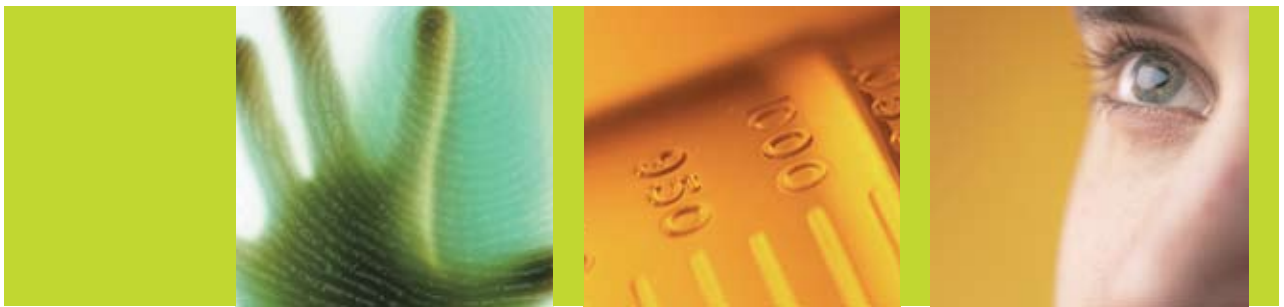


# Competency Standards

for nurses in general practice



An Australian Nursing Federation project funded by the Australian Government Department of Health and Ageing

**Competency standards for nurses in general practice**

An Australian Nursing Federation project funded by the Australian Government Department of Health and Ageing. The competency standards for nurses in general practice were developed by a University of South Australia project team led by Terri Gibson and Marie Heartfield.

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<sup>1</sup> Registered nurse (division 1) in Victoria

<sup>2</sup> Registered nurse (division 2) in Victoria



# 1. Preamble

The project to develop competency standards for nurses in general practice was funded by the Australian Government Department of Health and Ageing and managed by the Australian Nursing Federation. A project team from the University of South Australia and Royal College of Nursing Australia, led by Ms Terri Gibson and Dr Marie Heartfield, developed the competency standards.

A project steering group guided the project and the membership included:

- **Julie Porritt** Australian Divisions of General Practice
- **Lyn LeBlanc** Australian Nursing and Midwifery Council
- **Lynne Walker** Australian Practice Nurses Association
- **Maryanne Craker** National Enrolled Nurse Association
- **Victoria Gilmore** Australian Nursing Federation

The general practice project was completed in February 2005 and the competency standards are now available for use in workplaces, education settings and other professional environments. They should be used as a framework for nurses to both assess their practice and to guide their professional development. The specialist competency standards must be used in conjunction with the core competency standards developed by the Australian Nursing and Midwifery Council and endorsed by the nurse regulatory authority in each state and territory. Nurses in all settings including general practice use the Australian Nursing and Midwifery Council's Code of Professional Conduct for Nurses and Midwives in Australia as well as the Code of Ethics for Nurses and Midwives in Australia (developed under the auspices of the Australian Nursing Federation, the Australian Nursing and Midwifery Council and Royal College of Nursing Australia).

The process for developing the competency standards for nurses in general practice included:

- consultation with nurses and other key stakeholders in cities and towns around Australia;
- review of the competency standards for the advanced nurse;
- observation of nurses working in a range of general practice settings; and
- meetings with experienced enrolled nurses working in other settings such as public hospitals, aged care facilities and the community.

Following analysis of the data collected during the consultation and observation phases, draft standards were prepared and validated during a series of meetings that included representatives of nurses working in general practice, their employers and others with whom they work such as other general practitioners. This was an essential step in the process to confirm that the competency standards reflect the professional practice of nurses working in general practice.

The competency standards for nurses in general practice are now ready to be used. They are a useful framework reflecting nursing practice in the general practice setting.



## 2. Introduction

The following sections describe the context in which nursing in general practice takes place and there is also some discussion about the way that primary health care provision in the general practice setting is developing. Any changes will involve nurses working in general practice and preparation by all health care providers needs to be happening now.

Background information is also provided about other issues such as the scope of practice for nurses, professional supervision of enrolled nurses, and the meaning of terms such as competency standards.

### 2.1 General practice

General practice is the centre of primary health care in Australia. General practice continues to have a focus on the health and well-being of individuals, however there are general practices that are expanding health services more broadly: (a) to groups of people such as those living in aged care facilities or people living in the community with a disease such as diabetes mellitus; and (b) to a population/public health approach such as immunisation programs and management of infectious illnesses in the community.

Primary health care in this setting is provided to Australians from birth to death. General practice remains the first point of contact for the majority of Australians when they have an illness or an injury. General practitioners play an important role in referring people for specialist services including medical, nursing and allied health care.

Ongoing care to people with chronic illnesses and disabilities is provided in general practice and it may be provided in conjunction with nurses and other health care employees working in the general practice. This care can also be provided in partnership with specialist medical practitioners and with other health care professionals such as nurses and allied health care providers in either the public or private health care systems.

Other primary health care services that are offered in general practice include health promotion and illness prevention interventions such as health screening, immunisation, and smoking cessation advice. Generally these are provided on an individual basis but opportunities are being taken to offer services in other ways as well including group education sessions and immunisation clinics.

Quality management strategies such as using evidence based health care to improve clinical outcomes are increasingly features of health care in the general practice setting for both nurses and general practitioners. Nurses and general practitioners however need the appraisal and evaluation skills so that they can effectively and efficiently use the evidence based resources that are available to them.

The majority of general practices are small businesses with general practitioners as the business owners. Some general practices are owned by corporations where all those working in the general practice are employees or contracted workers including the general practitioners.

Funding for general practice is from a mix of public and private sources. Australia has a universal insurance scheme known as Medicare. General practices have the option of: (a) bulk-billing patients for the service provided and claiming the Medicare payment directly from Medicare Australia; or (b) charging the patient a fee for the service before the patient makes a Medicare claim. This fee may be greater than the amount claimable from Medicare so the patient may be required to pay the gap.

## 2.2 Nurses and general practice

Both registered and enrolled nurses have been employed in some general practices for many years. Nurses in general practice have often worked in isolation from their nursing peers although they have built strong professional relationships with the general practitioners with whom they work. This nursing isolation presented nurses with challenges such as access to information about available and relevant education and research findings that support the dynamic health care environment in which they work. General practice continues to evolve and nursing in general practice has also evolved and expanded and nurses in that setting have to find ways to keep up and maintain their competence.

The scope of nursing practice is defined as nursing practice for which nurses are educated, competent and authorised to perform<sup>3</sup>. The health needs of individuals or groups, the place where nursing care is being provided such as in general practice, the education of the nurse providing the care, the policies and protocols of the health care provider, and relevant legislation, all influence the scope of practice for nurses.

Registered nurses have a range of skills and knowledge they use in any health care setting. The skills include patient assessment, health care planning and evaluation as well as the ability to provide health care interventions. The breadth of presentations in a general practice setting may require nurses to expand their scope of practice.

### For example

An experienced aged care nurse starts work in general practice but identifies that skills and knowledge in child health are needed as the general practice provides services to a population that includes many young families as well as older people. Growth and development, management of childhood diseases, immunisation, and asthma management may be some of the areas in which the nurse identifies they have limited skills and knowledge. The nurse could use any of the following to assist with developing competence in the child health area:

- education courses;
- supervised clinical experience, and/or
- reflective practice in conjunction with personal study, etc.

