



**SERIOUS AND CONTINUING ILLNESS POLICY AND PRACTICE STUDY**

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## **Practice Nursing Development: Implications and Opportunities in the Management of Continuing Illness**

**October 2007**

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Suggested citation: Gourlay, K., Jowsey, T. and the SCIPPS team. Practice Nursing Development: Implications and Opportunities in the Management of Continuing Illness The Serious and Continuing Illness Policy and Practice Study (SCIPPS), The Menzies Centre for Health Policy, 2007. URL: (access date: 30.10.2007).

The Serious and Continuing Illness Policy and Practice Study (SCIPPS) is an NHMRC funded program conducted at the Australian National University and the University of Sydney and administered by the Menzies Centre for Health Policy.

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## **1. Glossary of Acronyms**

AHW - Aboriginal Health Worker

ACTDGP – ACT Division of General Practice

ADGP – Australian Division of General Practice

AGPN – Australian General Practice Network (formerly known as ADGP)

ANF - Australian Nursing Federation

APNA – Australian Practice Nurse Association

ATSI – Aboriginal and Torres Strait Islander

CGPIS – Centre for General Practice Integration Studies

CHF - Chronic Heart Failure

COAG - Council of Australian Governments

COPD – Chronic Obstructive Pulmonary Disease

CPD - Continuing Professional Development

DoHA – Commonwealth Department of Health and Ageing

EPC – Enhanced Primary Care

FaCSIA – Department of Families, Community Service and Indigenous Affairs

FTE – Full Time Equivalent

GP – General Practitioner

GPMP – General Practice Management Plan

GPPAC – General Practice Partnership Advisory Council

HMA – Healthcare Management Advisors

MBS – Medicare Benefits Schedule

NiGP – Nursing in General Practice

PIP – Practice Incentive Payment

PN – Practice Nurse

RACGP – Royal Australian College of General Practitioner

RCNA – Royal College of Nursing Australia

RDAA – Rural Doctors Association of Australia

RRMA – rural and remote areas

SBO – State Base Organisation

SCIPPS – Serious and Continuing Illness: Policy and Practice Study

SIP – Service Incentive Payment

SWPE – Standard Whole Patient Equivalent

SWAHS - Sydney West Area Health Service

TCA – Team Care Arrangement

## **2. Introduction**

Practice nursing in Australia is an evolving and increasingly important dimension of primary health care that has seen significant advances in recent years in terms of the number of nurses entering into general practice, the financial and practical support they receive, and the functions they serve in general practice. These advances have been largely shaped by research outcomes observed in international practice nursing, the political environment in which Australian primary health care operates, and the policies outlined within this paper, which serves to summarize recent Australian health care policies that are shaping the dynamic role of practice nursing. It also suggests ways in which the Serious and Continuing Illness Policy Practice Study (SCIPPS) can have a positive influence on further shaping the future of practice nursing.

There is strong evidence from overseas; in particular from New Zealand and the United Kingdom, of the positive outcomes for patients that occur when appropriate policy and financial investments are applied to practice nursing. From as early as 1985 it has been suggested that Practice Nurses (PNs) should be carrying out care such as the follow up of hypertensive or diabetic patients, cervical smears, and immunisations.<sup>1</sup> The extended role of the PN has been the subject of review in the United Kingdom since 1988<sup>2</sup> and by the early 1990s over 90% of General Practitioners (GPs) expressed positive views on the extension of the PNs' role. The four main advantages of extending the role of PNs that have been identified by GPs include a decrease in GP workload, meeting targets, extending services and improving access for patients.<sup>3</sup> Extending the role of PNs serves to aid GPs and their practices in providing better and extended services, and perhaps more importantly, it serves to potentially have a positive impact on people with chronic illness accessing those services.<sup>1</sup>

The first reference to practice nursing in Australia (Linn 1969) stated that PNs could positively affect the health, morbidity and quality of life for patients with a chronic illness, and that their most important roles were team coordination, preventative health education and participation in research and education programs.<sup>4</sup> Recent policy initiatives such as Enhanced Primary Care (EPC) and Strengthening Medicare have supported the expansion and development of nursing roles in the general practice setting. This paper seeks to inform the Serious and Continuing Illness Policy Practice Study (SCIPPS) by summarizing policy initiatives relating to nursing in general practice in Australia, with particular reference to advances since the Federal Budget announcement in 2001-02. The purpose of SCIPPS is to identify and explore issues relating to chronic illness management from the perspectives of people with chronic illness, their carers and health care professionals; to implement and evaluate

