

# Nursing in Australian general practice: directions and perspectives

Elizabeth J Halcomb, Patricia M Davidson, John P Daly, Rhonda Griffiths, Julie Yallop and Geoffrey Tofler

## Abstract

Primary health care services, such as general practices, are the first point of contact for many Australian health care consumers. Until recently, the role of nursing in Australian primary care was poorly defined and described in the literature. Changes in policy and funding have given rise to an expansion of the nursing role in primary care. This paper provides a review of the literature and seeks to identify the barriers and facilitators to implementation of the practice nurse role in Australia and identifies strategic directions for future research and policy development.

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### What is known about the topic?

Following the recognition of the benefits of general practice nursing there has been growth in this nursing practice in the United Kingdom, New Zealand and, to a lesser extent, Australia, yet the role and scope of practice remains unclear.

### What does this study add?

This study provides a literature review of practice nursing and discusses the many barriers and facilitators to enhancement of this role in Australia.

### What are the implications for practice?

The authors call for leadership from professional nursing bodies to define and develop the role, accompanied by discussion and debate throughout the health care system on the contribution of practice nursing to enhancing patient outcomes through collaborative models of care.

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THE GENERAL PRACTITIONER (GP) remains the broker and gatekeeper to health care services in Australia, with some 90% of Australians visiting a GP each year.<sup>1</sup> The clinical skills, expertise and knowledge level of clinicians working in primary care have evolved to meet the challenges created by a more informed consumer, advances in medical technology and a drive for improved health service outcomes.<sup>2</sup> This paper seeks to outline the contribution of practice nurses to Australian primary health care, describe the international experience relating to practice nurse role development, determine the scope of the clinical practice boundaries and identify the barriers and facilitators to the practice nurse's role.

The growth of the nursing role in Australian primary care has been driven by multiple factors including the changing health care needs of consumers, shortage of GPs in rural areas and generally increasing GP workloads nationwide. The term "practice nurse" refers to either a State Board Registered or Enrolled Nurse who is employed to provide nursing services in the setting of general

practice.<sup>3-7</sup> This may be direct employment by an individual or group of GPs or through third party contracts with local Divisions of General Practice, community health services or other private providers of nursing services.<sup>8-13</sup> In contrast, general community nurses are primarily employed by local health authorities or private health care organisations to deliver nursing care directly to the local population in their homes or at community health centres.<sup>8-11</sup>

Although many community nurses work within a primary care model, increasingly the services provided by the general community nurse are frequently under the direction of an acute care specialist following hospital discharge, although an increasing number of referrals are being received from chronic disease specialists. Specific criteria often exist to define the types of services that general community nurses can provide under pre-existing funding models. Further, these nurses are often subject to the policies and procedures of an overarching body, for example an Area Health Service. In contrast, the practice nurse provides services under the direct or indirect supervision of a general practitioner. It is important to establish the unique, yet complementary, role that the practice nurse has in the health system and the diversity between this role and that of the general community nurse. To date, the practice nurse role is related to streamlining business practices, preventing potential hospitalisations or improving general health status by services such as continence clinics or lifestyle risk factor counselling. Potentially, practice nursing can be considered a “specialty” area of general community nursing not unlike other areas such as public health, community mental health or community sexual health nursing.

An enduring concern is the limited regulation of the tasks that can be delegated to the practice nurse.<sup>14</sup> Currently, the specific scope of the practice nurse’s work is defined through negotiation between the individual GP and nurse.<sup>12,13</sup> In their evaluation of shared care between practice nurses and GPs in Australia, Willis et al.<sup>15</sup> identified that there was significant variation in the role, patterns of referral and work of the practice nurse. They

described this as being a continuum from the nurse working solely at the direction of the GP to the nurse having almost complete control over their workload.<sup>15</sup> While this variable scope reflects the range of nurses’ skill levels from novice to expert, it is also related to other factors such as the perceived ability of the nurse, often by a GP who may have a limited understanding of the professional scope of nursing practice,<sup>16</sup> or experience in managing nursing resources.<sup>17,18</sup> While the practice nurse has a personal responsibility to work within their scope of experience and the professional code of practice, nurses have historically been poor at negotiating with their employers.<sup>19</sup> This, combined with the negative power relationship with the GP,<sup>3,12,20</sup> leads to a multifaceted dilemma which complicates the process of defining the practice nurse role.

