

# 2012

## **General Practice Nurse National Survey Report**

Australian Medicare Local Alliance (AML Alliance) is a new national, government funded not-for-profit company. It has been set up to spearhead an organised system for primary health care across the country through a network of independent companies called Medicare Locals (MLs)—regional primary health care organisations which will play a key role in planning and coordinating primary health care services for their respective populations.

AML Alliance will have an interest and voice in Australia's primary health care policy setting and system. It will work with a variety of stakeholders including the general practice, health, aged and social care sectors to advance primary health care and promote improvement and excellence in the ML sector through evidence-based and innovative quality practice.

Led by a skills-based board, AML Alliance will work with 61 MLs to:

- make it easier for patients to navigate their local health system
- provide more integrated care
- ensure more responsive local general practitioner (GP) and primary health care services that meet the needs and priorities of patients and communities
- make primary health care work as an effective part of the overall health system.

AML Alliance's primary roles are to act as a lead change agent for Medicare Locals and to support Medicare Local performance.

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### Abbreviations

AGPN	Australian General Practice Network
ASGC-RA	Australian Standard Geographical Classification-Remoteness Areas
AML Alliance	Australian Medicare Local Alliance
FTE	Full-time equivalent
GP	General practitioner
GPN	General practice nurse
ML	Medicare Local
NiGP	Nursing in General Practice Program
PIP	Practice Incentives Program
PNIP	Practice Nurse Incentive Program
SBO	State-based organisation

# 1 REPORT OUTLINE

The Australian General Practice Network (AGPN) 2003 National Practice Nurse Survey Report provided the first comprehensive national compilation of information and statistics regarding general practice nurses. The survey was repeated in 2005, 2007 and again in 2009.

In 2011 the AGPN (now the AML Alliance) contracted the Australian Primary Health Care Research Institute (APHCRI) to undertake a more comprehensive survey in 2012. In collaboration with the Department of Health and Ageing and AML Alliance, and with significant stakeholder input, APHCRI developed a new and more extensive survey. APHCRI took the view that quality of nurse level data would be improved with a higher response rate, but that a higher response rate was only likely to be achieved with more intensive follow up. This was only practical with a sample of practices participating rather than all practices hence a 20 per cent sample of general practices were drawn. Medicare Locals and Divisions of General Practice (over the transition period) were asked to verify the sample and provide numbers of general practice nurses in each of the selected practices. Survey data were then sought from practice managers and general practice nurses working in the sample practices.

The main findings of the survey are outlined on the following page and structured according to the source of the data.

## Main findings

- Data show the number of general practice nurses in 2007 as 7728, in 2009 as 8914 and in 2012 as 10,693.
- It is estimated that on average in 2012 63.3 per cent of practices employed a general practice nurse compared with 56.9 per cent in 2009 and 58 per cent in 2007.
- In 2012 there were 2.88 general practice nurses per practice which represents an increase of 0.5 general practice nurses since the 2009 survey which itself showed an increase of 0.4 over the 2007 survey.
- In practices that employ nurses the estimated GP:GPN ratio (headcount) for 2012 is 1.78 GP:1 GPN, falling relative to the 2009 ratio of 2.01 GP:1 GPN and the 2007 ratio of 2.31 GP:1 GPN.
- Overall in 2012, 12.6 per cent of the general practice nurse respondents were enrolled nurses compared with 15.2 per cent in 2009 and 15.1 per cent in 2007; 86.0 per cent were registered nurses compared with 84.8 per cent in 2009 and 79.4 per cent in 2007; 10.5 per cent were registered midwives and 0.3 per cent were nurse practitioners.
- Similarly to previous years' results, most of the general practice nurse workforce (81.3%) is aged 40 years or older compared with 79.7 per cent in 2009 and 78 per cent in 2007. In 2009 the 40–49 age group were the dominant category but in 2012 this has become the 50–59 year age group.
- Most nurses (over 75 per cent) reported working 34 hours or less in general practice.
- 25.5 per cent of general practice nurses reported being employed in at least one other nursing job in 2012 compared with 32.3 per cent in 2009 and 30.7 per cent in 2007.
- In 2012, the proportion of practices employing one general practice nurse was 21.7 per cent compared with 24.8 per cent in 2009 and 34.1 per cent in 2007. The proportion with more than five general practice nurses was 6.5 per cent in 2012 compared with 6.7 per cent in 2009 and 6.27 per cent in 2007.

## 2 INTRODUCTION

Australia is currently undergoing significant health reform with the Australian Government aiming to shift health services from hospitals to primary care.

In order to have a robust primary health care system it is necessary to have a range of health providers that ensures patients can access the care that they need when they need it, where they need it.<sup>1</sup> This will have an impact on all primary health care professionals as they strive to meet the needs of their communities with the limited resources that are available.

The changes to the Australian primary health care system aimed at improving patient care and of particular interest to nurses include<sup>2</sup>:

- having the right workforce to provide the care that patients need
- coordinated care for patients with diabetes
- an afterhours GP telephone advice service
- increased numbers of nurses in rural and aged care, establishment of a Rural Nursing Locum Scheme and expanded aged care nursing training
- the Practice Nurse Incentive Program that creates opportunities for practice nurses to expand their role, giving them more flexibility to meet the needs of their patients
- better integrated GP and primary care through Superclinics
- the introduction of personally controlled electronic health records
- an increased focus on preventive health initiatives to tackle the rising burden of obesity, tobacco and alcohol consumption, support people to adopt healthier lifestyles and educate Australians about the risks of chronic disease.

