



The National Nursing and Nursing Education Taskforce N³ET

Pathways to Progress Nurse Practitioners

An interim report on Report on Recommendation 12,
National Review of Nursing Education (2002) – Our Duty
of Care – Maximising Education Pathways for Nurses and
Midwives.

February 2006



Australian Health Ministers' Advisory Council

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Suggested citation:

National Nursing & Nursing Education Taskforce (2006). Maximising Education Pathways For Nurse Practitioners. An interim Report on Recommendation 12. National Nursing & Nursing Education Taskforce.

The National Nursing and Nursing Education Taskforce (N³ET)

In November 2003, State/Territory and Australian Government Ministers for Education and Health announced the establishment of the National Nursing and Nursing Education Taskforce (N³ET/the Taskforce).

N³ET was established to implement and monitor 22 of the 36 recommendations of the National Review of Nursing Education (2002) *Our Duty of Care Report*, along with work from three recent Australian Health Workforce Advisory Committee (AHWAC) nursing workforce reports: *The Critical Care Workforce in Australia 2001-2011* (2002), *The Midwifery Workforce in Australia 2002-2012* (2002), and *Australian Mental Health Nurse Supply, Recruitment and Retention* (2003), in addition to further work regarding nurse specialisation (see www.nnnet.gov.au).

N³ET brings together some of Australia's leading nursing and nursing education and training specialists who have been nominated for their leadership qualities and collective expertise. Members of the Taskforce are supported by a Secretariat located within, and supported by, the Department of Human Services, Victoria.

The Taskforce is "*committed to an enhanced and sustainable healthcare system through the promotion of professional visibility and pride, quality education, regulation to nationally-consistent standards, and capacity building in practice, education and research for nurses and midwives across Australia*" (National Nursing and Nursing Education Taskforce 2003).

The Taskforce has the following terms of reference:

- To consider and develop proposals for implementation of the recommendations of the National Review of Nursing Education referred to the Taskforce by AHMC;
- To report to the Australian Health Ministers' Conference (AHMC), the Ministerial Council for Education Employment Training and Youth Affairs (MCEETYA) and the Australian National Training Authority Ministerial Council (ANTA MINCO) on implementation of the National Review of Nursing Education recommendations referred to the Taskforce;
- To consider and provide recommendations on any other nursing workforce or nursing education and training issues referred by the AHMC, such as AHWAC reports;
- To progress and report on implementation of recommendations on any other nursing workforce and nursing education and training issues approved by AHMC that are consistent with the Taskforce's priorities;
- To progress implementation of the above recommendations, including the development and execution of individual projects, under a work plan approved by AHMAC;
- To operate for two years, with continuation being subject to review by Health and Education and Training Ministers.

N3ET Membership

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Pathways to Progress Nurse Practitioners

An interim report on Report on Recommendation 12, National Review of Nursing Education (2002) – Our Duty of Care – Maximising Education Pathways for Nurses and Midwives.

This is an interim report on Recommendation 12 - Maximising Education Pathways for Nurses and Midwives.

In 2005, N3ET convened five Work Groups to undertake work on Recommendation 12. The purpose of the work groups was to bring together representatives of the key stakeholder groups to work collaboratively and assist in strategically addressing education needs of the future in a flexible and collaborative manner by:

- Proposing strategies and approaches to address the limitations of existing articulation pathways for nurses and midwives; and
- Developing nationally consistent approaches to recognition of prior learning and current competence in enrolment processes for nurses and health care workers.

One work group was asked to consider educational pathways for NPs in Australia and to identify issues stemming from differences in levels/requirements for educational preparation and identify strategies, options and opportunities for greater national consistency in the educational preparation of nurse practitioners. The working group met between September 2005 and March 2006. It considered a range of issues related to issues stemming from differences in levels/requirements for educational preparation and Identified strategies, options and opportunities for greater national consistency in the educational preparation of nurse practitioners.

In particular, ten principles have been developed that should be adopted by jurisdictions when making decisions about the minimum educational requirements for recognition as an NP. These principles will ensure that:

- Diverse and inclusive pathways to NP level are available
- Greater national consistency in entry to practice educational requirements for NP is achieved, and
- A balance is reached between an educational level that engenders public confidence and one that is able to justify a direct link between the restrictions imposed and harm reduction.

The principles have been developed to drive greater nationally consistency in the educational pathways for nurse practitioners in Australia. They are intended to give direction with supporting rationale to all jurisdictions, not only those yet to implement the NP role. It builds upon the recognised diversity in the Australian health workforce and in particular the career and lifestyle choices of nurses and midwives.

