Volume 17 Issue 4 2017

Primary Times

Supporting nurses in primary health care

Setting up nurse clinics: The building blocks for success

From registered nurse to nurse practitioner: What the journey entails

Monitoring nursing trends

When to notify a potential claim

ISSN 1838-0840

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Contents

Primary Times

Primary Times is the official publication of the Australian Primary Health Care Nurses Association (APNA) and is published four times a year in Autumn, Winter, Spring and Summer.

APNA is the peak national body for nurses working in primary health care, providing representation, professional development and support at a local, state and national level.

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APNA NEWS

FEATURES

IN THIS ISSUE

Cover photo: © Getty Images/ Portra

What we've accomplished in 2017

Karen Booth
APNA President

I want to thank each and every one of you for your membership and support in 2017. You are our *raison d'être*. On behalf of the APNA Board and the entire team, we wish all our members a happy and relaxing holiday season.

This is the time when we reflect on the year gone by and 2017 has been a very big year. It has been a big year politically, a big year in health reform and a huge year for APNA.

There is a surge of nurses being attracted into primary health care disciplines, with this year witnessing one of the strongest growths in APNA membership. Our revamped website and membership system, an attractive suite of education and membership offerings, and our nurse support line have contributed to this growth.

In 2017 APNA introduced new member benefits including the option for members to move to monthly instalments for their membership renewal so that cost can be spread across the year. APNA has also secured a very competitive professional indemnity insurance product exclusively for our members. Nurses need to be sure they are adequately protected. The professional indemnity insurance product along with an education and information package helps nurses understand why you need insurance that complies with your nursing registration. Benefits are listed on the APNA website, and I encourage you to consider your coverage.

Recognising nurses

A well supported nursing workforce is key to the success of health reforms. Nurses play a crucial role in care coordination and will be the drivers of efficient yet comprehensive primary health care. The work being done in the Health Care Homes trial sites recognises this fact. Nurses also play the role of gatekeepers of quality and safety wherever they work.

The wider nursing world, health policymakers and Primary Health Networks have showed a high level of interest in APNA's work of supporting nurses in a variety of primary health care settings. I urge you to read about our Enhanced Nurse Clinics, Transition to Practice program and the other great APNA projects on our website.

The APNA Career and Education Framework site – MyNursingFuture.com.au – was launched in August and to date we've had 8,000 unique visitors explore the site.

Turn of events

This year has seen the biggest and noisiest APNA conference ever. Hobart was a great venue for the State of the Art conference with a state of the art program and speaker list, topped off by a magnificent social event at Mona – the Museum of Old and New Art.

Congratulations to our APNA Nurse Award winners and to all those nurses doing extraordinary things in primary health care. On behalf of the APNA team, I would like to extend a big thank you to recipient of the 2017 President's Award, Samantha Moses, whose ideas, rallying colleagues and lobbying helped build the foundations of our professional association.

Sadly our dear friend, 2017 Rosemary Bryant Award winner and former board member Jane Butcher, passed away a few weeks after the APNA conference. Jane was a true hero of primary health care nursing, both pioneering and championing the role in her home state of Western Australia and then nationally with Australian Medicare Local Alliance and APNA. Jane will be greatly missed.

As we know, the event that immediately precedes our conference opening is the APNA Annual General Meeting. This was a momentous year with the updating of our constitution and the move to become a company limited by guarantee. All amendments to the constitution were unanimously accepted by the meeting attendees and proxies.

I would also like to thank APNA CEO David Malone and the team for a tremendous effort with media and webinars to ensure that our members were fully informed of the constitutional changes that were proposed. Thank you to APNA Patron Rosemary Bryant and Board Member Maurice Wrightson for leading this review.

This year APNA received the biggest number of candidates with 11 nominees for the APNA Board election. A clear indication of the growing strength and profile of primary health care nursing and your professional organisation.

Farewell to our CEO

As we come to the end of one of the most successful years for APNA, we prepare to bid farewell to David Malone. David has been APNA's CEO for the past two years and has helped drive many significant changes which includes helping to strengthen and build our association profile, offerings and member base as we move to a more modern, corporate organisation.

David has taken a role in population health with the Victorian government, an area we know he is passionate about. The Board expresses their thanks to David for his commitment, drive and enthusiasm in the role and his contribution to advance the cause of APNA as a strong and influential membership organisation. David is widely respected by stakeholders and members alike. I personally wish to thank David for his collegiality and support for me in my role as his President. He has always ensured that there was adequate information and briefings leading into important government meetings.

The Board also wishes to convey their thanks to the APNA team for their enormous contributions in 2017. Behind the scenes this team has quietly strived and driven all the APNA activities we see as members.

So put your feet up team APNA for a few weeks, 2018 does not look like it will have some quiet time either. There will be new educational offerings, new workshops and many new opportunities for primary health care nursing.

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Monitoring nursing trends

Addressing

Each year APNA undertakes an annual workforce survey through which we intend to understand our members' view and what it's like to be a primary health care nurse. This year we heard from 1,073 primary health care nurses across Australia. Here is a snapshot of what they told us.

High levels of job satisfaction

Over 80% of respondents are satisfied or very satisfied with their current role and intend to continue with a nursing or midwifery career in primary health care for the foreseeable future.

Some of the most satisfying aspects of working as a primary health care nurse were reported as:

- The provision of care to patients and their families including continuity of care
- Contributing to patient satisfaction and positive health outcomes
- Collaboration and effective team-based care
- Being a valued member of the primary health care team by staff and patients.

Primary health care nurses could be better utilised in the workplace

Many respondents felt that their education, training and qualifications are not used to the full extent in their current role. Approximately 231 respondents (29%) felt they could do more and 87 (11%) respondents indicated that most of the time they don't get to use their knowledge and skills to the full extent.

Less than half of the respondents (390 out of a total of 807) suggested to their employer or manager that they could undertake more complex clinical activities or extend their role in the workplace within their scope of practice.

When respondents suggested to their employer or managers that they could do more complex activities within their scope of practice, less than half (186 out of 390) were able to negotiate more complex tasks or extended roles.

A number of common reasons for the lack of change to more complex tasks or extended roles included lack of support by the broader healthcare team and financial and resourcing challenges.

Working conditions

Lack of time and financial remuneration were the most commonly reported factors impacting on respondents' ability to carry out their roles.

Over 400 respondents out of 793 (approximately 50%) did not have or were not sure if they had a formal and documented appraisal of their work performance in the last two years.

230 responses out of 732 (31% of respondents) have never been offered a pay increase.

Average hourly pay before tax

	WA	NT	SA	QLD	NSW	ACT	VIC	TAS
Registered Nurse	$35.58	$45.20	$38.98	$34.50	$37.75	$37.25	$37.53	$38.03
Enrolled Nurse	$24.57	*	$28.26	$27.83	$30.32	$33	$26.94	$31.98
Nurse Practitioner	$53.20	*	*	*	$46	*	$44.90	*
Nurse and Midwife	$47	$73.50	$41.48	$41.71	$40.89	$40	$36.51	$38
Direct Entry Midwife	*	*	*	*	*	*	$45.56	*

**Insufficient data*

In 2017 APNA played an active role in addressing the challenges nurses in primary health care experience.

Policy and advocacy

APNA has recently developed a position on primary health care nurse scope of practice[1]. This paper outlines the advantages of nurses working to their full scope of practice which includes not only benefits to the health and wellbeing of the Australian community but also improves the healthcare system as a whole. Where possible APNA has been advocating on behalf of members and the broader profession to ensure that the primary health care nursing workforce is better utilised.

APNA advocated for primary health care nurses to be represented on various committees and working groups to guide the policy and implementation framework for the Australian Government's Health Care Homes model. As a result APNA is now represented on the following working groups:

- Health Care Homes Clinical Reference Group
- Health Care Homes Guidelines, Education and Training Working Group
- Health Care Homes Project Advisory Group
- Health Care Homes Resource Development Group

It is apparent that APNA representatives and members have been a strong voice for primary health care nurses as various Health Care Homes resources showcase the breadth of nursing practice within primary health care. APNA Board Members Jane Bollen and Melissa Cromarty featured on a Department of Health/AGPAL webinar series[2] on Health Care Homes focusing on the role of nurses in transformation as part of the Health Care Homes trial.

A nurse practitioner can also be an enrolled patient's nominated clinician under the Health Care Homes model. Nurse practitioner and APNA member Chris Helms, with the support of APNA, played an instrumental role in advocating for this.

APNA responded to the Government of Western Australia's Sustainable Health Review. The written

nurses' needs

Shanthi Gardiner
APNA

submission[3] emphasised the diversity of the primary health care nursing role and that the workforce is well positioned to address emerging healthcare challenges.

Education, training and professional support

APNA provides a variety of professional development opportunities to strengthen and optimise an individual nurse's scope of practice.

The Transition to Practice Pilot Program, funded by the Australian Government Department of Health, supports nurses transitioning into a variety of primary health care settings through increasing knowledge, skills and confidence. Transition to practice programs are seen as valuable in supporting both the graduate nurse's professional adjustment into nursing as well as facilitating the experienced nurse's movement from one clinical setting or speciality to another. Many nurses have reported that the program has increased role clarity and job satisfaction.

Nurses intending to access education to assist them in working to their full capacity are often hindered due to financial constraints. This doesn't just include not being able to afford the education itself but also the fiscal impact of time away from work to attend and complete professional development. To offset some of the financial considerations, the Transition to Practice Pilot Program has provided funding to both the external experienced nurses who provided support to the transitioning nurses as well as their workplaces. The funding is for the workplace to provide protected time, to enable the transitioning nurses to undertake some education, clinical and professional mentoring during work hours, and provide financial support for professional development. All nurses in the program were also provided with unlimited access to a variety of both core (considered core to a primary health care nurse's foundational knowledge and skills) and optional educational activities. This supports improvements in clinical and non-clinical areas of care – competence, confidence, knowledge, skills – all required when determining an individual's scope of practice.

APNA is supporting nurses in primary health care to establish nurse clinics with seed funding from the Australian Government Department of Health. Nurse clinics are innovative models of care which provide an opportunity for primary health care nurses to strengthen and optimise their scope of practice. APNA is currently working with 11 pilot sites across general practice, aged care, community health and corrections to improve care delivery and patient health outcomes across a range of clinical areas, including diabetes, dementia, mental health and hepatitis. The broad range of nurse clinics being implemented demonstrates the breadth and scope of the primary health care nursing role. A toolkit and resources are currently being developed to increase knowledge, skills and confidence in the broader primary health care nursing sector to establish and implement nurse clinic models of care.

> ...many nurses seek assistance in understanding their scope of practice because they struggle with role ambiguity, conflicting expectations from employers and managers, and a lack of clarity regarding how to define scope of practice outside of the acute setting.

APNA's Career and Education Framework is an opportunity to improve the perceived value and professionalism of the nursing role in primary health care. It also provides a platform to promote and describe the breadth of the primary health care nursing role.

By completing the self-assessment tool, embedded in the My Nursing Future website – www.mynursingfuture.com.au – a personalised report will assist individuals to:

- Identify your level of practice
- Identify areas you would like to progress, set career goals, and optimise your individual scope of practice
- Assist you to actively plan your CPD
- Showcase your skills, knowledge and experience, and demonstrate to managers or employers how your skills can be better utilised
- Results can be built into your nursing role and key performance indicators with your employer or manager.

APNA's Nurse Support Line is a member-only service that assists nurses to determine their professional scope of practice. A review of APNA's nurse support and enquiry database indicates that many nurses seek assistance in understanding their scope of practice because they struggle with role ambiguity, conflicting expectations from employers and managers, and a lack of clarity regarding how to define scope of practice outside of the acute setting.

APNA is aware that a lack of understanding of a nurse's scope by some employers may translate into a lack of recognition and acknowledgement of performance. APNA empowers its members via the Nurse Support Line to have a conversation with their employers about specific working condition issues to bring about positive change.

You can read more about all of these initiatives and programs on the APNA website at www.apna.asn.au or get in touch with our policy and advocacy team by emailing policy@apna.asn.au.

References

1. APNA Position Statements: https://www.apna.asn.au/profession/APNA-position-statements
2. Practice nurse's role in transformation (October, 2017). Australian Government Department of Health and Australian General Practice Accreditation Limited (AGPAL). https://vimeo.com/239768568/24fbddd3bc
3. APNA's response to the Western Australian Sustainable Health Review (October, 2017). https://www.apna.asn.au/profession/consultations-and-submissions

CPD update

Workshops throughout the year

This year APNA was proud to present a series of educational workshops on Foundations of General Practice Nursing and Contemporary Chronic Disease Management. The workshops welcomed over 1,100 eager nurses across the country including all capital cities as well as regional cities like Albany in Western Australia and Taree in New South Wales.