These reforms require a workforce that is skilled and well prepared. Nursing is an important section of the workforce that will assist Medicare Locals (MLs) in meeting the needs of the local communities to provide health care that is safe, connected, and accessible and consumer focused.

Nurses have worked in general practice for many years and the number of nurses providing nursing care in this context has steadily increased as indicated in previous surveys in 2003, 2005, 2007 and 2009. The 2012 survey reinforces this ongoing increase and supports the view that general practice nurses are a critical element in the provision of care within the general practice and primary health care environment and as such will require ongoing support and monitoring.

The roles to be fulfilled by MLs will build on the work that has previously been undertaken over the last 15 years by Divisions of General Practice, the state-based organisations and the Australian General Practice Network. Improving health care services for local communities is a fundamental aim of the health reform and Medicare Locals have a number of key roles to play in this improvement including support to local primary care providers including general practice nurses.<sup>3</sup>

The Australian Medicare Local Alliance (AML Alliance) will work with a variety of stakeholders including the general practice, health, aged and social care sectors to advance primary health care and promote improvement and excellence in the ML sector through evidence-based and innovative quality practice. The AML Alliance vision is that all Australians have better health outcomes because of safer better connected, more accessible and equitable consumer focused health and social care.

The AML Alliance provides national leadership and support for the Nursing in General Practice Program (NiGP). The aim of the program is to support and build capacity of the nursing workforce within general practice. The program aims to support nurse leaders, the Practice Nurse Incentive Program and highlight the role of nursing in general practice.

The information provided in the *2012 General Practice Nurse National Survey Report* provides a new and expanded set of data that will assist MLs and other organisations in planning and provision of support to the nursing workforce and to achieve the goals of the NiGP program as well as those broader goals of the AML Alliance to deliver on the government's goals for primary health care.

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1 *Improving Primary Health Care for all Australians*, 2011 <[www.yourhealth.gov.au](http://www.yourhealth.gov.au)>.

2 *What is national health reform delivering*, 2010 <[www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/reformQA03#practice%20nurses](http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/reformQA03#practice%20nurses)>.

3 *Improving Primary Health Care for all Australians*, 2011 <[www.yourhealth.gov.au](http://www.yourhealth.gov.au)>.

## 3 METHOD

### Survey questionnaire

In order to undertake a comprehensive survey of the work, education and careers of Australian general practice nurses, two survey instruments were developed; one for general practice nurses, and one for practice managers in practices that employ nurses.

The survey design for 2012 was varied from previous years although the majority of questions from the 2009 survey were retained for comparative purposes. The remaining content of the 2012 surveys were informed by a rigorous process of survey development. The survey used a validated tool to collect data regarding the satisfaction of nurses working in Australian general practices. The remaining questions were developed using the literature to identify pertinent issues of interest and options for answers. Stakeholder consultation ensured that wording, ordering and content were relevant and appropriate.

Significant additional information was collected about the activities of general practice nurses as well as their attitudes and satisfaction. Practice managers were asked to complete a paper based survey, and nurses to complete either a paper based or an online survey. Two reminders were mailed to practices to maximise response rates. The study consisted of three parts:

- information gathered from Divisions of General Practice and MLs (hereafter referred to as member organisations)
- a practice survey generally completed by practice managers
- a general practice nurse survey.

### Scope

Measurement was made of the number of hours worked by part-time nurses and doctors. The total numbers of full-time nurses and doctors were also measured in the survey. The part-time estimates gained were used to create full-time equivalent (FTE) values; based on a 38 hour working week for full-time general practice nurses and nine or more sessions per week for full time GPs.

The measurement of the remoteness index changed between 2007 and 2009 with the survey moving away from the Rural, Remote and Metropolitan Areas (RRMA) classification of remoteness to use the Australian Standard Geographical Classifications-Remoteness Areas (ASGC-RA). In 2012, remoteness has been assessed by APHCRI based on geospatial mapping of the address of the practice; hence this data is highly accurate.

### Population and distribution method

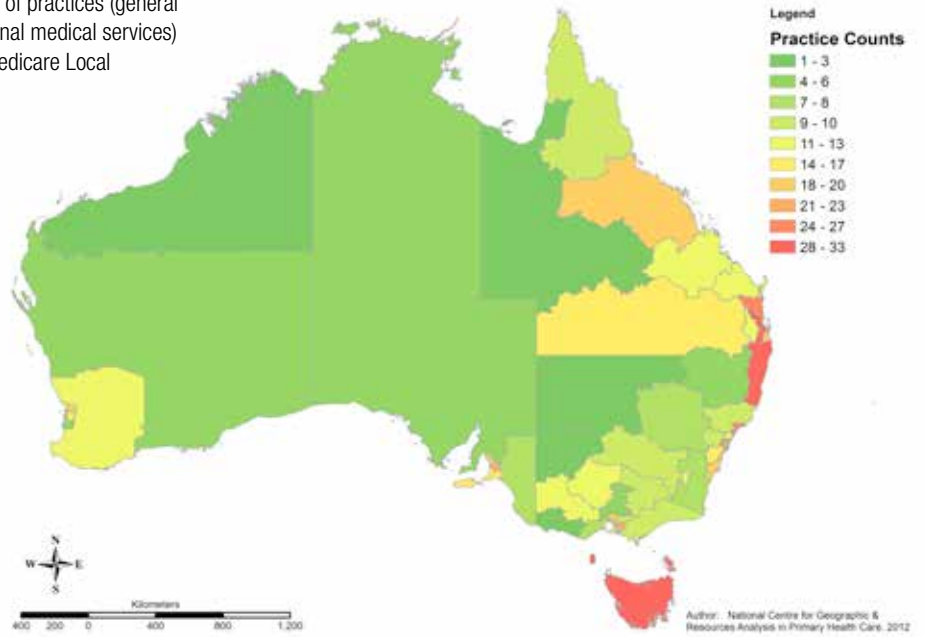
As per the previous surveys, the target population for the survey was all general practices in Australia which employed general practice nurses. A basic sample of 20 per cent (n = 1500) general practices was randomly selected by the AMPCo Direct mailing house, uniformly spread across states and urban and rural areas.

