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The development of professional practice standards for Australian general practice nurses

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The development of professional practice standards for Australian general practice nurses

Abstract

Aims The aim of this study was to explore the current role of general practice nurses and the scope of nursing practice to inform the development of national professional practice standards for Australian general practice nurses.

Background Increasing numbers of nurses have been employed in Australian general practice to meet the growing demand for primary care services. This has brought significant changes to the nursing role. Competency standards for nurses working in general practice were first developed in Australia in 2005, but limited attention has been placed on articulating the contemporary scope of practice for nurses in this setting.

Design Concurrent mixed methods design.

Methods Data collection was conducted during 2013-2014 and involved two online surveys of Registered and Enrolled Nurses currently working in general practice, a series of 14 focus groups across Australia and a series of consultations with key experts.

Findings Data collection enabled the development of 22 Practice Standards separated into four domains: (i) Professional Practice; (ii) Nursing Care; (iii) General Practice Environment and (iv) Collaborative Practice. To differentiate the variations in enacting these Standards, performance indicators for the Enrolled Nurse, Registered Nurse and Registered Nurse Advanced Practice are provided under each Standard.

Conclusion The development of national professional practice standards for nurses working in Australian general practice will support ongoing workforce development. These Standards are also an important means of articulating the role and scope of the nurses' practice for both consumers and other health professionals, as well as being a guide for curriculum development and measurement of performance.

Keywords

professional, practice, development, standards, nurses, australian, general

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

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Conflict of interest

No conflict of interest has been declared by the author(s).

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Abstract

Aims. To explore the current role of general practice nurses and the scope of Australian nursing practice to inform the development of national professional practice standards for Australian general practice nurses.

Background: Increasing numbers of nurses have been employed in Australian general practice to meet the growing demand for primary care services. This has brought significant changes to the nursing role. Competency standards for nurses working in general practice were first developed in Australia in 2005, but limited attention has been placed on articulating the contemporary scope of practice for nurses in this setting.

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Conclusion. The development of national professional practice standards for nurses working in Australian general practice will support ongoing workforce development. These standards are also an important means of articulating the role and scope of the nurses' practice for both consumers and other health professionals, as well as being a guide for curriculum development and measurement of performance.

SUMMARY STATEMENT

Why is this research needed?

- The changing health needs of the community have necessitated a growth in primary care nursing services. Yet there has been limited emphasis on the strategic development of this workforce.
- Contemporary nurses have the potential to make a unique contribution to the health needs of our community via service delivery in the primary care setting.
- A degree of role confusion exists around the role of nurses in general practice.

What are the key findings?

- This paper presents 22 Practice Standards derived from research with nurses and key stakeholders that outline the role and scope of practice of nurses in Australian general practice.
- Performance indicators are provided to define the way in which these standards are expected to be enacted by the enrolled nurse, registered nurse and registered nurse advanced practice.

How should the findings be used to influence policy/practice/research/education?

- The professional practice standards emanating from this paper can inform consumers, policy makers and other health professionals about the role and scope of practice of the nurse in general practice.
- These standards should be used by educators to guide curriculum development and the preparation of nurses for work in the Australian general practice setting.
- Policy makers, managers and nurses should use these standards as a means of evaluating performance and identifying areas for professional development.

Keywords: Clinical competency, nursing, role, primary health care, review

Introduction

There is clear evidence that internationally, the nature of healthcare is changing. A range of reforms are being implemented in an attempt to enhance integration of health care between care providers. As part of this reform there is a growing emphasis on building and maintaining strong primary health care systems which can deliver both preventative health care and ongoing chronic disease management (Francis et al. 2012, Witt and Almeida 2008, McCarthy et al. 2012, Oandasan et al. 2010).

