Primary Care Programs Update

Issue 1/03

January 2003

Please send your contributions for the next Update to r.fenech@gpdv.com.au.

FAREWELL TO LINDY

Lindy Hodgkin will be leaving GPDV on 14th of February. On behalf of the Integration Team we wish Lindy well in pursuing studies in genetic counselling at Melbourne University. Lindy has been an asset to the Chronic Disease Team over the past seven months. We are so proud of you Lindy and we will miss you very much.

What's New on GPDV's Website?

TRAINING NEEDS QUESTIONNAIRE

The **next CDM Workshop** will be held on **Wednesday**, **26 February 2003**. So that we develop the workshop program to meet your needs in CDM, we ask that you complete a training needs questionnaire. (Go to the CDM web page and look under the CDM Workshops for 2003.) Please do this as soon as possible so that we can book in speakers. Please contact Rosemary Fenech (r.fenech@gpdv.com.au) should you have any other ideas that cannot be accommodated by the questionnaire.

VOTING FORM FOR STARS

The divisions' highlights of the CDM Program in 2002, or "the STARs" - as we like to call them - are already on the CDM web page. Allocate about 15 minutes to read through them and then vote for the STARs you want to hear more about by using the "Voting Form". We will arrange to tell you more about the STARs you choose, either through the Network Meetings or this Update.

STATISTICS

The statistics package has been updated with new stats for Practice Nurses, HMR, asthma,. diabetes and cervical screening.

GPDV'S CDM REPORT TO DOHA

GPDV submitted its first report to the Department for the Chronic Disease Management contract. This report, covering the first six months, included a synopsis of GPDV activity and a statewide analysis of divisions' CDM implementation plans (requested by DoHA). If you don't have time to read the whole report, have a glance at the four-page synopsis.

NEW BULLETIN FROM ADGP

ADGP is producing an "**iCDM-bulletin**" to "assist in sharing information regarding chronic disease management in General Practice … news, highlights, issues, events, etc". Look under "Publications" on the CDM web page.

NEW GPDV WEB PAGE ON PCPS

The GPDV website has a new section on PCPs. It focuses on resources and information for divisions and PCP staff working on GP engagement in primary care reform. Any feedback is very welcome – contact Sonya Tremellen via phone (03) 9341 5205 or email s.tremellen@gpdv.com.au.

Asthma

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National Asthma Council A-Team Workshops

GPDV was successful in its submission to the NAC to organise the A-Team workshops in Victoria. Information has been a little slow about the workshops, but rest assured that work behind the scene is well under-way. Most divisions were interested in having a workshop and all regions submitted an expression of interest.

- There will be twelve funded workshops throughout Victoria.
- GPDV is negotiating sponsorship to subsidise the events.
- InspirMED has offered their willingness to provide spirometers at all events.
- GPDV has been working with Darlene Henning (National Coordinator, GP 3+ Education Program, NAC) to convert the pre and post workshop questionnaires into html format. This will mean that participants can email the form to the key workshop contact person and that the division can easily collate the information in an excel spreadsheet.
- A request was circulated to the key division contact person in each DHS region regarding anticipated dates for events, likely number of participants and request for speakers.

Further information will be sent out as soon as it is available regarding sponsorship and RACGP applications.

Information About InspireMED

The Australian-owned InspireMED markets world-leading Micro Medical spirometers, providing the ultimate in desktop and portable spirometers. Employing the acclaimed precision Gold Standard Digital Volume Transducer, Micro Medical spirometers link to Medical Director and provide all the parameters required for the Asthma 3+ Visit Plan and more.

The InspireMED team would be pleased to offer in kind support to the GP Division Meetings through presentations on lung function testing and demonstration of the Micro Medical range, including the MicroLab 3500, MicroLoop, MicroDL. and MicroGP Spirometers. Special pricing on quantity purchases of spirometers through the division is available. For further information see www.inspiremed.com.au or call 1 800 987 345.

New Asthma Product Poster

The Townsville DGP received a DoHA Asthma Innovative Management Initiative grant in 2002 to produce an updated version of their 2001 Asthma product poster (originally produced for Townsville GPs). They have received AIMI funding to distribute this new poster to all DGPs for GP use. To view the poster, look under "Programs", "Chronic Disease Management" and then "Asthma" on GPDV's website. Please send your comments to Lynne@tdgp.com.au by 30 January 2003.