The AGPN state-based organisations (SBOs) requested each Medicare Local and General Practice Network member to supply information regarding which of the 1500 practices employed a nurse and if so how many. They were also asked to note if the practice had closed, whether the practice was indeed a general practice and to note incorrect address details. In this way APHCRI was supplied a comprehensive database of 1274 practices which were known by the member organisations to be either a general practice or an Aboriginal medical service (AMS). A total of 809 (64%) of these practices were known to provide the services of at least one general practice nurse.

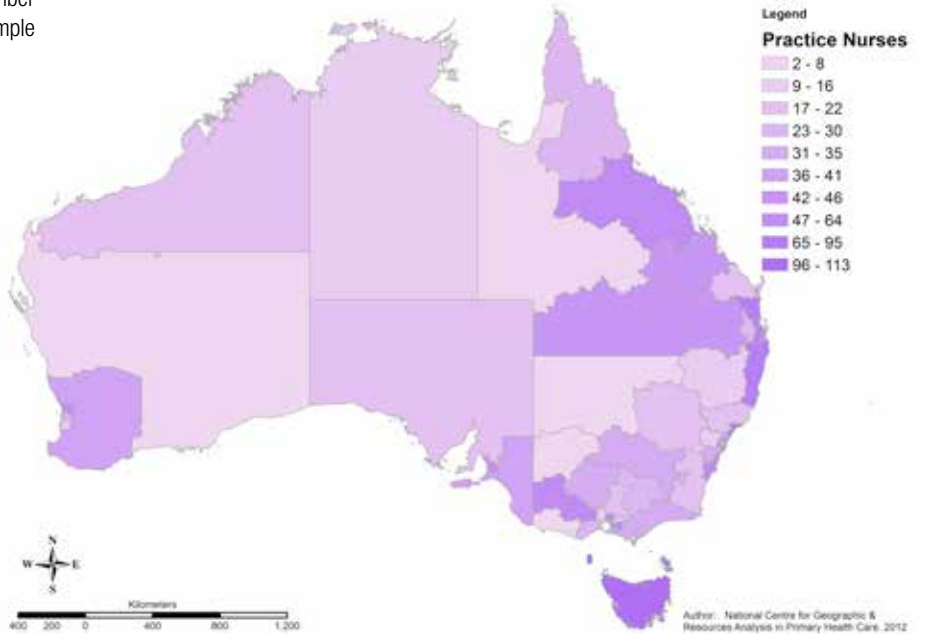
The survey instruments were distributed: to 809 practice managers, and 2161 general practice nurses (Figures 1 and 2). An appropriate number of general practice nurse surveys were distributed to each practice (sourced from the member organisation data). General practice nurses were given the option of responding on paper or online. Data were collected in June and July 2012. Late returns of practice level or nurse surveys were followed up by two mailed reminder cards.

The 2012 method differed from that of 2009 in that only nurses from selected practices were invited to participate. However it became clear after some time that nurses in many other practices were participating using the online facility. In this report only those online responses which can reasonably be attributed the selected practices are included.

**Figure 1** Number of practices (general practices or Aboriginal medical services) sampled in each Medicare Local



**Figure 2** The number of nurses in the sample by Medicare Local





## Sample confidence

A total of 701 general practice nurses responded to the nurse survey (32%) and n=275 (34%) practice managers submitted a response. This response rate is higher than 2007 and 2009 (Table 1). These samples are large enough to provide reliable estimates of most measures of interest, although when estimates are required in small sub-populations (such as small states and territories) the estimates become less stable.

**Table 1** General practice nurse response rate by year

	2012	2009	2007
GP nurse sample size for distribution	2161	8914	7824
GP nurse survey response rate	32%	18%	16%

## Data processing and analysis

Survey data returned by post were scanned and manually double entered into a secure database by a commercial survey company contracted by APHCRI. Other data were entered into the online system by respondents. Data collected in the surveys is subject to a descriptive analysis with adjustment made for the different response rates in different states and metropolitan /rural areas. The calculation of various GP to nurse ratios has been conducted as per previous reports. Results are presented in a tabular, graphical and written format.

## Quality Assurance and Statistical Clearing House approval

The practice manager survey was approved for use by the Australian Government Statistical Clearing House, Approval Number 01725–04.

This project complies with ISO 20252 Market, Opinion and Social Research Standard.

