



Royal Australian College of  
General Practitioners

&

Royal College of  
Nursing, Australia



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# *General Practice Nursing in Australia*

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May 2004

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## *Foreword*

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On behalf of the Royal Australian College of General Practitioners (RACGP) and Royal College of Nursing, Australia (RCNA) we have the pleasure of introducing this landmark publication on general practice nursing in Australia to the medical, nursing and allied health professions.

This Report is the result of a collaborative partnership between the RCNA, the RACGP, and the Australian Government which sought to explore the role of nurses working within the Australian general practice environment and to identify the educational needs to support the role. Whilst this work focuses on nurses and general practices, it has been completed with the aim of ensuring that Australian consumers receive the benefits and advantages of nursing services in general practices.

The general practice setting, led by a General Practitioner, plays a pivotal role in the delivery of safe, quality primary health care to the Australian community. There is a strong tradition of providing comprehensive, coordinated and continuing medical care to individuals, families and communities, drawing on biomedical, psychological, social and environmental understandings of health. Many general practices are now further extending their role in health care to encompass health advancement and promotional activities to immunisation, diabetes and asthma management, smoking cessation and lifestyle education.

For an increasing number of general practices, the general practice nurse plays a key role in the organisation and delivery of many of these general practice health care activities, supporting and complementing the General Practitioner. It is our view that general practice nurses add an additional dimension to the quality of this health service delivery. Nursing in general practice is strongly supported by both the RACGP and the RCNA as a means to broaden access to primary health care, support practice based continuity of care and promote quality primary health care for all Australians.

This Report is a demonstration of the ability and willingness of the nursing and medical professions to work together to progress health care in general practice to a vision of team work and professional collaboration.

The RACGP and RCNA would like to thank the General Practitioners, general practice nurses, representative medical, nursing and consumer organisations, Divisions of General Practice and the Australian Government Department of Health and Ageing for their overwhelming support for this research activity. It is this level of both professional and organisational collaboration that enables progress and movement towards a vision of effective teamwork in health care delivery and efficient, high quality care for the Australian public.

We hope this Report will assist general practices to promote the role of their nurses to the wider practice community so that relevant organisations can better utilise and benefit from the combined skills of the general practice team.

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- The institutions and organisations who contributed information about their educational programs to the Project.
- The Project Reference Group Organisations:
  - Association for Australian Rural Nurses
  - Australian College of Rural and Remote Medicine
  - Australian Council of Community Nursing Services
  - Australian Council of Deans of Nursing
  - Australian Divisions of General Practice
  - Australian Medical Association
  - Australian Nursing Council
  - Australian Nursing Federation
  - Australian Practice Nurses Association
  - Chief Nurses
  - Congress of Aboriginal and Torres Strait Islander Nurses
  - Consumers Health Forum of Australia
  - Council of Remote Area Nurses of Australia Inc
  - Council of the Ageing
  - Health Consumers of Rural and Remote Australia
  - Rural Doctors Association of Australia
- The National Steering Committee on Nursing in General Practice.
- Australian Government Department of Health and Ageing.

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## Glossary of Acronyms

Aboriginal and Torres Strait Island Health Bibliography	ATSI HEALTH
Association for Australian Rural Nurses	AARN
Australian and New Zealand Standard Industrial Classification	ANZSIC
Australian Bureau of Statistics, Statistical Clearing House	ABS SCH
Australian College of Rural and Remote Medicine	ACRRM
Australian Council of Community Nursing Services	ACCNS
Australian Council of Deans of Nursing	ACDN
Australian Divisions of General Practice	ADGP
Australian Government Department of Education, Science and Training	DEST
Australian Government Department of Health and Ageing	DoHA
Australian Marketing and Research Services	AMRS
Australian Medical Association	AMA
Australian Nursing Council	ANC
Australian Nursing Federation	ANF
Australian Practice Nurses Association	APNA
Australian Public Affairs Information Service	APAIS
Cardio-Pulmonary Resuscitation	CPR
Congress of Aboriginal and Torres Strait Islander Nurses	CATSIN
Consumers Health Forum of Australia	CHF
Continuing Nursing Education	CNE
Continuous Professional Development	CPD
Council of Remote Area Nurses of Australia Inc	CRANA
Council of the Ageing	COTA
Cumulative Index of Nursing and Allied Literature	CINAHL
Electrocardiograph	ECG
Enhanced Primary Care	EPC
Enrolled Nurse (Registered Nurse Division 2 in Victoria)	EN
General Practice Memorandum of Understanding Group	GPMoU Group
General Practice Partnerships Advisory Council	GPPAC
General Practitioners	GPs
Health Consumers of Rural and Remote Australia	HCRRA
National Steering Committee on Nursing in General Practice	NSCNGP
New Zealand Nursing Organisation	NZNO
Nursing and Midwifery Council	NWC
Practice Incentive Program	PIP
Practice Nurse Subsidy Scheme	PNSS
Registered Nurse (Registered Nurse Division 1 in Victoria)	RN
Royal Australian College of General Practitioners	RACGP
Royal College of Nursing, Australia	RCNA
Rural and Remote Health Database	RURAL
Rural Doctors Association Australia	RDAA
Rural, Remote and Metropolitan Areas Classification System	RRMA
Statistical Local Areas	SLA
Technical and Further Education	TAFE
Western Australian Practice Nurses Association	WAPNA

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## Executive Summary

General practice nursing in Australia represents an opportunity for general practice and nursing to collaborate to enhance the quality of care provided to patients in general practice.

General practice nursing appears to have a clear career trajectory that has been articulated and supported in other countries such as the United Kingdom (UK) and New Zealand (NZ). In these countries, general practice nursing has been supported systematically, to develop and provide professional infrastructure such as competency standards, role descriptions, career and educational pathways and professional organisation support. In contrast, Australia appears to lag significantly behind the UK and NZ in relation to the recognition and specialisation of the role of the general practice nurse. There is an opportunity to develop and support nursing in Australian general practice as a viable career option for nurses.

The RACGP/RCNA Nursing in General Practice Project was a collaborative undertaking by the Royal Australian College of General Practitioners (RACGP) and Royal College of Nursing, Australia (RCNA) for the National Steering Committee on Nursing in General Practice (NSCNGP), funded by the Australian Government Department of Health and Ageing (DoHA). The purpose of the Project was to explore the current and future roles of nurses in general practice, the educational needs of nurses and General Practitioners and the current educational programs available to support the role of nurses in general practice in Australia.

The Project was based on an action research methodology using a triangulation of quantitative and qualitative data collection activities. Consequently, the Project contained a number of research activities:

- A review of published and unpublished research, literature and commentary from both Australian and international contexts on the role of the nurse in general practice, the development of general practice nursing as a professional career option, and collaborative team work in general practice.
- A national telephone survey of general practice nurses which collected primarily quantitative information about current roles, qualifications, educational background, experiences and future aspirations of 222 general practice nurses, with the survey sample consisting of both enrolled and registered nurses from rural and urban areas of Australia.
- A series of 14 workshops held with General Practitioners and general practice nurses around Australia, in both rural and urban locations, collecting qualitative information about the two professions' views, experiences and beliefs about nursing and team working in general practice.
- Survey research to map and document the range of formal, non-formal and upskilling programs currently available to support nursing in general practice. Information on these programs was collected through a mail questionnaire to a purposive sample of educational providers followed by additional sourcing through snowball sampling. An assessment of the

quality of educational programs was beyond the scope of the Project and no attempt has been made to consider or define whether individual programs are of high or low quality. Whilst a distinction has been made between formal and non-formal education in this Project, no assumption is made that non-formal learning is of lesser educational value than formal programs.

The data from each of the research activities was used in a gap analysis to determine whether the current educational situation for general practice nursing is appropriate to support general practice nursing now and in the future.

One of the most salient features of this research was the emphasis placed on ensuring that research data, results and conclusions were grounded in the experiences, beliefs and ideas of General Practitioners and general practice nurses themselves.

A number of conclusions about the current and future roles of general practice nursing, and the educational needs of General Practitioners and nurses to support those roles, can be drawn from this research.

The Project found that the typical general practice nurse in Australia:

- is a registered nurse
- works on a part time basis
- works in a medium to large practice with two or more General Practitioners
- works with at least one other enrolled or registered nurse
- has worked in general practice nursing for less than five full time years
- has little post-basic formal education and this education is unlikely to be general practice specific, and
- has received professional development training on issues that are directly related to general practice nursing.

It found that general practice nurses have diverse roles in Australian general practice with individuals forging their own responsibilities within the unique practice in which they work. Despite the seeming heterogeneity of general practice nurses, there are in fact underlying similarities in the roles of all Australian general practice nurses. These might be described as the general practice nurse being a specialist generalist, who may have special interests, not unlike General Practitioners. The similarities in the roles of general practice nurses are best represented by a model that contains four different, albeit overlapping, dimensions of responsibility:

- clinical care — reflects the nurse's responsibility to undertake clinical based procedures and activities
- clinical organisation — reflects the responsibility to undertake activities that require management, coordination and higher level administration of clinical activities, particularly a systems approach
- practice administration — reflects the responsibility to undertake activities that provide administrative support to the general practice as a business enterprise

- integration — reflects the responsibility to develop effective communication channels within the practice and between the practice and outside organisations and individuals.

The model of the general practice nurse's role is characterised and underpinned by flexibility and adaptability. The responsibilities nurses undertake in general practice are not static and will be emphasised and prioritised differently for each nurse and general practice. It appears that the current role of general practice nurses is shaped, moulded and impacted upon by a range of factors, including:

- the professional characteristics of the nurse
- the practice's patient population
- the business orientation of the practice
- localised practice and community resources, and
- structural arrangements at a national level.

The nurses and General Practitioners who participated in this project expressed a view of the future role of general practice nurses that appeared surprisingly similar to the current role. The future role of the nurse was envisaged to evolve with the same role dimensions as identified in the current role model. However, the future general practice nurse will undertake a greater integration role with more time spent on clinical care and clinical organisation, and less time spent on practice administration. In the future, the general practice nurse will contribute to the safe and efficient delivery of quality health care, working in close collaboration with the GP and other health care professionals.

Issues around education and role clarification were the focus of this Project. In researching the educational supports available to underpin general practice nursing in Australia, a number of conclusions can be drawn.

- Education for general practice nursing is largely non-formal in nature.
- Education for general practice nursing is largely delivered by the Divisions of General Practice.
- Non-formal education available to support general practice nursing is likely to be tailored towards the general practice environment.
- Formal education available to support general practice nursing is not likely to be tailored towards general practice environment.
- Education for general practice nursing tends to focus on the National Health Priority areas.
- Education for general practice nursing is likely to be appropriate for registered rather than enrolled nurses.
- The accessibility of education for general practice nursing varies in relation to cost, availability and delivery mode.
- Education for general practice nursing is likely to focus on the clinical care dimension of responsibility.
- Education for general practice nursing is unlikely to provide training in clinical coordination or integration responsibilities.

- There is minimal education available to assist General Practitioners to work effectively as a team with general practice nurses.
- Education for general practice nursing is not adequate to meet the demands of the current role in general practice nurses.
- Education currently available for general practice nursing is unlikely to meet the demands of any future role for nursing in general practice.

Whilst some education does exist to support nursing in general practice, this education is accessed opportunistically and is largely non-formal and ad hoc. There is little predictability in the quality, format or content of education, and there is no system of education that delivers standardised education to general practice nurses in Australia. The current arrangements of education for general practice nursing are unlikely to result in reliable and dependable training of Australia's general practice nurses. Whilst it is recognised that nurses in general practice contribute enormously to the care provided to the general public, the quality of the educational basis of that care is unclear. For nursing in general practice to be a sustainable career option, a coordinated, reliable system of education is needed. A system of education which demonstrates confidence in the training, education and upskilling of the general practice nurse workforce would build a foundation on which nurses in general practice can provide consistent, quality health care to the Australian general public.

Throughout the Project, nurses and General Practitioners identified a number of contextual issues that they believed impacted significantly on the current and future role nursing in general practice. Although these issues were not the central focus of this Project, they were seen to be critical to the future of general practice nursing. The following issues have been raised by the professions as being influential in the role of nursing in general practice. These issues include:

- Education for general practice nursing
- Role clarification for general practice nurses
- Team work issues
- Organisational support issues
- Professional recognition
- Health System issues
- Workforce issues
- Legislation and regulation issues
- Medico-legal and indemnity issues
- Funding issues, and
- The culture of general practice.

General practice nursing has the potential to contribute to the enhancement of primary health care in Australian general practice. At present however, it seems to represent the last frontier of the nursing profession. There is little recognition, acceptance, encouragement, education or support available to build the capacity of nurses to contribute to the future of general practice. To move towards a future for general practice that sees nurses contributing as professionals in their own right, although not practising independently, responding to the dynamic and changing needs of primary health care and enhancing the care that is provided to the Australian public, a number of recommendations have been made. These recommendations target the immediate educational and role development needs

of general practice to support the current role of general practice nurses in the next one to two years. The medium-term recommendations focus on those quality and safety activities that support increased accountability in nursing practice in the next three to five years. The long-term recommendations focus on continued sustainability of the general practice nurse as a career choice and as a valuable continuing and future resource for general practice in Australia.

# Vision for General Practice Nursing in Australia

*I think you need to paint a picture that it's exciting, it's dynamic, it's challenging and the sky's the limit for where you can go. For me, I see practice nursing as being the real growth area of nursing and we are (in) a very exciting phase of development.*

General practice nurse

General practice nursing offers great potential in contributing to the health care delivered to Australians through general practice. In contemplating the future of general practice nursing, General Practitioners (GPs) and nurses envisage a future where nursing and medicine are coupled together and work collaboratively to meet the dynamic needs of primary health care. They envisage a future in which general practice nurses are recognised as professionals in their own right and acknowledged as crucial members of the general practice team. Nurses will work alongside GPs, not in order to replace or substitute for them, but to add value and enhance the quality of care provided to patients. The future of general practice rests on a team approach to health care delivery that can respond to, adapt with and successfully accommodate the changing health needs of the Australian population.

Such a future is attractive to both the nursing and general practitioner professions. However, there is some way to go before general practice nursing can fulfil this vision. The relevant literature, and the GPs and general practice nurses who participated in this Project identified a number of supports which need to be put in place now, so that this vision is achievable for the future. These supports include education for general practice nurses and GPs, role clarification within the general practice team, clinical guidelines for general practice nursing, communication systems development within general practice, medico-legal arrangements for general practice nursing, industrial arrangements for nurses, continued development of standards for general practices, workforce planning and sustainable funding for general practice nursing.

The Royal Australian College of General Practitioners (RACGP) and Royal College of Nursing, Australia (RCNA) have had a long-standing interest in opportunities to improve practice and patient outcomes assisted by a team approach in general practice. The RACGP/RCNA Nursing in General Practice Project (the Project) offered one such opportunity, whereby the two professions, through their peak professional organisations, could come together and explore the contribution nurses make to general practice health care. This project aimed to scope the role of the general practice nurse in Australia and outline the educational needs of nurses and General Practitioners (GPs) to support that role. This Project provided an opportunity to explore some of the supports in relation to education and role clarification of general practice nursing that are needed to move towards the future. Some of these were not the focus of the Project, however they are reported because GPs and general practice nurses raised them as fundamental issues to be addressed in order to reach the future they envisaged.

*I think it is important that we do not lose sight of the fact that we're actually all working to the same end, which is to improve the care of the patient.*

General practice nurse

## Recommendations

To date, general practice nursing has received minimal levels of support for its contribution to the delivery of primary health care to patients in the general practice setting. The time has come to acknowledge the role, and the educational and organisational needs of the general practice nurse. All future endeavours to assist nursing in general practice should focus on safety, quality and efficiency in order to support improved patient care and outcomes.

