



Nursing in Primary Care – Capturing opportunities

January 2012

For further information and comment, please contact Belinda Caldwell,
Chief Executive Officer, Australian Practice Nurses Association
on (03) 9669 7400 or belinda.caldwell@apna.asn.au.

APNA
149 Drummond Street, Carlton VIC 3053
www.apna.asn.au

Table of contents

Key points	3
Context	4
The opportunity: primary care nurses and health reform	5
With support, general practice nursing is ready to implement reform at the coalface	5
APNA’s proposals	5
1. Providing incentives for the assessment of absolute risk	6
2. Leading the work of Medicare Locals through nurses	7
3. Enhancing nursing networks	8
4. Planning for the primary health care nursing workforce of the future.....	10
5. Sustaining the primary health care nursing workforce	11
Clinical placements – improving nurse entry into primary care.....	11
Ongoing professional development.....	12
About APNA.....	14
General Practice Nursing versus Primary Health Care Nursing	14
Practice nurses improve health outcomes.....	14

DRAFT

Key points

The Australian Government in partnership with the states and territories have embarked upon a series of critical reforms to the Australian health system. Through their contribution to healthcare, practice nurses improve health outcomes.

The time is right to seize a significant opportunity to improve the health of Australians by utilising the primary care nursing workforce as key 'change agents' to ensure health reform translates into better health outcomes.

With respect to cardiovascular disease:

- Direct healthcare expenditure on cardiovascular disease has been estimated to be \$6 billion annually. (AIHW, 2008)
- The enablers for substantial improvement exist within general practice/primary health care.
- An incentive for absolute risk assessment can deliver substantial improvement.
- A practice-based incentive, designed in collaboration with the profession, costed at \$20 million annually, could reap a \$300 million annual reduction in direct health-related expenditure.

With respect to primary health care nursing leadership:

- Nurses are a substantial component of the primary health care workforce.
- Nurses maintain a high level of credibility with local communities.
- In primary health care, substantial gender and structural challenges to the consistent involvement of nurses as leaders remain.
- An immediate investment in governance training is required.
- A national leadership program, using a 'hub-and-spokes' model will improve nursing participation in governance and result in improved decision-making at regional and national levels.

With respect to primary health care nursing networks:

- Gains in the professional recognition of primary health care nurses and their contribution to health reform need to be strengthened during structural reforms in primary health care.
- A national approach to strengthening nursing networks will assist to sustain nursing participation in the workforce; and have consequent benefits for the health of local communities.

With respect to national primary health care nursing workforce planning:

- There is no national plan for the primary health care nursing workforce.
- Health Workforce Australia has no plan to undertake this work.
- It is critical to make projections for demand and supply.
- A national workforce plan is essential.

With respect to sustaining the national primary health care nursing workforce:

- Nursing alone accounts for 32% of the planned growth in clinical placements across all professions.
- There is no requirement for clinical placements in primary care at the undergraduate level.
- Recent Australian research suggests that education funding needs to be enhanced to achieve sufficient, high quality clinical placements.
- Support is required for undergraduate clinical placements, consolidation placements in primary care and post-graduate education (continuing professional development, specialised skills development and re-entry programs).

Context

The Australian Government in partnership with the states and territories have embarked upon a series of critical reforms to the Australian health system. These include:

- The Practice Nurse Incentive Program (PNIP) for expanded and enhanced roles for nurses in general practice settings;
- Funding nation-wide network of Medicare Locals to improve primary care services locally;
- Developing a Personally Controlled Electronic Health Record (PCEHR) system;
- Funding telehealth services for the convenient delivery of specialist services;
- Embarking on comprehensive mental health reform including care coordination services, ehealth services and strengthened services for the most disadvantaged;
- Reforms to aged care services including better integration between acute and primary care settings and funding for more enrolled nurses and nurse practitioner models of care;
- Establishing the Australian National Preventive Health Agency to coordinate Australia's approach to tackling lifestyle-related illnesses that cause chronic disease;
- Preparations to embark on significant reform to dental health and disability services.