The principles acknowledge that Australia is in a transitional phase at present, but that it is timely to focus on consistent national direction, one that firmly positions the role for the next decade.

A full report of all five working groups is being prepared. In the interim the work of the NP group has been released.

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Abbreviations

ACT	Australian Capital Territory
AQF	Australian Qualifications Framework
EN	Enrolled Nurse
MR	Mutual Recognition (Act)
NSW	New South Wales
NP	Nurse Practitioner
NT	Northern Territory
MP	Midwife Practitioner
QLD	Queensland
RN	Registered Nurse
SA	South Australia
TAS	Tasmania
TTMRA	Trans Tasman Mutual Recognition Act
VIC	Victoria
WA	Western Australia

Maximising Education Pathways for Nurses and Midwives

The National Review of Nursing Education (the Review) identified that nursing career pathways are linked to nurses' and midwives' education and training pathways. Currently education for nurses and midwives is conducted in the Vocational Education and Training (VET) sector for enrolled nurses (EN / division 2 registered nurses in Victoria) and the Higher Education sector for registered nurses (RN) and midwives. Qualification linkages enable individual learners to move from one qualification to another in efficient and effective learning pathways, and underpin career progression for nurses, midwives and health workers. Similarly, access to a nursing/midwifery career through a range of entry point provides opportunity for other health work groups and people to pursue a career in nursing.

It was noted that at the time, awarding credit for experience and previous study was a developing feature of nursing education. While articulation pathways existed, the report identified issues around maximising credit and the lack of infrastructure to support individuals who wish to progress through the system. Importantly, there needs to be flexibility in the educational pathways for entering and pursuing a nursing or midwifery career so that there are opportunities for people to enter careers in these discipline areas at different times of their working life.

While it was evident at the time of the review that there were recognised and established pathways for people entering nursing, the National Review of Nursing Education identified a number of issues influencing the availability of effective articulation pathways for nurses, midwives and health workers in related fields, including:

- Awarding credit for experience and previous study is a developing feature of nursing education. While articulation pathways already exist, there are issues around maximising credit and the lack of infrastructure to support individuals who wish to progress through the system;
- Approaches to credit transfer and transition vary across Australia and within each state and territory, and are highly dependent on curriculum design;
- There is no framework that demonstrates that Enrolled Nurse Competencies are an identifiable subset of the competencies for registered nurses;
- Currently courses for Enrolled Nurses are not part of a national training package, although there are packages for some Certificates 11 and 111, which articulate into Enrolled Nurses Training (Note: work is currently underway by the Community Services and Health Industry Skills Council and the Australian Nursing and Midwifery Council to develop EN competencies for incorporation in the Health Training Package).

The *Our Duty of Care* report recommended

To promote career transitions and opportunities for development in the education and training of care assistants, health workers, enrolled nurses, registered nurses, midwives, nurse practitioners, nurse educators and nurse managers, education providers should seek ways to:

- a) maximise the potential for Recognition of Prior Learning (RPL) and Recognition of Current Competency (RCC) in enrolment processes
- b) in consultation with local Indigenous communities, improve articulation pathways for Aboriginal and Torres Strait Islander peoples.

Recommendation 12 National Review of Nursing Education (2002) Our Duty of Care Report

The Australian, State and Territory Health Ministers referred this recommendation to the National Nursing and Nursing Education Taskforce (N3ET) to be progressed in consultation with industry and education providers. The aim of this work is to strengthen and enable career transitions and opportunities for development in the education and training of registered nurses, midwives, and health care workers.

Recommendation 12 Work groups

In the interests of expediting outcomes for this recommendation, five work groups were formed to work concurrently on identified issues and activities:

1. Pathways for entering nursing at various levels of education
2. Cross sector articulation and credit arrangements, & credit arrangements at post registration and/or postgraduate level.
3. Pathways to progress to nurse practitioner.
4. Pathways for Bachelor of Nursing students to enrol as ENs.
5. Articulation between Bachelor of Midwifery and Bachelor of Nursing.

The workgroups were chaired by members and/or nominees of the Council of Deans of Nursing and Midwifery – Australian and New Zealand, and supported by the Taskforce Secretariat. Membership of the groups comprised self-selected representatives of key stakeholder groups such as regulatory authorities, government departments, higher education providers (senior nursing and midwifery academics and Deans), VET sector providers of enrolled nurse training, professional groups such as the Royal College of Nursing Australia and CATSIN, and colleges such as Australian College of Midwives Inc.