The number of nurses employed in general practice in Australia has grown in recent years as a direct consequence of enhanced funding for nursing services and a positive policy environment (Francis et al. 2012). There were around 10,693 nurses (Australian Medicare Local Alliance 2012a) and 25,056 general practitioners (GPs) (Australian Institute of Health and Welfare 2013) working in general practice in 2011-12 in Australia. The years between 2003 and 2012, saw the percentage of general practices that included a nurse on their team rise from 40% (Australian Divisions of General Practice Ltd 2003) to 63.3% (Australian Medicare Local Alliance 2012a). Rather than being a carefully planned workforce development, however, this exponential workforce growth happened as a response to various funding schemes and was thus somewhat ad hoc (Halcomb et al. 2006). This relatively unplanned approach to workforce development has led to a number of challenges for the nursing profession, in particular relating to: the role of nurses in general practice; the nurses' scope of practice; and their subsequent opportunities for continuing professional development (Halcomb et al. 2014).

The Australian Nursing Federation (now the Australian Nursing and Midwifery Federation-ANMF) originally conducted a project to develop competency standards for both baccalaureate prepared Registered nurses and diploma level Enrolled nurses in Australian general practice during 2004 (Australian Nursing Federation 2005). In 2013, the ANMF was funded by the Australian Government Department of Health to revise these standards for Registered and Enrolled nurses. Whilst it is acknowledged that nursing assistants are now part of the Australian healthcare landscape these individuals are not regulated under the Nursing and Midwifery Board of Australia and are rarely employed in general practice. Additionally, the role and scope of the nurse

practitioner in primary care is quite specific and already covered within existing practice standards for nurse practitioners. This paper describes the process undertaken to develop the new '*National practice standards for nurses in general practice*' (Australian Nursing and Midwifery Federation. 2014) and reports on the outcomes of this project.

Background

As registered health professionals, nurses must meet the national registration standards, standards for practice, as well as the range of professional codes, standards and guidelines relevant to nursing practice (Nursing and Midwifery Board of Australia 2016). Professional practice standards are an important resource as they provide an opportunity to clearly articulate the nurses' scope of practice in a particular clinical setting or when providing specific services (Watson et al. 2002). In addition to clarifying the scope of nursing practice for nurses themselves, the standards serve an important purpose in that they communicate the practice standards of nurses to other health professionals and stakeholders such as employers, policy makers and consumers (Chiarella et al. 2008, Lin et al. 2010, General Practice Foundation Nursing Sub-group 2012). This means that they also inform organisational policy relating to nurses' scope of practice. Of importance, the standards also provide a framework for tertiary institutions and other education providers to develop curricula and to assess student performance (Nursing and Midwifery Board of Australia 2006, Watson et al. 2002, Witt and Almeida 2008). Standards may also be used as a tool to assess competence to practice either as part of regular renewals of registration, after a break in service, or in professional conduct matters (Nursing and Midwifery Board of Australia 2006).

General practice provides a diverse range of primary care services and serves not only as an entry point to the Australian health care system for individuals across the lifespan (Britt et al. 2004), but as a referral portal to other providers within the health care system. Most Australians receive at least one general practice service each year (Britt et al. 2004). The number of consultations per head of population has risen from 4.9 in 2001 to 5.6 in 2012-13 (Britt et al. 2004). Australian general practice services operate as small businesses or within larger corporate chains, and funding for them is predominately a fee-for-service model. This model requires that nurses in general practice provide a disparate range of services. Despite the fact some practices provide

specific foci in their service delivery that is determined by community demands, and others provide very broad and general services, the role of all nurses in any general practice setting has commonalities.

In spite of the diversity of services provided by nurses, prior to 2012 the Medicare funding model significantly impacted on the services that were delivered by nurses in general practice in Australia (Halcomb et al. 2008b). Nurses were encouraged to provide services such as cervical smears, immunisations and wound care, for which the Medicare benefits schedule provided specific item numbers.

Incentives for practices to pro-actively provide nursing services within a general practice setting have been funded by Medicare since January 1 2012 when the Practice Nurse Incentive Program was implemented (Medicare Australia 2012). This program recognises the value and skills of the nurse in general practice by providing incentive payments to accredited general practices to offset the employment of a nurse (Medicare Australia 2012). This incentive aims to support an “enhanced role for nurses working in general practice” (Medicare Australia 2012)(p. 3) as it is not, as was previously the case, tied to the delivery of any specific services. The amount of incentive payment received by a general practice is based on its Standardised Whole Patient Equivalent value and the number of hours worked by nurses (Medicare Australia 2012). Given the changing environment of general practice nursing it was timely to review the existing practice standards (Australian Nursing Federation 2005) to ensure they had a contemporary focus.