The PNIP is of particular relevance to primary health care nursing. It will increase the numbers of new nurses in general practice and we know that they will need extensive education when they first start as generally they are recruited from the acute sector. Furthermore, the PNIP is encouraging new models of care in general practice and professional development will be needed to meet this policy objective in the medium term.

These reforms are being delivered in the context of a National Primary Health Care Strategy (2010)¹. The Strategy provides a roadmap for current and future policy and practice within the Australian primary health care system. It identifies five key building blocks for a responsive and integrated system: regional integration; information and technology, including ehealth; a skilled workforce; infrastructure; and financing and system performance.

It is also recognised that the Australian Government is committed to tight fiscal policy in the context of slowing international economic growth that is affecting the Australian economy, and the commitment to achieve a Commonwealth budget surplus in 2012-13.

The opportunity: primary care nurses and health reform

Through their contribution to healthcare, practice nurses improve health outcomes. Australia has a widespread and accessible primary health care nursing workforce which is experienced, and for which there are incentives for continued growth. Furthermore, primary health care nurses help create, and often lead, the implementation of national health reform at the grassroots level.

A key to achieving the potential of national health reform is to equip and engage clinicians at the coalface so they are motivated to lead change. Whilst the Commonwealth has funded clinicians to be part of Lead Clinicians Groups and in some cases Medicare Locals, in APNA's view there is currently insufficient engagement of nurses with respect to the implementation of health reform. The time is right to seize a significant opportunity to improve the health of Australians by utilising the primary care nursing workforce as key 'change agents' to ensure health reform translates into better health outcomes.

With support, general practice nursing is ready to implement reform at the coalface

Around 60% of general practices employ at least one practice nurse². 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.

General practice nursing is one of the fastest growing areas within the healthcare sector. There are financial, professional and personal incentives for general practices and other sites of primary care to employ nurses, resulting in a situation where nursing capacity continues to increase.

A recent landmark study³ in the roles of nurses in general practice revealed that 56.5% of nurses' time is spent on important non-clinical tasks in five key domains: organiser, agent of connectivity, educator, quality controller, and problem solver. APNA believes that it will often be nurses that help make health reform a reality for patients. For example, primary care nurses can assist patients to establish their own Personally Controlled Electronic Health Record; can sit with a patient during telehealth consultations with specialists; and can lead preventive health campaigns to targeted local populations.

APNA's proposals

APNA's proposals aim to improve health outcomes for Australians by ensuring that the primary health care nursing workforce has a sustainable capacity, and is engaged, prepared and supported.

APNA's proposals more than fully fund themselves.

1. Providing incentives for the assessment of absolute risk

The widespread adoption of absolute risk assessment for cardiovascular ill-health is an example of the way in which health reform can be advanced immediately by nurses. A number of risk assessment tools (including tools for the assessment of high prevalence conditions such as asthma, cardiovascular disease, depression and diabetes) exist for use in the general practice setting. Nurses are in a key position to routinely administer validated risk assessment tools to appropriate patients within a practice population.

These tools are underutilised in general practice. Australian research reports that 71% of patients eligible under clinical guidelines for lipid screening were either not recognised as needing to be screened, were not prescribed appropriate medicines or once prescribed, were not attaining recommended targets.⁴ Less than 30% of patients at risk of developing a chronic illness are given advice about diet and physical activity, and that the common barriers to doing so are time, money and expertise.⁵ Direct healthcare expenditure on cardiovascular disease has been estimated to be \$6 billion annually.⁶

This is unacceptable. Increasing prevention in the general practice setting needs to be an industry and government priority.

A recent review of cardiovascular disease programs for the Department of Health and Ageing⁷ recommended the implementation of Absolute Risk Assessments (ARA) to identify people at risk of heart disease, stroke, diabetes, and kidney disease and then address their risk factors through a program involving ongoing management.

Progress can be made immediately through the use of the existing general practice workforce and financing mechanisms. Important gains have been made in general practice information systems and in providing a nursing workforce within general practices.