Approval for ethical conduct of both the practice manager and nurse surveys were obtained from the Australian National University Human Research Ethics Committee (HREC protocol number 2011/684).

## 4 MEMBER ORGANISATION SURVEY DATA

### Medicare Local and General Practice Network member organisations

Each Medicare Local and General Practice Network member organisation contributed information to the 2012 survey in relation to selected practices ensuring high-quality data for these practices.

### General practice sample numbers and distribution

The member organisations considered 1274 of the sample were current member general practices, and 809 of these were known to employ one or more nurse. Information on the number of nurses in each of these 809 practices was provided by member organisations.

A total of 809 general practices were approached across the states with practice managers returning 275 surveys in 2012, and 701 responses being received from nurses, midwives and nurse practitioners working in those practices (Table 2).

**Table 2** Survey sample and response structured by state

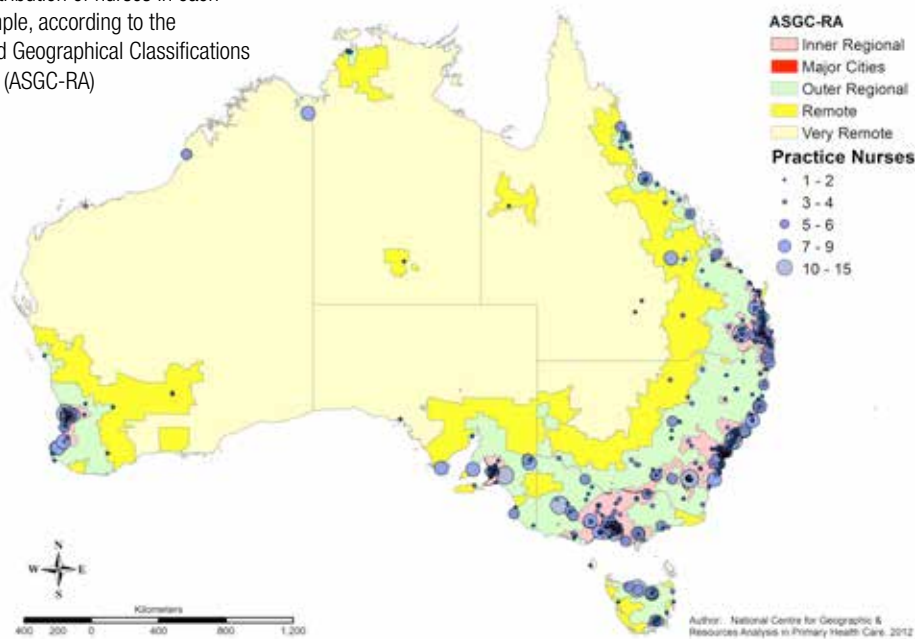
	State / Territory								Total
	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	
General practices in sample	514	244	249	97	106	42	9	13	<b>1274</b>
General practices with at least one nurse	243	180	189	69	79	33	5	11	<b>809</b>
Nurses in sample general practices	564	490	516	195	245	113	10	28	<b>2161</b>
Practice managers responses	84	54	73	21	25	11	1	6	<b>275</b>
General practice nurse responses	183	162	157	79	72	34	6	8	<b>701</b>

The geographic distribution of practices responding to the survey was given by the Australian Standard Geographic Classification — Remoteness Areas classification and are detailed in Table 3 and Figure 3.

**Table 3** Survey sample and response structured by Australian Standard Geographical Classifications Remoteness Areas (ASGC-RA)

	Australian Remoteness Areas Classification					Total
	Major cities (RA1)	Inner regional (RA2)	Outer regional (RA3)	Remote (RA4)	Very remote (RA5)	
General practices in sample	911	246	99	17	3	<b>1274</b>
General practices with at least one nurse	502	204	84	16	3	<b>809</b>
Nurses in sample general practices	1190	670	246	51	4	<b>2161</b>
Practice managers responses	139	93	38	5		<b>275</b>
General practice nurse responses	379	231	68	19	4	<b>701</b>

**Figure 3** The distribution of nurses in each practice in the sample, according to the Australian Standard Geographical Classifications Remoteness Areas (ASGC-RA)



### Estimate of number of general practice nurses employed in Australia (headcount) and proportion of practices employing nurses

Based on the responses from member organisation for the sample of 20 per cent of practices, it is estimated that 63.5 per cent of all practices employ a general practice nurse, with a total of 10,693 nurses (headcount) employed in Australian general practices. Given the relatively small sample sizes in Tasmania, the Northern Territory and the ACT these states are combined for the purposes this analysis. Overall, from the responses from the member organisation, it is estimated that there are on average 2.7 nurses per practice in practices which employ a nurse.

