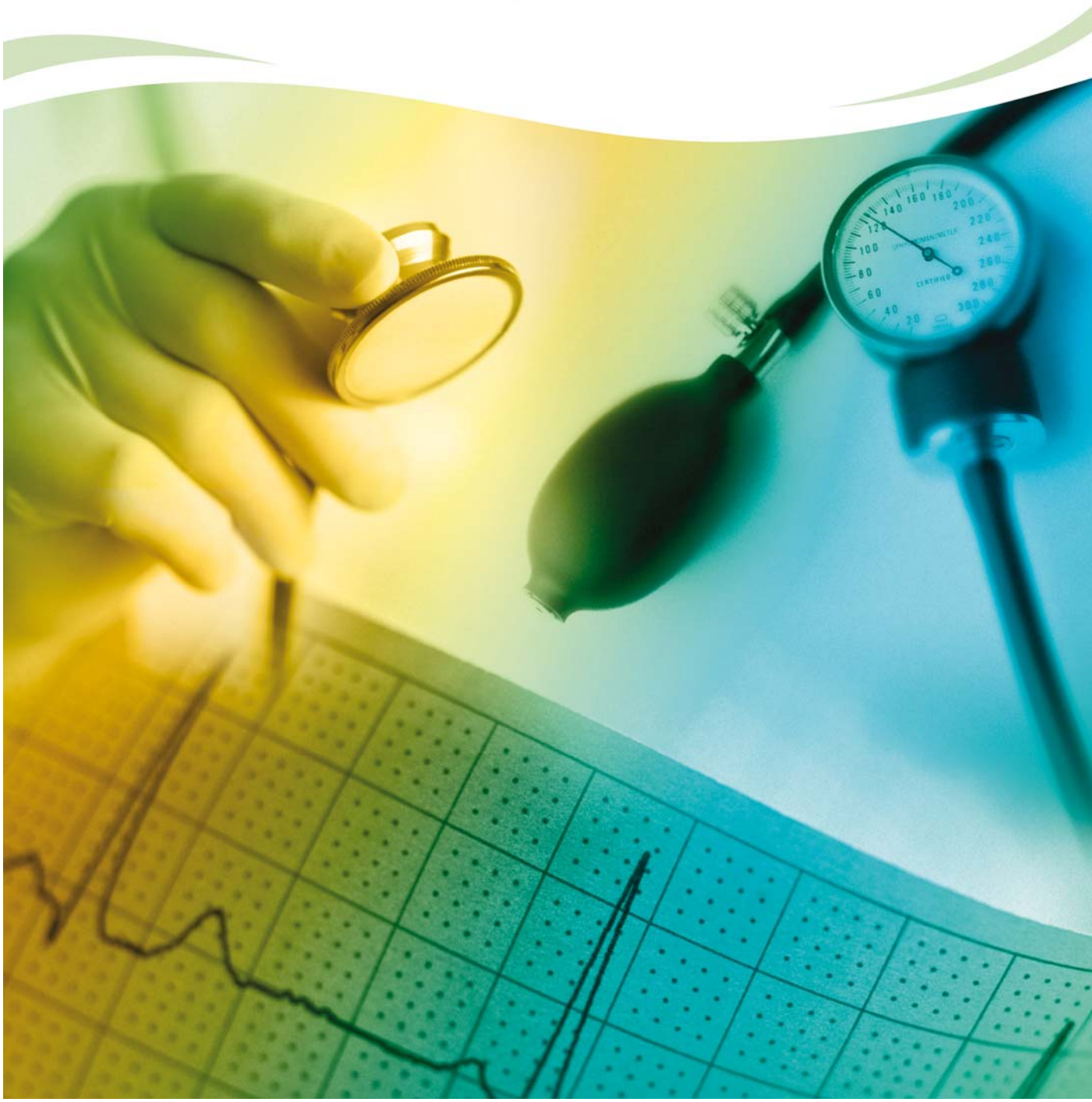
Australian Government

Department of Health and Ageing

GUIDELINES FOR THE

DIVISIONS NETWORK NURSING IN GENERAL PRACTICE PROGRAM

Version 1.0 – 31 March 2006



About this document

This document includes the guidelines for the Divisions Network Nursing in General Practice Program and contact details for further information.

The guidelines explain the operation of the Divisions Network Nursing in General Practice Program under the Nursing in General Practice Training and Support Initiative and may be cited as the *Divisions Network Nursing in General Practice Guidelines*. The guidelines have effect from 31 March 2006.

This version of the guidelines is Version 1.0. New versions of these guidelines will be denoted by increasing version numbers. New versions containing only minor amendments will be denoted by increases in the first decimal place.

ISBN: 0 642 82928 4
Online ISBN: 0 642 82929 2
Publications Approval Number: 3838

CONTENTS

INITIALISMS

ADGP	Australian Divisions of General Practice
AHW	Aboriginal Health Worker
AMS	Aboriginal Medical Service
ANF	Australian Nursing Federation
DoHA	Australian Government Department of Health and Ageing
GP	General Practitioner
FaCSIA	Australian Government Department of Families, Community Services and Indigenous Affairs
IM / IT	Information Management / Information Technology
MBS	Medical Benefits Schedule
NiGP	Nursing in General Practice
PH CRIS	Primary Health Care Research and Information Service
PI	Performance Indicator
PIP	Practice Incentives Program
PN	Practice Nurse
PN PIP	Practice Nurse incentive under the Practice Incentives Program
RACGP	Royal Australian College of General Practitioners
RCNA	Royal College of Nursing, Australia
RRMA	Rural, Remote and Metropolitan Areas Classification
SBO	State Based Organisation

INTRODUCTION

The 2005–06 Federal Budget included two measures that contained components that together form the Australian Government's *Nursing in General Practice Training and Support Initiative* ('the Initiative'). These components include:

- $15.6 million (GST-exclusive) over four years for training and professional support for practice nurses under the *Additional Practice Nurses for Rural Australia and Other Areas of Need Measure* (continuation of the 2001–05 Federal Budget measure)
- $2.6 million (GST-exclusive) over four years to facilitate access to training and provide support for nurses in regional and rural areas to be points of referral for people experiencing domestic violence – as part of the $75.7 million *Women's Safety Agenda* managed by the Australian Government Department of Families, Community Services and Indigenous Affairs (FaCSIA).

The key project for the Initiative in 2005–09 is the continuation of the *Divisions Network Nursing in General Practice (NiGP) Program*[1] led by Australian Divisions of General Practice (ADGP) in conjunction with State Based Organisations (SBOs). These guidelines set out how the NiGP Program will be funded and how it will operate. It starts by setting out a policy context and then details the aim and objectives for the NiGP Program, how funding can be used, and planning and reporting requirements.

ADGP and all SBOs that receive NiGP Program funding should take the time to become familiar with these guidelines. If there are any questions or issues that need to be discussed, ADGP and SBOs should do so with the Australian Government Department of Health and Ageing (the Department). If clarification is needed, the Department will do so in subsequent editions of the guidelines. A contact list of departmental officers is on page 39.

These guidelines are to be read together with SBOs' and ADGP's funding contracts with the Department. To avoid doubt, in the event of any inconsistency or discrepancy between these guidelines and the funding contract, the funding contract takes precedence.

[1] This Program started in March 2005. These guidelines refer to the period March 2006 to June 2009.

PART A: POLICY CONTEXT

Primary Care and Nursing in General Practice

Primary care is at the heart of Australia's health system. It is usually the first point of contact by members of the community within the health system. Good primary care can help people stay healthy, speed their recovery when they are unwell and ensure they get access to more specialised services if and when they need them (DoHA 2005, p 2.2).

Australia's primary care system works well, but there is always room for improvement. The Government's priorities are to strengthen primary care by:

- making care more accessible
- focusing on prevention and early intervention
- encouraging better management of chronic disease
- supporting integration and multidisciplinary care
- building the evidence base for effective, quality primary care
- recognising and respecting the variety of practice styles
- using technology to support best practice
- ensuring strong consumer focus
- addressing current health workforce challenges (DoHA 2005).

General practice is operating in a changing environment as a result of health profile changes and government initiatives developed to respond to these. For example, the greater incidence of chronic disease in the community has led to new approaches to patient care, including multidisciplinary team-based approaches (DoHA 2005). There are also increasing pressures on the health workforce driven by a number of factors, including changes in the burden of disease and the ageing of the population. The latter in particular is expected to impact on labour supply, increase the average number of services per person and increase the incidence of chronic disease (Productivity Commission 2005).

