

# Professional development needs of general practice nurses

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## ABSTRACT

*The Australian general practice nurse workforce has grown exponentially in recent years as a consequence of supportive government policy and the increasing burden of chronic and complex disease in the community. This descriptive survey sought to identify the educational and professional development needs of NSW practice nurses. A total of 231 nurses employed within 12 NSW Divisions of General Practice completed the survey. The highest priority education sessions identified by participants were updates in wound care, diabetes, immunisation, as well as legal and professional issues, cardiopulmonary resuscitation, triaging and first aid. Most participants preferred education sessions to be delivered mid-week in the evening. Over half of participants indicated a desire to be involved in professional networking, many of whom would like this to be multidisciplinary and intersectorial. Implications arising from this study encourage revisiting the current models of providing education and exploring flexible modes of course delivery, as well as opportunities for interprofessional education and taking time to regularly assess the perceived learning needs of clinical nurses.*

**KEYWORDS:** office nurse; education needs; general practice; continuing education

## INTRODUCTION

Recent policy developments and funding initiatives have seen a rapid increase in the number of nurses employed in the Australian general practice setting (Australian General Practice Network, 2008). Australian general practices are the front line of the health care system, providing non-specialist management of community based healthcare within a small business model (Gibson & Heartfield, 2005b). Australian general practice

nurses are establishing a role for themselves in areas such as chronic disease management, health promotion and screening programs (Department of Health and Aging, 2008; Halcomb, Davidson, Daly, Yallop, & Tofler, 2005).

Whilst nursing in general practice shares many of the common nursing skills practised in acute and community based care, the diverse caseload and the distinctive environment of general practice presents the nurse clinician with unique

challenges (Atkin & Lunt, 1995; Halcomb, Davidson, Daly, Yallop, & Toffer, 2004). For example, Australian general practice nurses work in a small business environment, often under the direction of a general practitioner who is both their employer and colleague within the health care team (Halcomb et al., 2005). This creates unique relationship issues related to power and clinical practice whereby the general practitioner wields the economic power over their nurse employee (Broadbent, 1998; Savage & Moore, 2004). Additionally, unlike their acute or community based colleagues who work within a team of nurses, practice nurses are often relatively isolated from their nurse peers (Halcomb et al., 2005; Patterson, 2000).

## BACKGROUND

Undergraduate nurse education prepares practitioners to deliver nursing care at a beginning level, often with an emphasis on nursing within acute care settings (Rogers, 2001). Despite the important foundation that such education provides the beginning clinician, clinical expertise requires the individual to undertake continuing professional development to acquire and maintain specialist clinical skills (Rogers, 2001; Watts et al., 2004). To be permitted to undertake some specialist procedures in the clinical setting, nurses are required to undergo a process of credentialing to certify their competency. Traditionally, in the acute and community settings, continuing professional education has been provided within the workplace. However, given the relative isolation in which practice nurses work, the provision of continuing education presents some unique challenges in this setting (Bonawit & Watson, 1996; Watts et al., 2004; Willis, Condon, & Litt, 1998).

To date, much of the specialist continuing education for general practice nurses has been provided by Divisions of General Practice, a government funded infrastructure that co-ordinates individual general practice members (Gibson & Heartfield, 2005b). However, continuing education is also provided by a number of other providers

including professional nursing organisations, such as the Royal College of Nursing, Australia and the Australian Practice Nurses Association, tertiary institutions, and private training organisations. To some extent the nature and scope of this training is ad hoc, with its focus driven largely by either funding to support the development of specific education programs or the introduction of new general practice nurse roles funded under Medicare item numbers, rather than strategic workforce or clinical need. The lack of adequate specific, post-basic education has been identified widely in the literature as a barrier to expansion of the general practice nurse role (Atkin & Lunt, 1995; Bonawit & Watson, 1996; Halcomb et al., 2004; Robinson, Beaton, & White, 1993; Robinson & Robinson, 1993; Willis et al., 1998).