**Table 4** Estimated numbers of general practice nurses by state (Tasmania and territories combined)

	State / Territory						Total
	NSW	VIC	QLD	SA	WA	TAS, NT, ACT	
General practices (in sample) employing at least one nurse	47.3%	73.8%	75.9%	71.1%	74.5%	78.6%	63.5%
Average number of nurses per general practice (in sample)	2.3	2.7	2.7	2.8	3.1	3.1	2.7
Estimated number of nurses in all general practices	2791	2425	2553	965	1212	747	10,693
Estimated number of nurses 2009 survey	2441	2026	2061	764	986	636	8914
Change from 2009 survey to 2012 survey	14%	20%	24%	26%	23%	18%	20%

**Table 5** Distribution of general practice nurses by ASGC-RA (outer regional and remote areas combined)

	Remoteness Areas Classification			Total
	Major cities (RA1)	Inner regional (RA2)	Outer regional, Remote, Very Remote (RA3-5)	
General practices employing at least one nurse	55.1%	83.6%	86.6%	<b>63.5%</b>
Average number of nurses per general practice	2.4	3.3	2.9	<b>2.7</b>
Estimated number of nurses in all general practices	5888	3315	1489	<b>10 693</b>

As the remote and very remote areas have small samples, the numbers of nurses are estimated with the outer regional and remote areas combined. There is no comparison possible here with 2009 data.

## 5 PRACTICE MANAGER SURVEY DATA

### General practitioner numbers per practice

The average GP headcount working in each practice for the 2012 study was 5.12 (95% confidence interval 4.75–5.49) fractionally above the 4.96 estimated in 2009 and 4.48 estimated in 2007.

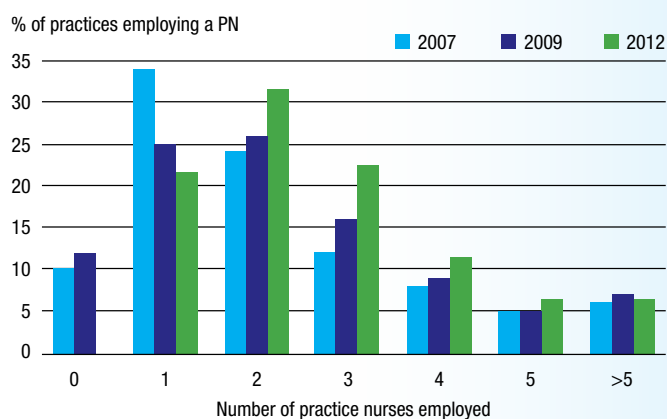
Taking the definition of full time equivalent GP as a GP working nine sessions a week, and dividing the total number of sessions reported by nine to give a measure of full time equivalence, suggests that on average the practices with 5.12 headcount GPs are providing 3.37 (95% confidence interval 3.09–3.64) full time equivalent GP services.

### General practice nurse numbers per practice

In 2012 the practice managers indicated that there was an average of 2.88 (95% confidence interval 2.53–3.22) nurses per general practice which represents an increase of 0.5 nurses per practice since the 2009 survey which itself showed an increase of 0.4 over the 2007 survey (Figure 4). The corresponding average full time equivalent numbers (based on 38 hours per week as a full time workload) is 1.49 nurses (95% confidence interval 1.36–1.61) per practice, an increase of 0.14 FTE nurses per practice since 2009 which again was an increase of 0.12 FTE nurses per practice over 2007.

As only those practices known to employ at least one general practice nurse were approached, almost all the practices responding (99.5%) reported having a nurse. Of those with a nurse, 21.7 per cent reported having one nurse and 6.5 per cent reported having over five nurses. Figure 4 shows a shift towards more nurses in general practices since 2007.

**Figure 4** Frequency distribution of nurses per practice



### GP : GPN Ratio

The estimated GP:GPN ratio (headcount) for 2012 is 1.78 GP:1 GPN, again falling relative to the 2009 ratio of 2.01 GP:1 GPN and the 2007 ratio of 2.31 GP:1 GPN. When considered in FTE terms the 2012 ratio of 2.26 GP:1 GPN is markedly lower than the 2009 estimate of 3.0 GP:1 GPN which may be due in part to differences in the methodology, although it should be noted that the ratio fell from 3.42 GP:1 GPN to 3.0 GP:1 GPN between 2007 and 2009.

## Enrolment for Practice Nurse Incentive Program (PNIP)

Almost all responding practices (94.4%) reported being registered for the Practice Incentives Program (Table 6), and 89.1 per cent reported that they were participating in the Practice Nurse Incentive Program (PNIP). As this was the first year of the PNIP program practice managers were also asked if the practice intended to employ more nurses due to the PNIP and if the nurses role had changed due to the changed funding arrangements of the PNIP. The results of these questions are shown in Tables 7, 8 and 9.

**Table 6** Estimated percentage of practices registered for the PIP

Registered for PIP	Per cent
Yes	94.4
No	4.5
Unsure	0.0
<b>Total</b>	<b>100.0</b>

**Table 8** Estimated percentage of practices participating in PNIP who were, or intended to, employ more nurses

Employing more GPN	Per cent
Yes	16.6
No	52.6
Unsure	16.8
<b>Total</b>	<b>100.0</b>

**Table 7** Estimated percentage of practices registered participating in PNIP

Registered for PNIP	Per cent
Yes	89.1
No	7.3
Unsure	2.5
<b>Total</b>	<b>100.0</b>

**Table 9** Estimated percentage of practices participating in PNIP where nurses' role had changed as result of participation

Changing GPN role	Per cent
Yes	18.1
No	63.6
Unsure	7.7
<b>Total</b>	<b>100.0</b>

## External nursing services

Some practices receive nursing services on a contract or sessional basis from an external source. This may be in addition or an alternative to direct employment of a nurse for the practice. A decline of 5 per cent in practices reporting use of other nursing services was observed in 2012 with 8.8 per cent of practice reporting services compared to 13.7 per cent in 2009 and 9.3 per cent in 2007. The proportions in 2012 were lower in all categories except private contractors, and notably no responding practice reported employing nurses from the Area Health Service.