The following recommendations for the role and education of general practice nurses and GPs are grounded in the research undertaken with nurses and GPs as part of the Project. Brief explanations are presented with each recommendation. More substantial discussion and evidence for these recommendations will be presented later in this report.

The short-term recommendations target the immediate needs of general practice to support the current role of general practice nurses in the next one to two years. The medium-term recommendations focus on those quality and safety activities that support increased accountability in nursing practice in the three to five years. The long-term recommendations focus on continued sustainability of the general practice nurse as a career choice for six years and beyond. It is, however, likely that work would need to begin on some of these issues in the near future.

### Short term recommendations

General practice nurses and GPs have identified a need for general practice nursing skills and education to be based on nationally consistent standards. The nurses and GPs acknowledge that general practice nursing is a specialist area of nursing, which encompasses a broad generalist knowledge and skill base. Nurses and GPs have suggested that competency standards should reflect this breadth of competence. This Project identifies four dimensions of responsibility in general practice nursing that would be usefully considered in that work. It is recognised that work in the area of competency standards for general practice nurses is currently underway.

#### Recommendation 1

That a national nursing organisation develop national competency standards for general practice nursing to reflect the standards of health care delivery expected by the Australian general public.

#### Recommendation 2

That education for general practice nursing should be assessed against the national competency standards developed for general practice nursing.

General practice nursing as a specialist area of nursing requires a knowledge base specific to the general practice environment. GPs and nurses believe that

quality care for patients of the practice will be enhanced by nurses new to the general practice environment being exposed to induction training in the following areas: the general practice health care setting; the general practice as a business; triage; CPR and emergency care; national health priority areas; wound care; infection control; pathology collection and interpretation; general practice information technology and software; community resources; standards for general practices, accreditation and risk management in general practice; and medico-legal issues in general practice. Orientation training needs to address the four dimensions of responsibility of the general practice nursing role as identified in this Project. GPs and general practice nurses who participated in the workshops conducted as part of this Project identified the two Colleges as having a key role in this area.

**Recommendation 3**

That nurses entering general practice nursing receive a comprehensive orientation program to facilitate their transition to the general practice health setting.

**Recommendation 4**

That national general practice and nursing organisations develop a comprehensive orientation program for general practice nurses.

General practice nurses have an individual professional responsibility to maintain their competence to ensure the community receives safe and effective nursing care. To facilitate this, general practice nurses require educational opportunities that support the four dimensions of responsibility that their role covers – clinical care, clinical organisation, practice administration and integration.

This Project identified that educational opportunities in the areas of clinical organisation and integration are not adequate to support these responsibilities of the general practice nurse.

**Recommendation 5**

That the Australian Government support the development of and existing capacities of the medical and nursing professions to provide general practice specific education in each of the four dimensions of general practice nursing: clinical care, clinical organisation, practice administration and integration.

Whilst there are many and varied educational opportunities for general practice nurses, these are largely unaccredited and unassessed. It was out of the scope of this Project to assess the quality of the educational content, approach or appropriateness of the educational opportunities available to support nursing in general practice. The educational opportunities for general practice nurses are currently provided in a largely ad hoc, opportunistic and variable manner. The majority of opportunities are non-formal and do not provide the general practice nurse with any recognition of their learning. The accreditation of general practice nursing programs was viewed by the nurses and GPs in this Project as an important step towards promoting consistency and quality of formalised

education. One of the mechanisms of accreditation preferred by the nurses in this Project was a Continuing Nursing Education (CNE) system, akin to Quality Assurance and Continuing Professional Development (QA&CPD) Program for general practitioners. One benefit of this approach is that it is likely to support nurses who wish to progress to formal qualifications by assisting to develop structures that facilitate recognition of prior learning.

Recommendation 6

That all education supporting general practice nursing meet the educational accreditation requirements of the RACGP and RCNA ongoing professional development programs.

GPs and nurses recognised the need for ongoing education for nurses and GPs working in general practice. Many nurses and GPs recognised that such professional development was partly their responsibility as professionals. Many GPs also recognised that the professional development and education of nurses in their practices was also partly their responsibility as employers of those nurses. The cost of further education or ongoing professional development for general practice nurses must be fairly distributed so that additional financial burden is not placed on general practices.

Recommendation 7

That the Australian Government supports the existing capacities of the medical and nursing professions to provide professional development for general practice nurses to meet the demands of high quality general practice health care provision.

General practice nurses have identified a number of non-formal learning strategies that assist in the role development and reduction of professional isolation for general practice nursing. These are non-formal education or incidental learning opportunities that are valuable supports for general practice nursing. In particular, these include mentorship with an experienced practice nurse, a period of supernumerary general practice exposure, regional networking for all general practice nurses in Australia, a general practice nurse hotline, a general practice nurse website listing current educational opportunities, and a centralised resource of general practice nursing information that is easily accessible to all nurses.

Recommendation 8

That the Australian Government support relevant national nursing organisations to provide non-formal learning supports to nurses new to the general practice environment to reduce professional isolation.

Whilst the role responsibilities of general practice nurses appear similar across Australia, the actual experiences and working lives of nurses can appear strikingly different. This Project has identified that educational opportunities for general practice nurses (both formal and non-formal) are not uniformly accessible by all nurses in general practice. In particular the accessibility of education may vary by mode of delivery, geographic locality of delivery, cost and length of time. The importance of the role Divisions play in delivering accessible, local level education to practice nurses should not be discounted.

In discussing further education, the nurses and GPs in this Project identified short modules of education as the most convenient form of education. The nurses also requested that previous learning and experience be recognised in any educational packaging. General practice nursing is influenced at the individual practice level by the practice population, business orientation of the practice and the professional characteristics of the nurse, and educational opportunities should enable nurses to package learning to suit the individual nursing and practice needs.

For nursing in general practice to be a sustainable career option for nurses, a coordinated, reliable system of education is needed. A system of education would contribute to ensuring public confidence in the education and competence of the general practice nurse workforce. Such a system would build a foundation on which general practice nurses could provide consistent, quality health care to the Australian general public

Recommendation 9

That educational articulation pathways which incorporate accredited modular education that contributes to qualifications in general practice nursing be developed for general practice nurses in consultation with stakeholders.

General practice nursing encompasses registered and enrolled nurses. Currently, the majority of available educational opportunities target the registered nurse. To maintain quality and safety standards in the general practice environment, it is essential that education providers recognise the contribution enrolled nurses make to general practice health care and offer them appropriate education.

Throughout the consultation with general practice nurses and GPs, some misunderstandings were evident in relation to the supervision requirements of enrolled nurses. It is possible that some enrolled nurses are working without any supervision arrangements with a registered nurse. However, some registered nurses expressed concern at being expected to indirectly supervise enrolled nurses without any knowledge of their competence.

Recommendation 10

That enrolled nurses in general practice are supported in their practice by appropriate tailored education and supervisory arrangements with a registered nurse to ensure quality patient care.

Recommendation 11

That relevant education bodies develop educational opportunities that are tailored to the needs of the enrolled nurse role in general practice in consultation with stakeholders.

A variety of education opportunities exist for nurses and GPs to support the role of the nurse in general practice. However, limited educational opportunities exist to assist GPs to learn the skills they need to work effectively with nurses in general practice. The GPs and nurses in this Project identified that GPs need an understanding of the role of the nurse, the regulatory frameworks that nurses work within, information on employing a nurse, skills in leadership, team work, resource management and conflict resolution.

Recommendation 12

That education addressing leadership and team working be incorporated into GP Quality Assurance and Continuing Professional Development programs.

The GPs and nurses called for further information, resources and tools to assist nursing in general practice. Available information should be reviewed in light of the findings of this Project. The GPs and nurses asked for: generic job descriptions; enrolled nursing information and supervisory requirements; recruitment information; human resource information; employment conditions, regulations and requirements; performance review information; legal and regulatory frameworks governing nursing; information on funding incentives and financial modelling; and generic policy and procedures manuals that can be adapted for individual practice needs.

Recommendation 13

That the Australian Government recommission national general practice and nursing organisations to review the 'Nursing in General Practice' Information Kit.

Effective communication skills in the general practice team are crucial to the delivery of safe and efficient health care. Nurses and GPs in this Project valued communication as a key strategy to providing quality health care and improving health outcomes. In addition to good communication skills, a system of communication within the practice was seen to be highly important to facilitate effective and safe health care to the patients. GPs and nurses valued an established communication process in the general practice which included policy

and procedure guidelines, job descriptions and role clarification, 'protected' time (i.e. time without patient contact), and general practice team meetings.

**Recommendation 14**

That education in communication skills and systems be developed and delivered to general practice nurses and GPs through the relevant continuing professional development programs.

Meeting the RACGP's *Standards for General Practices*, and undergoing practice accreditation encourages general practice to review their work processes and environment to increase efficiency and reduce risks, whilst remaining up to date with trends and best practice. The incorporation of assessment of components of general practice nursing into the accreditation process of general practice could encourage general practices to support nursing and ensure that the contribution nursing makes to health care delivery is of a high, consistent and safe standard.

General practice nurses have used previous knowledge and experience in combination with ongoing professional development, on-the-job training and incidental learning to undertake activities and procedures in the general practice setting. The general practice nurses strongly supported the development of generic policies and procedures that could be adapted to the individual general practice needs. The Project is aware that the RACGP has begun a review of the 2<sup>nd</sup> Edition of its *Standards for General Practices*.

**Recommendation 15**

That the RACGP in the Review of the Standards of General Practice consider the implications of this Project in encouraging practices to develop policies and procedures.

## Medium term recommendations

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General practice nursing can significantly contribute to the quality of patient care in the general practice setting. General practice nurses work in collaboration with the GP and other general practice staff. This study has identified the role of the general practice nurse, the registered and the enrolled nurse in primary health care. A number of concerns were expressed by both nurses and GPs in relation to clarification of the role of the general practice nurse and other team members. In particular, GPs expressed confusion over a number of activities and who in their practice should be the person to undertake them. Further confusion was experienced with regard to the concept of a Nurse Practitioner and how this role would differ from that of a general practice nurse.

**Recommendation 16**

That general practices are encouraged to clarify the roles of their staff to ensure staff are working within appropriate boundaries for safety and quality care; and that clients of the practice are clear about the roles of practice staff.

Clinical guidelines are one means of assisting health professionals in making health care decisions in specific clinical circumstances. Whilst guidelines can represent a statement of best evidence based practice at the time of publishing, clinical guidelines are not intended to replace the health professionals professional judgement on individual cases (New Zealand Guidelines Group, 2003).

State and territory legislation and regulation determines the scope of nursing practice. Immunisation and cervical screening are areas of nursing practice that are influenced by state legislation and regulations. The nurses and GPs consulted with in this Project expressed confusion and apprehension about the lack of national consistency in the regulations and standards surrounding care in this area.

**Recommendation 17**

That the Australian Government commission national general practice and nursing organisations to conduct a stock take of the national regulations and credentialing for immunisation and cervical screening with the aim of determining the potential for creating national consistency.

Guidelines for clinical management in areas such as diabetes, asthma and chronic disease management would support general practice nurses and GPs to maintain consistency, safety and evidence based practice in care delivery. In this research, general practice nurses expressed their concerns about their increased responsibilities in the management of chronic disease management without the appropriate supports for their practice (including education or guidelines).

The GPs and general practice nurses identified that improvements to team work and collaboration in general practice could be facilitated by practical and theoretical education in these areas. Exposure to general practice nursing in the early medical and nursing education pathway could increase respect and acceptance of team working in general practice and encourage nurses to undertake general practice nursing as a career choice. Training in the area during early years in the profession may also be important. The Project is aware that the RACGP is beginning to plan a review of the curriculum for general practice vocational training.

**Recommendation 18**

That the opportunity to undertake quality clinical placement in a general practice be promoted to, and enhanced for undergraduate nurses and medical students.

**Recommendation 19**

That any review of national general practice and nursing organisations' curriculum for vocational training include consideration of the findings of this Project with an aim to enhance education in the elements of team working in a multidisciplinary team.

GPs and general practice nurses identified that joint ongoing professional development undertaken by GPs, nurses and other practice staff on educational areas that are relevant to all staff within the practice is likely to assist the general practice team understand each other's roles and competencies. Joint education may also be seen to contribute to the nurse and GP providing consistent information and advice to patients.

Recommendation 20

That the relevant national organisations encourage the delivery of continuing professional development education programs to joint audiences of nurses, GPs and other practice staff for educational areas that are appropriate to more than one team member.

Whilst some post-graduate courses are available for general practice nursing, this Project did not review curriculum for education in the four role dimensions. Whilst postgraduate options for general practice may be appropriate, their content needs to be considered in light of the findings of this research.

Recommendation 21

That University Schools of Nursing providing post-graduate general practice nursing courses review their content in light of the findings from this Project.

General practice nurses are generally unaware of the capacity of the tertiary institutions to recognise prior learning and experience.

Recommendation 22

That University Schools of Nursing offering general nursing practice education identify their capacity to recognise prior learning and experience and communicate this information to the general practice nursing community.

## Long term recommendations

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General practice nursing has evolved and should now be recognised as a specialty area of generalist nursing. In order to retain and attract general practice nurses, their role and status needs to be promoted to the wider nursing and general population. With increased recognition, education and support, general practice nursing may develop into a viable 'career' option for nurses and ensure the long term sustainability of their contribution to Australian primary health care.

Recommendation 23

That general practice nursing is developed and promoted as a career option and specialty in nursing that incorporates beginning, competent and advanced levels of practice.

Currently, there is a tendency for GPs and nurses to function as per the provider substitution model of team work where nurses are viewed as a replacement for the doctor in some clinical areas. The two Colleges advocate a collaborative approach to uniting nursing and medicine in general practice. If a model of collaborative care is to be achieved in the future, then general practice could incorporate nursing and medicine in complementary, albeit overlapping, areas of responsibility.

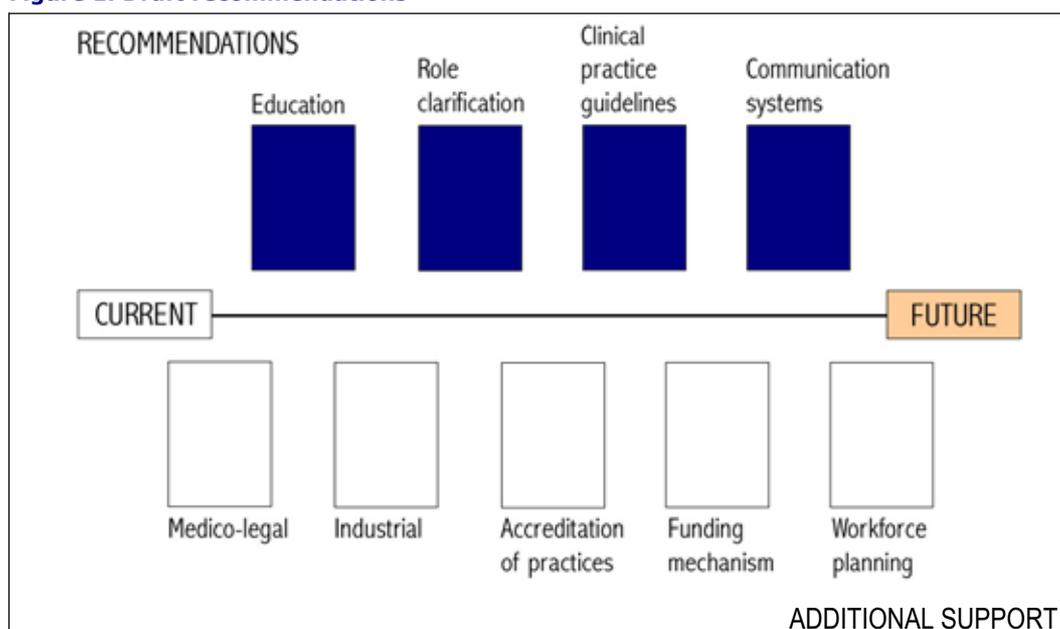
**Recommendation 24**

That models for team work are explored and developed for use in general practice.