Despite the increasing opportunities to engage in continuing education designed specifically for general practice nurses, there has been limited evaluation of the particular educational needs of this specialty group. Given the increasing political and economic pressures facing the Australian health system, it is imperative that educational programs meet the needs of general practice nurses to assist them in developing specialist clinical skills and expertise focussed on their perceived clinical need.

This paper reports the results of a survey of general practice nurses within NSW to identify their perceived educational needs and preferences for the delivery of educational programs. Participating Divisions of General Practice were funded through the Department of Health and Aging Nursing in General Practice (NiGP) and the Alliance of NSW Divisions (GP NSW) to provide professional development workshops and individual practice nurse sponsorship for educational purposes.

## METHODS

A survey tool was developed by two of the authors (Elizabeth Meadley and Sherryn Streeter) based on the Competency standards for registered nurses in general practice (Gibson & Heartfield, 2005a). The 4 competency

standards – (a) professional practise, (b) provision of clinical care, (c) management of clinical care systems and (d) collaborative practice – were broken down into 72 items. These items include topics for education, access to resources, opportunities for professional development and preferences for course delivery. A survey approach was chosen to facilitate data collection from a geographically dispersed group. This has been found to be effective and practical by a number of educational (Rogers, 2001) and practice nurse (Halcomb, Davidson, Salamonson, & Ollerton, 2008) researchers. Approval for the conduct of the study was given by General Practice New South Wales (GP NSW) and participating Divisions of General Practice.

The survey instrument was distributed to general practice nurses via project officers in 12 of the 37 (32.4%) Divisions of General Practice which were active in New South Wales at the time of data collection. These Divisions were selected based on the presence of a project officer and an expressed willingness to participate in the study. Four participating Divisions (33.3%) were classified as rural and 8 (66.7%) were considered to be urban Divisions. The Divisional project officers followed-up general practice nurses after survey distribution in order to encourage survey completion and return.

Data were coded and entered into Microsoft Excel. Survey forms were cross checked for missing data. Quantitative data were analysed using descriptive statistics. Open-ended responses were entered into Microsoft Word and analysed using a process of thematic analysis.

## RESULTS

### Participants

Two-hundred and fifty-four (37.2%) general practice nurses were employed in the 4 rural Divisions and 428 (62.7%) general practice nurses were employed in the 8 urban Divisions at the time of the investigation. Two-hundred and thirty-one surveys were completed and returned, giving a response rate of 33.9%. A major limitation of

the survey design is that participant demographic data was not collected. However, previous studies of Australian general practice identify that general practice nurses are a relatively homogeneous group in terms of age, education level and clinical experience (Halcomb et al., 2008; Patterson, 2000; Watts et al., 2004).

### Priority topics for further education

The three highest priority education topics identified by participants were updates in wound care (83.3%), diabetes (80.8%) and immunisation (79.2%) (Table 1). These three issues are all linked to the competency '*provision of clinical care*' and the delivery of evidence based information, resources and education to assist patients to make health care decisions. Most participants also expressed a desire for further education on legal and professional issues (71.4 and 75.6%) and resuscitation triaging and first aid (71.8%). As can be seen from Table 1, overall there was a greater perceived need for topics relating to the competencies *provision of clinical care* and *professional practice*, compared to those relating to *management of clinical care systems* and *collaborative practice*.

### Educational opportunities and resources

Sixty-three participants (27.3%) indicated that they would like to attend a practice nurse orientation program. It is unclear whether so few participants expressed an interest in orientation because they had already been working in general practice nursing for an extended period, had already attended a Divisional or State-based orientation program or whether they did not consider this to be valuable educational content.