**Table 10** Practices obtaining contract or sessional nursing services (%)

	NSW n=84	Vic n=54	Qld n=73	SA n=21	WA n=25	Tas n=11	NT n=1	ACT n=6	Total n=275
Area Health Service	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
ML or DGP	1.5	3.5	0.0	14.1	0.0	9.0	0.0	0.0	2.9
Private contractor	10.4	1.2	1.4	4.9	0.0	27.3	0.0	0.0	5.2
Other	0.7	0.0	1.4	4.2	3.6	0.0	0.0	0.0	1.2
<b>Total practices with at least 1 contract</b>	<b>12.7</b>	<b>4.8</b>	<b>3.0</b>	<b>19.0</b>	<b>3.6</b>	<b>36.4</b>	<b>0.0</b>	<b>0.0</b>	<b>8.8</b>

## 6 GENERAL PRACTICE NURSE SURVEY DATA

### General practice nurse workforce composition

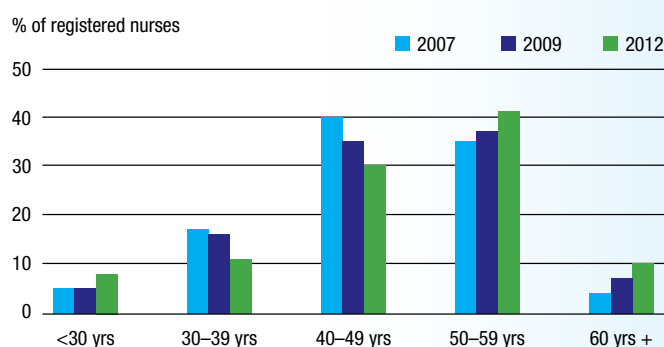
#### Age structure

As for previous years the bulk of general practice nurses are aged over 40 (81.3%) which is slightly more than 2009 (79.7%) and 2007 (78%). While in 2009 the 40–49 group was the 'dominant' age category, in 2012 this has become the 50–59 years age group. Figures 5 and 6 show variation in age structure over time for registered and enrolled nurses. Figure 7 shows the age structure of general practice nurse categories for 2012.

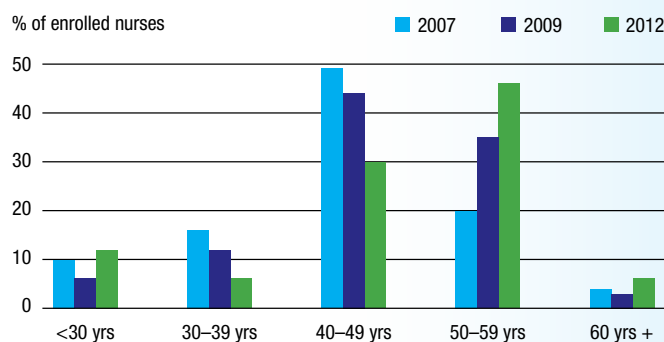
**Table 11** Age distribution of general practice nurses in 2012, by category

Age range	Nursing category (%)			
	Registered nurse	Enrolled nurse	Registered midwife	Nurse Practitioner
<30 years	8.1	12.3	1.4	0.0
30–39 years	11.0	5.8	4.2	0.0
40–49 years	30.1	30.0	17.1	100.0
50–59 years	40.8	46.2	59.1	0.0
60 or more years	10.0	5.6	18.3	0.0
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

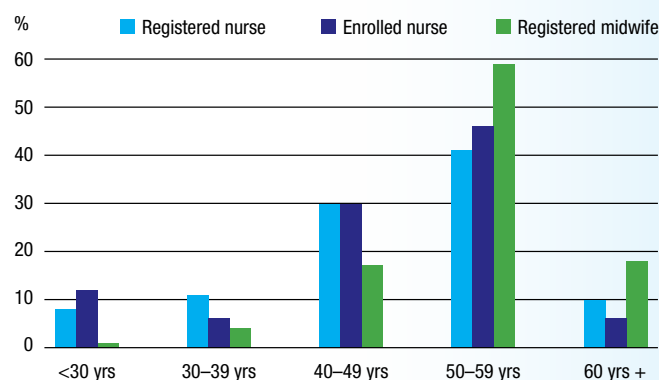
**Figure 5** Changes in age structure over time: registered nurses



**Figure 6** Changes in age structure over time: enrolled nurses



**Figure 7** Comparison of age structure between general practice nurse categories, 2012



## Gender

Almost all—97.4 per cent—of general practice nurses were female (slightly below the 98.2 per cent in 2009 and the 98.6 per cent in 2007).

## Nursing qualification

The 2012 data identified registered midwives and nurse practitioners working in general practice as well as general practice nurses. As all but six of the 72 registered midwives also reported they were registered nurses, the percentages in the columns add to more than 100. Overall 12.6 per cent of the population were enrolled nurses, 86.0 per cent were registered nurses, 10.5 per cent were registered midwives and 0.3 per cent (two respondents) were nurse practitioners. Table 12 shows the category breakdown by state, which is very similar to 2009 except in South Australia where the proportion enrolled is significantly lower than reported previously, and may be an artefact of the sample.