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<sup>3</sup> From Queensland Nursing Council 1998 Scope of nursing practice: Decision making framework QNC Brisbane

General practitioners and other employers can work together with nurses to identify when the nurses' scope of practice needs to be expanded and how that expansion will take place eg the general practice planning for nurses to provide women's health services would work with the nurses to ensure that they are competent including completion of the required courses, for example, in cervical screening.

Many of the nurse regulatory authorities in Australia are developing decision making frameworks to assist nurses and their employers to identify the scope of nursing practice and expand it where necessary.<sup>4</sup> Decision making frameworks can also assist with identifying the professional supervisory arrangements needed for enrolled nursing work.

As required in legislation, enrolled nurses working in general practice are supervised by registered nurses<sup>5</sup>. Supervision can be direct, where the registered nurse is present, observes, works with and directs the enrolled nurses, or indirect where the registered nurse is easily contactable but does not directly observe the activities. The level of supervision required depends upon a number of factors including: the skills and knowledge of the enrolled nurse; the acuity and stability of the person receiving the nursing care; and the complexity of the nursing care being provided.

These professional supervisory arrangements must be in place irrespective of any other supervision including that provided by an employing general practitioner. In general practices employing enrolled nurses, arrangements for professional supervision should be developed and guidelines prepared to assist both the enrolled nurse and the supervising registered nurse.

While collaboration with health care colleagues and with individuals and groups requiring nursing care is the hallmark of nursing practice in any setting including general practice, registered nurses are autonomous health care professionals. Both registered and enrolled nurses have laws and regulations that guide their practice. Nurses, as licensed professionals, are required to be accountable and responsible for their own actions and they must be able to identify the nursing care for which they have the knowledge and skills to provide. It is also important that nurses in general practice seek out appropriate opportunities to develop knowledge and skills when the care in general practice is changing such as more responsibility for the education of people with diabetes and being prepared for this by completing an accredited course.

Significant Australian Government support for nurses commenced with the announcement included in the 2001/02 Australian Government Budget that practice incentive payments would be available for eligible practices employing nurses in general practice. Eligible general practices were in rural

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<sup>4</sup> See [www.anmc.org.au](http://www.anmc.org.au) for links to the web-sites of the nurse regulatory authorities

<sup>5</sup> Note that in South Australia, enrolled nurses can apply to the nurse regulatory authority for authorisation to work without the supervision of a registered nurse

and remote areas, and in urban areas of workforce need ie where there are shortages of general practitioners. Funds were also allocated in that Budget for strategies such as:

- development of fact sheets about nursing in general practice;
- development of mentoring resources for nurses in general practice;
- support for nursing through the Divisions of General Practice network and the Australian Practice Nurses Association;
- provision of up-skilling and re-entry nursing scholarships;
- a study to scope nursing in general practice including educational opportunities; and
- development of competency standards for nurses in general practice.

Nurses in general practice are often involved in the business activities of the small business. They need to have knowledge about the business requirements including Medicare funding. This business knowledge is not a common feature of nursing practice in most other settings and nurses in general practice need to seek knowledge from a wide range of sources including networks established to assist general practitioners with their business activities.

It must be noted that the work undertaken by nurses in general practice is shaped by the way that services are remunerated in that setting. For example, at the time of writing, there are only a limited number of nursing services for which Medicare claims can be made in general practice<sup>6</sup>.

### **2.3 Competency standards**

Nurses have used competency standards as their professional framework since the late 1980s when competency standards for registered nurses and for enrolled nurses were developed by the peak national body responsible for nursing regulation which is now known as the Australian Nursing and Midwifery Council<sup>7</sup>.

In the nursing profession, competency standards are used for example by:

- nurses as the professional framework against which to measure their own performance and prepare a professional development plan so that competence is maintained and enhanced;
- nurse regulatory authorities in each state and territory to determine the eligibility of people applying for a licence to practice as a nurse and to assess nurses required to demonstrate continuing competence;
- education providers in both the higher education and vocational education settings as the framework for course development purposes; and
- employers for position description and performance assessment purposes.

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<sup>6</sup> As at February 2005 these include items for wound care, immunisation and some cervical screening services

<sup>7</sup> See [www.anmc.org.au](http://www.anmc.org.au) for further information about the Australian Nursing and Midwifery Council

The Australian Nursing and Midwifery Council uses a definition adapted from the 2003 glossary in the International Council of Nurses' framework of competencies for the generalist nurse to define competence as the combination of skills, knowledge, attitudes, values, and abilities that underpin effective performance in a professional/occupational area<sup>8</sup>.

The Australian National Training Authority which was, until June 2005, the national body responsible for vocational education and training used the following definitions:

**Competency** (also competence) the ability to perform tasks and duties to the standard expected in employment;

**Competency standard** an industry-determined specification of performance which sets out the skills, knowledge and attitudes required to operate effectively in employment...;

**Unit of competency** a component of a competency standard. A unit of competency is a statement of a key function or role in a particular job or occupation.<sup>9</sup>

Competency standards used by the nursing profession comprise a domain which is the overarching title for a cluster of competency units with a similar theme, and the units of competency or competency standard. The Australian Nursing and Midwifery Council's national competency standards include competency elements which are sub-units of the unit of competency.

The competency standards for the advanced registered nurse, the registered nurse in general practice, and the enrolled nurse in general practice include cues for each of the units of competency and these are designed to assist with understanding the competency standard. The cues included with the competency standards should not be used as a check list although they are a very useful guide to assist with assessing competence ie is the standard being met or what is required to demonstrate that the required level of competency is being achieved?

## 2.4 Other definitions

The phrase, individual and group, has been used in the competency standards so that there is consistency with the Australian Nursing and Midwifery Council's national competency standards. It is acknowledged that the term generally used in general practice is patient, although in some general practice settings, client is the preferred term.

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<sup>8</sup> ANMC 2004 Common competencies for registered nurses in Western Pacific and South East Asian Region ANMC Canberra

<sup>9</sup> See glossary on [www.anta.gov.au](http://www.anta.gov.au). The Australian Government announced in 2004 that ANTA would be abolished and responsibilities transferred back to the Department of Education, Science and Training



# 3. Competency standards for registered nurses in general practice

## 3.1 Overview

Registered nurses in general practice must meet the Australian Nursing and Midwifery Council's national competency standards for registered nurses. In addition they should meet the competency standards prepared by the nursing profession for registered nurses in general practice.

Some registered nurses in general practice will be working at a higher level and they can refer to the competency standards for the advanced registered nurse in addition to the other two sets of competency standards relevant to registered nurses in general practice (ie the national competency standards for registered nurses and competency standards for registered nurses in general practice). Registered nurses in general practice who are preparing their professional development plan may use this set of standards as a framework.

Other registered nurses in general practice may find the nurse practitioner competency standards being prepared by the Australian Nursing and Midwifery Council to be a useful framework against which to measure or develop their competence<sup>10</sup>.

Registered nurses in general practice working with enrolled nurses should be aware of the relevant competency standards for enrolled nurses. They must also know the requirements relating to supervision and delegation of nursing care. This information can be obtained from the nurse regulatory authority in the state or territory in which the nurse is working<sup>11</sup>.

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<sup>10</sup> See Gardner G Carryer J Dunn S and Gardner A 2005 Report to the Australian Nursing and Midwifery Council: Nurse Practitioner Standards Project ANMC Canberra

<sup>11</sup> Refer to the list of resources in section 5 for contact details for the nurse regulatory authorities

### **3.2 Role statement for the registered nurse in general practice<sup>12</sup>**

The registered nurse in general practice demonstrates competence in the provision of primary health care centred on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and general practice context in an environment characterised by unpredictability and individual diversity across the lifespan.

