

**Resource kit for general practices**

# **Nursing in General Practice Kit**

This kit can assist general practices to understand  
and support the Practice Nurse role



**ShireGPs**

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This kit was developed as part of the Sutherland Division of General Practice Nursing in General Practice Program. The aim of this kit is to assist practices who have recently employed or retain the services of a practice nurse to support and advance the practice nurse role.

Included in this kit is; introduction to practice nursing, task list, scope of practice, practice nursing requirements, continuing professional development and resources.

To access information regarding employment of a practice nurse (employment contracts guide, nurse payment and job description, recruitment & interview guides, legal responsibilities etc) visit [www.shiregps.org.au/practice-nurse.php](http://www.shiregps.org.au/practice-nurse.php) and download the Practice Nurse Employment Kit.

Sutherland Division wishes to acknowledge the following organisations where the information in this kit was sourced from:

- Australian General Practice Network ([www.generalpracticenursing.com.au](http://www.generalpracticenursing.com.au))
- General Practice NSW ([www.gpnsw.com.au](http://www.gpnsw.com.au))
- Royal Collage of Nursing, Australia ([www.rcna.org.au](http://www.rcna.org.au))
- Australian Practice Nurse Association ([www.apna.asn.au](http://www.apna.asn.au))
- Australian Nursing Federation ([www.anf.org.au/nurses\\_gp](http://www.anf.org.au/nurses_gp))
- Australian Nursing and Midwifery Board ([www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au))
- Melbourne East Division of General Practice (<http://www.megpn.com.au/>)
- WentWest <http://wentwest.com>

#### Disclaimer

The information in this manual is not a substitute for independent professional advice, and expert or legal advice should be sought from competent professional persons as appropriate. Sutherland Division of General Practice does not accept liability for any injury or loss or damage incurred by the use of or reliance on the information in this kit.



# Introduction

# Nursing in General Practice

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

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

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

- Improved health outcomes in chronic illness
- Assistance in primary-acute sector integration
- Better coordination of care
- Increased workforce capacity
- Provision of practical and professional support to GPs
- Enhancement of the range of services available to people attending the practice
- Improvement in the ability of the practice to adapt to changes

The “Charting new roles for Australian general practice nurses” report outlines the findings of an ethnographic study of 32 general practices in Australia, undertaken in two phases between mid 2005 and late 2008. The research examined nurses' contribution to general practice organisations.

This study found that practice nurses have six key operating roles:

- Patient carer
- Organiser
- Problem solver
- Quality controller
- Educator
- Agent of connectivity

To view the full report, visit <http://www.gpnsw.com.au/programs/nursing-in-general-practice/whats-new>



# Practice Nursing

# Roles for nurses in general practice

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

- GP preferences and specialty areas
- Size of the practice (*Large medical centre versus smaller practice*)
- Patient demographics (*E.g. older patients versus younger patient base*)
- Physical layout of the practice (*Room for a treatment room versus small consult room*)
- Experience and special qualifications of the nurse (*E.g. postgraduate courses*)

The following is a list of tasks that may be performed by a Practice Nurse within their knowledge and capabilities, depending on the needs of each individual practice.

**NB: PLEASE ENSURE THAT YOU ARE COVERED UNDER YOUR INSURANCE TO UNDERTAKE THESE TASKS. APPROPRIATE QUALIFICATIONS ARE NECESSARY TO PERFORM THESE TASKS. REFER TO REGISTERED NURSE AND ENROLLED NURSE PROFESSIONAL STANDARDS AT [WWW.ANF.ORG.AU/NURSES\\_GP](http://WWW.ANF.ORG.AU/NURSES_GP)**

## Healthy Kids Check

- Collect or maintain patient information
- Conduct a basic assessment of patient health according to guidelines
- Where appropriate, arrange for referrals or follow up for any condition identified
- Ensure Medicare item number 10986 is claimed

## Immunisation

- Administer vaccines according to the National Health and Medical Research Council (NHMRC) schedule
- Maintain patients immunisation records
- Complete ACIR recording requirements
- Order vaccines
- Maintain vaccine fridge according to NHMRC recommendations
- Maintain vaccine recall systems
- Maintain practice immunisation rate above 90%
- Ensure Practice Nurse item 10993 is claimed

## Health Assessments

- Maintain over 75 years recall system
- Undertake functional assessment component of health assessments weekly (depending on number of eligible patients).
- Undertake the information collection component of health assessment
- Document health assessments on computer / file
- Arrange GP appointments with patient to complete

**GP Management Plans and Team Care Arrangements**

- Identify appropriate patient/s
- Maintain a recall system for reviews
- Assessing patients and documenting results, identifying needs
- Preparing GP Management Plans/Team Care Arrangements
- Provide self-management information and other patient education
- Assists in referring patients to allied health services where appropriate
- On going assistance with reviews and re-assessment of patient

**Diabetes Annual Cycle of Care**

- Ensure each diabetic patient record has annual cycle of care documentation
- Maintain diabetic recall system
- Undertake diabetic education as deemed appropriate
- Undertake diabetic foot assessments where appropriate
- Undertake a full eye examination at least every 2 years for appropriate patients
- Undertake blood pressure, height, weight and calculate BMI
- Undertakes BGLs where appropriate
- Takes blood for Hb A1c, cholesterol, triglycerides, & HDL monitoring
- Checks smoking status
- Refers patients with diabetes when appropriate

**Asthma Cycle of Care**

- Perform Spirometry
- Provide patient education regarding asthma and asthma related devices when necessary
- Maintain databases with register and recalls systems
- Checks smoking status
- Encourages self monitoring – demonstrates how to perform peak flow expiratory flow rate and maintain a systems/ peak flow diary
- Develops individual patient asthma action plans in conjunction with GP

**45-49 Year Old Health Checks (once only)**

- Search databases for eligible patients who have an identifiable risk factor for chronic diseases including family history
- Send recall letter
- Assist GP assessing patients and documenting results,

- identifying needs
  - Provide self-management information and other patient education if necessary
  - Assists GP preparing a GPMP/TCA if appropriate
  - Assists in referring patients to allied health services if appropriate
- Minor procedures/  
wound care**
- Maintains minor procedures appointment system
  - Prepares patient for minor procedure
  - Prepares consulting room/s for procedures
  - Removes sutures and surgical clips
  - Assesses and attends to wound care
- Cervical screening**
- Maintains cervical screening recall register
  - Undertakes pap smears, pelvic examinations and breast awareness education where appropriate
  - Ensures adequate sampling of squamous columnar junction
  - Ensures Cervical Screening Medicare item number has been claimed
  - Ensures practice's cervical screening rates meet requirements for PIP outcome payment
- Antenatal Clinic**
- Maintain antenatal register
  - Maintain birth register
  - Investigate and order resources
  - Undertake urinalysis, weight, BP foetal hearts, foetal lie and presentation as deemed appropriate
  - Provide antenatal education
- Venipuncture**
- Undertakes blood collection
  - Develops systems for the collection of blood by pathology service
  - Maintains blood collection register
  - Follows up blood collection results on a weekly basis
- Accreditation**
- Develop protocols and procedures relevant to nursing duties to meet accreditation requirements
  - Attend practice clinical meetings
  - Responsible for infection control within the practice
  - Maintain appropriate waste disposal and waste collection requirements
  - Maintain appropriate sharps disposal and sharps collection requirements

- Provide education to staff re infection control and cleaning requirements

### **Sterilisation**

- Ensure that all used instruments are cleaned according to the RACGP guidelines
- Ensure that the practice has a designated “dirty” basin
- Develop and maintain sterilisation protocol for the practice
- Record all batches of sterilised instruments in a designated “Sterilisation Book” according to RACGP guidelines
- Ensure that batch numbers are recorded in patient records
- Ensure that all sterilised stock is rotated and stored appropriately
- Order and replaces protective equipment as required
- Maintain spills kit

### **General Duties**

- Triage patients on arrival to practice
- Maintain and restocks Drs bag on a monthly basis or more often if used frequently
- Maintain and rotate medication supplies on a fortnightly basis
- Checks and restocks emergency equipment weekly or after use
- Maintain practice S8 drug register/s
- Give injections as requested by the GP
- Undertake ECGs as requested by the GP
- Undertake urinalysis as requested by the GP
- Completes health summary documents on all new patients and maintains existing records
- Order nitrous oxide and O2 as required
- Undertakes audiometry as deemed appropriate
- Performs continence assessments, education and referrals
- Undertakes medicals for diving, CentreLink, Workcover as appropriate
- Undertakes “eye washing” as necessary
- Assists with plastering and removal of plaster

\*For a sample description of a typical schedule for a practice nurse, please see appendix 1

# The Local Picture

In the Sutherland Division area, there are currently 72 practices employing 240 GPs and 67 practice nurses. As the population grows, the GP shortage remains and practice nurse numbers climb consistently as GPs have seen the value they add to a clinical team.

Shire GPs 2009 Practice Nurse Survey highlighted the various areas of clinical and general work that local practice nurses are involved in. The results showed that a diverse range of activities are being performed by practice nurses



## Case studies from Sutherland Shire PNs

### Case study one

How long have you worked as a general practice nurse? 4 years

GPs in practice: 2

Practice nurses: 1

**Role highlight:** Care plans / health assessment

Tasks:

- Refer to recall – GP initiates – Nurse initiates
- Familiarise myself with patient notes, letters and results. I then liaise with the GP, interview patient, making sure blood tests, height, weight, urinalysis etc
- If this is all up to date, I give patient education (pamphlets etc)
- I determine what outcomes needed and referrals if any
- I then compile the plans for GPs to complete
- The patient or action is then put on recall and action list to remind GP

**How does your role complement the other members of the practice team?**

GPs have more time to diagnose and attend to their specific scope of primary healthcare. I work with the practice manager to share the running of practice. The manager does bookwork etc and leaves the medical side to nurse / GPs. I liaise with staff in making appointments, charging patients and making them aware of specific ways they can help by being alert to patients needs.

**What do you like best about practice nursing?**

Helping with good health outcomes. I feel like I am doing a worthwhile thing when patients stop me in the street to talk about their health outcomes and how they are managing at home. I went to the shopping centre and patients were having coffee and doughnuts. Both were on a carbohydrate and sugar free diet and trying to get blood sugar levels down. They told me to look the other way and covered up doughnuts with a serviette. We all had a good laugh together but I will talk to them when they next come into the surgery

**Case study two**

How long have you worked as a general practice nurse? 5 years

GPs in practice: 6

Practice nurses: 3

**Role highlight:** Diabetes – regular review and education of diabetes.

**How does your role as nurse complement other practice staff?**

My role complements the GPs by supporting their patients, giving better quality of care

**What do you like best about working in general practice?**

Diversity, staff, continuity, patients

**Case study three**

How long have you worked as a general practice nurse? 15 years

GPs in practice: 11

Practice nurses: 4

**Role highlight: Over 75 Year health assessments**

We do health assessments in the patient's home which is a great way to really get to know the patient. I love visiting and finding out how they're coping and sourcing ways to help them manage easier. It's often over a cup of tea and I find it alters the relationship some what, so that next time they visit at the surgery they see me as a friend as well as the RN.

**How does your role as practice nurse complement the other staff?**

I find I'm often the "middle man" between the patient and either the staff or the doctor. Not only as the triage but also with problems and complaints.

**What do you like best about working in general practice?**

I love the variety of work and the ongoing relationships with patients. I think practice nursing is the best job. No bed pans or changing dirty beds but you get to care for the patients – from immunising newborns to ulcer dressings on the elderly

#### **Case study four**

How long have you worked as a general practice nurse? 4 months

GPs in practice: 2

Practice nurses: 3

**Role highlight:** Immunisation

Provide immunisation to babies / children and adults, maintain ACIR, monitor stock in fridge, quantity and reorder, temperature, recall of patients

**How does your role as nurse complement other practice staff?**

My role enables the GP to spend more quality time with their patients. Also the GP is not seen as the “bad guy” to the children when being immunised

**What do you like best about working in general practice?**

There is always something new, ever changing jobs everyday. Also practice nursing allows for flexible time and autonomy in clinical work.

#### **Case study five**

How long have you worked as a general practice nurse? 5 ½ years

GPs in practice: 6

Nurses in practice: 2

**Role highlight:** Childhood immunisations

Each age group is handled differently. The youngest requires more attention being given to the parent as they get more distressed than the child. The older ones require extra time spent with prior to immunisation to build up rapport and trust so that the whole experience is as least traumatic as possible. It is my objective with each immunisation I give that both the child and the parent leave my care as “friends”. On two occasions I have actually had a 4 year old turn to me as they’re leaving and tell me they love me. That has to be the ultimate compliment.

**How does your role complement the other staff?**

I can help lighten GP load by assessing a wound before they are seen. I do detailed health assessments which cuts down the time they have to spend wading through the information and problems some patients present. If a distressed patient calls on the phone I can go to the home and triage them to determine whether they need a home visit, an ambulance or just a routine visit to practice. These are just a few ways my role complements the GPs in the practice.