It is anticipated that increased capacity in general practice provided by using the services of nurses will improve the quality and accessibility of primary care for patients, particularly those with chronic disease and/or complex conditions. Studies have indicated that nurses can bring a number of benefits to a practice. These include improved health outcomes in chronic disease (Wagner et al. 1996, pp 511–34), assistance in primary-acute care integration, better coordination of care, increased workforce capacity, the provision of practical and professional support to general practitioners (GPs), and an enhancement in the range of services available to people attending general practice (Watts et al. 2004).

In 2005, only approximately 58 per cent of Australian general practices were employing practice nurses (ADGP 2006). Nurses in general practice are increasingly being called on to undertake a greater range of functions in general practice; however, until more practices are employing practice nurses the effect of these initiatives will be limited.

Providing general practice-relevant education and continuing professional development to practices nurses will build their capacity to contribute to a broader range of patient services and the provision of quality and safe patient care.

Practice nurses

Nurses working in general practice use a range of titles including, but not limited to: 'practice nurse', 'general practice nurse', 'primary health care nurse' or simply 'registered nurse', 'enrolled nurse' or 'nurse' (Watts et al. 2004). In these guidelines the term 'practice nurse' is used to refer to a registered or enrolled nurse who is employed by, or whose services are otherwise retained by, a general practice.

The practice nurse role is diverse and influenced by factors such as the practice population, nurses' qualifications, skills and experience, practice structure, professional standards and national incentives and programs.

For more information on the practice nurse role, including frameworks to describe the role, refer to the following documents:

- Nursing in General Practice: A guide for the general practice team (RCNA 2005)
- Competency Standards for Nurses in General Practice Website (ANF 2005)
- General Practice Nursing in Australia (Watts et al. 2004).

Australian Government Nursing in General Practice Training and Support Initiative

The NiGP Program is the key program under the Australian Government's *Nursing in General Practice Training and Support Initiative* ('the Initiative') – it accounts for around 70 per cent of funding. The aims of the Initiative are, through the effective employment of practice nurses, to:

- relieve workforce pressure in general practice
- improve the prevention and management of chronic disease
- improve access to, and the quality and integration of, patient care.[2]

The key strategy to achieve the aims of the Initiative is to support the recruitment, retention and effective use of practice nurses to maximise their contribution to quality and safe patient care.

The expected outcomes of the Initiative for the four years to June 2009 will be:

- training for practice nurses that meets their needs (this training will be chiefly funded through and brokered by SBOs through the NiGP Program)
- national practice nurse training packages where this is more effective than through the NiGP Program
- a national practice nurse training framework to ensure quality, consistency and base requirements, developed by the sector
- more practices employing practice nurses as a result of all Divisions of General Practice offering increased support to general practices to employ, professionally develop and retain nurses, and the integration of practice nursing support into Division activities
- a national practice nurse recruitment, induction and orientation guide
- up-to-date key resources developed during 2001–05, including the Nursing in General Practice Information Kit and the Nursing in General Practice Competency Standards.

[2] The evaluation of the first four years of the Additional Practice Nurses measure indicated that practice nursing was able to contribute to addressing all of these issues. See www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-nursing-pubs for a copy of the evaluation report.

As the NiGP Program progresses, gaps in what the Program is able to provide or initiatives that are better met through national approaches will be considered for action by the Department at a national level.

Other Australian Government Nursing in General Practice Initiatives

The Initiative and NiGP Program complement and support a range of other Australian Government initiatives aimed at encouraging increased utilisation of practice nurses services, such as:

- Medical Benefits Schedule (MBS) items for practice nurses providing immunisations, wound care and Pap screening on behalf of a GP
- the practice nurse Practice Incentives Program (PIP) incentive for rural Australian and urban areas of workforce shortage
- the Enhanced Primary Care Program[3], including MBS chronic disease management items which include the provision for GPs to be assisted by practice nurses, Aboriginal Health Workers (AHWs) and other health professionals in providing services for which these items may be claimed
- practice nurse scholarships for immunisation, wound management and cervical screening.

For more information on the Australian Government's nursing in general practice initiatives refer to the 'Nursing in General Practice' link under the A–Z Guide on the Department's website at www.health.gov.au

The Australian Government also provides scholarships through the Royal College of Nursing, Australia to update or refresh their skills in order to re-register with a state or territory Nursing Registration Board. The scholarships are open to all Australian nurses.

Primary Care and Divisions of General Practice

The purpose of the Divisions of General Practice network is to help general practice provide services to the community within the context of a broader primary health care system. The network provides a national infrastructure for integration of various elements of the primary care system. As a local resource, Divisions provide leadership and generate partnerships that link general practice with the rest of the health system (DoHA 2005).

The Divisions Network operates at three levels:

- Divisions of General Practice are the front line of the Network. The focus of the Divisions should be to assist general practice to provide services to the community in a primary care system.
- SBOs provide leadership and advocacy for Divisions at the state/territory level.
- ADGP provides national leadership and governance to generate a strong and effective Divisions Network.

More information on the respective roles of SBOs and ADGP in the NiGP Program can be found in the Part B of these guidelines.

[3] Refer to http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-epc-index.htm

Also refer to *Divisions of General Practice: Future Directions*, which sets out future roles and expectations for both the Divisions Network and government, and outlines how the two can work together to achieve quality and effective primary care in Australia. The toolkit also sets out new accountability, reporting, and performance requirements for the Divisions Network, as well as new administrative process for the Department, which informs these guidelines.

PART B: NiGP PROGRAM OBJECTIVES, ROLES AND RESPONSIBILITIES

Objectives

The aim of the NiGP Program is for ADGP and SBOs to meet the aims of the Initiative (refer to page 11) through the following objectives:

Objective 1: Building the capacity of Divisions to deliver support services for nursing in general practice, in particular to recruit and retain nurses in general practice.

Objective 2: Brokering, coordinating and funding education and professional development opportunities for nurses in general practice in collaboration with Divisions across each state and territory.

Target areas

Objective 1: Building the capacity of Divisions to support practice nursing

ADGP and the SBOs must motivate and coordinate practice nursing support activity, involving all Divisions of General Practice. This activity should focus on Divisions or regions with:

- no or limited nursing support programs
- low uptake of the Practice Nurse Incentive under the Practice Incentives Program (PN PIP)
- large numbers of smaller or more remote practices (to remove barriers to employing nurses and/or utilising their services, and the uptake of the PN PIP).

The target areas under this objective were selected as:

- Divisions without a practice nurse support program. Projects and the evaluation from the four years of the Initiative to June 2005 indicated that while many Divisions had established practice nurse support programs, this was not always the case.
- eligible practices that do not make use of the PN PIP incentive. While a large proportion of eligible practices *do* make use of the incentive (65 per cent in the November 2005 quarter), a number still experience barriers to employing practice nurses, including, for example, not having enough information to demonstrate that it could be cost-effective (HMA 2005, p. 27).
- eligible smaller and more remote practices. PIP data indicated that these practices were less likely to take up the PN PIP incentive.

To ascertain where to focus their efforts, SBOs must at least undertake needs assessments with Divisions and review the state and national PN PIP data available on the Medicare Australia website at: www.medicareaustralia.gov.au This site includes data on PN PIP uptake nationally, by Division, against a remoteness index and by practice size. SBOs will need to set their own criteria to determine cut-offs for which regions, Divisions or issues to focus on at any given time. Factors in setting these criteria could include: total funding/resources available to the SBO, national uptake averages, likely degree of impact, whether particular areas fall under a number of target categories, conflicting priorities in a particular region etc.

Notwithstanding the above, many Divisions are already running effective support programs for nurses. The SBOs must work with high-performing Divisions and those with established practice nurse programs to support them to undertake activities such as:

- evaluating their existing programs and sharing the results with the Divisions Network
- supporting and mentoring other Divisions, including helping them adapt the existing models to their local circumstances
- trialling and evaluating innovative models
- maintaining their support to local practices to recruit and retain nurses and to provide ongoing sustainable practice nurse programs
- identifying and sponsoring local and regional training needs and priorities.

Objective 2: Practice nurse education and professional development

ADGP and SBOs must broker, coordinate and, in the case of SBOs, fund education and professional development opportunities for all nurses in general practice in their respective jurisdictions.

SBOs must particularly work to ensure that, through collaboration with Divisions, other SBOs and ADGP, they provide opportunities and overcome barriers for rural and remote practice nurses to access education and professional development options (including multi-disciplinary and team approaches) that are central to their role.