These recommendations will only be effective if they are supported by considerations of other areas that impact on the general practice environment. Whilst not the central focus of this Project, these issues were seen by GPs and nurses to be central to the future of general practice nursing.

Figure 1 provides a visual representation of the steps needed to appropriately support the development of the general practice nurse role.

**Figure 1. Draft recommendations**



As indicated in Figure 1, a number of recommendations have been made concerning education, role clarification, clinical guidelines and communication systems in order to move towards the future of general practice nursing envisaged by the two professions in this Project. The recommendations made in this report are intimately linked to considerations of factors that emerged in this research but are beyond the scope of the current Project. Specifically:

- GP and nurse concerns about workforce planning issues, the shortage of health care personnel, recruitment of new nurses, re-entry education of nurses, retention issues and sustainability for the longer term need to be considered

*continued*

- Nurse and GP concerns about industrial issues including rates of pay, staff relief, study leave, career advancement within nursing and recognition of general practice nursing within the nursing profession need to be considered in the short and medium term
- GP and nurse frustration at the mechanisms by which general practice nursing is funded in Australian general practice need to be considered in the short term for the long term sustainability of general practice nursing
- The incorporation of general practice nursing into the RACGP's *Standards for General Practices*, and the accreditation of general practices needs to be considered in the short and medium term to ensure consistency in patient care
- GP and nurse anxiety about medico-legal and indemnity issues needs to be addressed in the short term to foster more appropriate use of nurses in general practice in the future

The effectiveness of the recommendations about the role and educational needs of general practice nurses will be limited if there is not consideration given to these other issues. These issues must be addressed to enable a move towards a future where nurse professionals collaborate with GPs to provide consistent, safe and high quality health care to patients.

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# Context

## Australian general practice nursing scene setting

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In Australia, nursing and medicine have developed as two independent, albeit complementary professions. Nursing in general practice reflects a move towards uniting nursing and medicine within one particular health care setting. The way in which these two professions collaborate within general practice appears to have manifested differently in Australia compared to other countries. In particular, the experience of general practice nursing in the United Kingdom and in New Zealand provide alternative, and arguably more advanced, acceptance of nursing within general practice. It is within this international and domestic context that the current Project is situated.

### *General practice in Australia*

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At the centre of discussions about general practice nursing is the 'general practice' — the work place and health care environment in which these nurses are employed. General practice is part of the Australian health care system and operates predominantly through private medical practices, which provide universal access to medical care for individuals, families and communities. 'GPs play a crucial role as 'gateways' to the rest of the medical system: in this role they have a profound influence on both health outcomes and health expenditures' (General Practice Strategy Review, 1998).

General practice in Australia is extraordinarily diverse with practices differing in relation to staff size, locations, financial arrangements, physical premises, professional constitution of staff, patient populations, organisational culture and collaboration with allied health services. Despite this diversity, general practice in Australia is supported by a system of standards for general practices, accreditation of general practices, and other quality assurance mechanisms to ensure the quality of health care delivered to the Australian public is of a consistently safe, high standard. The GP as the specialist at the core of general practice also participates in, and is supported by a sophisticated Quality Assurance and Continuing Professional Development system.

Although the study is of general practices in England, the findings of Campbell, Hann, Hacker, Burns, Thapar, Mead, Safran and Roland (2001) are relevant. These authors found that good team working is a key part of providing high quality care across a range of areas, and may need specific support if the quality of care is to be improved. Additionally, these researchers found that no single type of practice has a monopoly of high quality care – that different practices may have different strengths.

Despite the focus on general practice as the lynchpin of primary health care in Australia, general practice currently faces a number of challenges for the future including a growing workforce shortage, funding sustainability, and concerns about the medical indemnity crisis.

### *The nursing profession in Australia*

*Professionals use specialised knowledge to benefit their clients and the community. They study and become qualified, become bound by a code of ethics, go into practice or take up employment, and develop relationships of trust with clients.*

Australian Society of Association Executives, 2003

Of course, general practice nurses are not just employees in a small business of the general practice, but rather they are professionals in their own right. Nursing is a well-recognised and respected profession in Australia and internationally. Consumers of nursing services have confidence in the professionalism of nurses in Australia. Nurses are regulated in their practice under Nursing Acts in each State and Territory of Australia, various State and Territory legislations, have nationally agreed professional standards and adhere to national Codes of Professional Conduct and Ethics.

Nursing as a profession has readily extended its knowledge and skills to meet the dynamic and diverse health care needs of the community. Nurses have demonstrated their willingness to be accountable for their core level of competence through the Australian Nursing Council (ANC) *Competency Standards for Registered and Enrolled Nurses* and also at the advanced and specialist levels of nursing practice through a number of advanced/specialist nursing competency standards.

Nursing in Australia is supported by a sophisticated professional development system. The RCNA have recently extended their CNE or Continuing Nursing Education program for ongoing professional development for nurses to all members of the nursing profession, not just members of RCNA . This program aims to enhance the professional life long learning of all nurses.

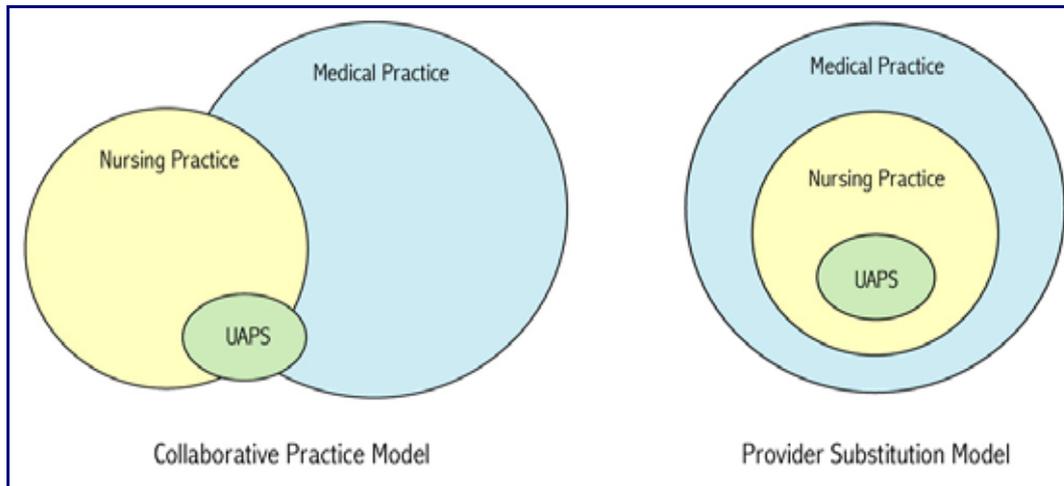
The general practice nursing profession in Australia is ready to be recognised as a specialist generalist nurse who meets the demands and challenges of the general practice environment and client population.

### *Nursing and general practice in Australia*

The future of general practice nursing in Australia will reflect the capacity of Australian general practice to incorporate nurses into the primary health care team and the capacity of nurses to adapt their roles to the needs of general practice and the community.

There are a number of ways to understand how nursing and medicine operate together in the general practice setting. Many of the models or explanations of nursing and general practice collaboration are based on a provider substitution model of health care delivery such as that outlined by Hastings (1997).

**Figure 2. Provider substitution and collaborative practice models of nursing and general practice.**



In the current general practice environment in Australia, nursing and medicine function in the manner akin to that outlined in the provider substitution model. The contribution of nursing to the general practice is primarily as a replacement for the time-poor and overworked GP. The GP is the custodian of all care within the general practice and delegates segments of that care according to need. There is little shared care between GPs and nurses in terms of approaching care as a joint responsibility (Willis, Condon and Litt, 2000). However, the provider substitution approach does not capture the importance and distinctiveness of the two professions of nursing and medicine and how they complement one another in patient care. In such models, the unique nature of the care provided by nurses is not acknowledged, rather it is assumed that GPs could, if necessary, perform all duties that nurses undertake in general practice. Nurses are seen as replacements for GPs in certain clinical situations rather than as professionals that can add value to patient care in their own right.

In contrast, an alternative model of multidisciplinary team functioning, the collaborative practice model, proposes that a team of multidisciplinary health professionals is needed to provide care (Hastings, 1997). Each health professional has a unique, albeit overlapping scope of practice and together they contribute to the totality of patient care. The physician retains the largest scope of practice and is situated as the leader of the team with the ability to delegate or direct care to other providers. Care is coordinated across the team using the most appropriate health provider for any given situation. In this model, the nurse provides nursing care that complements the medical care provided by the physician. This view is illustrated by Roskell (2000:1025) in his letter to the British Medical Journal, 'Teamwork is not about everyone trying to do the same job', when he says, '... we should value the different roles of individuals in our healthcare teams, not compete for the same role... we all need to learn the true meaning of teamwork.'

Whilst collaborative practice models provide an ideal system for incorporating nursing into general practice, they do not assist in conceptualising how this is manifested at the practice level with individual GPs and nurses. Throughout this Project, it became clear that no adequate or appropriate model/s of team working within the general practice environment was available.

As a result of the advances in safety achieved, models from the aviation industry are being adapted for use in some healthcare contexts, and comparisons being made between the key risks and ways of reducing them (e.g. Sexton, Thomas and Helmreich, 2000). It may also be appropriate to adapt models from the business literature for use in general practice.

It is the intention of the two Colleges to advocate a collaborative approach to uniting nursing and medicine in general practice. Using the provider substitution approach infers that the workforce crisis currently facing GPs in Australia could conceivably be alleviated by the replacement of GPs with nurses for some clinical services. Such an approach does not acknowledge the distinct yet compatible realms of knowledge and expertise that medicine and nursing bring to general practice health care in Australia. The contribution nurses make to primary health care in general practice should not be at the expense of the role of the GP, rather should be additional in value to the care provided.

Consumers do not want practice nurses to be gatekeepers to GPs (Cheek, et al, 2002). These authors also report that consumers do not want nurses to be responsible for diagnosing 'life threatening or serious conditions'. They report that consumers, although having misconceptions and gaps in their knowledge around the actual and potential roles of nurses in General Practice, see nurses as adding value to General Practice by carrying out a range of roles.

### *General practice nursing*

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When nursing and medicine combine in a general practice setting, the emergence of a new specialty of nursing has developed, general practice nursing. The development of general practice nursing in Australia has reflected the beginnings of general practice nursing movement internationally, particularly in the UK and NZ where the role is now relatively advanced.

In the United Kingdom, nurses were initially promoted into the primary health care setting with the 1966 General Practice Contract and again with the 1990 General Practice (GP) Contract. Since the implementation of this contract, the number of practice nurses in the UK has increased dramatically and these nurses undertake a range of activities including immunisation, minor operative procedures and chronic disease management. As an area of nursing specialisation, the UK general practice nurse can be accredited as a 'general practice nurse' specialist. In the UK, general practice nursing is supported by competency standards, a career pathway to nurse practitioner, and a professional organisation. Work is also being undertaken in the areas of role delineation, professional recognition and evaluation of the nurses' contribution to primary health care and the primary health care team. The UK general practice nurse contributes to primary health care delivery through an expanded role in health promotion and prevention.

General practice nursing is similarly advanced in New Zealand where nurses have received government support and recognition of their role in general practice since the introduction of the Practice Nurse Subsidy Scheme in 1970. This was again reinforced by the New Zealand Government in 1983 through a revision of the scheme. General practice nursing in New Zealand is further advanced in the specialisation of general practice nurses with well-documented role description, competency standards, career and educational pathways and professional organisational support. The role of the nurse in general practice in

New Zealand is becoming increasingly recognised as an integral part of primary health care.

Historically, the nursing profession has not been integrated into general practice in a complementary manner in Australia. General practice nursing in Australia has traditionally been employment undertaken by nurses to integrate lifestyle and family commitments with part-time nursing work. Professional isolation has occurred and there has been limited education and support. The nursing and medical professions have argued that general practice nursing is a role that requires greater recognition and support. In the past there has been some questioning of the nurse's abilities to maintain nursing competence in the general practice environment. However, nurses and their capacity to provide clinical support in general practice from a nursing domain in general practice is being increasingly recognised. The introduction of the Practice Nurse Initiative in February 2002 under the 2001 Federal Budget Practice Incentive Programs has further increased support for general practice nurses. The Australian Government has given overt recognition to the fact that general practice nurses coordinate care, support better management of chronic diseases, undertake population health activities and provide clinical support which enables GPs to focus on diagnosis and clinical care. General practice nurses contribute valuable nursing expertise to the primary health care delivered to patients through general practice.

In countries such as the UK and NZ there is a recognised career trajectory for general practice nursing. Australia significantly lags behind these countries in relation to the recognition and specialisation of the role of the nurse in general practice, which is only beginning to be truly explored and supported by professional organisations and associations. As a specialist area of nursing, the general practice nurse would benefit from: recognition of the role as a career; the development of competency standards; educational pathways for nurses in general practice; and continued exploration of the relationship of the role to those of other members of the primary health care team. This level of support for the general practice nurse would have significant benefits for the GP in recruiting and assessing general practice nurses, and would also reassure the consumer that the standard of educational preparation and continued competence of the nurse in general practice is appropriate to the primary health care sphere.

General practice nursing has the potential to contribute to the enhancement of primary health care in Australian general practice. At present however, it seems to represent the last frontier of the nursing profession. Despite the esteem with which general practice nurses are held at the practice level, there is little systematic recognition, acceptance, encouragement, education or support available to build the capacity of nurses to contribute to the future of general practice.

## The RACGP/RCNA Nursing in General Practice Project

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Within the context of an emerging focus, enthusiasm and interest in general practice nursing in Australia, the current Project was borne from collaborative work between the RACGP and the RCNA. This work included the presentation of a proposal on ways to advance general practice nursing to the federal Minister for

Health. Following this work, the 2001/2002 Federal Budget allocated \$103.4M over four years to a program of support for the employment of nurses in general practice, targeted to areas of high general practice workforce pressure, particularly rural and remote Australia. This initiative was part of the Practice Incentive Program (PIP). As part of the Budget, funding was allocated for the Project to explore the role and educational needs of nursing in general practice.

The purpose of the Nursing in General Practice Project was to explore the current and future roles of nurses in general practice, the educational needs of nurses and GPs and the current educational programs available to support the role of nurses in general practice.

The objectives of the Project were to:

- identify the range of roles nurses currently undertake in general practice, taking into account both the nursing and GP perspectives and the international experience
- identify future roles of nursing in general practice, taking into account both the nursing and GP perspectives and the international experience
- identify the knowledge and skills currently needed and used by nurses and GPs who work successfully as a team in general practice, taking into account both the nursing and GP perspective, and
- develop draft recommendations to address the gaps identified.

In the context of nursing the objectives of the Project are to:

- identify the range of qualifications and experience of nurses currently working in general practice
- identify and map the range of formal and non-formal education and upskilling programs currently available to nurses including those to provide them with the skills needed to work successfully in a team with GPs, and
- undertake an analysis to:
  - determine whether the qualifications and experience of nurses working in general practice are appropriate for the future roles that nurses will be expected to undertake in a general practice setting
  - determine whether the education and upskilling programs available to nurses meet the educational preparation needs of the current and future roles of nursing in general practice
  - determine whether the current knowledge and skills of nurses are appropriate to equip them to work successfully as a team with GPs in general practice
  - determine whether the education and upskilling programs available to nurses meet their needs in terms of the knowledge and skills needed to work with GPs
  - identify where the above is not the case, and
  - make recommendations to address these gaps, if any, in the short, medium and longer-term.

