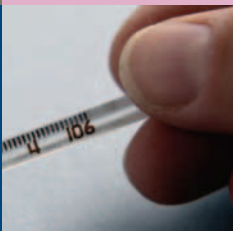


N³ET

Myth Busters

National Nursing and Nursing Education Taskforce



N³ET Myth Busters is designed to increase public awareness and understanding of contemporary nursing/midwifery issues in the Australian context by providing facts that challenge common nursing/midwifery myths.

What are common myths about nurse practitioners?

Myth: You may not get the best care from a nurse practitioner

THE FACT: NURSE PRACTITIONERS ARE AUTHORISED, EDUCATED AND PREPARED TO PROVIDE COMPREHENSIVE CARE IN A SAFE, MODERN WAY.

Introduction and Context

Although nurse practitioners are relatively new in Australia, some countries, including the United States of America, England and Canada, have had nurse practitioners for up to 40 years.

Nurse practitioners are registered nurses with advanced educational preparation and experience who are authorised to practice in an expanded nursing role in clinical settings as diverse as hospitals and aged care facilities, as well as in the community. In addition to further education and advanced clinical nursing practice, nurse practitioners have developed the skills and knowledge to expand their role to include things that may have been 'traditionally' performed by other health professionals, such as prescribing medications and ordering diagnostic tests.

The introduction of nurse practitioners in Australia has taken quite a while and planning their introduction involved many different groups, including doctors, nurses, consumers and educators. State and Territory governments have introduced the role carefully, with pilots and trials, to ensure that the services nurse practitioners provide meet the community's expectations, and are safe and effective.

The nursing profession is very proud of its first nurse practitioners - this is another exciting role for nurses in the Australian health system. Of course, not every nurse will want, or be able to, be a nurse practitioner. However, those who do will be breaking new ground as opportunities to practise at this level continue to open up and challenge old boundaries.

As often happens with new jobs, there is some confusion and uncertainty about the role.^{1,2,3,4} Also, there are some differences compared to the nurse practitioner role in other countries¹ and so it is important to have **the facts about nurse practitioners in Australia.**

The N³ET Taskforce is committed to building an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education and regulation to nationally consistent standards and capacity in practice, education and research for all nurses and midwives across Australia.

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Myth: Nurse practitioners are ill equipped to provide advanced patient care

THE FACTS: NURSE PRACTITIONERS — A HIGHLY QUALIFIED ROLE

Nurse practitioners are registered nursesⁱⁱ who have gone on to achieve a high level of formal education as well as considerable nursing experience and expertise within a clinical specialty or setting.

Nurse practitioners practise at a more advanced level than many other nurses. While having many years of experience in a particular area may mean that a nurse is seen as senior or an expert, and some nurses have titles that reflect their experience and more advanced practice (such as nurse specialist or nurse consultant), this is **not** the same as being a nurse practitioner.

Arguably, what differentiates a nurse practitioner is an ability to make complex decisions about what care is needed, drawing on their education and experience. As with all nurses, midwives, doctors and allied health professionals, nurse practitioners are always accountable for the care **they** provide.

In Australia, 'nurse practitioner' is a protected title. This means that a registered nurse needs to be authorised by the registration body in their State/Territory to call themselves a nurse practitioner. Only nurses who have achieved the required levels of education and experience can be registered and practise as a nurse practitioner. In Australia, we can be confident that when someone calls themselves a nurse practitioner they have been prepared to provide that level of care or service.

In many States/Territories, a Masters Degree from university is one of the requirements for nurse practitioners. All nurses seeking registration as a nurse practitioner must demonstrate that they have the necessary experience and education. This ensures that nurse practitioners are qualified to do things such as examine patients and order necessary tests to determine what may be wrong. They can then use their

knowledge of diseases to decide the best treatment or therapy, including prescribing medicines if needed. Nurse practitioners can also admit and discharge clients and refer to specialists in other disciplines when necessary.

Nurse practitioners are valuable members of collaborative health teams, working alongside other health professionals to ensure patients or clients receive the best care available. Like all registered nurses, nurse practitioners do not need to be supervised by others when they are providing care or services that they are competent, educated and authorised to do.ⁱⁱⁱ However, like other health professionals, while a nurse is preparing to become a nurse practitioner, they may call on other nurses or members of the team to teach them and monitor their progress.