Education and professional development opportunities for rural and remote practice nurses can be more difficult to access due to:

- greater time away from the practice and difficulties in finding nurses to backfill positions while nurses are undertaking professional development
- greater expenses in travelling to education and professional development events where these are some distance away or in bringing presenters to rural/remote areas
- the lack of long-distance or self-directed learning opportunities specific to the practice nurse role that rural and remote nurses can access without travelling.

Funds for practice nurse training under the NiGP Program have been allocated to take account of the greater costs of professional development for rural and remote nurses (refer to Part D: Funding).

Roles

SBOs will work with ADGP as a leadership team to implement and strengthen the NiGP Program. Their respective roles are set out below.

Australian Divisions of General Practice's role

ADGP has been funded to lead and coordinate the NiGP Program through:

- developing a national vision and consistent approaches to emerging issues and initiatives relevant to practice nursing
- providing national direction and decision-making, including through building national-level strategic links and partnerships, and developing, or facilitating the development of, national guidelines, processes and templates

- promoting the NiGP Program at the national level and supporting national-level practice nurse initiatives
- facilitating information-sharing and collaboration between SBOs – in particular, to reduce the duplication of effort
- showcasing nationally relevant models and initiatives
- coaching and supporting SBO program officers, particularly those new to working on practice nursing.

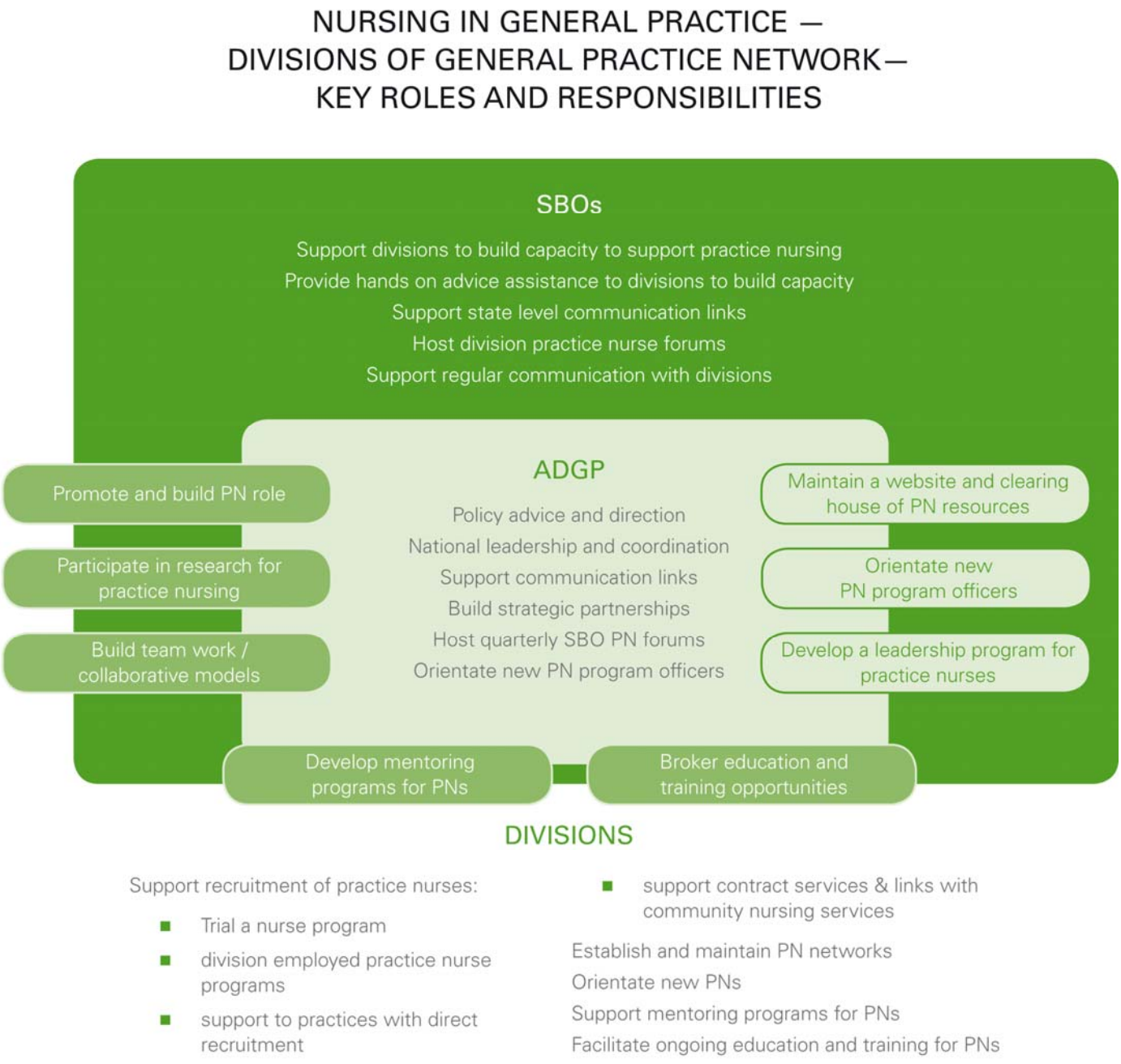
State Based Organisations' role

SBOs are well placed to help Divisions build, develop and enhance their practice nurse support programs through:

- under the leadership of ADGP, facilitating a national vision and consistent approaches to emerging issues and initiatives at the state level relevant to practice nursing
- providing state-level direction and decision-making, including through building state level strategic links and partnerships, and brokering and coordinating education and professional development activities
- promoting the NiGP Program at the state level and supporting national and state-level practice nurse initiatives
- facilitating information-sharing and collaboration between Divisions and between national and local levels in particular to reduce the duplication of effort
- assessing state and regional needs and coordinating, supporting and funding practice nurse support projects and education and professional development opportunities to meet these needs
- showcasing innovative, successful and transferable models and initiatives
- targeting Divisions requiring additional support, particularly Divisions with limited or no practice nurse support programs, with low uptake of the practice nurse PIP incentive, and/or serving smaller or more remote practices
- coaching and supporting Division program officers, particularly those new to working on practice nursing support.

A schematic summary of the distinct and overlapping roles and activities to be undertaken by Divisions, SBOs and ADGP in the implementation of NiGP Program is at Figure 1 on the following page.

Figure 1: Nursing in General Practice – Divisions of General Practice Network – Key roles and responsibilities



Responsibilities

Australian Divisions of General Practice's responsibilities

As well as fulfilling the role outlined above, ADGP's key responsibilities are to:

- work collaboratively with all SBOs and Divisions to maximise the program outcomes, including hosting quarterly national NiGP Program planning workshops
- advise the Department on the program planning, including the development of performance, reporting and evaluation frameworks
- work closely with the Department to monitor the program, assess and analyse SBO plans and reports and ensure that Program performance standards are met
- help the Department and SBOs to obtain data relevant to the Program implementation and evaluation
- meet its contractual obligations for the NiGP Program, including the implementation of the Program according to these guidelines.

State Based Organisations' responsibilities

As well as fulfilling the roles outlined above, SBOs' key responsibilities are to:

- work collaboratively with ADGP, all SBOs, and Divisions to maximise the program outcomes, including attending quarterly national NiGP Program planning workshops hosted by ADGP
- provide proactive advice, leadership and support to Divisions, including by providing:
  - clear descriptions of the Program aims, objectives and context
  - advice on possible support strategies, including examples of where these have been implemented
  - (where required) support and coaching to assess needs and develop and implement plans
  - orientation and guidance for Division project officers new to practice nurse support[4]
- work closely with the Department to address any performance issues identified
- meet their contractual obligations for the NiGP Program, including the implementation of the program according to these guidelines
- notify their relevant Department state/territory office of key state/territory Division Network workshops and meetings.

Further information on the general roles and responsibilities of all members of the Divisions Network can be found in *Future Directions: Your Toolkit for Implementation*.

Department's role and responsibilities

The Department's Central Office in Canberra has chief responsibility for administering and managing the NiGP Program, including being the central point of contact for ADGP and SBO inquiries and concerns about the NiGP Program.

The Central Office has responsibility for:

- establishing the policy framework and implementing the broader Initiative

[4] The Program budget includes at least two face-to-face meetings with each Division on an individual basis and two State Division workshops per year (see page 27 for the funding formula). SBOs should include these, or outlines and rationale for variations to this, in the Program funding proposal. See information on submitting proposals on page 27.