While the role of the registered nurse in general practice varies according to the population profile of the general practice, the general practice structure, and employment arrangements, the registered nurse provides a combination of direct clinical care and management of clinical care systems in an environment which is often isolated from other nurses. This requires that s/he works collaboratively with others, internal and external to the general practice, to promote health care centred on individuals and groups.

In some general practices, the registered nurse autonomously conducts clinics, health assessments and chronic disease management programs as well as collaborating with general practitioners and other members of the multidisciplinary health care team as determined by the needs of individuals and groups, and the registered nurse's scope of practice and employment arrangement. The registered nurse may undertake their nursing role both within and external to the general practice, conducting assessments and health visits in the home and /or another community setting.

The relationships between nurses in general practice and the individuals/groups requiring nursing care usually extends beyond single episodes of care to meeting changing health care needs and priorities across the lifespan.

The registered nurse plays a pivotal role in health promotion, health maintenance and prevention of illness through provision of evidence based information and education to individuals, groups and communities. This requires a broad knowledge of resources available within the community and health care sectors to facilitate care to individuals/groups and the skills to communicate and educate.

The registered nurse in general practice also requires highly developed information literacy, management and coordination skills to enable the development and management of systems that ensure safety and quality. This includes recall, infection control and quality improvement systems.

All nurses have a responsibility to know and practise within their scope of practice relevant to their education and qualifications.

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<sup>12</sup> Prepared as part of the competency standards project by the University of South Australia project team

Registered nurses in general practice have a responsibility to seek out and engage in ongoing education and professional development to maintain the competencies that are specific to nursing in general practice settings.

Some registered nurses in general practice will be working at an advanced level and the advanced registered nurse might typically be described as:

- being prepared for evidence based practice through post registration qualifications/ education;
- an active member of the nursing profession;
- accepting responsibility for complex situations which may encompass clinical, managerial, educational or research contexts;
- demonstrating leadership and initiating change;
- practising comprehensively as an interdependent team member;
- practising outside of single contexts or episodes of care;
- having particular breadth or depth of experience and knowledge;
- focused on outcomes for individuals and groups.

# Competency standards for the registered nurse in general practice

## 3.3 Australian Nursing and Midwifery Council's national competency standards for the registered nurse

### Professional practice

Relates to the professional, legal and ethical responsibilities which require demonstration of a satisfactory knowledge base, accountability for practice, functioning in accordance with legislation affecting nursing and health care, and the protection of individual and group rights.

### 1 Practises in accordance with legislation affecting nursing practice and health care.

- 1.1 Complies with relevant legislation and common law;
- 1.2 Fulfills the duty of care;
- 1.3 Recognises and responds appropriately to unsafe or unprofessional practice.

### 2 Practises within a professional and ethical nursing framework.

- 2.1 Practises in accordance with the nursing profession's codes of ethics and conduct;
- 2.2 Integrates organisational policies and guidelines with professional standards;
- 2.3 Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups;
- 2.4 Advocates for individuals/groups and their rights for nursing and health care within organisational and management structures;

## 3.4 Competency standards for the registered nurse in general practice<sup>13</sup>

These competency standards must be read in conjunction with the national competency standards for the registered nurse.

### Professional practice

Registered nurses in general practice contribute to the development of health care in the general practice setting. They do this by engaging with developments in general practice and the nursing profession and applying this knowledge to the care of individuals and groups and the development of nursing in general practice. This includes understanding professional, legal and ethical standards as they apply to nursing within a primary health care setting.

### 1.1 Practice is based on primary, preventative care or early intervention health care approaches.

Examples may include:

- Integrates the principles of primary health care and primary care into nursing practice;
- Understands how the geographic, cultural and socio-economic characteristics of the local community may impact on health of individuals;
- Respects individual and group rights to make their own health care decisions.

## 3.5 Competency standards for the advanced registered nurse

These competency standards must be read in conjunction with the national competency standards for the registered nurse.

### Conceptualises Practice

This domain contains competencies reflecting the ability of the advanced registered nurse to use theory, research evidence, observations and experience to think about practice in a way that considers factors other than the immediate event or circumstances to develop new questions, ideas and knowledge to enhance nursing practice and care for individuals and groups.

### Competency standard 1

Uses best available evidence, observations and experience to plan, conduct and evaluate practice in ways which incorporate complexity and/or a multiplicity of elements.

The advanced registered nurse:

- Gathers and accurately evaluates evidence from a range of sources;
- Uses multiple approaches to decision making;
- Identifies typical patterns of responses from individuals and groups;
- Recognises important aspects of the situation;
- Makes qualitative distinctions based on previous experience;
- Considers possible and probable consequences of the situation for individuals and groups;

<sup>13</sup> Registered nurses in general practice working with enrolled nurses should be aware of the relevant competency standards for enrolled nurses. They must also know the requirements relating to supervision and delegation of nursing care. This information can be obtained from the nurse regulatory authority in the state or territory in which the nurse is working

2.5 Understands and practises within own scope of practice;

2.6 Integrates nursing and health care knowledge, skills and attitudes to provide safe and effective nursing care;

2.7 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unlicensed care workers.

**Critical thinking and analysis**  
Relates to self-appraisal, professional development and the value of evidence and research for practice. Reflecting on practice, feelings and beliefs and the consequences of these for individuals/groups is an important professional benchmark.

**3 Practises within an evidence-based framework.**

3.1 Identifies the relevance of research to improving individual/group health outcomes;

3.2 Uses best available evidence, nursing expertise and respect for the values and beliefs of individuals/groups in the provision of nursing care;

3.3 Demonstrates analytical skills in accessing and evaluating health information and research evidence;

3.4 Supports and contributes to nursing and health care research;

3.5 Participates in quality improvement activities.

**4 Participates in ongoing professional development of self and others.**

4.1 Uses best available evidence, standards and guidelines to evaluate nursing performance;

4.2 Participates in professional development to enhance nursing practice;

4.3 Contributes to the professional development of others;

**1.2 Practises in accordance with nursing and general practice standards, codes, guidelines, legislation and regulation.**  
Examples may include:

- Uses Australian Nursing and Midwifery Council codes and competency standards for registered and enrolled nurses and other relevant standards such as those for immunisation and asthma;
- Uses general practice specific standards and guidelines such as the Royal Australian College of General Practitioners' Standards for General Practices and the Medicare requirements;
- Contributes to review and modification of nursing and general practice standards, codes and guidelines.

**1.3 Actively seeks out opportunities and resources to manage professional isolation.**  
Examples may include:

- Becomes a member of general practice and/or professional organisations;
- Establishes networks with other nurses and is involved with ongoing professional development;
- Establishes opportunities for information sharing and support with other general practice health care professionals;
- Identifies self care activities to assist with working in an isolated professional environment.

**1.4 Recognises the need for ongoing education and training to maintain competence for nursing practice.**  
Examples may include:

- Uses self assessment and peer review to regularly assess own competence for practice within the agreed scope of practice;

- Seeks additional clinical evidence to validate clinical decisions;
- Initiates strategies to confirm/disconfirm data from additional sources;
- Integrates data from all relevant sources;
- Undertakes systematic and focussed surveillance that detects subtle changes in the situation for individuals and groups to inform assessment and decisions;
- Utilises relevant previous experiences to inform decisions.

