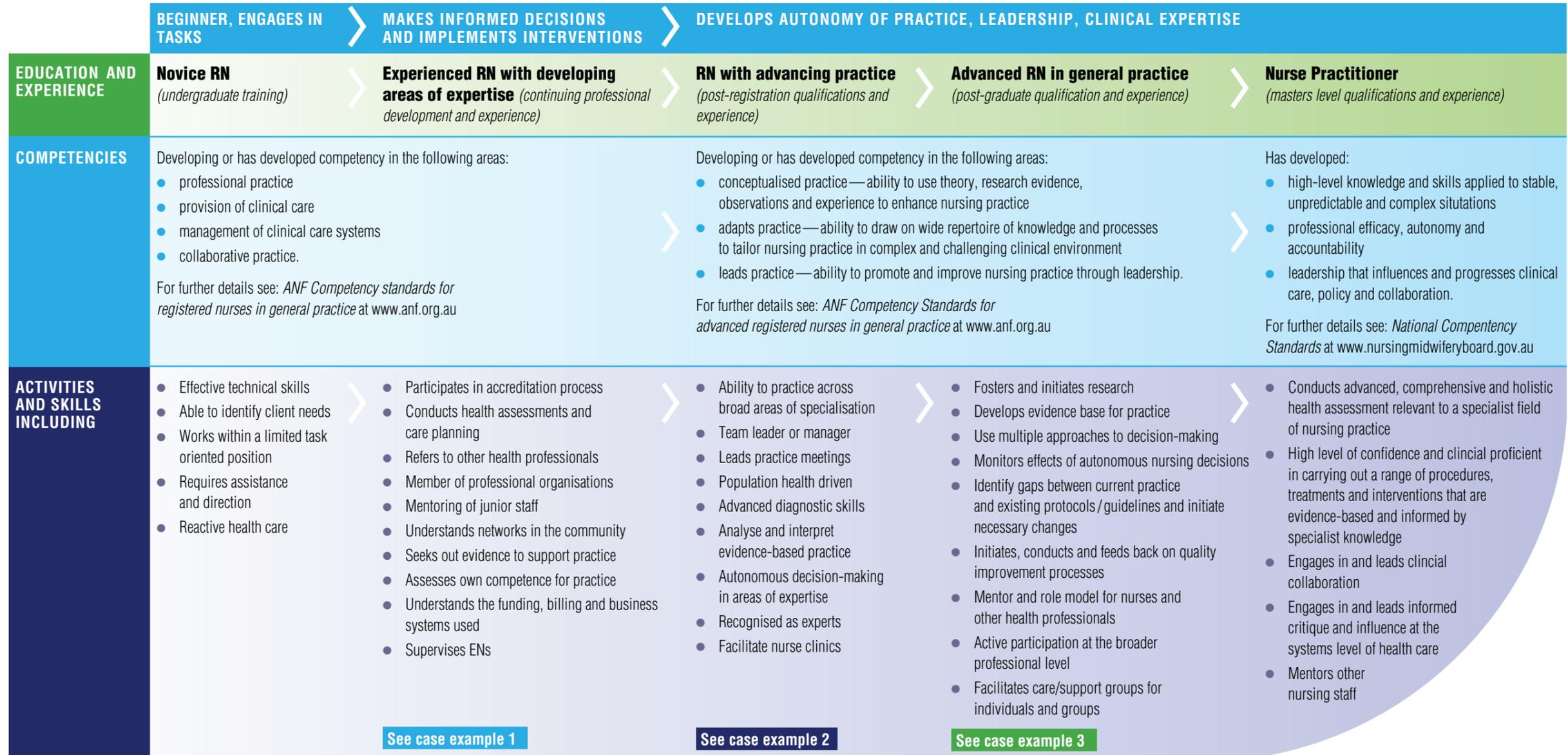


A FRAMEWORK FOR ADVANCING GENERAL PRACTICE NURSING

ENABLERS IN GENERAL PRACTICE

- Support from the GP and the wider practice team to advance the nurse role
- Allocation of suitable space within the practice for extended practice
- Regular practice team meetings with practice nurse input
- GPN team leaders
- Practice team and GPN awareness of opportunities for advanced nursing practice
- GPN job descriptions which define specific roles and responsibilities to enable autonomy of practice
- Understanding the business cases which support the advancement of the nursing role in general practice
- Awareness of community resources and networks and how to access these
- Personal career goals, attitudes and personality of the nurse
- Access to continuing professional development supported by the practice
- Post-registration and post-graduate training opportunities supported by the practice
- Appropriate financial remuneration of each level of nursing in general practice

This framework was developed by Murrumbidgee Medicare Local and Charles Sturt University, School of Nursing, Midwifery and Indigenous Health.



Case example 1

Practice A is a busy multiple GP practice with a number of barriers hindering the development of advanced roles for its nurses. While managing their own patient bookings, the four GPNs in the practice are also engaged reactively by the GPs throughout the day, making it difficult for the nurses to plan and coordinate their roles. The majority of tasks undertaken by the nurses are 'signed off' by the GP. Job descriptions are task-oriented and include a number of tasks that could be completed by a technical or administrative officer to free up practice nurse time. The GPNs do not operate under a designated nurse team leader who could coordinate and advocate on their behalf. There is a limited understanding of the advanced nursing role within the practice. There are a number of strategies the practice could implement to help support the advancement of the practice nurse role: regular practice team meetings which include practice nurse input; the recognition of a nurse team leader that may help to facilitate the evaluation of the GPN role and enable the revision of the current task-oriented job descriptions; and establishing links with another practice.

Practice B is a multiple GP practice with five GPNs, two of whom have been assigned specific roles for the conduct of 75+ health assessments and supporting GPs with care plans for patients with diabetes. The GPNs are allocated specific days during the week for these roles. The assignment of these roles is based on the interest of the practice nurse and has been enabled by the practice supporting ongoing professional development relevant to these areas. This has enabled the nurses to develop as experts in these areas.