One hundred and sixty-four (70.9%) participants indicated that they would like to be a part of a practice nurse networking group. However, one hundred and twenty-nine participants (55.8%) expressed an interest in being part of a local networking group including allied health professionals, community nurses and Area health staff. This finding identifies the need to explore

TABLE 1: EDUCATION TOPICS

Competency	Education topic	Yes (%)	No (%)
<b>Professional practice</b>			
1.2	Legal and professional issues – ‘code of conduct’, risk management and competency standards	155 (75.6)	50 (24.4)
1.2	Legal requirements associated with report writing, medical records, recall and reminder systems	147 (71.4)	59 (28.6)
1.2	RACGP standards for general practice	132 (67.0)	65 (33.0)
1.2	Occupational health and safety requirements	129 (63.5)	74 (36.5)
1.2	Child protection education and training	123 (62.1)	75 (37.9)
1.2	Policy and procedure development	108 (54.3)	91 (45.7)
1.2	Confidentiality, code of ethics, privacy laws and ethical decision making	96 (48.2)	103 (51.8)
1.2	Infection control and sterilisation and validation	87 (43.7)	112 (56.3)
<b>Provision of clinical care</b>			
2.4	Wound care update	180 (83.3)	36 (16.7)
2.4	Diabetes update	173 (80.8)	41 (19.2)
2.4	Immunisation update	168 (79.2)	44 (20.8)
2.1	Cardiopulmonary resuscitation, triaging and first aid	148 (71.8)	58 (28.2)
2.3	ECG interpretation	147 (70.0)	63 (30.0)
2.3	Spirometry	147 (69.0)	66 (31.0)
2.2	GP management plans and team care arrangements	133 (64.3)	74 (35.7)
2.2	EPC health assessments	130 (64.0)	73 (36.0)
2.2	Health promotion	120 (57.7)	88 (42.3)
2.5	Effective communication	116 (54.7)	96 (45.3)
2.5	Counselling	116 (54.7)	96 (45.3)
2.4	Diabetes educator’s course	104 (52.0)	96 (48.0)
2.1	Domestic violence support and referral	103 (49.3)	106 (50.7)
2.1	Motivational interviewing	93 (45.1)	113 (54.9)
2.4	Asthma educator’s course	88 (43.3)	115 (56.7)
2.2	Immunisation accreditation course	78 (42.2)	107 (57.8)
2.1	Aboriginal and Torres Strait Islander cultural issues	79 (39.1)	123 (60.9)
2.2	Evaluation of practice activities	75 (38.5)	120 (61.5)
2.1	Engaging the community in practice based decision making	73 (37.4)	122 (62.6)
2.1	Cultural diversity	79 (34.2)	123 (53.2)
2.2	Group dynamics and running groups	61 (30.0)	142 (70.0)

*continued*

TABLE 1: *Continued*

Competency	Education topic	Yes (%)	No (%)
<b>Management of clinical care systems</b>			
3.3	General Practice Accreditation	135 (63.4)	78 (36.6)
3.4	Medicare updates and their influence on general practice	109 (51.7)	102 (48.3)
3.1	General practice based computer systems	101 (48.6)	107 (51.4)
3.2	Computer based recall and reminder systems	98 (46.7)	112 (53.3)
3.5	Data retrieval using general practice computer systems	96 (46.4)	111 (53.6)
3.4	Medicare and general practice	95 (45.9)	112 (54.1)
3.5	Practice based data cleaning	76 (40.0)	114 (60.0)
3.3	Practice based funding, billing and business systems	72 (36.0)	128 (64.0)
3.5	Interpretation of evidence based data	70 (34.8)	131 (65.2)
3.2	Use of computers	64 (31.1)	142 (68.9)
<b>Collaborative practice</b>			
4.5	Infectious diseases and strategies for community engagement	133 (62.4)	80 (37.6)
4.3	Allied health services in general practice	117 (56.8)	89 (43.2)
4.3	Divisional based allied health support	103 (52.3)	94 (47.7)
4.4	Teamwork and effective communication	83 (40.3)	123 (59.7)
4.1	Establishing effective clinical education sessions	79 (38.3)	127 (61.7)
4.1	Case conferencing	75 (36.2)	132 (63.8)
4.2	Occupational health safety induction	35 (19.0)	149 (81.0)

optimal models of support for nurses in general practice and the potential for multidisciplinary and intersectorial collaborations.