Lung Health Promotion Centre

The Lung Health Promotion Centre at the Alfred Hospital has provided information regarding their courses offered in 2003. They are offering more spirometry training and also an intensive course for those wanting to be very confident in the performance and interpreting of spirometry. The Centre can design specific programs on site for divisions.

Also, the videos on asthma for health professionals now have CPD points attached - 2 per hour. Look under "Asthma" (see above) for more details.

For more information about the Centre's courses and videos, contact Adrienne James on (03) 9276 2382 or lunghealth@alfred.org.au.

Cervical Screening

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LESBIAN WOMEN AND PAP TESTS
(COURTESY OF YASMIN STANDFIELD, PAPSCREEN VICTORIA)

At the 2002 Midsumma carnival 409 lesbians completed a survey about cervical screening to assist PapScreen Victoria to enhance its strategies related to lesbian health.

Who's having Pap tests?

- 66% of women surveyed had a Pap test in the past two years (similar to the screening rate of Victorian women in 2001, which was 67%).
- 22% had not had a Pap test in the last two years. 12% had never had a Pap test.
- Those who had never had a Pap test were more likely to be under forty years of age.

What are the barriers?

- Deciding to have a Pap test, choosing a practitioner, and making an appointment were considered to be significant barriers to screening by women who were not having regular Pap tests. These barriers were not as significant for lesbians who were having regular two yearly Pap tests.
- Unlike other studies, lesbians in this study did not find the experience of actually having the Pap test a barrier.
- Lesbians who had not discussed their sexuality with their doctor were 80% less likely to have Pap tests than women whose doctors knew they were lesbians.
- 35% of lesbians reported that their health care provider was aware of health issues relevant to lesbians.
- 9% of lesbians had been advised by health practitioners, friends and/or literature that they did not need Pap tests because of their sexuality.
- 22% of lesbians reported abnormal cells on their cervix following past Pap tests. This indicates they had most probably been exposed to the Human Papilloma Virus (HPV) in the past.

Summary

It was heartening to find that of the lesbians surveyed, a high percentage were having Pap tests. However, lesbians under 40 years of age were not screening as often.

The barriers that exist seem to be related to lesbians' confidence in having Pap tests, and to practitioner's knowledge of lesbian health.

The fact that lesbians are exposed to HPV confirms that lesbians need Pap tests too.

Where to from here?

These survey results will be used to encourage lesbians to have regular Pap tests and to encourage health practitioners to adopt a more sensitive approach to lesbian health care. For more information, please contact Yasmin Standfield, Papscreen Victoria, via email Yasmin.Standfield@cancervic.org.au.

Diabetes

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Unstable Angina CD-ROM Educational Package (Courtesy of Noeleen Tunny)

The National Heart Foundation has produced a detailed educational resource to assist doctors diagnose and treat unstable angina. The educational package is centred on the evidence-based guidelines for the management of unstable angina which were developed by the Heart Foundation in close conjunction with the Cardiac Society of Australia and New Zealand. The package consists of an interactive CD-ROM, a facilitator's guide and a wall chart of management algorithms.

Objectives for the CD-ROM

- Self-paced learning resource for individuals or institutions
- Work group training tool
- Continuing professional development (CPD) resource
- Easy-to-use

To obtain the resource please contact Noeleen Tunny, Manager, General Practice and Special Projects, The Heart Foundation, by phone (03) 9321 1530 or via email Noeleen.Tunny@heartfoundation.com.au.

(The CD-ROM is supported by an unrestricted educational grant from Merck Sharp & Dohme and Sanofi~Synthelabo.)

Diabetes Audit Using Medical Director (Courtesy of Danielle Penn, the Centre for GP Integration Studies, UNSW)

Dr David Brookman has developed a diabetes audit, available on CD, that is designed to extract diabetes data for audit from Medical Director. The audit program is available in three versions, Runtime version for machines that do not have Office installed, an Office XP version and an Office 2000 version.

One of the problems with developing software is that he does not know what problems users will have in installing and running the software. Hence, in order to develop suitable documentation, we are looking for whatever feedback (no matter how trivial) on the problems people have. If you are interested in trialling this CD and looking at the results of the audit, please contact Danielle Penn, Senior Research Associate, Centre for General Practice Integration Studies, University of New South Wales, by phone (02) 9385 1449 or email d.penn@unsw.edu.au.