Case example 2

Practice C is a multiple GP practice with four GPNs. The practice has established the position of a patient case manager/nurse team leader. The job description for this position clearly outlines the expected advanced role of the nurse in addition to the general duties performed by the other nurses in the practice. Post-registration qualifications in diabetes, asthma management and health coaching help to support this advanced role, as do regular team meetings and the personal career goals of the nurse. Extended activities include: instigating and monitoring health campaigns; facilitating community education; undertaking and reporting on research; providing clinical and procedural insight; and facilitating the coordination and implementation of new initiatives.

Practice D is a solo GP practice where the development of the GPN role has been based on the competency standards for the registered nurse in general practice, and on the specific skills of the nurse. The GPN has the responsibility of overseeing the conduct of health assessments and care planning within the practice and for establishing the systems to enable this to occur, including: identification of patients suitable for assessments; identifying patients suitable for GP management plans and team care arrangements and helping to initiate and prepare them; maintaining the reminder systems; helping to complete the diabetes cycle of care; ensuring correct billing; performing spirometry; and encouraging self-management. The responsibilities are in addition to wound care, assisting with minor procedures, sterilisation and being involved in the accreditation process. The competency-based job description and regular communication with the practice team has enabled the GPN to develop a certain level of autonomy in her day-to-day work.

Case example 3

Practice E has multiple GPs and five GPNs. The nurse team leader helps in the overall management of the practice and is also a partner in the practice. The nurses have been allocated portfolios to address chronic disease management and they are encouraged in their performance through a financial incentive program. An administrative position of Chronic Care Coordinator has been established and technical tasks have been allocated to a technical officer to free up the GPN time. The practice conducts regular practice team meeting at which GPs, nurses and administrative staff are expected to attend. Clinical meetings including the GPs and nurses are also held at regular intervals and include clinical presentations. The nurse team leader has been supported by the practice to undertake post-graduate education in diabetes and business management. The practice provides an environment which supports and values the ongoing education of its nurses and the extension and advancement of the GPN role.