The two-day workshops were developed and delivered by experienced nurses and nurse educators. It provided an overview of the knowledge and key skills required by nurses in various roles across the primary health care sector.

We received an overwhelming amount of praise for the content of the workshops, given to us by the participants who were excited to head back to their workplaces and implement what they had learnt. The workshops also gave primary health care nurses an excellent opportunity to meet, network and exchange experiences with each other.

Have your say

"Thank you for this wonderful experience. This workshop met all its learning objectives and my personal needs to work in this new environment as a practice nurse. Each presenter brought passion and knowledge to every subject."

Foundations of General Practice Nursing Delegate, Melbourne, July 2017

"Absolutely fabulous. Thank you so much. It is great to get updated and learn in such an entertaining way."

Contemporary Chronic Disease Management Delegate, Perth, August 2017

"I would like to thank everyone who contributed to the workshop. It's not every day you feel as if you have gained knowledge from a workshop. I feel like every aspect of the two days will be helpful in my future as a practice nurse. Thank you so much for the confidence you have given me."

Foundations of General Practice Nursing Delegate, Tamworth, September 2017

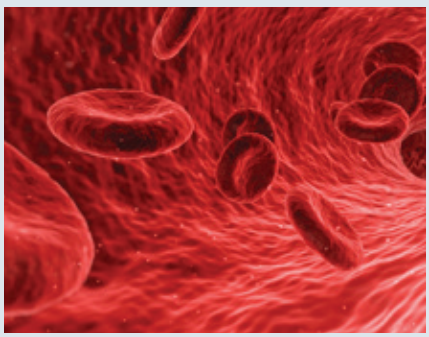
Margo Asimus; RN, Midwife, Nurse Practitioner, Skin and Wound Care Consultancy: *Margo Asimus has travelled to different parts of the world talking about her area of expertise and educating some of the best wound management experts. We were lucky to have her lead the discussion on wound management as part of our workshops in Tamworth, Taree and Newcastle.*

Ros Rolleston at our workshop in Canberra: *"Every patient encounter is an opportunity to improve and increase health literacy levels," Ros Rolleston said at our Foundations of General Practice Nursing Workshop. She urged nurses to advocate for health promotion in primary health care.*

APNA Online Learning: New course available

Haemochromatosis for Nurses

Haemochromatosis is the most common genetic disorder in Australia. Yet, people with early haemochromatosis are asymptomatic and are generally unaware of their condition. If untreated, haemochromatosis can cause impotence in men, diabetes, cardiomyopathy and cirrhosis of the liver. Developed by Haemochromatosis Australia Inc for APNA, this course will provide you with an understanding of haemochromatosis, its symptoms, diagnosis and management. Free for APNA members, the Haemochromatosis for Nurses course will take approximately one hour to complete.



Jessica Loschiavo
APNA

According to our surveys...

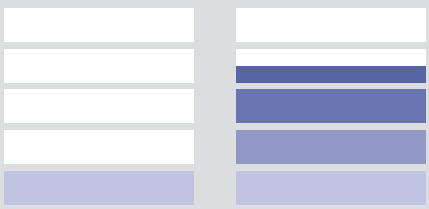
Foundations of General Practice Nursing Workshop

nurses attended **19** workshops

Q Did the workshop meet your needs? And was it relevant and good value for money?

20% AGREE

70% STRONGLY AGREE



70% said the workshop met their expectation

90% of the feedback was positive

Contemporary Chronic Disease Management Workshop

Did the workshop satisfy your needs?

20% VERY SATISFIED

70% EXTREMELY SATISFIED

596 nurses attended **18** workshops

76% said they found the curriculum relevant

A peek into 2018

Following the success of this year's workshops, 2018 is set to be another great year for events and education. Pull out your day planners 'cause our CPD calendar is ready for you.

February

9 Friday–10 Saturday
WORKSHOP
Contemporary Chronic Disease Management
Melbourne

23 Friday–24 Saturday
WORKSHOP
Foundations of General Practice Nursing
Brisbane

March

2 Friday–3 Saturday
WORKSHOP
Foundations of General Practice Nursing
Sydney

16 Friday–17 Saturday
WORKSHOP
Contemporary Chronic Disease Management
Gold Coast

16 Friday–17 Saturday
WORKSHOP
Foundations of General Practice Nursing
Melbourne

23 Friday–24 Saturday
WORKSHOP
Foundations of General Practice Nursing
Darwin

April

6 Friday–7 Saturday
WORKSHOP
Foundations of General Practice Nursing
Hobart

20 Friday–21 Saturday
WORKSHOP
Contemporary Chronic Disease Management
Sydney

27 Friday–28 Saturday
WORKSHOP
Foundations of General Practice Nursing
Adelaide

May

10 Thursday–12 Saturday
APNA NATIONAL CONFERENCE
Nurseforce for the Future
Brisbane

25 Friday–26 Saturday
WORKSHOP
Contemporary Chronic Disease Management
Melbourne

June

8 Friday–9 Saturday
WORKSHOP
Foundations of General Practice Nursing
Perth

15 Friday–16 Saturday
WORKSHOP
Foundations of General Practice Nursing
Canberra

July

20 Friday–21 Saturday
WORKSHOP
Foundations of General Practice Nursing
Sydney

27 Friday–28 Saturday
WORKSHOP
Foundations of General Practice Nursing
Melbourne

August

3 Friday–4 Saturday
WORKSHOP
Foundations of General Practice Nursing
Brisbane

17 Friday–18 Saturday
WORKSHOP
Foundations of General Practice Nursing
Adelaide

September

7 Friday–8 Saturday
WORKSHOP
Updates in Primary Health Care
Sydney

October

26 Friday–27 Saturday
WORKSHOP
Updates in Primary Health Care
Brisbane

November

2 Friday–3 Saturday
WORKSHOP
Updates in Primary Health Care
Adelaide

16 Friday–17 Saturday
WORKSHOP
Updates in Primary Health Care
Melbourne

Foundations of General Practice Nursing Workshop

APNA's Foundations of General Practice Nursing workshop gives an overview of the knowledge and key skills required by nurses who are new to or transitioning into general practice, those interested in learning the basics of general practice nursing, and experienced nurses looking for an update in current general practice nursing.

Contemporary Chronic Disease Management Workshop

APNA's Contemporary Chronic Disease Management workshop covers four key areas of primary health care nursing: spirometry, wound management, care coordination and mental health. This workshop is perfect for nurses in all primary health care settings.

Updates in Primary Health Care Workshop

Refresh your knowledge and skills with APNA's newest Updates in Primary Health Care workshop. The ever-changing program delves into the nitty gritty and provides you with a thorough update on diverse topics. Sessions may include cardiovascular health, diabetes, care plans, asthma, health coaching, wound care, and more – check what's on offer in your area when you register.

Setting up a nurse clinic: The building blocks for success

Linda Govan
APNA

APNA's Enhanced Nurse Clinics project identifies the key factors that influences the growth of nurse clinics within a primary health care setting.

Nurse clinics are not a new concept, and operate in many settings from acute care to primary health care, both nationally and internationally. And while the format of these clinics may vary, their positive benefits and impacts are recognised[1] with studies indicating nurse clinics result in improved health outcomes, reduced waiting times for care and decreased rates of hospital admission. Furthermore, in areas experiencing health workforce shortages, including rural and remote areas with limited access to healthcare services, nurse clinics offer patients improved opportunities to access healthcare, treatment and advice.

With efforts to increase the acceptance and uptake of nurse clinics, which is a key focus of the APNA's Enhanced Nurse Clinics project, we undertook a comprehensive user experience consultation. This process intends to better understand the needs of the sector and how best to support the adoption of nurse clinics and their role in the delivery of team-based approaches to care.

The development of the tools and resources needed to support this goal has helped us understand and highlight the factors which influence nurse clinics' acceptance and uptake. It has also assisted us in identifying the key components (building blocks) required when considering setting up and running a nurse clinic, within a primary health care setting. These resources will be available on the APNA website in January 2018.

Factors that influence the uptake of nurse clinics in primary health care

Through a series of consultations with primary health care nurses, practice and health service managers and general practitioners from August to November 2017, a number of themes have emerged which impact the uptake of nurse clinic models of care in primary health care settings. These include:

Lack of awareness and inspiration

Nurses and others involved in primary health care are frequently unaware that alternative models such as nurse clinics exist and have specific benefits. One example is increased clinical efficiency and the opportunity for nurses to work to their full scope of practice.

"Increasing the nurse scope (of practice) happens in this model, which really increases job satisfaction in this setting. That's been really big for us."

Meghan Campbell from the Teen Clinic, in Bega Valley, New South Wales

A lack of comprehensive information

The consultation revealed that there is no single source of accessible, credible and practical information for anyone interested in learning more about nurse clinics. Although there is a range of information available, it is scattered across multiple sites, mediums and levels of access.

Reluctance to change how care is delivered in primary health care settings

Resistance to the concept of nurse clinics was reflected in a variety of ways ranging from a preference for the familiarity with the established systems and processes, to lack of knowledge regarding funding and sustainability, and a lack of clarity regarding the level of clinical expertise required to develop a nurse clinic. As one enhanced nurse clinic participant stated, being more flexible when booking patients helped improve the community's acceptance of their nurse clinic model.

"I guess one thing we've noticed that's changed is that we've all become a little more flexible in how we deal with young people. The whole practice has become more flexible like that. Even if somebody turns up and it's not teen clinic time, reception will never turn them away. They just say, "Sure. Have a seat." Then the nurses are called, and then we all work out how to squeeze them in, and make a plan for how we're going to manage them that day."

Meghan Campbell from the Teen Clinic, in Bega Valley, New South Wales

There are no blueprints

Without a comprehensible end-to-end view of operations and setup within a clinic, it has been difficult for nurses to fully understand all the steps involved in setting up a nurse clinic. This adds another barrier to the process.

Unrealistic expectations of nurses

Current narratives around nurse clinics also suggest that nurses are solely responsible for the majority of tasks required in the operation of the clinic. This level of expectation places an unrealistic burden on nurses while undermining the collaborative team-based approach nurse clinics require for long-term success.

Benefits of a nurse clinic at a glance

For the patient:

- Increased patient satisfaction
- Improved quality of life
- Improved clinical outcomes
- Increased understanding of chronic disease
- Improved access to health professionals such as allied health referrals

For the practice team:

- Improved communication amongst team members
- Increased respect for the role of the nurse in the clinic
- Increase in confidence among nurses

Setting up a nurse clinic: The building blocks for success

Continued from previous page

Clinics are similar but unique

Clinics face similar types of challenges to one another but they are, by nature, responsive to the needs of their patient communities. The interest and experience of the nurses operating the clinic, the type of treatment it provides and the workplace it operates from will vary from one clinic to another. Creating a single, one-size-fits-all model for all clinics to adopt is not only difficult, it diminishes the greatest advantage of the clinic model – adaptability.

Training is difficult to access

Primary health care nurses often need to complete additional study and training to set up and run clinics. However, access to training is often impacted by cost (either to the nurse or the organisation) and availability.

Let's break it down

To understand the range of content to include and the level of detail we asked the following questions:

Can you identify gaps in knowledge prior to starting your nurse clinic?

Responses ranged across:

- a general lack of awareness of, and how to set up, a nurse clinic
- concern regarding level of clinical expertise required
- lack of financial knowledge including how to apply for grants, how to engage the team, what data to collect, information on systems, process, and the legalities required.

What were the key activities required in the planning stage?

Answers focused on: understanding the population health need, how to engage with the clinical leadership team, and other internal and external stakeholders such as being clear about the model of care, the systems and processes, roles and responsibilities, professional development needs, and evaluation.

Photo: © Getty Images/ Eva-Katalin

Essential knowledge in the operation of a nurse clinic?

Along with the above, the respondents reinforced the need for a strong clinical knowledge base supported by further professional development, a model based on the available evidence and with a well-defined scope, supported by policies and protocols.

What does this tell us?

With a greater understanding of these factors, our challenge has been developing resources that address these needs and support the sector in adopting nurse clinics as a sustainable and effective means of addressing the increasing demands on the delivery of healthcare in the primary health care setting. To achieve this we have adopted a modular approach – the building blocks.

Acknowledging that there is no one-size-fits-all approach that will work for clinics, the consultation supported the concept of building blocks which are the key components required when considering setting up and running a nurse clinic. These building blocks can be arranged in any order. The success of the nurse clinic will then depend on developing a model that suits the local context, accounting for factors such as the community need, nursing availability and expertise and organisational capacity.

And to support awareness of the building blocks, APNA has created an online resource that contains information that is focused on the practical aspects of setting up nurse clinics, including templates and guidelines which are targeted and practical. In addition, we will showcase a number of clinics involved in the enhanced nurse clinic project in relation to their experience with all of the building blocks – what worked and what didn't.