No alterations are made to the GPs' MD database and no patient data can be identified from the output. As the analysis is conducted in the practice itself, permission from individual patients is not required.

Enhancing Practice Systems Kit

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Watch This Space …

The Practice Systems kit is in the final editing phase. Watch this space for information about the launch and distribution of the Kit.

Hospitals Admission Risk Program

Lenora Lippmann: L.Lippmann@gpdv.com.au

Upcoming GPDV Forum – HARP and GP-Hospital Integration

GPDV forums are held quarterly in order to provide information to, and seek the views of, Victorian divisions. They are aimed at GP Board members, and usually focus on one relevant topic, with speakers from divisions and external organisations contributing. There is also usually a "hot topic" to discuss.

The next forum will be held on **Sunday, 16 February 2003** and the topic is "HARP and GP/Hospital Integration".

The venue is the Melbourne Events and Banquet Centre (488 Swanston St, Carlton).
Though the event is still being planned, we envisage that discussion will include:

- progress of HARP projects and funding rounds;
- clarification - what is the HARP agenda;
- how divisions can make a contribution;
- divisions' relationships with hospitals, and;
- identification of existing/potential hospital patients who may benefit from DoHA programs.

An agenda and registration form will be sent to all divisions in early February.

DHS "Meeting Patient Needs" Conference Series

There are two upcoming conferences in this series:

- Managing Hospital Demand – 25-28 March, 2003
- Achieving & Sustaining Practice Change – 20-23 May, 2003

The Managing Hospital Demand conference is intended to provide all stakeholders in the next round of HARP funding with a picture of progress to date and an opportunity to discuss future directions and 'best bets' for positive outcomes. For more information about both conferences visit www.patientneeds.com.

Home Medicines Review

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Statistics Updated

In the last Primary Care Update it was reported that **2360** Item #900s have been claimed by GPs in Victoria for the period October 2001 to October 2002 (HIC data). That number increased by an impressive 15% in November 2002, to a cumulative total of **2764**.

Data by postcode is available on a division-by-division basis from Mel at the Guild, Victorian office (mel.blachford@guild.org.au).

Per capita, there have been **54** HMRs completed per 100,000 people in Victoria (HIC data). In NSW that figure is **93**, and Queensland **64**, so there's clearly plenty of scope for identifying new patients at this early stage.

HMR Communications Campaign

The national management of the HMR scheme will be putting together a national promotional campaign. Initially, this will involve representation at key national conferences to promote HMR. That's all we've heard at this stage.

Immunisation

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Meningococcal Update

We have received clarification from DHS regarding eligibility for 1-5 year old free vaccine: the child must **turn** 1 –5 years in 2003. Therefore, a child that turned 5 years in 2002 is not currently eligible. A child that turns 1 year in 2003 will be eligible at the time of their birthday. This restriction of eligibility for 5 year olds whose 5th birthday was in 2002 may change mid-year.

A fact sheet on Meningococcal C is on the DHS website. This site also has links to Department of Health and Ageing website – Immunise Australia.

MMR – Priorix Substitution

Due to a short-term shortage of MMR and expiry of excess stock, DHS has agreed to the distribution of MMR **OR** Priorix over the next couple of months. General practices that have ordered MMR may receive Priorix instead. Priorix is a direct substitute for MMR and requires no changes to vaccine administration.

Mental Health

Anne Diamond: A.Diamond@gpdv.com.au

Primary Care Mental Health Training Project in Victoria

The Department of Psychiatry at the University of Melbourne has received funding from beyondblue to develop and deliver a training program in mental health targeted to the non-medical primary care workforce. The project will be implemented over 3 years from 2003 – 2005 and will be managed by the Bell Street Academic Centre for Community Mental Health under the direction of Associate Professor Graham Meadows. It is intended that the training be delivered in close collaboration with Primary Care Partnerships.

The first meeting of the Advisory Group was held on 12 December 2002 with wide representation. The purpose of the Advisory Group is to provide expert input into the design and management of the Project from a diverse range of perspectives including government, academica, consumer and service provider viewpoints. The development of an appropriate and well-targeted needs analysis will be one of the early tasks of this group.

Anne Diamond will liaise closely with Sonya Tremellen, GPDV's PCP consultant, to provide a joint approach representing division mental health and PCP experience to this committee. It is hoped that divisions will be included in the initial focus groups and needs analysis, which will underpin the Project. Further updates on this new development will be forthcoming.