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\*For a comprehensive summary of practice nursing in the UK and New Zealand and the similarities and differences to the Australian experience refer to appendix A of the 'General Practice Nursing in Australia' report by Royal College of Nursing Australia (RCNA) and the Royal Australian College of General Practice (RACGP).

new models of care utilising existing resources; and to develop policies and/or programs that address barriers to optimal patient outcomes within the current context of health care in the Australian Capital Territory (ACT) and Sydney West Area Health Service (SWAHS).<sup>5</sup> The focus of the study is on 45-85 year old people with one or more of the following chronic conditions; Chronic Obstructive Pulmonary Disease (COPD), diabetes and Chronic Heart Failure (CHF). As PNs are increasingly involved in the care of patients with these index conditions, it is important to consider how the development of NiGP relates to their potential to contribute to better care for people with serious and continuing illness in Australia.

For the purpose of this paper a review of relevant literature on NiGP was conducted using Medline and Cochran Library for research papers and various government and non-government websites for policy and related reports in the area of NiGP. The search was confined to papers from Australia, the United Kingdom (UK) and New Zealand. The international literature was characterised by the terms ‘nurse practitioner’ and ‘advanced nurse’ abundantly more than ‘practice nurse’ or ‘general practice nurse’, which emphasises that practice nursing is largely unexplored in the research arena<sup>4</sup> and that these terms do not have universal definitions. In Australia the term ‘practice nurse’ or ‘general practice nurse’ is defined as a registered or enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice. <sup>6,7</sup>

### 3. Major Events & Publications

#### 3.1 Commonwealth Initiatives

In **1998** the Department of Health and Family services released the General Practice Strategy Review Group Report titled 'General Practice: Changing the future through partnerships' which suggested that the 36% of practices that employed a nurse at June 1995 are able to see more patients than they had previously been able to see, and that 'the nurses contribution enhances the overall health-management and efficiency of the practice.'<sup>8</sup>

In **2000** the RCNA and the RACGP presented a joint proposal to the Minister for Health that outlined the need to integrate PNs into general practice due to the identified benefits for patients, General Practitioners (GPs), nurses and the health system, and identified a potential funding mechanism for the employment of nurses in general practice.<sup>9</sup> In March **2001** this paper was presented to the General Practice Partnership Advisory Council (GPPAC), the General Practice Memorandum of Understanding Group (GPMoU Group), the Rural Doctors Association of Australia (RDAA) and the Commonwealth Department of Health and Ageing (DoHA) which lead to the formation of a Joint Working Group in May **2001** to further consider issues for practice nursing in Australia.<sup>10</sup>

The structured implementation of nursing into general practice was first focused on regional areas, supported by the **2001-02** Federal Budget: *People, Care and Quality*, which allocated \$104.3 million over four years to encourage the employment of PNs by the introduction of a Practice Incentive Payment (PIP) and training of nurses via a re-entry and up-skilling scholarship scheme,<sup>10</sup> building upon the Regional Health Strategy - *More Doctors, Better Services* announced in the 2000-2001 Budget.<sup>11</sup> The Joint Working Group were given the task of overseeing the implementation of the 2001-02 budget initiative and published a discussion paper on a framework for practice nursing in Australia, informed by the Technical Advisory Group (TAG) for Nursing in General Practice.<sup>11</sup>

As a result of this process, the Joint Working Group convened the 'Future Directions in Practice Nursing' National Workshop in **July 2001**, which identified the following short-term priorities.<sup>12</sup>

- Ensure general practice and nursing are well informed;
- Build capacity of Divisions of General Practice (Divisions);
- Training & up-skilling for GPs and PNs through the RACGP and RCNA;
- Develop networks and mentoring systems for PNs; and
- Effective evaluation to monitor and guide future development.

In **November 2001** guidelines and application forms to access the PIP for NiGP were sent to all eligible practices in rural and remote areas, with the initiative resulting in a 54% increase in the

employment of PNs by eligible practices<sup>13</sup> and at May 2006, over 1,100 rural practices were participating in the PIP Rural Practice Nurse Initiative.<sup>6</sup> The success of the 2001-02 budget initiative for PNs in rural and remote areas led to the announcement of financial PIP support for PN employment in urban areas of workforce shortage under the *Strengthening Medicare* initiative in **November 2003**.<sup>14</sup> This has also been well received; with 640 urban practices participating in the PIP to employ a PN by May 2006.<sup>6</sup> In the ACT 47% of practices qualify as an 'urban area of workforce shortage' as defined by Medicare Australia.<sup>15</sup> However, only 43% of these qualifying practices employ a PN at June 2007 (ACTDGP Database).