In the context of GP needs, the objectives of the Project were to:

- identify and map the range of formal and non-formal education and upskilling programs currently available to GPs to provide them with the skills needed to work successfully in a team with practice nurses,
- identify GP views about the support of education for practice nurses within the general practice setting, and
- undertake an analysis to:
  - determine whether the current knowledge and skills of GPs are appropriate to equip GPs to work successfully as a team with nurses in general practice,
  - determine whether the education and upskilling programs available to GPs meet their needs in terms of the knowledge and skills needed to work with nurses in general practice,
  - identify where the above is not the case, and
  - make recommendations to address these gaps, if any, in the short, medium and longer-term.

This report is not organised in the traditional linear fashion of most research reports. Here, the main conclusions drawn from the results of the Project's activities are presented in this first paper, with supporting evidence provided in a series of appendices. This document provides the synthesis and analysis of the research data collected and presents the conclusions drawn from the study, but does not articulate in great detail the evidential base from which these conclusions were drawn. This evidential base is drawn from the literature review and original research conducted with the Australian general practice nurses and GPs themselves in this Project. Conclusions and recommendations that are provided have emerged from research conducted with general practice nurses and GPs themselves.

Throughout this report, the title 'general practice nurse' is used consistently. Whilst the term 'practice nurse' is a popular title given to nurses who work in general practice, and is an accepted title by the nurses themselves in this Project, the term does create some confusion amongst the general public (Cheek et al, 2002). In recognition of this, and to support the view that nursing in general practice is in fact a speciality of nursing, the terms 'general practice nurse/ing' will be used.

### *Research design*

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The Project is based on an action research methodology using a triangulation of quantitative and qualitative data collection activities. Action research is an accepted framework for research in nursing. Greenwood suggests that the use of action research in nursing '... reflects a recognition... that nursing is a social practice, the central purpose of which is to bring about positive change in the health status of individuals and communities' (1994, cited in Hart and Bond, 1995:33). Hart and Bond (1995) argue that action research is distinguished from

other research methodologies by the dynamic interaction of seven criteria. Action research:

- is educative
- deals with individuals as members of social groups
- is problem-focused, context-specific and future oriented
- involves a change intervention
- aims at improvement and involvement
- involves a cyclic process in which research, action and evaluation are interlinked
- is founded on a research relationship in which those involved are participants in the change process

The Project was designed to meet the above criteria. The Project is educative as it aims to raise awareness within the professions about nursing in general practice. It focuses on individual GPs and nurses as members of distinct professional groups and is focused on how to better utilise general practice nurses. The intervention included the workshops, and the reframing of issues concerning general practice nursing for discussion amongst the professions. The Project aimed to involve the professions to provide ways in which general practice nurses can positively impact on outcomes for patients. The Project is cyclical in so much as the Project Team provided participants and Reference Group members with material for reflection and comment. Such reflections amongst the professions were dynamic and involved ongoing events that occurred simultaneously throughout the Project. Finally, the Project is characterised by the participation of those whom the research aims to study — both through the participation of nurses and GPs in the different research activities, and through the participation of the Colleges that represent the interests of those nurses and GPs.

### *Project activities*

The Project contained a number of research activities:

1. A literature review and electronic search was undertaken to review published and unpublished research and commentary on nursing in general practice. Information from both Australian and international contexts on the role of the nurse in general practice, the development of general practice nursing as a professional career option and information on collaborative team working in general practice was sourced. The literature review informed all stages of the research project and contributed to situating general practice nursing within the broader Australian and international context. The results of the literature review are presented in Appendix A.
2. A national telephone survey of nurses working in general practice was conducted. The survey collected primarily quantitative information about current roles, qualifications, educational background, experiences and future aspirations of 222 general practice nurses. The results of the telephone survey are presented in Appendix B.

3. A series of 14 workshops were held with GPs and general practice nurses around Australia, in both rural and urban locations. The workshops were designed to collect qualitative information about the two professions' views, experiences and beliefs about nursing and team working in general practice. The results of the workshops are presented in Appendix C.

4. A survey to map and document the range of formal, non-formal and upskilling programs currently available to support nursing in general practice was conducted. Information on these programs was collected through a mail questionnaire to a purposive sample of educational providers and then additional sourcing through snowball sampling. The research generated a large descriptive database of educational programs currently available and proposed for the near future. The results of this research are presented in Appendix D and the descriptive database is provided in Appendix E.

The data from each of the research activities was used in a gap analysis to determine whether the current educational situation for general practice nursing is appropriate to support general practice nursing now and in the future. The gap analysis tool outlined by Ulwick (2002) was used to determine if there were any areas of education for general practice nursing that are not currently being satisfied. The procedure used in this gap analysis will be outlined in greater detail later in this report. The results of this gap analysis is presented in Appendix F.

Appendix G provides a discussion of the processes and challenges of collaboration as encountered in this Project. To enhance transparency of Project processes and communications to project participants and stakeholders, supporting research materials used throughout this Project are presented in Appendix H.

### *Parameters and definitions*

A number of definitions and parameters were set during the design phase of the Project.

The Project aimed to explore nursing in general practice through consultation with individual nurses and GPs. Registered (RN Division 1 in Victoria) and enrolled (RN Division 2 in Victoria) nurses who were currently working in general practices in Australia were included in the Project. In terms of GP participation, all GPs (including GP registrars), regardless of whether they had worked with a nurse, were invited to participate in the research.

In all of the research activities associated with the Project, the standard classifications for geography considered for the survey was the Rural, Remote and Metropolitan (RRMA) classification system. Seven categories are included in this system — 2 metropolitan (capital cities and other metropolitan centres); 3 rural (large rural and small rural centres and other rural areas ); and 2 remote (remote centres and other remote centres). The classification is based on Statistical Local Areas (SLA) and allocates each SLA in Australia to a category based primarily on population numbers and an index of remoteness. The index of remoteness is used to allocate non-metropolitan SLAs to either the rural or remote categories.

All post-basic nursing and medicine educational opportunities aimed at building the capacity of general practice nursing were within scope for the Project. The

framework outlined in *Measuring Learning in Australia, A Framework for Educational and Training Statistics, Australia* (ABS,2003) was used to define formal, non-formal and upskilling education for this Project. In this framework, formal learning includes activities that are provided by an identifiable provider, are structured, and involve an evaluation process. The category of formal learning is consistent with the Education Division of the Australian and New Zealand Standard Industrial Classification (ANZSIC). Non-formal learning may be taught or non-taught (ie, self-directed learning). Non-formal learning does not involve any evaluation of achievement and may be structured (community-based learning, for example) or unstructured, such as on-the-job training. Non-formal learning which was out of scope of the education survey research study included 'incidental learning' and 'some intentional learning' such as information and promotional campaigns and short-term learning activities. Upskilling programs or programs aimed to upgrade skills in specific areas, are incorporated into the definition of 'non-formal' education for the purposes of the Project.

Assessment of the quality of these educational opportunities was beyond the scope of the Project. So, whilst recommendations and analysis will be presented about the availability of educational and upskilling programs available to support nursing in general practice, the efficacy, value and quality of these programs are not assessed. It is not the intention of this report to assume that non-formal learning opportunities are of lesser educational value than formal learning opportunities. The quality and value of the different formats of learning was beyond the scope of the Project.

Furthermore, the efficacy of the nursing role in general practice and indeed the value of collaborative team working on patient outcomes are beyond the scope of the current project. It is the belief of the two Colleges that nurses make a valuable contribution to general practice and enhance the care provided to the Australian public through general practice. This project did not seek to measure in any quantifiable way the efficacy of the care (clinical or otherwise) provided by nurses in general practice.

There are a number of limitations to the research. The Project was limited to exploring general practice nursing from the perspectives of nurses and GPs only. Other health professionals who have a vested interest in shaping the future of general practice nursing were unable to contribute to the Project. Practice managers, other practice staff, community nurses, Indigenous Health Workers, Nurse Practitioners or allied health professionals who may work closely with general practice were excluded from the study. Whilst the contributions of these other professionals may have enhanced the breadth and depth of the research and conclusions drawn, it was beyond the scope of the current Project (time, budgetary and contractual restraints) to include these.

Furthermore, consumer views were not researched as part of the Project, as a substantial piece of research about consumer perceptions of nurses in Australian general practice had been completed shortly before this Project began. Where possible, knowledge about the consumer perspective of nurses in general practice generated through the *Consumer Perceptions of Nursing and Nurses in General Practice Final Report* (Cheek, et al, 2002) have been considered and incorporated into the Project.

In terms of validity and reliability, each research activity used in the Project encountered limitations or concerns. Questionnaires, telephone surveys and focus group workshops each have limitations. These limitations were considered

during the design phase of the Project, and it was hoped that triangulating the methods by which data was collected would minimise the extent to which such limitations affected the strength of the conclusions drawn.

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# Analysis

## Role and function of general practice nursing in Australia

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This Project has generated both quantitative and qualitative data around nursing in general practice from surveys and workshops with nurses and GPs. The conclusions drawn from the analysis of this data are presented below. Firstly, a description of the typical general practice nurse in Australia will be presented. This is followed by an in-depth exploration of the current role of nurses in general practice. A number of issues surrounding general practice nursing in Australia, identified by GPs and nurses through the course of this Project, are discussed. Such issues are seen to be intimately linked to the ability of general practice to successfully incorporate nursing expertise into the primary health care delivered. The success of this integration is seen to facilitate the development of future roles of general practice nurses.

### *General practice nurses in Australia – a snapshot*

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The results from the telephone survey of nurses that was conducted as part of the Project provide a description of the typical general practice nurse in Australia. Overall, a typical general practice nurse in Australia is a registered nurse (84.7% of the sample) who works on a part-time basis (75.3% of sample). The nurse works in a medium to large practice (93.7% of sample) with more than two GPs and works with at least one other enrolled or registered nurse (64.4%). The nurse is likely to have worked in the general practice environment for less than five full time equivalent years. (52.4% of sample). The Australian general practice nurse is likely to have little post-basic formal education and this education is unlikely to be general practice specific. However, when it comes to professional development, the general practice nurse has received training through seminars and in-services on issues that are directly related to their role in general practice (94.6% of sample). The general practice nurse is likely to prefer to be called a 'Practice Nurse' (50% of sample).

### *The role of the general practice nurse in Australia*

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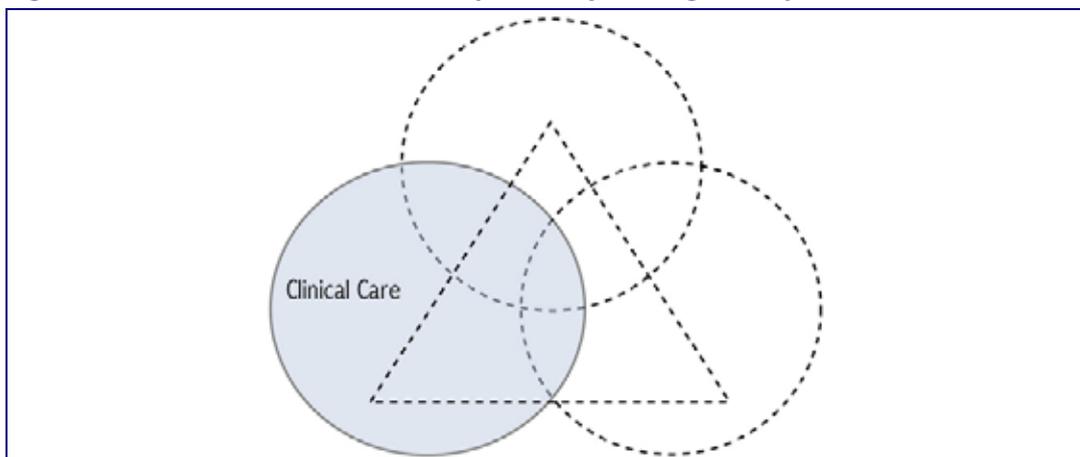
General practice nurses have diverse roles in Australian General Practice with individuals forging their own responsibilities in the unique practice in which they work. Despite the seeming heterogeneity of general practice nurses, the results from the telephone survey of nurses and the joint GP/Nurse workshops suggest that there are in fact underlying similarities in the roles of all Australian general practice nurses. These similarities may best be represented by a model that contains four different, albeit overlapping dimensions of responsibility:

- clinical care
- clinical organisation
- practice administration, and
- integration.

### *Clinical care*

The clinical care dimension of a general practice nurse's role reflects the nurse's responsibility to undertake clinical based procedures and activities. Examples of activities that GPs and nurses identified during the research that are considered to be clinical care responsibilities include first aid, medication administration, immunisation, monitoring and assessing sick patients, diagnostic testing, pathology collection, removing sutures, oxygen/nebuliser therapy and wound care. The clinical care dimension of the general practice nurse's role appears to include similar clinical tasks to those undertaken by nurses in other workplace environments (such as hospitals or nursing homes).

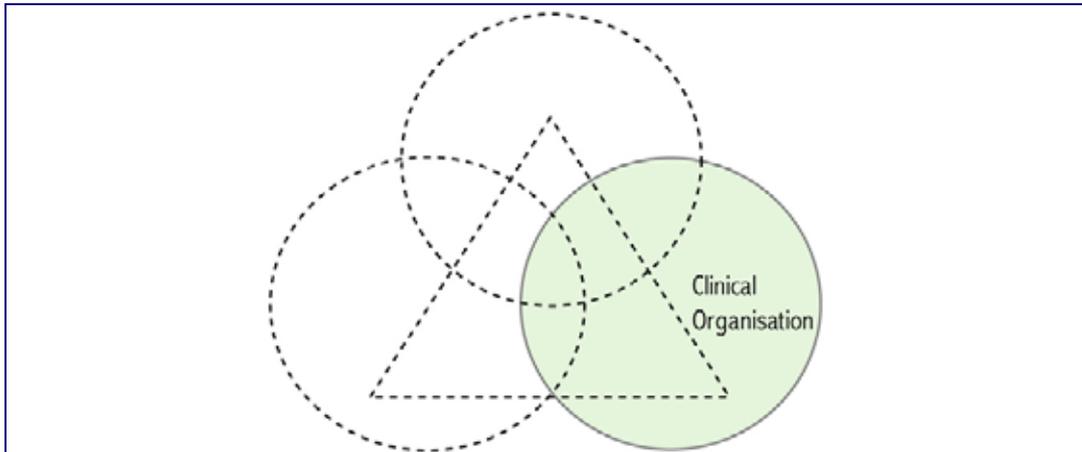
**Figure 3. Clinical care dimension of responsibility of the general practice nurse role**



### *Clinical organisation*

The clinical organisation dimension of a general practice nurse's role reflects the nurse's responsibility to undertake activities that require management, coordination and higher level administration of clinical activities – to go beyond the individual care of patients and work on systems for some clinical issues. Examples of activities that GPs and nurses identified during the research that are considered under the dimension of clinical organisation include infection control, the management of a recall register, pathology and pharmaceutical coordination, referral management, clinical data entry and retrieval, research, the development and maintenance of clinical reports and population health. The clinical organisation component of the nurses role in general practice reflects the nurse's responsibility to integrate clinical information and care into a system of knowledge management and service delivery.