APNA recognises that the Commonwealth has introduced some increased flexibility to Medicare item descriptors to enable prevention to be delivered (particularly common A, B, C and D items) and has allowed a greater flexibility in the role of nurses by introducing the PNIP. However, further incentives to identify and follow-up on identified health risks must be considered, and must align to a framework in which systematic assessment of absolute risk can occur.

What is required is recognition of high quality care, in the form of a practice-based incentive for absolute risk assessment. Such models have been successful in increasing other population health issues such as immunisation.

APNA proposes that the Australian Government provide an incentive that rewards clinics for appropriate rates of absolute risk assessment in the recommended population. To be effective, the incentive would need to be designed in consultation with the profession. APNA would be keen to be involved in such an activity.

REQUIRED INVESTMENT

Measure	Budget		Forward Estimates	
	\$m		\$m	
	2012-13	2013-14	2014-15	2015-16
Incentive for the assessment of absolute risk	20.0	20.0	20.0	20.0

* APNA anticipates a 5% reduction in direct health costs resulting in a \$300 million saving in direct health costs.

2. Developing nurse leaders in Medicare Locals

Nurses in primary health care have the opportunity and are being encouraged to participate in the newly evolving Medicare Locals through a range of mechanisms from Board level to committees. In addition to this 'structural' role, there is a demand for nurse leaders in clinical 'communities of practice' which are enabled by Web2.0 platforms and have national reach.

Contribution by this critical frontline health nursing workforce is a key to the success of Medicare Locals. Nurses are knowledgeable and credible to the public.

Nurses have identified a lack of self-confidence in being able to participate effectively in local primary care structures (like Medicare Locals) and in e-enabled clinical 'communities of practice' as there has not been a history of nurses being involved in local primary health care organisation (e.g. Divisions of General Practice) service planning and governance. As a result, despite the proportion of the primary health care workforce they represent, nurses lag behind general practitioners in formal training in leadership and governance.

Tranche 1 Medicare Locals have expressed to APNA significant challenges in recruiting nurses to governance and leadership positions.

Nurse leaders in contemporary health systems need to engage in strategic planning, provide mentorship, inspire their peers, demonstrate clinical excellence, innovation, dynamism and confidence, as well as be responsive to the range of social, economic and political factors influencing health care delivery.⁸

There is extensive research which shows that there are significant barriers to nurses undertaking leadership and governance roles generally, with studies identifying both the medical/nursing power relationship and the gender imbalance as having a key impact.^{9,10}

Research has shown that for nurses participating in governance of a primary health care organisation, there remain significant challenges in contributing to policy development through feeling like 'outsiders', feeling they lack credibility and finding it hard to be assertive without it becoming aggressive.¹¹

Given that nurses have had little opportunity to participate in the governance processes of existing general practice networks, there is a need to develop a core group of lead nurses in a very short time frame (4 nurse board members in 120 general practice networks).

APNA proposes a strategy which:

- Identifies 360 nurse leaders across all Medicare Locals;
- Develops and delivers training to nurse leaders, including corporate and clinical governance and population health literacy;
- Provides ongoing support and networking to identified nurse leaders;
- Uses developed nurse leaders to encourage and mentor newly identified nurse leaders.

REQUIRED INVESTMENT

Measure	Budget		Forward Estimates	
	\$m		\$m	
	2012-13	2013-14	2014-15	2015-16
Nurse leadership program	1.0	1.0	1.0	

3. Enhancing nursing networks

Gains in the professional recognition of primary health care nurses and their contribution to health reform need to be strengthened during structural reforms in primary health care.

Historically, some Divisions of General Practice have successfully mobilised local nurses into networks and have provided education, networking and information on a regular basis. These networks have been supported by the Australian General Practice Network (AGPN) and State-Based Organisations (SBOs) for divisions of general practice.

However, these networks are no longer the solution to mobilising local networks of nurses because:

1. Local nursing networks have been organised in an 'ad hoc' way resulting in inconsistent support for primary health care nurses;
2. Divisions of general practice nursing networks are currently in limbo during the transition from divisions of general practice to Medicare Locals;
3. A consistent capacity and willingness to support and educate primary care nurses at the local level is not apparent in the development of Medicare Locals.