**Competency standard 2**  
Uses health and/or nursing models as a basis for practice. The advanced registered nurse:

- Ensures practice is grounded in theoretical frameworks relevant to the context of care, for example nursing, primary health care, family centred or health outcomes models;
- Contributes to the development of nursing and health care knowledge through reflection on practice.

**Competency standard 3**  
Manages outcomes in complex clinical situations. The advanced registered nurse:

- Maintains focus when multiple concurrent stimuli are presented;
- Incorporates risk/benefit analysis to inform nursing decisions;
- Accurately identifies parameters for the safety of individuals and groups;
- Ensures nursing decisions are justified in the specific context;
- Monitors effects of autonomous nursing decisions;
- Simultaneously and efficiently manages a range of activities.

- 4.4 Uses appropriate strategies to manage own responses to the professional work environment.

### Provision and coordination of care

Relates to the coordination, organisation and provision of nursing care that includes the assessment of individuals/groups, planning, implementation and evaluation of care.

### 5 Conducts a comprehensive and systematic nursing assessment.

- 5.1 Uses a relevant evidence-based assessment framework to collect data about the physical, sociocultural and mental health of the individual/group;
- 5.2 Uses a range of assessment techniques to collect relevant and accurate data;
- 5.3 Analyses and interprets assessment data accurately.

### 6 Plans nursing care in consultation with individuals/groups, significant others and the interdisciplinary health care team.

- 6.1 Determines agreed priorities for resolving health needs of individuals/groups;
- 6.2 Identifies expected and agreed individual/group health outcomes including a time frame for achievement;
- 6.3 Documents a plan of care to achieve expected outcomes;
- 6.4 Plans for continuity of care to achieve expected outcomes.

- Identifies the need for updated knowledge base for practice;
- Supervises both enrolled and other registered nurses, and students of general practice health care;
- Educates nurses and students of general practice health care;
- Maintains skills in cardiopulmonary resuscitation and other first aid required in the setting.

### Provision of clinical care

Registered nurses in general practice have the knowledge and skill to provide comprehensive, episodic interventions and population based primary health care which includes planning and initiation of health monitoring and health maintenance. This acknowledges that ongoing relationships between the nurse and individuals and groups and primary health care characterise the provision of clinical care in general practice settings.

### 2.1 Demonstrates comprehensive and accurate knowledge and skills in providing episodic and ongoing care that is responsive to individual and group circumstances and environments.

- Examples may include:
- Conducts accurate comprehensive assessment of individuals and groups presenting without appointments to improve outcomes and minimise adverse events;
  - Probes individual and group responses for more detailed information where necessary;
  - Assesses and develops health care plans that direct health care interventions and activities by others;
  - Considers access and affordability in planning and providing care for individuals and groups;

### Adapts practice

This domain contains competencies reflecting the ability of the advanced registered nurse to draw on a wide repertoire of knowledge and processes to tailor nursing practice in complex and challenging clinical situations.

### Competency standard 4

Anticipates and meets the needs of individuals and groups with complex conditions and/ or in high risk situations.

- The advanced registered nurse:
- Identifies priorities quickly using context specific knowledge;
  - Incorporates risk/benefit analysis to inform nursing decisions;
  - Accurately identifies parameters for the safety of individuals and groups;
  - Ensures nursing decisions are justified in the specific context;
  - Monitors effects of autonomous decisions;
  - Responds constructively to unexpected or rapidly changing situations;
  - Develops flexible and creative approaches to manage challenging clinical situations.

### Competency standard 5

Integrates and evaluates knowledge and resources from different disciplines and health care teams to effectively meet the health care needs of individuals and groups.

The advanced registered nurse:

- Refers to and incorporates data from other health professionals when planning care;
- Uses collegial networks for referrals to meet the needs of individuals and groups;

**7 Provides comprehensive, safe and effective evidence-based nursing care to achieve identified individual/group health outcomes.**

- 7.1 Effectively manages the nursing care of individuals/groups;
- 7.2 Provides nursing care according to the documented care or treatment plan;
- 7.3 Prioritises workload based on the individual/s/group's needs, acuity and optimal time for intervention;
- 7.4 Responds effectively to unexpected or rapidly changing situations;
- 7.5 Delegates aspects of care to others according to their competence and scope of practice;
- 7.6 Provides effective and timely direction and supervision to ensure that delegated care is provided safely and accurately;
- 7.7 Educates individual/s/groups to promote independence and control over their health;
- 7.8 Uses health care resources effectively and efficiently to promote optimal nursing and health care.

**8 Evaluates progress towards expected individual/group health outcomes in consultation with individuals/groups, significant others and interdisciplinary health care team.**

- 8.1 Determines progress of individuals/groups toward planned outcomes;
- 8.2 Revises the plan of care and determines further outcomes in accordance with evaluation data.

**Collaborative and therapeutic practice**

Relates to establishing, sustaining and concluding professional relationships with individuals/groups. This also contains those competencies that relate to the nurse understanding their contribution to the interdisciplinary health care team.

- Provides care in the general practice environment as well as in homes and other community settings; Identifies and provides comprehensive physical, psychosocial and emotional care for individuals and groups;

- Uses knowledge of existing conditions for individuals and groups, and their social circumstances, to inform nursing practice;
- Conducts health care clinics;
- Provides health care services in accordance with Medicare Benefits Schedule conditions;
- Assists with minor procedures undertaken by the general practitioner.

**2.2 Initiates and conducts comprehensive health maintenance and health promotion in partnership with individuals, groups and the general practice team.**

Examples may include:

- Undertakes health screening and health monitoring activities such as cardiac assessment including electrocardiographs and stress tests;
- Provides timely and accurate information and education;
- Undertakes care planning and reviews;
- Conducts independent and collaborative immunisation, wound care and chronic disease management clinics.

**2.3 In collaboration with the general practice team conducts diagnostic activities.**

Examples may include:

- Demonstrates proficiency in health assessment skills;
- Checks diagnostic results against client symptoms and previous results.

- Develops and refocuses networks taking into account fluctuations and shifts in interdisciplinary alliances;
- Uses maturity and political astuteness to deal effectively with issues arising from complex collaborations;
- Clearly articulates the care requirements of individuals and groups using context-specific knowledge and experience;
- Actively advocates for individuals and groups within and across health care teams and agencies;
- Manages care for individuals and groups across multi-agency and interdisciplinary lines.

**Competency standard 6**

Seeks out and integrates evidence from a range of sources to improve health care outcomes.

The advanced registered nurse:

- Identifies appropriate sources of evidence according to the context;
- Is aware of and uses best available evidence to inform practice;
- Obtains expert advice as required;
- Uses outcomes of consultation to negotiate care;
- Selectively implements specific strategies based on expected outcomes;
- Makes decisions in partnership with individuals and groups according to their expressed needs;
- Ensures nursing practice is based on experience, clinical judgement, and statutory and common law requirements where a decision by an individual or group contravenes safe practice.

### 9 Establishes, maintains and appropriately concludes therapeutic relationships.

- 9.1 Establishes therapeutic relationships that are goal directed and recognises professional boundaries;
- 9.2 Communicates effectively with individuals/groups to facilitate provision of care;
- 9.3 Uses appropriate strategies to promote an individual's/group's self-esteem, dignity, integrity and comfort;
- 9.4 Assists and supports individuals/groups to make informed health care decisions;
- 9.5 Facilitates a physical, psychosocial, cultural and spiritual environment that promotes individual/group safety and security.