For more information head to www.apna.asn.au/nurseclinics.

References

1. Howe, S., 2016. Nursing in Primary Health Care (NiPHC) Program – Enhanced Nurse Clinics: A review of Australian and international models of nurse clinics in primary health care settings. s.l.:s.n.

The Building Blocks

A clear plan

- Identifying opportunities
- Creating the plan
- Aims and goals
- Clinic models

Funding

- Types of funding and how they apply to clinics
- Sustainability

Location and facilities

- Physical space
- Clinic operating times
- Equipment

Staffing and human resources

- Roles and responsibilities
- Human resource policies and planning
- Professional development
- Working as a team
- Formulating relationships

Best practice

- Evidence-based care
- Clinical guidelines
- Quality improvement approach

Patient engagement

- Patient pathways
- Creating appointments
- Reminders and recalls
- Promoting the clinic

Supporting systems and process

- Appointment systems
- Referrals
- Patient registers
- Forms, templates and policies
- Data management

Evaluation and improvement

- Health outcomes
- Clinic efficiency
- Evaluating the patient experience

Nurseforce for the Future

Excitement builds as preparations are underway for APNA's 2018 National Conference: Nurseforce for the Future. The three-day event will be held at the Brisbane Convention and Exhibition Centre in sunny South Bank from 10 to 12 May.

After a 96% satisfaction rate, record numbers of nurse delegates, speakers, sessions and sponsors buzzing around the Hobart honeypot for the 2017 annual conference, in 2018 APNA intends to take nurses to the next level of professional and personal fulfilment.

The balanced program will draw a diverse range of delegates from the broad primary health care space, serving as a catalyst for lively discourse, new connections and importantly, professional development.

Now into its tenth year, APNA's national conference for nurses working in primary health care will be a celebration, and a vehicle to further establish our strong reputation for delivering invaluable career development and networking in 2018.

Behind the force

The primary health care nursing workforce is the fastest growing area of nursing. APNA advocates for the pivotal role of primary health care nurses in the healthcare system. It gives nurses a voice, campaigns on your behalf on relevant national health policy, and endeavours to advance the education and career development of nurses.

The national conference provides a preeminent platform to recognise and celebrate what has been achieved by primary health care nurses, and to further cultivate the expertise and collegiality of our formidable nurse workforce – the Nurseforce for the Future.

APNA's vision is a healthy Australia through best practice primary health care nursing. Australia's 'nurseforce' is a passionate, capable, scientific, diverse, progressive movement. There are nurses in primary health care across the country ready to optimise their capacity to bring about sustainable and positive health outcomes for individuals, families, communities, and our nation.

Nurseforce for the Future is the opportunity to showcase nurses who are responding to their environment and employing innovative, evidence-based approaches to deliver safe, high quality, patient-centred care. This is the time to harness the aspirations and expertise of the diverse delegation to pave the way for personal and professional growth.

You are in for one amazing ride

Drawing on feedback from our members and CPD participants, the expertise of nurse consultants, and articles highlighting key issues and trends in healthcare, the APNA conference team has developed a relevant, fun and thought-provoking program for nurses.

The conference will provide delegates with opportunities to:

- Extend your scope of practice through hands-on clinical and leadership workshops
- Be inspired by peers
- Enhance your education and build on current skills including updates on key guidelines and pressing policy issues
- Learn about new and innovative roles for nurses and models of care that can be adopted in similar settings
- Have input into key issues affecting nursing in primary health care
- Exposure to 50+ industry-leading exhibitors for further learning and relationship building
- Attain the CPD hours required for the year to meet national registration obligations.

Starting on Thursday 10 May with a broad selection of half-day workshops – from managing wounds to running a nurse clinic – delegates will be spoilt for choice from the get go at Nurseforce for the Future.

APNA members are warmly invited to the Annual General Meeting in the afternoon, before the conference officially kicks off for all delegates with the Meet and Greet Welcome Drinks in the Exhibition Hall from 5:15pm on Thursday evening.

Friday 11 and Saturday 12 May offer action-packed lineups, commencing bright and early with Breakfast Sessions feeding your minds (and bellies!) before a full day of learning and connecting.

Plenaries on Friday and Saturday will feature dignitaries, panel discussions and a hand-picked selection of keynotes to address the nurseforce on emerging issues in healthcare, while also exploring broader themes such as leadership, communication and change.

Abstracts and presentations will run through the middle of the day in five concurrent streams:

- Innovation
- Models of care
- Quality and safety
- Workforce recruitment, development and retention
- Embracing change

A great deal of thought has gone into the topics tailored for this vibrant program; whether you are taking part in a chronic disease management session to advance your

Rosie Oldham
APNA

Brisbane's Story Bridge

clinical practice, or looking to take on some leadership and/or build capacity in your workplace – there is something for everyone.

This is your captain speaking

A trailblazer and advocate for women's health, Jean Kittson is a campaigner for education, youth, health, equal opportunity and ageing; making her an ideal MC to lead the charge at Nurseforce for the Future.

Actor, comedian, author, scriptwriter, public speaker, ambassador and Australian icon, Jean Kittson is a force to be reckoned with.

Having starred in countless popular Australian productions (television, cinema, theatre, stand-up comedy, radio – you name it!), Jean has lit up every stage in entertainment and the APNA National Conference will be no exception. Winner of the Best Comedy Performance at the Melbourne Comedy Festival, nominations for a Logie and an Australian Film Industry Award, writing including the definitive book on menopause, and a regular panellist on ABC 702 radio drive program are a few examples of the calibre of talent we will be treated to.

But what sets Jean apart from other MCs on the circuit is her commitment to various health initiatives. Jean is a proud Patron of Palliative Care Nurses Australia, a Founding Director of the National Cord Blood Bank, the inaugural Chair of the Australian Gynaecological Cancer Foundation, a founding Ambassador for Ovarian Cancer Australia, and many more ambassador roles, boosting the profiles and playing a part in strengthening these health organisations.

Passionate, intelligent, and engaging, Jean is an expert in making the general personal, the esoteric accessible, and the complex simple and relatable.

With the reins safely in hand, the switched-on Jean is well positioned to help our diverse assembly of nurses navigate the must-see features of this cutting-edge, lively Nurseforce for the Future conference.

Nurseforce for the Future MC Jean Kittson

Robbie Bedbrook

Nurseforce for the Future

Continued from previous page

Buckle yourselves in for some inspiration

Retired Major Matina Jewell has translated her 15 years of military experience into a fascinating keynote address that will amaze and inspire you.

APNA is honoured to have Matina connecting with our group of similarly driven and capable nurses.

The peaceful hinterland of Byron Bay, New South Wales, where Matina hails from is a long way from the five overseas operational missions to which Matina was deployed. Capping off her distinguished career as the recipient of eight military service medals, Matina has many stories, and importantly lessons, that will challenge your thinking and inspire change in your life, not just in your nursing.

Matina's story is one of courage under pressure, of authentic leadership learnt over a trailblazing military career, and a story about seeing change as opportunity and motivating others. We can't wait to hear it!

A joyride to blow your hair (and cape) back

Nurseforce for the Future will recognise the outstanding work of nurse leaders at the 2018 APNA Nurse Awards on Friday morning in the Opening Plenary.

This is also a time to celebrate the diversity of backgrounds and expertise of this nurseforce, but equally, its collective experience and passion. Letting your hair down with your peers at the major social event of the conference on the Friday night certainly is one way to rejoice all we have and can achieve!

Stokehouse Q, one of Brisbane's leading riverside destinations, will be the venue, a stone's throw from the Brisbane Convention and Exhibition Centre, encapsulating the best of absolute waterfront locations with an open-air space for a balmy cocktail event spent indulging in incredible food, drinks, mingling, dancing and entertainment.

In keeping with the Nurseforce for the Future theme, Nurseforce Superheroes! is the theme of the night – so we ask delegates to start thinking about the superheroes they have an affinity with, or perhaps the super power they have tucked away (or might wish they had!) powering their nursing journey.

Take flight and marvel at the breathtaking views from the vantage point of the Brisbane Wheel on the picturesque Brisbane River en route to the cocktail night.

We know that nurses are everyday heroes that don't wear capes, well Friday 11 May 2018 is the night you can. Places will be limited, so be sure to secure your ticket.

Check out www.apna.asn.au/conference-2018 or contact conference@apna.asn.au for regular updates and key information about Nurseforce for the Future.

Abstracts are open for submission until early January.

Limited sponsorship opportunities are still available.

Registrations open in January 2018.

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NEW ONLINE EDUCATION MODULE AVAILABLE FOR NURSES

INFANT NUTRITION – THE CASE FOR LEAVING OUT A1 BETA-CASEIN

Learning Objectives

On completion of this program, participants will be better able to:

- Describe the differences between A1 and A2 type beta-casein proteins and their role in supporting the nutritional requirements of infants and toddlers.
- Outline the differences in structure between A1 and A2 beta-casein variants and their differing breakdown during digestion, and how this may affect a baby or toddler.
- Assist caregivers to select a suitable infant formula for their baby's needs.
- Address feeding concerns for caregivers with infants experiencing 'colic-like symptoms', and lactose or protein intolerances.

Prepared and reviewed by:

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Meet Nikki and Micah

"Nikki is a first-time mother with an 11-month old son Micah.

Presentation

Nikki presents to you looking tired and anxious with her 11-month old son Micah. She has recently stopped breastfeeding exclusively and has been giving Micah a couple of bottles of infant formula as well as transitioning him to 'table foods' over the past several months."

What would be your approach to this case study?

To participate in the **Infant nutrition – the case for leaving out A1 beta-casein** program, follow these easy steps:

- Go to **www.mdBriefCase.com.au**
- Login or register if it is your first visit (it's free and confidential)
- Select **Infant nutrition – the case for leaving out A1 beta-casein** program listed under the "Specialist Programs" tab

This activity has been endorsed by APNA according to approved quality standards criteria.

Completion of this educational activity entitles eligible participants to claim **1.50** CPD hours.

APNA CPD ENDORSED 2017

From registered nurse to nurse practitioner: What the journey entails

Photo: © Getty Images/ SelectStock

Nurse practitioner and APNA member Denise Lyons reflects on working as a nurse practitioner in primary health care in Australia.

Becoming endorsed as a nurse practitioner requires registration as a registered nurse, as well as a Master's degree in nursing and advanced clinical training. Nurse practitioners also undergo a rigorous process to gain endorsement by the Australian Health Practitioner Regulation Agency (AHPRA) and adhere to a code of ethics. There is a large body of evidence that suggests nurse practitioners deliver the same quality of care as doctors, and patient outcomes for nurse practitioners were comparable to physicians. As most nurse practitioners start their careers as registered nurses, they are usually empathetic, attentive and good listeners, who provide holistic patient-centred care.

Nurse practitioners working in primary care tend to focus more on prevention and, as we are educated differently than our medical colleagues, we have different models of how we care for patients. Nurse practitioners work in a collaborative care model with doctors and these roles complement each other to improve patient outcomes. Care costs and avoidable hospitalisations are at their lowest when patients are treated by an optimal mix of primary care professionals, with everyone in the team working at the top of their scope of practice.

Why did I consider being a nurse practitioner?

Barely a week passes without being asked:

"Why would you take on all of that extra responsibility for not much more pay?"

"Why didn't you just go to medical school?"

"Why do you work in primary care – you'd make more money in the acute sector?"

Denise Lyons
Nurse Practitioner

And my answer? I love working as a nurse practitioner in primary care and being a member of a general practice team, where we complement each other's skills and abilities to get the best health outcome for our patients. It is the best job I have ever had. The pinnacle of clinical care pathway for nursing is the nurse practitioner's role. I would encourage other nurses who are considering the nurse practitioner role to jump right in.

The nurse practitioner role was introduced in Australia in 2000[1]. Since then, nurse practitioner positions have been established in all states and territories and in a number of disciplines. Nurse practitioners are playing an increasing role in meeting service system gaps, improving health outcomes, and potentially contributing to a reduction in healthcare costs by delivering care that is flexible, innovative, and professionally rewarding[2].

There are over 1,000 nurse practitioners working in Australia, and a recently published paper identified 77 privately practicing nurse practitioners in Australia, with the highest proportion of participants specialising in general practice or primary care, mental health and aged care community settings[3]. Although the number of nurse practitioners working in primary care is currently small, numbers are growing in response to recent policies, including changes in legislation allowing endorsed nurse practitioners working in collaboration with a medical practitioner to access the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS)[4]. The Australian Government is also encouraging primary care practices to consider working with nurse practitioners to improve the effectiveness and efficiency of the healthcare system[5].