In a recent integrative review of competency standards in primary health care nursing, Halcomb et al. (2016) concluded that few sets of competency standards exist globally to describe primary health care nursing roles. Of those standards that have been published, there is variable methodological quality, with some standards having very limited evidence of a research base (Halcomb et al. 2016).

The study

Aims

This paper seeks to report the development of evidence-based, contemporary professional practice standards for nurses in Australian general practice. It is beyond the scope of this paper to provide a detailed description of the research findings and so these are reported elsewhere (Authors own). However, to provide context for the reader this paper will provide an overview of the research and how it informed the standards development.

Design

This project used a concurrent mixed methods design given the broad nature of data required (Halcomb and Hickman 2015). As feedback was sought from a range of nurses who were geographically diverse and came from a range of practice settings, multiple methods of data collection were employed to facilitate participation. Data was collected by a combination of focus groups, online surveys, individual consultations and consultation with both a reference group of expert nurses and an advisory committee of key stakeholder representatives.

Data collection

Fourteen focus groups were conducted between November 2013 and September 2014, involving over 200 Registered and Enrolled nurses currently working in Australian general practice. The content of the focus group changed over the course of the project. Whilst initial focus groups sought to critique existing standards and describe the general practice nurse role, later groups worked on providing feedback about draft standards and exploring issues around implementation. Each focus group was conducted by two researchers (## and ##) and lasted for approximately two hours. All group sessions were audio-recorded and field notes were maintained by one researcher (##) who acted as the scribe throughout.

Two online surveys were conducted (February-March 2014 and July–August 2014). The first survey sought to collect feedback on the previous version of the competency standards (Australian Nursing Federation 2005) and identify areas that were either not addressed or required further development. During the survey period 263 responses were received. However, only 203 participants provided both demographic data and responses to questions about the competency

standards items. The second online survey sought to test the revised standards and highlight any areas that were either not addressed or required further development. From the second survey 298 responses were received. Of these, only 262 participants provided both demographic data and responses to questions about the competency standards items.

The tools used within the online surveys were designed by the research team specifically for this project. Prior to dissemination the tools were pilot tested with a small group of nurses to ensure face validity and acceptability. Surveys were hosted online via Survey Monkey™. Information about the survey was disseminated to potential participants via relevant professional organisations through direct emails to members, newsletters and via websites and various social media (Twitter, Facebook and LinkedIn). Given the nature of general practice as small businesses a more sophisticated sampling strategy was not possible (Halcomb et al. 2014).

During the project an advisory group of key stakeholders provided expert input and critical review of findings. Additionally, a project reference group participated in a two day workshop to consider study findings and ensure that they reflected contemporary nursing practice. During this workshop the performance indicators were developed to accompany each standard. Following the workshop the participants reviewed the draft standards document on two occasions via email to provide final feedback.

Ethical considerations

Approval for the conduct of this study was gained from the University of ### Human Research Ethics Committee (Approval No. ####) before data collection was commenced. All participants received an information sheet detailing the study. At the commencement of focus groups participants were asked to agree to not repeat the discussions outside of the focus group.

Data analysis

Focus group data was managed using an iterative process that has previously been described (Halcomb and Davidson 2006). Immediately following each focus group the two researchers reviewed the field notes and identified key points of the discussion (Davidson et al. 2016). A process of thematic analysis was used to identify key themes of each discussion (Braun and

Clarke 2006). The researchers also related the findings of each group back to the data from previous focus groups, as a member checking strategy, to identify similarities and differences (Davidson et al. 2016).

Survey data were downloaded from Survey Monkey™ directly into the SPSS Version 21. The data was then analysed using descriptive statistics to summarise individual items. As defined by Hasson et al. (2000) 70% agreement was considered to be consensus.