ADGP NEWS

GP Focus Groups to Review Familiarisation Training Resources

ADGP will be conducting focus groups with GPs in Victoria and Western Australia in March to invite feedback on the familiarisation training resources. ADGP is currently reviewing the Familiarisation training program and resources, including the CD-ROM, and will host two focus groups, one in each state, with up to 10 GPs to gather comment on the training and test new ideas for the Familiarisation package. GPDV will co-ordinate a call for expressions of interest from GPs in the next month.

DoHA NEWS

Better Outcomes in Mental Health – Allied Health Pilots

Contracts for the 2002/2003 Supplementary Round of Allied Health Pilots are being finalised this month and final contracts are imminent. Most divisions have been notified.

Submissions for the second round of 2003/2004 Allied Health pilots (Year 2 funding) are due on 14 February. Please contact Dr Stephen Castle, Director, Mental Health and Special Projects Branch, on (02) 6289 3698, or Alison Grant, Assistant Director, ph. (02) 6289 8784. The Commonwealth is happy to discuss the particular models that divisions wish to develop for these pilots.

Interested divisions can look at the currently funded pilot outlines from the 4th Quarter MH Network Meeting (13 Dec. 2002) on the GPDV Mental Health web page or contact the relevant divisions directly.

GPDV is developing an Allied Health Pilot section of its Mental Health web page for publication next month.

Allied Health Pilots Evaluation

The Commonwealth National Evaluation Committee forwarded its Second Paper to all first round divisions in late December. Members of the Evaluation Working Group will be available to meet with Victorian division staff at the next Communication meeting on 4 February in Canberra.

GPMHSC Registrations Update

GP registrations for Better Outcomes in Mental Health		
	Approved Level 1	**Approved Level 2**
National	1974	36
Pending approval	321	Est. 250
ACT	16	3
NSW	554	20
NT	10	0
QLD	302	4
SA	190	1
TAS.	58	0
VIC.	568	7
WA	276	1

GPMHSC data forwarded 22/1/2003.

GPMHSC Level 2 Training Update

The GPMHSC will meet in February and discuss three applications for Level 2 training. It is likely that some of these will be approved and available for GPs in the near future, with the possibility of pharmaceutical company support for training delivery.

Balint Groups in Divisions

A number of divisions are now conducting Balint groups for GPs. Those interested in finding out more about these groups could contact Greater South Eastern (Chris Edmonds on 9569 5077), Dandenong (Graeme Fletcher on 9706 7311), and North East Valley (Alison Elliott on 9496 4299) divisions to discuss experiences and Balint leaders.

Advertisement – GP Educator

The Centre for Developmental Disability Health Victoria (CDDHV), a joint initiative of the University of Melbourne and Monash University, has been established to improve health outcomes for people with developmental disabilities within our community. They are now seeking an enthusiastic general practitioner interested in joining their team. The position would involve developing and implementing training programs for GPs and liaising with community services and GP Divisions. It would involve travel within the State with travel costs met by the Centre.

The position is a half-time 12-month renewable contract appointment, commencing Feb-March 2003. The successful applicant will also contribute to undergraduate and postgraduate training at the University of Melbourne and Monash University.

Position descriptions, including selection criteria, can be obtained by phone (03) 9564 7511 or email Faye.Alphonso@med.monash.edu.au. Closing date is 31 January 2003.

Conferences of Interest

The **World Federation for Mental Health Biennial Congress 2003**, Melbourne Convention Centre, Melbourne, will be held from 21-26 February. The objective of the Congress is to provide a forum for practitioners and researchers from around the world to communicate current developments and advancements in the field of mental health and psychiatry. More information at www.icms.com.au/wfmh2003.

Unchartered Territory, a conference exploring the links between chronic disease, mental health and alcohol and other drugs will be held in Darwin from 8-10 May. This conference includes the 7th Annual Chronic Diseases Network Workshop. The call for abstracts closes on 28 February. Further information from the Chronic Diseases Network on (08) 8922 8280 or at the CDN website or the Australian Health Promotion Association website.

The **Aspects of Evidence Symposium** is a unique one-day symposium hosted by the Australasian Cochrane Centre offering clinicians, consumers, policy-makers and systematic reviewers an opportunity to engage with experts on current issues and controversies surrounding evidence-based practice. One paper is scheduled to address Primary Mental Health and Early Intervention Team issues. The symposium will be held at the Melbourne Hilton on 29 March. Further information on www.aspectsofevidence.org.au.

