

Acknowledgments

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About APNA

The Australian Primary Health Care Nurses Association (APNA) is the peak professional body for nurses working in primary health care.

Nurses in primary health care contribute to a healthy Australia through innovative, informed and dynamic care. APNA champions the role of primary health care nurses; to advance professional recognition, ensure workforce sustainability, nurture leadership in health, and optimise the role of nurses in patient-centred care.

APNA is bold, vibrant and future-focused. We reflect the views of our membership and the broader profession by bringing together nurses from across Australia to represent, advocate, promote and celebrate the achievements of nurses in primary health care.

Primary health care nurses are the largest group of healthcare professionals working in primary health care.

About primary health care nurses

In Australia, at least 78,000 nurses work outside of the hospital setting in primary health care (Department of Health 2019) including nurse practitioners (NPs), registered nurses (RNs), enrolled nurses (ENs) and registered midwives (RMs). These nurses are skilled, regulated and trusted health professionals working in partnership with the multidisciplinary team and their local communities to prevent illness and promote health across the lifespan. They work in a range of settings, in clinical and non-clinical roles, in urban, rural and remote geographical locations.

The role for nurses within primary health care is clear. Grounded in the nursing scope of practice, nurses provide socially appropriate, universally accessible, scientifically sound, first level care, working independently and interdependently in teams to:

- Give priority to those most in need and address health inequalities
- Maximise community and individual self-reliance, participation and control
- Ensure collaboration and partnership with other sectors to promote public health

How to use this workbook

Resources

Upon purchasing or receiving this workbook, you will be given access to the appendices and resources that accompany it, which include:

- all links and resources referenced throughout the workbook
- additional references, resources and training for nurses
- an index of peak bodies and condition-specific resources.
- financial and non financial nursing contributions to general practice (common nurse MBS items)

You can access these by scanning the QR code and from:

Sections

The sections in this workbook align (where possible), with the RACGP's Standards for general practices (5th Edition). Whilst it was not possible to mention every intersection within the standards, key areas were identified and referred to within each section.

It is recommended this workbook be used in conjunction with:

- All downloadable content provided by APNA
- RACGP Standards for General Practice ²
- Australian Nursing and Midwifery Federation's (ANMF's) National Practice Standards & toolkit for Nurses in general practice ³
- The Australian College of Mental Health Nurses (ACMHN) Mental Health Practice Standards for Nurses in Australian General Practice ⁴
- Your workplace orientation resources and policy and procedure manual.

1

Introduction to the general practice, the staff and community

2

Understanding primary health care: Foundational knowledge

3

Quality improvement knowledge

4

General practice: Key areas of knowledge

Checkpoints

Each section contains checkpoints. The checkpoints aim to orientate you to your workplace through facilitating a number of exploratory activities. Each checkpoint is based on a specific area of general practice and requires action.

Checkpoint box example:

	KEY POINT Key point description	
Priority Action	Priority Actions – consider completing first	<input type="checkbox"/>
Other	Consider completing at a later time	

Key points:

Contain the topic area and an explanation of the key point.

Action areas:

Contain questions you are required to answer and statements you should explore.

This is not a complete list, but rather foundational. Answer each question by seeking information from the resources provided, the staff at your practice, and your practice's documents (such as the policy and procedure manual).

We understand that it is not possible to do everything all at once, so we have provided some guidance as to when some of the questions and statements should be completed. These are prioritised by both **priority** and other **actions**.

These actions may change priority as you identify key personal knowledge gaps. When you have completed an action place a tick in next to the action in the last column.

Notes pages

At the end of each checkpoint there is a notes page to record your reflections. Please reflect on the information provided in the section you have just completed, and describe how you might use this new knowledge within your own nursing practice.

Consider recording details about:

- the answers to the questions
- documents used in your organisation
- processes followed in your organisation
- areas where improvement may be needed
- items to follow up on
- knowledge you have gained.

Recommended reading:

Further reading relating to the contents of this workbook is provided throughout this document. We encourage you to seek other resources to gain maximum benefit. They are indicated by this icon (left). It is not expected that you will have time to read all the recommended readings; you may like to return to these at a later date.



Resources:

For the purposes of this workbook "resources" are defined as materials, education, staff, peak bodies and other assets that can be drawn on, in order to increase understanding around the action areas. They include people, internal resources and external links. As per previously, all resources and appendices are provided as separate documents upon purchase or receipt of this workbook.

Section summary

All sections have been summarised in a table for you to tick off as they are accomplished to allow you to easily distinguish what has been completed and what has not.

Section summary example (full summary on page 5)

SECTION ①	✓
<p>Introduction to the general practice, the staff and community</p> <p>This section will help you gain key introductory information about your new workplace and its local community. After completing this section you will have:</p> <ul style="list-style-type: none">» Had an introduction to the general practice team» Had an overview and tour of the general practice» Understood the local community demographics» Orientated yourself to reception and the office equipment» Reviewed key practice documents such as the policy and procedure manual» Understood your role in pathology services of the general practice.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Introduction

This workbook is a tool to guide you, the nurse transitioning into this area of primary health care, through the key components of nursing in general practice and ensure a thorough understanding of the many facets of general practice nursing. It may accompany your existing workplace orientation, and it will help identify areas where additional knowledge is required. If you have not received an induction resource or an orientation, this resource aims to assist your transition to your new workplace.

You may like to use this workbook in conjunction with a clinical and professional mentor, a clinical colleague or another workplace support person.

This workbook may also contribute to, but not replace, self-assessment tools used to enable nurses to rate their knowledge, skills and confidence in each area of nursing, and subsequently produce an action plan based on their own learning needs. You can also use this workbook as a reference for continuing professional development (CPD).

Lastly, as you increase your knowledge skills and confidence we encourage you to explore the APNA Career and Education Framework and Toolkit which aims to enhance education opportunities and career progression for nurses working across all primary health care settings.⁵



Primary health care

Primary health care is a model for improving health that focuses on promoting wellbeing and preventing illness.

The ultimate goal of primary health care is to build capacity within the community for sustainable health outcomes. Further, primary health care involves community-based services based on the social model of health, guided by principles of equity, acceptability, cultural competence, affordability, and universalism, and a commitment to community and health development. Primary health care is delivered in the community, outside of hospitals and is a person's first level contact with the health system.