Rigour

To ensure the trustworthiness of the focus group data open-ended questions were used. Directly after each focus group the two researchers who led the groups (EH and CA / MS) met and discussed the emerging themes. This discussion was added to the field notes undertaken during the group discussion. During the analysis the researchers read and re-read these field notes and consulted the audio files where required. They actively discussed and debated the themes and their stories as they emerged.

As the survey tools were largely descriptive, and based on the existing competency standards, no psychometric properties were examined. The demographics items were drawn from the researchers experience in other national surveys of nurses working in Australian general practice (Authors own). However, prior to dissemination the survey tool was tested on a small sample of nurses working in Australian general practice, nurses with research experience and members of a key stakeholder group to assess the ease of completion and the clarity of the items presented. Based on this feedback some minor changes were made to wording and format prior to the widespread distribution.

Results

This project sought to use the research evidence gathered around the core role of the nurse in general practice and the areas in which nurses felt that they could contribute to enhancing consumer outcomes and improving service delivery, to develop standards of professional practice. These standards, in effect, synthesised the research findings and provided a means by which to articulate the potential of the nursing role within the general practice setting. The demographics of the research participants are presented in Table 1.

****INSERT TABLE 1 HERE****

Initial evaluation

From the first online survey and the initial focus groups, four key themes emerged which underpinned the revision of the standards. The first theme related to the language of current standards, which was felt to be unnecessarily complex and not accessible to the target audience. Whilst international examples such as the UK standards (Royal College of General Practitioners General Practice Foundation. 2012) were noted to have clearer wording, however, some felt that these reduced the role to tasks. The next theme related to the focus of the Standards and highlighted the complexity of ensuring that the standards conveyed the breadth of the nurses' role without making it appear that the nurse is solely responsible for some activities. This also raised the consideration of whether the standards should represent current best practice, usual practice or be aspirational about the role. A third theme focussed on the engagement with the Standards. This theme identified that standards need to be embedded in usual practice. To achieve this it was expressed that nurses need to take ownership and use the standards to define their profession, whilst dissemination needs to include key stakeholders such as GPs and practice managers to optimise uptake and maximise outcomes. The final theme centred around the need to distinguish "levels" of nurse performance. This theme recognised that not all nurses perform at the same level and that care needed to be taken to allow the Standards to facilitate differentiation of performance levels. The other aspect of this theme was a level of confusion around the difference in scopes of practice and role differentiation between Enrolled (diploma prepared) and Registered

(baccalaureate prepared) nurses. These four themes underpinned the discussions in the mid focus groups and the reference group workshop, during which the revised standards were drafted. Once a draft of the revised standards was developed the second online survey was used to provide broad validation of the domains and standards.

Validation of draft standards

Respondents to Online Survey 2 were asked to evaluate the fit of the domain names and rate how well each of the standards captured the role of the nurse in general practice. Most survey respondents felt that the domain names were a very good fit with the nurses' role in general practice. Over 70% felt that Collaborative Practice (71.8%) and the General Practice Environment (70.6%) were a very good fit, whilst over 60% expressed that they felt that Nursing Care (62.6%) and Professional Practice (62.6%) were a very good fit in describing the domain of the Standards.

As can be seen in Table 2, all standards received a mean rating above 3.5 indicating a perceived 'very good fit'. Qualitative comments from those participants who responded less positively were difficult to interpret as they often provided limited explanation of the rating. In several cases it appeared that a lower rating was given as it was felt that some other aspect was missing that was in fact captured in a subsequent standard. This represents a limitation of the use of online surveys as participants were not able to easily scroll from one standard to others on the survey platform. Feedback from the advisory and reference group, as well as the final focus groups led to some minor modification in the wording of the standards to improve clarity following the survey.

****INSERT TABLE 2 HERE****

When asked to identify if any aspects of the nursing role in general practice were not captured in each domain of the draft standards, over half of the respondents agreed that there were no aspects missing (Table 3). Very few participants indicated that they did perceive aspects to be missing from the standards. Qualitative data provided around these perceived missing elements reflected a number of areas that were deliberately not included in these standards as they are addressed in the generic national registered and enrolled nurse standards (for example, ethics).