The **14th International Symposium for the Psychological Treatment of Schizophrenia and Other Psychoses: Reconciliation, Reform and Recovery** is being held in Melbourne at the Melbourne Convention Centre from 22-25 September. For further information email isps@conferencestrategy.com.au or go to www.conferencestrategy.com.au.

PCP Best Practice Forum – 17 February 2003

A "very draft program" for this Forum was sent to PCPs and has been put on GPDV's new PCP web page. (Use the link or go to the new PCP web page (under Programs) and click on "Issues and Resources".) GP participation is a key component of the program. We understand that some division staff will be presenting work undertaken with other agencies and staff in the PCP – congratulations to those involved!.

Evaluation of the Primary Care Partnerships Strategy

Consultation with Divisions

DHS recognises that Divisions have an important contribution to make to the PCP evaluation regarding GP engagement in primary care reform. They have agreed to provide an opportunity for divisions as a group to meet with staff from the Australian Institute of Primary Care (AIPC) who are conducting the statewide PCP evaluation in order to identify and elaborate on key issues regarding GP engagement. GPDV strongly encourages you to participate in the local evaluation process (see below) as well as this additional opportunity. At this stage the meeting with the evaluators is likely to be scheduled within the program of the next CEO network meeting on Friday, 21 March, 2003.

Update on evaluation findings and next rounds of data collection

The AIPC presented the latest findings of the PCP Evaluation to DHS regional officers and to PCP executive officers on 12 December 2002. The overheads from this presentation, and the full baseline report, released November 2002, are available on the AIPC's website. A detailed written interim report will be available early in 2003.

The second rounds of data collection for the three surveys that underpin the statewide evaluation are due in early 2003. So that divisions could be informed about the process, GPDV forwarded to all divisions (on 20 Dec. 2002) the email to PCPs about this survey and the scheduling of elaboration meetings. The key steps and timelines are as follows:

The Partnership Survey

This survey will be distributed to PCPs in early January to allow PCPs to schedule the process of completing this 'phases of implementation' survey. As with the first round of data collection, PCPs are asked to complete the survey, marking the ratings and providing some explanation of the reason for given ratings, through a consultative process within each PCP. Some PCPs elected to do this through sub-committee meetings, while others circulated documents for comment.

Follow up Elaboration Visits

Having completed these ratings, members of the Evaluation Team then came to each PCP to further elaborate/discuss responses. In general these meetings took about 2 hours. Most PCPs opted to have these meetings with the executive committee of the PCP, although some had greater or lesser representation.

The next round of 'elaboration meetings' will be conducted in February and early March 2003. The feedback from those who were involved last year was that most PCPs found the process of guided self-reflection to be useful, particularly at the beginning of the year when it helped to focus people's attention on the successes of the past, while considering the priorities for the future. In the couple of instances where groups had less than 2 hours to

complete the elaboration of the surveys, many people complained that they felt that they had not had sufficient time. Therefore, the evaluators would encourage participation with this survey process within your PCP. The evidence is that it is a worthwhile thing to do.

Additional key steps

- The Agency and Organisations Survey will be distributed in early February.
- The Consumer Survey is to be repeated in April-May 2003.
- Key Stakeholder Interviews will also be conducted during April-May 2003.

DHS contact for further information: Bruce Watson, tel. (03) 9616 6131 or bruce.watson@dhs.vic.gov.au.

ACTIVE SCRIPT AND PCP INTEGRATED HEALTH PROMOTION PROGRAMS

Many PCPs have selected Physical Activity as a priority for their work in integrated health promotion. Additionally, several of PCPs have said that they are working or will work with divisions to implement Active Script as part of their program. DHS has been in contact with GPDV to find out how this is currently working and whether there are thoughts as to the ideal role for the PCP in this area. In other words, what can the PCP best do to support the core roles of the division in implementing Active Script amongst GPs? The division role includes: providing local CPD on evidence-base and software to support clinical intervention, in-practice demonstration of software, regular information to GPs in newsletter, information to GPs about physical activity options available locally. Some thoughts on what PCPs can best do include:

- Increase availability of low-cost and accessible physical activities, eg, walk & talk groups, women's only swimming
- Increase availability of evidence-based physical activities for people with chronic diseases, eg, strength training for people with type 2 diabetes
- Work with the division to develop referral pathways for specified GP patient target groups to ensure timely access and quality referral and feedback, etc (eg, South East PCP IDM project)

We need to know what you think. Please send email comments to Sonya at s.tremellen@gpdv.com.au.