### The role of the practice nurse

Nurses deliver health care services in primary care internationally, although the closest parallels to the Australian context can be found in the United Kingdom<sup>21</sup> and New Zealand.<sup>22,23</sup> In the UK, the number of practice nurses has more than trebled since 1988<sup>21,24</sup> and they have become integral to the health care system and delivery of primary care. This has occurred as part of the National Health Service Reform, which has a strong primary care focus, and the introduction of the 1990 GP contract.<sup>18,21,25,26</sup> Although driven by health reform, the growth of practice nursing was not part of a central government plan but occurred in response to perceived local needs that were not being met by existing community nursing services.<sup>21</sup> The subsequent ad hoc nature of practice nurse growth led to “an uncertain and ill-defined role” (page 7)<sup>21</sup> where there is significant diversity in functioning between nurses and practices.<sup>24,27</sup> Practice nurses have generally developed their own individual roles based upon local needs, individual practice demands, their perceived skill level and personal confidence.<sup>8,21,28</sup> This situation can be seen to have several parallels to the Australian Government’s recent injection of funds into practice nursing services.

NZ practice nursing expanded significantly following the introduction of government funding to promote the role. In 1970, the NZ government introduced the practice nurse subsidy scheme to encourage practice nurse employment.<sup>12</sup> Docherty<sup>29</sup> reports that the effectiveness of this funding was limited as many nurses continued to undertake non-nursing duties rather than adopting a full clinical load. Therefore, in 1983 the conditions of the funding were amended to require the nurse to specifically undertake nursing duties and have work space within the practice to provide direct patient care.<sup>12,29</sup> NZ practice nursing has evolved significantly since this time and has become an integral component of the health system.

In 1997 a strategic plan for practice nursing was developed by the NZ Nurses Organisation.<sup>12</sup> This plan identified the need for a clear career pathway, a marketing plan to boost the professional profile of this specialty, and adequate employment conditions to facilitate recruitment and retention.<sup>12</sup> A stringent education and accreditation program supports the professional development framework.<sup>23</sup> Despite such advancements in the practice nurse role in NZ, there is a paucity of published literature describing the role and associated issues.<sup>12</sup> The apparent positive effect that strategic planning and professional development has offered NZ practice nurses in professional status and role development suggests the potential value of such planning in the Australian setting. Further research and evaluation is required, however, to substantiate such inferences.

Research on the practice nurse role has largely comprised descriptive studies that investigate the practice nurse role in isolation from other providers.<sup>30</sup> In addition to identifying the practice nurse as a largely unexplored resource, key themes that emerge from the published literature identify that:

- practice nurses demonstrate a wide variation of skills, competencies and clinical experience;<sup>12,13,21</sup>
- there is considerable variation in the practice nurse role;<sup>21,31-33</sup>
- there are significant barriers to expansion of the role;<sup>12,13</sup>

- multidisciplinary interventions can effectively deliver secondary prevention strategies in chronic and complex disease;<sup>34</sup>
- practice nurses can potentially facilitate these multidisciplinary interventions;<sup>35,36</sup>
- practice nurses are generally favourably perceived by consumers, although there is some confusion about the nature of their role.<sup>37-40</sup>

In Australia, practice nurses have potential to establish affiliations with local community groups that would make them more accessible and acceptable than ad hoc health promotion, screening or chronic disease management programs. This consideration is particularly important in Australian society given the cultural diversity within the community and the extended health care needs of those from culturally and linguistically diverse backgrounds. In these groups in particular, the GP has been shown to be a vital component of the health care system, maintaining the essential link between secondary and primary care.<sup>1</sup>

The evidence for the benefits of practice nurse intervention can be inferred from the positive results of clinical trials where general community nurses have been seconded to various roles within general practice.<sup>41-43</sup> A major barrier to the continuation of such projects has been that funding of such inter-sectorial services is often not sustainable; a barrier which would be overcome through use of practice nurses to implement the interventions. The limited research available has supported this hypothesis.<sup>35,44-48</sup> Further trials are required in multiple disease states within the Australian health care system.