Myth: Nurse practitioners are trying to replace doctors

FACT: NURSE PRACTITIONERS — ANOTHER WAY TO HELP MEET AUSTRALIAN'S HEALTH NEEDS

As we, as a nation, get 'older', we will need more help and use more of the health system's resources and aged care services. There is a lot of concern about how we are going to meet this need in the future when we already have workforce and skill shortages. Currently in Australia, the whole workforce 'grows' at rate of 170,000 per year. By 2020, this number will be just 12,500⁵, while at the same time, the ageing of the population is expected to increase the demand for health, community and aged care services. The serious national shortage of health workers, including doctors and nurses, means that we need to rethink how to get the best from the people we have working in health.⁶

Of course, over time all jobs change. Skills once performed by a group of workers change, are no longer needed or are done by others in the team. This happens in health care too; once only doctors took blood pressure readings, today you can buy a monitor from a pharmacy and use it yourself at home.

Although the first nurse practitioner was only recognised in Australia in 2000, there are already more than 100 nurse practitioners authorised to practise across Australia.⁷ They work in a range of health, community care and aged care settings and have many different areas of specialisation (see page 3). As all States and Territories introduce the nurse practitioner role, there will be many more nurse practitioners working in increasingly diverse settings; with many different communities and teams and in many different roles.

Nurse practitioners provide one answer to a growing problem in health care efficiency and effectiveness. Both in Australia and overseas, the nurse practitioner role has been introduced to complement and improve access to services and health care outcomes for consumers, not simply to replace other workers. While the nurse practitioner role is relatively new to Australia, there is growing recognition and evidence around the world of the significant

contribution nurse practitioners make to health care delivery.⁸ In Canada, for example, research confirms that nurse practitioners work very well in a range of situations and provide much needed care in rural and remote communities, where they diagnose, prescribe and refer patients.⁹ Similarly, a recent article describes how a nurse practitioner in rural and remote health is part of a bigger team that is strengthening local care in an isolated community in New South Wales.¹⁰

Sometimes in trying to explain new roles, comparisons are made that over-simplify and may even add to the confusion. Headlines that describe nurse practitioners as 'super-nurses' or 'hybrid doctors'^{11,12} are not accurate. Nurse practitioners are, first and foremost, **nurses** — they are not trying to be doctors, they are providing nursing care that is consistent with the needs of Australians, our modern health system and with their high level of education and preparation.

Myth: Nurse practitioners provide 'second rate' care

FACT: STUDIES CONFIRM VALUE OF NURSE PRACTITIONER ROLE

Nurse practitioners bring a nursing perspective to the care and support they provide. They focus on the whole person and on how people respond to illness, such as what medications they are taking, what treatments they have tried and what is most important to their health.

Nurses with these skills are needed across the spectrum of health, illness and ageing. Many studies have looked at the nurse practitioner role in settings where there are problems or delays for people seeking services, such as primary care, aged care or in the care of those with chronic diseases like diabetes, heart failure and respiratory diseases. For example:

- A recent UK analysis of more than 30 different trials and studies in a primary care setting concluded that *'increasing availability of nurse practitioners in primary care is likely to lead to high levels of patient satisfaction and high quality care'*.¹³
- Another UK study has found that *'Nurse practitioner-led care for stable patients within a chronic chest disease clinic is safe and as effective as doctor-led care'* and *'There was significant additional patient satisfaction with some aspects of nurse practitioner-led care and better patient compliance with antibiotic therapy'*.¹⁴

While a lot of work has been done in all jurisdictions on developing the role of nurse practitioners, the following are a number of Australian studies reported in professional journals which demonstrate the value of the role of nurse practitioners. For example:

- Evaluation of an aged care nurse practitioner service¹⁵ in Melbourne found that nurse practitioners provided a high quality of nursing care and positively affected the physical and psychological wellbeing of those they were seeing; improved their quality of life, and assisted with practical details of their care, such as supplies, providing health education and advocacy.
- An audit of 100 patients of a nurse practitioner-led colorectal cancer screening clinic in South Australia revealed *'service and procedural outcomes that compared favourably with other colorectal screening services as well as a high level of patient satisfaction'*.¹⁶

However, at present, nurse practitioners cannot work to their full capacity and so the benefits to the Australian health system may not be achieved.¹⁷ Although some changes have been made, such as updating State/Territory legislation to allow the special registration of nurse

practitioners, 'protect' the title and permit nurse practitioners to prescribe medications, there are still areas that need attention.