The **2005-06 Federal Budget** included \$2.6 million allocated to training for nurses in rural and remote areas to be points of referral for people experiencing domestic violence under the Department of Families, Community Service and Indigenous Affairs (FaCSIA) *Women's Safety Agenda*.<sup>16</sup> In addition, the 2005-09 Nursing in General Practice Training and Support Initiative was detailed, which provided an additional \$129.7 million to relieve the workforce pressure of general practice, improve the prevention and management of chronic disease and to improve access to, and quality of, patient care.<sup>17</sup> The Training and Support Initiative was discussed in **August 2005** at a DoHA convened stakeholder workshop, which identified the following aims to be reached by 2009<sup>18</sup>:

- Appropriate up-skilling of new entrants to nursing in general practice
- Appropriate continuing professional development (CPD) activities for nurses in general practice, including education with a chronic disease focus;
- Facilitation of the establishment of practice teams and support for practices in relation to understanding the benefits of nurses;
- Expansion of the role of nurses in general practice to facilitate enhanced access and improved patient care
- Increased practice nurse participation in research and;
- Greater participation by Aboriginal Health Workers (AHWs) in general practice.

At the Council of Australian Governments (COAG) February **2006** meeting, the Commonwealth agreed to a \$250 million contribution towards a shift within the health system to health promotion, prevention, early intervention and management of disease.<sup>19</sup> This is in recognition of the growing burden of chronic disease and has many implications for practice nursing as PNs can participate in all five key program areas of:

- Promoting healthy lifestyles;
- Supporting the early detection of lifestyle risks and chronic disease;

- Supporting lifestyle and risk modification;
- Encouraging active patient self-management of chronic disease; and
- Improving the integration and coordination of care.

Recognition of the professional capability of PNs has resulted in the introduction of MBS items specific to their roles. The PN immunisation and wound management items were introduced in February **2004**,<sup>20</sup> which was followed by the PN pap smear items introduced for regional, rural and remote areas (RRMA 3-7) in January **2005**.<sup>21</sup> By March 2006, approximately 5.8 million claims for immunisation, wound management and pap smears services by a PN had been claimed.<sup>6</sup> The pap smear item was expanded in November **2006** to include areas of urban workforce shortage, as well as a separate item for the provision of a pap smear *and* preventative women's check.<sup>22</sup> The November 2006 MBS update also included an antenatal item for regional, rural and remote areas to support the growing problem of a lack of antenatal services in rural and remote Australia, which allows an appropriately trained PN to assist in antenatal care.<sup>23</sup> The latest update of the MBS schedule in July **2007** included item 10997, which allows services provided by a practice nurse on behalf of a GP to assist chronic disease patients who require access to ongoing care, monitoring and support between the more structured reviews of a care plan by the GP.<sup>24</sup>

With one third of GP consultations now dealing with chronic disease,<sup>25</sup> general practice is increasingly involved in disease 'management' rather than prevention and cure. This shift has seen an increase in time demand and patient load - a conundrum for GPs with patients now requiring longer consultation times to not only discuss results and treatment regimes, but also self-management, lifestyle changes and other health professional involvement. There has been clear momentum since the 2001 Federal Budget first addressed practice nursing, with PNs now able to carryout a wide range of services for patients; in particular, those with chronic disease such as diabetes, CHF and COPD.

## Section Summary – Main Commonwealth Initiatives

### **1998**

- Department of Health and Family Services released the General Practice Strategy Review Group Report – *‘the nurses contribution enhances the overall health-management and efficiency of the practice’*

### **2000**

- RCNA and RACGP presented a joint proposal to the Minister for Health – *‘integrating PNs into general practice benefits patients, GPs, nurses and the health system’*

### **2001**

- Formation of a Joint Working Group to consider issues for practice nursing in Australia
- Federal Budget: People, Care and Quality – *introduction of the PN PIP to encourage the employment of PNs in rural & remote areas*
- Future Directions in Practice Nursing National Workshop – *priorities identified include up -skilling and development of networking and mentoring systems.*

### **2003**

- Strengthening Medicare initiative – *PN PIP to areas of urban workforce shortage*

### **2004**

- Immunisation and wound management MBS items introduced

### **2005**

- Federal Budget Women’s Safety Agenda - *training for nurses in rural and remote areas to be points of referral for people experiencing domestic violence.*
- 2005-09 Nursing in General Practice Training and Support Initiative - *improve the prevention and management of chronic disease, access to, and quality of patient care.*
- PN pap smear MBS item for regional, rural and remote areas

### **2006**

- COAG announcement - *shift within the health system towards health promotion, prevention, early intervention and management of disease*
- PN pap smear and preventative women’s check MBS items for areas of urban workforce shortage
- PN antenatal item for regional, rural and remote areas

### **2007**

- Item 10997 to assist chronic disease patients.