**Table 12** Nursing qualification of respondents: per cent of registered and enrolled nurses, registered midwives and nurse practitioners working in general practice by state

Nursing qualification	NSW	VIC	QLD	SA	WA	TAS	NT	ACT
Registered	90.9	84.5	87.8	70.6	86.04	85.2	100.0	100.0
Enrolled	8.0	15.4	10.2	25.6	10.9	14.8	0.0	0.0
Registered midwife	13.1	8.4	10.9	6.6	9.0	11.8	16.7	25.0
Nurse Practitioner	0.0	0.0	0.6	0.0	1.5	0.0	0.0	0.0

## Post-registration nursing credentials

The 2012 survey collected information on an updated set of credentials to previous studies so is not comparable overall. Those which can be compared such as Accredited nurse immuniser (35.6% in 2012 and 31.3% in 2009) show similar results (Table 13).

**Table 13** Nurses reporting attainment of post-registration credentials (%)

Qualification	Attained	Attaining
Endorsed nurse practitioner	0.9	0.9
Scheduled medicines endorsement	2.4	0.0
Accredited nurse immuniser	35.6	3.1
Credentialed diabetes educator	2.0	1.2
Credentialed mental health nurse	1.2	0.1
Credentialed asthma and respiratory educator	2.6	0.7
Credentialed nurse PAP test	15.7	1.4
<b>Total percentage of nurses specifying at least 1 post-registration qualification</b>	<b>41.8</b>	<b>7.2</b>

## Hours worked

The 2012 results provide much more detail than previous years. For the first time, nurses were asked to detail the number of hours they work in their main general practice (defined as the one at which most time was worked in the week prior to completing the survey) as well as in general practices overall (different for those who work in two or more practices in the week prior to completing the survey), and in workplaces other than general practice. These data are not directly comparable, but like previous year's show that the vast majority of general practice nurses work part time (Table 14).

**Table 14** Distribution of hours worked by general practice nurses in different locations (%)

Hours	In main general practice	In general practices overall	Outside general practice
0			74.5
<10	6.9	5.7	11.9
10–19	20.8	20.1	6.1
20–29	32.5	31.6	3.9
30–34	16.0	17.7	1.6
35–39	15.0	14.8	1.0
40–49	7.8	8.7	0.7
50 or more	1.0	1.4	0.3
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## Length of service by nurses in general practice

The 2012 Workforce survey reported 16.2 per cent of general practice nurses have one year or less of experience in general practice, which continues a downward trend seen in the 2009 (18.2%) and 2007 (20.1%) surveys. The percentage of general practice nurses in general practice between two and ten years is more or less static at 60.8 per cent.

The 2012 survey reports not only on experience in general practice but also on experience as a nurse and experience in the current practice, as shown in Table 15 below.

**Table 15** Length of service for nurses responding to the 2012 survey (%)

Years	Years since first registered or enrolled	Years working as a nurse in a general practice	Years working in the current general practice
0–1	2.4	16.2	27.7
2–5	8.5	36.3	41.0
6–10	10.0	24.5	17.6
11–20	20.8	17.8	11.0
20 or more	58.4	5.2	2.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>



## Tasks undertaken by general practice nurses

For the first time in 2012 the general practice nurse survey asked for details of the work nurses do. Tasks were grouped into preventive activities, coordinating activities, clinical activities and administrative activities.

**Table 16** Frequency of tasks undertaken by general practice nurses

Role		Weekly or daily	Never or infrequently
<b>Preventive</b>	Immunisation	88.3	11.7
	Antenatal checks	14.3	85.7
	Postnatal and infant checks	24.4	75.6
	Child health checks	48.5	51.5
	Adult health checks	72.0	28.0
	Assessment of SNAP (smoking, nutrition, alcohol and physical activity) risk fact	45.1	54.9
	Deliver health promotion advice	81.6	18.4
	Women's health care including pap smears, breast care, fertility, menopause and	20.7	79.3
	Deliver health education to a group of patients	6.9	93.1
<b>Coordination</b>	Undertake case management including case conferencing	9.6	90.4
	Prepare chronic disease management plans	52.3	47.7
	Prepare other care plans, multidisciplinary care plans	46.5	53.5
	Provide patient referrals to other health services	55.8	44.2
	Liaise with community services/hospital	60.6	39.5
	Discuss patient care with a GP	91.4	8.6
	Undertake patient advocacy or arrange referral appointments	62.0	38.0
	Conduct home visits and other outreach services	19.1	80.9
<b>Clinical</b>	Emergency/critical care	48.2	51.8
	Triage	76.2	23.8
	Assist with minor surgical procedures	86.0	14.0
	Mental health care	28.8	71.2
	Diabetes education, assessment and management	59.0	41.0
	Asthma education, assessment and management	46.2	53.8
	Cardiovascular disease education, assessment and management including ECGs or stress testing	75.8	24.2
	Arthritis education, assessment and management	28.6	71.4
	Wound management	93.1	7.0
	Suturing	19.6	80.4
	Application of casts	13.5	86.5
	Ear irrigation	61.2	38.8
	Infection control and sterilising	86.1	13.9
	Pulmonary assessment including peak flows and spirometry	68.9	31.1
	Medication injections	87.8	12.2
	Phlebotomy/venesection	34.7	65.3
	Urinalysis	87.9	12.2
	Order diagnostic investigations and prescribe medications	13.7	86.3
	Provide staff education	28.5	71.5
	Provide student supervision	11.4	88.6