Amongst other things, a primary health care approach generally includes:

- Health assessment through collaboration with the patient including discussion regarding biological, physical, psychological and social (biopsychosocial) state and needs
- Care planning and coordination – utilising referral pathways and providers
- Collaboration with other service providers, including referral of the patient to assist them to meet their needs of self-management
- Improving equitable access to health care
- Education with focus on illness prevention and health promotion regarding health issues.

Primary health care encompasses a large range of providers and services across the public, private and non-government sectors. At a clinical level, it usually involves the first (primary) layer of services encountered in health care and requires teams of health professionals collaboratively working together to provide comprehensive, continuous and person-centred care to individuals and their families. Most Australians will receive primary health care through their General Practitioner (GP). However, primary health care providers also include:

- nurses (including general practice nurses, custodial and correctional nurses, community nurses, aged care nurses, mental health nurses and nurse practitioners),
- midwives,
- allied health professionals,
- pharmacists,
- dentists, and
- Aboriginal health workers.

Primary Health Networks (PHNs)

PHNs replaced Medicare Locals in 2015 and were established with key objectives of increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure patients receive the right care in the right place at the right time. These objectives will be achieved by working directly with GPs, nurses and other primary health care providers, secondary care providers and hospitals to facilitate improved outcomes for patients.

There are six key priorities for targeted work by PHNs. These are:

- Mental health, Aboriginal and Torres Strait Islander health, Population health, Health workforce, eHealth and Aged care.

In order to build the capacity of primary care services, the health workforce is a major priority of the PHNs. As such, PHN practice support is available to GPs, practice staff and general practice nurses. This support is tailored to meet the needs of individual practices.

There are 31 PHNs around Australia. You can also access your local PHN profile for key demographics and data in each area, to gain an understanding of your practice's patient demographics. For more information on your local PHN and the support they provide, check out their website provided in your resources.⁶

The Royal Australian College of General Practitioners (RACGP) standards for general practice

The RACGP's Standards for general practices were developed to promote a culture of quality and safety in Australian general practices.

General practices need to be successfully accredited to the RACGP's Standards for general practices to access particular funding in Australia, including:

- The Workforce Incentive Payment (WIP) provides financial incentives to help offset the costs of employing nurses, allied health professionals and Aboriginal health workers and practitioners. The WIP aims to strengthen team-based and multi-disciplinary models of care enabling collaborative arrangements to be put in place that will better support community needs.
- The Australian Government's Practice Incentives Program (PIP) encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients.

Although general practice accreditation has been available for a number of years, more recently the Australian Commission on Safety and Quality in Health Care (ACSQHC), in collaboration with the RACGP, have developed the National General Practice Accreditation Scheme, which commenced on 1 January 2017. This aims to provide a more consistent assessment of Australian general practices against the RACGP's Standards for general practices.⁷

Nurses can provide significant help in preparing for accreditation, especially in the areas of quality and safety, policy and procedure development, systems development and maintenance, occupational health and safety, resource management, infection control, vaccine and cold chain management and patient services to name a few.

General practice

General practice aims to provide person-centred, continuing, comprehensive and coordinated whole person healthcare to individuals and families in their communities, incorporating care across the lifespan from preconception to death.

There are several models of general practice in Australia. The support provided to the nurse will be influenced by the organisational structure of the general practice. The Primary Health Care Research and Information Service (PHCRIS) succinctly states, "In Australia, general practice is largely private, ranging from small sole traders through to large partnerships comprising six or more practitioners." Some employ practice managers (PMs), allied health specialists (including dietitians, podiatrists, exercise physiologists etc.) and nurses, while others are solely run by the GP.⁸

Today, corporate practices are becoming ever more dominant. Corporatisation of general practice is defined by the PHCRIS "as when a general practice becomes, or is acquired by, a for-profit company registered under the Corporations Act 2001". These types of practices also range in size depending on location and services provided.

The components of a general practice will depend on their local population health needs. Some will aim to address the needs of culturally and linguistically diverse backgrounds, or Aboriginal or Torres Strait Islander people; while others will have an ageing population, and others have a younger demographic.

The general practice nurse

The role of the general practice nurse may vary between practices; generally reflecting local population health needs and complementing the services provided by the general practice team.

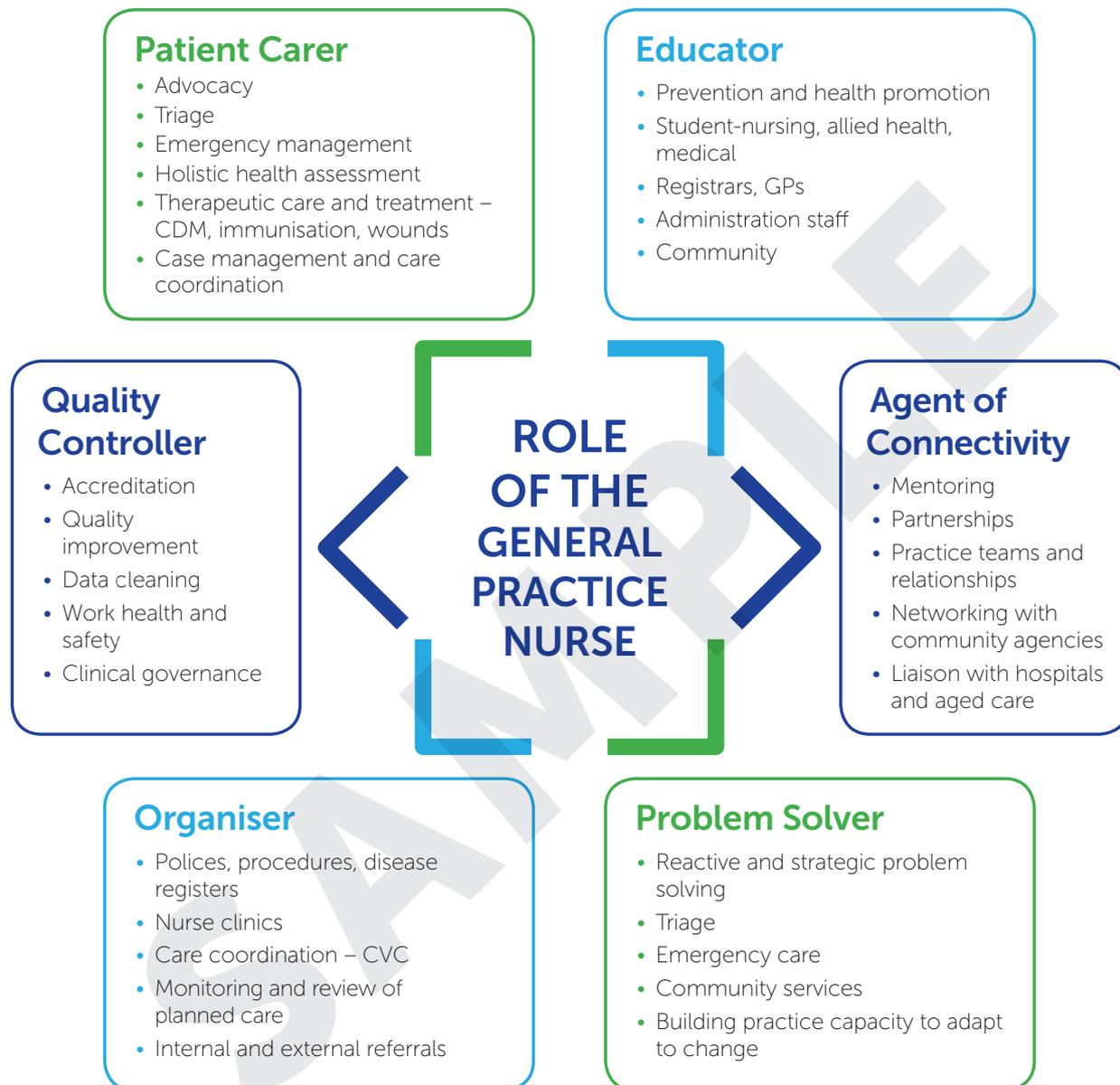
In Australia, regulatory bodies and professional organisations have worked to establish mandatory registration requirements and professional practice frameworks, to guide the professional practice of nurses, including primary health care nurses. The overriding aim is to promote safe and competent professional practice to ensure protection of the public.