### **3.2 Initiatives within the Divisions Network**

The ‘Divisions network’ in Australia is a government funded support, education and advocacy body for general practice. In each state there are a number of Divisions who work with local general practice to implement commonwealth initiatives and address local health need. In addition, each state has a State Based Organisation (SBO) whose role is to support Divisions, provide leadership and advocacy at the State/Territory level and to work closely with the peak body of the Divisions network; the Australian General Practice Network (AGPN – formerly the Australian Division of General Practice ADGP). The Divisions network has been involved with the NiGP initiative from its beginning, with a vision that ‘every general practice in Australia be supported and encouraged to employ or have access to a general practice nurse.’<sup>26</sup>

In **1999**, the ACT Division of General Practice (ACTDGP) surveyed local practices and identified 37 PNs working in general practice (ACTDGP records). In **2000** the number of nurses had risen slightly to 45 (ACTDGP records) and the ACT Practice Nurses Interest Group was established to support them. As of June **2007** there were 72 PNs employed throughout 49 of the 94 general practices in the ACT (ACTDGP database). Table 1 provides a summary of ACTDGP data (June 2007).

Table 1 – ACTDGP Practice Nurse Data

Total General Practices	Total PNs	Practices who employ at least one PN	ACT Practices that qualify for the PN PIP <sup>18</sup>	Practices who qualify for PN PIP who employ a PN
94 (225 GPs)	72	49 (52%)	44 (47%)	21 (43%)

At the national level, the position of Principal Policy Advisor on Nursing in General Practice was created within AGPN in **2001**.<sup>27</sup> In addition, funding was given for AGPN in collaboration with the Centre for General Practice Integration Studies (CGPIS) to support eight ‘Demonstration Divisions’ to document their nursing programs, participate in workshops and provide support and mentoring to other Divisions.<sup>28</sup> These Divisions were Monash, Hunter Urban, Canning, Adelaide North, South East NSW, Northern Tasmania, Fremantle Region and Townsville.<sup>30</sup> One of the significant results of this project included the development of a National Resource Kit for other Divisions to help support NiGP.<sup>30</sup>

In **2003**, AGPN undertook the first national survey of practice nurses and developed business case studies that describe a number of general practice scenarios and different models of Practice Nursing.<sup>29</sup> In all scenarios presented by AGPN a practice’s net income increases, with up to 14% additional profit.<sup>31</sup> Realising the income potential of employing a PN, the Melbourne Division of General

Practice was funded in **2004** to pilot and evaluate its existing Practice Nurse Recruitment and Induction Kit in Victoria in order to inform the development of a national version of the kit.<sup>29</sup>

Since **April 2005**, SBOs and AGPN have been funded to support nursing in general practice through the Divisions of General Practice network under the [Nursing in General Practice State Based Organisations Project](#).<sup>29</sup> This supported the 2005 'National Practice Nurse Workforce Survey Report', released by AGPN in **April 2006**.<sup>30</sup> The main findings were:

- 4,924 PNs across Australia (compared with 4000 in 2003 = 23% increase)
- Estimated 57% of general practices in Australia employ at least one PN (17% increase from 2003).
- 57% of these practices have a rural and remote classification (RRMA) of 3-7 and 43% RRMA 1-2;
- 82% of PNs are registered nurses [90% in ACT] while 18% are enrolled nurses [10% in ACT];
- 73% of PNs are over 40 years of age;
- 82% of PNs work part time and a 4% increase in full time PNs since 2003;
- 32.4% of the PN workforce are also employed in other nursing jobs;
- 49.2% of PNs were members of a professional nursing organisation;
- 52.86% had at least one additional qualification eg midwifery, accredited nurse immuniser.