### 10 Collaborates with the interdisciplinary health care team to provide comprehensive nursing care.

- 10.1 Recognises that the membership and roles of health care teams and service providers will vary depending on an individual's/group's needs and health care setting;
- 10.2 Communicates nursing assessments and decisions to the interdisciplinary health care team and other relevant service providers;
- 10.3 Facilitates coordination of care to achieve agreed health outcomes;
- 10.4 Collaborates with the health care team to inform policy and guideline development.

### 2.4 Provides evidence based information, resources and education to assist individuals, groups and families to make health care decisions.

Examples may include:

- Ensures that all information about chronic disease management, immunisation and wound care is accurate according to reliable sources;
- Talks through with the individuals and groups the potential benefits and risks of health care interventions;
- Considers the ongoing implications of the health of individuals and groups beyond the immediate episode of care;
- Regularly reviews and updates individuals and group information and resources.

### 2.5 Modifies communication strategies according to individual and group circumstances.

Examples may include:

- Monitors individual and group reactions during interactions and changes language or communication styles accordingly;
- Provides appropriate counselling.

### 2.6 Collaborates with individuals, groups and the general practice team in decision making about the resources needed to provide clinical care.

Examples may include:

- Considers ethical implications in decision making about allocation of health care resources.

### Competency standard 7

Safely interprets and modifies guidelines and practice to meet the health care needs of individuals and groups.

The advanced registered nurse:

- Ensures protocols guide rather than direct practice;
- Responds effectively to unexpected or rapidly changing situations;
- Identifies gaps between current practice and existing protocols and guidelines;
- Initiates changes to protocols and guidelines to improve the care of individuals and groups in line with latest available evidence.

### Leads practice

This domain contains competencies reflecting the ability of the advanced registered nurse to promote and improve nursing practice through leadership.

### Competency standard 8

Leads and guides the nursing team to promote optimum standards of care.

The advanced registered nurse:

- Practises confidently as an individual while maintaining open communication and consulting with relevant members of the health team;
- Bases practice on the use and where relevant modification of multiple standards and guidelines;
- Ensures practice is grounded in appropriate frameworks;
- Contributes to nursing knowledge through reflection on practice.

### Management of clinical care systems

Registered nurses in general practice develop, coordinate and administer systems and processes which assist individuals, groups and the general practice team to anticipate and manage health care interventions and potential risks to facilitate quality client outcomes.

#### 3.1 Uses best available research to inform clinical care management.

Examples may include:

- Collaborates with the division of general practice, general practice and health product provider representatives to access current information;
- Uses information technology skills to access current research, evidence, and or guidelines for practice;
- Initiates changes to practice guidelines and protocols based on evaluation of research outcomes and evidence;
- Participates in research taking place in the general practice setting.

#### 3.2 Coordinates and reviews programs, registers and systems to facilitate quality individual and group health care outcomes.

Examples may include:

- Ensures that recall registers, pathology systems and individual and group documentation systems are continuously reviewed to achieve optimal outcomes;
- Collaborates with individuals, groups, general practitioners, other general practice staff and health care providers in the development and review of guidelines, protocols or templates;
- Participates in practice accreditation processes.

### Competency standard 9

Shares information and resources to initiate improvements and/or innovation in nursing practice.

The advanced registered nurse:

- Recognises the value of change and where beneficial pursues the introduction of changes such as new guidelines, protocols, skill mixes;
- Supports quality improvement processes within the workplace;
- Provides feedback on quality improvement processes to colleagues;
- Personally contributes to quality improvement processes;
- Incorporates outcomes from quality improvement processes into nursing practice;
- Consistently uses structured feedback from individuals and groups, both formal and informal, for ongoing quality improvement.

### Competency standard 10

Fosters and initiates research based nursing practice.

The advanced registered nurse:

- Identifies issues/problems in nursing practice as the basis for review and research;
- Critically evaluates existing research evidence for relevance to practice;
- Participates in the conduct of approved research where appropriate;
- Incorporates validated research evidence into nursing practice;
- Supports appropriate research conducted by others.

### **3.3 Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.**

Examples may include:

- Understands the funding, billing and business systems used in the general practice;
- Participates in practice accreditation processes;
- Updates practice and clinical policies and procedures.

### **3.4 Manages resources to promote optimal client care.**

Examples may include:

- Understands public and private health care services;
- Maintains clinical data entry and retrieval;
- Develops/maintains clinical reports;
- Understands the implications of Health Insurance Commission information for care outcomes for individuals and groups.

### **3.5 Collects information about practice population profiles to inform health promotion and illness prevention strategies.**

Examples may include:

- Develops/maintains clinical reports;
- Compiles statistics to contribute to local population health profiles.

### **Collaborative practice**

Registered nurses in general practice build and engage in a broad range of collaborative and negotiated relationships with individuals, groups, the general practice team and other primary health care and service providers to achieve positive outcomes for individual and groups.

### **Competency standard 11**

Acts as a mentor and role model for nurses and other health professionals.

The advanced registered nurse:

- Recognises the necessity for mutual respect of colleagues in the workplace and profession;
- Makes time available to listen to colleagues' professional concerns and requests;
- Provides advice and constructive criticism where appropriate.

### **Competency standard 12**

Contributes to development of nursing knowledge, standards and resources through active participation at the broader professional level.

The advanced registered nurse:

- Participates in organisational and/or professional committees, boards, working parties or forums;
- Contributes to written submissions about organisational or professional issues.

### **Competency standard 13**

Facilitates education of individuals and groups, students, nurses and other members of the health care team.

The advanced registered nurse:

- Shares information and ideas;
- Takes on a teaching role for less experienced staff.

### **Competency standard 14**

Acts as a resource for other nurses and members of the health care team

The advanced registered nurse:

- Ensures research findings are disseminated to colleagues;
- Shares a depth of knowledge gained through continuing education and nursing experiences.

**4.1 Ensures clinical nursing decisions are communicated to the general practice team.**

Examples may include:

- Appropriately refers clients to general practitioners;
- Collaborates with general practitioners to develop guidelines and protocols;
- Is actively involved in community meetings, case conferences and care planning.

**4.2 Participates in shared decision making about care delivery with individuals, groups and members of the general practice team.**

Examples may include:

- Attends and contributes to practice meetings;
- Addresses safety and quality issues for individuals, groups, and others working in the general practice.

**4.3 Recognises when to seek advice from other members of the general practice team or other health service providers about the care of individuals and groups.**

Examples may include:

- Seeks advice when the needs of individuals and groups are beyond own abilities and education;
- Understands the roles of the allied health care team;
- Understands the roles of community agencies and service providers.

*Continued over...*

**Competency standard 15**

Provides nursing as a resource to others through their capacity to practice outside single contexts and episodes of practice.

The advanced registered nurse:

- Facilitates care/support groups for individuals and groups;
- Answers inquiries about current practice in area of expertise.

#### **4.4 Shares information with the general practice team.**

Examples may include:

- Communicates new information and research evidence;
- Communicates test results;
- Accurately documents the provision of nursing care.

#### **4.5 Monitors local, community and population health developments and resources for integration into the care of individuals and groups.**

Examples may include:

- Stays informed of local infectious diseases outbreaks;
- Shares information with relevant community groups in conjunction with public health services (eg primary schools);
- Incorporates current clinical guidelines into practice.

#### **4.6 Liaises with relevant community and health care agencies for community development purposes and to facilitate continuity of care for individuals and groups in that community.**

Examples may include:

- Liaises with health care services and providers;
- Develops partnerships with other health services where individuals and groups are referred;
- Manages internal and external referral processes and procedures.