A nurse's scope of practice is described as that in which they are educated, authorised, competent and confident to perform and is influenced by their:

- registration (registered nurse [RN] or enrolled nurse [EN])
- endorsement (e.g. nurse practitioner [NP])
- educational background
- previous nursing experience, and
- clinical specialisation.

Within the general practice setting the nurse may be required to work in the treatment room, and/or work as the chronic disease management (CDM) nurse or have other specialised roles, such as running a nurse-led clinic.

The role of the general practice nurse includes:



Phillips CB, Pearce CM, Dwan KM, Hall S, Porritt J, Yates R, Kljakovic M, Sibbald B. Charting new roles for Australian general practice nurses: Abridged report of the Australian General Practice Nurses Study. Canberra: Australian Primary Health Care Institute, 2008. Available from aphcri.anu.edu.au and www.apna.asn.au
APNA acknowledges and thanks the Australian Medicare Local Alliance for use of this material. This work was funded by the Australian Government.

Orientation and induction to general practice

To ensure good governance the RACGP's Standards for general practices (Criterion C3.2 Accountability and Responsibility) emphasises the importance of a position description and an induction program for new staff.

Ideally, when commencing at a general practice nurses should be:

- Welcomed to the practice
- Provided with a comprehensive introduction to your workplace.
- Orientated by the practice manager, nursing team leader, or key support staff member to;
 - All staff, and
 - The physical layout of the practice.
- Shown location of key documents
- Provided with important information relating to the roles of nursing and non-nursing staff i.e. admin, GP

The practice policy and procedure manual will be a key resource document if you are new to general practice. The policy and procedures manual is derived from the RACGP's Standards for general practices but may include additional sections dependent on the practice. This manual is normally updated regularly and is reviewed in time for each accreditation.

APNA Healthy Practices Resource 10:

Orientation and Induction: This resource was designed to help general practices employ nurses and optimise their role in the general practice setting. Visit the healthypractices website provided in your resource guide.



APNA education:

An orientation for nurses new to general practice: This education will extend your understanding of roles, responsibilities and skills necessary for nurses working in the general practice environment. Visit APNA's education page as provided in your resource guide.

Suggested timeline

The following is a suggested timeline for your orientation and induction to general practice. However, please adjust this timeline to better suit yourself, and your general practice.

TIMELINE	ACTIVITIES
Prior to commencement	<ul style="list-style-type: none"> » Accept a position at the general practice. » Aim to complete a practice visit and meet with the practice manager (PM) or nursing team leader and be introduced to the relevant GPs and practice staff. » Arrangements for first day of induction are completed in consultation with the PM or key support staff member.
Week 1 - Week 4	<ul style="list-style-type: none"> » Become familiar with your workplace support person. » Receive an outline of your induction and orientation program. » Identify the location of key facilities and documents. » Read and sign employment forms. » Complete an immunisation and infection disease assessment form. » Complete immediate action areas.
Week 4 - Week 8	<ul style="list-style-type: none"> » Locate all key documents. » Meet regularly with the PM or key support staff member to answer any questions. » Work through future action areas.
3 months	<ul style="list-style-type: none"> » This is an ideal time to discuss your progress with the appropriate workplace team member. » Identify areas you feel confident within, and also identify areas for further learning and strategies for improvement.
6 months	<ul style="list-style-type: none"> » This is time for further reflection on areas of competence and areas for further learning.
12 months	<ul style="list-style-type: none"> » By now you will be familiar with the practices policies and procedures manual. » You will feel confident working across all areas of the practice. » Participate in a self-assessment and a performance review. » Complete all future checkpoints.

Section Summary

SECTION 1 ✓

Introduction to the general practice, the staff and community

This section will help you gain key introductory information about your new workplace and its local community. After completing this section you will have:

- Had an introduction to the general practice team
- Had an overview and tour of the general practice
- Understood the local community demographics
- Orientated yourself to reception and the office equipment
- Reviewed key practice documents such as the policy and procedure manual
- Understood your role in pathology services of the general practice.

SECTION 2 ✓

Understanding primary health care: foundational knowledge

This section is an overview of the core knowledge required for you to understand your primary health care setting. After completing this section you will have an understanding of:

- Human resources and employment administration (e.g. your position description and administrative matters)
- Requirements of Nursing in general practice: Your profession (e.g. professional requirements and CPR training)
- Finance and general practice (e.g. Medicare benefits schedule (MBS) and billing and fees policy)
- General communication
- Clinical management of information

SECTION 3 ✓

Quality improvement in general practice

Section three outlines your role in quality improvement (QI) within the practice. After completing this section you will have an understanding of:

- Quality improvement activities
- Practice clinical software searches
- Clinical audit tools
- Medicines management
- Repeat prescriptions
- Mistakes/errors/adverse events/near misses policy.