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Legislative framework

Nurse practitioners practice in accordance with Commonwealth, state and territory legislation and professional regulations. This includes each state and territory's poisons and/or therapeutic goods legislation, as well as other legislation relevant to the nurse practitioner scope of practice and professional role such as notifiable diseases legislation. Most states and territories have developed strategies and/or tools for developing and implementing the nurse practitioner role in their own jurisdiction. Regulation and endorsement of nurse practitioners is controlled by AHPRA working in cooperation with the Nursing and Midwifery Board of Australia (NMBA).

Standards for professional practice

The NMBA governs the professional conduct of nurse practitioners. Its publications are the core standards for nurse practitioners in Australia which include[6]:

- *Nurse practitioner standards for practice*
- *National competency standards for the registered nurse*
- *Code of ethics for nurses in Australia*
- *Code of professional conduct for nurses in Australia*

Endorsement

To be eligible for endorsement as a nurse practitioner, the registered nurse must demonstrate the following[7]:

- Current general registration as a registered nurse
- The equivalent of three years' ful-time experience in an advanced practice nursing role, within the past six years from date of application seeking endorsement
- Successful completion of an NMBA-approved nurse practitioner qualification at Master's level or education equivalence as determined by the NMBA
- Compliance with the NMBA's *Nurse practitioner standards for practice*
- Compliance with the NMBA's *Registration standard: Continuing professional development*

A list of the Australian tertiary institutions offering the Master of Nursing course can be found on the AHPRA website[8].

APNA advocates nurse practitioner prescribing

In June 2017 APNA provided feedback to the Australian Government Department of Human Services on the proposed changes to Group 1 – PBS/RPBS Computer Prescription Stationery.

APNA's submission supported the standardisation of computer prescription stationery to support current prescribing practices, particularly those with multiple prescribers within the same practice.

Feedback to the Department also voiced concerns raised amongst our nurse practitioner membership that some pharmacists are currently rejecting nurse practitioner prescriptions despite prescribing being within their scope of practice. Therefore to minimise ambiguity, APNA strongly advocated for a clear communication and education strategy around prescribing and dispensing requirements for all relevant stakeholders.

New computer prescription stationery phased in

A standard green and white PBS/RPBS computer prescription form for all eligible prescribers has been be phased in from 1 December 2017 by the Australia Government Department of Human Services. Current PBS/RPBS computer prescription forms will remain valid and health professionals can continue to use them until they run out.

Key changes to the PBS/RPBS computer prescription stationery

- Department of Human Services contact details printed on the back of the computer prescription form instead of the prescriber/practice details
- A 'Prescriber type indicator' tick box on the bottom left side of the computer prescription form has been included for allied health prescribers, including doctors, dentists, optometrists, midwives and nurse practitioners
- Allied health prescribers must tick the 'Prescriber type indicator' tick box to ensure the prescriber type is clearly marked for the dispensing and supply of PBS/RPBS medicines for their patient

From registered nurse to nurse practitioner: What the journey entails

Continued from previous page

Opportunities and challenges

> "At times I feel like part of the role description should include 'ambassador', as I spend a lot of time educating stakeholders and have developed a quick one minute elevator speech to explain the role in almost any situation."

Nurse practitioners can provide benefits for patients including increased access to more timely appointments and more choice of practice team member. This has the potential to improve patient satisfaction and health outcomes. Nurse practitioners can prescribe some medicines, order and interpret diagnostic tests, and refer patients to other health professionals. This can provide flexibility for general practitioners who may decide to take on more patients or to lighten their case load by referring appropriate patients to the nurse practitioner for collaborative case management, patient education and review. These opportunities reconfigure how the practice team works, by improving teamwork and enhancing shared patient encounters, which can contribute to greater job satisfaction for all team members. This has certainly been my experience.

Economic benefits for general practices include opportunities to generate new revenue streams through MBS billing and gap fees, and potentially by working differently as a practice team. The practice can realise cost efficiencies, for example by increasing practice capacity while reducing average cost per consultation. As general practitioners do not have to be involved in patient consultations, there is no need for patients to wait for the general practitioner's sign off as the consultation can be billed under the nurse practitioner provider number. This also removes unnecessary duplication of work in cases where patients might otherwise see a nurse practitioner rather than a general practice nurse and general practitioner. Thus the addition of a nurse practitioner to a primary health care team has the potential to address workforce issues and potential shortages. The nurse practitioner also offers a more efficient mix of clinical skills within the overall practice team – the right person delivering the right level of service at the right time.

And the challenges? Yes there are a few, but they have not been insurmountable in my experience.

Recognition and acceptance of the nurse practitioner role by other healthcare professionals, patients and the general community

There has been very good support and enthusiasm for this role from both patients and general practitioners. A huge part of the process has involved education of patients and other healthcare professionals. At times I feel like part of the role description should include 'ambassador', as I spend a lot of time educating stakeholders and have developed a quick one minute elevator speech to explain the role in almost any situation. As there are strategies and/or policies supporting and promoting the nurse practitioner role in place around most states and territories, I am optimistic that the role will become 'normalised' over time. It is heartening to know that there is very strong evidence of patient satisfaction with care provided by nurse practitioners and this body of evidence is growing.[9]

Cost of education

Study assistance schemes and scholarships for nurses are available in most states and territories, which can provide financial support for the costs of undertaking tertiary studies.

Lack of a clear career pathway

It is important to clearly identify the need and justification for the role before implementation. I don't believe that I would have found as much professional satisfaction in the role without the cooperation and support of the fantastic healthcare team I work in. They have provided assurance of the availability of a nurse practitioner position and ongoing support before I undertook the commitment to study. I have also received great support from the Australian College of Nurse Practitioners, the national peak body for nurse practitioners in Australia.

So to come back to my original question – why would I consider being a nurse practitioner?

My initial impetus for moving into the nurse practitioner role was to increase patient access to care, to provide a cost-effective and high quality care, and to improve my overall satisfaction at work by increasing my ability to work autonomously. I can honestly say these goals have been met, and I love my job! I would encourage any nurses who are thinking of taking the step to do so. You won't regret it.

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The way cervical screening occurs in Australia is changing

The renewal of the National Cervical Screening Program has been implemented.

Australia has one of the lowest rates of cervical cancer in the world, largely as a result of the success of the National Cervical Screening Program over the last 25 years.

The program is changing based on the latest available evidence on the development and prevention of cervical cancer.

The Pap test is being replaced with a Cervical Screening Test. In the past, the two-yearly Pap test looked for changes in the cells of the cervix. The new test looks for the human papillomavirus (HPV) that causes nearly all cervical cancers.

HPV is a common virus transmitted through sexual activity. The body normally clears the virus itself. When it is persistent, cells can change and cervical cancer can develop. This can take more than 10 years. The new test is more effective at detecting women at risk of developing cervical cancer by detecting HPV. Even women who have had the HPV vaccine will need cervical screening because the vaccine does not protect from all the types of HPV that cause cervical cancer.

Requesting the new Cervical Screening Test: What providers need to know

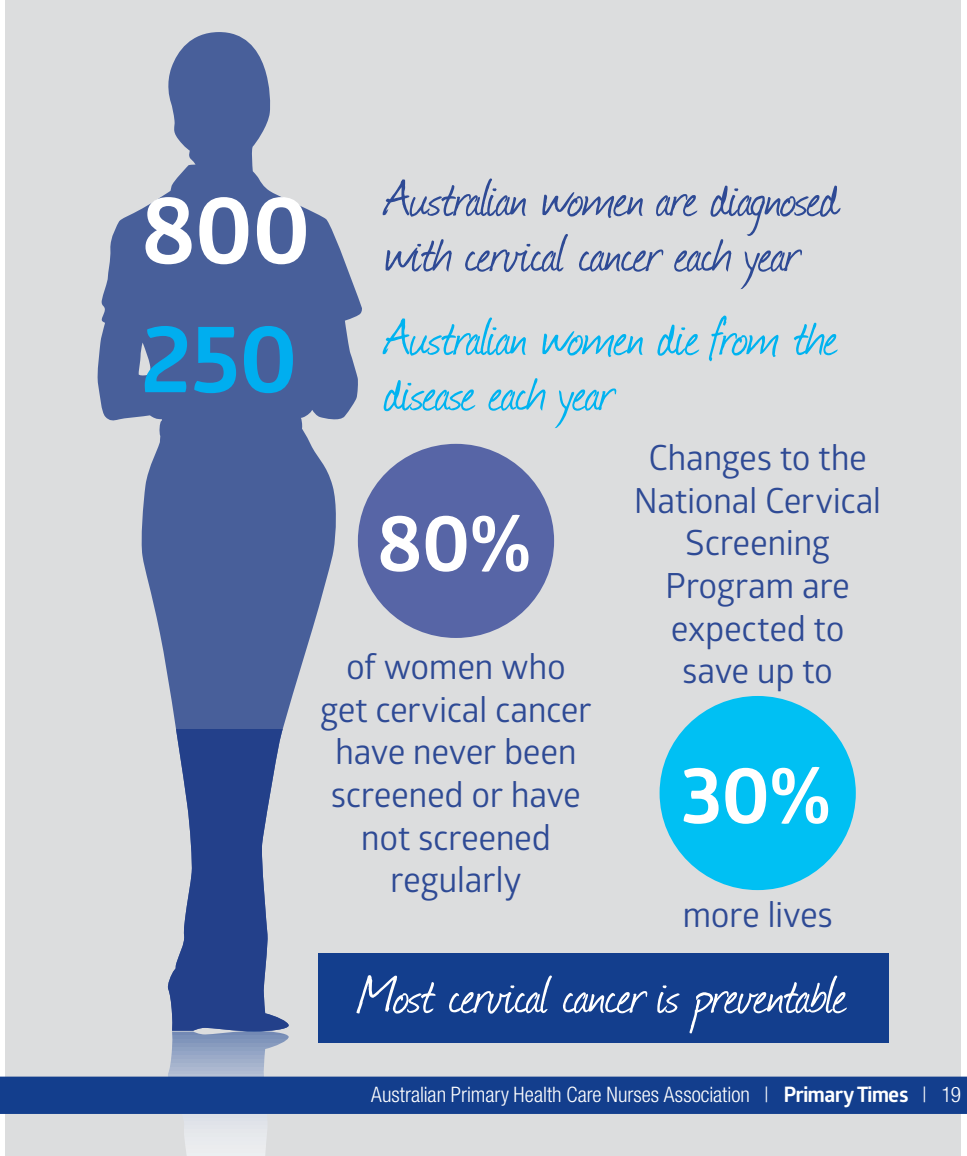
From 1 December 2017 pathology Medicare Benefits Schedule (MBS) items for cervical screening will change. This will have practical implications for service providers, clinicians, and consumers alike.

- There will be new pathology MBS items for cervical and vaginal screening tests, to reflect changes to the National Cervical Screening Program, aligning with clinical best practice. The previously used MBS cervical screening items will be deleted.
- After this date Pap tests will no longer be eligible for Medicare rebates, meaning that patients may be charged if this test is requested.
- Pathology laboratories will assign the correct pathology MBS item number based on the information provided on the request form.
- Appropriate assignment of pathology MBS numbers is important in ensuring that patients avoid unnecessary out-of-pocket expenses for testing. It also enables laboratories to provide the correct clinical management recommendations, and accurate and timely reports on testing rates[1]. This will in turn support the ongoing monitoring and evaluation of the new National Cervical Screening Program.
- There are new conventions for requesting tests but any additional clinical information that supports the screening or test type requested should also be written on the form.

Supporting a revised clinical pathway

The MBS items for cervical and vaginal pathology testing for cervical pre-cancer and cancer have been updated to support the revised clinical management pathway and renewed National Cervical Screening Program. There will be seven new MBS item numbers, and the currently used item numbers will be deleted.

The renewed National Cervical Screening Program now centres on human HPV testing with partial genotyping, and reflex liquid-based cytology (LBC), where indicated. This will better identify patients at risk of pre-cancerous abnormalities and cervical cancer.[2] The purpose of the change is to deliver a more effective program based on current evidence and best practice.



The way cervical screening occurs in Australia is changing

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About the changes

There are several major changes to cervical screening practice in the renewed National Cervical Screening Program.

- The Pap test will be replaced with the more accurate Cervical Screening Test
- The time between tests will change from two to five years
- Screening will start at age 25 years, instead of 18 years
- People aged 70 to 74 years will be invited to have an exit test
- Women will be due for the first Cervical Screening Test two years after their last Pap test.

Five-yearly routine Cervical Screening Tests are recommended for asymptomatic patients from 25 up to 74 years of age, with a previously normal screening history. Where HPV is not detected, patients aged 70–74 years are eligible to exit the program.

Testing methodology and pathology MBS item numbers have changed. This means that pathology request forms need to be filled in differently from previously, and it is important that the appropriate test name and supporting patient information is written on the request form.