- developing and maintaining these guidelines and performance and reporting frameworks
- publicising the Initiative and NiGP Program and communicating requirements
- articulating relationships with other programs
- determining and establishing funding models and arrangements
- developing and managing funding contract schedules
- assessing, approving and analysing ADGP and SBO plans and reports and ensuring performance standards are met
- working with ADGP and SBOs to address performance issues
- making payments to ADGP and SBOs
- monitoring and managing the Initiative and NiGP Program
- evaluating and reporting on the Initiative and NiGP Program
- assisting ADGP and SBOs to obtain data relevant to the Program implementation and evaluation
- being the first point of contact for ADGP and SBOs in relation to the NiGP Program.

The State Offices of the Department have responsibility for:

- publicising the Initiative and Program opportunistically
- alerting Central Office to performance or other state/territory issues relevant to the NiGP Program and providing advice on their resolution
- being the first point of contact at the Department for Divisions in relation to the NiGP Program (with the option to refer Divisions where relevant to these guidelines, the relevant SBO, ADGP and/or Central Office).

Research ethics approval

All research involving humans funded by the Department must be approved by a Human Research Ethics Committee (HREC).

ADGP and/or SBOs may use the services of the Departmental Ethics Committee (DEC) to seek ethics approval for research funded under the NiGP Program. The DEC terms of reference and application form are available on the Department's website at http://www.health.gov.au/internet/wcms/publishing.nsf/Content/health-ethics-index.htm

The role of the DEC, an approved HREC, is to provide ethical assessment of non-biomedical research proposals involving humans that:

- are funded by the Department, or
- require access to, or linkage of, Departmental data collections, or
- are initiated or conducted, either wholly or in part, by Departmental staff

and either

- have not been considered by another HREC, or
- have been referred to the DEC by a data custodian or by a senior executive of the Department.

Statistical Clearing House

The Statistical Clearing House is the central clearance point for all Australian Government surveys involving 50 or more businesses run by, or on behalf of, all Australian Government departments and agencies. ADGP and SBOs must ensure that the necessary clearance, if any, for any surveys undertaken during the conduct of the Program is obtained prior to distribution.

For more information refer to www.sch.abs.gov.au

Acknowledgement

ADGP and SBOs must ensure that the contribution of the Commonwealth through the Department to this Program is acknowledged favourably in any relevant correspondence, public announcement, advertising material, research reports or other material produced by or on behalf of the SBO/ADGP using the following phrase or as otherwise agreed by the Commonwealth's Liaison Officer set out in the Program schedule of the funding contract: '*Funded by the Australian Government Department of Health and Ageing*'.

PART C: NiGP PROGRAM ACTIVITIES

Introduction

This part summarises the kind of activities that can be funded by ADGP and SBOs in the implementation of the NiGP Program and the principles used to prioritise, allocate funding and administer the Program.

Principles

ADGP and SBOs must ensure that they follow the key principles set out below in planning and implementing the NiGP Program.

Sustainable capacity-building

A key focus of Objective 1 of the NiGP Program is to build capacity within Divisions of General Practice to sustainably support nursing in general practice. This means that when the Program ceases or is replaced by new training and support mechanisms, Divisions' ability to support practice nursing does not return to its pre-Program status, but the Program continues to have an impact. Examples of sustainable capacity-building include:

- developing self-funding or income-producing models, for example establishing practice nurse contracting services, industry-sponsored training or tools, including the cost of reviews and reproduction into a recipient's purchase price of tools (on a not-for-profit basis)
- incorporating practice nursing into SBO and Division strategic planning and other practice support or issue-specific programs (for example chronic disease management, immunisation)
- building knowledge bases from project implementation, for example through evaluation, testing new models, undertaking needs assessments and mapping exercises
- producing products (for example tools, resources, publications) that have a medium to long-term application
- bringing about culture change and enhancing the skills base of medium to long-term staff (including practice nurses, other general practice staff and Division staff/Boards).

Information sharing, collaboration and reducing duplication

Strategies and tools to support nurses in general practice are often transferable across Divisions. Sharing information about developments, events, successes and failures, working collaboratively, sharing resources, and negotiating as a group with external bodies is more efficient and effective than working in isolation and maximises program outcomes. The Program has been funded through ADGP and SBOs to ensure this potential of the Divisions Network is maximised.

SBOs should work with Divisions, other SBOs and ADGP to minimise duplication and 'reinventing the wheel'; however, the benefits of adapting tools and approaches to local situations must also be considered.

Feedback and reflection

Evaluation, reflection and feedback are central to ensuring the Program expected outcomes are attained. They inform future decision-making, highlight changing needs and conditions and assist others considering similar approaches.

SBOs must evaluate training and Division support provided through the NiGP Program and obtain regular feedback from and through Divisions and ADGP on the effectiveness of the SBOs' implementation of the Program (see page 34 for more information).

ADGP must also evaluate key projects it undertakes and obtain regular feedback from Divisions and SBOs on the effectiveness of the implementation of the Program.

External consultation

There are many groups with:

- an interest in nursing in general practice
- responsibility for matters affecting nursing in general practice
- expertise and assistance to offer
- the potential to be involved in partnership approaches.

ADGP and SBOs must collaborate with other relevant organisations and professional bodies[5] to facilitate support external to the Divisions Network for nurses working in general practice.

Equity

ADGP and SBOs must ensure they are equitable in their support of Divisions to ensure that all Divisions develop and maintain sustainable capacity to support practice nurses. While the NiGP Program includes areas and Divisions that SBOs must specifically support (that is, some Divisions will require more support than others), high-performing Divisions and those with established practice nurse programs have an important role to play (see Part B: Target Areas).

Fair and open competition

SBOs and ADGP must ensure that they allow fair and open competition for project funds from service providers, such as training providers. This includes seeking multiple quotes for medium-sized projects and competitive tests of the market for large projects. ADGP and SBOs should refer to the funding contract terms and conditions for more detail.

Conflict of interest

ADGP and SBOs must manage any apparent or real conflict of interests of interest in accordance with Australian Stock Exchange Governance Standards. ADGP and SBOs should refer to the funding contract terms and conditions for more detail.

Funding existing activities

SBOs must ensure that the NiGP Program funding is not used for projects or initiatives that would have occurred irrespective of NiGP Program funding (for example that have been or were planned to be funded from Divisions' core funding or other sources). That said, SBOs may use the NiGP funding to:

[5] For example, nurse and general practitioner professional bodies, education/training providers, state government, non-government organisations, relevant Indigenous health organisations, regional health services, and consumer groups.

- expand existing or planned projects and initiatives funded from other sources, including undertaking evaluations
- enable activities to happen sooner than they otherwise would have if these approaches help the SBO meet the NiGP Program objectives.

Note: This is not an exhaustive list of principles. ADGP and SBOs should refer to the funding contract for more information.

Objective 1: Building the capacity of Divisions to support practice nursing

Who can the funding be used to support?

Beneficiaries of NiGP Program support projects and initiatives may include:

Beneficiary	Conditions
General practice	If funded by the Australian Government (for example through Medicare).
Aboriginal Medical Services (AMSs)	As above.
Practice nurses	Where the nurse is employed by the general practice or AMS or their services are retained by the general practice or AMS.[6] The practice or AMS must be one funded by the Australian Government (for example through Medicare).
Aboriginal Health Workers (AHWs)	As above and where the AHW is a Certificate Level III in Aboriginal and Torres Strait Islander Health or above from a recognised institute.[7]
Potential practice nurses and AHWs	NiGP Program may also be directed at individuals who are or might consider becoming practice nurses or AHWs (for example through promotional material and sessions, information kits).
Others	All other organisations and individuals may be beneficiaries, but this should only be on a basis that is cost-neutral to the NiGP Program (for example through cost-sharing partnership projects with state governments).

SBOs and ADGP must work through Divisions to deliver support to these groups.

Note that this list refers to end-point beneficiaries only. Consultants, contractors, professional bodies etc may also be *intermediary beneficiaries* in the development and provision of practice nurse support to meet the needs of the beneficiaries outlined in the table above.

Needs assessments

SBOs are required to undertake assessments of Divisions' needs for the development of their practice nurse support programs.

[6] Refer to the guidelines for the Practice Incentives Program (PIP) practice nurse incentive for more information on minimum qualifications and educational requirements which also apply to this Program. See: http://www.medicareaustralia.gov.au

[7] Ibid

Refer to Part E (page 32) for more information on needs assessment timing, frequency and review.