This survey did not collect information about participants' current membership of professional organisations such as the Royal College of Nursing, Australia or the Australian Practice Nurses Association. However, just over half of the participants ( $n = 118$ ; 56%) expressed an interest in receiving more information about professional nursing organisations. This highlights both the need for professional organisations to disseminate information about their role to non-traditional nursing groups and the relative professional isolation within which general practice nurses currently work.

Whilst 81 (42%) participants indicated that they would like training as a practice nurse mentor, 97 (51%) participants indicated that they would be willing to provide mentorship to another practice nurse. Despite this enthusiasm for mentorship training, only 35 participants (15.2%) identified an interest in being a mentee. It is unclear from the data why so few participants expressed interest in being mentored.

Although approximately half of the participants were willing to act as mentors to their peers, only 9 (3.9%) participants felt sufficiently confident to provide education sessions. One potential explanation for this is that participants felt confident in providing one-on-one support but lacked the confidence to provide education in a group

TABLE 2: PREFERRED NUMBER OF EDUCATION SESSIONS PER YEAR

Number of sessions	n (%)
1-2	30 (14)
3-4	85 (40)
5-6	57 (27)
7-8	11 (5)
9-10	12 (6)
11-12	16 (8)

setting. Alternatively, it may indicate a degree of confusion about the nature of mentoring. Those individuals who identified that they were prepared to provide education sessions expressed that they were prepared to provide education on a range of areas, including: fibreglass casting, pathology collection, database maintenance/patient recall systems, women's health, immunisation, health assessment, diabetes assessment, lifestyle medicine, management of warfarinised clients, mental health, midwifery/antenatal screening, family planning, audiometry, and wound care.

The majority of participants ( $n = 129$ ; 63%) identified an interest in attending the annual national practice nurse conference. This is a much more favourable response than would have been expected based on previous conference attendances. The nature of the barriers to the participants attending such events is unclear from these data.

### Preferences for education delivery

As can be seen from Table 2, many of the participants (40%) would like their Division of General Practice to provide 3-4 education/training sessions per year. Most participants would prefer this training to be held mid-week, on Tuesday (36.8%), Wednesday (39.8%) or Thursday (39.0%), with fewer participants indicating a preference for training to be held on a Friday (18.6%), Monday (23.8%) or Saturday (26.8%). One-hundred and fifty-three (66%) participants would prefer education sessions to be held in the evening. Slightly more participants (34.2%) identified that they would prefer all day education

TABLE 3: PREFERRED TIMING OF EDUCATION SESSIONS

Time of day	Total (%)
Morning	60 (26.0)
Afternoon	64 (27.7)
Evening	153 (66.2)
All day	79 (34.2)
Undecided	15 (6.5)

sessions to either morning (26.0%) or afternoon sessions (27.7%) (Table 3).

Interestingly, 171 (86%) participants indicated that they would like to have the education sessions provided by the Division to be accessible via video or DVD following the session for those unable to attend. Whilst this is currently not common practice it does provide a potentially useful and cost-effective strategy to increase the accessibility of education to general practice nurses both within and across Divisions.

### Credentialing

Participants were asked what further study they would like to undertake in order to become credentialed in particular clinical skills (Table 4). In the absence of demographic data it is not possible to determine how many participants already held formal qualifications or were credentialed in particular areas. However, these data provide useful information about the need for additional education provision. By far the most requested areas for credentialing were diabetes (58%), wound care (46%) and immunisation (41%). Interestingly, the desire for credentialing related to cervical screening was low, being requested by only 24% of participants. This may, however, reflect that a majority of participants already held qualifications in this area.