As a result, APNA has concerns that a solely regional model for nurse support will be insufficient, at the same time that the PNIP is likely to increase the numbers of new nurses in general practice, and has the reform potential to expand existing nurses' roles.

APNA proposes a national model for primary health care nurse support, using a 'hub and spokes model' in which there would be a small group of national leaders supporting regionally placed nursing networks. It is critical that such a model be led by a nursing professional body which can work in conjunction with the national body for Medicare Locals. Recent Australian research suggests that maintaining a strong attachment to the nursing profession is key to workforce retention.¹²

A nurse-led hub-and-spokes model will ensure credibility within the nursing profession and ensure that lessons learned fit with innovations in nursing practice. It also allows for the development of a nursing-specific database for workforce projections.

The APNA nurse networks initiative would see APNA's national office offering assistance to each Medicare Local throughout Australia to establish nurse-led, regional primary care nursing support networks that would be inclusive of all primary care nurses. For example, APNA would work with the South-Western Sydney Medicare Local to establish a primary care nursing network in the South-Western Sydney Medicare Local catchment, and so on. This would provide a national network of 61 regional nurse networks around Australia.

APNA would:

- Assist Medicare Locals to identify local primary health care nursing leaders who would help coordinate local nursing networks and would provide input and suggestions to Medicare Locals about what support was needed locally, and how the Medicare Local could assist nurses to implement health reform in local practice settings.
- Provide consistent national messages to Medicare Locals about the roles of nurses in health reform and quality improvement to feed into local nursing networks.
- Provide topics, session plans and informal packages of educational support (including access to online learning packages) that regional nursing leaders and Medicare Local staff could use as part of running local nursing networks.

- Assist Medicare Locals to establish a database of the local primary care nursing workforce including nurses in all primary care health settings – general practice nurses, school nurses, aged care nurses, community health nurses, etc.

Implementing the model would require four staff at the national level to support regionally based leaders by providing educational content, supporting nurse leaders and best practice guidelines for establishing and running networks. A budget for each Medicare Local from January 2013 onwards, and a performance indicator about the maintenance of nurse networks would support the infrastructure required to support regional nurse networks including stipends for local nursing leaders.

It is a core role of Medicare Locals to support local primary health care providers to meet quality standards and to improve the provision of healthcare, including by implementing national health reform at the grassroots level. APNA believes that for nurses, it is critical that there are opportunities for national primary care nurses to

- Learn from skilled nursing leaders at the local level;
- Share experiences and knowledge;
- Collectively enhance the nursing profession through education and training;
- Focus on how to improve care at the regional level.

These can be achieved through the development of local networks which would ideally be led by skilled primary health care nurse leaders at each local level.

REQUIRED INVESTMENT

Measure	Budget \$m		Forward Estimates \$m	
	2012-13	2013-14	2014-15	2015-16
Nurse networks	2.9	5.3	5.3	5.3

4. Planning for the primary health care nursing workforce of the future

Health system efficiency and effectiveness will only be improved by building a strong primary health care sector.¹³

Ensuring an adequate and effective primary health care nursing workforce is increasingly seen as crucial to reforming the Australian healthcare system and delivering the best possible health outcomes to the Australian population.¹³

The primary health care nursing workforce has been expanding rapidly. For example, between 2005 and 2007 there was a 59% increase in the number of practice nurses employed in general practices.⁹

However a number of studies^{14,15} report that there has been an ad hoc approach to workforce planning. This leaves health reform vulnerable.

Additionally, annual surveys undertaken by APNA suggest that there has been an increase in the intention to leave their current position by general practice nurses, and that at least 13% intended to leave the sector at the point the survey was undertaken.¹⁶ This finding is supported by evaluation data from other nursing projects in Australia.