**What do you like best about working in General Practice?**

The continuity of care along with the diversity of situations and skills used

### **Case study six**

How long have you worked as a general practice nurse? 14 years

GPs in practice: 12

PNs in practice: 7

#### **Role highlight:** Updating the education folder

Whenever I have attended an education meeting, my notes are placed in the education folder so that the information is shared with other practice nurses, so that they may be informed too.

#### **How does your role as practice nurse complement the other staff?**

My ability to collaborate care with practice staff by having the ability to communicate effectively has enhanced my practice e.g. succinct documentation of notes / treatments in Medical Director.

#### **What do you like best about working in General Practice?**

The ability to attend various education sessions / workshops to keep up-dated with current trends, in both the Sutherland and St George Division of GPs.

### **Case study seven**

How long have you worked as a general practice nurse? 2 years

GPs in practice: 6

PNs in practice: 1

#### **Role highlight:** Annual health assessments

Involves visiting patients over the age of 75 years in their homes to talk about general health and/or health concerns, as well as discussing routine questions which may highlight issues that could become a program, for example, the increasing amount of care a spouse gives to their partner not knowing that there is support in the community that could assist. This information is then relayed to their GP and services can be mobilised to help keep the couple living in their home safely and well supported.

#### **How does your role as practice nurse complement the other staff?**

By taking on the practical tasks of dressings, injections, blood taking, starting health assessments, mothercraft education, just to name a few. This frees up the doctors time, allowing them to see more patients, shortens patient wait time and allows the doctors to complete care plans / TCA & paper work quickly as it has already been started for them. Keeping an eye on stock, including immunisations, dressings etc takes some pressure off the practice staff.

#### **What do you like best about general practice nursing?**

You are working as a part of a team in an effort to maximise the care of the patients with whom over time you develop a good relationship with. You become a familiar face

for patients and families using the practice. The role is varied each day, can be very procedure based one day and the next all about health promotion and education

### **Case study eight**

How long have you worked as a general practice nurse? 8 months

GPs in practice: 5

Practice nurses: 2

#### **Role highlight: Instrument sterilisation**

- Each day I provide fresh sterilisation solution in clean receptacles.
- Each day I must clean used instruments (which have been soaking in instrument detergent / solution) then rinse and dry them.

Each instrument or combination of instruments are packed in self-seal sterilisation pouches in appropriate size and per each load one diagnostic indicator is added to a pouch. To autoclave the instruments check each pouch for screening colour code change, once sterilised. I store in order of contents and date (each pouch is hand written with contents, date and batch load number)

#### **How does your role as practice nurse complement other practice staff?**

The GP often assesses the patient's health requirements and when appropriate asks me to perform certain tasks such as; administering immunisation, performing spirometry & ECG or attending a dressing. I am then able to inform reception staff of all the aspects of the appointment when I take them back to reception

#### **What do you like best about being a general practice nurse?**

I like meeting and quickly establishing a rapport with each patient in a one to one consulting room environment – with prompt follow on of appropriate nursing care which is always as individual and diverse as the patient involved. I enjoy formulating an assessment, implementation and evaluation.

### **Case study nine**

How long have you worked as a general practice nurse? 2 ½ years

GPs in practice: 5

Practice nurses: 2

#### **Role highlight: GP management plans/EPC/Dental Plan/Health Assessment**

##### **Tasks:**

- Initiated by GP
- Interview patient / obtain consent
- Update health summary (allergies, past history etc)
- Check current medications
- Peruse letters / results in patient file

- Enter information into computer ( and dates of future reviews by GP / specialists / tests etc)
- Refer patient (diabetes clinic etc)
- EPC/Dental Plans as per requests
- Health assessment if required
- Copy to file/ original to patient

**How does your role as nurse complement the other practice staff?**

- Triage
- Attend to urgent cases where staff is unable to fit in Drs schedule for the day
- Answer phone calls related to medical enquiries
- Education
- Assist with accreditation
- Moral support / assisting with difficult patients

**What do you like best about being a general practice nurse?**

- Interaction with patients of all ages
- Keeping in touch with current medical conditions, treatment and care
- No shift work, set hours, no weekend work
- Pleasant atmosphere
- Less stressful



# **Practice Nurse Requirements**

# National Registration 2010

From 1 July 2010 practitioners of the Nursing and Midwifery professions across Australia will have to meet the same requirements to be registered, therefore registration will be recognised in all States and Territories. National registration focuses on the protection of the public, facilitation of workforce mobility, provision of education and training and access to health services.

A short summary about the standards is below. However, nurses and midwives are required to be familiar with the full standards and in particular, with how they apply to them. The full standards, fact sheets and frequently asked questions can be accessed at [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au)

## **Continuing professional development (CPD)**

Registered Nurses are required to participate in at least 20 hours of CPD per year. All nurses and midwives will be required to make a declaration that they have met the standard and have completed the necessary CPD when they apply for renewal of registration. The Board requires nurses and midwives to keep evidence of the CPD completed that may be subject to audit. The documentation of the self-directed CPD must include dates, a brief description of the outcomes and the number of hours spent in each activity.

## **Recency of practice**

Nurses and Midwives must have undertaken sufficient practice within the preceding five years to demonstrate competence in their profession. Practice is defined as any role, whether remunerated or not, in which the individual uses their skill and knowledge as a nurse or midwife. It does not apply to recent graduates from nursing and midwifery programs in Australia applying for registration for the first time; persons holding student registration; or nurses or midwives holding non-practicing registration or applicants for non-practicing registration. Nurses and Midwives are required to keep evidence of their recency of practice. This evidence can consist of the following: a service statement from your employer(s); a pay slip (s); income statement for the year; and other methods at the discretion of NMBA.

## **Professional Indemnity Insurance (PII)**

Registered nurses and midwives must not practice their professions unless they are covered in the conduct of their practice by appropriate professional indemnity insurance (PII) arrangements. The standard applies from 1 July 2010 to all registered nurses and midwives except students of nursing and midwifery; nurses and midwives who have non-practicing registration, or registered midwives who are exempted under the National Law. When applying for registration or renewal of registration, nurses or midwives will be required to declare that appropriate PII arrangements are in place.

**Criminal history**

The Board has new powers to check the criminal history of registered nurses and midwives before deciding on an application for renewal of registration, or at any time during the registration period. The Board can do so by obtaining a written report from CrimTrac, a police commissioner or an entity in a jurisdiction outside Australia that keeps records about the criminal history of persons in that jurisdiction.

**English language skills**

This standard applies to all applicants for registration. An applicant who is an internationally qualified applicant or an applicant who did not undertake and complete their secondary education to the requisite level required for entry into nursing or midwifery program, taught and assessed in English must provide evidence that they have the necessary English Language skills for registration. All applicants must demonstrate the following English language skills demonstrated by completion of the following tests; an IELTS examination (academic module) with a minimum score of 7 in each four components or an overall pass in the OET with grades A or B only in each of the four components. Test results must be obtained within two years prior to applying for registration and must be achieved within one sitting.

# Professional Indemnity Insurance

The information provided in this section has been sourced from the Australian Practice Nurse Association website [www.apna.asn.au](http://www.apna.asn.au). This information is provided by Insurance Marketing Group of Australia as a service to APNA members. APNA does not offer any advice on professional indemnity insurance.

A general practice nurse may have a 'personal exposure' for the healthcare they provide. A personal exposure might mean a civil liability claim for damages or compensation being brought against the individual. This is regardless of whether the practice nurse is a direct employee or not. Employers are not responsible for claims made directly against a nurse.

Professional indemnity insurance generally covers for civil liability claims made against nurses as a result of their professional services. Examples of civil liability claims include (but are not limited to):

- An adverse or unexpected outcome for a patient
- An error or omission on the nurses part while providing a professional service
- A breach of patient confidentiality
- Libel and slander

Professional indemnity insurance also covers:

- An unintentional breach of Trade Practices legislation
- Unintentional infringement of rights to intellectual property
- Claims arising from rendering, or failing to render, emergency first aid and assistance (Good Samaritan Acts)

The role of a general practice nurse has expanded to the point that, in certain situations, the nurse is the only healthcare provider seen by the patient. While GPs are responsible for making sure current insurance is in place for themselves, it is up to the practice or the individual nurse to ensure they are covered sufficiently. In today's business world, it may make more sense for a nurse to work as a contractor. In the event of a claim, however, a contractor is seen as a separate business entity and it is up to the contractor to ensure they are sufficiently insured.

## ***Q. Does the doctor's malpractice insurance cover me?***

This is a difficult one to advise on in a general context, as each doctor and each practice has its own set of circumstances. In general, most medical defence organisations only cover a nurse when the doctor has given specific instructions and/or is supervising the procedure, i.e. is in the room with you and the patient. As this is not always the case, it is possible for the doctor's insurance cover to not extend cover in the event of an incident, leaving you responsible for your own defence and possible costs. While a general query may lead to a positive response, each claim is taken on its own merits, leaving this possible gap in cover.

**Q. I perform ‘certain’ procedures/activities. Am I covered for this?**

In general, you are most likely covered for the duties and activities of a general practice nurse, meaning that all of the common nursing activities that you are trained in are included. Further training, for example in Pap smears or immunisations, can allow you to perform other activities. These will be covered as long as you hold current and accepted training and/or certification (if required).

**Q. But I already have Public Liability.**

Public liability and professional indemnity are the two most common insurances, and the two most confused. There can be perceived overlap, but the two policies cover very different circumstances.

Public liability cover will cover a physical mishap, for example turning a corner and knocking over a patient, causing them injury. Professional indemnity covers you for an omission or breach of professional duties, such as giving the wrong vaccine.

These are very simple examples of the two covers, and employees of a practice are generally covered by the public liability of the practice. If you are a contractor, it is imperative you seek advice on your own public liability cover as contractors are seen as separate legal entities.

**It is strongly recommended that members seek appropriate advice concerning professional indemnity insurance for their individual needs and requirements. All nurses will have to make a statement of their insurance status to comply with national registration standards, so it is imperative that each nurse has confidence that they will be covered for the services they provide.**

**APNA Professional Indemnity Insurance**

Up to 20 Hours Per Week		Over 20 Hours Per Week		Contractor	
\$5,000,000 Limit of Indemnity	\$10,000,000 Limit of Indemnity	\$5,000,000 Limit of Indemnity	\$10,000,000 Limit of Indemnity	\$5,000,000 Limit of Indemnity	\$10,000,000 Limit of Indemnity
<b>\$275.00</b>	<b>\$335.00</b>	<b>\$305.00</b>	<b>\$375.00</b>	<b>\$335.00</b>	<b>\$415.00</b>

The costs listed are all inclusive and the policies are **only available for current members of APNA**. Please note that the above prices do not include your APNA membership fee.

If you would like to discuss your individual needs or have any questions about the Mediprotect/MIA General Practice Nurse Professional Indemnity product, please call John from MIA on (07) 3831 8688

#### Further Information

There are many providers of Professional Indemnity insurance. Please contact your provider for detailed information regarding your specific policy/ situation.

Advice may also be sought from:

- Royal Australian College of General Practitioners [www.racgp.org.au](http://www.racgp.org.au)
- Australian Medical Association [www.ama.com.au](http://www.ama.com.au)

Professional indemnity insurance may also be available for nurses through:

- Royal College of Nursing, Australia (Guild Insurance) at [/www.rcna.org.au](http://www.rcna.org.au) or [/www.guildgroup.com.au/](http://www.guildgroup.com.au/)
- Avant Mutual Group Ltd [www.avant.org.au](http://www.avant.org.au)

***It is strongly advised that nurses contact a variety of indemnity insurance providers to discuss quotes and insurance cover before deciding upon which cover to choose***



# Practice Nurse - HR

Human Resource Management Tips

# Scope of Practice

The scope of practice for each nurse is based on the individual's education, knowledge, competency and extent of experience and lawful authority. Therefore, the scope of practice of the nurse working in general practice will differ for each individual nurse. As part of the responsibility and accountability issues inherent in nursing, nurses in general practice are required to recognise the limitations of their knowledge base and scope of practice. As such, part of a nurse's legal responsibility (in regard to legal requirements) is that ***they do not practice outside their scope of practice.***

**The scope of practice for a nurse can be broadened by working together with the employer to establish a mutually agreeable role (dependent on appropriate training and education being available). Employers should be aware of the relevant nursing regulations and standards in their relevant state/territory.**

## Considerations for General Practice

As the scope of practice of the nurse working in general practice will differ for each individual nurse, it is critical that the general practitioner and the nurse agree upon an acceptable scope of practice. This ensures that both the nurse and other members of the team have a shared understanding of the nurse's role. As such, the general practice team (including the nurse) needs to be aware of the limits of the scope of the nurse's individual practice. The nurse must be able to refuse a task which goes beyond this boundary, and together with the GP/practice manager identify areas where the nurse could develop with continuing professional development activities.

To aid in expanding the individual nurse's scope of practice and understanding his/her boundaries it is important that the GP and the practice team discuss the scope of practice with the nurse, have a detailed job description available and have clear communication channels in place.