In undertaking needs assessments of Divisions and in providing assistance to develop and implement their practice nurse support plans, SBOs must consider at least the following factors:

- any practice nurse support programs or activities the Division is already undertaking, for example can these be shared with other Divisions or be enhanced
- the needs, barriers and enablers of the Division across the key categories of practice nurse support (see below for more information on these categories)
- whether the Division fits within the target areas outlined in Part B and/or whether it would benefit from an assessment of how it compares with other Divisions
- whether the Division could act as a mentor or trial innovative projects that would substantially help the Program address the target issues or assist Divisions within the target areas
- the kind of support that is the most effective for the SBO to provide
- where the need fits on the list of priorities for the Division and the Program in meeting the Program Objectives (refer to page 9 for more information on these objectives)
- whether there are opportunities for collaboration across Divisions, in particular small Divisions, neighbouring Divisions, and Divisions with similar issues and priorities.

Examples of practice nurse support approaches

It is useful to divide practice nurse support approaches into the following categories (though often approaches could be placed in more than one category):[8]

1. Recruitment and retention
2. Mentoring and networking
3. Partnerships and collaboration
4. Teamwork and integration
5. Promotion of the practice nurse role
6. Professional standards.

Refer to the *Nursing in General Practice Demonstration Divisions National Resource Kit* for more information on each of these categories, including why they are important and examples of practice nurse support approaches for each of these.[9] Some examples of the types of practice nurse support approaches that SBOs could undertake or support Divisions to undertake under this Objective and in each category include the following.

1. Recruitment and retention

- Demonstrating business cases for employing a practice nurse
- Adapting and promoting recruitment and induction tools
- Assisting practices to recruit practice nurses through, for example, advertising, management of the interview process, maintaining a database of interested nurses
- Assisting practices to identify their needs and tailoring job descriptions, performance review and appraisal systems to fit those needs

[8] These categories were developed from those in: *Nursing in General Practice Demonstration Divisions National Resource Kit*. 2005: **Australian Division of General Practice Ltd**. Available at: www.adgp.com.au The Kit also includes a range of information for Divisions about establishing practice nurse support programs.

[9] Ibid, In particular refer to page 27- 34 and Section Six.

- Assisting with the orientation and mentoring of new practice nurses
- Arranging contracted practice nurse services for practices to trial a nurse or enable smaller practices to access nurse services (however, note funding exclusions on page 29).

2. Mentoring and networking

- Establishing nurse networks, for example network meetings/forums, newsletters
- Providing information on the advice and assistance nurses can obtain from their professional bodies
- Developing mentoring programs for new and/or existing nurses
- Attaching mentoring and networking opportunities to education and other professional development activities
- Supporting practice nurses to attend practice nurse-relevant conferences and provide overviews of the outcomes to their peers
- Maintaining links with rest of the Divisions Network on practice nursing issues and developments.

3. Partnerships and collaboration

- Developing and maintaining strategic partnerships and joint projects with other Divisions, SBOs or external stakeholders, for example other health services, state government bodies, non-government bodies
- Running joint information sessions and education with other Divisions or external stakeholders
- Developing communication strategies to promote the NiGP Program objectives and outcomes to external stakeholders, for example through websites, conference presentations, at meetings and in reference groups for other projects.

4. Teamwork and integration

- Promotion of the integration of practice nurse support with other Division program areas (for example immunisation, IM/IT, More Allied Health Services, Quality Use of Medicines, Chronic Disease Management, National Health Priority Areas)
- Promoting multi-disciplinary and team approaches in, for example, Division strategic plans, through promotion of examples of effective teams, and in education and professional development activities with all team members
- Facilitating opportunities for practice nurse input/involvement on Division Boards, reference groups and committees
- Developing and/or disseminating tools and guidance on the practice nurse role in team activities, for example chronic disease management.

5. Promotion of the practice nurse role

- Providing or facilitating presentations to:
  - SBO or Division Boards/members
  - GPs and other general practice staff members
  - potential practice nurses
- Developing and disseminating promotional material
- Providing practice nurse-specific web pages or spaces in newsletters

- Promoting practice nursing to external stakeholders, for example other health services, state government bodies, non-government bodies
- Providing practice nurse leadership programs, and identifying and nurturing practice nurse champions.

6. Professional standards

- Maintaining a list of contacts for advice on practice nurse professional standards
- Providing advice, links to appropriate resources and facilitating workshops for practice nurses, relevant general practice staff and Divisions on nurse professional issues. These issues could include, for example, scope of practice, indemnity, supervision, career structure, training opportunities, legislation and regulation
- Disseminating information on nurse professional standards to nurses and general practice, for example *Nursing in General Practice: A Guide for General Practice* (RCNA 2005), *Nursing in General Practice Competency Standards Website* (ANF 2005).

7. General

- Mapping Divisions' practice nursing profile and undertaking Division needs assessments, for example numbers and location of practice nurses, demographic details, their needs and expectations, the needs and expectations of practices with and without practice nurses
- Supporting Divisions Project Officers new to practice nurse support
- Supporting mentoring and collaboration between Divisions
- Assisting with consumer consultation/involvement.

ADGP and SBO responsibilities for sharing information

This list is far from comprehensive. To supplement it, and support the sharing of information on support and capacity-building approaches, ADGP, SBOs and Divisions will have the following responsibilities throughout the implementation of the Program.

ADGP and SBOs

- Maintaining an overview and databases of what SBOs and Divisions are doing in each state
- Maintaining expertise on key resources, links and partnerships and straightforward access to these for SBOs and Divisions, through for example web pages and newsletters
- Hosting workshops for SBO or Division Program staff to share information on existing, planned and completed projects
- Providing advice to SBOs or Divisions on the selection of approaches to meet individual needs.

Divisions

- Providing SBOs with details of the Division's existing approaches
- Participating in planning workshops and seeking advice and assistance from SBOs in planning and implementing approaches
- Presenting tested approaches at conferences, workshops, in newsletters etc. and mentoring/advising other Divisions on their adaptation to individual situations.

Objective 2: Practice nurse education and professional development

Who can the funding be used to support?

Beneficiaries of NiGP Program practice nurse education and professional development activities may include:

Beneficiary	Conditions
Practice nurses	Where the nurse is employed by the general practice or AMS or their services are retained by the general practice or AMS.[10] The practice or AMS must be one funded by the Australian Government (eg through Medicare).
Aboriginal Health Workers (AHW)	As above and where the AHW is a Certificate Level III in Aboriginal and Torres Strait Islander Health or above from a recognised institute.[11]
Potential practice nurses and AHWs	NiGP Program funds may also be directed at individuals who are or might consider becoming practice nurses or AHWs (eg upskilling training, graduate placements).
General practice and AMS staff	SBOs may fund education and professional development options for general practice and AMS staff other than practice nurses where: - the aim is to provide multi-disciplinary and team based approaches where a practice nurse is a member of that team - to promote practice nursing and an understanding of the role and potential of nurses in general practice. This provision includes staff in general practices funded by the Australian Government (eg through Medicare). General practice staff from practices funded solely through other sources may be beneficiaries, but only on a cost-neutral basis (eg through SBO partnership projects with state government or purchase of tools developed).
Others	All other organisations and individuals may be beneficiaries, but only on a basis that is cost-neutral to the NiGP Program. SBOs may consider funding others where a small proportion of them are required for a course to go ahead. This option should only be used where the benefit to the target practice nurses is high. This should not be a standard approach and should be reserved for exceptional circumstances. SBOs should also consider partnering with other organisations (eg state government health services) to provide jointly coordinated and funded education and professional development options – in particular where such an approach encourages networking and integration between service providers.

SBOs and ADGP must work with Divisions to deliver support to these groups.

Note that this list refers to end-point beneficiaries only. Training/education providers (including Division and SBO staff), consultants, professional bodies etc may also be

[10] Refer to the guidelines for the Practice Incentives Program (PIP) practice nurse incentive for more information on minimum qualifications and educational requirements which also apply to this Program. See: http://www.medicareaustralia.gov.au

12. ibid

intermediary beneficiaries in the development and provision of training and professional development options to meet the needs of the beneficiaries outlined in the table above.

Needs assessment

SBOs are required to undertake assessments of practice nurse education and professional development needs in their state/territory in order to effectively address Program Objective 2.

Refer to Part E (page 32) for more information on needs assessment timing, frequency and review.