SECTION 4 ✓

General practice: key areas of knowledge

This section contains some of the key information required to work in the general practice setting. After completing this section you will have an understanding of:

- Appointments- managing planned and unplanned care
- Continuous and comprehensive care, chronic disease management nursing
- Health promotion, preventative care, and health assessments
- The nursing role within the treatment room such as:
 - Common assessment measures
 - Common treatment room procedures and services
 - Minor surgical procedures
 - Wound management
 - Immunisation
 - Medicals
 - Medication administration

1 Welcome to practice

	1A INTRODUCTION TO THE GENERAL PRACTICE TEAM It is important that you get introduced to the team prior to commencement or immediately on starting your employment.	<input checked="" type="checkbox"/>
Priority Action	<ul style="list-style-type: none"> Identify the key support person/s who will orientate you to the practice. Receive an introduction to GPs, nurses, management, administrative staff and allied health staff. 	<input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> Consider how you will build relationships within the team. Consider how you wish to be introduced to any future team members. 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- Criterion C3.2 Accountability and Responsibility Workplace contact list, the organisational chart and workplace website
--	--

	1B PRACTICE OVERVIEW All practices are different. Understanding the profile of the practice will provide you with some perspective on how your role contributes to the bigger picture.	<input checked="" type="checkbox"/>
Priority Action	<ul style="list-style-type: none"> Gain an understanding of the practice, structure, history, culture and philosophy. Discuss of the practice profile including: <ul style="list-style-type: none"> – clinicians' special interests – size of practice – patient demographics – services provided – operating business hours – opening and closing procedures – after hours care. 	<input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> Who has responsibility and authority for different areas of the practice and what is the nurse's role in all of this? Identify areas you may wish to build knowledge in and seek information. 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- Criterion C1.1 Information about practice Practice policies and procedures manual
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★	1C PRACTICE TOUR A tour of the practice helps you physically navigate your way through your work day.	✓
Priority Action	<ul style="list-style-type: none"> • Receive a practice tour including the location of: <ul style="list-style-type: none"> – reception, waiting, treatment, consultation and procedure rooms – facilities-toilets – lunchroom – notice boards – emergency exits – disability access and facilities – fire extinguishers – other fire equipment (and instruction in their use) – emergency meeting point. 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Do you have a role in the emergency evacuation plan? • Build knowledge around the contents of the reception, waiting, treatment, consultation and procedure rooms • Can you make a contribution to the notice board 	

	<ul style="list-style-type: none"> • Map of workplace building showing: Floor plan and exits and location of fire exits and extinguishers.
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	1D LOCAL COMMUNITY OVERVIEW Understanding the local community will allow you to better target resources and coordinate services.	
Priority Action	<ul style="list-style-type: none"> • Discuss the local community and the services your general practice provides to the local people (includes local community demographics and commonly presenting health issues). 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Locate a description, and contact information, for: Local hospital(s), community services including: health, disability, and maternal and child health etc, pharmacy locations and services, allied health services including: physiotherapists, exercise physiologists, podiatrists, diabetes educators, optometrists, ophthalmologists and psychologists etc, dental services and specialist services. • Contact and introduce yourself to the local services. (I.e. physiotherapists, pathology, community health etc.) It's much easier to describe or discuss with patients if you've met and started a working relationship with the providers the practice team is likely to refer to. 	

	<ul style="list-style-type: none"> • Health direct • PHN and data available about your local demographics • Australian Institute of Health and Welfare (AIHW): Primary health care - Data sources
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	1E RECEPTION AND ADMINISTRATION Reception: Reception staff play a vital role providing good quality care. Office equipment: Understanding the office equipment will aid you in facilitating appointments, as well as communicating internally and externally.	
Priority Action	<ul style="list-style-type: none"> • Introduction and orientation to front desk: Spend some time with reception staff to gain a feel for the practice, the patients and some of the reception processes. • Orientate yourself to the office equipment. This includes: Appointment systems, fax, photocopier and other office equipment, incoming and outgoing correspondence (including fax, internal mailing system i.e. intramail), computer access including log in details and passwords. Set up a staff email account. 	<input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Inquire about the procedure for maintaining office stationary, stores and other consumables- including who is responsible and your role in the process. 	

	<ul style="list-style-type: none"> • Practice Manager • Workplace policy and procedures manual • Stationery and other consumables ordering process
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2 2.1 Human resources and employment administration

	2.1/A HUMAN RESOURCES AND EMPLOYMENT You will be given key personnel forms to be completed and signed by end of first week.	
	<i>Professional indemnity insurance information is also provided in other areas of this resource</i>	
Priority Action	<ul style="list-style-type: none"> • Ensure employment forms have been explained, signed and copies provided to both the practice and to yourself. 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Identify the process for you to update any of this information in the future. 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Criterion C3.2 Accountability and responsibility • Contract of employment • Australian Health Practitioner Regulation Agency (AHPRA) registration details • Payroll forms: Tax file number, banking details and superannuation • Professional indemnity insurance • The practice's immunisation and infectious disease assessment form • Confidentiality agreement
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★	<h3>2.1/B POSITION DESCRIPTION (PD)</h3> <p>PDs ensure there is a mutual understanding between the employer and yourself about the allocation of responsibilities to your role. It is also useful for job evaluation and recruitment purposes.</p> <p>The PD outlines the nurse's role, responsibilities and conditions of employment.</p> <p>For the enrolled nurse (EN), the position description requires the inclusion of registered nurse (RN) supervision arrangements, including when the RN is on leave.</p>	✓
Priority Action	<ul style="list-style-type: none"> Do you have a copy of your position description? Do you understand your roles and responsibilities, including EN supervision requirements? Do you understand the process within your workplace for regularly reviewing your position description? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> How will you prepare for and contribute to the position description review. Does your position description accurately reflect the nature of the job and the duties being performed? 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- Criterion C3.2 Accountability and responsibility APNA Healthy practices resources <ul style="list-style-type: none"> – Review APNA Healthy Practice Resources numbers: 5, 6, and 7 – Developing a PD – Sample PD (RN and EN) ANMF: National practice standards and toolkit for nurses in general practice APNA online learning: <ul style="list-style-type: none"> – Nurse clinics in Australian general practice – Leadership in action
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★	<h3>2.4/F CULTURALLY APPROPRIATE CARE</h3> <p>Primary health care is required to provide care that considers patients' rights, beliefs, and their religious and cultural backgrounds. In other words - working from the cultural perspective of the other person, not from your own perspective</p> <p>Importantly, understanding that Aboriginal and Torres Strait Islander Australians have a different pattern of health experiences and outcomes compared with non-Aboriginal Australians is essential.</p>	✓
Priority Action	<ul style="list-style-type: none"> • How does your practice ensure that the service is welcoming and has the potential to improve Aboriginal and Torres Strait Islander health and wellbeing? 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Familiarise yourself with: your practice specific demographics, cultural and religious groups including: The specific cultures prevalent in your local community and the potential barriers to care for these patients, How cultural beliefs may impact health beliefs for cultures within your setting, Multiple modes of educational material to provide to individual groups within your practice. What is your understanding of the terms cultural safety, cultural awareness, cultural respect and cultural competence? 	