The renewed National Cervical Screening Program will be supported by the new National Cancer Screening Register, and there are new 'opt out' procedures for patients.

What do screening providers need to do?

Healthcare service providers need to become familiar with the changes to the National Cervical Screening Program, and how these changes will affect their patients and practice.

A table titled Pathology Test Guide for Cervical and Vaginal Testing provides further information for healthcare providers on pathology test requirements under the renewed National Cervical Screening Program.

Testing methodology

What's changing?

Cytology will no longer be used for routine cervical screening, and Pap tests will be replaced by a Cervical Screening Test which is an HPV nucleic acid test with partial HPV genotyping.

Partial genotyping is used to classify HPV into either 'oncogenic HPV 16/18' or 'oncogenic HPV types not 16/18' as a pooled result. If HPV is detected, the pathology laboratory will automatically conduct a reflex LBC test on the same sample, to determine if any cervical cell abnormalities are present. Reflex testing is timely and cost-effective, and has the advantage of not requiring an additional sample to be obtained from the patient. The pathology report will include the combined results and recommend the appropriate clinical management or follow-up pathway.

Where a patient has had a positive cervical screening test result, a 12-month follow-up HPV test should be requested. Patients undergoing clinical management for a previously abnormal Pap test result should transition to the new pathway in accordance with the 2016 Guidelines for the management of women with screen detected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding.[3] Patients who were recommended to have a 12-month follow-up Pap test should be offered the follow-up HPV test at this time, instead.

Patients who have been exposed to diethylstilboestrol (DES) should be offered annual co-testing as per the 2016 Guidelines instead of routine five-yearly screening.

Co-testing with both the HPV and LBC tests should be requested for post-treatment clinical management of patients who have undergone treatment for high-grade squamous intra-epithelial lesions (HSIL) or adenocarcinoma in situ (AIS). The 2016 Guidelines recommend that patients who have received treatment for HSIL should complete 'Test of Cure' surveillance before returning to routine screening. This should be performed 12 months after treatment and annually thereafter, until the patient receives negative co-tests on two consecutive occasions. The patient can then return to five-yearly screening.

Co-tests are distinct as the pathology laboratory will always perform an LBC in addition to HPV partial genotyping, whereas for routine Cervical Screening Tests, the reflex LBC is dependent on the result of the HPV test.

Follow-up and post-treatment tests are available for patients of any age.

If the test results are reported as unsatisfactory, repeat testing is available as a separate pathology item. This is only claimable by the patient if it is preceded by another cervical or vaginal MBS item.

What's the evidence?

Australia is one of the first countries to adopt the HPV test as part of a nationwide screening program. There is a large body of evidence supporting the use of HPV testing in primary screening and it has been shown in several randomised control trials to be superior to cytology in detecting high-grade abnormalities and cervical cancer.[2]

What to write on the pathology request form: Follow-up and clinical management

If requesting a 12-month follow-up test for a patient who had a previous positive screening test, the pathology request form should state 'Follow-up HPV test'. This test is available for patients of any age.

Following treatment of HSIL, patients of any age can be referred for a cervical 'test of cure'. The pathology request form should state 'Co-test, Test of Cure' or 'HPV and LBC, Test of Cure'.

Following treatment of AIS, patients of any age can be referred for post-treatment cervical testing. The pathology request form should state 'Co-test, Post-treatment' or 'HPV and LBC, Post-treatment'.

Asymptomatic patients who have been exposed to DES in utero can be referred for cervical testing. The pathology request form should state 'Co-test, DES' or 'HPV & LBC, DES'.

When a test is reported as unsatisfactory by the pathology laboratory, repeat testing should be performed and the pathology form should state 'HPV test, previous result unsatisfactory' or 'LBC, previous result unsatisfactory'. The form should also state whether the sample is cervical or vaginal. This test is only claimable if preceded by a prior cervical or vaginal MBS item.

What does this mean for healthcare providers?

MBS pathology items have changed to reflect structured testing for screening, follow up and clinical management of patients.

This means it is very important to provide all of the necessary patient information on the pathology request form, to ensure the appropriate test is applied and the patient is managed accordingly. The patient's age, previous screening history, medical background and presenting symptoms should all be considered.

Aspect of testing	What to write on the pathology request form
Screening	Cervical Screening Test (CST) HPV test, Immune deficient HPV test, Early debut HPV
Investigation	Co-test, Symptomatic **OR** HPV and LBC, Symptomatic
Follow-up	LBC Follow-up HPV test Co-test, Test of cure **OR** HPV and LBC, Test of cure Co-test, Post treatment **OR** HPV and LBC, Post treatment Co-test, DES **OR** HPV and LBC, DES
In patients with total hysterectomy	Vaginal vault HPV Vaginal vault Co-test **OR** Vaginal vault HPV and LBC
Repeat test following unsatisfactory testing	HPV test, previous result unsatisfactory LBC, previous result unsatisfactory

Providers will need to specify on the pathology request form:

- the name of the test required *and*
- whether the collection is part of routine screening or is for clinical management or for screening symptomatic women *and*
- other relevant clinical information, for example screening history or exposure to DES

Additionally, there are restrictions to the new MBS items, particularly with regard to testing intervals. For example, for most asymptomatic patients, routine HPV screening will be available once in a 57-month period.

Healthcare service providers should also be aware of the importance of HPV screening in specific populations, such as patients who are immune-deficient or who have had an early sexual debut.

The table below outlines the new conventions to use when completing pathology request forms.

The new National Cancer Screening Register

The renewed National Cervical Screening Program will be supported by the new National Cancer Screening Register. The Register will send invitations and reminder letters to patients three months in advance of their screening due date on behalf of the Program.

There will also be changes to the way patients can opt out of the Register. After 1 December 2017 writing (or placing a sticker) 'Not for Register' on the pathology form will no longer be accepted. If a patient chooses to opt out of the Register they can arrange this by calling 1800 627 701. Alternatively, with the consent of the patient, this can be arranged by their healthcare provider or personal representative.

Opting a patient out of the Register for cervical screening will not opt them out of other screening programs (such as bowel screening), and they can opt back in at any time by calling 1800 627 701.

Self-collection of samples should not be offered to women with the commencement of the renewed program on 1 December 2017 until further notice

One of the components of the renewed National Cervical Screening Program is the introduction of self-collected samples for HPV testing. The self-collection option has been included in the program to encourage women who are aged 30 years or over and have never had a screening test, or who are overdue for testing by at least two years and in either case have declined a healthcare provider-collected sample, to participate in cervical screening.

However, self-collection can only be implemented when the laboratory and platform testing processes and equipment attain the various accreditation requirements. This process is still underway. Laboratories are not yet accredited to perform the test and therefore the test is not claimable against the MBS.

Healthcare providers who conduct cervical screening tests are advised not to offer self-collection to eligible women until further notice. All other aspects of the renewed National Cervical Screening Program will go ahead as scheduled on 1 December 2017.

Further information on the Renewal of the National Cervical Screening Program is available at www.cancerscreening.gov.au/cervical.

Resources for nurses

- Read more information for providers at www.nps.org.au/radar/articles/requesting-the-new-cervical-screening-test-what-providers-need-to-know
- Complete a six module online learning series at https://learn.nps.org.au/mod/page/view.php?id=7804
- Frequently asked questions – cervical screening www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/frequently-asked-questions-3
- The Australian Government Department of Health National Cervical Screening Program website has a range of practical resources for clinicians and consumers about the new Program, and should be consulted for further information about screening, follow-up and clinical management for cervical cancers and pre-cancerous abnormalities – visit www.cancerscreening.gov.au/internet/screening/publishing.nsf/Content/resources-menu

NPS Medicinewise

NPS MedicineWise is an independent, not-for-profit and evidence-based organisation working across Australia and throughout the Asia-Pacific region to positively change the attitudes and behaviours which exist around the use of medicines and medical tests, so that consumers and health professionals are equipped to make the best decisions when it counts.

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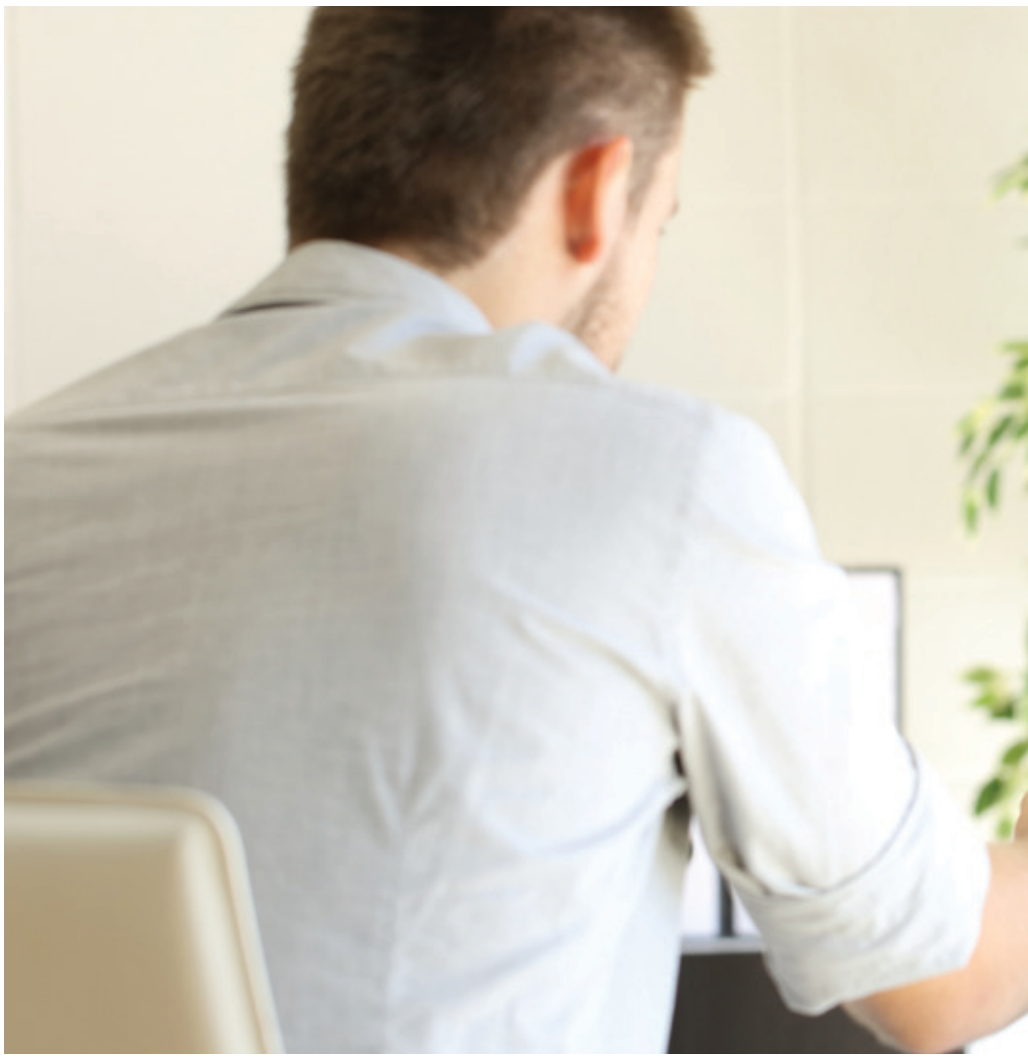
When to notify a potential claim

When things go wrong, combined liability insurance can provide much needed financial assistance for legal and compensation costs in the event action is taken against you.



As with all insurance covers, there are a range of conditions and obligations under your insurance contract that you need to understand. A common area that is often misunderstood is when to contact your insurer regarding an incident involving a patient a nurse is treating. This article tells you why reporting is important and the implications you might face if you don't report.

Why do I have to report?

The combined liability policy being offered to APNA members by Insurance House includes professional indemnity insurance and is issued on a 'claims made and notified' basis, which means the policy responds to claims first made against the insured during the policy period, and notified to the insurer during that same policy period. In short, for a claim to be covered your policy must have been in place at the time the allegation was made against you, and when the claim is lodged.

However, many health professionals believe that until a formal notification or demand is received they do not need to report the incident to their insurer.

Under the terms of the policy, section 7 – Claims Conditions, there is a specific requirement for notification as follows:

7.1. This policy applies only to claims first made against you during the period of insurance and notified to us during the period of insurance.

7.2. A claim is considered to be first made against you when you:

(a) Receive a demand for compensation or damages or any assertion of a financial right made by a third party in writing to you; or

(b) Receive any writ, statement of claim, summons, application or other originating legal or arbitral process, cross-claim, counterclaim or third or similar party notice served upon you and claiming compensation, damages or other civil rights or remedies against you.