# 4. Competency standards for enrolled nurses in general practice

## 4.1 Overview

Enrolled nurses in general practice must meet the Australian Nursing and Midwifery Council's national competency standards for enrolled nurses. In addition they should meet the competency standards prepared by the nursing profession for enrolled nurses in general practice.

Enrolled nurses in general practice must be aware of the supervisory arrangements that need to be in place and their responsibilities when nursing care is delegated to them. This information can be obtained from the nurse regulatory authority in the state or territory in which the nurse is working.<sup>14</sup>

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<sup>14</sup> Refer to the list of resources in section 5 for contact details for the nurse regulatory authorities

## 4.2 Role statement for the enrolled nurse in general practice<sup>15</sup>

Nurses in general practice demonstrate competence in the provision of primary health care centred on individuals and groups, in accordance with their educational preparation, professional nursing standards, relevant legislation and practice context in an environment characterised by unpredictability and individual diversity across the lifespan.

While the role of the nurse varies according to the practice client population, practice structure, employment arrangement and category of nurse, most nurses provide a combination of direct clinical care and manage clinical care systems in an environment which is often isolated from other nurses. This requires that the nurse promotes health care centred on individuals and groups by working collaboratively with others both in and outside the general practice.

The enrolled nurse is legally required to be supervised by a registered nurse and is accountable and responsible for all aspects of delegated care<sup>16</sup>.

The relationship between nurses in general practice and individuals/groups usually extends beyond single episodes of care to meeting changing health care needs and priorities across the lifespan.

Both registered and enrolled nurses play a pivotal role in health promotion, health maintenance and prevention of illness through provision of evidence based information and education to individuals, groups and communities. This requires knowledge of resources available within the community and health care sectors to facilitate care for individuals and groups and the skills to communicate and educate.

All nurses in general practice need computer literacy skills. Enrolled nurses need to be able to use and maintain recall, infection control and quality improvement systems.

All nurses have a responsibility to know and practise within their scope of practice relevant to their education and qualifications. The enrolled nurse in general practice can assume responsibilities according to their education, experience and the availability of registered nurse supervision.

All nurses in general practice have a responsibility to seek out and engage in ongoing education and professional development to maintain the competencies that are specific to nursing in general practice settings.

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<sup>15</sup> Prepared as part of the project by the University of South Australia project team

<sup>16</sup> Note that in South Australia, enrolled nurses can apply to the nurse regulatory authority for authorisation to work without the supervision of a registered nurse

# Competency standards for the enrolled nurse in general practice

## 4.3 Australian Nursing and Midwifery Council's national competency standards for the enrolled nurse

### Professional and ethical practice

#### 1 Functions in accordance with legislation, policies and procedures affecting nursing practice.

- 1.1 Demonstrates knowledge of legislation and common law pertinent to enrolled nursing practice.
- 1.2 Demonstrates knowledge of organisational policies and procedures pertinent to enrolled nursing practice.
- 1.3 Fulfils the duty of care in the course of enrolled nursing practice.
- 1.4 Acts to ensure safe outcomes for individuals and groups by recognising and reporting the potential for harm.
- 1.5 Reports practices that may breach legislation, policies and procedures relating to nursing practice to the appropriate person.

#### 2 Conducts nursing practice in a way that can be ethically justified.

- 2.1 Acts in accordance with the nursing profession's codes.
- 2.2 Demonstrates an understanding of the implications of these codes for enrolled nursing practice.

#### 3 Conducts nursing practice in a way that respects the rights of individuals and groups.

- 3.1 Practises in accordance with organisational policies relevant to individual/group rights in the health care context.
- 3.2 Demonstrates an understanding of the rights of individuals/groups in the health care setting.
- 3.3 Liaises with others to ensure that the rights of individuals/groups are maintained.
- 3.4 Demonstrates respect for the values, customs, spiritual beliefs and practices of individuals and groups.
- 3.5 Liaises with others to ensure that the spiritual, emotional and cultural needs of individuals/groups are met.

## 4.4 Competency standards for the enrolled nurse in general practice<sup>17</sup>

These competency standards must be read in conjunction with the national competency standards for the enrolled nurse.

### Professional practice

Enrolled nurses in general practice contribute to the development of health care in the general practice setting. They do this by keeping informed about developments in general practice and the nursing profession and applying this knowledge to the care of individuals and groups and the development of nursing in general practice. This includes an understanding of professional, legal and ethical standards as they apply to nursing within a primary health care setting.

#### 1.1 Recognises that nursing in general practice is based on primary, preventative care or early intervention health care approaches.

Examples may include:

- Understands principles of primary health care and primary care;
- Understands the difference between providing nursing care in general practice and in hospital settings;
- Respects individuals and groups' rights to make their own health care decisions.

#### 1.2 Practises in accordance with nursing and general practice standards, codes, guidelines, legislation and regulations.

Examples may include:

- Uses Australian Nursing and Midwifery Council codes and competency standards for enrolled nurses and considers other relevant standards such as those for immunisation and asthma;
- Uses general practice specific standards and guidelines such as the Royal Australian College of General Practitioners' Standards for General Practices and the Medicare requirements.

<sup>17</sup> The enrolled nurse is legally required to be supervised by a registered nurse and is accountable and responsible for all aspects of delegated care. In South Australia, enrolled nurses can apply to the nurse regulatory authority for authorisation to work without the supervision of a registered nurse.

3.6 Contributes to the provision of relevant health care information to individuals and groups.

#### **4 Accepts accountability and responsibility for own actions within enrolled nursing practice.**

- 4.1 Recognises own level of competence.
- 4.2 Recognises the differences in accountability and responsibility between registered nurses, enrolled nurses and unregulated care workers.
- 4.3 Differentiates the responsibility and accountability of the registered nurse and enrolled nurse in the delegation of nursing care.

#### **Critical thinking and analysis**

#### **5 Demonstrates critical thinking in the conduct of enrolled nursing practice.**

- 5.1 Uses nursing standards to assess own performance.
- 5.2 Recognises the need for and participates in continuing self/professional development.
- 5.3 Recognises the need for care of self.

#### **6 Contributes to the formulation of care plans in collaboration with the registered nurse, individuals and groups.**

- 6.1 Accurately collects and reports data regarding the health and functional status of individuals and groups.
- 6.2 Participates with the registered nurse and individuals and groups in identifying expected health care outcomes.
- 6.3 Participates with the registered nurse in evaluation of progress of individuals and groups toward expected outcomes and reformulation of care plans.

#### **Management of care**

#### **7 Manages nursing care of individuals and groups within the scope of enrolled nursing practice.**

- 7.1 Implements planned nursing care to achieve identified outcomes.
- 7.2 Recognises and reports changes in the health and functional status of individuals/groups to the registered nurse.
- 7.3 Ensures communication, reporting and documentation are timely and accurate.
- 7.4 Organises workload to facilitate planned nursing care for individuals and groups.

#### **1.3 Recognises the responsibility and implications of enrolled nursing practice in general practice including professional supervisory relationships.**

Examples may include:

- Establishes opportunities for direct or indirect registered nurse supervision;
- Overcomes professional isolation through networking with other nurses and involvement in ongoing professional development;
- Becomes a member of general practice and/or professional organisations;
- Identifies self care activities to assist with working in the general practice setting.

#### **1.4 Recognises the need for ongoing education and training to maintain competence for nursing practice.**

Examples may include:

- Collaborates with the registered nurse and general practitioner to regularly assess competence for practice and need for updated knowledge base for practice;
- Seeks out education and training opportunities when required to undertake new responsibilities;
- Maintains skills in cardiopulmonary resuscitation and other basic first aid.