### **Current practice nurse initiatives in Australia**

In the Australian Federal Budget 2001–02, funding of \$104.3 million was allocated to GPs in areas of high workforce pressure to employ additional practice nurses over a 4-year period.<sup>49,50</sup> This was divided into funding for employment (\$86.6 million), training and professional support (\$12.5 million), and scholarships to encourage rural nurses to return to the workforce (\$5.2

<b>Enhancing and constraining factors to Australian practice nurse role development<sup>13</sup></b>		
	<b>Enhancing</b>	<b>Constraining</b>
<b>Health system</b>	Global shift from secondary to primary care Trend towards group rather than solo general practices Publicly funded practices National and international health priority areas of chronic and complex diseases	Predominantly episodic illness management — no national primary health care policy Narrow interpretation of primary health care Biomedical domination of primary and secondary health service Complex interface between secondary and primary care Trend to highly corporate centres with high turnover
<b>Legislation</b>	Introduction of nurse practice legislation	Current Medicare benefits largely restricted to medical practitioners, optometrists and some dentists State registration boards have variable requirements and regulations Issues regarding professional liability and malpractice are poorly defined for nurses in the general practice setting
<b>Financial</b>	Practice and Division of General Practice grants for specific projects Commonwealth Government incentives to employ practice nurses, such as the Practice Incentive Program and Enhanced Primary Care MedicarePlus item numbers for immunisation wound care and pap smear services	Limited subsidy/financial incentive to employ practice nurses (particularly for urban practices) Economic rationalism Decreased profit margin of general practice Short-term nature of specific project funding and the need to incorporate self sustainability into project development Lack of a specific industrial award to define appropriate conditions of employment and remuneration packages
<b>Social</b>	Nurses viewed as approachable, ethical and trustworthy by community	Negative power relationship between nurses and GPs relating to employee–employer status, gender, socioeconomic status, nurses' generally passive nature and historical development of the professions Cure more valued than care by consumers in primary care Lifestyle benefits of practice nurse role valued more highly than career opportunities
<b>Professional issues</b>	Nurse practitioner movement Growth of the Australian Practice Nurses Association Development of Australian practice nurse research Development of Australian practice nurse competency standards for both registered and enrolled nurses Conduct of accredited practice nurse-specific education Practice nurse-specific professional development opportunities (eg, annual conference)	Fragmented nursing organisations Limited understanding of the role of the practice nurse by other nurses and health professionals Medical control of the scope of practice in primary care Isolation of practice nurses from the wider nursing community Use of nurses for general administrative and cleaning duties in addition to clinical nursing practice Appropriation of nursing work to receptionists and unskilled employees Lack of clearly defined career path, thus reducing the recruitment/retention of career-orientated workforce
<b>Knowledge development</b>	Tertiary nursing education Curriculum underpinned by primary health care Availability of focussed educational opportunities through Divisions of General Practice and Royal College of Nursing, Australia	Limited orientation to practice nursing or post basic practice nurse qualifications Segregated medical and nurse education General paucity of health promotion and primary health care training among current practice nurses Poor access to appropriate, graded education, training and accreditation for both registered and enrolled nurses Educational background of current practice nurses potentially discourages undertaking tertiary education
<b>Workforce supply</b>	Shortage of rural and remote GPs Dissatisfaction of nurses in the public health system Employment conditions could be more suitable to nurses' lifestyle needs	Disproportionate representation of GPs in metropolitan areas Global shortage of educated and experienced nurses
<b>Public demand</b>	Increased demand and public awareness for alternative health practitioners Increased GP visits nationally Consumers, particularly with chronic disease, requiring health education, lifestyle modification and psychosocial support	High demand for low cost/bulk-billed services

million).<sup>51</sup> Although this funding was made available to areas of workforce shortage, in particular rural and remote areas, it is only since the allocation of this funding that work has begun to evaluate the changes to the culture and practice of primary care in Australia and the potential role for the practice nurse.

Proposed changes to the Medicare system will, reportedly, increase practice nurse numbers by some 1600 nurses.<sup>52</sup> While this is a positive step in improving primary care for Australians, it must be supported by a research and education infrastructure to ensure that strategic, as opposed to reactive, role development occurs which will contribute to improving patient outcomes. In addition to the completed reviews of the practice nurse role, educational needs and consumer perceptions,<sup>12,13,37,53,54</sup> further well designed, large-scale research is required. Such research should investigate the nature of collaborative practice between GPs and practice nurses; the potential for extending the practice nurse role to encompass case management models of chronic and complex conditions; and workplace issues, including professional supervision, remuneration scales, career pathways and professional regulation.