We have underlined the word 'assertion' as this is where many insured professionals can become confused. What this means is that you are obligated to inform your insurer as soon as possible after you first become aware of a situation. This could potentially result in a claim being made, even if your patient or the third party has not yet formally made an official complaint or engaged a lawyer. So, in other words, you must advise your insurance provider.

When should I report?

Here are the types of incidents that may require a notification:

- Any mistake, oversight or omission in your work that you are aware of that could possibly lead to a claim being made, even if your patient is not yet aware of it.
- A patient has criticised or complained about your work, even if you feel the criticism is unjustified.
- A patient is refusing to pay for work you have completed that they are unhappy with.
- Any comments or remarks a patient makes that indicates that they may make a claim against you, either now or in the future, even if you feel they are empty threats.
- Any instances where you are accused of failing to provide a service as promised or advertised.

Photo: © Getty Images/ AntonioGuillem

- If a complaint is made about you to your industry body or licensing board such as the Nursing and Midwifery Board of Australia.

While each of the above appears onerous it is actually common sense and most, if not all, nurses would be aware of when things don't go quite as planned.

What if I don't report?

The key to it all is – if in doubt, report. A failure to notify your insurer as soon as reasonably possible could, in the worst case scenario, lead to your claim being rejected.

So even if you're unsure whether it's worth letting them know or not, it's in your best interest to do so.

But surely when it's only a small issue I can handle it myself?

Another common misconception and problem is where we believe we can solve those small issues ourselves. We assume:

- What could possibly be the issue in refunding fees to appease the patient's complaint? or
- Since we have insurance, letting the patient know when something happens wouldn't affect us.

In both circumstances, no matter how small the problem is, you may inadvertently admit liability which can result in your insurer suffering prejudice and jeopardise the chance of your claim being paid. So, once again, reporting of such issues prior to taking action yourself will allow us to guide and provide the appropriate response to hopefully settle the matter quickly and efficiently before escalating.

Similarly, nurses may receive a letter from the Nursing and Midwifery Board of Australia and disagree with the allegations being made against them or not consider them serious. They might also feel it is easier to just respond directly without involving the insurer. Time and time again we have seen the matter escalate to an investigation or even further to a hearing before an insured advises us of the matter.

Not only can this prejudice your registration or result in conditions being imposed, which takes time away from your work, it can also jeopardise the chance of receiving assistance under your policy from the insurer. On the other hand, when informed the insurer can take the step of appointing solicitors who have expertise with the disciplinary process and will assist you with your communications to the regulatory body. This will hopefully resolve the notification early, avoid an investigation or hearing, and minimise any repercussions on your professional registration.

Take away message

Many nurses will never have a claim or complaint made against them. However if it does happen contact Insurance House and let us do the worrying for you. We can guide, assist and ultimately alleviate what can soon become a very stressful experience if not managed correctly.

The reason you have insurance is to protect you in the event of a claim – keep this in mind the next time something happens. As a nurse, your goal is to ensure the health and wellbeing of patients; your insurance, when used correctly, provides you the financial treatment program to restore your reputational health if things go wrong.

Find out more about APNA's member policy with Insurance House – including frequently asked questions, compare your cover checklist, and information about the free legal hotline – at www.apna.asn.au/insurance.

Managing lipids with statins

Statin-associated muscle symptoms (SAMS) are the most common adverse effect reported in clinical practice. Here is what to do when you come across it.

Statins are proven and effective medicines for reducing low-density lipoprotein cholesterol and play an important role in preventing and managing cardiovascular disease (CVD).[1,2] Statins have been shown to significantly reduce cardiovascular events and mortality in primary and secondary prevention.[1,3] For example, large-scale evidence from randomised controlled trials shows that for every 10,000 people treated for five years with an average dose of a statin medicine, there would be around 1,000 fewer cardiovascular events in people who have already had a heart attack or stroke, and 500 fewer events in people who haven't had any events but are at high risk.[3]

Like all medicines, statins can cause side effects in some people. These are more likely to be mild and temporary.

The perception of statin-associated muscle symptoms (SAMS) has been reported as a key reason for non-adherence and discontinuation, which has been linked with poor cardiovascular outcomes.[4,5] Patients taking less than 80% of their prescribed statin dose have a 45% relative increase in total mortality and a 15% increase in CVD events compared with patients taking the appropriate dosage.[2,4]

SAMS – how common are they?

SAMS are the most common adverse effect reported in clinical practice[2,3], and can range from mild symptoms such as myalgia to more serious but rare conditions like rhabdomyolysis.[2,6]

While 7% to 29% of patients in clinical practice report myalgia while on statin therapy[2,6], randomised controlled clinical trials indicate that the true incidence of SAMS is between 1% and 5%.[2,7]

Serious statin-related myopathies are rare. Muscle symptoms accompanied by significant increases in creatine kinase (increases greater than ten times the upper limit of normal) occur in only one in 1,000 to one in 10,000 patients per year, depending on the statin, its dose, and the presence of other risk factors.[2] Rhabdomyolysis is even less common, with approximately one in 100,000 patients affected annually.[2,3]

Importantly, there is no evidence that this collection of adverse muscle symptoms represents a continuum that starts with myalgia and progresses to more severe myopathies.[6]

Assessing symptoms

To establish the likelihood that muscle symptoms are related to statin therapy in your patient, start with a detailed patient history and clinical examination that includes the following actions:

- Assess the nature and timing of symptoms.
- Evaluate whether creatine kinase levels are elevated, and if so, whether this elevation is associated with the start of statin therapy or dosage increase.
- Conduct an assessment of factors associated with an increased risk of SAMS (see Table 1).

There are currently no validated clinical tests or diagnostic criteria for SAMS.[2] The SAMS Assessment Guide can help you determine the likelihood that your patient's muscle symptoms are associated with statin therapy (Table 2).

Patient characteristics	Comorbid disease
• Advanced age (over 80 years and with caution in those over 75 years) • Female sex • Low BMI • Excessive alcohol • Grapefruit or cranberry juice intake • Asian ancestry • Excessive physical activity • History of muscle symptoms while receiving another lipid-lowering therapy • History of creatine kinase elevation, especially more than ten times the upper limit of normal • Unexplained cramps • Family history of muscle disorders • Family history of statin-induced myopathy • Dehydration	• Hypothyroidism • Impaired renal or hepatic function • Diabetes mellitus • Multisystem disease • Alcoholism • Major surgery or perioperative period • Intercurrent infections • Muscle disease • Vitamin D deficiency
Medicines	**Genetics**
• Use of medicines that interact with statins • Antipsychotic use • Illicit drug use • High doses of statins	• Polymorphisms of Cytochrome P450 isozyme • Polymorphisms in drug transporter genes such as solute carrier organic anion transporter family member 1B1 (SLC01B1)

Table 1. Factors associated with an increased risk of statin intolerance

SAMS Assessment Guide

SAMS LESS LIKELY		SAMS MORE LIKELY
Unilateral Non-specific distribution Tingling, twitching, shooting pain, nocturnal cramps or joint pain	**Nature of symptoms**	Bilateral Large muscle groups (eg, thighs, buttocks, calves, shoulder girdle) Muscle ache, weakness, soreness, stiffness, cramping, tenderness or general fatigue
Onset before statin initiation Onset > 12 weeks after statin initiation	**Timing of symptoms**	Onset 4–6 weeks after statin initiation Onset after statin dosage increase
Non-statin causes of muscle symptoms including: • conditions eg, hypothyroidism, polymyalgia rheumatica • vitamin D deficiency • unaccustomed/heavy physical activity • medicines eg, glucocorticoids, antipsychotics, immunosuppressant or antiviral agents	**Other considerations**	Risk factors for SAMS including: • medicine or food interactions • high-dose statin therapy • history of myopathy with other lipid-modifying medicines • regular vigorous physical activity • impaired hepatic or renal function • substance abuse (eg, alcohol, opioids, cocaine) • female • low BMI
	CK levels	Elevated (> ULN; but may also be normal) Elevated CK levels decrease after statin ceased

If SAMS is likely, proceed to the **SAMS Management Algorithm**

Table 2

Managing SAMS

Management of suspected SAMS requires a multistep approach that involves:

- Confirming SAMS through cessation and rechallenge
- Assessing muscle symptoms and biochemistry
- Eliminating contributing factors and considering alternative statins, reduced doses or alternative lipid-lowering medicines[2,6]

The NPS MedicineWise Statins Patient Action Plan is a helpful tool to assess and manage muscle symptoms in patients taking statins. You can find it through the link at the end of the article.

Statin discontinuation and rechallenge should be used to confirm and gauge the severity of statin intolerance. The SAMS Management Algorithm illustrates how to use the discontinuation-rechallenge technique to determine if muscle symptoms are statin-induced and manage patients accordingly. Guidelines and expert consensus recommend trialling reduced dosing, intermittent dosing or switching to a different statin before considering a non-statin lipid-modifying medicine.[2,8]

The following points are helpful to keep in mind:

- Up to 70% of statin-intolerant patients can tolerate intermittent dosing with the same statin, and up to 90% are able to tolerate a different statin without issues.[2,9]
- Large clinical trials indicated that long-term statin therapy is generally well tolerated.[10]
- Non-statin lipid modifying medicines may need to be prescribed in addition to low dose statin therapy in order to help patients with SAMS meet their low-density lipoprotein cholesterol targets.

Managing lipids with statins

Continued from previous page

Discussing SAMS with patients

Nurses working in primary health care settings have a valuable role to play in addressing concerns around medicine safety and emphasising the importance of adherence. Ongoing patient education and regular review can help address concerns around medicine safety and underline the importance of adherence. When discussing the statin therapy with patients, the following strategies may be helpful:

- Ensure patients understand that lipid-lowering medicines must be taken continuously, long term and at recommended doses to be effective.
- Actively discuss any of the patient's concerns and reassure them of the risk-benefit ratio.
- Describe potential adverse effects, including SAMS, but ensure patients are aware that SAMS are not as common as generally assumed and are generally mild and manageable.
- Advise patients to contact you if they experience muscle symptoms, and before attempting statin discontinuation.
- Refer patients to the NPS MedicineWise Statin medicines FAQs for answer to frequently asked questions. Link in the box below.

What primary health care nurses need to remember

Simply advising patients to take a pill in order to reduce their overall cardiovascular risk isn't enough.

Though it is important to stay well informed about statin therapy, the significance of preventive education needs to be highlighted. Primary health care professionals play a key role in educating patients on essential lifestyle factors including diet, exercise, and quit smoking strategies, which ultimately affect health. It is also essential to report to a general practitioner any adverse findings from a nurse consultation.

The team-based approach needs to be carried out, with the dietician, physiologist, nurses and general practitioners all working together for a healthier population.

Practice points for primary health care nurses

- Muscle symptoms are the most commonly reported form of statin intolerance, yet their true incidence is likely to be lower than is observed in clinical practice
- Assess muscle complaints to establish whether statin therapy is the likely cause, and manage patients accordingly
- Patients who experience mild muscle symptoms still benefit from the maximum tolerated dose of statin

The NPS MedicineWise educational program on 'Statins: Optimising therapy, addressing intolerance' reinforces the role of absolute cardiovascular risk assessment, the optimal use of statin therapy, and provides tools and resources to address suspected statin-associated muscle symptoms.

Resources available at www.nps.org.au/statins include:

Online case study: Optimising statin therapy

SAMS Management Algorithm

Statins Patient Action Plan for assessing and managing muscle symptoms

Statins frequently asked questions for patients

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NPS MedicineWise

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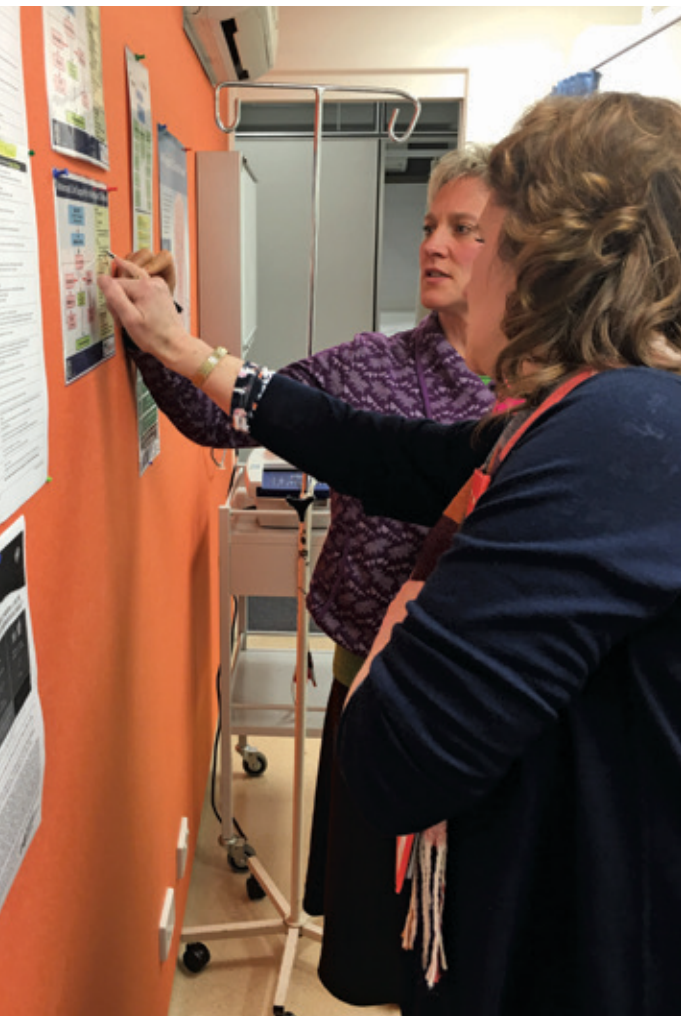
A nursing workforce initiative proudly developed by the Australian Primary Health Care Nurses Association (APNA) with funding from the Australian Government Department of Health.

apna
Supporting nurses in primary health care

A new era for general practice nurse education?