#### **Provision of clinical care**

Enrolled nurses in general practice have the knowledge and skill to provide delegated care in the general practice setting in response to the diversity and need of individuals and groups. This acknowledges that ongoing relationships between the nurse and individuals and groups and primary health care characterise the provision of clinical care in general practice settings.

#### **2. 1 Demonstrates knowledge and skill in providing delegated episodic and ongoing care that is responsive to individual and group circumstances and environments.**

Examples may include:

- Provides clinical care within the scope of education, experience and assessment of the need of individuals and groups;
- Gathers relevant information from individuals and groups presenting without appointments and communicates this information appropriately to improve outcomes and minimise adverse events;
- Recognises when a more detailed assessment of individuals and groups is required and seeks registered nurse or general practitioner assistance;

## Enabling

### 8 Contributes to the promotion of safety, security and personal integrity of individuals and groups within the scope of enrolled nursing practice.

- 8.1 Acts appropriately to enhance the safety of individuals and groups at all times.
- 8.2 Establishes, maintains and concludes effective interpersonal communication.
- 8.3 Applies appropriate strategies to promote the self-esteem of individuals and groups.
- 8.4 Acts appropriately to maintain the dignity and integrity of individuals and groups.

### 9 Provides support and care to individuals and groups within the scope of enrolled nursing practice.

- 9.1 Provides for the comfort needs of individuals and groups experiencing illness or dependence.
- 9.2 Collaborates with the registered nurse and members of the health care team in the provision of nursing care to individuals and groups experiencing illness or dependence.
- 9.3 Contributes to the health education of individuals or groups to maintain and promote health.
- 9.4 Communicates with individuals and groups to enable therapeutic outcomes.

### 10 Collaborates with members of the health care team to achieve effective health care outcomes.

- 10.1 Demonstrates an understanding of the role of the enrolled nurse as a member of the health care team.
- 10.2 Demonstrates an understanding of the role of members of the health care team in achieving health care outcomes.
- 10.3 Establishes and maintains collaborative relationships with members of the health care team.
- 10.4 Contributes to decision-making by members of the health care team.

- Distinguishes between respect for the privacy of individuals and groups and what is necessary to plan and provide health care;
- Considers access and affordability in planning and providing care for individuals and groups;
- Follows protocols when conducting health assessments and reviews;
- Considers existing conditions for individuals and groups in providing nursing care;
- Recognises potentially distressing situations for individuals and groups and provides reassurance and support accordingly;
- Recognises the influence of the bio psychosocial factors for individuals and groups on care decision making.

### 2.2 Collects and reports information about the health and functional status of individuals and groups.

Examples may include:

- Demonstrates technical proficiency in measuring and documenting vital signs and test results such as blood glucose readings, urinalysis, wound and skin checks;
- Demonstrates accurate use of spirometry, electrocardiographs and other health care technologies;
- Assesses wound healing and exudate amount, type, and colour.

### 2.3 Provides care for individuals and groups in consultation with the registered nurse and/or general practitioner.

Examples may include:

- Contributes to decision making about resources needed for clinical care;
- Assesses and monitors individuals and groups;
- Follows care plans, protocols or treatment regimes;
- Assists the registered nurse in conducting nurse led clinics;
- Assesses wound healing and modifies dressing regimes accordingly;
- Assists in the administration of medicines in accordance with legal and delegation and supervision requirements;
- Assists with minor procedures;
- Assists with immunisation, wound care and chronic disease management clinics.

### 2.4 Modifies communication strategies according to individual and group circumstances.

Examples may include:

- Modifies communication style to accommodate cultural differences;

- Recognises that communication of information such as test results may impact on the wellbeing of individuals and groups;
- Recognises that the comprehension of individuals and groups may vary with health condition and wellbeing.

**2.5 Liaises with the registered nurse and general practitioner in providing evidence-based health promotion and illness management information to individuals, groups and their families.**

Examples may include:

- Recognises the need to provide information to improve or maintain health;
- Uses resources available within the practice to meet the needs of individuals and groups;
- Provides information and resources according to the needs of individuals and groups;
- Contributes to the review and update of information resources for individuals and groups.

**Management of clinical care systems**

Enrolled nurses in general practice administer and maintain the systems and processes which assist individuals, groups and the general practice team to anticipate and manage health care interventions and potential risks to facilitate quality client outcomes.

**3.1 Uses relevant guidelines, protocols and systems as evidence for practice.**

Examples may include:

- Uses guidelines, protocols or templates developed by registered nurses/general practitioners;
- Collaborates with registered nurses and general practitioners in development and review of guidelines and protocols.

**3.2 Maintains programs, registers and systems to ensure appropriate clinical care provision.**

Examples may include:

- Understands the funding, billing and business systems in general practice;
- Understands the importance and use of recall registers, pathology systems and documentation systems to assist in the care of individuals and groups;
- Uses guidelines, protocols or templates developed by the general practice team;
- Participates in quality improvement and general practice accreditation processes;

- Updates general practice registers of community resources and health service personnel.

### **3.3 Manages resources to promote optimal care for individuals and groups.**

Examples may include:

- Manages stocks and stores;
- Monitors cold chain systems;
- Manages sterilisation procedures and maintains standards;
- Documents to comply with standards such as those required for cold chain and sterilisation systems.

### **3.4 Demonstrates proficiency in the use of information management technology and systems to inform clinical care management.**

Examples may include:

- Effectively uses administrative systems designed to assist with the care of individuals and groups;
- Maintains clinical data systems including entry and retrieval processes.

### **Collaborative practice**

Enrolled nurses in general practice build and engage in a broad range of collaborative and negotiated relationships with individuals, groups, the general practice team and other primary health care and service providers to achieve positive outcomes for individuals and groups.

#### **4.1. Consults with the registered nurse and general practice team in making clinical decisions.**

Examples may include:

- Appropriately refers clients to a registered nurse or general practitioner;
- Collaborates with registered nurses or general practitioners to develop guidelines and protocols.

#### **4.2 Participates in shared decision making about care delivery with individuals, groups and members of the general practice team.**

Examples may include:

- Attends and contributes to general practice meetings.

#### **4.3 Recognises when to seek advice from the registered nurse and general practitioner about the care of individuals and groups.**

Examples may include:

- Seeks advice when the needs of individuals and groups are beyond own abilities and education;
- Understands the roles of the allied health care team;
- Understands the roles of community agencies and service providers.

#### **4.4 Shares information with the general practice team.**

Examples may include:

- Seeks out and evaluates information and resources;
- Advises others about enrolled nurses' scope of practice;
- Seeks constructive feedback about performance;
- Accurately documents care provision.

#### **4.5 Liaises with relevant community and health care agencies to facilitate continuity of care for individuals and groups.**

Examples of practice may include:

- Is aware of local referral processes and procedures;
- Contributes to the development of partnerships with other health services where individuals and groups are referred;
- Undertakes delegated referral activities.

