



April 2007

Dear Doctor,

Practice Nurse Work Survey

A Nurse in your practice has the opportunity to take part in a new national study of Practice Nurses. This letter is to provide you with information about what is involved for the nurse, the potential benefits of the study, and to confirm your agreement to the nurse's participation

Potential benefits

The study will address current gaps in information on the work being done by Practice Nurses in Australia. This is important for developing policy in relation to the Practice Nurse workforce, and ensuring continued quality of primary medical care to the Australian community. The survey is modelled on the BEACH studies of general practice (conducted by the Family Medicine Research Centre, University of Sydney), which you may have taken part in at some stage. Each participant in the study will be offered an individual feedback report, providing summary information on their work profile compared to group averages. This will provide valuable information for nurses' professional development and for practice management and planning.

What is involved for participating nurses

The total time required for participating nurses is approximately 65 minutes. Each participating nurse completes a profile questionnaire and a series of 'encounter forms' describing contacts with individual patients. The profile questionnaire takes approximately 15 minutes to complete, and asks about the nurse's background, characteristics of this practice, and the tasks and duties the nurse undertakes. Encounter forms are to be filled out for 50 patient contacts. Each form takes approximately 1 minute to complete, and includes details about the consultation, but no identifying patient details. An Information Sheet for Patients has been provided to inform patients about the study and obtain their consent.

I hope that you will support this important research project by endorsing your nurse's participation.

Yours sincerely

Leon Piterman AM
 Head, School of Primary Health Care
 Faculty of Medicine, Nursing and Health Sciences

I agree to _____ taking part in the Practice Nurse Work Survey .			
(Name of Practice Nurse)			
Name		Position (GP Principal, Practice Manager etc)	
Signature		Date	