In undertaking practice nurse education and professional development needs assessments and implementing strategies to address these needs, SBOs must consider at least the following factors:

- current Australian Government priorities (such as national health priority areas, immunisation, wound management, Pap smears, chronic disease management, health promotion and prevention)
- state-specific requirements, needs and opportunities
- local/regional education and professional development needs, for example to service particular populations, education access requirements for rural and remote nurses. Rural and remote practice nurse education and training is a key target area for this Objective (see page 10)
- the Registered and Enrolled Nurse core competency standards and the Nursing in General Practice Registered and Enrolled Nurse competency standards (ANF 2005)
- both nurses' and their general practices' needs and expected roles for them
- opportunities for integrating education and professional development options with Divisions' other programs
- practice nurse training needs and potential future roles as identified by the Royal Australian College of General Practitioners and Royal College of Nursing, Australia in *General Practice Nursing in Australia* (Watts et al. 2004)
- the availability of nurses' time and resources to get to training and as well as general practices' ability to release nurses for training, and whether there are specific strategies the SBO need to undertake to address such issues. SBOs will also need to consider how often nurses will be able to attend development activities and how to prioritise and package activities together
- whether a multi-disciplinary, team and/or multi-service (for example including health providers from services other than general practice) is the best approach
- how the SBO ensures the quality of the training and its suitability for practice nurses
- what the most appropriate, effective and efficient mode of delivery is, for example face to face, distance education, self-directed, online
- whether all nurses need the same degree of training, for example some may require a 12-week accredited course that provides them with certification status, while others just need a short overview or update, and do Registered and Enrolled Nurses and Aboriginal Health Workers have different needs
- relative costs of education and professional development options and their availability (note: SBOs should first consider alternative options to NiGP Program funded options, for example the Australian Government's Practice Nurse Immunisation, Wound

Management and Pap Smear Scholarships available through the Australian Practice Nurses Association)

- whether collaboration with other SBOs or a national approach may be more effective and efficient to meet particular education and professional development needs
- whether there are opportunities to collaborate with external stakeholders such as national or state professional bodies, health services or non-government organisations.

Examples of education and professional development approaches

Some examples of the types of approaches that SBOs could undertake or fund Divisions to undertake under this objective include:

- negotiating reduced rates for practice nurses to attend particular courses
- commissioning specific education or professional development programs
- purchasing places on existing courses
- providing scholarships and reimbursing educational costs for nurses undertaking approved education and professional development
- supporting/resourcing Divisions to provide appropriate training to nurses (including 'train the trainer' models)
- encouraging Divisions (and other organisations) to include practice nurses in their ongoing training and education programs.

As well as formal training and education courses, professional development options could include:

- information sessions and updates
- purchasing or developing tools and resources, such as publications
- peer mentoring
- attending and/or presenting at workshops and conferences.

Where nurses are funded or supported to attend conferences, SBOs should consider making the following a requirement of the nurse accepting that funding or support:

- that the nurse presents at the conference either verbally or through a conference poster, and/or
- the nurse reports back to his/her local peers on the conference outcomes.

Funding Divisions of General Practice

Formal arrangements

Funding provided by SBOs to Divisions needs to be provided in a way that:

- is transparent and accountable
- is consistent with the aims and objectives of the NiGP Program as set out in these guidelines and the SBO's funding contract
- is consistent with the national quality and performance system for the Divisions Network
- does not conflict with or detract from the rights and entitlements of Commonwealth under the SBO's funding contract.

SBOs remain fully responsible for the performance of the NiGP Program as set out in their funding contract and this responsibility will not be relieved through any subcontracting of parts of the NiGP Program to Divisions or others.

SBOs must refer to the subcontracting clauses in their funding contract for the NiGP Program for further information.

The Department expects that SBOs planning to provide funds directly to Divisions under the NiGP Program ensure a formal arrangement is in place with the Divisions which makes clear:

- the Division's aims, expected role and outcomes of the funding (SBOs and Divisions should consider how the outcomes will be integrated into the Divisions' existing Programs)
- the funded amount
- the timeframe for the funding (noting that funds allocated from this project should not be committed beyond the timeframe of the current funding contract with the Department)
- that the Division must provide a final report or statement to the SBO on the project achievements and outcomes and if any outcomes were not achieved, why not
- dispute resolution procedures
- the Division's responsibilities in presenting the outcomes and achievements of the project to the Divisions Network.

When assessing whether or not to fund a Division, SBOs must consider, along with those factors outlined for the needs assessment processes for each Program Objective, the following factors:

- whether there are more effective and efficient ways of achieving the sub-project outcomes, for example using tools already developed by other Divisions or bodies
- the principles outlined at the beginning of this Part, in particular those of:
  - sustainable capacity building
  - information-sharing, collaboration and reducing duplication
  - feedback and reflection
  - equity
  - funding existing activities.

Funding Division Staff

The NiGP Program funding may be used to fund Divisions to undertake specific projects, including education and professional development activities. In these circumstances the funding to Divisions is likely to include Division staff time. However, the Program funding is not to be used to fund ongoing and/or generic practice nurse support roles at Divisions. As set out above, SBOs must make clear in their funding arrangements with Divisions the project aim and outcomes, and must assess potential projects for whether they build sustainable capacity at the Division (see page 16 for a description of sustainable capacity-building as it relates to this program).

Reporting

Divisions will be required to include SBO-funded projects in their annual plans and reports under the Divisions of General Practice Program. SBOs should ensure that Divisions reporting to SBOs is streamlined as much as possible with Divisions' reporting and performance requirements under the Divisions of General Practice Program. This will

minimise the administrative burden on Divisions and enable the full impact of the Program to be effectively captured. Divisions should make clear in their annual plans and reports the specific funding and activities that are derived from the NiGP Program.

PART D: FUNDING

Funding available under the NiGP Program

The Australian Government's 2005–06 Federal Budget has made funding available for the Initiative, including the NiGP Program, from 2005–06 to 2008–09, subject to parliamentary appropriation, satisfactory proposals being provided by ADGP and SBOs (see 'Submitting proposals' below), the successful negotiation and execution of funding contracts and satisfactory ADGP/SBO past performance. Annual allocations for SBOs will vary according to the total NiGP Program allocation available each year. NiGP funding is additional to other funding, such as core Divisions of General Practice Program funding, and may be used only for NiGP Program activities, consistent with these guidelines and the funding contract.

Submitting proposals

To obtain funding, ADGP and SBOs are required to submit a funding proposal. The Department may also, at its discretion, require proposals from ADGP or an SBO if ADGP/the SBO seeks an extension to a contract Program Period.

The Department will not accept less than satisfactory proposals. Past performance on the NiGP Program will also be a factor in whether or not the Department accepts a proposal. Once a suitable proposal has been provided, those SBOs that would benefit from close monitoring are likely to be offered funding on an annual rather than multi-year basis. Where an SBO has secured Program funding on an annual basis, it will be required to submit proposals for further years' funding at the request of the Department if it would like to obtain funding for those further years.

Proposals will be required in the Agreement Plan format and will become ADGP's and the SBOs' NiGP Program Agreement Plan if funding is provided.

Allocation of funding

The funding allocations for each SBO for the NiGP Program have been determined on the basis of a funding formula that has the following components.

Management

Management funding covers all SBO costs in maintaining SBO staff to manage the Program, including:

- SBO staff salaries and on-costs
- consultants/contractors
- SBO staff travel and accommodation
- overheads (for example rent, reception, insurance, IT, workstations)
- stationery, phone calls, faxes, etc
- communication (for example web design, newsletters, promotion of project at key fora)
- auditing
- legal advice

- planning and networking workshops/meetings with Divisions and/or stakeholders.

The management component has been calculated based on:

- A flagfall of $22,000 (GST inclusive) per SBO: to cover costs that would be incurred by all SBOs (for example reporting, auditing, attending national project meetings, setting up project management systems)
- A flagfall of $5,500 (GST inclusive) per Division in the state/territory: to cover costs incurred by the SBO in working with each of the Divisions in its state/territory (for example liaison and negotiation, assessing reports)
- Travel costs: based on costs for an SBO staff member to visit each rural Division twice a year, bring all Divisions to the state capital for planning workshops twice a year, and for SBO project management to attend four national project planning meetings and two other national events (for example practice nurse conference) per year.

Building the capacity of Divisions to support practice nursing

Division Support funding covers the costs in building Division capacity to support practice nursing (this is not to include funds for education/professional development – see below), including:

- Division-led project funding
- development of Division resources/tools for practice nurse support (for example through Divisions, contractors or consultants)
- evaluation of Division projects or initiatives
- SBO-led support projects
- Division-to-Division mentoring programs
- Division presentations of the NiGP Program outcomes at conferences, workshops etc
- Division Project Officer upskilling (though note that 'train the trainer' upskilling is included within education and professional development funding).

This Divisions Support component has been calculated based on the formula used to calculate Divisions core funding. This formula accounts for patient population (using Single Whole Patient Equivalents), remoteness (using the Rural, Remote and Metropolitan Areas Classification [RRMA] system), proportion of Indigenous population, socioeconomic status. It includes a flagfall per Division.