## Why do staff need a job description?

Practice nurses (alongside all other general practice staff) need to have position descriptions that outline roles, responsibilities and conditions of employment. A position description establishes the role of the employee within the organisation, documents the parameters of the responsibilities and duties associated with that position, and forms the basis for evaluation and lines of accountability for insurance purposes. For an example of a Practice Nurse job description see appendix 2

## Questions that need to be asked when identifying scope of nursing practice

- What is the profile of the population using the general practice and what could the nurse be doing to improve health outcomes for the population?
- What is the previous experience of the nurse?

- What additional education does the nurse need to provide this nursing care?
- How can the practice help to facilitate continuing professional development for the nurse?
- Is the scope of practice used by nurses in other settings?
- What is the legal position i.e. does Australian and/or state/ territory government legislation and regulations permit nurses to deliver the care being considered as part of the nursing scope of the practice?
- What are the risks and benefits?
- Are there policies and procedures in place to support the nurse providing this care in general practice?
- How will competency assessment take place if the nurse is expanding their scope of nursing practice eg formal accreditation, supervision by another experienced health care provider?
- Is there any reluctance on behalf of the nurse taking on this new responsibility? And what are the reasons for this reluctance?
- How will this new responsibility impact on the workload of the nurse?

### **Further Information**

The Australian Nursing and Midwifery Board have published the following National Competency Standards and Codes:

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

All of these publications are available on the Australian Nursing and Midwifery Board's website, either to order, or as pdf documents:

<http://www.nursingmidwiferyboard.gov.au/> . The Competency Standards for registered and enrolled nurses in general practice and the Advanced Competency Standards for Registered Nurses are available from the Australian Nursing Federation: [http://www.anf.org.au/html/publications\\_compstandards.html](http://www.anf.org.au/html/publications_compstandards.html)

# Orientation

Nurses employed in general practice generally have come from a hospital based setting, and find that general practice is very different to what they are used to. As with any new employee, it is important to orientate the nurse to the practice and highlight any areas in which they may need education and training. Some examples of orientation programs are provided in appendix 3.

## **Sutherland Division Orientation**

The Division can offer orientation for a newly employed practice nurse. The orientation consists of a half day at the Division office learning from Division program officers about Division support and a half day with an experienced practice nurse observing his/her roles and duties in the general practice setting. Additional support is able through mentoring via a weekly telephone contact with one of the experienced practice nurses, for a period of 3-6 months or until the new practice nurse is comfortable with his/her duties. During this time, if the new practice nurse requires an urgent response he/she may contact one of the mentor nurses at any time. For a draft program of this orientation service see appendix 4.

## **Australian General Practice Network – National Orientation Program**

This national entry level program has been designed for nurses in their first 12 months of working in general practice. The program provides nurses new to general practice with the knowledge and baseline skills they need to deliver high quality and safe health care services. The topics covered are:

**Professional Practice:** Primary health care and the Australian health care system, nursing standards, competencies and guidelines, continuing professional development.

**Provision of Clinical Care:** Clinical assessment and health checks, triage, wound management, immunisation.

**Management of clinical Systems:** Accreditation, infection control principles in general Practice, managing practice equipment.

**Collaborative Practice:** Information management in general practice, chronic disease management, health promotion in general practice.

Face to face programs are sometimes offered; otherwise the course can be completed online and attracts around 15 CNE points. The cost of the course is \$120, however funding may be available from the Division for nurses to complete the course.

For more information on orientation programs contact the Divisions Nursing in General Practice program officer on 9545 3533 or visit <http://generalpracticenursing.com.au/education/orientation-program-for-nurses-new-to-general-practice>

# Performance Review

The aim of performance management (or review) is to regularly review and assess staff performance against relevant criteria. This process is designed to be a means of recognising good work, identifying areas of task development and training and education needs. These criteria can include the practice nurse job description and the *'Competency standards for nurses working in general practice'* ([www.anf.org.au/nurses\\_gp](http://www.anf.org.au/nurses_gp)).

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

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

In order to provide a consistent approach to performance management, and to provide a means to plan for and document performance review and development needs, a performance appraisal tool can be used. It will then formalise and provide clear direction of what goals are to be achieved within the position and the means for achieving them. It is a good idea to initiate the performance review process in the second or third week of induction. A further schedule of review can then be timetabled according to the practice needs. Performance review can include self assessment, peer assessment, as well as employer assessment.

Templates for assessment tools are part of the ANF's *'Competency standards for nurses working in general practice'*

[http://www.anf.org.au/html/publications\\_compstandards.html](http://www.anf.org.au/html/publications_compstandards.html) .



# **Practice Nurse**

# **MBS Items**

# MBS items for practice nurses

Information current as of December 2011. Below is a summary of the practice nurse item numbers. For further information visit the Medicare Australia website at [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au).

MBS item number	Description	Comments
<b>Chronic disease</b>		
<b>10997</b>	Service provided to a person with a chronic disease by a practice nurse	Fee: \$11.80 Benefit: 100% = \$11.80 <ul style="list-style-type: none"> <li>• the service is provided on behalf of and under the supervision of a medical practitioner; and</li> <li>• the person is not an admitted patient of a hospital; and</li> <li>• the person has a GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan in place; and</li> <li>• the service is consistent with the GP Management Plan, Team Care Arrangements or Multidisciplinary Care Plan to a maximum of 5 services per patient in a calendar year</li> </ul>
<b>Indigenous health check – follow up service</b>		
<b>10987</b>	Follow-up service provided by a practice nurse or registered Aboriginal Health Worker, on behalf of a GP, for an Indigenous person who has received a health check	Fee: \$23.55 Benefit: 100% = \$23.55 <p>Services include:</p> <ul style="list-style-type: none"> <li>• Examinations/interventions as indicated by the Health Check;</li> <li>• Education regarding medication compliance, monitoring and counselling activities and lifestyle advice</li> <li>• Checks on clinical progress and service access;</li> <li>• Record of a medical history; and</li> <li>• Prevention advice for chronic conditions, and associated follow up.</li> </ul>

MBS item number	Description	Comments
<b>Healthy Kids Check</b>		
<b>10986</b>	Child health check for a child who is receiving or has received their 4 year old immunisation	Fee: \$57.10 Benefit: \$57.10  The check includes: <ul style="list-style-type: none"> <li>• Issuing parents/guardians with information and advice on healthy habits for life for children;</li> <li>• Link parents/guardians and children to the primary health care system</li> <li>• Identification of any health issues for children prior to starting school; and</li> <li>• Enabling GPs to provide treatment or referral for any conditions identified as a result of the check.</li> </ul>

## Other Medicare Incentive Payments

### Service Incentive Payments (SIP)

The SIP is intended to remunerate individual GPs for implementation of best practice services. This payment is made in addition to the Medicare rebate for consultation, and is paid quarterly via PIP. The two SIP payments most relevant to supporting and financing practice nurses are the:

- Diabetes SIP
- Asthma SIP

#### **1) Diabetes SIP**

The Diabetes SIP is part of the Chronic Disease Initiative commenced by the Federal Government in late 2001. It is a monetary incentive to encourage GPs to provide a least a minimum annual cycle of Care for patients with Diabetes. The requirements are based on the current guidelines Diabetes Management in General Practice produced by Diabetes Australia and the Royal Australian College of General Practitioners.

#### **The minimum requirements of care for the Diabetes SIP are:**

Assess diabetes control by measuring HbA1c	At least once every year
Ensure that a comprehensive eye examination is carried out	At least once every two years
Measure weight and height and calculate BMI	At least twice every cycle of care
Measure blood pressure	At least twice every cycle of care
Examine feet	At least twice every cycle of care
Measure total cholesterol, triglycerides and HDL cholesterol	At least once every year
Test for microalbuminuria	At least once every year
Provide self care education	Patient education regarding diabetes management
Review diet	Reinforce information about appropriate dietary choices
Review levels of physical activity	Reinforce information about appropriate levels of physical activity
Check smoking status	Encourage cessation of smoking (if relevant)
Review of Medication	Medication review

## 2) Asthma SIP

The Asthma SIP initiative rewards GPs for improving the quality of clinical care provided to people with moderate-to-severe asthma through the completion of the Asthma Cycle of Care and the development of a written Asthma Action Plan<sup>5</sup>.

At a minimum the Asthma cycle of care must include:

- At least two asthma related consultations within 12 months for a patient with moderate to severe asthma, at least one of which (the review consultation) is a consultation that was planned at a previous consultation
- Documented diagnosis and assessment of level of asthma control and severity of asthma
- Review of the patient's use of, and access to, asthma-related medication and devices
- Provision to the patient of a written asthma action plan
- Provision of asthma self management education to the patient
- Review of the written or documented asthma action plan

<b>Component</b>	<b>Activity required for payment</b>	<b>Payment</b>
<b>Sign-on Payment</b>	One-off payment to practices that implement a cycle of care for patients with moderate to severe asthma.	<b>\$0.25 per SWPE+</b>
<b>Service Incentive Payment</b>	Payment to GPs for each completed cycle of care for patients with moderate to severe asthma (see below for the minimum requirements).	<b>\$100 per patient per year</b>

The Asthma SIP can be claimed by a GP once a year. GPs and nurses must familiarise themselves with the descriptors and requirements of the Diabetes and Asthma SIP items. Further information can be obtained from the Medicare Benefits Schedule Book or from the following links [www.medicareaustralia.gov.au](http://www.medicareaustralia.gov.au) and <http://www.mbsonline.gov.au/>



# **Practice Nurse Incentive Program**

## What is the Practice Nurse Incentive Program (PNIP)?

The practice nurse incentive program provides incentive payments to practices to support an expanded and enhanced role for nurses working in general practice. In the past, there have been no financial benefits to practices in metropolitan areas that employ or who access the services of a practice nurse. The new program also extends the support beyond practice nurses and also includes:

- Support for all accredited practices to employ an Aboriginal Health Worker instead of or in addition to a practice nurse
- Support for practices in urban areas of workforce shortage to employ an allied health professional (for example – dietitian, physiotherapist) instead of or in addition to a practice nurse and/or aboriginal health worker.

There are different payment types under the PNIP:

### Incentive Payment

The level of incentive payment a general practice will be entitled to is dependent on the practice's Standardised Whole Patient Equivalent (SWPE) value and the hours worked by practice nurses at the practice. Eligible practices will receive:

- \$25 000 per year, per 1000 SWPE where a Registered Nurse or eligible allied health professional works at least 12 hours 40 minutes per week
- \$12 500 per year, per 1000 SWPE where an Enrolled Nurse or eligible aboriginal health worker works at least 12 hours 40 minutes per week.

Incentives will be capped at five per practice. This means that practices will be eligible to receive up to \$125 000 per year to support their practice nurse workforce.

The table below depicts the payment amounts based on a practice SWPE and number of hours required to be worked by a practice nurse for the incentive payments

SWPE	Minimum number of practice nurse hours per week required for full incentive payment	Incentive amount for a Registered Nurse (or allied health professional where applicable)	Incentive amount for an Enrolled Nurse or Aboriginal Health Worker
1000	12 hours 40 mins	\$25,000	\$12,500
2000	25 hours 20 mins	\$50,000	\$25,000
3000	38 hours	\$75,000	\$37,500
4000	50 hours 40 mins	\$100,000	\$50,000
5000	63 hours 20 mins	\$125,000	\$62,500

To be eligible to receive the incentive payment a practice must:

- Meet the RACGP definition of a general practice

- Be accredited or registered for accreditation against the RACGP accreditation standards for general practice and be fully accredited within 12 months of joining the PNIP
- Maintain accreditation.
- Have current public liability insurance
- Make sure all the GPs in the practice have current professional indemnity cover
- Employ or otherwise retain the services of an eligible practice nurse and/or aboriginal health worker and/or allied health professional
- Employ or retain the services of a GP
- Make sure all practice nurses and/or aboriginal health workers and/or allied health professionals are covered by the appropriate professional indemnity insurance arrangements

## **Other payments include:**

### **1. Top-up Payment**

Top up payments will be available for accredited practices receiving the incentive payment for the first 3 years of the program (January 2011 – December 2014). This is to make sure that practices are not in any way financially disadvantaged by the removal of the 6 MBS practice nurse item numbers. Medicare will assess if a practice is eligible for a top up payment. In order to be considered for top up payments, practices will be required to provide practice details and give consent for the use of their data to calculate the top up payment. Practices must supply the total contracted hours per week, by health professional type, for each quarter in the 12 month period of the start of August 2010 – the end of July 2011. Practices must also supply GP provider names for all GPs who worked in the practice during this period and GPs must consent for Medicare to use their MBS billing data to determine practice eligibility and payment amounts. Practices have until the 30<sup>th</sup> June 2012 to apply for a top up payment. Eligible practices, will receive their top up payments on a quarterly basis at the same time as the PNIP payments are made.

### **2. Grandparenting Payment**

Grandparenting payments will be available for non-accredited practices that are not eligible for the incentive payment for the first three years of the program – 1<sup>st</sup> January 2012 to 31<sup>st</sup> December 2014. This is to ensure non accredited practices with a practice nurse will not be financially disadvantaged by the removal of the 6 MBS practice nurse items. The grandparenting payment = income received in preceding year from ceased MBS nurse items. Practices will have until 30<sup>th</sup> June 2012 to apply for grandparenting payments and Medicare will assess if a practice is eligible.