VICHEALTH ACTIVE PARTICIPATION GRANTS

The VicHealth Active Participation Grants are now available. The closing date to apply for the grants is 5pm on 21 February 2003. Further details, including application forms, can be found on VicHealth's website. For further information contact Caroline Sheenan by phone (03) 9667 1363 or email csheehan@vichealth.vic.gov.au.

IMPROVEMENT GRANTS PROGRAM FOR ARTHRITIS AND MUSCOSKELETAL CONDITIONS

The Commonwealth Department of Health and Aging is funding an improvement grants process in the areas of osteoarthritis, rheumatoid arthritis and osteoporosis. Proposals targeting children and adolescents, people in rural and remote areas and Indigenous Australians will be encouraged.

The grants will be for a maximum of $60,000 each, and it is anticipated that approximately 8-15 grants will be allocated in this initial round. Applications can be made by service providers, community organisations, universities and other interested groups.

The grants will be advertised on the DoHA's website and in The Australian newspaper on Saturday 11 January 2003. The closing date for applications will be Friday, 14 February 2003. The contact person is Mr Alan Skeates, phone: (02) 6289 4223 or email: Alan.Skeates@health.gov.au.

Nurses in General Practice

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RCNA/GPEA Continuing Education Program in Victoria – Practice Nurses

Dates and locations for the beginning of the joint RCNA/GPEA practice nurse training sessions in Victoria are:

1. **Wangaratta, 14-15 March 2003**
2. **Melbourne, 28-29 March 2003**

The sessions will cover professional issues, legal issues, immunisation update, sterilisation update (Wangaratta only), and wound management (Melbourne only).

Cost: (All prices are GST inclusive)
RCNA Member: $138 for one day seminar or $265 for two-day seminar
APNA Member: $138 for one day seminar or $265 for two-day seminar
Employer who is a member of RACGP: $138 for one-day seminar or $265 for two-day seminar
Non Member: $160 for one day seminar or $292 for two-seminar

Inaugural National Practice Nurse Conference – 6-8 November 2003

This conference, a first for practice nursing in Australia, will be held in Bunbury, Western Australia (about an hour drive south of Perth). The theme is "New Roads to Travel: Challenges for the expanding role of the Practice Nurse". The subjects to be explored are: role expansion; clinical practice; research; and collaboration.

Call for abstracts: Nurses, doctors and practice managers are invited to participate by submitting a paper, poster, workshop abstract or by attending as a delegate. The closing date for submissions is **28 February 2003**. Peter will be sending brochures out to divisions this week.

Research: Nurse Telephone Triage

There was an article in the British Medical Journal on 23 November 2002 that investigated nurse telephone triage for same day appointments in general practice - the effect on workload and costs. This was a 12-month study conducted in practices in York, England.

The article concluded that triage reduced the number of same day appointments with general practitioners but resulted in busier routine surgeries, increased nursing time, and a small but significant increase in out of hours and accident and emergency attendance. Consequently, triage does not reduce overall costs per patient for managing same day appointments.

The full article may be viewed at http://bmj.com/cgi/content/full/325/7374/1214.

SHOULD WE USE "PRACTICE NURSES"?

The recently published "Consumer Perceptions of Nurses and Nursing in General Practice" (see December Primary Care Update) found that:

> The term "practice nurse" raised some confusion for some consumers who perceived practice nurse to mean a student or nurse with limited experience. To overcome this, the researchers recommended that the term be avoided and a new descriptor be identified under the guidance of professional nursing associations.

Following a needs assessment survey in 391 general practices in mid-2002, the RACGP's Victorian Research Unit reached the same conclusion and recommended the term "Clinical Nurse In a General Practice" (CNIP) be used instead.

As far as we are aware, all the professional nursing associations are still using "practice nurse". Some are of the view that the real issue is not the title, rather, it is that consumers are not fully aware of the value or even the role of a nurse in general practice (something else that the consumer report found). It is hoped that the recommendations of this report (not yet published) will begin to address such misconceptions.

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