A number of studies of the Australian nursing workforce have occurred since 2000.^{17,18} When considered for use in predictive modelling for the national primary health care nursing workforce, these studies have a number of important limitations, including:

- Their focus on the nursing workforce as a whole; and/or on the nursing workforce in the acute sector; and/or their focus on specialised areas of nursing outside primary health care (AMWAC 2004);
- Their lack of currency in terms of fundamental health reform initiatives;
- Their ‘snapshot’ methodology, which, while providing a ‘state of play’, fails to create a basis for prediction/planning;
- The absence of an agreed dataset covering supply, demand, compositional balance and distribution.

Despite this, Health Workforce Australia (HWA) has confirmed that such a study is not in its work plan. It is also APNA’s understanding, following these discussions, that HWA does not have a set of baseline data on which predictive modelling could be based.

REQUIRED INVESTMENT

Measure	Budget	Forward Estimates		
	\$m	\$m		
	2012-13	2013-14	2014-15	2015-16
Primary health care nursing workforce study	0.9	-	-	-

5. Sustaining the primary health care nursing workforce

If Australia is truly to harness the potential of primary health care nurses in the shift from expensive acute-based care to better primary health care, APNA believes the workforce needs to be supported by a range of national initiatives.

In New Zealand, primary health organisations (PHOs) have nursing workforce development teams which assist with undergraduate placements, providing clinical support for new graduates to complete a one year rotation in general practices/primary health care, support nurses new to general practice and support nurses in attaining nurse practitioner status. APNA believes similar support is required in Australia.

Clinical placements – improving nurse entry into primary care

To date, primary care nurses have largely been educated under the hospital apprenticeship model, with many years of hospital nursing experience prior to entering the general practice setting. These nurses, overwhelmingly, are middle-aged and female. They will retire out of the workforce, increasing the demand for primary health care nurses.

This demand will be met, over time, by the graduates of university-based nursing education. However, educational structures for nurses-in-training are inadequate to meet the demands for current and future roles of primary health care nurses.

Placement planning is based on projected student numbers which, in turn, is broadly consistent with population growth projections.

Nursing alone accounts for 32% of the planned growth in clinical placements across all professions. The potential growth in clinical placements outstrips what is planned by 8%. Despite this, there are substantial constraints on funding that result in an inability by universities to offer sufficient high-quality placements, especially in primary health care. Additionally, there are no sound benchmarks for the cost of clinical placements in Australia.¹⁹

Each undergraduate nurse needs a clinical placement in a primary health care setting. Important skills and knowledge in areas such as patient recall and reminders, population health (e.g. immunisation and cancer screening), continuity of care and health service integration are gained in this clinical domain.

APNA proposes that 8,000 clinical placements be supported.

APNA believes that the Australian model of undergraduate medical education in general practice be extended to all undergraduate nurses. This would involve redirecting funds to support clinical educators in primary care settings. Nurse educators would be located in general practices, as they are in the medical education model; and liaise with universities.

As with general practitioners, it is anticipated that early exposure, and exposure in contexts (e.g. rural contexts) similar to those where students went to school, will increase participation in, and retention in, primary health care nursing and thus assist to meet future demand in the sector.

APNA proposes that a three-month clinical placement be required for each undergraduate nurse. Such an achievement is, in effect, caught in a 'Catch-22' where, the willingness of the Australian Nursing and Midwifery Accreditation Council (ANMAC) to *require* clinical placements in primary health care as an

element of undergraduate education is dependent on funding for these placements; and the incentive for universities to provide all undergraduate nurses with clinical placements lies in the requirement from the ANMAC being present.

Earmarked funding by the Australian Government will resolve this dilemma and is central to the achievement of health reform goals.

A common career path for nurses is to spend the year after graduation in 'consolidation' of their skills. Predominantly, nurses who choose to follow this path do so in the acute sector where they have access to clinical educators. In contrast to doctors who may wish to pursue a career in general practice (where the Prevocational General Practice Placement Program operates), nurses who wish to take a career path specialising in general practice need to move into the sector without the availability of peer-led, local support networks.