Role		Weekly or daily	Never or infrequently
<b>Administration</b>	Practice management	13.9	86.1
	Management of staff	20.4	79.6
	Work on front desk/reception	19.8	80.2
	Provide patients with test results	59.6	40.4
	Manage recall and reminder systems	80.6	19.4
	Records and systems management	63.1	36.9
	Stock management including vaccine ordering, and cold chain management and monitoring	82.5	17.5
	Quality assurance and practice accreditation process	62.1	37.9

### Nurse satisfaction

Again for the first time, the 2012 general practice nurse survey asked how satisfied nurses were with aspects of their work and the workplace where they spent most of their time. This was measured using the validated Warr-Cook-Wall Job Satisfaction Scale. Respondents reported on seven point scale from 'Extremely Dissatisfied' to 'Extremely Satisfied'. In Table 17 categories six and seven are shown below as 'Highly Satisfied' and categories 1–5 as 'Less than highly satisfied'.

**Table 17 General practice nurse work satisfaction (measured using the Warr-Cook-Wall Job Satisfaction Scale)**

Role	Highly satisfied	Less than highly
The physical working conditions	62.3	37.7
The freedom to choose your own method of working	63.3	36.7
Your colleagues and fellow employees	80.1	19.8
The recognition you get for good work	52.7	47.2
Your immediate supervisor	63.1	36.9
The amount of responsibility you are given	70.4	29.6
Your rate of pay	31.1	68.9
Opportunity to use your abilities	54.2	45.8
Relations between management and nurses in your practice	64.9	35.1
Your chance of promotion	24.1	75.9
The way your practice is managed	48.9	51.1
The attention paid to suggestions you make	50.5	49.5
Your hours of work	74.5	25.5
The amount of variety in your job	69.6	30.4
Your job security	69.4	30.6

## 7 CLOSING REMARKS

The 2012 National General Practice Nurse Workforce Survey results reflect a continued increase in the number of nurses employed in Australian general practices.

The Australian Government funded Nursing in General Practice Program administered by the AML Alliance aims to continue to support additional practices to recruit and retain general practice nurses and to maximise the contribution of all general practice nurses to quality primary care services.

**Further information can be obtained from:**

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Australian National University



Australian General Practice Network

**Understanding the Work, Education and Careers of Australian General Practice Nurses  
General Practice Nurse National Survey 2012**

**How to complete the survey form:**

- Please cross one box only like this  (unless otherwise requested).
- Correct mistakes like this:  Yes  No  
(If you make a mistake, simply scribble it out and mark the correct answer with a cross).
- Use a ballpoint blue or black pen (do not use a felt tipped pen).
- Where exact information is not known, please give the best answer you can.
- Where a written answer is required, please write clearly in the boxes provided.

**Have you already completed this survey in another practice?**

If yes, please mark this box. Thank you for your time, you don't need to fill in this copy. Please place this survey in the envelope provided, seal it and return it.

**Please complete all questions**

**Section A: About you**

1. Sex:  Female  Male
2. Year of birth:
3. Are you of Aboriginal or Torres Strait Islander origin?
- No  Yes, Torres Strait Islander
- Yes, Aboriginal  Yes, both Aboriginal and Torres Strait Islander

**Section B: Your nursing history**

**4. Please mark all relevant boxes**

Are you:  an enrolled nurse?  a registered midwife?

a registered nurse?  a nurse practitioner?

**5. Where did you first become a nurse? Please complete either section 5a or 5b.**

5a.  Australia

In which state or territory?

In what year did you first become a nurse?

Were you first enrolled/registered as a:

- Registered nurse with a university-based qualification
- Registered nurse with a hospital-based qualification
- Enrolled nurse
- Registered midwife with a direct entry university-based qualification

5b.  Overseas

Please specify country

In what year did you first become a nurse?

Were you first enrolled/registered in Australia as a:

- Registered nurse with a university-based qualification
- Registered nurse with a hospital-based qualification
- Enrolled nurse
- Registered midwife with a direct entry university-based qualification

In what year did you first become a registered or enrolled nurse or midwife in Australia?



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**Understanding the Work, Education and Careers of Australian General Practice Nurses  
Practice Manager National Survey 2012**

Please complete all questions

**Section A: Practice location**

1. Please provide the address of your practice. Please note the practice name and address is required to manage responses and reminders and determine remoteness classification. Individuals and practices will not be identified in any of the survey analyses or results.

Practice name

Shop/unit number  Street number  Street

Suburb  Town/City

State  Postcode

Distance from practice to the closest hospital (public or private)  km

2. Is your general practice any of the following? **Mark as many boxes as applicable.**

a family medical practice

an Aboriginal medical service (AMS, government or community controlled)

a general practice offering a specialist service in

3. Are you the Practice Manager at this practice?

<sub>1</sub> No <sub>2</sub> Yes

**Section B: Practice staff**

Please read this before answering the following questions:

**Full time** work refers to working 9 or more sessions each week, where a **session** equals four hours.

4. a. LAST WEEK how many general practitioners (GPs) worked in your practice? Please give total number.
- b. LAST WEEK how many GPs worked full time in your practice?
- c. LAST WEEK how many GPs worked part time in your practice?
- d. What was the total number of GP sessions (for all GPs) in your practice LAST WEEK?