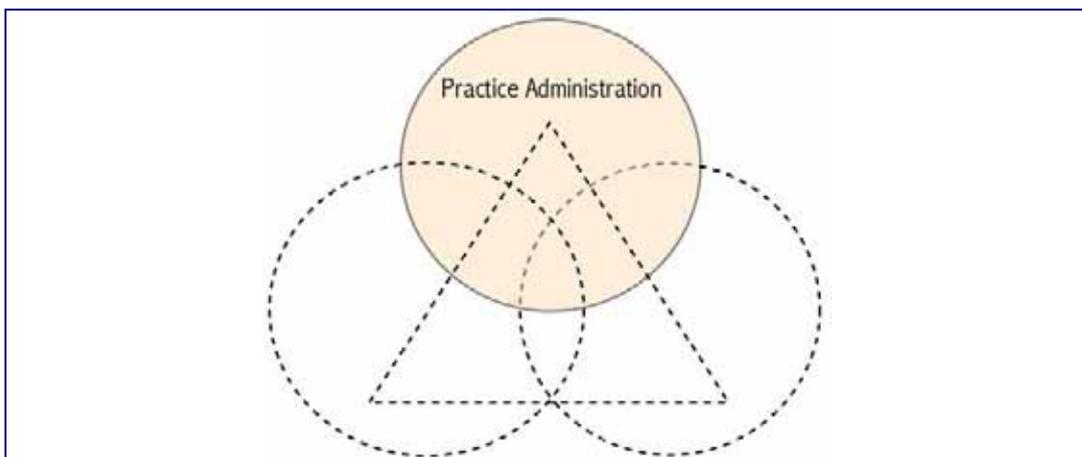
**Figure 4. Clinical organisation dimension of responsibility of the general practice nurse role**



### *Practice administration*

The practice administration dimension of a general practice nurse's role reflects the nurse's responsibility to undertake activities that provide administrative support to the general practice as a business enterprise. Activities identified by GPs and nurses during the research that are categorised in the dimension of practice administration include reception, secretarial support, information technology support, staff orientation and education, financial management and staff rostering. The practice administration dimension of the nurses role in general practice is related to responsibility for the financial and economic functioning of the practice as a private business entity.

**Figure 5. Practice administration dimension of responsibility of the general practice nurse role**



### *Integration*

The integration dimension of a nurse's role in general practice reflects the nurse's responsibility to develop effective communication channels within the practice and between the practice and outside organisations and individuals. Activities identified by GPs and nurses during the research that are considered under the dimension of integration include liaising with other health professionals, patient

advocacy, coordinating patient services and mediating between patient and practice needs. Many of these activities reflect the need to have a broader systems-approach to underpin the quality of care. The activities that have been incorporated under the dimension of integration were valued highly by the GPs and nurses participating in this research. Whilst integration responsibilities are manifested in a variety of different activities, they appear to rely heavily on the 'perspective' of the nurse. The nurse in general practice needs to enhance their holistic understanding of the general practice environment, and it is only through this understanding that s/he is capable of developing effective communication channels within and external to the practice. The essence of this integration skill can be characterised by the following discussion.

*Operate in and above the fray. The ability to maintain perspective in the midst of action is critical to lowering resistance. Any military officer knows the importance of maintaining the capacity for reflection, especially in the 'fog of war'. Great athletes must simultaneously play the game and observe it as a whole. We call this skill 'getting off the dance floor and going to the balcony', an image that captures the mental activity of stepping back from the action and asking 'What's really going on here?'*  
Heifetz and Linsky, 2002

The integration dimension of the general practice nurse's role rests on the ability of the nurse to step back and view any given situation with a holistic understanding of the patient, general practice and community context in which that situation is occurring. With such an understanding, the nurse is able to develop and maintain communication systems and channels that help integrate the multiple sub-systems of the practice to facilitate quality patient care.

Although difficult to define, this role was one that was frequently raised by GPs and general practice nurses. It may be a deceptively important role, when one considers the 'systems approach' promoted by experts in systems safety such as Reason (2000). Reason (2000:770) suggests that:

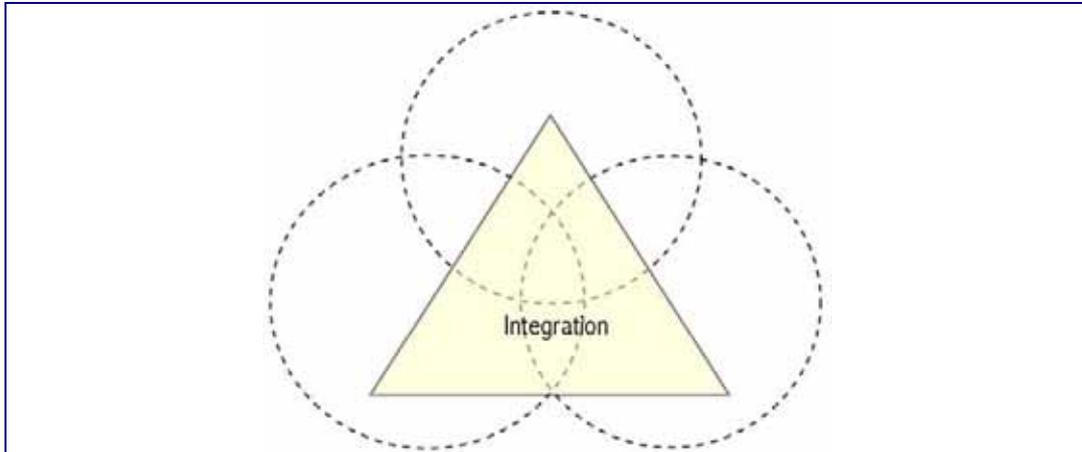
*High reliability organisations... it is recognised that human variability in the shape of compensations and adaptations to changing events represents one of the system's most important safeguards. ... Although high reliability organisations expect and encourage variability of human action, they also work very hard to maintain a consistent mindset of intelligent wariness.*

A recent article by Cross and Prusak (2002) is also relevant. Cross and Prusak (2002: 106) describe a number of activities by staff of businesses.

*There are central connectors, who link most people in an informal network with one another. They aren't usually the formal leaders within a unit ... but they know who can provide critical information or expertise ... Then there are the boundary spanners who connect an informal network with other parts of the company or with similar networks ... Information brokers keep the different sub-groups in an informal network together, if they didn't communicate across the subgroups, the network as a whole would splinter into smaller, less-effective segments. Finally, there are the peripheral specialists, who anyone in an informal network can turn to for specialised expertise.*

These informal networking activities reflect many of the activities raised within what the Project conceives of as the 'integration' role of general practice nurses. These activities might, in fact, be the very activities that are needed for the system to continue to adjust itself and reduce the risk of harm.

**Figure 6. Integration dimension of responsibility of the general practice nurse role**

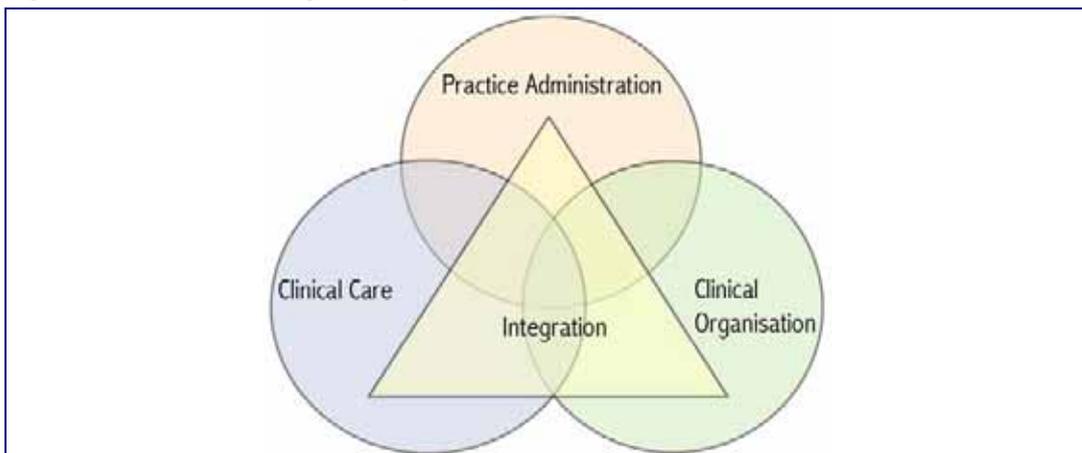


*You spend all your day working out, fixing the problem, anything that comes up... you don't get your normal work done because you're too busy sorting out the incidentals... patients' problems, maybe complaints, maybe lost documents... you don't have a receptionist, you're filling in for them, there's no stock... things that normally run smoothly but every now and then you have those days just fixing things.*

General practice nurse

When all the dimensions are considered together, the role of the nurse in Australian general practice contains four dimensions of responsibility: clinical care; clinical organisation; practice administration; and integration.

**Figure 7. The role of the general practice nurse in Australia**



Inherent in the graphical representation of the role of the general practice nurse is the overlapping of boundaries of each dimension of responsibility. Some of the activities that nurses currently undertake in general practice are complex, sophisticated in nature, and span more than one dimension of responsibility. For example, many nurses in general practice currently undertake a significant part of Enhanced Primary Care (EPC) Health Assessments. The Health Assessment activity is complex and contains tasks that are clearly clinical in nature (such as

undertaking patient history). However, Health Assessments also contain tasks such as coordinating ongoing and pharmaceutical care that clearly involve higher level organisation of clinical information to develop a systematic understanding of the clinical situation. Such tasks would fall under the dimension of clinical organisation rather than clinical care. Health Assessments may also involve liaison with community services such as home help or Meals on Wheels, which would fall under the dimension of integration. This demonstrates that some of the activities undertaken by general practice nurses may span more than one dimension of responsibility.

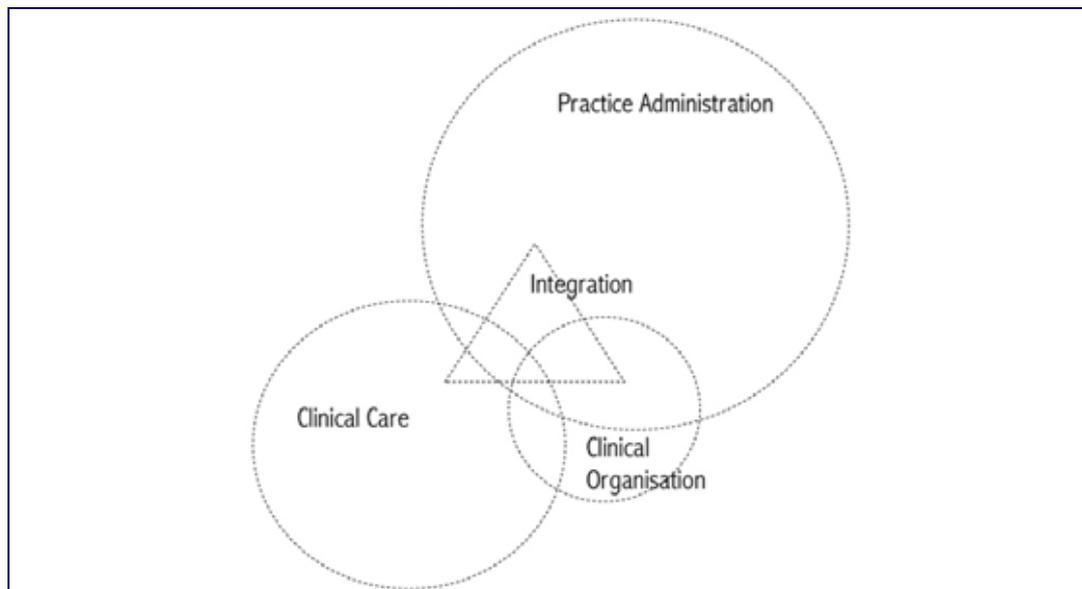
*Flexibility in the current role of general practice nurses*

*I wouldn't like to think that one (role) was more important. I would like to see that as really well balanced and kind of dynamic. If you look at that, that is something to be really quite proud of. You sit back and think, 'Gee, I actually do that' and that really kind of embodies a nurse. That's wonderful and I think we should not necessarily want to pick it apart and say, 'Well, I think I'm more important in that role'. We may personally feel we are stronger or a better counsellor or the best immunisation nurse between here and the west coast of Australia, but that is a personal thing. From a professional level, to look at the profession, I think I would like to see them all being of equal importance.*

General practice nurse

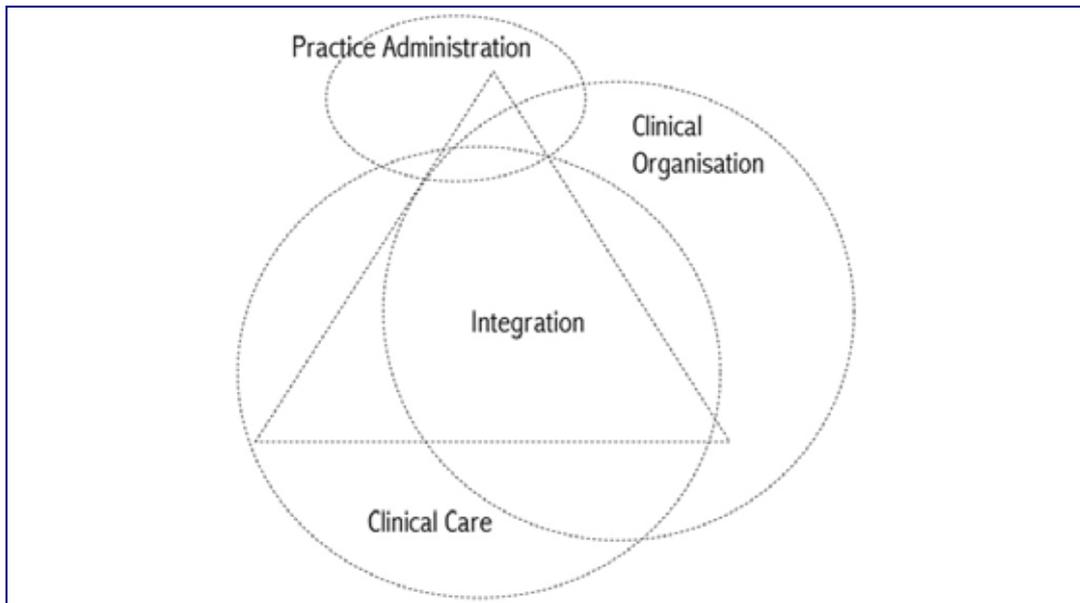
The model of the general practice nurse's role is characterised by flexibility and adaptability. The model of the current role of nursing in general practice is not intended to dictate how much time should be spent on each dimension for individual practice. The responsibilities nurses undertake in general practice are not static and will be emphasised and prioritised differently for each nurse and general practice. For example, the traditional image of a nurse in general practice reflects an emphasis on the practice administration responsibilities of the role, with some clinical care responsibilities and limited clinical organisation and integration. The graphical representation of the 'traditional' practice nurse can be seen in figure 8 on the following page.

**Figure 8. Example of the traditional 'practice nurse' role**



Alternatively, other dimensions of the role may be emphasised for other nurses. For example, nurses employed primarily to perform EPC items will have the clinical care and clinical organisation dimensions of their roles enlarged due to the types of activities undertaken as part of the EPC items. Figure 9 provides a graphical representation of the responsibilities undertaken by a nurse performing a large number of EPC activities.

**Figure 9. Example of a general practice nurse who performs a large number of EPC items**



By exploring the 'role' rather than the particular 'activities' of nurses, the model of the current role does not intend to dictate which activities nurses must undertake; rather, this will be dictated by the competence of the individual nurse and factors within and around the general practice. For example, not all nurses working in general practice would perform clinical papanicolaou smear procedure. Each dimension of responsibility will be manifested in a different set of activities depending on the role of individual nurses in different practices.

### *The current role of the general practice nurse and previous research*

The model presented here of the different dimensions of responsibility nurses in general practice currently hold appears consistent with previous research and commentary on nursing in general practice in Australia.

The *Consumer Perceptions of Nursing and Nurses in General Practice Report* (Cheek, et al, 2002) identified that consumers were not aware of the scope of nursing practice for nurses working in general practice. However, consumers could identify a number of tasks and roles that nurses undertake that fit within each of the dimensions of the role of nurse in general practice presented here. For example, for the clinical care dimension, consumers identified first aid, initial assessment, postnatal care and wound care. For the clinical organisation dimension, consumers identified triage, coordinating care and asthma monitoring as tasks undertaken by the nurse in general practice. For the integration dimension of the role, consumers believed that nurses inform patients of community-based services. Practice administration (as identified in this Project) was not noted by consumers. However, this is understandable given the limited

exposure patients would have to the business workings of the practice. The role of the general practice nurse as articulated by this research appears consistent, if not more comprehensive to that identified in the consumer study.