****INSERT TABLE 3 HERE****

The Standards

The final 22 standards are grouped within the four domains of **general practice nursing as** presented in Table 4. *Professional Practice* refers to the role and responsibilities of the nurse as a health professional. *Nursing care* reflects the delivery of nursing services to consumers within general practice. The *General Practice environment* acknowledges the unique organisational environment of general practice and highlights the additional work required of nurses in this area of practice. Finally, *Collaborative Practice* acknowledges the pivotal role of the nurse as an 'agent of connectivity' (Pearce et al. 2010) within both the individual general practice and within the broader primary health care team.

These professional practice standards reflect the aspects of the nursing role which are unique to the general practice context and differ from those expected of a nurse in other clinical settings. A strong message from the data was the need to clearly articulate the differences between different levels of nurses and also to provide a benchmark against which performance could be evaluated. Therefore, each standard is followed by performance indicators that outline the key elements of the standard. The way in which individual nurses may demonstrate that they meet a particular performance indicator will differ depending upon the types of services they and their practice provide and demonstrates the diversity of service delivery that characterises the general practice setting.

****INSERT TABLE 4 HERE****

Domain 1: Professional Practice

Nurses are regulated health professionals with responsibility and accountability for their own practice, regardless of the setting in which they are employed (Australian Nursing and Midwifery Council 2002, Nursing and Midwifery Board of Australia 2006). Nurses are obliged to practice in a manner that is consistent with contemporary nursing and general practice standards, guidelines, regulations and legislation. Every year nurses must meet the continuing professional development

standard set by the NMBA (Nursing and Midwifery Board of Australia 2014) in order to maintain their registration. In addition, it is expected that nurses actively monitor their own health and wellbeing and thus, fitness to practice. The professional practice domain also deems it important that nurses build and maintain professional relationships with other nurses and demonstrate nursing leadership. Therefore, in order to promote understanding of the role of nursing in general practice, it is essential that all nurses advocate for the role of nurses in general practice.

Domain 2: Nursing Care

Nurses have the knowledge, skills and ability to provide person-centred, comprehensive, evidence-based nursing care in the general practice setting. As such, nurses are integral to planning, implementing, co-ordinating, monitoring and evaluating health care within general practice. Nursing care in the general practice setting comprises not only assessment and management of the immediate health issue, but also includes understanding the social and psychological context; health promotion; health screening; preventive care and health maintenance. The nurse will effectively use a range of communication strategies that are sensitive to the individual's values, beliefs, culture, sexual orientation, gender identity and personal context in providing high quality nursing care. The nurse will support consumers in developing their health literacy and in the development of appropriate self-management skills and knowledge. The nurse will advocate for the consumer and their needs, where necessary. Nurses will reflect on the quality and effectiveness of their practice to affirm that services are meeting the needs of individual consumers and/or of the general practice population.

Domain 3: General Practice Environment

To work effectively in general practice in Australia, with its unique inherent challenges, the nurse requires specific knowledge and skills relating to general practice, and its role within the broader primary health care environment. Nurses need to be cognisant of the imperatives of small business viability and sustainability. In addition, nurses in general practice require skills in the use of information technology and in data management to enable prompt intervention and to promote best practice. Nurses play an essential role in: quality improvement; practice-based research; and

the development, implementation and evaluation of relevant policies and procedures. Nurses are critical to the ability of the general practice to identify and monitor local population health issues and to its ability to respond to changing community needs.

Domain 4: Collaborative Practice

Nurses are central to collaborative practice both within and outside of the general practice and are often recognised as leaders in collaboration with others to enable the integration of care. Nurses build and foster relationships with their practice population, members of the general practice team, other health professionals, community agencies and other organisations, in order to optimise outcomes for consumers. As such, nurses in general practice recognise when it is appropriate to consult with, or refer to, other members of the general practice team. Nurses have a close, and frequently an ongoing, relationship with consumers, their families and/or support person(s), and thus are ideally placed to assess and manage a broad range of health related needs.