	<ul style="list-style-type: none"> • NMBA requirements for nurses to provide culturally safe care is part of the nursing registration Code of Conduct standards • RACGP: Standards for general practices- Criterion C2.1 Respectful and culturally appropriate care • RACGP: Cultural awareness education and cultural safety training • Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) Cultural safety training • Partners in Culturally Appropriate Care (PICAC) RACGP: Standards for general practices- Criterion C6.2 Patient health record systems and Criterion C6.3 Confidentiality and privacy of health and other information • Practice policy and procedures manual
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	2.4/G CONFIDENTIALITY AND PATIENTS' CLINICAL RECORDS The privacy and security of health information held by a practice is a legal obligation under the Privacy Act and clinical staff also have requirements relating to confidentiality in their professional registration and codes of conduct.	
Priority Action	<ul style="list-style-type: none"> • The importance and management of confidentiality: <ul style="list-style-type: none"> – Have you understood and signed the practice confidentiality statement? • Review the workplace policy and procedure relating to confidentiality and data breaches. 	<input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Understand the process of archiving non-active patients and identify the person responsible for this process. • Explore the process for transfer of patient records to another location. • Build knowledge around the privacy act, consent, and your state or territory legislation relating to minors. • Scanning and digital images: What is the process for recording of these documents in the patient clinical records? 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Criterion C6.2 Patient health record systems and Criterion C6.3 Confidentiality and privacy of health and other information • Privacy Act • The Notifiable Data Breaches (NDB) scheme under Part IIIC of the Privacy Act 1988. • Australian Privacy Principles • Practice's confidentiality statement • Australian Government, Australian Institute of Family Studies • My Health Record: Taking your patient care to the next level.
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2 2.5 Clinical management of information

	<p>2.5/A CLINICAL SOFTWARE</p> <p>There are multiple clinical and billing software packages available for general practices to use to record all interactions with their patients.</p> <p>Nurses need to become particularly familiar with the clinical software used in the practice, to increase confidence and understanding of the system.</p>	<input checked="" type="checkbox"/>
Priority Action	<ul style="list-style-type: none"> • Gain an understanding of: Basic use and functions of your practice's software, how to document consultations and interactions with patients and the importance of documentation in appropriate fields within the software portals. 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Explore: How to conduct data searches and clinical audits within the program, What other software can it be used in conjunction with? E.g. does it link to the Australian Immunisation Register (AIR) and My Health Record (MHR)? Which external programs are used to conduct clinical audits? I.e. Programs such as Canning Tool/Pen Cat CS/ Atlas/ Polar 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Criterion C6.2 Patient health record systems • Practice policy and procedures manual • RACGP: A guide for hardware and software requirements in general practice • Clinical software help section, phone or email • YouTube videos
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	2.5/B CLINICAL HANDOVER In some circumstances, the nurse working in general practice will see the patient first (either as an unplanned triage or pre-appointment), so that all key assessment, measurements, and basic requirements are completed and documented in clinical notes.	
Priority Action	<ul style="list-style-type: none"> • How would you do a clinical handover of patient care within your practice (to a GP or another nurse)? • How would you conduct a clinical handover when transferring care? 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Can improvements be made to the method of clinical handover undertaken in your practice? 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Criterion C5.3 Clinical handover • ACSQHC toolkit for clinical handover improvement
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	2.5/C PATIENT IDENTIFICATION Verifying a patient's identity helps maintain patient safety and confidentiality. Approved patient identifiers include: patient name (family and given names), date of birth, address, gender (as identified by the patient themselves) and patient record number (where it exists).	
Priority Action	<ul style="list-style-type: none"> • Do you regularly complete the identification of patients using a minimum of three approved identifiers? • Do you understand the significance of a notifiable data breach (which involves personal information likely to result in serious harm to any individual affected) and how to report? 	<input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • How can you improve accuracy and consistency around patient identification? 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Criterion C6.1 Patient identification • ACSQHC Patient Identification
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3 3.1 Quality improvement knowledge

Adhering to professional standards of accreditation is an essential part of quality improvement (QI) in general practice in order to improve patient care and safety.

Improvements can involve exploring practice structures, systems and clinical care and based on evidence produced by the practice's own data. This data can be gathered from a multitude of areas. I.e. The analysis of near misses and errors, staff and patient feedback, or an audit of clinical databases.

The National General Practice Accreditation Scheme supports the consistent assessment of Australian general practices against the Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th Edition). The RACGP states, "Achieving independent accreditation against the Standards shows patients that a general practice is serious about providing high quality, safe and effective care to standards of excellence determined by the general practice profession."

Practice Incentives Program (PIP) in general practice

The Australian Government's PIP aims to support general practice. The PIP encourages general practices to continue providing quality care, enhance capacity, and improve access and health outcomes for patients.

General practices already eligible to take part in the PIP will also be able to apply for the quality improvement (QI) incentive. The practice must commit to:

- Quality improvement activities, and
- Sharing de-identified general practice data.

There are eight individual incentives under three payment streams. PIP is intended to support the practice to purchase new equipment, upgrade facilities or increase the remuneration for GPs working at the practice.