Recently, Patterson, Del Mar and Najman (2003) identified the general practice nurse's role as primarily an assistant to the GP to facilitate the efficient running of the practice. The general practice nurse's three main roles were defined as basic physical assessment tasks, carrying out delegated therapeutic procedures and contributing to the administrative functioning of the practice (Patterson et al, 2003:46). Again, the role as identified in this Project appears consistent with this description by Patterson who identified clinical and administrative functions of the nurse. Notably, in addition the current Project has identified clinical coordination and integration responsibilities as of primary importance for the current role.

The role of the nurse as identified in this Project builds further on existing descriptions, including those previously published by the RCNA. The RCNA released a Nursing in General Practice Information Kit in 2001 and in it identified a number of responsibilities of the nurse including: clinical nursing services; coordinating patient services; management of clinical environment; health promotion and education; contributing to management of human and material resources and improving health outcomes by enhancing management and prevention of ill health. The role as it has been articulated in this Project contains four dimensions of responsibility that appear to incorporate those identified in the RCNA Nursing in General Practice Kits. This research has further validated the roles as listed in the Fact Sheets in the Information Kit and placed the roles in an advanced classification framework.

### *The general practice nurse role as a 'specialist generalist' role*

In considering the breadth of responsibilities nurses currently undertake in general practice, and in appreciating the views and beliefs expressed by nurses and GPs in the workshops, it is clear that the role of the nurse in general practice should be considered a specialty area in nursing.

*It's a bit like general practice itself. General practice is a specialty on its own so general practice nursing is a specialty no different than surgery and paediatrics and orthopaedics.*

*General practice nurse*

General practice nursing requires specialist nursing skills that span the breadth and diversity of patient presentations in general practice itself. Just as general practice is viewed as a specialty of medicine, so too should general practice nursing be viewed as a specialty area of nursing.

### *The current role of the general practice nurse – influences*

The general practice nursing role is varied and must be flexible enough to adapt to the needs of diverse general practices.

It appears that the current role of general practice nurses is shaped, moulded and impacted upon by a range of factors that were identified by GPs and nurses during the survey and workshop activities in the Project. For the purposes of this

report, these factors have been collapsed under five broad categories and will be discussed in turn:

- Professional characteristics of the nurse
- The practice's patient population
- The business orientation of the practice
- Localised practice and community resources
- Structural arrangements at a national level

### *Professional characteristics of the nurse*

The emphasis of the different dimensions of the general practice nurse role, and the tasks undertaken, will differ between individual nurses. The educational background and experiences of the nurse will influence which dimensions of the role the nurse may seek to prioritise in his/her position. For example, nurses with background and experience in women's health may very well focus on this area in the clinical care and clinical organisation dimensions of their role and reduce their responsibilities in practice administration.

The complexity of the tasks undertaken in each dimension of the role will vary depending on the competency levels and scope of practice of individual nurses. For example, clinical activities such as immunisation may only be performed by a registered nurse in a number of States and Territories and therefore are not normally the responsibility of an enrolled nurse. The competence and confidence of individual nurses, regardless of registration status, will differ in relation to the multitude of activities undertaken in general practice.

The role of individual nurses in general practice will also differ in relation to the personal preferences of each nurse. For example, if a nurse has an interest in accounting, he/she may eagerly expand the practice administration responsibilities of his/her role and take on more of the finance management responsibilities for the practice.

*Accepting responsibility for the boundaries of our practice and recognising individual limitations and those limitations can vary a lot depending between nurses. Every nurse has different limitations.*

General practice nurse

### *The practice's patient population*

The role of the general practice nurse is also shaped by the needs of the patient population with which he/she works. The nature of individual patient populations creates unique demands for each general practice. This impacts on the role of the nurse and ensures that his/her role is tailored to the needs of those patients. For example, in areas with a high indigenous population, general practice nurses may perform more clinical care and clinical organisation activities associated with indigenous health. Alternatively, in a practice that services a high proportion of young families, the general practice nurse may perform more childhood immunisations or family planning activities. In a practice where the patient population consists of a high proportion of elderly people, the nurse's role might

focus on health assessments and wound care. Geographical location is also likely to impact upon the needs of different patient populations. For example, in rural areas of the Northern Territory, it is likely that the patient populations will have greater needs in Indigenous health care. Like the role of the general practitioner, the emphasis placed on different aspects of the nurse's role will vary depending on the needs of the patients.

*It is about the demographics too. I mean, if you work in north Queensland with a large, say, Indigenous population, you're going to develop your nursing skills in a completely different area to someone who lives in, maybe, the baby population land somewhere in Sydney or in an ageing population suburb somewhere in Brisbane or the country is different to the city.*

General practice nurse

### *The business orientation of the practice*

The role of the nurse in general practice is also affected by the business orientation of the practice within which s/he is employed. For example, in a practice that places an emphasis on obtaining maximum funding through PIP and preventative health programs, the nurse may find that his/her role involves a large component of clinical care and clinical organisation. The nurse may spend a great deal of time on EPC items such as asthma, diabetes and chronic disease management. Alternatively, in practices that do not emphasise preventative health but rather deal with more acute health concerns, the nurse may find that the clinical care dimension of the role is enlarged with more time spent on acute care activities. The financial ethos and economic pressures and priorities of individual practices will impact on the focus of the nurse's role and the responsibilities s/he undertakes on a daily basis.

*Ultimately, we are private businesses and doctors have always been very individualist and doctors will do their own thing and will use practice nurses more if it will ease their workload. They are not going to do it for any intellectual or a priori reasons... they will use practice nurses if we find they ease our workloads and improve our incomes...and hopefully improve health care. We are not nearly as philanthropic as people think. We have to look at the bottom line and that our business are going to run, that they are not going to go broke.*

General practitioner

### *Localised practice and community resources*

The role of the nurse in general practice is also influenced by the amount and type of resources within and local to the practice. For example, if there is a community based clinic that provides diabetes management and care, the nurse in a nearby general practice may find that s/he does very little in the way of diabetes management. If, however, certain health resources are not available within an appropriate distance to the practice, the nurse may find that part of their role is to provide some of those absent services. For example, if a pathology collection centre is not available within travelling distance of the general practice, the nurse may find that s/he spends a substantial amount of time dealing with pathology collection.

In thinking about how local and community resources influence the role of the nurse in general practice, rurality may be a significant factor in determining the resources available to the practice. For example, rural practices may have difficulty accessing specialised medical services because the nearest service is located outside of reasonable travelling distances. However, urban practices in high need areas may have similar difficulty accessing certain resources within their local community as do rural practices. The health care that is available within the community local to the practice will influence the types of activities nurses undertake in the general practice. The role of the GP in the wider health system of the community may also be important. A nurse working with a GP who provides emergency cover for the local hospital may be exposed to an extended role associated with these external GP commitments. This may be more evident in rural areas where restricted health care infrastructure may result in patients attending the practice for health care needs that would not be seen as frequently in other general practices.

### *Structural arrangements at the national level*

The role of the nurse in general practice is shaped by national-level structural arrangements. For example, the mechanisms by which nursing activities in general practice are funded influences the activities nurses currently undertake in general practice. Many of the clinical care activities nurses undertake in general practice need to be monitored by the GP in order for the patient to claim a rebate through Medicare. Given this, it appears that the role of many nurses in general practice must necessarily focus on performing activities that will attract a Medicare rebate or fee-for-service payment. In turn, if the nurse is performing duties that do not attract a payment, s/he is essentially not earning any money for the business. The Practice Nurse Initiative, which provides financial assistance for the employment of nurses in areas of high workforce pressure, has alleviated some of this need for nurses to be financially accountable in a system that does not provide payment for his/her services.

*The biggest problem with practice nurses, is how the hell are we going to pay them? If we actually look at general practice, it is under-funded and undercapitalised for the past twenty years. At the moment, if we take away fee-for-service we can't charge for nurses. Unless there is a way to fund the practice for the services carried out whether by a nurse or others... We should not be paying GPs for nurses work.*

General practitioner

The way in which nurse activities within the general practice are funded on a national level has an impact on the role and activities undertaken by nurses in general practice. The role has been, and can be, moulded and shaped in response to financial incentives developed at a national level. Furthermore, these funding issues are even more pertinent when considering other types of primary care activities that attract a government payment. For example, National Health Priority areas which attract a payment (such as asthma and diabetes) are the areas in which nurses are performing activities in general practice.

To summarise, the role of the nurse in general practice involves responsibilities in four dimensions; clinical care; clinical organisation; practice administration; and integration. These dimensions are not static; rather, they vary for each individual nurse in each individual general practice in Australia depending on a number of factors. The emphasis of these responsibilities for any given nurse is influenced

by the nurse's own professional characteristics, the patient population with which s/he works, the business orientation of the practice, the resources available within and local to the practice, and structural arrangements at a national level.

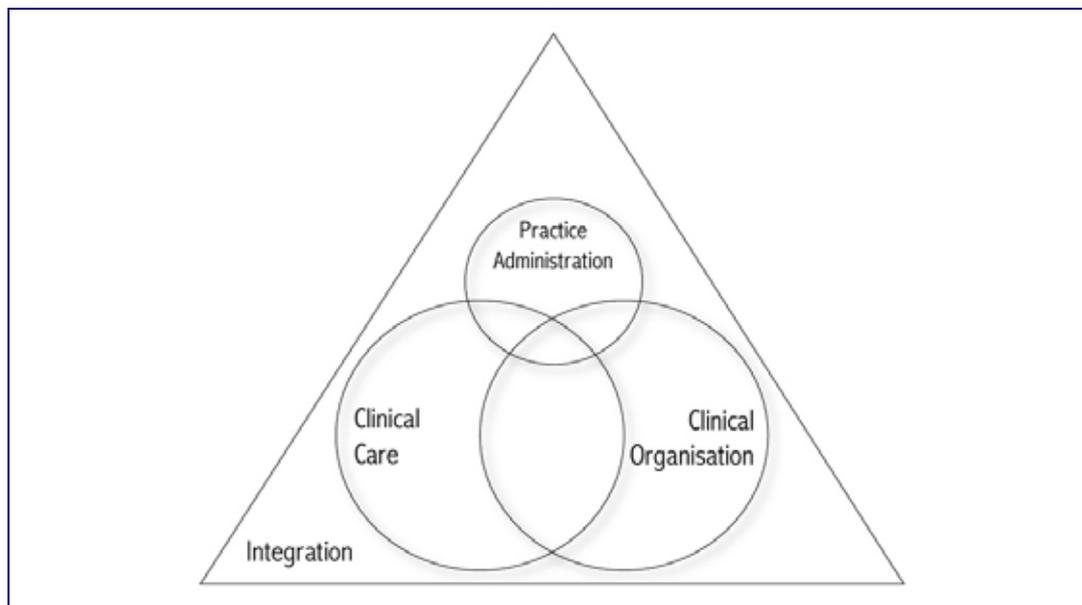
*The future role of the nurse in general practice*

*If she had the training... in 2010 she would be working as a practice nurse, I would think that she would see some patients on her own, running her own practice of patients attached to the general practice, so she would have a degree of independence away from the GP. She is working for the practice, but she is independent in her professional capacity. We meet and complement each other when we share patients.*

General practitioner

The nurses and GPs who participated in this Project expressed a view of the future role of general practice nurses that appeared surprisingly similar to the current role. Their view was that the future role of the nurse will incorporate the same role dimensions identified in the current role model, as all role dimensions are integral to the future role of the general practice nurse in primary health care. However, the future general practice nurse will undertake a greater integration role with more time spent on clinical care and clinical organisation, and less time spent on practice administration. In the future, the competent general practice nurse will contribute to the safe and efficient delivery of quality health care, working in close collaboration with the GP and other health care professionals. The majority of future general practice nurses will be registered nurses with many advancing their levels of competence to support improved patient care and the primary health care agenda. The future will see a greater focus on health promotion.

**Figure 10. Dimensions of the future general practice nurse role**



The results from the research clearly demonstrate the general practice nurses' intention to support primary health care through increased involvement in health education, enhanced primary care, women's health and diabetic and asthma management. There will be a broadening of the clinical care, clinical organisation and integration roles of the general practice nurse.

The enlarged integration role includes a greater coordination and liaison role within general practice and with external stakeholders. Strategic population health activities and case management was also suggested as a future role focus for the general practice nurse. Many of the activities suggested for the future general practice nurse incorporated an overlapping of the role dimensions which could be seen to require more advanced knowledge and skills and a more complex understanding of how the different aspects of health care are integrated together.

Whilst the GPs and nurses consulted with in this Project identified a similar view of the future role of nurses in general practice, the nurses tended to emphasise a desire for more professional autonomy within the practice through a focus on nurse run clinics, patient education and chronic disease management. GPs in contrast emphasised increased coordination role in the practice, patient education, chronic disease management and strategic population health roles as important for the future role of the nurse. GPs emphasised the need for one nurse for every GP.

Interestingly, the *Consumer Perceptions of Nursing and Nurses in General Practice Final Report* (Cheek et al, 2002: 47-8) identified that consumers, whilst framing their responses on their personal experiences, primarily saw the general practice services in the 'sickness care' mode and saw lifestyle and health monitoring as their own responsibility. This perception has been shaped by a number of factors such as the size of practice, workload of General Practitioners, waiting times, cost of visits, and the consumer awareness of services offered by the general practice in the areas of lifestyle and health monitoring. This presents a challenge for GP and general practice nurses in the future to reconcile their own desire to move into health promotion and health prevention and the public's view that this may be inaccessible due to cost.

It should be acknowledged that some general practice nurses do not intend to expand their role beyond those they currently undertake. It is suggested that the degree of role expansion/ enhancement is considered within the context of the individual general practice and the general practice nurse's competence and acceptance of responsibility, based on the general practice's needs.

The current contribution nurses make to health care through general practice can be best understood by a model of four dimensions of responsibility. These dimensions intersect four broad areas of clinical, organisation, communication and administration areas. Whilst a 'model' that is seen to adequately explain the roles that nurses and GPs discussed during the Project has been generated, the model is not intended to be prescriptive. Rather, the way in which these responsibilities are manifested in duties will differ with individual nurses and individual practices. The flexibility of the model is intended to allow for the variation in nurses current roles that emerge in response to the challenges of the individual nurse, the business orientation of the practice, the practice population, the localised community resources and structural arrangements in primary health care. The GPs and nurses consulted with for this project envisaged a future role for nursing that was characterised by collaboration and team work with the GP. Such a role would see nurses as integral members of the team with enhanced responsibilities in clinical organisation and integration. Such a future sees general practice nursing as a career option for nurses to deliver high quality, consistent and valuable care to patients in general practice.

## Education and training for general practice nursing in Australia

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General practice nursing demonstrates exciting possibilities in the way in which general practice will operate, be constituted and provide health care in the future. However, the quality of the care provided by nurses in general practice rests on the education, training and support available to them to support their roles. As part of this Project, survey research was undertaken to scope the range of educational opportunities (both formal and non-formal) to support nursing in general practice. The results and analysis of the research is articulated in Appendix D and the database of educational opportunities generated is attached as Appendix E.

In considering the role of general practice nurses in Australia, an analysis was undertaken to assess whether nurses have the appropriate qualifications and experience to meet the demands of those roles. Furthermore, the education currently available to support nursing in general practice was also assessed in relation to its appropriateness for the current role of nurses. In the current health care context, general practice nursing has begun to be promoted and encouraged. In order to move forward into the future, an analysis was conducted to determine if the qualifications, experience and education currently available to general practice nurses would be sufficient to meet their needs in the future. The process, analysis and conclusions of these gap analyses is detailed in Appendix F.

### *The current role and nurses' qualifications and experience*

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Information on the qualifications, education (both formal and non-formal) and experience of Australian general practice nurses has been drawn from the survey and workshop activities conducted as part of the Project.