Much of the discussion in the Australian media surrounding practice nurses has focused upon the revamped Medicare package and the concurrent increases in practice nurse funding.<sup>52,55,56</sup> While the popular press view the increase in practice nurse numbers positively, the role and scope of nursing professional practice does not appear to be well understood. Published commentary has described practice nurses as “nurses who perform some duties normally the preserve of the GPs”<sup>52</sup> and as a general panacea for overworked and harried GPs. These articles fail to appreciate the scope of professional nursing practice and the significant contribution that practice nurses make to collaborative, multidisciplinary primary care. Given that the popular press is often a barometer of public views, this perception of practice nurses requires urgent attention by nursing associations to ensure that the public are apprised of the professional scope of these practitioners. This is particularly significant given the relative infancy

of the practice nurse role and the finding that consumers who had greater exposure to a practice nurse exhibited a greater appreciation of their diverse role in health education, counselling and disease management than those who had not been involved with practice nurses.<sup>37</sup>

## **Development of the practice nurse role in Australia**

The practice nurse role is subject to influence from diverse factors, including the national health agenda, contemporary legal requirements relating to health care delivery, economic and social concerns, professional issues, knowledge development, consumer needs and workforce supply and demand.<sup>13</sup> The ways in which these factors currently enhance and constrain practice nurse role development are summarised in the Box.

### **The barriers**

#### ***Current funding arrangements for general practice***

The Australian primary care funding situation differs somewhat to that described in the UK and NZ literature. The Australian Medicare system that provides reimbursement for GP services provides only limited reimbursement for many nursing services that have not been directly supervised by a GP.<sup>15</sup> Currently suggested changes to the Medicare system, including the provision of provider numbers to practice nurses and increased item numbers for nursing services, are seen as positive yet insufficient attempts to address this issue.<sup>6,57,55</sup> As part of the new MedicarePlus package, two items for services by practice nurses have been introduced to provide remuneration to GPs for practice nurses providing immunisations (Item 10993) and wound care (Item 10996).<sup>7</sup> The schedule fee for these item numbers has been set at \$10, with a Medicare rebate of \$8.50.<sup>7</sup> Although these fees can be augmented by the immunisation incentive payments and the new \$5 bulk billing item,<sup>7</sup> it remains unclear whether they will provide sufficient incentive to encourage GPs to employ addi-

tional practice nurses. A further item number (10998) was introduced on January 1 2005 to fund pap smears undertaken by accredited nurses in regional, rural and remote areas. This enhanced funding likely improves the accessibility of pap smears to women in regional, rural and remote areas. However, the variation in Medicare rebate by geographical location potentially sets up a two-tiered service, whereby patients in urban and outlying areas receive increasingly disparate health care delivery. Additional item numbers for aspects of practice nursing such as lifestyle counselling, chronic disease assessment and management, and patient education would be beneficial in demonstrating recognition of the advanced scope of the practice nurse role and their significant contribution to collaborative primary care.

Limiting expenditure on wages is one way for GPs to increase income.<sup>58</sup> Most general practices employ a receptionist, suggesting receptionists are considered a necessity, while nurses are considered a more expensive option.<sup>58</sup> In spite of this trend, anecdote suggests those GPs who have worked with a practice nurse are better able to appreciate their value and contribution to primary care.<sup>59,60</sup>