- Practice payments are made to practices contributing to quality care (PIP QI).
- Practice payments are made to practices contributing to quality care (PIP QI).
- PIP Quality stream are made to GPs or the practice to recognise and encourage them to provide specified services to individual patients.
- After Hours Incentive
- Aged Care Access Incentive (is a service incentive payment, paid to the GP's nominated account)
- eHealth Incentive
- Teaching Payment
- PIP rural support stream payments are made to practices whose main practice location is outside a capital city or other major metropolitan centre.
- Procedural GP Payment
- Rural Loading Incentive

	3.1/A QUALITY IMPROVEMENT (QI) ACTIVITIES OVERVIEW Quality improvement activities can include changes to the day-to-day operations of the practice or involve activities specifically designed to improve clinical care or the health of the whole practice population.	
Priority Action	<ul style="list-style-type: none"> Which staff member has the primary responsibility for QI activities and risk management processes? 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> What are the current QI activities for the practice? 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- Core Standard 3 Practice governance and management RACGP: Standards for general practices- QI Standard 1: Quality improvement Understanding the PIP QI
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	3.1/B PATIENT FEEDBACK Feedback of patients' experiences play an important role in improving the delivery of a good quality service.	
Priority Action	<ul style="list-style-type: none"> What is your practice's process for seeking and responding to feedback from patients, carers and others? 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> Do you provide an encouraging environment which facilitates a process for patients to provide feedback? How do you personally respond to patient feedback? 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- QI Standard 1: Quality improvement. Criterion QI1.2 Patient feedback RACGP patient feedback guide RACGP: Resources for patient feedback
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	3.1/C PRACTICE CLINICAL SOFTWARE SEARCHES The clinical software packages used in general practice can be used to find information (data) about the patients registered with the practice.	✓
Priority Action	<ul style="list-style-type: none"> Do you know how to search for specific groups of patients with your practice's clinical software? 	<input type="checkbox"/>
Other	<ul style="list-style-type: none"> Do you know how to add the data in the correct area so that it may be searched? 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- QI Standard 1: Quality improvement. Criterion QI1.3 Improving clinical care Check the clinical software help section for the product you use and contact as required
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	3.1/D MISTAKES, ERRORS, ADVERSE EVENTS, NEAR MISSES POLICY Mistakes are errors or adverse events that result in harm. Near misses are incidents that did not cause harm but could have.	✓
Priority Action	<ul style="list-style-type: none"> How does the practice monitor, identify, report and record adverse events and near misses? Who are reports addressed to in the practice? How can the practice can learn from the near misses and mistakes? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> How can you help foster an environment which supports disclosure of an error, near miss or adverse event? 	

	<ul style="list-style-type: none"> RACGP: Standards for general practices- Core Standard 5: Clinical management of health issues RACGP: Standards for general practices- QI Standard 1: Quality improvement. Criterion QI1.3 – Improving clinical care ACSQHC Classification of consequences for adverse events
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4 4.1: Appointments- managing planned and unplanned care

A common role of nurses working in general practice is the management of emergencies and triaging of both urgent and non-urgent presentations or care needs. Even though most general practices don't have an emergency department attached to them.

	<p>4.1/A APPOINTMENT SYSTEM</p> <p>General practices need a flexible system for determining the order in which patients are seen, and need to accommodate patients' requirements for urgent care, non-urgent care, complex care, planned chronic disease management, preventive healthcare and longer consultations.</p>	
Priority Action	<ul style="list-style-type: none"> • What length of appointments does your practice provide? • How will your nursing appointments be scheduled? • How do the staff identify different types of appointments? • How are appointments made? This includes online appointment systems, telephone appointment systems, and clinician initiated appointments. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Does your appointment system work well to accommodate the needs of your patients as well as the needs of the workforce? If not what are some potential solutions you might explore? 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Core Standard 1: Communication and patient participation. • RACGP: Standards for general practices- GP Standard 1: Access to care.
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	4.1/B POLICIES RELATING TO APPOINTMENTS General practices need to have processes or protocols in place for non-attendance or cancellation of appointments.	<input checked="" type="checkbox"/>
Priority Action	<ul style="list-style-type: none"> • Cancelled appointments: What is the practice procedure when a patient cancels their appointment? Is there a fee or minimum time requirement? What would you relay to patients about the cancellation policy? • What is the process if a recall appointment is cancelled? • The failure to attend (FTA) policy: What is the practice procedure when a patient fails to attend their appointment? What happens with a FTA of a recall appointment or clinically significant appointment? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Think about how you can improve the information you provide to patients around the importance of attending a recall appointment • For non-recall appointments, consider outlining your appointment policy when booking the new appointment with them. 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- Core Standard 1: Communication and patient participation. • RACGP: Standards for general practices- GP Standard 1: Access to care • RACGP article: The duty of GPs to follow up patients
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	4.1/C RECALLS AND REMINDERS POLICY All accredited general practices have systems to manage follow up, recalls and reminders which are influenced by the level of clinical significance.	<input checked="" type="checkbox"/>
Priority Action	<ul style="list-style-type: none"> • What is the difference between a follow up, a recall and a reminder? • How does the practice handle each of these? Is the policy clear? • What is your role in follow up, reminders and recalls? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Under what circumstances would you add a reminder for a review? • Is there an opportunity to streamline the process for reminders? 	

	<ul style="list-style-type: none"> • RACGP: Standards for general practices- GP Standard 2: Comprehensive care. Criterion GP2.2 Follow-up systems • Practice policy and procedures manual • APNA article: Recall vs reminders
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	<h3>4.1/D TRIAGE AND MANAGEMENT OF UNPLANNED OR UNSCHEDULED CARE</h3> <p>The basic principles of triage are fundamental to all areas of primary health care nursing and provide a solid foundation to deliver effective, safe and competent patient care no matter the setting.</p> <p>All staff within general practices need to be able to determine the urgency of patient health care needs. This includes identifying, prioritising and responding to life threatening and urgent medical and mental health matters, and identifying potential contagious illnesses which may present.</p>	
<p>Priority Action</p>	<ul style="list-style-type: none"> • Find out the triage process or protocol within your practice (both with or without a GP in attendance): By phone or by unplanned presentation • What is the practice process or protocol for potentially contagious patients presenting at the clinic? • What is the practice policy and procedure if an emergency occurs outside and/or near the physical practice i.e. a car accident outside your workplace? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<p>Other</p>	<ul style="list-style-type: none"> • How does the practice accommodate urgent, non-urgent, complex, planned chronic care and preventive health care needs? • Education: <ul style="list-style-type: none"> – What is your role in maintaining your own skills and confidence in basic triage and emergency response? – Do you know your knowledge gaps in assessing and managing medical and mental health presentations? – Do you have an understanding of services available and how to access pathways for specialist mental health professionals, including mental health nurses. – What is your role in ongoing triage education for other practice staff? – How is this education recorded? – How often is this education attended? 	
	<ul style="list-style-type: none"> • RACGP: Standards for general practices- GP Standard 3: Qualifications of our clinical team • RACGP: Standards for general practices- GP Standard 1: Access to care. Criterion GP1.1- Responsive system for patient care • General practice triage system website resource • PHN resources: PHNs often have triage charts as a resource for use. Check what's available with your local PHN. An example is provided below: <ul style="list-style-type: none"> – Country SA PHN Prioritisation of Patients: a guide to urgency for on-clinical staff. POPGUNS triage process • Accreditation bodies often have triage resources available. Check what's available from your accreditation body. An example of one is provided below: <ul style="list-style-type: none"> – GPA 1.1.1 Triage YouTube video • The Australasian triage scale category • An introduction to telephone triage 	