Practice nurse education and professional development

Education and professional development funding covers costs in providing training and professional development to practice nurses (and general practice staff, AHWs etc as set out in Part C), including:

- purchasing training places or training materials
- training for the trainers, including to provide training accreditation status
- training venue, catering costs etc
- participant/presenter travel/accommodation costs
- nurse time to attend (only in very specific and critical circumstances)
- professional development scholarships (including for conferences)
- funds to Divisions to reimburse costs of organising training

- funding the development of training courses (for example face-to-face, online, self-directed)
- education/professional development course evaluation.

This Education and professional development component has been calculated based on:

- the proportion of the total Australian population in each state/territory based on the 2001 Census as a proxy for the proportion of practice nurses across states and territories. Comparisons with a range of data, including the ADGP National Practice Nurse Workforce Survey 2003, Practice Nurse Practice Incentives Program and MBS Item data indicated this was a suitable proxy
- A rural/remote loading to account for the increased costs of providing professional development to more remote nurses. Relative to RRMA 1 and 2 a loading of 150 per cent has been applied to RRMA 3 and 300 per cent to RRMAs 4–7. Remoteness is calculated based on the relative populations in each RRMA.

Changes in funding allocations over financial years

The funding allocated to SBOs over each financial year has been increased or decreased as follows:

- The Management funding (except for the travel costs which increase by 5 per cent in 2007–08) has been decreased in 2007–08 to 70 per cent of the 2006–07 funding to account for the greater level of planning, negotiation and development of management systems in the early stages of the project.
- The Division Support funding has been decreased each year from 2006–07 (by around 8 per cent a year) to account for an expected increase in Division capacity and sustainability of initiatives due to the previous year's work.
- The Education and professional development funding has been increased each year from 2006–07 (by around 9 per cent a year) to account for an expected increase in the number of practice nurses and availability of education and professional development opportunities.

Note that SBO funding contract schedules for the NiGP Program provide scope for SBOs to transfer up to a specific proportion of funds between the budget categories.

Method and timing of payments

The funding for the NiGP Program will be distributed to SBOs in the same manner and schedule as the core arrangements under the Divisions of General Practice Program and will be in addition to core funding.

NiGP funding exclusions

In general, NiGP funding may not be used to:

- provide practice nurse or AHW services; however, practice nurses or AHWs may be employed or contracted for project activities such as advising on employing and utilising nurses or AHWs, in roles such as mentoring (though not clinical supervision) or project management

- ongoing and/or generic practice nurse support roles at Divisions (see page 28 for more information)
- purchase equipment or products that are part of the normal business expenses of running a general practice, for example clinical equipment, insurance, or
- purchase or lease major capital items such as:
  - medium/long-term accommodation (for the general practice workforce and their partners and families)
  - practice rooms/surgeries
  - motor vehicles.

The NiGP Program is not intended to be a major source of funds for capital or infrastructure. However, where the SBO can demonstrate that a capital or infrastructure item is an important aspect of implementing the Program, the purchase or lease of the item will be considered on a case-by-case basis taking into account the factors outlined above.

Financial management practice

Financial management responsibilities for the NiGP Program are set out in ADGP's and SBOs' funding contracts and *Future Directions: Your Toolkit for Implementation*. ADGP and SBOs must ensure that their relevant representatives, including Program Managers, are familiar with these responsibilities. Key components include:

- making sure funds are used for their intended purpose and in a way that meets the conditions of contract
- purchasing goods and services through fair and open competitive processes
- keeping proper accounts
- reallocating funds between budget categories
- appropriate invoicing of the Department
- managing assets
- repaying funds under certain circumstances
- risk management, including insurance.

Payments are always subject to satisfactory progress and compliance with conditions of funding to ensure that public funding is used in a proper way.

The NiGP Program is managed from the Department's Central Office. All enquiries, requests for budget reallocations, reporting due date extensions, etc should be forwarded to the Central Office Commonwealth Liaison Officer in the NiGP Program funding contract schedule.

Budget reallocations

The funding contract allows for some flexibility for reallocating funds between categories in the budget set out in the funding contract schedule for the NiGP Program and line items set out in the Annual Budget agreed to by the Department at the beginning of the Program and each financial year. However, funds cannot be reallocated between line items and categories up to specific limits without approval by the Department before the funds are committed. Refer to the funding contract for specific details.

Approvals for funding reallocations and annual budget variations (beyond the allowable amounts) must be sought from the Commonwealth's Liaison Officer specified in the NiGP Program schedule and using the format specified by that Liaison Officer.

Withheld payments

The Department may withhold payments for a range of reasons (refer to funding contract for more detail), including where there is substantial uncommitted NiGP Program funding at the reporting date or satisfactory reports have not been received.

There are different ways that withheld payments can be treated:

- The Department can fund to the SBO/ADGP a withheld payment if it is satisfied that the SBO/ADGP will effectively use those moneys within the financial year that the funding has been withheld. It is important that the SBO/ADGP liaise with the Department as early as possible in the financial year, in order to show that the moneys could be effectively spent within that financial year.

- The Department could 'roll over' withheld funding from one financial year to the next, subject to the Federal Budget process. In order for this to occur, the SBO/ADGP needs to liaise with the Department. It should be noted that the Department cannot guarantee that amounts withheld in one financial year will be paid in following financial years.

- Withheld payments could also be spent for other projects in the Initiative in the financial year that the moneys were withheld. It could be used for national projects that meet the objectives of the Initiative. Before using withheld moneys in this way, the Department will liaise with the SBO/ADGP that has the withheld payment.

This section does not outline all financial management responsibilities. It is essential that Divisions become familiar with the funding contract, and put in place systems to meet these responsibilities.

PART E: PLANNING, REPORTING AND EVALUATION

ADGP and SBOs are required to provide planning and reporting documentation (similar to those required under Division of General Practice Program arrangements), and have those approved, in order to receive NiGP Program funding.

Submission and assessment

SBOs are to submit all plans and reports to the relevant State/Territory Office as part of the standard Division of General Practice Program reporting arrangements. All NiGP Program specific reports, however, will be assessed by the Central Office Commonwealth Liaison Officer set out in the NiGP Program funding contract schedule. SBOs should consider providing NiGP Program reports to this Liaison Officer at the same time as they are provided to the State/Territory Office as this may hasten the assessment and approval process.

In considering NiGP Program plans and reports, the Department will consider:

- how well they meet the Objectives of the NiGP Program
- whether they meet the requirements of the funding contract and these Guidelines
- whether strategies and activities are cost-effective.

Once approved, SBOs will be required to provide Twelve Month Reports to the Primary Health Care Research and Information Service (PH CRIS).

Extensions

Extensions may be made to report due dates, but these need to be negotiated with the Department well in advance of the due date.

Planning and reporting

Needs assessments, plans and reports

SBOs are required to undertake NiGP Program needs assessments as part of their three-year Agreement planning cycle. SBOs must include systems within their Program planning and implementation to monitor the changing needs of the Divisions, general practices and practice nurses in their state/territory. Needs assessments should be thoroughly reviewed periodically, that is at least every three years. For 2006–07, it is strongly recommended that SBOs thoroughly review or at least revisit the needs assessments undertaken in early 2005. Part B (page 9) outlines the key factors SBOs must consider in their needs assessment processes.

Agreement Plans, Annual Plans, Six Month Reports and Twelve Month Reports, Financial Statements and Budgets are to be prepared and submitted as required by the NiGP Program funding contract schedule and *Future Directions: Your Toolkit for Implementation*. The Central Office Commonwealth Liaison Officer set out in the NiGP Program funding contract schedule will provide NiGP Program-specific proforma and technical details and these will closely follow the format, and performance and reporting principles, set out in *Future Directions: Your Toolkit for Implementation.*

Key differences specific to the NiGP Program are set out below.

Agreement Plan
The NiGP Program component of SBOs' Agreement Plan must include both strategies *and* activities.

SBO proposals submitted to seek funding, if approved, will become the NiGP Program component of SBOs' Agreement Plan.

Annual Plan
SBOs will submit NiGP Program Annual Plans with the Divisions of General Practice Program Annual Plan and as described in the funding contract and *Future Directions: Your Toolkit for Implementation*. It is anticipated that Annual Plans will not differ greatly (if at all) from the Agreement Plan, though ADGP/SBOs may wish to provide more detail specific to the relevant financial year.

Supplementary Plan
SBOs were required to submit a Supplementary Plan specifically for the 1 April to 30 June 2006 NiGP Program period. A proforma for this plan/report was provided by the Central Office Commonwealth Liaison Officer.