Formed less than a year ago, the Practice Nurse Education and Training (P-NET) team has been delivering quality education programs for primary health care nurses across southern Tasmania. Here is a sneak peek into the formation of the group that aims to provide ongoing nurse education and support in the evolving primary health care environment.



At the end of 2016 a small group of health professionals in southern Tasmania identified the need for current education that is relevant to primary health care nurses. They shared a common desire to support primary health care nurses with ongoing professional development by providing access to relevant education and training, as well as networking opportunities for nurses from a variety of practices.

At the beginning of 2017 they formed a small working group called P-NET – Practice Nurse Education and Training. The working group consists of three practice nurses, a nurse practitioner, and a healthcare educator.

The necessity

"I worry about practice nurse's ability to access ongoing professional development that is relevant to their current practice," says Alison Oakes, a registered nurse and Clinical Manager for a group of general practices in Hobart. "Practice nurses often work in isolation, and networking with colleagues is invaluable to knowledge sharing and support. I know when knowledge is shared by nursing experts in their field, nursesfeel empowered to improve practice and continue to engage in ongoing education."

Alison was instrumental in launching the P-NET initiative. She has previously run a nurses' network group under APNA's Local Nurse Networks p rogram, and she is passionate about supporting primary health care nurses.

She says, "I am proud to be a practice nurse and I feel practice nurses are so well placed in primary health to deliver excellent preventative health measures, contribute to our population's health, and manage patients' care needs outside of the hospital environment."

Also on the team is current Principal Educator at Tasmania's Department of Health and Human Services' Southern Simulation Centre, Michael McCall. A key member of the P-NET working group, he has extensive experience in many aspects of medical education.

Shift towards simulation-based education

Michael's training and experience ensures P-NET is able to deliver professional development activities that ensure participants engage and achieve valued learning outcomes. The focus is placed on practical work-relevant learning with the use of simulation-based education.

The topic for each session is developed to ensure participants recall knowledge, have the opportunity to confirm any uncertainties, and relate the knowledge to a general practice

Margaret Chesterman
Nurse Manager

environment through simulated patient encounters. Aimed to enhance service towards patients, the session content focuses on a simulated patient encounter which ensures the participants are able to link learning to their workplace.

"Simulation-based education has been shown as an effective learning theory to improve individual skills, critical thinking and teamwork. The P-NET learning outcomes aim to cross all three of these care delivery aspects of general practice nursing supported by the participants taking away evidence-based resources for future reference," Michael explains.

What do nurses have to say about this?

Jenny Draper is a registered nurse who transitioned to general practice nursing seven years ago, commencing at a practice which employs 12 part-time general practitioners. Being the only nurse at that time, Jenny found access to any education, peer support and networking extremely valuable in being able to deliver a high standard of holistic care.

Jenny believes P-NET has identified areas in which nurses working in primary health care need support and ongoing education, and as a result, is able to provide relevant and informative education. The sessions run by P-NET provide the opportunity for nurses working in isolation to meet, discuss and exchange ideas and to support each other.

Another member of P-NET, Margaret Chesterman, works as Nurse Manager in Hobart. Margaret is also currently a Clinical and Professional Mentor in APNA's Transition to Practice Pilot Program, a role she finds both challenging and rewarding. She sees how the role of a mentor is important, not just for the ongoing support of primary health care nurses who are established in their roles, but also for nurses who are transitioning into the primary health care sector.

Primary health care nursing is a rapidly expanding area of nursing. Margaret believes that, while this is both very positive and exciting, we need to be just as focused on ensuring nurses are well educated and well supported in their roles. By doing this we not only optimise the quality of the care we give to our patients, but we may also address and potentially improve retention rates of nurses working in primary health care.

P-NET's educational strategy

Together with Nurse Practitioner, Lea Young, the P-NET team has worked together on a volunteer basis to deliver a number of quality education events in southern Tasmania. Topics have included: basic life support, wound management, emergency medications and ECG interpretation. In planning these education sessions the P-NET team aims to deliver education that is both practical and fun. To achieve this each session includes both a theory and simulation component. Of importance to the P-NET team is creating an environment that is safe, non-judgemental and inclusive of all nurses. Each session begins with a clear acknowledgement that we all have different backgrounds in nursing, we all have something to contribute, and not one nurse knows it all.

Pre and post activities have been utilised in most sessions to determine the effectiveness of the education delivered. These have included: the presentation of case studies, scenarios for discussion, and a fun online tool called Kahoot. Kahoot runs a pre and post quiz providing instant feedback to the participant to demonstrate their increase in knowledge.

The evaluation of these sessions is also important to ensure the quality and relevance of the education and support delivered by P-NET. An evaluation form is completed by attendees at the end of each session and

A new era for general practice nurse education?

Continued from previous page

Primary health care nursing is a rapidly expanding area of nursing... while this is both very positive and exciting, we need to be just as focused on ensuring nurses are well educated and well supported in their roles.

closely examined by the P-NET working group to identify areas for improvement. The form also asks participants to provide ideas for topics, which is valuable information for the working group's planning for future sessions. Feedback from these evaluation forms so far has been overwhelmingly positive.

P-NET has received support from The Lindisfarne Clinic and General Practice Plus who have offered up their practices and funding to provide a light meal. Their wound care study day was also sponsored by EBOS Healthcare, who kindly provided wound care products for a display table, equipment for demonstrations, as well as morning tea. The P-NET team encourages all practices and associated businesses to support primary health care nurse education.

The team intends to expand its role as both a provider of quality education, as well as a means by which primary health care nurses can receive safe and non-judgemental support and access to networking opportunities.

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Giving context to the nursing role in general practice

These 22 standards for practice are presented in four domains that reflect the breadth of nursing in general practice.

Professional Practice

Standard 1 Demonstrates an understanding of primary health care principles and nursing in general practice.
Standard 2 Provides nursing care consistent with current nursing and general practice standards, guidelines, regulations and legislation.
Standard 3 Actively builds and maintains professional relationships with other nurses and regularly engages in professional development activities.
Standard 4 Advocates for the role of nursing in general practice.
Standard 5 Demonstrates nursing leadership.

Nursing Care

Standard 6 Demonstrates the knowledge and skills to provide safe, effective and evidence based nursing care.
Standard 7 Undertakes nursing assessment and plans ongoing care.
Standard 8 Effectively implements evidence-based health promotion and preventive care relevant to the Practice community.
Standard 9 Empowers and advocates for consumers.
Standard 10 Understands diversity in the Practice community and facilitates a safe, respectful and inclusive environment.
Standard 11 Effectively delivers evidence-based health information to improve health literacy and promote self-management.
Standard 12 Evaluates the quality and effectiveness of nursing care.

General Practice Environment

Standard 13 Demonstrates proficiency in the use of information technology, clinical software and decision support tools to underpin health care delivery.
Standard 14 Effectively uses registers and reminder systems to prompt intervention and promote best practice care.
Standard 15 Understands the context of general practice within the wider Australian health care system, including funding models.
Standard 16 Contributes to quality improvement and research activities to monitor and improve the standard of care provided in general practice.
Standard 17 Participates in the development, implementation and evaluation of relevant policies and procedures.
Standard 18 Monitors local population health issues to inform care and responds to changing community needs.
Standard 19 Effectively manages human and physical resources.

Collaborative Practice

Standard 20 Builds and maintains professional and therapeutic relationships with consumers, their families and/or support person(s).
Standard 21 Effectively communicates, shares information and works collaboratively with the general practice team.
Standard 22 Liaises effectively with relevant agencies and health professionals to facilitate access to services and continuity of care.

What can a nurse do in general practice?

An important issue raised in the contemporary environment of primary care is that the nursing role in primary care, and more specifically in general practice, is very broad. It extends from working with people to address acute health issues to managing chronic and complex disease, population health initiatives and undertaking health promotion and disease prevention activities.

The role of the nurse will vary based on a range of factors including the general practice profile, practice structure and individual employment arrangements. As such, the clinical skill set and associated knowledge base are necessarily broad and wide reaching.

The scope of practice of an individual nurse may be more specifically defined to reflect the individual nurse's 'education, clinical experience and demonstrated competency' in a specific clinical setting. The Nursing and Midwifery Board of Australia has developed a national decision making framework to guide nurses in assessing whether a particular aspect of care or service delivery is within their individual scope of practice.

Primary health care over the years

General practice continues to be a growing field of nursing that offers an exciting career path for nurses within a primary health care setting. The role of the practice nurse has been well established in the United Kingdom and New Zealand for well over 50 years[1]. In Australia, the introduction of the Practice Nurse Incentive Program in 2012 has contributed to a rise in the number of practices employing nursing staff. As the practice nurse role continues to expand and develop we need to ensure our workforce is well supported and educated to provide the best standard of nursing care to our patients.

In December 2014 the Australian Nursing and Midwifery Federation released the *National Practice Standards for Nurses in General Practice*[2]. These standards support nurses in general practice to clearly define their scope of practice in what can be a very broad area of nursing. However practice nursing remains an area of nursing that can be isolating, and finding education that is specific to the clinical tasks undertaken can be difficult.

This is an excerpt from the *National Practice Standards for Nurses in General Practice.* These Standards give context for registered nurses and enrolled nurses working in the general practice setting, and should be used in conjunction with the *Standards for practice*[3] developed and required by the Nursing and Midwifery Board of Australia for all nurses.[2]

You've got mail

Sexual harassment: Let's call it what it is

As a mental health nurse, with a reasonable grasp on reality and a solid adult concept of what is right and wrong, I think it's time we took a firm stand against the Harvey Weinsteins of the world. For too long these predatory, sleazy stand-over merchants and bullies have been able to hide behind their fame and status, seemingly immune to prosecution and showing a flagrant disregard for the law. I am tired of hearing how their expensive lawyers and spin doctors masquerade a very real and damaging issue as just 'banter', 'innuendo', or even worse, somehow the fault of the female victims.

Victims of sexual harassment are more likely to have pronounced mental health issues, including post-traumatic stress disorder, depression, insomnia and even suicide. We need to name sexual harassment for what it is; demand action against those who perpetrate it; and call out those who try and downplay the actions and consequences of the aggressors. Enough is enough.

Donal McGoldrick
Flemington, Victoria

My own policy, my professional responsibility

As soon as the invitation arrived in my inbox, I signed up for the professional indemnity insurance policy offered through APNA. Protecting myself and my professional career is a high priority and whilst my employer does have a practice policy, I've decided to have my own policy in my own name. I consider this my professional responsibility.

According to the Australian Health Practitioner Regulation Agency website, the Nursing and Midwifery Board of Australia's Registration standard regarding professional indemnity insurance arrangements requires enrolled nurses, registered nurses, nurse practitioners and midwives who hold insurance cover in their own name to retain evidence of their insurance and to provide it to the Nursing and Midwifery Board of Australia on request. I think the likelihood of ever needing to use the insurance policy is very low, however the reason we have any type of insurance is in the event of unplanned, unexpected, bad things happening.

Professional indemnity insurance provides me with the assurance that in the event of a civil liability claim that is made against me, as a result of a negligent act, error or omission, I have someone (the insurance company) who will be looking after my interests. Professional indemnity insurance is important for all health professionals as any practising nurse, midwife or carer could:

- Be wrongfully accused of unprofessional conduct in administration and clinical roles
- Mistakenly give the wrong drug (including immunisations) to a patient
- Fail to accurately carry out all instructions for care
- Be involved in a court case, even if only indirectly, or witness an incident
- Make a mistake due to being busy, insufficient communication, or for any other reason.