### **3. Accreditation Assistance Incentive Payment**

To be eligible for the one off \$5,000 accreditation assistance incentive payment, a practice must be registered for accreditation against the RACGP standards and meet other eligibility requirements. In addition to this, the practice must join the PNIP, provide proof of registration for accreditation and become accredited within 12 months of joining the PNIP.

### **4. Department of Veterans Affairs Loading**

Practices that are eligible for the PNIP and provide GP services to DVA Gold Card Holders will be eligible for a yearly, per veteran payment. This loading is calculated by determining the number of Gold Card holders who receive an 'in rooms' consultation during each year. An amount will be paid for each DVA Gold Card holder, regardless of practice location, nursing qualifications and the number of nurses in the practice. There are no limitations on the number of DVA loadings per practice.

### **PNIP Incentive Payment Ready Reckoner**

The Department of Health and Ageing and Medicare Australia have developed the Ready Reckoner which can be used to estimate the incentive amount your practice may be entitled to. This calculator is currently available for use and by inputting your practices details such as SWPE and practice nurse hours, you will be able to get an estimated figure of how much money your practice is entitled to under this incentive. This is available at the following link -

<http://www.medicareaustralia.gov.au/provider/incentives/pnip/calculator.jsp>

For further information about the PNIP and a full copy of the program guidelines see the following links:

Medicare Australia Practice Nurse Incentive Program Information Page

<http://www.medicareaustralia.gov.au/pnip>

Department of Health and Ageing – Practice Nurse Incentive Program Guidelines

[http://www.medicareaustralia.gov.au/provider/incentives/files/pnip\\_guidelines\\_1106.pdf](http://www.medicareaustralia.gov.au/provider/incentives/files/pnip_guidelines_1106.pdf) These guidelines contain a number of different scenarios involving the different incentive types and practice sizes, location, type of employees (e.g. allied health / aboriginal health workers) which can help practices understand the different incentives they are entitled to under the program.

### **Resources:**

1. Developing a Business Case for an enhanced practice nurse role under the Practice Nurse Incentive Program (PNIP) -

- <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageID=11559>
2. Creating Opportunity – practice nurses working with the community and creating health -
- <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageID=11529>

#### Medicare Australia PNIP Information

- Phone: 1800 222 032
- Email: [pnip@medicareaustralia.gov.au](mailto:pnip@medicareaustralia.gov.au)

#### Accreditation Information

##### Australian General Practice Accreditation Ltd (AGPAL)

- Phone: 1300 362 111
- Website: <http://www.agpal.com.au/>

##### General Practice Accreditation plus (GPA)

- Phone: 1800 188 088
- Website: <http://www.gpa.net.au/>

##### Sutherland Division of General Practice - Shire GPs

- Contact: Amy Young (General Practice Support Program)
- Phone: 9545 3533
- Email: [ayoung@shiregps.org.au](mailto:ayoung@shiregps.org.au)
- Website: <http://www.shiregps.org.au/accreditation.php>



# **Advancing Nurse Skills**

# Immunisation

The information in this section has been sourced from the document “RNs, EN’s, AHW’s and Immunisation in NSW” from GPNSW & Immunise Australia. The original document can be sourced at [www.gpnsw.com.au/programs/immunisation/immresources](http://www.gpnsw.com.au/programs/immunisation/immresources)

Immunisation is one of the most frequent tasks assigned to nurses working in general practice. The following information should be used as a guide only and further clarification sought by referring to the relevant documents listed as references.

Vaccines are restricted (Schedule 4) drugs. A **Registered Nurse (RN)** or **Endorsed Enrolled Nurse (EEN)** who is registered with the Nursing and Midwifery Board is able to administer a restricted drug on the written instruction of a medical officer.

An **Enrolled Nurse (EN)** may administer vaccines where they have:

1. Successfully completed a Nurses and Midwives Board of NSW accredited course that includes a medication component.
2. The Nurses and Midwives Board of NSW has issued the EN with an endorsement for the administration of medications either by:
  - (a) a notation on the enrolled nurse’s *Authority to Practice* certificate; or
  - (b) a letter (original) from the Board stating that the enrolled nurse has successfully completed an accredited medication course and that the nurse is endorsed for this practice.

An EN who meets the above criteria is eligible to administer a vaccine under a doctor’s written order and under the supervision of a RN. This class of nurse is commonly referred to as an **Endorsed Enrolled Nurse (EEN)**.

Aboriginal Health Workers (AHW’s) cannot prepare or administer any vaccine in either the primary care or outreach setting.

## Authorised Nurse Immuniser

An authorised nurse immuniser is an RN who has completed defined training in immunisation is eligible to administer defined vaccines independent of a written instruction from a GP.

The Policy Directive lists specific vaccines and definitive conditions, to which specially trained registered nurses must conform. This directive is not applicable to RN's who have not completed such defined training but who may administer vaccines under the written direction and authorisation of a GP.

The Collage of Nursing provides the Authorised Nurse Immuniser course externally. Enrolments are monthly. For more information see the CPD section.

*The NSW Government Gazette No. 66. Authorisation to Supply Poisons and Restricted Substances is the most current Authority governing vaccine administration by an Accredited Nurse Immuniser.*

## What is the difference between RN's and EN's and EEN's?

For further information on the differences between classes of nurses in general practice, please refer *Definitions and qualifications for registration as a nurse* accessed via the GP NSW website at the link below, and the table on the next page.

[/www.gpnsw.com.au/programs/nursing-in-general-practice/professional-issues](http://www.gpnsw.com.au/programs/nursing-in-general-practice/professional-issues)

## References & Useful Links

1. *Poisons and Therapeutic Goods Act 1966 (NSW).*

[www.austlii.edu.au/au/legis/nsw/consol\\_act/patga1966307/](http://www.austlii.edu.au/au/legis/nsw/consol_act/patga1966307/)

2. NSW Health (2008). *Immunisation Services – Authority for Registered Nurses* (PD2008\_033)

[www.health.nsw.gov.au/policies/pd/2008/PD2008\\_033.html](http://www.health.nsw.gov.au/policies/pd/2008/PD2008_033.html)

3. NSW Health Department (2004). *The Administration of Medication by Endorsed Enrolled Nurses*

(PD2005\_343) [www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005\\_343.pdf](http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_343.pdf)

4. NSW Health Department (2008). *NSW Government Gazette No. 66. Authorisation to Supply Poisons and Restricted Substances.*

[www.health.nsw.gov.au/PublicHealth/Immunisation/programs/nurse\\_authority.asp](http://www.health.nsw.gov.au/PublicHealth/Immunisation/programs/nurse_authority.asp)

	CAN	CANNOT
<b>Enrolled Nurse (EN)</b>	<p>ENs role in immunisation provision can include:</p> <ul style="list-style-type: none"> <li>• Community promotion</li> <li>• Develop &amp; distribute promotional resources &amp; information</li> <li>• Support to community</li> <li>• Patient education and information</li> <li>• Cold Chain; fridge monitoring, re-stocking fridge, packing esky for outreach clinics</li> <li>• Development and management of computer systems.</li> </ul> <p>This would ideally be done under the supervision of a RN or GP</p>	Prepare or administer vaccines under any circumstances in NSW
<b>Endorsed Enrolled Nurse (EEN)</b>	<ul style="list-style-type: none"> <li>• Prepare and administer vaccines following a GPs written order and under the direct or indirect supervision of an RN in general practice.</li> <li>• Delegate non-clinical vaccine management tasks and the promotion of vaccination to patients to EN and/or AHWs.</li> <li>• Claim the Medicare Item no. 10993 for Immunisation services provided by a practice nurse.</li> </ul>	Delegate to an RN or prepare or administer a vaccine independently of a GPs written order while not supervised by an RN
<b>Registered Nurse (RN)</b>	<ul style="list-style-type: none"> <li>• Prepare and administer vaccines with a written order from a general practitioner.</li> <li>• Designate non-clinical vaccine management tasks and the promotion of vaccination to patients to ENs</li> <li>• Claim the Medicare Item no. 10993 for Immunisation services provided by a practice nurse.</li> </ul>	Prepare or administer vaccines independently of a written order from a GP.
<b>RN Authorised Nurse immuniser</b>	<ul style="list-style-type: none"> <li>• Prepare and administer vaccines listed on the <i>NSW Health Policy Directive Immunisation Services - Authority for Registered</i> independently of a written order from a general practitioner.</li> <li>• Delegate non-clinical vaccine management tasks and the promotion of vaccination to patients to ENs.</li> <li>• Claim the Medicare Item no. 10993 for Immunisation services provided by a practice nurse.</li> </ul>	Prepare or administer vaccines not listed on the above mentioned policy directive without a written order from a general practitioner

# Nurse Led Clinics Chronic Disease Management

The information in this section has been sourced from the Nurse Led Clinic kit developed by Melbourne East General Practice Network. To view the complete resource visit [www.megpn.com.au/](http://www.megpn.com.au/)

## What is a nurse led chronic disease clinic?

A nurse led chronic disease clinic is designed to provide patients who have a chronic disease with additional support and strategies to self manage their illness. A clinic usually runs in a set and protected time during a practice's usual business hours, so that patients can access both nursing and GP support for their chronic disease. A clinic can focus on a specific chronic disease such as Diabetes or Asthma, or have a general focus on care for people with a chronic disease. Patient appointments in the clinic are booked in advance, usually for a half an hour block, with a long appointment booked (one hour) for the initial assessment or reassessment.

## The clinic room and equipment

The room and equipment requirements for a nurse led chronic disease clinic include:

- Sufficient space to conduct a practical and confidential assessment
- Access to patient records, including a computer and printer if the practice has computerised patient files
- A telephone for internal communication with the GPs and external communication with other health professionals for referral and Team Care Arrangements
- Access to equipment for measuring height and weight, blood pressure etc
- Hand washing facilities
- Room to store resources including information brochures and demonstration equipment such as puffers and spacers

## **The benefits of nurse led chronic disease clinics in general practice**

Australian and international research highlights a range of benefits that nurses and nurse led chronic disease clinics can bring to general practice. Some of these are outlined below:

### **Benefits for the practice**

- Increased income and profit, contributing to the long term viability of the practice
- Increased range of service offered at the practice
- Improved systems such as appointment bookings, billing, and recall and review
- Improved integration and partnerships with the acute sector and the primary care system
- Enhanced patient satisfaction

### **Benefits for General Practitioners**

- Increased number of patients who can be seen by the GP
- Improved efficiency in the use of GP time spent in chronic disease management
- Shared responsibility for chronic disease management
- Increased ability to claim the diabetes and/or asthma Service Incentive Payment
- Increased numbers of completed General Practice Management Plans (GPMP) and Team Care Arrangements (TCA)
- Improved self management and behaviour change by patients

### **Benefits for patients**

- Increased satisfaction from having their needs met and adequate time to discuss issues related to their chronic disease
- Improved clinical outcomes such as reduced HbA1c and improved weight management (diabetes) and increased uptake of written asthma action plans
- Increased knowledge and understanding of their chronic disease
- Supported self management eg. motivation, diet, exercise, life style change, medications management and device use, symptom monitoring and complications prevention:
- Increased range of services available at their general practice
- Improved access to health professionals i.e. through the MBS Allied Health items
- Improved quality of life

## How the model works

Referral processes established through:

- practice advertising
- targeted patient mail outs
- GP referrals

Practice meeting:

- Sign contract
- Set start date
- Review process & policies

Book patients

New appointments: 60 minutes  
Review appointments: 30 minutes  
as required

- Each patient attends the clinic initially as needed, then reviewed 6 monthly
- All are seen by the GP at every appointment
- Complex patients have a GPMP & TCA on 1<sup>st</sup> or 2<sup>nd</sup> appointment
- All elements of the Diabetes annual cycle of care are met or exceeded each year
- Case conferencing for selected complex patients
- Active recall for clinic, GPMP & TCA and SIP review

## Setting up a Nurse Led Clinic

### Practice Systems requirements

There are four important systems which underpin effective nurse led chronic disease clinics. They are:

- Clinic Marketing
- Appointment booking
- Clinic billing
- Recall and review

### 1) Clinic marketing

There are a range of strategies that can be used to market a nurse led chronic disease clinic. The most important strategy is the GP identifying patients with a diagnosed chronic disease who would benefit from the services of the clinic, and encouraging them to attend.

Other strategies include:

- Sending personalised letters to all patients who have a chronic disease (e.g. a practice's diabetes register can be used to identify potential patients) inviting them to attend the clinic
- Displaying posters in the waiting area and having brochures available for patients to take home
- Face-to-face planned or opportunistic marketing by front of house staff, the Practice Nurse or GPs

Like all activities, the practice will need to carefully manage any marketing of its chronic disease clinic. The most important thing is to have a steady stream of new patients (approximately 2 patients who have not previously been referred to or seen at each clinic). The nurse and reception staff should regularly check that appointments for new patients are being filled, if not, then the GPs should be prompted to make more referrals and/or the practice's marketing strategy should be activated.