Upon reviewing the current role of the general practice nurse against the educational preparation and experience, the general practice nurse appears to have adapted quite well to perform the current role. With no formal education and professional support systems this appears to be due to the tenacity of individuals.

An analysis was conducted to determine if any gap exists between the qualifications, education and experience that nurses currently have and what they need in order to support the clinical care, practice administration, clinical organisation and integration dimensions of their current role.

The qualifications of general practice nurses, stemming largely from their undergraduate nursing education and supported by some clinical care-specific professional development and on-the-job training, appear to have provided nurses with a broad range of clinical nursing knowledge, skills and competencies. These appear to be an appropriate basis from which general practice nurses can undertake the current clinical care responsibilities in general practice. The availability of general practice specific clinical care education is largely ad hoc and not available universally and is therefore not appropriately supporting evidence-based practice. Although, on an individual basis, general practice nurses appear, generally, to have found sufficient educational opportunities, this

approach is unlikely to be dependable nor efficient, and thus is not one that can be sustained if public confidence in general practice nursing is to be maintained.

The research also suggests that a small number of nurses had received non-formal education in areas to support the role dimension of practice administration. However, information from the workshops clearly identified that very few general practice nurses received education to support their practice administration role. It is possible that these skills have been learnt through on-the-job training or other incidental learning. Therefore, it would appear that general practice nurses have had limited formal or non-formal education to support their practice administration responsibilities.

It would appear from the research that very limited formal and non-formal education in the role dimensions of clinical organisation and integration are available to nurses. Education that would appear to assist nurses in performing integration activities or the organisation of clinical information appears strikingly absent from the qualifications and educational background of nurses working in general practice. It seems probable that the skills needed to undertake these responsibilities have been learnt on the job or through incidental learning opportunities provided by local Divisions of General Practice. It would appear that nurses have limited appropriate qualifications or education to undertake the integration and clinical organisation dimensions of their roles.

General practice nurses are equipped to meet some of the demands of their current role in general practice, but appear to lack formal education in a number of areas — most notably in clinical coordination, practice administration and integration responsibilities. It was interesting to observe in the *Consumer Perceptions of Nursing and Nurses in General Practice Project Final Report* (2002) that whilst consumers were not aware of the various levels of nursing registration status, qualifications or specialities of nursing practice, consumers placed trust in the GP to employ an individual who is competent enough to perform the relevant task. Consumers trusted the nurse to only provide a service for which they are competent or have experience in (2002:49). The assumption appears to be that GPs will only employ nurses who are qualified and have demonstrated the education and experience to perform their roles.

### *The current role and education programs available to support nursing in general practice*

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A review of the current role of the general practice nurse against the education programs (both formal and non-formal) currently available to support nursing in general practice, shows that the general practice nurse has limited opportunities for appropriate educational and upskilling programs to support their role. The findings from this Project suggest that education to support nursing in general practice is:

- largely non-formal
- unlikely to be general practice-specific
- focused on the National Health Priority areas
- unlikely to focus on team working skills
- likely to be appropriate for registered rather than enrolled nurses
- of varying accessibility in relation to cost, availability and delivery mode

*There is a lack of information about a lot of these courses that are available. If they come through on the fax machine, the receptionist might see it and then it's in the bin. I don't actually get to see it. That's my problem.*

General practice nurse

A focus on the roles or broader areas of responsibility suggests that there is a gap between the educational programs that are available and what is needed in order to support each of the four role dimensions of nursing in general practice: clinical care, clinical organisation, practice administration and integration.

There appear to be significant opportunities for education and upskilling programs to support the role dimension of clinical care. Much of the education currently available for general practice nurses focuses on their clinical responsibilities. The majority of these programs are non-formal and are not accredited or evaluated. Notably, many of the educational programs focusing on clinical care are related to the National Health Priority areas of diabetes and asthma. There appears to be sufficient education available to support the clinical care component of nursing in general practice, however, it would enhance the current arrangements if it were clear that all the educational opportunities met appropriate educational standards.

There are few educational opportunities available to train nurses in the clinical organisation aspect of their role. Of the educational opportunities available to nurses to support their clinical organisation responsibilities many are non-formal in nature. It is clear that there is little consistency in the provision of education relating to the clinical organisation responsibilities of general practice nurses. It would seem that nurses can only access education in these areas opportunistically and infrequently. The education available to support the clinical organisation dimensions of the general practice nurses role appear to be limited.

Under the role dimension of practice administration, there are few education programs available to support nurses. The programs that do exist are mostly non-formal in nature. It appears that formal and non-formal educational programs related to the practice administration responsibilities of the general practice nurse are largely non-existent.

This project was unable to source any education programs, either formal or non-formal, that relate to the integration responsibilities of nurses in general practice. It is possible that training in areas relating to the integration dimension of the nurse role is available but is incorporated into and dispersed throughout training in other areas. There is not an explicit focus on training in areas relating to the integration dimension. Whilst the role dimension of integration incorporates more intangible characteristics and activities than the other dimensions, it is clear that specific skills are required for liaising within and external to the practice (for example) and there appears to be no evidence of training programs available to teach these skills.

### *Education for GPs to support the current role of general practice nurses*

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In order to move into the future and develop nurses' contributions to quality health care delivery, a number of areas that would assist GPs to work with nurses

in a team environment were identified. The following suggested areas of education were made by GPs through the workshops conducted for the Project.

- Increased knowledge of the role of nurses in general practice
- An understanding of the legal and registration frameworks in which nurses work
- Education on the differences between enrolled nurses, registered nurses and Nurse Practitioners
- Training in how to utilise a nurse in the practice
- Information on the financial benefits of employing a nurse
- Training in human resources and business management
- Training in team working
- Training in delegation skills
- Training in interpersonal communication
- Training in leadership
- Training in conflict resolution skills

It appears that there are relatively few educational opportunities currently available to meet the needs of GPs to assist them to work with general practice nurses. In the educational, training and upskilling programs sourced for this Project, there are a few communication focused training opportunities available, however these are scarce and differ in availability. Training in the other areas identified do not appear to exist to support GPs to work with nurses in general practice.

### *Conclusions about education available to support general practice nursing*

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Given the limited appropriateness of the education currently available to support nursing in general practice, it seems probable that nurses are learning the skills they need to perform the four dimensions of their roles through other means. It seems probable that nurses acquire their general practice-specific training through on-the-job learning. This view was supported by discussions with GPs and nurses in the workshops. This on-the-job learning may be structured into training sessions with other nurses, practice staff or GPs or it may be learned through trial and error.

In comparing the education currently that is available to what is needed by the nurses to meet this role development, two obvious areas of national confusion and inconsistencies in educational preparation were discovered. While some states provided accredited courses for pap smear providers and nurse immunisers, other did not. Generally, general practice nurses were able to access non-formal education to support their immunisation role, but most appeared unaware of the supervisory responsibility of the GP in some states in relation to immunisation provision. This is aside from the funding requirements that the GP sight the patient. Nationally, over a quarter of the nurses surveyed indicated they undertook activities in women's health, which may have included undertaking cervical screening. Yet from the workshops, many general practice

nurses indicated they had receive limited education in cervical screening, with some learning through non-formal, on-the-job opportunities. Only the occasional general practice nurse appeared to have an accredited qualification in cervical screening. Exploration of the standards required to maintain safe and quality patient care in the area of immunisation and cervical screening for general practice nursing is needed.

A number of conclusions can be drawn from the analysis of the education available to meet the needs of the current role of nursing in general practice:

- The quality of the educational approach is largely not assessed

The education currently available to support nurses working in general practice is largely unaccredited, unassessed and non-formal. The delivery of the education, the format and the quality of the learning exercise is largely not assessed in the educational programs scoped for this Project. It is unclear whether the education available to support nursing in general practice is, in fact, valuable, quality education which allows participants to actually 'learn' what is intended.

- The quality of the content of the education is largely not assessed

The education currently available to support nurses working in general practice is largely unaccredited, unassessed and non-formal. The content of the programs available and the accuracy of the information delivered is largely not assessed. It is unclear whether the education available to support nursing in general practice actually provides accurate information on the topics under study.

- The appropriateness of the content and approach is not assessed for the general practice context

The education currently available to support nurses working in general practice is not assessed in terms of its appropriateness for the general practice context. The content and approach of both formal and non-formal education is not assessed as to its applicability and usefulness within a general practice environment. It is quite possible that some programs provide excellent information and content and are delivered in a expert format for learning but are totally inappropriate for application in the general practice environment.

These findings argue for a consistent, national approach, whereby educational opportunities need to meet the Continuing Nursing Education (CNE) standards of the RCNA.

- Education does not create or support a coordinated system of education for the profession

The education currently available to meet the needs of nurses working in general practice is largely ad hoc, opportunistic and variable. Such an education system does not foster reliability and dependability in the training of Australia's general practice nurses. Whilst it is recognised that nurses in general practice contribute enormously to the care provided to the general public, the educational basis of that care appears to be inconsistent and unreliable. For nursing in general practice to be a sustainable career option for nurses, a coordinated, reliable system of education is needed. A system of education which demonstrates

confidence in the training, education and upskilling of the general practice nurse workforce would build a foundation on which nurses in general practice can provide consistent, quality health care to the Australian general public.

In summary, this research has explored the current role of nurses working in general practice and their education needs. It is clear that there is some education in place to support nursing in general practice, the majority of which is non-formal in nature — that is, unaccredited and unevaluated. The programs that exist do not form any coordinated system of education that demonstrates confidence in the quality and safety of nurses practice in the general practice setting. Can such an ad hoc array of educational opportunities carry general practice nursing into the future?

### *The future role and nurse qualifications and experience*

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Data on the current qualifications and experience of Australian general practice nurses was drawn from the survey and workshop components of the research. The nurses' qualifications and experience have been analysed to determine if they are adequate to meet the needs of each of the four role dimensions — clinical care, clinical organisation, practice administration and integration — in the future and what is currently available.

Upon reviewing the current educational preparation and experience of the general practice nurse in terms of future role dimensions, it appears that the general practice nurse is ill-prepared to meet the knowledge requirements of the nurse working in the general practice team of the future.

Within the clinical care role dimension, the future general practice nurse requires a broad clinical knowledge and skill base to cover the vast array of 'generalist' activities. Whilst undergraduate nursing qualifications are an appropriate base for practice, GPs and nurses identified that further general practice-specific education is necessary. The results of this research suggest that very few nurses have undertaken formal or non-formal general practice-specific education, but rather, that they get this exposure, largely, from incidental, on-the-job experience.

Furthermore, as general practice nursing exposure is not generally available in undergraduate nursing education, it would appear that current or potential general practice nurses have limited appropriate qualifications for the role dimension of clinical care for the future role of the general practice nurse. Nurses will need to build on their undergraduate nursing training with education specific to the general practice context.

General practice nurses appear to have undertaken ad hoc and primarily non-formal education for the role dimension of clinical organisation. It would be unreasonable to expect undergraduate education to prepare all nurses for the general practice role in population health, recall or health promotion. Therefore, additional further education is needed to provide training specifically tailored to the needs of general practice. Again, current or potential general practice nurses have limited appropriate qualifications for the role dimension of clinical organisation for the future role of the general practice nurse. This may have implications for the design of undergraduate nursing programs, which may need to consider the importance of systems-approaches in general practice.

General practice nurses have not received formal or non-formal education to support the role dimension of integration. Communication was identified as an education area of high priority for nurses by both nurses and GPs. The call for qualifications and training in this area demonstrates that nurses themselves are aware of their inadequate systems for educational preparation in this area. Again, general practice-specific education in this area is necessary. In the future, the general practice nurse will have a greater role in integration, and unfortunately current and potential general practice nurses have limited education for this role, and the current education systems appear not to be geared to provide this.

It has already been determined that the current general practice nurse is not well qualified for the practice administration role. In considering future needs, it should be noted that although it is envisaged that this role will encompass less of the general practice nurse's time in the future, it is possible that this role will require a greater understanding of the systems that the administration supports. The current education received by general practice nurses to support the role dimension of practice administration may or may not be appropriate for their future role.

If the educational system is not, currently, ready to prepare general practice nurses for their future role, and general practice nurses learn through incidental and informal opportunities at the practice level; then the question of whether general practice nurses will have appropriate on-the-job experiences to equip them for the changed future role, is raised.

In relation to the preparedness of current and potential nurses to undertake the future general practice nurse role, the Joint GP/Nurse Workshops highlighted that current general practice nurses do have appropriate experience in the clinical role dimension, yet could be supported in their roles to maintain quality and consistency through structures such as policies and procedures for nursing activities. Whilst the current general practice nurse's experience in the role dimensions of integration and practice administration is considered appropriate (if limited), this may not be adequate for the future as the roles may require higher level skills and knowledge, particularly in the areas of communication and information technology. The future general practice nurse will expand the clinical organisational role dimension to incorporate more health promotion and educational activities and with this in mind the current general practice nurse has extremely limited appropriate experience to meet the demands of this role in the future.

General practice nurses are not adequately equipped with the range of experience necessary to meet the roles which nurses will undertake in general practice in the future.

### *The future role and education programs available to support nursing in general practice*

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Potential general practice nurses do not appear to be adequately experienced or prepared educationally to meet the role requirements of general practice nursing in the future. Nevertheless, because the role is one that is gradually evolving, arguably there is sufficient time for these nurses to prepare themselves for these enhanced roles. In order to tackle the challenges of the future general practice nurse's role, these nurses will need access to professional development and

further education, not only to maintain their current level of competence but also to expand their competence. A focus on the role dimensions of responsibilities suggests that there exists a gap between the educational programs that are currently available and what will be needed to support general practice nursing in the future.

This Project has identified a number of gaps in the education available to support the future role of the general practice nurse. Limited formal and non-formal general practice-specific education is available with regard to the clinical care dimension of the general practice nurse role. Clinical care areas of wound care, first aid/CPR, care of the seriously ill patient, oxygen administration, pharmacology administration and pathology collection were identified in the Survey of Nurses in General Practice and Joint GP/Nurse Workshops as areas of need. Some formal courses are available for wound care, cervical screening and immunisation, but the remaining clinical care areas, which will be enhanced in the future general practice nurse role, are not adequately supported by formal education. Non-formal education is basically limited to immunisation and wound care and is generally available on an ad hoc basis only. The education currently available will not support an enhanced clinical role and education will need to be adapted and developed in line with increased clinical demands. Additionally, the education is not consistent nationally, a fact that suggests that it may not add to the safety and quality of the health system in the way that it could.

Formal and non-formal learning in the enhanced and expanded future role dimension of clinical organisation is not adequate to meet the future role needs. A small number of formal university-provided general practice-specific courses exist, and these may involve some training in clinical organisation skills. Formal education targeted at the general practice nurse and covering the clinical organisation roles are considered to be likely to be inadequate to meet future role demands. Many courses in areas such as infection control, asthma and diabetes targeted at the general practice nurse are available non-formally on an ad hoc basis but are not adequate to support the future demands of the clinical organisation role.

Currently, there are extremely limited non-formal opportunities and no formal opportunities for the general practice nurse to learn about their role in practice administration. Although this role dimension will not be as large for future general practice nurses, their knowledge in relation to this role will need to be more comprehensive and sophisticated. Current educational opportunities appear inadequate to support the practice administration responsibilities of the future general practice nurse.

Formal and non-formal education for the role dimension of integration in the future is extremely inadequate. Currently, no formal or non-formal programs are available to support the integration responsibilities of general practice nurses. Given the apparent lack of education for the integration dimension of the nurses role now, it appears extremely unlikely that nurses will be equipped to perform an even more expanded integration role in the future without developmental work in the area.