APNA believes that recruitment and orientation kits online, and face-to-face workshops, are not enough to equip nurses with the skills and knowledge needed to make a successful transition into primary care.

Achieving a sustained model of 'consolidation' in primary health care would involve the funding of nurse mentor/educators across Australia. Additionally, Health Workforce Australia has identified the need for incentives for practice-based health professionals (nurses and doctors) to participate in this education. APNA recommends that the network of mentors be coordinated nationally, but placed at regional level, through Medicare Locals; and that a pool of funds be allocated to provide incentives at practice-level for involvement in consolidation placements.

Ongoing professional development

Primary health care nurses also require additional support for professional development. Skilled primary care nurses are critical in delivering on the Australian Government's primary health care reform agenda. This is reflected in the current policy focus on primary health care, preventative health, chronic disease management and initiatives such as the Practice Nurse Incentive Program (PNIP).

Access to continuing professional development (CPD) is particularly critical in the general practice workforce where:

- approximately one third of nurses in primary care do not receive any support for CPD from their employer;
- the shortage in the nursing workforce creates an environment in which there are incentives to employ nurses who have experience outside general practice and require access to a wide variety of professional development in order to competently undertake the more generalist and very different role in general practice.

It is essential to the success of primary health care reform that nurses in primary health care are supported to be suitably educated, competent and confident. There are risks in shifting the full financial support for this practice nurse CPD to employers or the nurses themselves.

General practice nurses were the single largest nursing specialty to apply for continuing professional development funding in the first round of applications in the national Nursing and Allied Health Scholarship and Support Scheme (NAHSSS) after September 2010, when the Royal College of Nursing Australia (RCNA) began administering the grants. There has been an increase in the number of practice nurses applying for post-graduate scholarships, although data released by the RCNA records a decline in

the number of post-graduate scholarships offered to practice nurses from previous levels offered under APNA's administration.

Based upon the number of scholarships available to practice nurses under the NAHSSS, there has been a significant reduction in the level of financial support available to practice nurses from the Commonwealth as of July 2010. The figures confirm concerns of APNA members and non-member nurses that a large percentage of practice nurses missed out on scholarships in the first round. This is of grave concern to APNA and comes at a time where the primary health care nursing workforce is ripe to expand further following the introduction of the PNIP.

APNA proposes a dedicated funding initiative to support provision of professional development financial support in this critical workforce, separate from NAHSSS scholarships. We believe that approximately double the funding offered in the early 2000s would be an appropriate investment, given the strong growth in the primary care nursing workforce over the past decade and the predicted future growth of around 500 additional primary health care nurses each year.

REQUIRED INVESTMENT

Measure	Budget \$m		Forward Estimates \$m	
	2012-13	2013-14	2014-15	2015-16
Undergraduate clinical placements	8	8	8	8
Undergraduate clinical nurse educators	Cost neutral (funds redirected from existing sites)			
Postgraduate consolidation placements	1	1	1	1
Postgraduate clinical nurse mentors	1.2	1.2	1.2	1.2
Professional development scholarships for nurses in general practice	1.4	1.4	-	-

About APNA

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 3½ 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 3000 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 continue to use the term general practice nursing.

Practice nurses improve health outcomes

There is an increasing body of evidence demonstrating the benefits of general practice and primary health care nurses for health outcomes at both the individual patient and population level.

Australia research suggests that GPs in practices that employ a practice nurse can see an additional 16 patients a day.²⁰

The evaluation of the Nursing in General Practice (NiGP) Program found that it had:

- improved the throughput of patients in general practices which employed practice nurses and reduced patient waiting times;
- given general practitioners more available time and reduced their workforce pressures;
- provided opportunities for rural general practitioners to liaise more effectively with other health professionals about the care of patients and;
- increased patient awareness of practice nurses, raised their profile and encouraged the idea that they should receive specific practice nurse education.

Overall, this evaluation concluded that practice nurses made a significant contribution to the quality, access and affordability of primary health care in Australia and that other incentives to encourage general practices to employ practice nurses needed to continue into the future.²¹

A systematic review of international research²² demonstrates 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.