	<h3>4.7/E COMMON TREATMENT ROOM MINOR SURGICAL PROCEDURES</h3> <p>Common treatment room minor surgical procedures.</p> <p>Nurses commonly set up, assist with or (if applicable) perform common minor surgical procedures in the treatment room. This will be heavily dependent on individual nurse's scope of practice. They may include:</p> <ul style="list-style-type: none"> – Administration of local anaesthesia – Punch, shave or incisional biopsy – Removal of lesion/s – excision, curettage, cryotherapy, chemical cautery (silver nitrate), electrocautery and diathermy – Removal of toenail/s or wedge resection – Evacuation of perianal and other haematomas – Therapeutic injections for a variety of conditions. E.g. Injections into joints (steroids), aspiration of joints, injection of tennis/golfer's elbow, or carpal tunnel, varicose veins and haemorrhoids – Contraceptive implant and removal – Wound debridement – Skin closure– sutures, skin adhesives skin staples and intrauterine insertions 	
Priority Action	<ul style="list-style-type: none"> • What minor procedures are performed in your practice and what is your role? • Identify areas you feel confident within, and are within your individual scope of practice • Identify areas for further learning and strategies for improvement of knowledge, skills and confidence. • Can you differentiate between standard aseptic technique and surgical aseptic technique? Are both used in your practice? • How do you gain informed consent and document the patient interaction for minor surgical procedures? 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other	<ul style="list-style-type: none"> • Identify areas for further learning and strategies for improvement of knowledge, skills and confidence. 	



- RACGP: Standards for general practices- GP Standard 2: Comprehensive care
- Practice policy and procedure manual
- APNA online learning: Aseptic Non Touch Technique - Foundation Course

Conclusion

This workbook will have provided you with an introduction and overview to general practice and assisted you in completing a portion of your orientation and transition to your new workplace.

As a nurse, you are forever learning new skills. This workbook can be used after your initiation transition phase, either to reflect on your progress as a nurse, and/or to discuss the many facets of general practice nursing with your colleagues. Don't forget to download the resource documents that accompany this workbook for further education and development.

APNA wishes you all the best in your new place of employment!



ADDENDUM

*Here you will find: The Index,
Glossary, Acronyms and References*

Don't forget to download and access the companion resources document for this workbook, for all your go-to quick links and more.

Download from: www.apna.asn.au/nursing-tools/foundationsworkbook



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Glossary

Aboriginal and Torres Strait Islander

status: Patients able to be identified as being of Aboriginal or Torres Strait Islander origin in response to the practice asking the standard Indigenous Australian status question.

Aboriginal health worker: A member of the Indigenous health workforce who undertakes various roles including clinical functions (often as the first point of contact with the health workforce, particularly in remote parts of the country); liaison and cultural brokerage; health promotion; environmental health; community care; administration, management and control; and policy development and program planning.

Access: The ability of patients to obtain services from the general practice.

Accreditation: The process for practices to be assessed against the RACGP's standards by an independent third party every three years, to gain an "accredited" standard.

Active patient: A patient who has attended the practice three or more times in the past 2 years.

Adverse event: An adverse event that results in harm to a patient, where harm includes disease, injury, disability and death.

Allied health professional: Health professionals who work alongside doctors and nurses to provide optimal healthcare for all Australians (e.g. physiotherapists, dieticians, podiatrists).

Care coordination: Care coordination is where a patient's needs are coordinated with the assistance of a primary point of contact. Care coordination brings together health services, patient's needs, and stream of information to facilitate high quality care and avoid duplication of health services.

Chronic disease: Chronic disease applies to a group of diseases that tend to be long lasting and have persistent effects.

Cold chain management: The system of transporting and storing vaccines within the temperature range of 2-8 C from the place of manufacture to the point of administration.

Competence/competent: Competence is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability.

Competence assessment: Assessment of an individual's competence may occur through structured educational programs or a peer review process.

Confidentiality: The nondisclosure of information except to another authorised person, or the act of keeping information secure and/or private.

Continuity of care: The degree to which a series of discrete healthcare events is experienced by the patient as coherent and connected, and is consistent with the patient's medical needs and personal context.

Disaster recovery plan: A documented plan of the actions the practice needs to take to retain and restore patient health information in the event of a “disaster” (normally a power failure or other such event).

Electronic communication: The transfer of information (not necessarily patient health information) within or outside the practice through email, internet communications, SMS or facsimiles.

Enhanced primary care: Relates to government program to assist people with chronic illness and other people who need a range of services to support them in the community. The item numbers used under this program were replaced by chronic disease management item numbers in 2005.

Enrolled nurse: A nurse who works under the direction and supervision of a registered nurse as stipulated by the relevant nurse registering authority, where the enrolled nurse retains responsibility for their actions and remains accountable in providing delegated nursing care.

Error: A generic term to encompass all those occasions in which a planned sequence of mental or physical activities fails to achieve its intended outcome, and when these failures cannot be attributed to the intervention of some chance agency.

Follow-up: This refers to tracking tests and results that are expected but not yet received. Follow-up can also refer to identifying patients who did not attend a recommended test or referral or did not attend an appointment to receive test results or reports.

Gender: Gender refers to the socially constructed characteristics of women and men, such as the norms, roles and relationships that exist between them. Gender expectations vary between cultures and can change over time. It is also important to recognise identities that do not fit into the binary male or female sex categories.

General practice: General practice is the provision of patient centred, continuing, comprehensive, coordinated primary care to individuals, families and communities.

General practitioner: A registered medical practitioner who is qualified and competent for general practice anywhere in Australia; has the skills and experience to provide patient centred, continuing, comprehensive, coordinated primary care to individuals, families and communities; and maintains professional competence for general practice.

Health promotion: Preventive health activities that reduce the likelihood of disease occurring.

Home visits: A general practice consultation conducted in the residence of a patient.

Human resources: Relating to the field of personnel recruitment, training and management.

Incident: An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person, and/or complaint, loss, damage or claim for compensation.