#### **Do not promote all at once!**

When a clinic starts, there will only be available appointments for a limited amount of new patients (e.g 2 per week). If you widely promote the clinic (eg to 100 patients), the practice will not be able to accommodate all patients that are interested straight away. Instead, stagger your promotional approach (eg send out 10 letters per week) to ensure that the clinic is manageable.

## 2) Appointment booking

Active management of the appointments system is essential for a successful chronic disease clinic. There are several important components:

- Maintaining a balance of new patients (who have not previously been referred to or seen at the clinic) and existing patients attending the clinic
- Maximizing the number of patients booked into and attending each clinic, and minimising the 'no shows'.

Most practices will need to reorient their appointment booking system to support the nurse led chronic disease clinic, because:

- The clinic is likely to operate during set hours only, and patients will need to be booked in back-to-back during this time for the clinic to be financially viable and to ensure efficient use of the nurse's time
- The appointments are longer – usually an hour for the initial assessment, followed by half hour appointments
- To be financially viable most clinics need to have at least 75% patient attendance and patients need to complete all components of GPMP and TCA including reviews, and SIP payments require annual cycles of care to be completed within particular timelines
- The clinic will not be effective if patients are double booked

### Case study

When we started our clinic, we sent a letter out to all the patients on our books with diabetes, promoting the clinic and encouraging them to attend. We had lots of interest, and booked new patients in back to back for the first three months. After the first clinic, the nurse wanted to rebook a patient to come back the following week to start on insulin, but there wasn't a spare appointment for 3 months. After that, we realised we needed to limit our promotion of the clinic and book in no more than 2 new patients per week.

#### **Ensuring a successful appointment system**

- Re-book each patient for their next appointment at the end of their clinic appointment
- Telephone all patients to remind them of their clinic appointment 48 hours before they are due to come in, which reduces failure to attend
- Ensure all patients who ring up to change an appointment are given another appointment at the time they ring

### 3) Clinic billing

The financial viability of a chronic disease clinic will be dependant on the practice ensuring an appropriate billing system is in place and that it is being implemented. For most practices, this will involve simply refining existing systems to ensure:

- All relevant MBS items (such as the diabetes/asthma SIP) for the chronic disease clinic are programmed into the computer
- Reception staff are familiar with the relevant MBS items for the clinic and how to claim them
- There is a clear process for the clinic to communicate to front of house staff which MBS items need to be claimed
- It is clear how the patient will be charged ie. bulk-billed, co-payment or privately billed. To ensure all the appropriate items are being claimed correctly, the practice should review its billing system at the end of the first clinic, the end of the first month and at the 3 month mark and;
- When there are changes to the Medicare Benefits Schedule Book (usually May and November each year)
- When there are staff changes either in the clinic or in reception.

Provide the reception staff with a list of MBS items that will be used during clinic hours, to ensure correct billing is taking place.

### 4) Recall and review

Effective recall and review has three key benefits. It will:

- Support quality patient care in chronic disease management
- Achieve the best financial outcome for the practice
- Meet the requirements of clinical guidelines and annual cycles of care

There is no right or wrong way to set-up a recall and review system. Each practice will need to determine the system that is right for them. A computerized system is ideal, but recall and review can work equally well in paper diaries or exercise books.

#### Case Study

The only real recall and review system we had in our practice was for Pap Smears. So we just mirrored that system for the Diabetes Clinic. It works well, as long as the nurse determines when the next appointment is required before the patient leaves, and reception rebook cancelled appointments.

## 5) GP input and sign off

GP involvement in the nurse led clinic is essential, as the GP has overall responsibility for the patient's care and ensuring compliance with the MBS item number requirements. Therefore for a clinic to operate effectively GPs need to be able to attend the clinic at specific times during the session. This may mean that special appointments are made or times flagged for the GP to attend the clinic. At other times the nurse may need to seek advice from the GP, hence flexibility of and access to GPs on clinic days is essential.

### Case Study

The clinic nurses make all the patient appointments for the chronic disease clinics. When a patient is booked for an appointment at the clinic, the practice's clinical software is used to make the appointment. This enables the nurses to check when the patient's GP will be available, and link clinic appointments with the GPs appointment schedule.

By speaking directly to patients who are making appointments, the nurses are also able to:

- Provide information about the clinic and what the patient can expect
- Prioritise clients who are newly diagnosed or "stressed" about their illness
- Provide advice and counselling to new and existing patients over the phone
- Inform each patient about pre-visit testing requirements eg; HbA1c

When the patient attends an appointment at the clinic, the GP is advised on his/her appointment schedule. The GP then knows he/she will be required to be present towards the end of the appointment. The clinic nurse rings the GP 5-10 minutes before the patient has finished their clinic appointment, allowing the GP time to finish with their current patient and then attend the clinic in a timely manner.

Effective operation of the clinic can also be supported by a set of templates, within each system, in particular templates for:

- Communicating with patients such as letters for welcoming them to the clinic, or reminding patients that a review appointment is due
- Communicating with health professionals and specialists such as referrals for Allied Health appointments or engagement in TCAs
- Care planning and Team Care Arrangements

## Overview of key MBS items which can be used in a nurse led chronic disease clinic

The table on the following page provides a list of the MBS item numbers and rebates (from the MBS Benefits Schedule Book. Updated as at December 2011 – rebates regularly change) which can be utilised to finance a nurse led chronic disease clinic.

<b>GP items</b>		
<b>721</b>	GP Management Plan (GPMP)	\$138.75
<b>723</b>	Team Care Arrangements (TCA)	\$109.95
<b>732</b>	GPMP Review or TCA review	\$69.35
<b>23</b>	Level B GP Consultation	\$35.60
<b>2517</b>	Level B GP Cons/SIP Diabetes	\$35.60 + \$40.00
<b>2521</b>	Level C GP Cons/SIP Diabetes	\$69.00 + \$40.00
<b>2525</b>	Level D GP Cons/SIP Diabetes	\$101.65 + \$40.00
<b>2546</b>	Level B GP Cons/SIP Asthma	\$35.60
<b>2552</b>	Level C GP Cons/SIP Asthma	\$69.00
<b>2525</b>	Level D GP Cons/SIP Asthma	\$101.65
<b>729&amp; 731</b>	Contribution to a Multidisciplinary Care Plan	\$65.20
<b>701 703 705 707</b>	<b>Time based health assessments including: -</b> Healthy Kids Check Type 2 Diabetes Risk Evaluation 45 - 49 Year Old Health Assessment 75+ Health Assessment Comprehensive medical assessment for residents of residential aged care facilities Intellectual disability Health Assessment Refugee Health Assessment	\$57.10 \$132.70 \$183.05 \$258.65
<b>11506</b>	Spirometry	\$20.15
<b>Practice Nurse Items</b>		
<b>10997</b>	Chronic Disease Management Practice Nurse	\$11.80
<b>10986</b>	Healthy Kids Check by a practice nurse only	\$57.10

## Calculating the income for a nurse led chronic disease clinic

GPs may use a nurse to assist with the completion of the requirements of the EPC items. Other items are specifically for nurses or can involve the nurse. The following two examples illustrate how a practice can calculate the potential income that could be generated for the practice by a nurse led chronic disease clinic.

### Case study

Using an income generation calculator for Chronic Disease Management plan (CDM) based on the estimate that 10% of all patients managed in general practice will require a care plan each year, the following calculation can be used to estimate the total income from care planning in a typical year.

Total # patients 2500 x 10% = 250 patients

GPMP 150 patients x \$138.75 = \$20,812.50

Review of GPMP

In one year 150 patients x \$69.35 = \$10,402.50

Total extra potential income for GPs derived from most commonly used EPC items

GPMP \$20,812.50

Review of GPMP \$10,402.50

TCA \$16,492.50

Review of TCA \$10,402.50

**Total (per annum) \$58,110**

Other MBS items may be able to be claimed eg. Diabetes or Asthma SIP, Spirometry, wound management etc.

### Charging patients

The decision about whether to bulk bill, privately bill or charge patients a co-payment will need to be made on a practice-by-practice basis. Bulk-billing removes the cost barrier for patients wanting to access the services offered by the clinic (patients can access 3-5 visits in the first year). Most practices which establish nurse led chronic disease clinics opt for a bulk-billing approach or charge a small annual fee (\$30.00).

**As a rule of thumb, a 5 hour clinic operating once a fortnight needs to recruit the following numbers of new patients to be financially viable:**

- 1st Clinic – 4 new patients
- 2nd Clinic – 2 new patients
- 3rd Clinic – 2 new patients
- 4th and subsequent clinics 1-2 new patients

**The formula allows for existing patients to be booked in for review appointments and urgent appointments such as a patient starting insulin to be accommodated.**

**A full day clinic will need to recruit**

- 1st clinic – 6 new patients
- 2nd clinic – 2 new patients
- 3rd clinic – 2 new patients
- 4th and subsequent clinics 1-2 new patients

For a comprehensive guide to Nurse Led Clinics, visit [www.megpn.com.au](http://www.megpn.com.au)

# Cervical Screening

Since the introduction of the National Cervical Screening Program in 1991, deaths from cervical cancer have been declining by 5.7% each year, and between 1997 and 2006 the incidence and mortality rates due to cervical cancer in NSW decreased by about 40%.

Pap test is a screening test, not a diagnostic test. This means that women are tested regularly to check for changes in the cells of the cervix. If changes are found, they can be monitored, and if needed further investigated and treated well before cancer develops.

The National Cervical Screening Program provides guidelines on which women need screening and how often Pap tests should be performed. It states:

- Routine screening with Pap smears should be carried out every two years for women who have no symptoms or history suggestive of cervical pathology.
- All women who have ever been sexually active should start having Pap smears between the ages of 18 and 20 years, or one or two years after first having sexual intercourse, whichever is later.
- Pap smears may cease at the age of 70 years for women who have had two normal Pap smears within the last five years. Women over 70 years who have never had a Pap smear, or who request a Pap smear, should be screened.

## **The Well Women's Screening course**

This 1 day course provides nurses with the skills to undertake cervical screening in a competent manner. The following topics are covered: Revision of Anatomy and Physiology, Cervical Screening, Breast Health, Policy and Procedure, Legal Issues, Infection Control, Pathology Follow Up and History Taking. In addition nurses are required to undertake a minimum 14 hours of supervised clinical placement with a final assessment Take-Home Examination.

This course has been endorsed by APEC No. 060310255 as authorised by Royal College of Nursing Australia, according to approved criteria. CNE points: 25

You may visit [www.fpnsw.org.au](http://www.fpnsw.org.au) to see the full list of courses on offer under Education and Calendar.



# **Continuing Professional Development**

# Continuing Professional Development

Continuing professional development (CPD) is a vital part of every nurse's career, keeping the nurse up to date in professional practice, thus ensuring safety and quality in patient care. Nursing and midwifery regulatory authorities in Australia now request evidence from nurses to demonstrate that they are competent to practice. One component of this is to provide evidence of undertaking CPD. It is recognised as being the joint responsibility of the individual nurse, the employer and the profession.

Professional development activities may include:

- Education courses
- Supervised clinical experience
- Reflective practice in conjunction with personal study
- Networking
- Mentoring.

***The general practice team should take into account the need to provide their nurses with the opportunity to attend CPD activities as part of their employment obligations.***

There are a number of organisations offering further education and CPD activities specifically for nurses working in general practice. As well as traditional nursing related activities, nurses working in general practice may also undertake activities in non-traditional areas, such as practice management, database management and computer skills. While these areas are not nursing specific they can further enhance the role of the nurse in the practice.