The purpose of the work groups was to bring together representatives of the key stakeholder groups with an interest in education pathways and their impact on workforce. Principally the work aimed to develop an informed understanding of the current issues including barriers, complexities and challenges to optimal pathways, and to identify options, opportunities and strategic directions to maximise education pathways for nurses and midwives in the future.

Working Group 3 Pathways to Progress Nurse Practitioners

The working group for Education Pathways for Nurse Practitioners was chaired by Professor Elizabeth Davies, Head of Nursing, Nursing Program, Faculty of Health Sciences, University of Queensland.

The Working Group Members were:

- Prof Kathleen Fahy, Dean of Nursing and Midwifery, Faculty of Health, University of Newcastle
- Prof Glenn Gardner, Director, Centre for Clinical Nursing, Royal Brisbane & Women's Hospital and Queensland University of Technology
- Ad/Prof Debra Thoms, Chief Nursing Officer SA
- Dr Elizabeth Harford, Senior Policy Analyst, NSW Department of Health
- Ms Judi Brown, CEO/Registrar Nurses Board South Australia
- Ms Jane O'Connell, President Australian Nurse Practitioner Association
- Ad/Prof Belinda Moyes, Chair, N3ET
- Ms Katy Fielding, N3ET Secretariat.

Work Group 3 meet between September 2005 and March 2006.

The language of the report

Working with diverse stakeholder groups to arrive at an agreed direction, action or a harmonised view is inherently problematic, particularly when the interests of stakeholders diverge. Nursing and midwifery education occupies the murky intersection of professional, regulatory, government, education and health sector and public interests.

It was apparent from early in this work, that while the stakeholders were all interested in educational pathways, they used different language in the discussion, or ascribed different meanings to the same terms.

For example, there are several nuances to the meaning of **Competency** when used by education providers in the higher education and VET sectors and the nursing and midwifery professions. Within the **VET sector** “competency” refers to the ability to perform tasks and duties to the standard expected in employment. Units of competency are components of competency standards, and are statements of key functions or roles in a particular job or occupation. These are the building blocks of qualifications in the VET sector.

Within the higher education context, **competency** is often used quite generally in the context of **education** and units of **curriculum** to refer to the demonstration of *proficiency* that usually requires evidence of the application of theoretical principles to practice, and may refer to elements of practice/performance, such as skills. For example the student may be required to demonstrate competency in the management of intubated/ventilated patients, or to develop competency in the insertion of intravenous cannulas etc.

In contrast, the Australian Nursing and Midwifery Council (**ANMC**) however, has developed **competency standards** for registered nurses, midwives, nurse practitioners and enrolled nurses in domains of professional practice; Professional and Ethical Practice, Critical Thinking and Analysis, Management of Care and Enabling¹. These are the core competency standards, which all registered nurses/enrolled nurses and midwives must be able to demonstrate for registration.

Similarly, different language is used across Australia for the processes to recognise NP. On the whole, this report refers to recognition to encompass all of the various terms including endorse, register and authorise used in relation to NPs.

¹ ANMC Competency Standards for the Registered Nurse, Enrolled Nurse and Nurse Practitioner are located on the ANMC website <http://www.anmc.org.au/?event=-1&query=website/Publications/National%20Standards/ANMC%20Competency%20Standards.htm>

Progressing Pathways to Nurse Practitioners

Introduction

The regulation of health professions is a function of State and Territory based legislation. In the absence of national structures or agreements, the federated system can result in unilateral decisions and fragmentation about issues such as entry to practice requirements for health professionals, as has occurred with nurse practitioners (NP).

Currently, there is variation across the States and Territories in the post registration educational qualifications required by nursing and midwifery regulatory authorities for endorsement/recognition² as a NP and until recently (November 2005) there was no national agreement on core competencies for NP practice. Without national agreement on either the level of education preparation or core competencies for practice, pathways for nurses seeking to be recognised as NPs have become fragmented and specific to each State or Territory.

At the same time, Commonwealth Mutual Recognition (MR) legislation³ mandates the recognition of individuals moving between jurisdictions based on equivalent occupation not qualification. So, whilst MR allows for easier movement of health workers between States and Territories, it can in effect magnify the disparities that exist between the approaches of different regulators. Two individuals with different requirements to be initially registered can be working together at the same level, one having moved from a jurisdiction where different (perhaps less intensive) qualifications and experience are required.