### Research and evidence-based practice

Despite the role of the practice nurse in health promotion and disease prevention, 169 (73.2%) participants reported that they had not read the Guidelines for Preventative Activities in General

TABLE 4: CLINICAL SKILLS FOR CREDENTIALING

Clinical skills	n (%)
Diabetes	134 (58)
Wound care	107 (46)
Immunisation	95 (41)
Health promotion	89 (39)
Asthma	85 (37)
Triaging	66 (29)
Sterilisation/infection control	62 (27)
Cervical screening	55 (24)
Palliative care	53 (23)

Practice – The Red Book (The Royal Australian College of General Practitioners, 2005). Given that 174 (75.3%) participants also indicated that they would like a copy of these guidelines there was clearly an issue with knowledge of or access to this resource within the practice setting. It should be noted, however, that these guidelines are freely available via the Internet. Therefore, the issue may have been more about nurses being aware of the resource and seeking it out.

One hundred and thirty-one participants (56.7%) stated that they did not want more training in the interpretation of evidence-based data. It is unclear from the data whether this is because the participants felt that they had sufficient skills or did not perceive these skills to be a pressing need. Additionally, it is likely that the hospital training of many general practice nurses has not prepared them sufficiently for evidence-based practice. In light of the importance of nurses critically evaluating evidence to guide their clinical practice, this issue requires closer scrutiny.

One hundred and sixteen participants (50.2%) identified a willingness to participate in research undertaken by the Division. Given the paucity of high-quality practice based general practice nursing research in Australia and the imperative for engagement of general practice nurses to facilitate successful research, this finding highlights an issue requiring urgent attention. Further exploration is

required to explore this reluctance to participate in research and identify strategies to promote engagement of this group.

## DISCUSSION

Despite the progress in the development of the Australian practice nurse workforce in recent years, the evolving nature of this specialty group and the unique environment in which they practise necessitates strategic planning of continuing professional development. Whilst many nurses entering general practice have substantial clinical experience in the acute or community sectors (Halcomb et al., 2008), the role of the nurse in general practice requires a range of specialist clinical skills and the implementation of unique models of care. Unlike other nursing specialties that can offer workplace education and training, the relative isolation of many general practice nurses creates significant challenges. Given the growing demands on the practice nurse workforce, it has become increasingly important to accurately identify and prioritise the educational needs of these nurses.

There were clearly some limitations in the survey tool used in this investigation, in terms of the lack of demographic data and prior education levels collected. It is likely that some of these variables influenced the prioritisation of educational needs within this study. However, asking the nurses themselves to identify what they perceive to be their educational needs and preferences regarding education delivery has the potential to facilitate the development of clinically relevant learning programs that will encourage engagement (Claffin, 2005).

Despite the fact that diabetes, wound care and immunisation are the subject of much current education and training for general practice nurses from various education providers, these areas were identified by participants as the most popular areas for further education and credentialing. A limitation of the study is that whilst participants were asked to identify broad topic areas for further education, they were not asked to identify specific content within these topics areas. Such questioning may have identified more focused areas upon

which to focus future education. In their national survey of practice nurse roles, Halcomb et al. (2008) demonstrated that the role of the nurse was impacted upon by general practice funding models. It is interesting to note that diabetes, wound care and immunisation all have practice based Medicare item numbers attached (Medicare Australia, 2008). Of these, the item numbers for immunisation and wound care are practice nurse specific (Medicare Australia, 2008). These findings reinforce the significant impact of Medicare funding on the scope of the practice nurse role.

Since this survey was undertaken, the Australian Mentoring Centre has been contracted to undertake a pilot study in mentoring with general practice nurses. Given the challenges of providing education to general practice nurses, mentorship programs are a conceptually alluring strategy to provide support and foster ongoing professional development (Gibson & Heartfield, 2005b). Whilst the evaluation of this pilot study is yet to be completed, the research team encountered difficulties in recruiting general practice nurses to be either a mentor or mentee. Further exploration is required regarding the feasibility and acceptability of developing mentorship programs in general practice nursing from the perspective of both mentors and mentees.

Despite the identified desire by general practice nurses to receive additional education and training, the mentorship pilot program is an example of the challenges of providing education to this group. There is a need for the development of sustainable strategies to engage general practice nurses in ongoing professional development and networking. This requires not only the provision of accessible education, but also a commitment on the part of both the individual practice nurse and their employers to facilitate appropriate leave or financial support to undertake such development (Halcomb et al., 2005). Whilst provisions for study leave need to recognise the value of continuing professional development, the onus is on the individual nurse to ensure that they maintain a level of clinical currency befitting their professional role (Australian Nursing and Midwifery Council, 2006).