<b>Contact / Organisation</b>	<b>Description</b>	<b>Highlights</b>	<b>Education &amp; training</b>
<b>Sutherland Division of General Practice</b> <a href="http://www.shiregps.org.au">www.shiregps.org.au</a>	Sutherland Division of General Practice aims to support general practice in the pursuit of quality primary health care for the community through training and education, information and resources, partnerships with key stakeholders and advocacy for its members	Comprehensive resources & templates including: <ul style="list-style-type: none"> <li>• Practice nurse</li> <li>• Chronic disease management</li> <li>• Immunisation</li> </ul>	<ul style="list-style-type: none"> <li>• Various free education and training events are held throughout the year for practice nurses and practice staff</li> <li>• Practice Nurse Network</li> <li>• Nurse Orientation to general practice</li> </ul>
<b>Australian Practice Nurse Association</b> <a href="http://www.apna.asn.au">www.apna.asn.au</a>	APNA is the peak professional body for practice nurses working in general practice.	<ul style="list-style-type: none"> <li>• Comprehensive online training</li> <li>• Professional Indemnity Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Online training</li> <li>• National training and education calendar</li> <li>• Annual conference</li> </ul>
<b>Royal College of Nursing Australia</b> <a href="http://www.rcna.org.au/">www.rcna.org.au/</a>	Network for nurses, focusing on promotion and recognition of professional excellence in nursing	NurseClick – free monthly e-newsletter	<ul style="list-style-type: none"> <li>• NSW annual Nursing and Health Expo</li> <li>• Scholarships</li> <li>• Workshops</li> </ul>
<b>The Collage of Nursing</b> <a href="http://www.nursing.edu.au">www.nursing.edu.au</a>	The College of Nursing was established as a professional body to represent, assist, educate and support nurses.	Accredited Nurse Immuniser course (allows nurse to immunise independent of GP instruction)	<ul style="list-style-type: none"> <li>• Postgraduate courses (in both on-campus and flexible delivery modes)</li> <li>• Calendar available on website</li> </ul>
<b>Australian Nursing Federation</b> <a href="http://www.anf.org.au/">www.anf.org.au/</a> <a href="http://www.anf.org.au/nurses_gp/">www.anf.org.au/nurses_gp/</a>	National union for nurses providing industrial and professional representation of nurses and nursing	Competency standards for nurses in general practice	Online learning

<b>NSW Nurses Association</b> <a href="http://www.nswnurses.asn.au/">www.nswnurses.asn.au/</a>	NSW branch of Australian Nursing Federation	The Lamp – Monthly nursing newsletter	<ul style="list-style-type: none"> <li>• Face to face courses</li> <li>• Scholarships</li> </ul>
<b>Practice Nurse Clinical Education</b> <a href="http://www.pnce.com.au/sydney/">www.pnce.com.au/sydney/</a>	Annual conferences held all over Australia aiming to educate, update and refresh practice nurses across key clinical areas applied in day-to-day primary care.	Varying clinical skill sessions	This event delivers a mix of practical and lecture style education sessions to suit the needs of a diverse practice nurse workforce
<b>Australian General Practice Network (AGPN) Nursing in General Practice Program</b> <a href="http://generalpracticenursing.com.au/">/generalpracticenursing.com.au/</a>	The Network is involved in a wide range of activities including health promotion, early intervention and prevention strategies, chronic disease management, medical education and workforce support	Nursing in General Practice Recruitment and Orientation resource	<ul style="list-style-type: none"> <li>• E-learning training package to support Medicare Item 10997</li> <li>• National Orientation program</li> </ul>
<b>Family Planning NSW</b> <a href="http://www.fpnsw.org.au">www.fpnsw.org.au</a>	Family Planning NSW is a leading provider of specialist training for doctors, nurses, teachers, community workers and other professionals in the area of reproductive and sexual health.	Well woman's screening course (allows nurse to be accredited cervical screener)	<ul style="list-style-type: none"> <li>• Various education held – calendar available on website</li> <li>• Scholarships</li> </ul>
<b>Benchmark</b> <a href="http://www.benchmarkgroup.com.au">www.benchmarkgroup.com.au</a>	The Benchmark Group Pty Limited is a Registered Training Organisation specialising in the delivery of competency based clinical qualifications	Graduate Certificate in ECG interpretation online	<p>Courses include:</p> <ul style="list-style-type: none"> <li>• Ear Irrigation</li> <li>• Clinical Casting for Nurses, EpiPen</li> <li>• AED,</li> <li>• ECG</li> <li>• Level 1 First Aid and CPR</li> </ul>

<b>AUSMED</b> <a href="http://www.ausmed.com.au">www.ausmed.com.au</a>	Health Care education and training programs for nurses	Variety of educational opportunities and books available	AUSMED runs a variety of education for nurses including: <ul style="list-style-type: none"> <li>• Conferences</li> <li>• Seminars</li> <li>• Study Days</li> <li>• Symposium</li> <li>• In-service education</li> </ul>
<b>General Practice Accreditation (GPA) plus</b> <a href="http://www.gpa.net.au">www.gpa.net.au</a>	Accreditation company	Fact sheets & templates	Online training
<b>Australian General Practice Ltd (AGPAL)</b> <a href="http://www.gjp.com.au">www.gjp.com.au</a>	Accreditation company	Fact sheets & templates	Online training
<b>Medical Observer – Primary Care Nurse</b> <a href="http://www.medicalobserver.com.au/primary-care-nurse">www.medicalobserver.com.au/primary-care-nurse</a>	<i>Medical Observer</i> is a news site for GPs and nurses. The MO team is made up of experienced journalists and doctors, committed to giving quality practical medical information.	Clinical Updates	CPD Quizzes
<b>WoundsWest</b> <a href="http://www.health.wa.gov.au/WoundsWest/education/index.cfm">www.health.wa.gov.au/WoundsWest/education/index.cfm</a>	WoundsWest Education is an online interactive program designed to provide better patient care by improving ability to prevent and manage wounds.	This evidence-based program is free and can be used anytime - day or night	Online education

<p><b>National Heart Foundation</b>  <a href="http://www.heartfoundation.org.au">www.heartfoundation.org.au</a></p>	<p>The Heart Foundation aims to improve health through funding world-class cardiovascular research, guidelines for health professionals, informing the public and assisting people with cardiovascular disease.</p>	<p>General Practice guidelines and resources</p>	<p>Implementing Lifestyle Change – Online learning modules</p>
<p><b>GPNSW</b>  Nursing in General Practice Program  <a href="http://www.gpnsw.com.au/programs/nursing-in-general-practice">www.gpnsw.com.au/programs/nursing-in-general-practice</a></p>	<p>GPNSW is the state based organisation under AGPN.</p>	<p>Nursing in General Practice resources</p>	<p>Information and links to resources</p>
<p><b>Department of Health and Ageing</b>  <a href="http://www.health.gov.au">www.health.gov.au</a></p>	<p>The commonwealth department which oversees better health and active ageing for all Australians</p>	<p>Information on varying national health programs eg:</p> <ul style="list-style-type: none"> <li>• Healthy Kids Check</li> <li>• Chronic Disease management</li> <li>• Aged Care</li> </ul>	<ul style="list-style-type: none"> <li>• Fact sheets</li> <li>• National information</li> </ul>
<p><b>Medicare Benefits Schedule online</b>  <a href="http://www.mbs.gov.au">www.mbs.gov.au</a></p>	<p>MBS Online contains the Medicare Benefits Schedule (MBS), a listing of the Medicare services subsidised by the Australian government.</p>	<p>Practice Nurse Item number descriptions 10993-10999</p>	<p>Fact sheets</p>

<p><b>Primary Health Care Information and Research Service (PHCRIS)</b>  <a href="http://www.phcris.org.au/infobytes/nursing_gp.php">www.phcris.org.au/infobytes/nursing_gp.php</a></p>	<p>PHCRIS is a national primary health care organisation based at Flinders University in South Australia in the Discipline of General Practice.</p> <p>PHC RIS generates, manages and shares information and knowledge that contributes to policy and improves performance.</p>	<p>Links to nursing articles / journals</p>	<p>Links to a variety of national health conferences</p>
<p><b>Immunise Australia</b>  <a href="http://www.immunise.health.gov.au">/www.immunise.health.gov.au</a></p>	<p>The Immunise Australia Program aims to increase national immunisation rates by funding free vaccination programs, administering the Australian Childhood Immunisation register and communicating information about immunisation to the general public and health professionals.</p>	<p>Australian Immunisation Handbook</p>	<p>Health professional publications and resources</p>
<p><b>South Eastern Sydney &amp; Illawarra Health Service</b>  <a href="http://www.sesiahs.health.nsw.gov.au">/www.sesiahs.health.nsw.gov.au</a></p> <p><b>Public Health Unit Ph: 9382 8333</b></p>	<p>Area health services are funded under NSW Health and are responsible for providing health services in the south eastern Sydney and Illawarra area</p>	<p>Public health alerts</p>	<p>Information and fact sheets  Call PHU for cold chain breach advice</p>
<p><b>Diabetes Australia</b>  <a href="http://www.diabetesaustralia.com.au/">www.diabetesaustralia.com.au/</a></p>	<p>Diabetes Australia works in partnership with diabetes health professionals and educators, researchers and healthcare providers to minimise the impact of diabetes on the Australian community.</p>	<p>Best practice guidelines for Diabetes management in General Practice</p>	<p>National Diabetes Week  Calender of diabetes events</p>

<p><b>Southern Sydney Community Care</b>  <a href="http://www.sccci.org.au/sccd/">/www.sccci.org.au/sccd/</a></p>	<p>Southern Community Care Development Inc. (SCCD) is a community-based, not-for-profit organisation working towards improving the quality of life and quality of care for people in the following groups:</p> <ul style="list-style-type: none"> <li>• People with disabilities</li> <li>• Frail older people</li> <li>• Carers</li> <li>• Other appropriate groups</li> </ul>	<p>Information about local services</p>	<p>Resources &amp; brochures to order</p>
<p><b>Kidney Health Australia</b>  <a href="http://www.kidney.org.au">www.kidney.org.au</a></p>	<p>Not for profit organization whose focus is to improve kidney health outcomes and developing initiatives that reduce the incidence of kidney disease in the Australian community</p>	<p>Information and resources for health professionals</p>	<p>Chronic Kidney Disease – What the practice nurse needs to know!</p>
<p><b>National Asthma Council of Australia</b>  <a href="http://www.nationalasthma.org.au">www.nationalasthma.org.au</a></p>	<p>The mission of the NAC is to bring together the field of asthma and associated conditions in order to improve the quality of life and health outcomes of people with asthma and their carers</p>	<p>Handbooks  Asthma action plans</p>	<p>Asthma education program  Resources and tools</p>



# Resources – Shire GPs website

This is a list of examples of the resources & templates found on Shire GPs website. For full list of resources visit [www.shiregps.org.au](http://www.shiregps.org.au) resource centre

## **Nursing in General Practice**

- Healthy Kids Check resources
- Referral pathways – local community services
- Nursing Code of Ethics & Code of Conduct
- Competency Standards
- Practice Nurse Reference Group
- Practice Staff newsletters (quarterly)
- Education and training Calender
- Useful website links

## **Accreditation**

- Occupational health and safety manual
- Accreditation tips
- Policy and procedure manual
- Infection Control Policy and Procedure Manual
- RACGP Handbook for Personal Health Information

## **Immunisation**

- Strive for Five - National Vaccine Storage Guidelines
- Vaccine fridge temperature monitoring chart
- Healthy Kids Check templates
- Common observed reactions to vaccines and what to do
- Anaphylaxis advice

## **CDM info and templates**

- 45-49 Year Old Health Checks
- Healthy Kids Check
- Over 75 Health Assessment form
- GP Exercise Referral Scheme (GPERS)
- Mental Health Plans
- Lifestyle medication program
- Aboriginal and Torres Straight Islander initiatives

## **Mental health**

- NSW Mental Health Act Schedule 1 Medical Certificate
- New MBS Item Numbers for Mental Health
- Paediatric Symptoms Checklist (3-16 year olds)
- ATAPS Program
- Patient self help modules

# Shire GPs referral directories

<http://www.shiregps.org.au/local-directories.php>

## Aged Care

- Allied health for aged care facilities
- South care services (The Sutherland Hospital)
- Sutherland Shire senior services directory

## Chronic Disease Management

- Directory of Dietetic Services
- Directory of Local Exercises – SNAP
- Directory of Smoking and Alcohol Services
- Local exercise options / services
- Allied health professionals

## Mental health

- Directory of local mental health service providers
- Local psychologists are under “psychologist” in the directory
- Local psychiatrists are under “psychiatrist-private” in the directory
- Detox and Rehab services available to the SE Sydney Residents
- Alcohol and other drugs services in SE Sydney residents
- Eating disorders services directory

# Other Resources

## **The Silver Book – Guidelines**

[/silverbook.health.wa.gov.au/](http://silverbook.health.wa.gov.au/)

These guidelines deal with the syndromic approach to Sexually Transmitted Infections (STIs), as well as management of the notifiable STIs and a range of non-notifiable STIs. They are designed for all clinicians and health care providers involved in the diagnosis and/or management of sexually transmitted infections.

## **General Practice Nursing**

By Lynne Walker, Elizabeth Patterson, William Wong, Doris Young

[www.mcgraw-hill.com.au](http://www.mcgraw-hill.com.au)

This is the first textbook to be designed specifically for Australian practice nurses. The textbook provides practice nurses with information on a range of clinical and professional topics in a concise, easy to read format.

## **E-learning training package to support Item 10997 – Chronic Disease management**

[www.3lp.rcna.org.au/10997](http://www.3lp.rcna.org.au/10997)

The Australian General Practice Network (AGPN), in partnership with the Royal College of Nursing Australia (RCNA) and Bachelor Institute of Indigenous Tertiary Education, launched an eLearning training package to support Medicare Item 10997. The package consists of a prerequisite foundation module and a set of disease specific modules that cover the topic areas of arthritis, asthma, cancer, coronary heart disease, dementia, diabetes and chronic kidney disease.

## **Diabetes Management in General Practice**

[www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)

The current guide, in its fifteenth edition, has an important role in providing a readable summary of current guidelines and recommendations from various sources on the management of type 2 diabetes in the general practice setting.

## Royal Australian College of General Practitioners (RACGP) resources

[www.racgp.org.au](http://www.racgp.org.au)

### **The Red Book – Guidelines to preventative activities in General Practice**

The *Guidelines for preventive activities in general practice (the Red Book)* is a synthesis of evidence-based guidelines from Australia and international sources. It provides recommendations for everyday use in general practice. The Red Book provides a single entry point to common conditions seen in Australian general practice and offers practical advice on what kind of screening and services should be provided to the general population. It identifies high risk segments of the population that require different preventive services. The Red Book also provides a list of screening tests of unproven benefit that are not recommended.