Comparing this data from 2005 with the latest statistics from the ACTDGP database in 2007, there has been an increase in the number of PNs in the ACT by 42 and an extra 33.7% of practices have a PN. This increase in numbers should continue as a result of the launch of the Nursing in General Practice Recruitment and Orientation Resource at the **2006** AGPN Divisions Forum, a partnership between AGPN, the Australian Nursing Federation (ANF) and the Australian Practice Nurses Association (APNA).<sup>33</sup> The resource provides GPs, practice managers and PNs with an overview of the possible roles a PN can perform, recruitment and orientation processes, professional issues such as registration, competency standards and professional indemnity considerations.<sup>33</sup>

In **2007**, one of the key priorities of the 2001 National Workshop<sup>13</sup> was addressed with the release of the NiGP National Mentoring Pilot that aims to provide PNs with an opportunity to engage in structured mentoring relationships across Australia, to enhance their personal and professional development, and thereby strengthen the nursing services they provide in the general practice environment.<sup>31</sup> This will be achieved by a formal one-on-one mentoring program, a group-mentoring program, and a mentoring circle program.<sup>34</sup>

### Section Summary – Main Division Network Initiatives

#### **2001**

- Principal Policy Advisor on Nursing in General Practice was created within ADGP
- ‘Demonstration Divisions’ project commences in collaboration with the CGPIS, which resulted in development of a National Resource Kit for other Divisions.

#### **2003**

- First national survey of practice nurses and development of business cases

#### **2004**

- Melbourne Division of General Practice began pilot on a Practice Nurse Recruitment and Induction Kit

#### **2005**

- [Nursing in General Practice State Based Organisations Project](#) commences
- National Practice Nurse Workforce Survey conducted (report released in 2006).

#### **2006**

- Inaugural NiGP Annual Divisions Forum
- Nursing in General Practice Recruitment and Orientation Resource launched

#### **2007**

- NiGP National Mentoring Pilot commences

### **3.3 Nursing and General Practice Peak Bodies**

The proposal by RCNA and RACGP to the Minister for Health in **2000** appears to have been a key catalyst for the resulting 2001 Federal Budget commitment to investing in NiGP, and since this time further developments have been supported by each of the main peak bodies associated with nursing and with general practice through policy, advocacy and educational initiatives.

In **2001** the RCNA released a Nursing in General Practice Information Kit, which was reviewed and replaced in **2003** by the 'Nursing in General Practice: A Guide for the General Practice Team' publication.<sup>32</sup> This guide addresses how a PN can enhance a practice, initiatives for funding a PN, supervisory requirements, liability and insurance, salary of a PN and mentoring.<sup>34</sup>

The Australian Practice Nurse Association (APNA) was incorporated on the 10th of August **2001**.<sup>33</sup> APNA is a professional association run by practice nurses for practice nurses, which provides education, representation, support and networking for practice nurses at national, state and local levels.<sup>37</sup> APNA's vision is that practice nurses will be recognised as professional members of collaborative teams, with a key role in management of patient health underpinned by evidence-based practice, have a voice in determining health policy supported by an active role in contributing to and conducting research and, be remunerated while contributing to the economic viability of health care.<sup>35</sup>

Similarly, the ANF released a position statement on nursing in general practice in **2001** (reviewed in 2005) supporting PNs who will enhance the range of services available and contribute positively to health outcomes.<sup>34</sup> The ANF also state that policies and protocols must be developed to give direction to the PN, establish the boundaries and expectations of the role to be undertaken, and are applied using the professional judgment of the nurse.<sup>36</sup>

The Rural Doctors Association of Australia (RDAA) published a policy document titled 'Rural and Remote Nursing Practice' in **2003**.<sup>35</sup> This document strongly supports the development of models of nursing practice that enhance their key role in general practice. The RDAA state 'collaborative and multidisciplinary teams is a cost-effective way to address current workforce shortages and extend the capacity of general practice to provide comprehensive care and continuity of care.'<sup>36</sup> The RDAA believe the purpose of practice nursing is to enhance the quality and delivery of health care in the context of general practice and that PNs provide a complementary role by providing a variety of services ranging from clinical care and service coordination to maintaining good health through screening, health promotion and education for individuals and the community.<sup>36</sup> This view of PNs is supported by the COAG measures. The RDAA also voiced their support for PNs in the document

‘Good Health to Rural Communities – a 10-point Plan’ released in **2004**, where the fifth point concerned the role of the PNs as part of the general practice team.<sup>36</sup> This document compared people in urban areas with those in rural and remote situations, strengthening the Commonwealth Governments initial assistance for employment of a PN in rural and remote areas. Findings reported in this document include the following: in rural and remote areas where PNs are not present overall life expectancy is reduced by as much as four years; and there are lower survival rates for cardiovascular disease and cancer, and there are also higher rates of morbidity and hospitalization.<sup>2</sup>

The RACGP and RCNA released the ‘General Practice Nursing in Australia’ report in **2004**, which contained a comprehensive literature review of general practice in the New Zealand and the United Kingdom context, the history of and recommendations for the future of general practice nursing in Australia, and models of nursing in the general practice setting.<sup>37</sup> Table 2 outlines the recommendations made in this report, and it is encouraging to see that many of the short-term priorities have been achieved or are in progress.

