision of support for professional development. Our annual survey clearly indicates high levels of dissatisfaction and intention to leave currently which is increasing each year. Issues around job satisfaction make nurses feel more dissatisfied than members of any other female profession x. Feedback from nurses and employers indicates that they are having trouble sourcing and keeping nurses. Causes for this range from nurses entering the profession primarily from other settings, entering practices which may or may not have had nurses before, to difficulties in negotiation around roles and conditions with general practices as small business.

Most nurses in other settings would not have a concept of what a nurse in a general practice does and most advertisements ask for a 'nurse to work in a medical clinic'. While there have been a number of division level strategies with some success, we feel that a cohesive national approach is lacking.

While there is the AGPN-developed orientation package, uptake has been variable and once nurses are in the general practice setting, they are largely on their own. NiGP officers in divisions of general practice can provide a level of limited support but when the situation turns difficult, their support can become compromised by competing obligations to GP members.

Finally increasingly in rural areas, nurses are becoming indispensable and locum support is required. Currently there is no system for locum support for nursing services. Anecdotally there are many urban nurses who would enjoy a rural stint and a system for coordinating interested nurses with locum positions would be fairly straightforward.

APNA activity to this end: APNA has had an online Career Centre for 2 years with positions being consistently advertised through it and successful placements occurring.

Election proposal:

Development of guidelines for practices on best practice employment of practice nurses which could be monitored through an accreditation program or some sort of recognition for 'practice nurse friendly' practices. A similar program has been developed in Scotland providing a framework which covers access to learning and development opportunities; leadership and professional support; profile and perceptions of practice nursing among peers; networking and peer support; career pathways; teamwork; employment conditions; and autonomy and accountability: www.scotland.gov.uk/Resource/Doc/25725/0012830.pdf . We would recommend that this be a joint project between APNA and the ANF, as the peak industrial and professional association for nurses.

Costs: $1.2 mill over 3 years

Election Proposal:

Develop a nationally coordinated marketing, recruitment, placement and locum program. The expected outcome of this model is the smooth efficient placement of appropriately qualified and trained nurses into workplaces of choice.

The model we propose would comprise a model similar to rural workforce agencies' work with overseas trained doctors:

- Recruitment and placement of nurses through
    - The Career Centre on the APNA website as a central repository of vacant position, with Divisions of General Practice able to develop their own section and resources for local recruitment strategies,
    - Promotional campaign marketing the general practice nursing role to the wider nursing community to enhance awareness of potential career opportunities, and
    - Specific marketing campaigns to nurses in Australia who are not currently working but who have worked in recent years, nurses in particular sectors e.g. emergency departments, district nursing which

have similar skill sets valued in general practice and overseas nurses, e.g. The UK or Ireland, where general practice nursing is a highly developed specialty.

- Develop and deliver orientation program to nurses placed in general practice through the recruitment program, through local divisions or groups of divisions.
- Development of a professional development needs analysis for nurses and practices to implement in the first 6 months of employment.
- Provide ongoing support through
    - a national telephone helpline manned by experienced general practice nurses actively following up new employees and answering any queries/issues,
    - APNA Discussion forum for nurses new to general practice, and
    - Access to APNA resources.

Again we would recommend this project be jointly undertaken by APNA and ANF.

Costs: $2.7 mill over 3 years

5. Clinical governance

With the rapidly evolving role of practice nurses within the general practice team, there is still a high degree of confusion around clinical governance, delegation and supervision. Understanding by GPs and Practice Managers of the accountability requirements of nurses is highly variable. Nurses are included in clinical team meetings in some practices and not in others. Record keeping by practice nurses varies enormously between practices and understanding by both GPs and general practice nurses of the medico legal issues is also highly variable. There needs to be a clear framework for practice teams to ensure they understand and meet best practice clinical governance standards.

APNA activity to this end: APNA has sourced an affordable professional indemnity insurance product for members and have heavily encouraged all nurses to consider having their own professional indemnity insurance as an important part of being a health professional.

Election proposal:

Development of guidelines for practices on best practice teamwork and clinical governance which could be developed into online learning, resources and supported by training modules delivered at the division of general practice level. Development to be undertaken by a collaborative of nursing, practice management and general practitioner bodies.

Costs: $0.5mill over 2 years

6. Research

As a specialty, the research around which roles are most effective is still at the beginning stage. We think that decisions around funding, support and competencies/skills should be underpinned by an analysis of the research on nursing roles in primary care and where the research does not yet exist, a research agenda commenced to support further research into the role. The lack of research is complicated by the relatively small number of general practice nurses who have undertaken research degrees, meaning most of the research has been driven by other professionals' research agendas such as chronic disease, adolescence, breastfeeding etc. Additional areas of interest to nurses such as triage, first contact care and minor injury management are not on any research program currently, despite the potential benefits to the practice community in terms of access.

APNA activity to this end: APNA has developed structure for researchers to have their research endorsed by APNA, requiring them to submit their proposal, address how their research furthers APNA's strategic goals, provide an initial summary and a final report for APNA publications. In return, they are able to use APNA branding to identify to nurses that we have considered the research which enables them to attract more research participants. We have also developed 6 modules of education on undertaking research for practice nurses available as hard copy.

Election proposal:

Centre for excellence in general practice/ primary health care nursing

We propose funding over 3 years to set up a national research resource centre within a university with an established primary health care and nursing expertise. With a central

role for nurses in governance, the aim of the centre would be to support excellence in general practice/ primary health care nursing, which would:

- Be a central repository for all current and previous research either in Australia or overseas.
- Interpret and summarise research.
- Set priority listing for general practice/primary health care nursing research.
- Provide advice to government and other stakeholders on the evidence base for nursing activities and roles.
- Assist universities to determine appropriate research projects.
- Commission research in own right.
- Build the capacity of practice nurses to undertake research through the provision of resources, education and facilitating or providing research fellowships in conjunction with universities, providing access for practice nurses to full text articles.
- Provide a biyearly peer reviewed journal for general practice/primary health care nursing.
- Develop relationships with researchers in other countries about general practice/primary health care nursing evidence base.
- Provide advice to Asian Pacific countries.

Costs: $3.6 mill over 3 years

7. Community awareness

Community awareness is critical for the successful integration of the nursing workforce into primary care. While we know that nurses generally are a highly regarded professional group in the community, understanding of the advanced clinical role they can play in addressing the consumers health needs in the general practice setting still has a way to go. For trust to develop, clear messages from the employing practice about the skills, competency and qualifications of the nurses they employ need to be visible. In addition, information about typical ways in which nurses provide care for patients, benefits of nursing care and patients rights to information about nurse qualifications and regulation need to be made readily available.

APNA activity to this end: With DoHA funding, APNA has developed a 'Patient Satisfaction with Nursing Services' tool for use in the general practice setting. Designed to provide practices and nurses with data on patient satisfaction in their practice benchmarked against other practices, it is also able to be aggregated to provide advice to stakeholders on patient acceptance of nurses as providers by the community. We are only able to roll this service out further at a significant cost to practices, and until it is mandated or supported we are unlikely to see significant roll out.

APNA has sourced a 12 minute TV broadcast quality DVD with footage of nurses delivering care, interviews with patients about their experience with a nurse etc.

Election Proposal

1. Development of a consumer awareness campaign about nurses in primary care including media related, practice based and other strategies on advice from social marketing experts. Could include development of a patient nominated General Practice/Primary Health Care Nurse of the Year award with materials in each waiting room for patients to nominate the nurse providing them with care.
2. Roll out of the already developed patient satisfaction with nursing services instrument across a selection of Australian practices

Costs: $4.2mill over 3 years

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