The Competency Standards for Registered Nurses state that registered nurses must participate in the ongoing professional development of self and others (Australian Nursing and Midwifery Council, 2006). There are growing moves within the nursing profession to require clinicians to demonstrate continuing professional development in order to maintain their nurses' registration (Nurses Board of Victoria, 2007). However, the types of activities that should be included and how such evidence should be presented is still a topic of debate. In some Australian states and territories, the completion of formal post-basic courses has been recognised with an allowance in addition to the normal salary (New South Wales Nurses Association, 2007). However, as general practice nurses are not covered under an Industrial Award, completion of professional development is not currently linked to remuneration, unless negotiated between the nurse and their employer. Given these considerations, there are currently limited incentives for practice nurses to engage in ongoing professional development, other than their own intrinsic desire to maintain clinical currency and professional standards. As is the case across the nursing profession, there is a need to identify strategies to promote nurses' engagement with education and training and recognise participation and skill development.

The participants in this study indicated a preference for evening education sessions and for flexible modes of delivery, such as the use of videos/DVDs to disseminate content to those unable to attend face-to-face sessions. Whilst access to study leave was not specifically investigated in this survey, difficulties in accessing paid study leave and lack of staff to replace positions whilst staff attend education and training has been previously identified in the literature and anecdotally (Halcomb et al., 2005). The preference for evening sessions does suggest that participants were planning to attend the sessions outside of their normal working hours. This has significant implications for work-life balance, particularly considering the demographic of these nurses, the predominately female gender, part-time nature of the workforce

and the potential family responsibilities identified in the literature (Halcomb et al., 2008; Watts et al., 2004). Although online learning opportunities are available for practice nurses, particularly via the Australian Practice Nurses Association, satisfaction with online education was beyond the scope of this study. Whilst moves towards increasing the accessibility of training by providing materials in electronic, digital and multimedia formats is conceptually alluring, such delivery requires organisational commitment in terms of providing appropriate resources such as computers and Internet access as well as training in the use of equipment (Atack & Luke, 2009). The challenge for education providers is to develop programs that meet the needs of their target audience, whilst at the same time providing training that allows participants to demonstrate achievement of particular learning outcomes and clinical competency.

## CONCLUSIONS

Whilst participants were keen to access face-to-face educational opportunities through their Divisions of General Practice there is a need to also investigate alternative methods of delivering education to the wider practice nurse audience. Although participants suggested recording of face-to-face sessions, innovative strategies such as online or blended learning and video conferencing are worthy of further investigation for use in this context. Such strategies, however, should be used to increase the accessibility of educational opportunities and increase choices for learners, not necessarily to replace face-to-face programs. Additionally, consideration should be given to incorporating capacity building activities to develop the skills of course participants to disseminate their skills and knowledge to other nurses in their local area.

Rogers (2001) identifies that given the speed at which the nature of clinical practice, and indeed life, is changing so too do individuals' educational needs. Therefore, the findings of this paper represent the educational needs of general practice nurses at a particular point in time. Given the close link between the practice nurse role and funding

models, consideration needs to be given to the development of strategies which prompt nurses to think about future learning needs that may facilitate or complement role expansion (Timms & Ford, 1995). It is hoped that educational providers will appreciate the significance of asking the learner what it is that they feel they need to know and will revisit this periodically to ensure that programs are relevant and promote engagement of clinicians.

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Received 06 December 2008

Accepted 21 May 2009

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Special issue of *Contemporary Nurse* – Volume 26 Issue 1 August 2007

ii+154 pages ISBN 978-9757710-3-7

Editors: **Patricia M Davidson** (Curtin University of Technology),

**Elizabeth J Halcomb** (University of Western Sydney) and **Elizabeth Patterson** (Griffith University)

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