**Table 2: Main Recommendations from the General Practice Nursing in Australia Report**

Short Term	Medium Term	Long Term
Development of national competency standards (completed)	That general practices clarify the roles of a ‘practice nurse’ & a ‘nurse practitioner’	Nursing in general practice is promoted as a career option & a specialty in nursing
Development of a comprehensive orientation program (completed)	A ‘stocktake’ of national regulations & credentialing for immunisation & cervical screening for national consistency	Models for team work are explored and developed for use in general practice
Access to appropriate & accredited professional development (completed)	Multidisciplinary education & professional development by relevant organisations	
Education addressing leadership and team working be incorporated into GP Quality Assurance & professional development (in progress)	Clinical placement in general practice for nurses be promoted & any review of vocational training curriculum to include elements of team work	
Review of the Nursing in General Practice Information Kit (completed)	University Schools of Nursing review post-graduate training & offer PNs recognition of prior learning	
In the RACGP Review of the Standards of General Practice consider the implications of NiGP in encouraging the development of policies (in progress)		

The short-term recommendation from the General Practice Nursing in Australia Report of the development of competency standards was achieved when the ANF released ‘Competency Standards for Nurses in General Practice’ in May **2006**.<sup>38</sup> These standards must be used in conjunction with the standards developed by the Australian Nursing and Midwifery Council and nurse regulatory authorities in each State or Territory, underpinned by the Code of Ethics for Nurses and Midwives in Australia.<sup>40</sup>

Section Summary – Peak Body Supporting Documents & Policies

**2000**

- RCNA and RACGP presented a joint proposal to the Minister for Health – *‘integrating PNs into general practice benefits patients, GPs, nurses and the health system’*

**2001**

- RCNA released a Nursing in General Practice Information Kit
- APNA established
- ANF released a position statement on nursing in general practice

**2003**

- RCNA released the ‘Nursing in General Practice: A Guide for the General Practice Team’
- RDAA released the ‘Rural and Remote Nursing Practice’ policy document

**2004**

- RDAA released ‘Good Health to Rural Communities – a 10-point Plan’
- RACGP and RCNA released the ‘General Practice Nursing in Australia’ report

**2006**

- ANF released ‘Competency Standards for Nurses in General Practice’

#### 4. Funding a nurse in general practice via Medicare Australia

1. Practice Incentive Payment (PIP) through Medicare:

- Hiring a nurse in an urban area of workforce shortage → \$7 per SWPE\* = ~\$7000 per FTE GP
- Hiring a nurse in a rural and remote area → \$8 per SWPE\* = ~ \$8000 per FTE GP

\*SWPE – standard whole patient equivalent. Medicare Australia suggests a FTE GP sees 1000 SWPE per year.

2. Medicare item numbers for PN services without direct GP involvement

Outlined in section 3.1, there are a number of MBS items that allow direct reimbursement for a PNs services as an income generating mechanism for general practice. These are summarised in table 3.

Table 3: MBS items a nurse can carry out directly

Service	Item	Rebate	Description
Immunisation	10993	\$10.60 (100%)	Once per visit not per vaccine. <sup>42</sup>
Cervical smear & preventative check	10994	\$21.25 (100%)	The taking of a cervical smear <b>and</b> preventive checks Preventative check from at least one of the following: Sexually Transmitted Infections (STIs), sexual & reproductive history, contraception, breast awareness education, post natal issues, continence. <sup>39</sup>
Cervical smear & preventative check	10995	\$21.25 (100%)	The taking of a cervical smear from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years, <b>and</b> preventive checks. <sup>40</sup>
Wound care	10996	\$10.60 (100%)	Other than normal aftercare. GP does not need to be present however, they must do the initial assessment. <sup>42</sup>
Cervical smear	10998	\$10.60 (100%)	The taking of a cervical smear from a woman. <sup>41</sup>
Cervical smear	10999	\$10.60 (100%)	The taking of a cervical smear from a woman between the ages of 20 and 69 inclusive, who has not had a cervical smear in the last 4 years. <sup>42</sup>
Monitoring and support for a person with a chronic disease	10997	\$10.60 (100%)	Service provided to a person who has a GP Management Plan (721), Team Care Arrangements (723) or Multidisciplinary Care Plan in place to a maximum of 5 services per patient in a calendar year. <sup>43</sup>

3. Medicare Items that involve Practice Nurses

PNs can contribute to primary health care in the items listed below. However, unlike the items outlined in table 2, all patient episodes require direct GP involvement. In addition, the PNs time is not being remunerated as it is seen as an extension of the GPs services.