Professional indemnity insurance is available to practitioners and organisations across a range of industries and covers the cost and expenses of defending a legal claim, as well as any damages payable. The policy offered through APNA is very affordable, in comparison to policies I have held previously, and I can rest easier knowing that I have ensured that I am protected.

Denise Lyons
Nurse Practitioner
Newcastle, New South Wales

We can achieve more as we work together

Practice nurses have moved closer to their scope of practice with the introduction of nurse clinics for people with diabetes. With 1.4 million people living with diabetes, any new services that can help are well received. However over the last few years as these services have developed, referrals to Credentialled Diabetes Educators have remained static or dropped in Victoria, South Australia, Tasmania, Australian Capital Territory and Northern Territory, according to Medicare statistics for 2016–2017.

Nurses in general practice provide different services to the ones provided by a Credentialled Diabetes Educator but they complement each other by increasing access to information for people with diabetes. Fifty percent of people with diabetes are not reaching their glycaemic target so Credentialled Diabetes Educator referral is essential for clinical review, diabetes education, counselling, medication options, screening recommendations and behaviour change to address issues related to diet, exercise, and stress management. Each time their glycosylated haemoglobin (HbA1c) drops, their risk of microvascular disease does as well, by 37% for each 1% drop.

As more nurses work up to their full scope of practice, people with diabetes continue to benefit from seeing a Credentialled Diabetes Educator. They are experts in diabetes self-management and provide valuable input, reinforcing the care provided by the primary care nurse. Together we can achieve more as we work together as members of the primary care diabetes team.

Jayne Lehmann
Registered Nurse, Credentialled Diabetes Educator
Malvern, South Australia

Creating your own career pathway

Well done APNA for developing the My Nursing Future career framework tool. If you are a practice nurse and have been doing a great job for many years but are frustrated with the status quo and want to know where to go from here, then this tool is for you. I recently completed this tool and was inspired by what it revealed. It confirmed that I was working at an advanced level which felt rewarding and confirming. It also helped me to see what else I could aim for in the future. I was also able to proudly provide the results to my practice manager to prove that I was working at a higher level to enable my request for a pay rise. I admit I had my doubts about its validity but after completing the tool I realised that throughout my practice nursing career I had actually been trying to create my own career pathway without even realising it. This tool helped bring me to that lightbulb moment and I realised my worth within the practice. The career quiz was also a great add-on to show what other employment opportunities could be out there. Thank you APNA for your continued efforts to empower nurses.

Donna McLean
Registered Nurse, Masters Gerontology
Griffith, New South Wales

We want to hear from you

APNA welcomes your opinions and feedback. Comment on an article in the magazine or on anything related to primary health care nursing. Send your letter to membership@apna.asn.au.

Wall of thanks

APNA would not be able to achieve what it does without the valuable contribution from our members.

We encourage all nurses to work together when they get the chance. There are a number of ways to get involved in advocacy and professional support for all you passionate nurses out there including:

- Becoming a part of committees, working parties, focus groups and more. Opportunities to join come up throughout the year and usually the only requirement is to be a nurse working in primary health care. So don't be afraid to use your expertise and represent your profession, remember your opinion counts.
- Become an assessor for educational material and resources. If you have an interest in CPD, have subject knowledge in key areas of primary health care, and (ideally) have a Graduate Certificate in Training and Assessment, you can become an APNA assessor and help put the APNA 'tick' on education.
- Volunteer as a network coordinator. Help set up and run a network in your local area. Attending a networking meeting gives primary health care nurses the opportunity to meet regularly, build relationships, create local professional development opportunities, and share knowledge and experience. We are always open to adding more coordinators to our team.

Thank you to all our volunteers

APNA would like to thank all the nurses that have contributed their time and energy to helping others through 2017.

Education Assessors

Andrea Packard
Debbie Clatworthy
Di Davey
Donna Page
Helen Storer
Jennifer Garrett
Michelle Thompson
Nicole McClure
Rebecca Cade

Representation

APNA volunteers contributed to over 50 representation opportunities in 2017 giving primary health nurses a much needed voice.

ACCRM Telehealth Advisory Committee Meeting
ASHM Removing Barriers (HIV Stigma) Nursing Working Group Meeting
Asthma Australia Medical and Scientific Advisory Committee
Australian Strategic and Technical Advisory Group on Antimicrobial Resistance
Australian Primary Care Collaborative (APCC) Quality Improvement Advisors Committee
Cancer Screening Primary Care Advisory Group
Caring Safely for Australians at Home – Steering Committee
Choosing Wisely: Consumer Engagement and Activation Project
Cold Chain Education Module for Immunisation Providers
Coalition of National Nursing Organisations – Council Member
Coordinated Veterans' Care Program Mental Health Pilot Clinical Reference Group
Coordinated Veterans' Care Working Group
Decision Assist – National Advisory Group
Dementia Clinic in Primary Practice Advisory Group
Disease Prevention, Health Promotion and Population Health Committee
Epidemic Thunderstorm Asthma Working Group
Expert Reference Group for Projects on Workforce Development and Mental Health
General Practice Accreditation Coordinating Committee
General Practice Roundtable
Health Care Homes Guidelines, Education and Training Working Group (GET).
Health Care Homes: Project Advisory Group (PAG)
Health Care Homes: Resource Development Group (RDG)
Health Consultative Forum
Hunter Primary Care - Organisational membership
Kidney Check Australia Taskforce (KCAT) Education in Nurs ing General Practice Subcommittee
MBS Review Taskforce
My Health Record Expansion Program Steering Committee
National Advisory Committee on Vaccines (ACV)
National Asthma Council Australia Board
National Early Career Nurses and Midwives roundtable with associated working group (previously Graduate Nurse & Midwife Roundtable)
National Expert Committee on Standards for General Practices
National Graduate Nurse & Midwife Roundtable Working Group
National Hepatitis B Reference Committee
National Immunisation Committee
National Nursing & Midwifery Education Advisory Network (NNMEAN)
NNMEAN - Mental Health Working Group

Wall of thanks

Continued from previous page

Neuropathic pain Expert Working group
National Refugee Health Resource Project Advisory Group
Nursing and Midwifery Strategic Reference Group (NMSRG)
Osteoarthritis Expert Working Group
Patient Safety and Quality Improvement in Primary Care Committee
PHN Immunisation Support Program Advisory Group
Primary Healthcare Advisory Committee
Project Advisory Group – Update of the On-Arrival Refugee Health Assessment Template/Tool
RACGP Green Book (3rd edition) Working Group
Steering Committee – National Guidelines on the Diagnosis of Autism Spectrum Disorder in Australia Project
Topic Working Group – Developing a Clinical Care Standard on Osteoarthritis
People with Intellectual Disability – Cervical, Breast and Bowel Cancer Screening Project
PHN Immunisation Support Program Advisory Group

Special thanks to

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Linda Govan
Kathy Godwin
Lesley Pugh
Donna von Blanckensee
Roslyn Rolleston
Kathy Godwin
Lisa Collison
Lisa Clements
Jo Perks

Network coordinators

APNA supported 25 network coordinators in 2017, but the heavy lifting is all down to the nurses on the ground that set up and run these valuable events.

cohealth Nurse Network	Bernadette Suter Carmen Bulleen Rachel Gleeson Christopher Leason
St Kilda Nurse Network	Kate Ryan
Frankston Nurse Network	Kate Ryan
Berwick South East Practice Nurse Network	Leesa Penn
Bairnsdale Nurse Network	Marnie Connolly
Kew Nurse Network	Laura Fraser
Knox Nurse Network	Sonja Hooper
Horsham Nurse Network	Rebecca Hudson
Macedon Ranges Nurse Network	Jane Goldsmith
Hunter Nurse Network	Denise Lyons
Great Lakes Nurse Network	Kaycee Wisemantel
Northern Sydney Nurse Network	Peta Niven Christine Fewtrell
Nepean Blue Mountains Nurse Network	Zieta O'Brien Georgina McHugh
North Coast Port Macquarie Network, North Coast Coffs Harbour Network, North Coast Lismore Network, North Coast Tweed Heads Network	Susan Dodds Siobhan Breedon
Tamworth Nurse Network	Deborah Walganski
Bathurst Nurse Network	Matthew Grant
Barossa Kapunda and Clare Network	Jo Lewis
Northern Adelaide Nurse Network	Carolyn Lally Kimberly Zupanic
Southern Adelaide Nurse Network	Josie Long Kimberly Zupanic
Hobart Nurse Network	Alison Oakes
North Brisbane North Network	Nicole McClure Sharon Horne
Noosa Nurse Network	Elise Waldron
Darwin Nurse Network	Marie Bottolfsen
Alice Springs Nurse Network	Lulu Wakelin
Ipswich and Western Brisbane Nurse Network	Lorna McDonagh

Glimpse into one of our networks

Primary Care Nurse Networks in the North Coast

North Coast Primary Health Network (NCPHN) listened to primary care nurses and, in partnership with APNA, launched four Primary Care Nurse Networks across the region in the Hastings Macleay, Mid North Coast, Northern Rivers and Tweed in May 2017.

Registered nurse and Nurse Network Coordinator Susan Dodds says, "I am so pleased NCPHN and APNA are establishing Primary Care Nurse Networks on the North Coast. Nurses are the glue that hold the health system together – so it's important we have spaces to come together to network and build our capacity so we can deliver quality care to our patients."

The Primary Care Nurse Network meetings are held quarterly in four locations and the evenings offer an opportunity for nurses to meet local nurses and undertake professional development in an informal setting. Over 200 primary care nurses attended the May and August meetings from various settings such as general practice, Aboriginal health, aged care and community health. The groups came together to share knowledge, learn about their colleagues and enhance their understanding of primary health care.

The feedback has been overwhelmingly positive with 90% of nurses rating the overall satisfaction of the meetings, information supplied and speaker presentations as excellent/good – many nurses requesting more opportunities and more meetings.

Siobhan Breedon
North Coast Primary Health Network

Volunteers speak out

Why did you volunteer in the first place?

I was interested in education-related activities and felt I could contribute in a positive way.
– Debbie Clatworthy says

I wanted to feel involved in the bigger picture. Also the role of nurses in primary health care is rapidly evolving and I wanted to be part of this process.
– Donna Page says

I volunteered about three years ago as I thought it would be a valuable and interesting thing to do for myself professionally. Also I thought it would be an opportunity to help APNA get suitable and peer-reviewed education out to all nurses who may otherwise not have access to it.
– Di Davey says

I volunteered as I needed a new challenge and wanted to stretch my brain just a bit more.
– Helen Shorter says

Why volunteer?

Volunteering enhances my knowledge base. It is also very professionally satisfying.
– Debbie Clatworthy says

Personally I get the opportunity to feel that I contribute to the process. I also get exposure to other organisations I probably wouldn't have otherwise.
– Donna Page says

I get a lot of satisfaction doing assessments as I'm aware that applicants have invested time and money into the activity. An endorsement is recognition of that investment. The added bonus is that the activity itself is educational which all nurses want to have.
– Di Davey says

I have personally found it interesting to see the sorts of training available and the wide range of topics.
– Helen Shorter says

What do you enjoy about it?

I find it interesting and varied. It's also a great team to work with.
– Debbie Clatworthy says

I like the fact that when I am reviewing the applications it requires me to analyse information at a deeper level. I also get the satisfaction of contributing to primary health care nurses, as to me it is the most valuable and rewarding area I have worked in.
– Donna Page says

I enjoy researching the activity and also professionally learning about subjects I may not choose otherwise, thus broadening my scope of practice. It's a win-win!
– Di Davey says

I enjoy reading and working my way through the training modules. I find the range of professional development available amazing as the topics are varied and always interesting.
– Helen Shorter says

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- MC Jean Kittson
- Keynote speakers: Major Matina Jewell, Adjunct Professor Debora Picone, Holly Ransom, Professor Raina Macintyre, and Robbie Bedbrook

Registration opens in January 2018

Exhibitors

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Chronic Disease Management
AGPAL
A. Menarini Australia
Australian Association of Practice Management (AAPM)
Medic Alert Foundation
Diabetes Queensland
Nestle Health Science
Australian Indigenous HealthInfoNet
Cereal Partners Australia
REFRAME Osteoporosis (Amgen Australia)
Roche Diabetes Care Australia Pty Ltd
SSS Australia
Palliative Care Education and Training Collaborative, QUT
Australian Primary Health Care Nurses Association (APNA)
Key Pharmaceuticals
The a2 Milk Company
CH2
Team Medical Supplies
Seqirus
Advance Care Planning Australia
Australian Medicines Handbook
Medisure indemnity Australia
Freedom Aged Care
Ego Pharmaceuticals
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The conference for nurses working in primary health care