For example, nurse practitioners cannot access the Medical Benefits Scheme (MBS) or the Pharmaceutical Benefits Scheme (PBS). This means if a nurse practitioner writes someone a script to be filled at a community pharmacy, the client would have to pay the full price. Similarly, without access to the MBS, those using nurse practitioner services in the community would have to pay and could not get a rebate. Issues like this have fuelled the debate about the nurse practitioner role as a threat to the 'business' of others^{18,19} and have contributed to the current situation where nurse practitioners are largely employed in public hospitals where they can work in ways that accommodate these restrictions to some extent.²⁰

So, there are a lot of myths about nurse practitioners, but the facts are more important to know. Nurse practitioners are advanced practice nurses who are regulated, educated and prepared to provide comprehensive care in a modern, safe way.

WHAT TYPE OF NURSE PRACTITIONER DO WE ALREADY HAVE IN AUSTRALIA?

There are already nurse practitioners working in many different areas, such as:

- Mental Health
- Emergency Care
- Women's Health
- Palliative Care
- Diabetes
- Neurosurgery
- Community Health
- Chronic Heart Failure
- Cardiology
- Continence
- Oncology (Cancer) and Pain Management
- Ophthalmology
- Nephrology (Renal)
- Rural and Remote Care
- Neonatal
- Respiratory
- Orthopaedics
- Aged Care

For more information about nurse practitioners in Australia, including how the role is being implemented, refer to:

- Australian Nurse Practitioner Association (www.nursepractitioners.org.au)
- The Nurse/Midwifery Regulatory Authority in each State/Territory
- The Chief Nursing Officer in each State/Territory



Required for authorisation to practice:	Nurse Practitioners	Practice Nurses
Special registration/regulated practice	✓	X
Advanced practice/experience as a nurse	✓	X
Post graduate education	✓	X

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- 4 Myth Busters – February 2006

PRACTICE NURSES ARE DIFFERENT FROM NURSE PRACTITIONERS

Some people get **nurse practitioners** confused with **practice nurses** – but they are different.

It may be the similarity in titles that has led to confusion or it may be because overseas (unlike Australia) many nurse practitioners work in general practice. Both roles are being implemented at the same time and that has also added to the confusion, however, in Australia, the roles and responsibilities of nurse practitioners and practice nurses are **very** different and it is important to know the difference.

Practice nurses work in general practice settings, employed by GPs, and are playing an increasingly valuable role in primary medical care. There are Australian Government incentives for

GPs to employ practice nurses^{iv} and currently around 40 per cent of GPs employ at least one practice nurse. The work of a practice nurse depends on the needs of the practice. A recent study of practice nurses across Australia²¹ identified that their role is a combination of clinical work (such as giving vaccinations, examinations and other direct health care) as well as assisting with the administration or 'business functions' of the practice.^v

Practice nurses can be either registered nurses or enrolled nurses, but there are no formal post registration/enrolment educational requirements or professional regulations associated with practice nursing, as there are with nurse practitioners.

For more information about practice nurses in Australia, refer to:

- RACGP/RCNA Nursing in General Practice Project report: *General Practice Nursing in Australia* (<http://www.racgp.org.au/document.asp?id=11267>)
- Australian Practice Nurse Association (www.apna.asn.au)

NOTES:

- i Nurse practitioner is not a protected title in the UK or in some states of the USA, this means there is no uniform regulation of education preparation or professional standards. Regulations relating to prescribing also differ, for example, prescribing by nurses and midwives is permitted in the UK and many states in the US while it is limited in Australia.
- ii There are two levels of nurse in Australia – registered nurses who undertake a three year university degree (higher education) before being eligible to be on the Register, and enrolled nurses who do a 12–18 month course of study at a Technical and Further Educational (TAFE) institute or private provider within the vocational education and training (VET) sector. All nurses and midwives have to be registered with a State/Territory nurse/midwife regulatory authority. In Victoria, an enrolled nurse is known as a registered nurse division 2.
- iii The scope of a nurse and midwife's practice is generally taken to be that which they are educated, authorised and competent to perform. (Queensland Nursing Council, 1998)
- iv For information about these incentives refer to Australian Government — The Practice Nurse and Allied Health Worker initiative. http://www.medicareaustralia.gov.au/providers/incentives_allowances/pip/new_incentives/nurse_incentive.htm
- v There is a potential for nurse practitioners to practise in general practice settings in Australia and support for this from Australian Divisions of General Practice however, at present issues such as Medicare funding make it difficult for a nurse practitioner to be able to operate as an independent practitioner.