The PIP for asthma and diabetes attracts the following remuneration for the practice:

- Asthma Annual Cycle of Care<sup>44</sup>
- Sign on payment for practice of ~\$250 per FTE GP
- \$100 for each plan completed (requires 2 visits) + reimbursement of the two visits
- Spirometry - item 11506 (at least once) of \$18.10<sup>45</sup>
- Diabetes Annual Cycle of Care<sup>46</sup>
- Sign on payment for practice of ~\$1000 per FTE GP
- \$40 for each cycle completed (requires at least 2 visits) + reimbursement of the two visits
- \$20 per SWPE + standard consultation fee if 20% of diabetics receive a cycle of care

In addition, table 4 outlines further Medicare items that a GP may utilise with PN involvement. PNs contribute to these items through:

- Triage
- Health Assessments including. weight, height, blood pressure etc
- Removal of sutures, surgical strips and staples
- Plastering and pathology collection
- Sterilisation of equipment, ordering supplies and stocktaking
- Phone enquiries, patient notification of results and recall/reminders
- Spirometry
- Foot checks
- Lifestyle risk factor management and advice

Table 4: GP MBS items a practice nurse can be *involved* in

Service	Item number	Rebate♣
General Practice Management Plan (GPMP)	721	\$124.95
GPMP review	725	\$62.50
Team Care Arrangement (TCA)	723	\$98.95
TCA review	727	\$62.50
Annual health assessment >75 years in practice	700	\$167.45
Annual health assessment >75 years in home	702	\$236.85
ATSI adult health check for over 55 years in practice	704	\$167.45
ATSI adult health check for over 55 years not in practice	706	\$236.85
ATSI child health check less than 14 years	708	\$167.45
ATSI health check for 15-55 years	710	\$199.60
Aged care assessment	712	\$187.65
Refugees & other humanitarian entrants health assessment	714	\$199.60
45 year old health check	717	\$100.00
Spirometry	11506	\$18.10
ECG	11700	\$27.60
Audiometry	11309	\$23. 25

♣All details have been obtained from the Medicare Benefits Schedule Book effective 1 November 2006, which can be accessed online.<sup>47</sup>

## **5. Enablers and barriers to employing a PN identified within policies**

Nursing numbers and roles in general practice have grown since the introduction of the NiGP initiative in 2001. However a number of barriers to employing a PN are commonly identified, limiting the potential of the initiative and of practice nursing. Table 5 lists the commonly reported enablers and barriers, which have been drawn from numerous sources used throughout this document. It is important to note that these source documents have been produced from 2001-2007. Consequently, some of these barriers have been addressed. For example, the ‘Competency Standards for Nurses in General Practice’ in May 2006 address guidelines for the supervision of enrolled nurses.<sup>42</sup>

**Table 5: Commonly Identified Policy-based Barriers and Enablers to Employing a PN in General Practice**

<b>Enablers</b>	<b>Barriers</b>
Income generating initiatives eg PN PIP and EPC <sup>31</sup>	Lack of understanding of PN role – ‘role confusion’ <sup>48 31</sup>
Increase in range of services offered <sup>31</sup>	Concern of cost of employment <sup>48 30 31</sup>
Potential to ease GP work force pressure <sup>30 31</sup>	GPs unaware of how to best utilise PN <sup>31</sup>
Division based recruitment and employment <sup>31</sup>	Lack of physical space within practice <sup>30 31</sup>
Ongoing support from Divisions <sup>30 31</sup>	No clear guidelines - supervision of enrolled nurses <sup>48</sup>
Patient attitude and acceptance of PN <sup>31</sup>	Lack of clarity - indemnity insurance/medico-legal issues <sup>2 48 30 31</sup>
	Not enough work in practice (particularly solo practice) <sup>31</sup>
	Lack of organisational support <sup>9</sup>
	Team work issues <sup>2 48</sup>
	Culture of General Practice <sup>9 30 31</sup>
	Recruitment issues <sup>30 31</sup>
	Lack of PN access to professional development & recognition <sup>9 48</sup>
	No statutory requirements for a PN to commit to ongoing education <sup>31 14</sup>
	Lack of formal job description <sup>31</sup>
	Poor remuneration and industrial conditions for PN <sup>31</sup>
	Lack of defined career pathway & professional isolation <sup>48</sup>
	Geographical isolation in some areas <sup>31</sup>
	Lack of access to computer and/or varied computer literacy levels <sup>31</sup>
	Cost of accreditation to be eligible for the PIP <sup>30</sup>
	Insecurity regarding future of PIP <sup>30</sup>

## **6. NiGP as a topic for research and evaluation**

This section contains a number of studies and evaluations concerning different aspects of NiGP, however, practice nursing is still largely unexplored in the research arena.<sup>4</sup> Many of the following studies have contributed to or addressed a number of the recommendations outlined in Table 2 from the ‘General Practice Nursing in Australia’ report.