DISCUSSION

This paper has reported the development of professional practice standards for nurses working in Australian general practice. Unlike many of the few international papers that report primary health care nursing standards, this paper has provided an overview of the process used to develop the standards (Authors own). This can give the reader confidence that the standards presented are clinically relevant and are aligned to contemporary nursing practice.

The four domains within which the standards are articulated in our study are congruent with the literature around primary health care nursing standards (Halcomb et al. 2016). The first domain, professional practice, recognises that regardless of the setting in which they work, the nurse has professional responsibilities. The concept of professional accountability, practice and values was identified by five of the international primary health care standards in a recent review (New Zealand College of Primary Health Care Nurses. 2007, Moaveni et al. 2010, Nontapet et al. 2008, Australian Nursing Federation 2005, Witt and Almeida 2008). A key challenge for nurses working in general practice around this domain is the relative professional isolation in which they work compared to other

clinical settings (Halcomb et al. 2005). The standards within this domain require the nurse to not only practice in a safe, knowledgeable and efficient manner but also to actively engage in their profession.

A key difference in practice that emerged from our study was the nature of the general practice environment and the different skills that it required from nurses. Similarly many of the international standards for primary health care nurses highlight the importance of information management and information technology for nurses in these settings (New Zealand College of Primary Health Care Nurses. 2007, Australian Nursing Federation 2005, Nontapet et al. 2008, Royal College of General Practitioners General Practice Foundation. 2012, Strasser et al. 2005, Sherlock 2003, Webster et al. 2003). Participants in our study highlighted that they felt nurses were not well prepared to engage in the level of information management and information technology that they encountered in general practice. Given that nurses' perceptions of the trustworthiness and usefulness of information systems has a direct correlation to their attitudes towards using it (Hung et al. 2014), this highlights an area where additional support could better prepare nurses to work in the primary health care setting (Mills et al. 2015).

The notion of the collaborative practice domain spanned working with other members of the general practice team, relationships with consumers, their families and/or support person(s) and liaison with relevant local agencies and health professionals. Collaboration with other health professionals is noted as a key facilitator of high quality primary care (McInnes et al. 2015, Epping-Jordan et al. 2004). The importance of nurses working in general practice acting as an "agent of connectivity" has also been previously recognised (Phillips et al. 2009). These standards, therefore, define the broad scope of collaborative activity for nurses working in this area and provide a framework for professional development.

Limitations

A key limitation of this study, as is the case in all research within the Australian general practice nursing workforce, is related to the lack of an accurate database identifying the population of nurses working in this setting (Halcomb et al. 2014). Therefore, research such as this can only use

convenience and snowball sampling methods. As such response rates cannot be calculated and it is unclear how well the sample relates to the population. Whilst a limitation to this study, the methodology employed to recruit participants was similar to other national surveys (Australian Medicare Local Alliance 2012b, Australian Primary Care Nurse Association. 2014, Halcomb et al. 2008a, Halcomb et al. 2014).

CONCLUSION

The development of national professional practice standards for nurses in Australian general practice has been an important project, producing a sentinel document which articulates the role of general practice nurses. Of significance is the fact that these standards were developed out of rigorous consultation and research with both general practice nurses and other key stakeholders. The research identified that performance indicators were required to clearly articulate the differences in scope of practice between the enrolled nurse, registered nurse and registered nurse advanced practice. Such differentiation is important not only as a guide for appropriate skill mix and remuneration levels, but also as a tool for guiding ongoing professional development.

The development of new national professional practice standards for nurses in general practice is only the beginning of the process of enhancing this workforce. The standards need to be widely disseminated and implemented in the general practice setting. Ongoing consultation needs to occur with both nurses and other stakeholders to ensure this document meets their needs. Further development of resources to accompany the standards will assist in the implementation process.

These national professional practice standards provide an evidence base for the role of the general practice nurse in relation to regulation, as well as providing a framework for initial and ongoing education and policy development. This document should also stimulate debate about the role of nurses in general practice in Australia and internationally.

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