Related local objectives
SBOs may include related local objectives in their Agreement and Annual Plans for approval by the Department. Related local objectives are:

- objectives specific to the SBO's NiGP Program that are not sufficiently covered by the NiGP Program National Objectives
- for which the SBO would like to use the NiGP Program funds.

Related local objectives must be within the scope of the Initiative (refer to page 11) for the Department to consider them for NiGP Program funding.

The SBO must submit their proposed performance indicators for the related local objectives for approval with their Agreement/Annual Plan.

Reports
ADGP and SBOs are required to submit Six and Twelve Month Reports as set out above.

ADGP and SBOs should refer to their funding contracts for the details on what is required in these reports.

Note that the requirements for the 2005–06 Twelve Month Report differ from the standard Twelve Month Reporting requirements due to the shorter funding period for 2005–06.

Updates
ADGP and SBOs may, with the approval of the Department, update the Agreement Plan, Annual Plan, and Program and/or Annual Budgets as they refer to the NiGP Program to reflect changes in its operation.

ADGP and SBOs should refer to the funding contract for more details.

Budgets and financial statements

Budgets and financial statements will be submitted with the Divisions of General Practice Program budgets and financial statements as per the *Future Directions: Your Toolkit for Implementation*. However, additional detail will be required to clarify expenses under the 'other' category listed in the Divisions of General Practice Program standard budget proforma (see the funding contract for more information). The Central Office Commonwealth Liaison Officer set out in the NiGP Program funding contract schedule will provide NiGP Program specific proforma for this.

Note that as set out in Part D (page 30), SBOs will need approval for some reallocations between budget categories. SBOs will also need to obtain approval from the Department for any significant variation to an Annual Budget (refer to the funding contract for details of variation parameters and requirements).

Performance indicators

ADGP and SBOs are required to report against a set of performance indicators that will be in a format and design consistent with the national quality and performance system for the Divisions Network. The indicators and technical details will be provided to SBOs by the Commonwealth Liaison Officer for the NiGP Program. ADGP and SBOs should make themselves familiar with the performance indicators and technical details and ensure they have systems (including to protect private information and confidentiality, where relevant) in place to collect and collate this data.

ADGP and SBOs will need to address all the relevant performance indicators to a satisfactory standard in each Six Month and Twelve Month Report in order for those reports to be approved by the Department. The technical details will set out how the data are to be sourced and presented and which indicators are relevant to which report.

Performance targets for these indicators may be introduced at a later date, though to 30 June 2007 SBOs are only required to report against each indicator.

Maintenance of information and data

SBOs are required to maintain the information and data set out in their funding contract to inform, for example, the NiGP Program evaluation, performance management or other Department programs or initiatives.

SBOs will be required to provide some or all of this information/data to the Department in their Twelve Month Reports.

Evaluation

SBOs must evaluate training and Division support provided through the NiGP Program and obtain regular feedback from and through Divisions and ADGP on the effectiveness of the SBO's implementation of the Program. ADGP must also evaluate key projects it undertakes.

Evaluation should be to the extent of what is appropriate for the amount of funding invested in individual projects. At the very minimum, this should include a low-key in-house evaluation of projects funded by SBOs/ADGP and standardised feedback forms to be completed by attendees at training events. Also refer to the Program Principles on page 16.

The Department expects to evaluate the NiGP Program overall regularly, which will involve consultation with the Divisions Network and other stakeholders, as well as using data from NiGP Program.

Evaluation is an essential part of the Government's consideration of whether or not to continue lapsing Programs. A formal evaluation of the NiGP Program may occur in 2008 separately or in conjunction with an evaluation of the Initiative.

The Department may also review a specific SBO's NiGP Program or a project within an SBO's Program.

PART F: KEY MILESTONES

	2006–09 NiGP Project for SBOs	
Date	*Report due*	*Report component*
20 January 2006	- NiGP Program Addition to the 2006–08 Agreement Plan* - Attachment of plan for strategies and activities for 2008–09 - Budget for March/April 2006 – 30 June 2007 - Any request for transfer of expected underspends from 2005–06 to new 2006–08 schedule	- Strategies and broad activities for full NiGP project period (ie March to 30 June 2008). - Budget proforma for March 2006 to 30 June 2007
27 January 2006 (though preferably by 20 Jan)	- 2005–06 Supplementary Plan*	- Annual Plan components of the Supplementary Plan for the period 1 April to 30 June 2006
27 January 2006	- SBO feedback to the Department on draft guidelines and planning/reporting proforma	
31 March 2006	- 2006–07 Annual Plan and Budget	- Strategies and activities for 1 July 2006 to 30 June 2007. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
31 October 2006	- 2005–06 Twelve Month Report and Financial Statement	- Performance Indicators Results for 1 April to 30 June 2006. (See below for compulsory PIs.) - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
15 February 2007	- 2006–07 Six Month Report and Financial Statement	- Performance Indicators Results and Reflection on Work for 1 July to 31 December 2006. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
31 March 2007	- 2007–08 Annual Plan and Budget	- Strategies and activities for 1 July 2007 to 30 June 2008. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
31 October 2007	- 2006–07 Twelve Month Report and Financial Statement	- Performance Indicators Results and Reflection on Work for 1 July 2006 to 30 June 2007. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
15 February 2008	- 2007–08 Six Month Report and Financial Statement	- Performance Indicators Results and Reflection on Work for 1 July to 31 December 2007. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.
31 October 2008	- 2007–08 Twelve Month Report and Financial Statement	- Performance Indicators Results and Reflection on Work for 1 July 2007 to 30 June 2008. - Standard Future Directions Toolkit Financial Reporting Proforma, plus 'NiGP Other Subsheet'.

*Must be approved by the Department before a funding contract schedule will be offered.

All performance indicators are compulsory, except:

- Only some need to be reported on in the Six Month Reports (see Technical Details).
- In the 2005–06 Twelve Month Report only the following indicators are compulsory (but SBOs may choose to submit other components):
  - 1.1, 1.2, 2.2

Note that ADGP reports will be required a month after SBO reports.

REFERENCES

Australian Department of Health and Ageing (DoHA) 2005, *Future Directions: Your Toolkit for Implementation*. Available at: http://www.health.gov.au/internet/wcms/Publishing.nsf/Content/health-pcd-programs-divisions-rictoolkit.htm

Australian Divisions of General Practice (ADGP) 2003, *National Practice Nurse Workforce Survey 2003.* Available at: http://www.adgp.com.au/site/content.cfm?page_id=2397&current_category_code=82

Australian Divisions of General Practice (ADGP) 2006, *National Practice Nurse Workforce Survey 2006.* Available at: http://www.adgp.com.au/client_images/44225.pdf

Australian Nursing Federation (ANF) 2005, *Competency Standards for Nurses in General Practice.* 2005. Available at: http://www.anf.org.au/nurses%5Fgp/index.html

Healthcare Management Advisors (HMA) 2005, *Evaluation of the 2001 Nursing in General Practice Initiative – Final Report*. Available at: http://www.health.gov.au/internet/wcms/publishing.nsf/Content/pcd-nursing-eval

Productivity Commission 2005, *Australia's Health Workforce*, Position Paper.

Royal College of Nursing, Australia (RCNA) 2005, *Nursing in General Practice: A Guide for the General Practice Team.* Available at: http://www.rcna.org.au/

Wagner E, Austin B and Von Korff M. 1996, 'Organising Care for Patients with Chronic Illness', *The Millbank Quarterly* (74) 511–34.

Watts I, Foley E, Hutchinson R, Pascoe T, Whitecross L, Snowden T 2004, *General Practice Nursing in Australia*, RACGP/RCNA.

FURTHER INFORMATION AND RESOURCES

Contacts

For further information about the Australian Government's Nursing in General Practice Training and Support Initiative, the NiGP Program and these guidelines, please contact:

nigp@health.gov.au

Or phone: 02 6289 3651

Or contact:

Ms Julie Porritt
ADGP Principal Policy Adviser on Nursing in General Practice
Australian Divisions of General Practice
Phone: 02 6228 0820
Fax: 02 6228 0899
Email: jporritt@adgp.com.au

Further information

Further information about the Australian Government's nursing in general practice initiatives can be accessed through the 'Nursing in General Practice' link under the A-Z guide on the Department's Website at www.health.gov.au This site includes a range of useful publications and resources developed under the Nursing in General Practice Training and Support Initiative.

Further information about the Divisions Network, including the National Quality and Performance System (NQPS) can be accessed through the 'Divisions of General Practice Program' link under the A-Z guide on the Department's Website at: www.health.gov.au

Also refer to the ADGP website (at www.adgp.com.au) which includes contact details for the ADGP, SBOs and Divisions of General Practice.