# 5. Resources

## Specialist nursing competency standards

Title	Contact details	Address details
Standards of practice for mental health nursing in Australia, 1995	Australian and New Zealand College of Mental Health Nurses	PO Box 126 Greenacres SA 5086 F: 02 9807 2602 E: sales@anzcmhn.org W: www.anzcmhn.org
Competency standards for occupational health nurses	Australian College of Occupational Health Nurses	PO Box 1205 Tullamarine VIC 3043 T: 03 9335 2577 F: 03 9335 3454 E: admin@acohn.com.au W: www.acohn.com.au
National standards of practice for diabetes educators, 2003	Australian Diabetes Educators Association	PO Box 3570 Weston ACT 2611 T: 02 6287 4822 F: 02 6287 4877 E: adeasec@ozemail.com.au W: www.adea.com.au
Competency standards for the specialist paediatric and child health nurse, 2000	Australian Confederation of Maternal and Child Health Nurses	PO Box 184 Midland WA 6936
Competency standards for the community health nurse	Australian Council of Community Nursing Services	31 Alma Road St Kilda VIC 3182 E. accns@bigpond.com.au T. 03 95365379 F. 03 95370287
Competency standards for continence nurse advisers, 2000	Continence Foundation of Australia (VIC Branch)	C/- St Georges Health Service 283 Cotham Road Kew VIC 3101 T: 03 9816 8266 F: 03 9816 8366 E: cfavic@continencevictoria.org W: www.continencevictoria.org.au
Competency standards for the advanced gastroenterology nurse, 2002	Gastroenterological Nursing College of Australia	PO Box 483 Boronia VIC 3155 T: 1300 788 155 F: 03 9801 6352 E: admin@genca.org W: www.genca.org

Competency standards for remote area nurses, 1999	Council of Remote Area Nurses Australia	PMB 203 Alice Springs NT 0872 T: 08 8953 5244 F: 08 8953 5245 E: crana@crana.org.au W: www.crana.org.au
Competency standards for gerontic nurses	Geriaction Inc	Suite 308, 282 Victoria Avenue Chatswood NSW 2067 T: 02 9412 2145 F: 02 9411 6618 E: info@geriaction.com.au W: www.crana.org.au
Advanced competency standards for sexual and reproductive health nurses, 2002	Australian Sexual Health Nurses Association	328–336 Liverpool Road Ashfield NSW 2131 T: 02 8752 4314 F: 02 9716 5073 W: www.ashna.com.au

### Other resources

Organisation	Contact
Chemotherapy clinical practice guidelines	Cancer Nurses Society of Australia Medical Foundation Building Level 5,92 Parramatta Road Camperdown NSW 2050 T: 02 9036 3100 F: 02 9036 3101 E: info@cnsa.org.au W: www.cnsa.org.au
The Australian Immunisation Handbook 8th Edition, 2003	W: <a href="http://www1.health.gov.au/immhandbook/">http://www1.health.gov.au/immhandbook/</a> Note. Printed copies of the Australian Immunisation Handbook 8th Edition, 2003 are available from the Publications page of the Immunise Australia website; <a href="http://immunise.health.gov.au">immunise.health.gov.au</a> , by contacting the Immunisation Infoline on 1800 671 811 or by emailing <a href="mailto:handbook@health.gov.au">handbook@health.gov.au</a> .
Department of Health and Ageing	GPO Box 9848 Canberra ACT 2601 T: 02 6289 1555 E: <a href="mailto:enquires@health.gov.au">enquires@health.gov.au</a> W: <a href="http://www.health.gov.au">www.health.gov.au</a>
Medicare Australia	P: GPO Box 9822 in your Capital City T: 132 011 E: <a href="mailto:medicare@medicareaustralia.gov.au">medicare@medicareaustralia.gov.au</a> W: <a href="http://www.medicareaustralia.gov.au">www.medicareaustralia.gov.au</a>
Australian Nursing and Midwifery Council	PO Box 873, Dickson ACT 2602 T: 02 6257 7960 F: 02 6657 7955 E: <a href="mailto:anmc@anmc.org.au">anmc@anmc.org.au</a> W: <a href="http://www.anmc.org.au">www.anmc.org.au</a>

## Nurse regulatory authorities

Australian Capital Territory	PO Box 976, Civic Square ACT 2608 T: 02 6205 1595 F: 02 6205 1602 W: <a href="http://www.nursesboard.act.gov.au">www.nursesboard.act.gov.au</a>
New South Wales	PO Box K599, Haymarket NSW 1238 T: 02 9219 0222 F: 02 9281 2030 E: <a href="mailto:nursesreg@doh.health.nsw.gov.au">nursesreg@doh.health.nsw.gov.au</a> W: <a href="http://www.nursesreg.nsw.gov.au">www.nursesreg.nsw.gov.au</a>
Victoria	Level 2, 595 Little Collins Street, Melbourne VIC 3000 T: 03 8635 1200 F: 03 8635 1248 W: <a href="http://www.nbv.org.au">www.nbv.org.au</a>
Tasmania	PO Box 847, Sandy Bay TAS 7006 T: 03 6224 3991 F: 03 6224 3995 E: <a href="mailto:nbt@nursingboardtas.com.au">nbt@nursingboardtas.com.au</a> W: <a href="http://www.nursingboardtas.org.au">www.nursingboardtas.org.au</a>
Queensland	GPO Box 2928, Brisbane QLD 4001 T: 07 3223 5111 F: 07 3223 5115 W: <a href="http://www.qnc.gld.gov.au">www.qnc.gld.gov.au</a>
Northern Territory	GPO Box 4221, Darwin NT 0801 T: 08 8999 4157 F: 08 8999 4196 E: <a href="mailto:healthprofessions.ths@nt.gov.au">healthprofessions.ths@nt.gov.au</a> W: <a href="http://www.nbwa.org.au">www.nbwa.org.au</a>
Western Australia	Locked Bag 6, East Perth WA 6892 T: 08 9421 1100 F: 08 9421 1022 W: <a href="http://www.nursesboard.sa.gov.au">www.nursesboard.sa.gov.au</a>
South Australia	PO Box 7176, Hutt Street, Adelaide SA 5000 T: 08 8223 9700 F: 08 8223 9707 W: <a href="http://www.nursesboard.sa.gov.au">www.nursesboard.sa.gov.au</a>

## Nursing organisations

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Australian Nursing Federation	PO Box 4239, Kingston ACT 2604 T: 02 6232 6533 F: 02 6232 6610 E: <a href="mailto:anfcanberra@anf.org.au">anfcanberra@anf.org.au</a> W: <a href="http://www.anf.org.au">www.anf.org.au</a>
Australian Practice Nurses Association	Level 1, 595 Little Collins Street, Melbourne VIC 3000 T: 03 9614 7777 F: 03 9614 7776 E: <a href="mailto:service@apna.asn.au">service@apna.asn.au</a> W: <a href="http://www.apna.asn.au">www.apna.asn.au</a>
The College of Nursing (incorporating the NSW College of Nursing)	Locked Bag 3030, Burwood NSW 1805 T: 02 9745 7500 F: 02 9745 7502 W: <a href="http://www.nursing.aust.edu.au">www.nursing.aust.edu.au</a>
Royal College of Nursing Australia	PO Box 219, Deakin West ACT 2600 T: 02 6283 3400 F: 02 6282 3565 E: <a href="mailto:canberra@rcna.org.au">canberra@rcna.org.au</a> W: <a href="http://www.rcna.org.au">www.rcna.org.au</a>

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## Medical organisations

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Australian Divisions of General Practice	PO Box 4308, Manuka ACT 2603 T: 02 6228 0800 F: 02 6228 0899 E: <a href="mailto:adgpreception@adgp.com.au">adgpreception@adgp.com.au</a> W: <a href="http://www.adgp.com.au">www.adgp.com.au</a>
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**Competency standards for nurses in general practice**

An Australian Nursing Federation project funded by the Australian Government Department of Health and Ageing