### **The perception of nursing in general practice**

Despite the advantages, a large number of GPs remain unconvinced the employment of a nurse will improve their practice efficiency, effectiveness and patient outcomes.<sup>58</sup> GPs are not clear how the employment of practice nurses can translate into economic efficiencies within their practice. In her exploration of Australian practice nursing, Patterson<sup>58</sup> identified that around one third of GPs thought that their medical receptionists could be sufficiently trained to undertake nursing tasks. In this study, administrative and reception staff were clearly identified as undertaking nursing and medical tasks without formal, accredited education and training.<sup>58</sup> Such practice potentially places these employees in violation of legislation regarding professional practice and the regulation of health care providers. Indeed, the title of "practice nurse" remains unprotected

under the *Nurses and Midwifery Act 2002* (NSW)<sup>55</sup> and similar legislation in other states and territories. The nature of general practice as a business, however, means that GPs have the authority to employ any individual regardless of education level or experience and delegate to them whatever tasks they deem appropriate.<sup>58</sup> Many GPs are not fully aware of differences in role and scope of practice between Registered Nurses (RNs), Enrolled Nurses (ENs), Assistants in Nursing (AINs) and the requirements of the various state-based Nurse Registration Boards. Such a finding is not surprising considering the lack of multidisciplinary education in both undergraduate and postgraduate curricula.

Despite the advantages inherent in the role and the growth of the specialty internationally, in Australia, practice nursing has a relatively low professional profile. As with all community-based nursing groups, there has been a paucity of published material on clinical practice within the Australian context.<sup>61</sup> Thus, primary care nurses have failed to develop a professional profile akin to that of the acute care nursing specialties.<sup>13</sup> Additionally, the isolated nature of the practice nurse role means that they frequently have poor representation in the management of health services and professional nursing groups. Research exploring the role of the primary health team frequently omits, or merely tacitly explores, the role of the practice nurse.<sup>62</sup> At a time when the focus of health care is shifting from acute to primary care settings, it is disturbing that community-based nursing generally, and practice nursing in particular, has such a low profile and representation in health care decision making.<sup>63</sup>

### **The professional relationship with the GP**

Clinical supervision is a concern. While Enrolled or Division 2 nurses are required to be supervised by an RN,<sup>64</sup> an RN does not require supervision by a more experienced nurse.<sup>65</sup> The RN has a professional responsibility to practice within the accepted scope of practice and his or her individual professional competence. There has been controversy about the lack of professional monitoring of practice nurses, and the risk for these

nurses to become further subservient to doctors and isolated from the nursing profession.<sup>18,66</sup> Additionally, medical training has historically placed little emphasis upon human resource (HR) management<sup>18</sup> or multidisciplinary collaborative practice.<sup>67</sup> The professional relationship with the GP is also linked to the implicit power differences of the doctor–nurse divide, the economic power wielded through the employee–employer relationship, gender differences — and nurses’ frequent lack of skills in negotiating conditions.<sup>8,19,26,66</sup> A small minority of UK nurses have reportedly felt pressured to undertake clinical tasks about which they were unhappy.<sup>21</sup> The relative professional isolation of practice nurses may also increase pressure to undertake tasks that nurses practising in acute care settings might not experience. The UK survey also found that the nature of clinical supervision was seldom clearly defined, but loosely based on implicit assumptions which varied from practice to practice.<sup>21</sup> This is an important issue for Australian practice nurses in light of the lack of post-basic education, the multidisciplinary nature of the relationship and the dual role of the GP as both employer and clinical supervisor.

### **Lack of education and training opportunities**

The rapid development of the practice nurse role has led to the recruitment of a diverse group of nurses who have a wide range of nursing qualifications and clinical experience.<sup>31,32</sup> This, and the wide variation in roles, complicates the initial preparation and subsequent professional development for the practice nurse role. Additionally, GPs provide varying levels of support for continuing education, such as study leave and fee relief.<sup>13,58,59,68</sup>

Professional isolation has been identified as a major issue for practice nurses, with around 16% working alone in the UK.<sup>21,62</sup> The vast geographical distances related to the population distribution in the Australian context intensify this isolation.<sup>69</sup> This has implications for not only professional mentorship but also continuing access to education and professional development

opportunities.<sup>70</sup> Additionally, practice nurses identify a lack of supportive relationships in the workplace.<sup>21</sup>

### **Global shortage of qualified nurses**

The global shortage of qualified nurses has focused on recruitment and retention.<sup>55</sup> While new specialty areas such as practice nursing may enhance the retention of nurses due to improved conditions, flexible working hours and increased job satisfaction,<sup>18,61,71</sup> losses from the health system will likely compound current human resource issues.