### Views on education to support nursing in general practice

*I think it is important that nurses just do not think they can do everything. When you look at that and you start to pull it apart, how do you maintain your ongoing education and immunisation, child health, antenatal care, medico legal stuff? There's a lot there to stay on top of... you cannot stay on top of everything... So it may well be that we do, through education processes, specialise a bit in what nurses in general practice do.*

General practice nurse

The educational opportunities currently available to support nursing in general practice do not adequately meet the needs of general practice nurses or GPs. It is unlikely that they will do so in the future unless further attention and support is directed into development of such programs. The general practice nurses and GPs who participated in this research project demonstrated overwhelming support for developments in education to support nursing in general practice. Overall, nurses and GPs agreed on the following:

- Education needs to be general practice specific
- General practice nursing needs to be offered as a career option and education must promote competence advancement within this career choice
- Education for general practice nursing must include clinical and theoretical components
- The quality of education for general practice nurses must be assessed and accredited against appropriate education standards established in the profession
- Education for general practice nurses must be affordable, flexible and appropriate for this heterogenous group of nurses
- Education for general practice nurses needs to be able to be adapted to the needs of individual practices
- Education that is appropriate for the two levels of nursing, enrolled and registered nursing must be developed
- Any formalised education needs to recognise prior learning of nurses working in general practice
- Nurses need to contribute to the development of education for general practice nurses
- GPs need to contribute to the development of education for general practice nurses
- Education for general practice nurses needs to be financed in a way that does not prove overly burdensome for general practices
- Education for general practice nursing should not be overly regulated and restrictive for general practices
- General practices should have the support systems in place to enable nurses to attend education

*Their own professional colleagues often don't value their role. They're looked down upon by the hospital nursing staff and even the community nursing staff as being lesser individuals... We spoke about an equal pay award, a sense of collegiality and possible college of general practice nurses to lift the status, both in their own eyes and the eyes of their colleagues.*

General practitioner

Whilst some of the educational opportunities presently available have been targeted at both the GP and the general practice nurse, information from the workshops suggested that limited programs are provided in this manner and few are attended jointly. Both professions receiving consistent information was considered beneficial for both team work and quality patient care. An inconsistency that has been exposed in this Project is the difference in recognition for professional development between the two professions. In many programs, GP participation is rewarded with CPD points whilst the nurse attending the same session is not formally recognised. Both professions supported recognition of professional development.

In summary, general practice nurses in Australia have been supported by limited training, education and upskilling programs specific to their role in general practice. Nurses appear to be resourceful in accessing what education is available, particularly in clinical care areas and proactive in accessing incidental and upskilling opportunities offered by local Divisions of General Practice. The education currently available to support nursing in general practice is largely ad hoc, opportunistic and variable. There is no system in place to ensure that the quality of care provided by nurses in general practice to the Australian public is of a safe, consistent and dependable standard. It is difficult to envisage a move to the future without a system for education and nurses and GPs consulted with in this Project overwhelmingly supported advancements in education to support general practice nursing.

## Other factors impacting on general practice nursing in Australia

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Throughout the Project, nurses and GPs identified a number of contextual issues that they believed impacted significantly on the current and future role of the nurse in general practice. Whilst there is variability in the perceived importance of these issues within the professions and between the professions, these issues were raised consistently throughout the survey and workshops. Although these issues were not the central focus of this Project, they were seen by GPs and nurses to be central to the future of general practice nursing. The following issues (see next page) have been raised by the profession as being influential in the role of nursing in general practice and will be considered in turn.

- Team work issues
- Organisational support issues
- Professional recognition
- Health System issues
- Workforce issues

*continued*

- Legislation and regulation issues
- Medico-legal and indemnity issues
- Funding issues
- Culture of general practice

### *Team work issues*

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In the current general practice environment in Australia, multidisciplinary teams appear to function in a manner akin to that outlined in Hastings Provider Substitution Model where the nurse is viewed as a substitute for the doctor in some clinical situations. The nurses and GPs consulted with in this Project stressed the importance of team working in general practice. Whilst it would appear from this research that many nurse and GP teams do work well together, GPs in particular called for education and training in some of these skills and characteristics. Notably, GPs call for education in leadership, team working, communication and delegation — characteristics they themselves say help them work successfully with general practice nurses. In relation to the education that is currently available to support team working in general practice, there appears to be a striking lack of educational opportunities, both formal and non-formal, for training nurses and GPs to work as a team. Delegation issues appear to be a crucial component of the Provider Substitution model of team working and were raised as important concerns and needs by the GPs and nurses participating in the study. Such delegation concerns rested on medico-legal fears, anxiety over loss of patient care, and nurses' inability to promote their own capabilities. How can nurses provide substitution care for the GPs, if GPs have difficulty in delegating responsibility?

If Hastings's Collaborative Model, which represents the role of the nurse in the future as identified by nurses and GPs during this Project, is used, a situation where nursing and medicine have complementary, albeit overlapping, areas of responsibility is seen. In this model, the nurse provides nursing care that complements the medical care provided by the physician. It would appear that a number of factors work against the progression to such a collaborative future, including the culture of general practice and the historical antagonism between nursing and medicine. Even if individual nurses and GPs were equipped with the skills and characteristics needed to work well in a team in general practice, a shift to a truly collaborative model of team working in general practice would entail a major shift in cultural attitudes, values and beliefs within general practice and nursing.

The *Consumer Perceptions of Nursing and Nurses in General Practice* highlighted consumer expectations that nurses and doctors are part of a team and will work together to meet consumer needs (Cheek, et al, 2002:42). The nurses and GPs who participated in this Project agreed that nurses and GPs should work as a team and complement the care they each provide. Given that the professions and the general public place such an emphasis on team working in general practice, it is surprising that there is so little education, training and support available to facilitate this. It would appear from this research that despite the emphasis placed on team working by nurses, GPs and the public, a number of barriers to effective team work exist in the Australian context.

### *Organisational support issues*

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The nurses and GPs in this Project discussed a number of organisational support issues that impacted on the current and future role of the nurse in general practice. In Australian general practice, a number of key structures which are seen to support nursing in general practice are considered lacking. The GPs and nurses called for generic job descriptions to be developed to articulate and clarify the role of the nurse in general practice. They also agreed that communication mechanisms and systems (whether formalised in team meetings or non-formally through corridor conversations) were important to ensuring that nurses worked effectively in general practice. It was agreed that general practice does not allow for 'protected time' (i.e. time away from patient care) for the GP and the nurse to consult with one another. Unfortunately in a practice where the doctor's ability to generate income is heavily reliant on direct time with patients, and there is a growing shortage of GPs, formalised communication systems were considered low priorities due to the lack of funding for such activities.

Communication systems that would allow GPs and nurses to manage the flow of information within the practice and facilitate understanding of patient information were also lacking in Australian general practice. Organisational supports, particularly communication systems, need to be implemented at a practice level to support nursing in general practice. Also, such organisational supports need assistance at a national level through recognition and funding. Without appropriate organisational support systems in place, it seems unlikely that nursing can contribute to general practice and primary health care in the manner envisaged by the professions.

### *Professional recognition*

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The nurses and GPs consulted as part of the Project identified a number of professional development and educational issues that they believed impacted on the role of the nurse in general practice now and in the future. The lack of recognition of general practice nursing as a career was further reinforced by the limited availability of educational and professional support. Education and training in elements essential to the role of the nurse in general practice are simply not available in most cases. Furthermore, neither the medical and nursing professions recognise or encourage general practice nursing as a career option. There is no professional development program in place to ensure ongoing professional education, nor is there advanced education available. Both within nursing itself and within the general practice environment, general practice nursing is not recognised as a viable career option. This is in marked contrast to the UK and NZ experience. For the future envisaged by the professions to eventuate, a change in the acceptance and acknowledgment of nursing in general practice as a career option is needed.

### *Health system issues*

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A number of health system issues were raised by the GPs and nurses in this Project as important influences on the current and future role of nurses in general practice. These health system issues related to the way in which the structure and organisation of health care in Australia and the directives from the Australian

Government impact on their role. For example, the lack of communication systems between primary health care providers and the hospital systems often results in a doubling up of assessments and care. However, not all health system issues were negative, and the GPs and nurses identified a number of systems issues that appeared to encourage appropriate use of nurses. For example, a Government focus on preventative health and health promotion through the national health priorities and the development of EPC items have impacted upon and directed the nature of nurse's work in general practice. The introduction of case conferencing demonstrates a step towards recognising the value of multidisciplinary health care delivery. So, whilst the current health system in some ways impedes the effective use of nurses in general practice, it also holds promise in terms of directing nursing activities to the areas of most need and most impact through strategic policy development.

### *Workforce issues*

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*But in 2013, out of the ten doctors in my practice, one will have retired and two others will nearly retire and I think the clinical load is going to be horrendous. In the town where I live, there are no young GPs coming through so I'd be looking at the practice nurse to take on a lot more clinical activities. I can see a need for a large number of practice nurses to come and take those clinical roles on because as I get old there are not going to be enough GPs to look after me. That's going to create a funding crisis because at the moment to generate a fee in general practice you have to see a patient face to face to justify that fee. So the whole thing is going to turn topsy turvy and the sad thing is that there will not be enough nurses to fill those spaces either.*

General practitioner

Throughout the research, nurses and GPs expressed concerns over workforce planning issues that influence nursing in general practice now and in the future. In particular, there was a concern that the Australian general practice workforce will be unable to provide the number of nurses needed to expand their contribution in general practice. With the shortage of both doctors and nurses, concerns were raised that there simply would not be sufficient numbers to meet the health care needs of the public. Concerns over workforce shortages generated anxiety about the inability to find relief staff for study and leisure leave, recruitment issues and inappropriate 'head hunting' of nurses from the hospital sector. If the Australian health care context is to be equipped for a future where nurses play an extended role in general practice health care delivery, issues of workforce planning will need to be addressed.

### *Legislation and regulation issues*

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The Joint GP/Nurse Workshops highlighted a lack of understanding, by many GPs and general practice nurses of the influences that various Federal and State and Territory legislation and regulations had on the scope of practice of the general practice nurse. There was an expectation that general practice nurses would be competent to undertake their role. Competence was seen to include knowledge, skills and experience. Whilst many nurses acknowledged that current funding arrangements presented limitations to the general practice nurse role and necessitated GP supervision, little consideration appeared to be given to the

impact legislation and regulation made to the general practice nurse role. This was particularly evident in the medication administration, including immunisation, undertaken by enrolled nurses.

Each State and Territory in Australia has different legislation that influences the scope of practice of the enrolled nurse to administer medication. There appeared to be even further inconsistencies, confusion and misunderstandings within the various States and Territories as to the legalities of enrolled nurses administering medication.

In a number of States and Territories, additional regulations and legislation, also influenced the general practice nurses' role in immunisation provision. For example in Tasmania, unless the general practice nurse has been endorsed as a 'Nurse Immuniser', the nurse provides immunisation under the supervision of the GP. Although this research did not undertake a full State and Territory comparison of regulations in the areas of immunisation and cervical screening, national inconsistencies were clearly evident and these contributed to confusion in the scope of practice of the general practice nurse. GPs in particular expressed confusion about the scope of practice of nurses, the regulations under which they practice and the legislation they must adhere to. This lack of clarity caused concern and anxiety in GPs as to the appropriate roles nurses should undertake in their general practices.

The Australian context is equipped to move into the future of general practice nursing in so much as there exists a regulatory and legislative framework under which nurses work. However, this information needs to be more clearly articulated and disseminated to the general practice community and the general public.

### *Medico-legal and indemnity issues*

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GPs regularly expressed concerns about medico-legal and insurance issues during the course of the Project. Nurses appeared concerned about these issues also, but to a lesser degree than the GPs. In the current general practice context, fears about the legal consequences of actions and professional indemnity overshadow the contribution nurses can make to general practice health care. Medico-legal concerns impede collaboration between GPs and nurses due to the perception by GPs that the nurses they employ are not covered by their indemnity insurance. Whether or not nurses have their own insurance or are covered under their employment conditions appears moot, the perception is that GPs are legally responsible for the conduct of the nurses they work with. This anxiety causes some reluctance to delegate appropriately to nurses and allow them to expand into clinical areas suitable to their nursing expertise. Due to the uncertain and dynamic nature of the medico-legal issues currently faced by health care professionals in Australia, it seems unlikely that nurses will be able to move into extended or expanded roles in general practice, unless systems issues like practice policies, procedures and the standards for educational opportunities are addressed.

### *Funding issues*

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Arguably the most important concern raised by GPs and nurses who participated in this research was the funding arrangements by which general practice nursing will be sustained. The effectiveness of general practice nurses is seen by participants in the workshops to be impeded by the current Medicare payment system in which nursing duties do not attract a payment unless through a fee-for-service system. The professions consider the current system hinders collaborative team working and in fact it is seen to devalue the nursing role in general practice by forcing the nurse to assume a 'hand maiden' role. Activities which nurses routinely perform without review by a doctor in other health care settings (for example dressings in hospitals) must be reviewed by a GP to obtain a payment in the general practice setting. It is only through incentive funding — such as the Practice Nurse Incentive payments by which the presence of a nurse in a practice is funded — that allow for the nurse to assume a more autonomous and collaborative working role within the practice. This funding is not however available to all general practices. The advancement and autonomy of nurses working in general practice is severely curtailed by the current funding arrangements. If general practice nursing is to be sustainable in the long term, funding contexts need to be re-considered.

### *Cultural issues*

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The culture of general practice is not seen to be conducive to integrating nursing into health care delivery. Building on historical antagonisms between medicine and nursing, the culture of general practice still views the role of the nurse as one of hand maiden to the doctor. The provider substitution model of nursing and medicine team working is entrenched in the culture of general practice. A move towards a collaborative model of team working in which nursing is seen as a profession complementary to medicine in general practice will involve a shift in the values, beliefs and attitudes pervading the general practice environment.

### *Summary*

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Throughout the workshop and survey consultation with GPs and nurses in this Project, a number of concerns were raised about the capacity of the Australian general practice context to support general practice nursing. Some of these concerns are likely to be resolved at a practice or Division level of operation, however others need to be considered on a national level with structural changes occurring in general practice. In particular, GPs and nurses believe that for nursing in general practice to be sustainable in the future, their concerns about the funding of nursing duties in general practice and their fears about medico-legal responsibilities need to be addressed. The professions see these issues as fundamental to the sustainability of general practice and general practice nursing and are beyond the capacity of individual doctors, nurses or local Divisions to address and facilitate change.

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## Conclusion

Nurses make a valuable and unique contribution to health care provided in general practice. Nurses and GPs acknowledge and recognise this contribution and see it as a crucial component of the future of general practice. General practice nursing offers great promise and potential for changing the way primary health care is delivered in Australia. The professions express excitement and eagerness to see developments in nursing in general practice and look forward to a resolution to some of the barriers they have identified.

This report aims to encourage an active discourse within both the nursing and general practice settings and the wider community about the contribution nursing can make to general practice health care provision. It is hoped that the 'role' of general practice nurses outlined in this report will provide a way of thinking about nursing in general practice that is relevant to policy makers, national organisations, Divisions of General Practice, and of course, most importantly, the nurses and GPs who are the focus of this Report.

In remaining faithful to the ideas, opinions and experiences expressed by GPs and nurses in this Project, the picture of general practice nursing presented here is not an idealised one and does recognise the serious concerns facing the professions. It is quite clear that education for general practice nursing is deficient, inadequate and does not provide a reliable or systematic foundation for the delivery of quality nursing care. In order to sustain nursing in general practice in the future, the role must be promoted and supported as a 'career option' for nurses. Both the nurses and GPs in this project actively supported the inclusion of general practice nurses into the primary health care team and were keen to see a number of barriers overcome in order to successfully achieve this vision.

Whilst the two Colleges believe that this report provides a strong basis of knowledge on nursing in general practice, there remains the need for further initiatives to build and sustain the capacity of general practice nurses to contribute to the delivery of safe, quality primary health care to the Australian public.