Induction program: A form of training provided to new staff members to introduce them to the practice systems, processes and structures.

Infection control or infection control measures: Actions to prevent the spread of pathogens between people in a healthcare setting. Examples of infection control measures include targeted healthcare associated infection surveillance, infectious disease monitoring, hand hygiene and personal protective equipment.

Informed consent: Consent by a patient (either written or verbal) to the proposed investigation, treatment or invitation to participate in research after achieving an understanding of the relevant purpose, importance, benefits and associated risks. For consent to be valid, a number of

factors need to be satisfied- including the patient receiving sufficient and appropriate information and being made aware of the material risks. The patient must have the mental and legal competence to give consent.

Interpreter service: A service that provides trained language translation either face-to-face or by telephone.

Mistake: An error or adverse event that results in harm.

Near miss: An incident that did not cause harm but could have.

Patient: A person receiving healthcare. In relevant circumstances, the term is also intended to include a carer.

Patient health record: Information held about a patient in hard or soft form, which may include contact and demographic information, medical history, notes on treatment, observations, correspondence, investigations, test results, photographs, prescription records, medication charts, insurance information and legal and occupational health and safety reports.

Policy and procedures manual: A resource document containing written practice information about the practice's policies and procedures.

Position description: A document describing an employee's role, responsibilities and conditions of employment.

Public key infrastructure: Public key infrastructure (PKI) is a secure method of transmitting information electronically to provide authentication and confidentiality. PKI is used to transfer information between GPs and other healthcare providers.

Quality improvement: An activity undertaken within a general practice where the primary purpose is to monitor, evaluate or improve the quality of healthcare delivered by the practice.

Ethics approval is not required for quality improvement activities, including clinical audits using a tool such as CAT or 'plan, do, study, act' cycles, undertaken within a general practice.

Recall: This refers to a mechanism that is designed to facilitate patients receiving further medical advice in relation to matters of clinical significance.

Relevant social history: Information about the patient's social history (including employment, accommodation, family structure) that the GP considers important for the purposes of providing clinical care to the patient

Reminders: This refers to communicating with patients who may benefit from participating in appropriate health promotion and preventive care activities or who may require appropriate and timely review of their treatment and/or their medical devices. ,

Risk management: The culture, processes and structures that are directed toward the effective management of potential opportunities for adverse events.

Scope of practice: A nurse's scope of practice is determined by their registration (registered nurse or enrolled nurse), endorsement (e.g. nurse practitioner), educational background, previous nursing experience and clinical specialisation.

System: An organised and coordinated method or procedure.

Timely: A length of time which might reasonably be expected by professional peers for a defined situation.

Acronyms

ABPI	Ankle Brachial Pressure Index
ACIPC	Australasian College of Infection Prevention and Control
ACMHN	Australian College of Mental Health Nurses
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADF	Australian Defence Force
AHPRA	Australian Health Practitioner Regulation Agency
AIHW	Australian Institute of Health and Welfare
AIR	Australian Immunisation Register
ANMF	Australian Nursing and Midwifery Federation
APNA	Australian Primary Health Care Nurses Association
ARC	Australian Resuscitation Council
BMI	Body mass index
CDC	Centers for Disease Control and Prevention
CDM	Chronic disease management
CPD	Continuing professional development
CPR	Cardiopulmonary resuscitation
CVC Program	Coordinated Veterans Care Program
DMF	Decision making framework
DMMR	Domiciliary Medication Management Review
DVA	Department Veterans' Affairs
EN	Enrolled nurse
EPC	Enhanced Primary Care
FTA	Failed to attend
GP	General Practitioner/ general practice
GPA	General Practice Accreditation
GPMP	General Practice Management Plan
HAI	Healthcare associated infection
HbA1c	Glycosylated haemoglobin
HDL	High Density Lipoprotein
INR	International normalized ratio
MBS	Medicare Benefits Schedule
MHR	My Health Record

References

- ¹ The Australian Primary Health Care Nurses Association (APNA). Nursing in Primary Health Care Program (NiPHC). 2015; Available from: <https://www.apna.asn.au/>
- ² Royal Australian College of General Practitioners. Standards for General Practice 5th edition. 2017; Melbourne: RACGP. Available from: [https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-\(5th-edition\)](https://www.racgp.org.au/your-practice/standards/standards-for-general-practices-(5th-edition))
- ³ Australian Nursing & Midwifery Federation. ANMF National Practice Standards for Nurses in General Practice. 2014; https://www.anmf.org.au/documents/National_Practice_Standards_for_Nurses_in_General_Practice.pdf
- ⁴ The Australian College of Mental Health Nurses (ACMHN), Mental Health Practice Standards for Nurses in Australian General Practice. 2018; Available from: <http://www.acmhn.org/careerresources/recruitment/134-cpd/504-standards-of-practice>
- ⁵ Australian Primary Health Care Nurses Association (APNA) Career and Education Framework and Toolkit. 2017; Available from: <https://www.apna.asn.au/nursing-tools/framework>
- ⁶ Department of Health [Internet]. Primary Health Networks (PHNs). 2016; Available from: <http://www.health.gov.au/internet/main/publishing.nsf/Content/PHN-Home>
- ⁷ Australian Commission of Quality and Safety in Health Care [Internet]. General practice accreditation. 2017; Available from: <https://www.safetyandquality.gov.au/>
- ⁸ Erny-Albercht K, Bywood P. Corporatisation of general practice- impact and implications. PHCRIS Policy Issue Review. 2016 [cited 2017 March]; Adelaide: PHCRIS.
- ⁹ Nursing and Midwifery Board of Australia. Frameworks. 2020. Available from: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>
- ¹⁰ Australian Commission on Safety and Quality in Health Care (ACSQHC). Health Literacy – a summary for clinicians. n.d; Available from: <https://www.safetyandquality.gov.au/publications-and-resources/resource-library/health-literacy-summary-clinicians>
- ¹¹ Australian Bureau of Statistics. National health priority areas. 2007; Available from <http://www.abs.gov.au/ausstats/abs@.nsf/Products/5317BAD6B8EEE19ACA25757C001EED30?opendocument>
- ¹¹ Australian Bureau of Statistics. National health priority areas. 2007; Available from <http://www.abs.gov.au/ausstats/abs@.nsf/Products/5317BAD6B8EEE19ACA25757C001EED30?opendocument>
- ¹² Australian Institute of Health and Welfare (AIHW) [Internet]. Chronic Diseases. 2018; Available from: <http://www.aihw.gov.au/chronic-diseases/>