## **The facilitators**

### **Australia’s National Health Priorities**

The 1996 Australian National Health Priorities of cardiovascular health, cancer control, injury prevention, mental health and diabetes mellitus reflect the increasing impact of chronic and complex disease states upon our society.<sup>72</sup> Contemporary literature demonstrates the benefits of nursing intervention in improving quality of life, reducing hospital readmissions and increasing consumer compliance in chronic and complex disease states.<sup>73,74</sup> The practice nurse is ideally positioned to provide this type of primary health care in the familiar and accessible environment of general practice.

### **Increasing the effectiveness of GP service delivery**

Several advantages have been identified from the increase in practice nurse availability in general practice. Sibbald<sup>75</sup> describes these advantages as being related to:

- the *enhancement* of available services in general practice, such as chronic illness management, wound care and health promotion, thus potentially reducing dependence of patients upon acute care facilities.<sup>21,24,25,64,65</sup>
- *substitution* for the GP in some interdisciplinary tasks, which in the UK, has allowed general practices to reach population-based targets for screening items such as immunisations and health screening.<sup>21,24</sup>

- *delegation* of screening, assessment and pathology tasks to the practice nurse releases the GP to spend more time with those clients who have greater complex medical needs.<sup>21,24</sup>

Unfortunately, much of the early literature regarding the role of practice nurses focuses upon how the practice nurses could save the GPs time, rather than how they could enrich client services<sup>66</sup> and develop the nursing role as an integral component of the practice team.<sup>76,77</sup> Further research is needed to explore the issues relating to the implementation of models of collaborative practice in general practice and their effectiveness on patient outcomes.

### **Consumer perceptions of nurses**

As a profession, nurses are generally viewed as being amicable, ethical and trustworthy.<sup>13,69</sup> Several studies have investigated consumer perceptions of the practice nurse role both in Australia<sup>37,40,53,54,80</sup> and internationally.<sup>38,39,78,79</sup> In 2002, the National Steering Committee on Nursing in General Practice conducted an Australia-wide focus group analysis of consumer perceptions of nursing in general practice.<sup>37</sup> This study sampled 170 consumers from rural and metropolitan areas, with varying experience with practice nurses. The participants readily identified clinical tasks such as injections, wound care, dressings, health assessment (eg, blood pressure measurement, body weight), counselling and support<sup>37</sup> as components of the practice nurse role. Fewer consumers identified the role of the practice nurse in health education, providing test results or health monitoring.<sup>37</sup> Two potentially contradictory themes were expressed by participants in the Australian focus groups. Some participants felt that a client should see the GP first and then receive any required follow-up care by the practice nurse under the direction of the GP.<sup>37</sup> The other view was that the practice nurse should triage, providing frontline assistance and offering subsequent referral to the GP if considered necessary.<sup>37</sup> Participants with this view stressed that the practice nurse should not become a gatekeeper for the GP; but an *enhancement* of the GP and not a *substitute* for GP consultation.

Although there is some confusion regarding the role of the practice nurse, those consumers who have had contact with this role have responded favourably.<sup>37,53,54,80</sup> A key message voiced by consumers is that any expansion of the practice nurse role in Australia must not jeopardise the choice of the consumer to seek primary health care from a GP or result in any increased costs associated with the provision of primary health care.<sup>37</sup>

### **Support of practice nursing by the Division of General Practice**

Although there has been limited formal evaluation of support provided by Divisions of General Practice to practice nurses, preliminary work and anecdotal evidence indicate that such support seems to facilitate positive role development.<sup>60</sup> Formal practice nurse education is largely delivered through the Divisions.<sup>12</sup> However, the emphasis is on the provision of clinical care, particularly in relation to national priority areas, rather than clinical coordination or professional integration.<sup>12</sup> There is also a component of professional networking which reduces the professional isolation inherent in the practice nurse role. Further formal research is required to explore the benefits of Divisional support and the optimal models of delivery of such support to optimise access to all practice nurses.

### **Conclusions**

On the basis of the literature review described above, several factors regarding the nursing role require further consideration, research and debate. These include the role of general practice nursing in collaborative practice such as chronic disease management, negotiation of competencies and scopes of clinical practice, and the development and evaluation of collaborative models of care to enhance patient outcomes. Professional nursing bodies also need to actively collaborate to develop practice nursing as a defined specialty, and work with medical general practice groups to reach mutually acceptable aims and objectives.



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## Competing interests

None identified.

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