### **The Green book – Putting prevention into practice: guidelines for the implementation of prevention in the general practice setting**

The guidelines are intended to be a practical resource designed to strengthen prevention activities in general practice. An expert team has created an up-to-date prevention approach and identified effective prevention activities for general practice. The pressures of practice and the time constraints associated with patient consultations have been taken into account.

**SNAP: a population health guide to behavioural risk factors in general practice** SNAP stands for Smoking, Nutrition, Alcohol, Physical activity. The RACGP SNAP Guide helps tackle the most important behavioural risk factors that affect the health of the Australian community. The Guide reminds GPs and nurses about the overwhelming evidence of harm associated with smoking, poor nutrition, excess alcohol consumption and a sedentary lifestyle. The Guide is the outcome of extensive research and testing what works in general practice. The Guide helps GPs to systematically target patients and offer treatment appropriate to their needs.

### **Handbook for the management of health information in private medical practice**

This resource was developed as a best practice model to assist medical practitioners in complying with their legal and ethical obligations in relation to the privacy and confidentiality of personal health information.

# Furthering the Practice Nurse Career University Degrees

## **Graduate Certificate in Nursing (General Practice)**

[www.generalpracticenursing.com.au/graduate-certificate-in-nursing-general-practice](http://www.generalpracticenursing.com.au/graduate-certificate-in-nursing-general-practice)

The Graduate Certificate in Nursing (General Practice) is a collaborative joint venture of the University of the Sunshine Coast and the Australian General Practice Network (AGPN), which works closely with the University in facilitating its delivery. The Graduate Certificate is designed specifically for Practice Nurses to develop knowledge and skills to assist them to practice competently within the challenging and constantly evolving general practice environment.

In the first phase of the program students complete three courses (36 units) that emphasise practice within the general practice environment and that are delivered **via on-line distance education** by USC adjunct staff. The second phase, the elective course, is delivered via on-line distance education by the University of the Sunshine Coast.

An outstanding feature of the Graduate Certificate in Nursing (General Practice) is that it provides a supportive learning environment, particularly for those who have not studied at the tertiary level before.

### **Course Content**

All course material and readings will be provided for Course 1 by the national coordinator at AGPN. In addition to the provision of this information on CD, all course materials, additional reading and information is provided for all registered students on the USC website which also provides an interaction discussion forum for all students and tutors. There is also access to the USC on-line library. Details on USC website access will be provided on enrolment.

### **Course Fees**

To support practice nurses to access graduate studies, this program is offered through the AGPN at \$650.00 per course, per semester for the first three courses. The elective course delivered online through the University of the Sunshine Coast will cost approximately \$1,600. Practice nurses can apply through the Australian Government nursing scholarship scheme to assist with the cost of the elective course.

### **Enrolment**

To enrol in the Graduate Certificate in Nursing (General Practice) complete the form and return to Connie Ryan, National Coordinator Graduate Certificate Program, AGPN. To enrol in the Graduate Certificate in Nursing (General Practice) you must be employed as a practice nurse.

## **Postgraduate Certificate/Diploma in Primary Care Nursing**

**University of Melbourne**

[www.gp.unimelb.edu.au/current\\_students/pgrad/pcn.html](http://www.gp.unimelb.edu.au/current_students/pgrad/pcn.html)

The Postgraduate Certificate/Diploma in Primary Care Nursing is a tailored course for nurses working in a primary care setting that delivers comprehensive and evidence-based education in sexual and reproductive health, women's health, youth health and chronic conditions. The course also teaches strategies for health promotion, prevention, risk management and advanced nursing practice. Commonwealth government policy priorities in primary health care include an enhanced role for the practice nurse and this has been recognised in the course subjects. This course is delivered by flexible education (distance, online and face-to face).

**On completion of the Postgraduate Certificate in Primary Care Nursing students should be able to:**

- Provide an evidence-based approach to clinical care in a range of basic clinical areas of their choice (e.g. chronic disease, health promotion, women's health and youth health) that builds on their previous clinical nursing experience.
- Communicate with patients in primary care using a patient-centred and preventive approach.
- Contribute to the management of clinical conditions in primary care.

### **Postgraduate Diploma**

On completion of the Diploma in Primary Care Nursing students should be able to:

- Provide further evidence based approaches to a greater range of advanced clinical areas of their choice that builds on the previous subjects completed.
- Practice effectively patient centred and preventive clinical care.
- Manage the clinical care of patients across their lifecycle in a holistic way and engender health promotion strategies in primary care

Prospective students should contact:

Bernie Cooper

tel: +61 3 8344 7276

[cooperb@unimelb.edu.au](mailto:cooperb@unimelb.edu.au)

## **General Practice Nursing – Flinders university**

[www.flinders.edu.au/courses/postgrad/ng-general/](http://www.flinders.edu.au/courses/postgrad/ng-general/)

The General Practice Nursing stream was developed by the School of Nursing & Midwifery in collaboration with affiliated health services and Department of General Practice. The stream aims to provide a sound theoretical and clinical basis for nursing practice in a primary care setting. It will equip registered nurses to practice collaboratively with general practitioners and other health professionals in promoting the health and wellbeing of individuals, families and the community.

Students will have the opportunity to:

- Provide clinical nursing services in the general practice context
- Improve health outcomes by contributing to and enhancing the management and prevention of ill health
- Undertake health education and health promotion with general practice patients, their carers and
- The wider community
- Coordinate general practice patient services
- Work effectively as a leader and/or as a member of a primary health care team
- Meet relevant standards and legislative requirements to manage the general practice environment, and
- Sustain general practice by contributing to better management of human and material resources.

The stream contains the clinical requirements for MBS items including immunisation, wound care and pap smears. A certificate of achievement will be issued on the completion of these components.

### ***Contact***

Claire Verrall

[School of Nursing & Midwifery,](#)

Tel: (08) 8201 3869

Email: [claire.verrall@flinders.edu.au](mailto:claire.verrall@flinders.edu.au)

[Faculty of Health Sciences](#)

Tel: (08) 8201 2986 Fax: (08) 8201 3905

Email: [health.sciences@flinders.edu.au](mailto:health.sciences@flinders.edu.au)

## **Graduate Certificate in Practice Nursing – University of Wollongong**

Duration: 1 year part-time

Delivery: On Campus (combination of face to face and flexible)

Location: Wollongong

### **Overview**

This course is aimed at registered nurses working within general practice. It aims to inform the course participants of the sociological, economic and political aspects of general practice, as well as foster best practice principles in relation to clinical nursing practice within the general practice context.

This course has a strong emphasis on clinical skill development and decision-making within general practice. The development of this course has been in association with divisions of general practice and practice nurses both nationally and internationally.

### **Entry Requirements / Assumed Knowledge**

Applicants must be a registered nurse within Australia; preferably currently employed as a practice nurse; however, registered nurses who are not currently employed as a practice nurse may enrol upon advice from the Course Coordinator.

### **Further Information**

Ms Joanne Joyce-McCoach  
Postgraduate Coordinator  
+61 2 4221 3468  
[joanne\\_joyce@uow.edu.au](mailto:joanne_joyce@uow.edu.au)

# Professional Memberships

## Australian Practice Nurse Association

The Australian Practice Nurses Association (APNA) is the peak professional body for practice nurses working in general practice. There are approximately 8000 nurses working within general practice in Australia, with around 60% of general practices currently employing at least one practice nurse. APNA does not receive subsidies from the government and relies on membership subscriptions from practice nurses.

### Highlights of membership

#### ***Professional conferences***

Including Practice Nurse Clinical Education and national APNA conference

#### ***Online learning***

Access free or substantially discounted courses online, covering a range of clinical and non-clinical topics

#### ***Nursing news***

Including “Primary Times” (regular member’s magazine), “Primary Care Nurse” (Medical observer magazine) and fortnightly e-news.

#### ***Advocacy***

Opportunities for general practice nurses to participate as advisors or experts on national committees and working parties that are demonstrating the way forward for health reform.

#### ***Comprehensive website***

Including an online library with the latest research, clinical developments and resources, “what’s on” calendar, career centre and more

#### ***Support and advice***

Phone or email support about anything related to practice nursing nation wide

#### ***Tax deductible membership***

#### ***Heavily discounted professional indemnity insurance***

#### ***Money saving commercial benefits and discounts***

### **Membership fees**

Individual membership: \$185 per annum (for nurses working in primary health care)

Group membership: \$170 per annum (2-6 nurses at the same practice)

### **More information & membership forms**

Visit: [www.apna.com.au](http://www.apna.com.au)

Phone: 03 9669 7400

Email: [admin@apna.asn.au](mailto:admin@apna.asn.au)

## Royal College of Nursing, Australia

Royal College of Nursing, Australia (RCNA) is Australia's peak professional nursing organisation and is the Australian member of the International Council of Nurses (ICN). RCNA is a national membership organisation open to nurses and nursing students in all areas of the profession.

### Highlights of membership

#### ***RCNA nursing networks***

Including local and national chapters and interest groups

#### ***Professional support and advice***

A designated RCNA Nurse Advisor is available to provide support and advice to members regarding their professional needs. The Nurse Advisor is available five days a week

#### ***Life Long Learning Program (3LP)***

An online healthcare learning portal which helps you to; plan and evaluate your professional needs, pursue professional development and ongoing educational opportunities online, create a personalised portfolio in which you can manage your CNE points

#### ***RCNA publications***

RCNA has five publications on offer for members, ranging from nursing news & member magazines to e-news

#### ***RCNA nursing events***

National nursing conferences, state-based workshops and nursing expos

#### ***RCNA scholarships and grants***

Every year, RCNA offers a variety of honours, awards and **member-only** scholarships to recognise professional excellence in nursing and to promote ongoing professional development for our members.

#### ***Money saving commercial benefits and discounts***

#### **Membership fees:**

Registered nurse \$399. Lump sum of 12 month instalments of \$33.25

Enrolled nurse \$387. Lump sum or 12 month instalments of \$32.25

#### **More information and membership forms**

Visit: [www.rcna.org.au](http://www.rcna.org.au)

Phone: 1800 061 660

## **The College of Nursing**

The College of Nursing was established as a professional body to represent, assist, educate and support nurses. With members in every Australian State and Territory, and in 17 countries worldwide, The College of Nursing speaks for nursing professionals throughout Australia. Through its extensive health care networks, the College provides a central point of reference and support for nursing professionals to attain outstanding personal career results, and provide best practice quality outcomes for patients.

### **Highlights of membership:**

#### ***CPD program***

Complimentary access to the College Continuing Professional Development (CPD) program

#### ***College discounts***

15% discount on all College continuing education courses, 15% discount on all College merchandise. 15% discount on library literature searches

#### ***News and journals***

Access to the largest nursing library in the Southern Hemisphere, regular news and communication via our journal - nursing.aust, mailings, member functions and the College website

#### ***Professional status***

Members and Fellows are entitled to use the initials MCN or FCN after their name

#### ***Annual membership fee is tax deductible***

#### ***Ongoing career guidance and support***

#### ***Networking opportunities***

#### ***Valuable input on nursing professional and political issues***

### **Membership fees:**

\$195 annually

### **More information and membership forms**

**Visit:** [www.nursing.edu.au](http://www.nursing.edu.au)

**Phone:** 02 9745 7569

**Email:** [membership@nursing.edu.au](mailto:membership@nursing.edu.au)

## NSW Nurses Association

The New South Wales Nurses' Association (NSWNA) is the registered union for all nurses in New South Wales. The Association represents the industrial interest of nurses employed under all awards and agreements registered in this State in both the public and private sectors. Its role is to protect the interests of nurses and the nursing profession.