The current differences in minimum education requirements for NPs result in:

- Confusion within nursing and midwifery as well as other health professions and employers, about the role and contribution of NPs to the health system
- Undermining of public confidence in the role
- Mutual Recognition legislation requirements to recognise those that have been recognised from other jurisdictions who may have different levels of preparation potentially resulting in a perception of different standards, and
- Inefficiencies and missed opportunity.

At this early stage of the NP role development in Australia, it is important to achieve a greater degree of consistency in the various nursing and midwifery regulatory authority requirements for NP authorisation⁴. The purpose of this report therefore, is to provide advice to Ministers on options to achieve greater national consistency in the pathways for preparing NPs.

This paper discusses the current regulatory basis for NP practice, how decisions about minimum education requirements are made, the current pathways for NP and the issues associated with each pathway and the regulatory framework for accreditation of both individuals and educational courses. The examination of the all of these issues is synthesised into ten principles for making decisions about educational requirements and pathways for NP.

Finally, given the complex federated governance model in Australia, consideration has been given to how the principles can be applied and areas where a strategic focus will contribute to a coherent and sustainable NP model.

Using a principle-based approach, a set of guiding statements have been agreed that should be adopted by jurisdictions when making decisions about the minimum educational requirements for recognition as an NP. These principles will ensure that:

- Diverse and inclusive pathways to NP level are available

² The regulatory process differs across jurisdictions and is variously referred to as registration, endorsement and authorisation to practices as an NP. In this document the generic term recognition is used to refer to all these processes. Details of the different State and territory approaches can be found in: National Nursing & Nursing Education Taskforce (2005). *Nurse Practitioners In Australia: Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes.*

³ Mutual recognition legislation applies to States and Territories in Australia. Similarly, the Trans Tasman Mutual Recognition Act applies to trade and occupations between Australia and New Zealand. When the term MR is used in this document it encompasses both Acts unless otherwise specified.

⁴ N³ET is undertaking work on national standards for NP as it implements Recommendation 5 from the National Review of Nursing Education (2002)- *Our Duty of Care* (2002).

- Greater national consistency in entry to practice educational requirements for NP is achieved, and
- A balance is reached between an educational level that engenders public confidence and one that is able to justify a direct link between the restrictions imposed and harm reduction.

At the same time as the working party developed these principles, the N³ET work to map and analyse all State and territory nursing and midwifery legislation concluded. This important work will identify where legislative amendments could achieve greater consistency in the scope of practice for all nurses and midwives and where greater consistencies in regulation can be achieved through standardisation of regulatory practices⁵. A report to Ministers outlining opportunities for greater national consistency in regulation of nursing/midwifery practice through amendments to based legislation, regulatory standards and regulatory authorities (RA) processes will be developed and the specific area of NPs will be an area of focus in the report, linking these two bodies of work.

Nurse practitioner practice – different to advanced practice

In Australia, a nurse practitioner is:

A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practice and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise⁶ (Australian Nursing and Midwifery Council (no date)).

NP practice departs from advanced nursing practice in a number of ways and includes areas that are arguably not part of the traditional nursing repertoire. *Nurse Practitioner* is a regulated title and additional legislative provisions enable aspects of NP practice such as prescribing. This independent authority differs from many advanced practice roles where there may be delegation or dependant function such as *initiating a limited range of medications* based on a protocol that has been approved by another health professional who has authority to prescribe.

Research has demonstrated that there are identifiable knowledge, skills and attitudes that can define the core role and practice standards for the NP (Gardner, Carryer et al. 2004). These standards build upon existing standards of advanced practice nursing and relate to three core areas:

- **Dynamic practice** that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations.
- **Professional efficacy** whereby extended practice is structured in a nursing model and enhanced by autonomy and accountability.
- **Clinical leadership** that influences and progresses clinical care, policy and collaboration through all levels of health service.

There are also indications that the competencies related to these standards are embedded in a method of practice that draws upon attributes related to a level and style of practice that is different from the known and customary nursing roles and scope of practice. For some of the NPs currently in clinical roles, the skills related to these competencies have been developed over time and honed through working into the extended practice role with support from a mentor. Others have attained these competencies through undertaking postgraduate education.

The results from the ANMC Nurse Practitioner Standards research (Gardner, Carryer et al. 2004) specifically related to preparation for the NP role, give strong support for masters degree preparation for entry to practice as a NP. The research found the Masters level of preparation for NP justified on two levels. Firstly, the findings supported the need for strong educational preparation in order to meet the demands of the role. Secondly, credibility with both the community and other

⁵ For information about this work refer to Recommendation 4 on the N³ET website <http://www.nnnet.gov.au/work/rec4.htm>

⁶ This definition is accepted by all nursing and midwifery regulatory authorities in Australia. State/Territory Government and nursing/midwifery organisation definitions may vary.

health disciplines as to the preparedness of NP was identified. The findings are supported by the international literature where there is a strong trend to recommending master's degree programs for advanced practice and, therefore, NP education.