¹ Australian Government. 2010. Building a 21st Century National Primary Health Care System: Australia's First National Primary Health Care Strategy. Canberra.

² Australian General Practice Network (2007). National Practice Nurse Workforce Survey Report 2007, Manuka

³ Phillips C Pearce C Hall S et al. Enhancing care, improving quality: The six roles of the general practice nurse. *MJA* 2009; 191(2): 92-7.

⁴ Webster RJ Heeley EL Peiris DP et al. Gaps in CVD risk management in Australian general practice. *MJA* 2009; 191(6): 324-9.

⁵ Mazza D Harris M. Improving implementation of evidence-based prevention in Primary Care. *MJA* 2010; 193(2): 101-2.

⁶ Australian Institute of Health and Welfare. Australia's health 2008. Cat. no. AUS 99. Canberra: AIHW. 2008.

⁷ Ernst & Young. Review of Cardiovascular Disease Programs – Final Report (to the) Department of Health and Ageing. Department of Health and Ageing. Canberra. March 2009.

⁸ Borbasi S Gaston C. Nursing and the 21st Century: what's happened to Leadership? *Collegian* 2002; 9(1): 31-5.

⁹ Halcomb EJ Davidson PM Patterson E. Promoting leadership and management in Australian general practice nursing: what will it take? [Review]. *J Nurs Manag* 2008; 16(7), 846-52. doi: 10.1111/j.1365-2834.2008.00938.x

¹⁰ Speed S Luker KA. Getting a visit: how district nurses and general practitioners 'organise' each other in primary care. *Sociol Health Illn* 2006; 28(7): 883-902. doi: 10.1111/j.1467-9566.2006.00511.x

¹¹ Hughes A. The challenge of contributing to policy making in primary care: the gendered experiences and strategies of nurses. [Research Support, Non-U.S. Gov't]. *Sociol Health Illn* 2010; 32(7): 977-92. doi: 10.1111/j.1467-9566.2010.01258.x

¹² Shacklock K Brunetto Y. The intention to continue nursing: work variables affecting three nurse generations in Australia. *Journal of Advanced Nursing* 2012; 68(1), 36-46.

¹³ National Health and Hospitals Reform Commission. A Healthier Future For All Australians – Final Report of the National Health and Hospitals Reform Commission – June 2009. Canberra. Commonwealth of Australia 2009.

¹⁴ Watts I Foley E Hutchinson R et al. General Practice Nursing in Australia Melbourne Royal Australian College of General Practitioners 2004.

http://www.racgp.org.au/Content/NavigationMenu/Advocacy/IssuesinGeneralPractice/GeneralPracticeNurses/gpna_mainreport.pdf

¹⁵ Keleher H Parker R Abdulwadud O et al. Systematic review of the effectiveness of primary care nursing. *International journal of nursing practice* 2009; 15(1): 16-24.

¹⁶ Australian Practice Nurse Association. Salary and Conditions Survey 2012 (unpublished)

¹⁷ Australian Health Workforce Advisory Committee (2004), The Australian Nursing Workforce – An Overview of Workforce Planning 2001-2004, AHWAC Report 2004.2, Sydney

¹⁸ Australian Health Workforce Advisory Committee (2004), Nursing Workforce Planning In Australia – A Guide To The Process And Methods Used By The Australian Health Workforce Committee, AHWAC Report 2004.1, Sydney

¹⁹ Health Workforce Australia 2011: Mapping Clinical Placements: Capturing Opportunities for Growth – Demand (University) Study

²⁰ Australian Divisions of General Practice, Business Cases Study – Small, Urban Practice Model, <http://www.generalpracticenursing.com.au/client_images/196260.pdf>, p. 6

²¹ Healthcare Management Advisers, Evaluation of the 2001 Nursing in General Practice Initiative, June 2005, (HMA report)

²² Sibbald B Laurant MG Reeves D. Advanced nurse roles in UK primary care. *MJA* 2006; 185: 10-2.