### Highlights of membership

Confidential Advice and Assistance

***Information, advice or assistance in relation to your job. In some instances this will be help that only the union is able to provide.***

Legal Safety Net

***The NSWNA offers you assistance from a situation arising from work - workers compensation, coroner's inquest or professional disciplinary hearings, they will provide you with appropriate legal representation.***

The Lamp

***Monthly union journal magazine.***

Professional Development

***A range of industrial, legal and professional education programs, seminars and conferences at subsidised or reduced rates.***

Occupational Health and Safety

***Safety of members is a priority of the NSWNA. Our occupational health and safety service is available to provide advice that can protect you and your colleagues while at work, and if problems arise we can insist on OH&S improvements on your behalf.***

Scholarships

***Each year members, and associate members are invited to apply for education, conference and research scholarships provided by the Edith Cavell Trust. Annually the Edith Cavell Trust provides over \$100,000 to assist nurses with their professional development and further studies.***

Retirement

***The union has ongoing involvement in the improvement of both public and industry superannuation funds. Union representatives on these funds work to ensure that your superannuation funds are focused on securing your financial future.***

### Membership fees:

Registered Nurse: \$601 annually (\$23.10 fortnightly)

Enrolled Nurse: \$511 annually (\$19.64 fortnightly)

Assistant in nursing: \$421 annually (\$16.18 fortnightly)

More information and membership forms

Visit: [www.nswnurses.asn.au](http://www.nswnurses.asn.au)

Phone: 02 8595 1234

Email: [gensec@nswnurses.asn.au](mailto:gensec@nswnurses.asn.au)



# Division Contacts

# Staff Contacts – Shire GPs

Phone number: 9545 3533

Fax number: 9545 3522

Website: [www.shiregps.org.au](http://www.shiregps.org.au)

Name	Role/s	Availability	Contact
<b>Yvonne Rowling</b>	CEO	Mon - Fri	<a href="mailto:yrowling@shiregps.org.au">yrowling@shiregps.org.au</a>
<b>Belinda Michie</b>	Programs Manager	Mon - Fri	<a href="mailto:bmichie@shiregps.org.au">bmichie@shiregps.org.au</a>
<b>Amy Young</b>	Nursing in General Practice General Practice support (accreditation) Aged Care Access Initiative	Mon - Fri	<a href="mailto:ayoung@shiregps.org.au">ayoung@shiregps.org.au</a>
<b>Shona Dutton</b>	Chronic disease prevention and management Care plans GPERS & lifestyle modification Aboriginal and Torres Straight Islander health	Mon-Wed	<a href="mailto:sdutton@shiregps.org.au">sdutton@shiregps.org.au</a>
<b>Gillian Minto</b>	Immunisation Mental Health	Tues, Thurs, Fri	<a href="mailto:gminto@shiregps.org.au">gminto@shiregps.org.au</a>
<b>Amanda Rattray</b>	Chronic Disease prevention and management – Australian Primary Care Collaboratives Prescribing Data in General Practice Program	Mon, Weds, Thurs, Fri	<a href="mailto:arattray@shiregps.org.au">arattray@shiregps.org.au</a>
<b>Thien Vo</b>	IT support officer	Mon-Fri	<a href="mailto:tvo@shiregps.org.au">tvo@shiregps.org.au</a>
<b>Jan Sadler</b>	GP Education CKD Woman's health	Mon-Fri	<a href="mailto:jsadler@shiregps.org.au">jsadler@shiregps.org.au</a>
<b>Liesl McCoy</b>	National Prescribing Service	Mon, Weds	<a href="mailto:lmccoy@shiregps.org.au">lmccoy@shiregps.org.au</a>
<b>Nick Rosser</b>	Chronic Care Facilitator Connecting Care Program	Mon - Fri	<a href="mailto:nrosser@shiregps.org.au">nrosser@shiregps.org.au</a>
<b>Lynne Durie</b>	Administrative assistant	Tues-Fri	<a href="mailto:ldurie@shiregps.org.au">ldurie@shiregps.org.au</a>
<b>Barbara Crittenden</b>	Accounts	Tues-Thurs	<a href="mailto:bcrittenden@shiregps.org.au">bcrittenden@shiregps.org.au</a>



# Appendix

## Appendix 1 - Sample Nurse Schedule

Full day		Half day	
8.30	2 x over 75 health assessments in patients	8.30	
8.45	Home	8.45	
9.00		9.00	2 x over 75 health assessments in patients
9.15	Time allocated to travel to patients home	9.15	Home
9.30	and complete the assessment	9.30	
9.45		9.45	Time allocated to travel to patients home
10.00		10.00	and complete the assessment
10.15		10.15	
10.30		10.30	
10.45		10.45	
11.00	2 x diabetes annual GP review (Level B & C)	11.00	
11.15	MBS (23) "B" Level cycle of care visit	11.15	
11.30	MBS (36) "C" level cycle of care visit	11.30	1 x GP management plan (assist)
11.45	Ad Hoc Immunisations / Wound dressing	11.45	MBS 721
12.00	Lunch	12.00	Lunch
12.15		12.15	
12.30	2 x Asthma visits GP review (Level B & C)	12.30	1 x Diabetes Risk evaluation MBS 713
12.45	MBS (23) "B" Level cycle of care visit	12.45	ECG MBS 11700
13.00	MBS (36) "C" level cycle of care visit	13.00	1 x Diabetes annual GP review (level B)
13.15	4 x Diabetes risk evaluation (40-49 years)	13.15	MBS 23 cycle of care visits
13.30	MBS 713	13.30	1 x Asthma GP review (level B)
13.45		13.45	MBS 23 or 36
14.00		14.00	Ad Hoc immunisations / wound dressing
14.15	Ad Hoc immunisations / wound dressing	14.15	1 x Diabetes risk evaluation MBS 713
14.30	2 x GP management plans (assist)	14.30	2 x Healthy Kids Check
14.45	MBS 721	14.45	MBS 10986
15.00		15.00	Recall Reminder letters
15.15		15.15	
15.30	Ad hoc immunisations / wound dressing	15.30	
15.45	Afternoon tea	15.45	
16.00	ECG MBS (11700)	16.00	
16.15	Recall / Reminders	16.15	
16.30		16.30	
16.45		16.45	
17.00	ECG (11700)	17.00	
17.15	Health assessments at surgery	17.15	
17.30		17.30	

# Appendix 2- Generic Practice Nurse Job Description

**Position Title:** PRACTICE NURSE

**Incumbent's Name:**

**Reports To:**

**Prepared By:**

**Prepared Date:**

**Approved by Principal GP/Practice Manager:**

**Approved Date:**

## **General Purpose of Position**

The major purpose of this position is to enhance the quality and delivery of health care by providing nursing services in the context of General Practice.

## **Qualifications, Education and/or Experience**

### **Essential Criteria:**

- Registered Nurse with current national nursing registration
- Minimum 3 years postgraduate experience
- NSW Driver's Licence

### **Desirable Criteria:**

- Understanding of the General Practice work environment
- NSW Immunisation Certificate
- Knowledge of Care Planning and Case conferencing
- Ability to use e-mail, word processing and database applications
- Experience with one or more of the following - Diabetes, Asthma, Cervical Screening, Antenatal Shared Care, Spirometry, Venepuncture, ECGs
- Ability to work within a team

## **Key Responsibilities**

### **1. Provide clinical nursing services in the General Practice context through:**

- Triage
- Assessment
- Therapeutic Care and treatment
- Diagnostic Management; and
- Clinical Data Management

### **2. Assisting the General Practice to meet relevant standards and legislative requirements in:**

- Management of clinical records
- Occupational Health and Safety
- Infection Control
- Cold Chain Monitoring; and
- Practice Accreditation

### **3. Improving Patient Health Outcomes through:**

- Immunisation
- Acute and Chronic Disease management
- Patient Education
- Health Screening; and
- Patient recalls and follow-up

### **4. Co-ordinating Patient Services through:**

- Planning and management of care
- Optimising communication between GPs, patients and services
- Patient Advocacy; and
- Networking with other services

**Physical Requirements:**

The employee will regularly be required to sit, stand, walk and drive a vehicle. Vision abilities, including close vision and distance vision will also be required. Occasionally the employee will need to lift and/or move up to 5 kilograms.

The position requires the incumbent to be capable of sufficient mobility to enable regular attendance at meetings and consultations.

Reasonable accommodations may be made to enable participants with disabilities to perform the essential functions.

**Salary Rating**

The position is [insert number of hours here] [permanent part-time/full time/ casual] with the salary rating of [\$ per hr] depending upon experience and qualifications.

The incumbent will undertake a three month probationary period, at the end of which a review will be held with the employer. A salary review will be based upon an annual performance appraisal.

**Professional Development**

This practice is committed to relevant Professional Development activities for all its employees and encourages them to attend educational activities. Attendance at activities that are during working hours must be negotiated with the employer, with reasonable notification.

**Signed:** .....

**Date:** .....

**Principal General Practitioner:**

.....

**Date:** .....

This position is to be reviewed in three months:

Date of Review:.....

### Appendix 3 – Sample practice orientation

<b>WELCOME TO OUR PRACTICE</b>	<b>PERFORMED</b>	<b>INITIAL</b>	<b>DATE</b>
Introduction to Doctors and staff members	<input type="checkbox"/>		
Tour of the Practice	<input type="checkbox"/>		
Collection of employment documentation	<input type="checkbox"/>		
Policy and Procedure Manual	<input type="checkbox"/>		

<b>ABOUT THE PRACTICE</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Practice History	<input type="checkbox"/>		
Practice Profile e.g. number of GPs, special interests of the Practice, patient demographics	<input type="checkbox"/>		
Services provided by the Practice	<input type="checkbox"/>		
Practice operating hours	<input type="checkbox"/>		
Practice opening and closing procedures	<input type="checkbox"/>		
Provision of keys (if applicable)	<input type="checkbox"/>		

<b>PRACTICE ADMINISTRATION</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Tour of the Reception Office	<input type="checkbox"/>		
Handling correspondence	<input type="checkbox"/>		
Ordering stationery and office supplies	<input type="checkbox"/>		

<b>BILLING PROCEDURES</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Practice fees	<input type="checkbox"/>		
Billing arrangements including computerised billing	<input type="checkbox"/>		

(if applicable)			
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<b>PATIENT MANAGEMENT</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Patient rights and treating patients with respect and courtesy	<input type="checkbox"/>		
Providing important information to patients	<input type="checkbox"/>		
Handling difficult patients	<input type="checkbox"/>		
Requests for repeat prescriptions and referrals	<input type="checkbox"/>		
Handling incoming and outgoing Pathology	<input type="checkbox"/>		
Accessing Interpreter services	<input type="checkbox"/>		

<b>CONFIDENTIALITY AND PATIENT HEALTH RECORDS</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
The importance of confidentiality, privacy and security of patient health information	<input type="checkbox"/>		
Handling clinical correspondence, results and reports	<input type="checkbox"/>		
Recall and Reminder systems	<input type="checkbox"/>		
Retention and archiving of records	<input type="checkbox"/>		
Transfer of patient records to another Doctor	<input type="checkbox"/>		
Security of prescription pads or paper, medical certificates and patient health records.	<input type="checkbox"/>		

<b>COMPUTER OPERATIONS</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Password allocation	<input type="checkbox"/>		
Email and encryption policy	<input type="checkbox"/>		
Computer security	<input type="checkbox"/>		

Anti-virus management	<input type="checkbox"/>		
Disaster Recovery Plan and back up of information	<input type="checkbox"/>		

<b>TELEPHONE PROCEDURES</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
How to use the telephone system including transferring calls	<input type="checkbox"/>		
Policy for receiving and returning calls	<input type="checkbox"/>		
Recording and relaying telephone messages	<input type="checkbox"/>		

<b>APPOINTMENTS</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Appointment system	<input type="checkbox"/>		
Urgency and length of consultation	<input type="checkbox"/>		
Home and other visit arrangements	<input type="checkbox"/>		
Informing patients of waiting times	<input type="checkbox"/>		

<b>MEDICAL EMERGENCIES AND TRIAGE</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Determining the urgency of patients needs	<input type="checkbox"/>		
Triaging patients	<input type="checkbox"/>		
Handling medical emergencies and who to contact	<input type="checkbox"/>		
Identifying and handling patients in distress	<input type="checkbox"/>		

<b>HUMAN RESOURCE MANAGEMENT</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Training requirements	<input type="checkbox"/>		
Staff meetings	<input type="checkbox"/>		
Occupational Health and Safety	<input type="checkbox"/>		

Smoking Policy	<input type="checkbox"/>		
Evacuation procedures	<input type="checkbox"/>		
Immunisation	<input type="checkbox"/>		

<b>CONTINUOUS QUALITY IMPROVEMENT</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Accreditation and what it means for the Practice	<input type="checkbox"/>		
Person responsible for feedback and complaints	<input type="checkbox"/>		
Person responsible for continuous improvement	<input type="checkbox"/>		
Slips, lapses and mistakes in clinical care	<input type="checkbox"/>		

<b>INFECTION CONTROL</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Infection control principles	<input type="checkbox"/>		
Sharps injury management	<input type="checkbox"/>		
Managing blood and body spills	<input type="checkbox"/>		
Hand hygiene	<input type="checkbox"/>		
Sterilisation procedure including pre-cleaning of instruments or the use of disposable instruments	<input type="checkbox"/>		
Contaminated waste storage and disposal	<input type="checkbox"/>		
Immunisation and prevention of disease in the workplace	<input type="checkbox"/>		
Practice cleaning schedule	<input type="checkbox"/>		
Standard and Additional precautions	<input type="checkbox"/>		

<b>TREATMENT ROOM</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
How to use and maintain Practice equipment	<input type="checkbox"/>		
Schedule 8 medicine storage, ordering	<input type="checkbox"/>		

documenting and disposal			
Checking, rotating and supply of perishable materials	<input type="checkbox"/>		

<b>COLD CHAIN MANAGEMENT</b>	<b>PERFORMED</b>	<b>INITIALS</b>	<b>DATE</b>
Receiving and transporting vaccines	<input type="checkbox"/>		
Managing the cold chain process	<input type="checkbox"/>		
Recording minimum/maximum temperatures	<input type="checkbox"/>		

I have received training or explanation in the areas listed above in the Induction/Orientation Program. I acknowledge and understand the content of the items listed above and I agree to abide by the processes in the Policy and Procedure Manual.

Employee Signature: .....

Date: .....

Practice Principal/Manager's Signature: .....

Date: .....

Please refer to the GPA Assist plus Fact Sheet on the Induction/Orientation Program for further information [www.gpa.net.au](http://www.gpa.net.au)