The Centre for Research into Nursing and Health Care, at the University of South Australia published a ‘Consumer Perceptions of Nursing and Nurses in General Practice’ report in **2002**.<sup>48</sup> The study revealed a limited understanding of possible nursing roles in general practice. However there was widespread acceptance of the concept, and it was believed that PNs tend to have the time and ‘caring characteristics’ to provide support and assistance. This was followed by ‘Hanging from a String in the Wind – Development of a National Framework for Mentoring for Nurses in General Practice’ in June **2005**.<sup>49</sup> This research was conducted to identify key issues in mentoring for PNs, identify case studies of mentoring approaches from Australia and overseas and identify key factors for successful implementation of a mentoring framework.

In **2005** Healthcare Management Advisors (HMA) released the ‘Evaluation of Nursing in General Practice Initiative Final Report’ based on the initial 2001-2004 funding.<sup>14</sup> The findings include:

- All practices who hired a PN as a result of the PIP would not now like to function without a PN, however;
- These practices would have to consider the financial viability of continuing a PNs employment if the PIP was to cease. This is despite:
- 80% of practices reporting that the PN improved access to services, quality of care, integration of primary care, management of patients with chronic disease and reduced workforce pressure;
- 70% of practices reporting a greater throughput of patients;
- 50% of practices reporting a reduced waiting time.

These results ultimately have a positive impact on patient outcomes, particularly those with serious and continuing illnesses such as diabetes, COPD or CHF. Nevertheless, clearly the financial models and reimbursement through Medicare needs to be reviewed to ensure GPs are able to retain PNs as \$10.60 (table 3) is not adequate nor does it reflect the value of these health professionals.

## **7. Conclusion**

There have been significant advances in the support of practice nursing in Australia since the 2001-02 Budget announcement by the Commonwealth. This led to initiatives from AGPN, RCNA, general practice bodies (including SBO's, and Divisions of General Practice), peak nursing organisations (such as APNA, and ANF) and further research. As the ACT data in table 1 and the results of the 2005 National Practice Nurse Workforce Survey Report clearly show, this has increased the number of nurses entering into general practice. Despite this, there are still significant barriers that need to be addressed before PNs will reach their full potential to benefit the practice, the nurse and most importantly, the patient. While Australia is still very much in the 'embryonic' stage of using PNs to their full potential, the ball is at least rolling and continually building speed.

This paper has summarized the recent Australian health care policies that are shaping the dynamic role of practice nursing, particularly in relation with chronic disease management. There are a number of opportunities for the Serious and Continuing Illness Policy Practice Study (SCIPPS) to have a positive influence on further shaping the future of practice nursing. These include:

1. The potential for the SCIPPS project to utilise PN involvement in any pilot projects to look at the care of patients with the three index conditions.
2. The Divisions network offers SCIPPS an avenue into General Practice and Practice Nursing, which has been recognised by the collaboration with the ACT Division of General Practice and Divisions within SWAHS. As PN numbers increase in line with added financial incentives and appropriate support and training through the Divisions network, there is an opportunity to begin data collection and research on the positive outcomes for patients as a result of PN involvement in chronic disease management. SCIPPS is one such research project that may offer valuable data if practice nursing is utilised as one area of intervention.
3. There is a need for clear protocols and policies regarding practice nursing, specifically in relation to chronic disease management. This is an area that SCIPPS may be able to address.
4. SCIPPS potentially provides an opportunity to look at a number of the recommendations (table 2) such as the clarification of the definition and roles of a 'practice nurse' and a 'nurse practitioner', identified as an issue in the methodology of this paper, and exploring models for teamwork as an intervention that utilises the existing resources of the PN.
5. There are still significant barriers that need to be addressed before PNs will reach their full potential to benefit the practice, the nurse and most importantly, the patient. SCIPPS provides a valuable opportunity as it aims to identify and explore new models of care utilising existing resources,

such as a PN employed in general practice; to address barriers to optimal patient outcomes within the current context of health care.

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