Despite this unique, contemporary research there are different minimum educational requirements for NP in Australia in those States and Territories where the role has been implemented. This situation has arisen in the absence of a national approach to the development and implementation of the NP.

Determining minimum requirements for NPs

In Australia, specific state and territory legislation determines the professional regulation of nurses and midwives. In addition to protecting titles and registering/enrolling suitable individuals, a number of jurisdictions have specific provisions to allow nursing and midwifery regulatory authorities to recognise individuals as NPs. Alternatively, existing provisions that allow nursing and midwifery regulatory authorities to authorise "special area of practice" have been used to accommodate NP recognition without the need for legislative change.

The specific legislation framework in each State and Territory shapes how NP recognition and registration occurs. In some cases, NP's are managed as a specific and separate part of the register. In other cases NP have an additional endorsement on their nursing registration. Further, how a jurisdiction interprets their powers when legislation is silent also differ. In one jurisdiction, legislative silence may be interpreted as enabling a specific approach, when in another jurisdiction it is taken to mean the opposite.

As indicated in Table 1, the relevant State and Territory legislative provisions usually relate to the nursing and midwifery regulatory authorities role in assessing the "*qualifications*" or "*qualifications and experience required*" to be placed on the roll or register. To do this, nursing and midwifery regulatory authorities develop instruments that detail the requirements for recognition/registration of individuals as well as the evidence to demonstrate that an applicant meets the requirements. The explicit level of educational qualification under the Australian Qualifications framework (AQF)⁷ for a NP is not generally specified in legislation⁸.

How nursing and midwifery regulatory authorities determine what is an appropriate qualification or appropriate experience, varies and the decisions are not always transparent. Historically in Australia, nursing and midwifery regulatory authorities have consulted with a range of stakeholders, including recognised experts and interested parties, to assist them to form a decision about the requirements for NP endorsement/authorisation. The way the consultations are conducted, the specific relationship between a board and the State/Territory government and the prevailing regulatory environment will all impact on how such decisions are made. There are no legislation requirements about how (or if) such consultation should occur and no specific requirements or national agreements that mandate that a nursing and midwifery regulatory authority consider what another jurisdiction has in place.

⁷ The AQF has been developed to provide a national unified system for qualifications from the three education sectors in Australia – schools, vocational education and training (TAFE and private providers), and higher education (universities). There are 13 qualification levels in the AQF; currently in Australia registered nurses and midwives complete a minimum bachelor of nursing degree (AQF 7) for registration and entry to practice, and enrolled nurses complete either a Certificate IV (AQF IV) or Diploma (AQF V) in the VET/TAFE sector.

⁸ An exception is the newly enacted *Health Professionals Regulations 2004 ACT*, in which the schedule for nursing specifies a Master of Nurse Practitioner.

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
ACT	<i>Health Professionals Regulation 2004 ACT</i>	3.7 [Act, s 23 (c)]	3.7 Specialist areas and suitability to practise requirements— (1) A person meets the requirements for registration in the specialist area of nurse practitioner if the person— (a) is a registered nurse; and (b) has graduated from a master of nurse practitioner program approved by the board or another nursing and midwifery regulatory authority; and (c) graduated from the program, or practised nursing in the area of nurse practitioner, within the 5-year period before the day the person applied for registration. (2) However, the board may register a person who does not satisfy subsection (1) in the specialty area of nurse practitioner if satisfied that the person— (a) is a registered nurse; and (b) is a graduate of a program in a place other than the ACT or a local jurisdiction that is substantially equivalent to a master of nurse practitioner program mentioned in subsection (1) (b); and (c) is entitled to practise nursing as a nurse practitioner (or in a substantially equivalent position) in that place.
NT	<i>Health Practitioners Act 2004 NT</i>	S 32	<i>Authorisation to practise in restricted practice area</i> (1) A registered health practitioner may apply for an authorisation to practise in a restricted practice area if the health practitioner – (a) has the qualifications, training and experience determined by the relevant Board in respect of the area of practice; or (b) has qualifications, training and experience that the relevant Board considers to be at least substantially equivalent to those determined by it under paragraph (a).
NSW	<i>Nurses and Midwives Act No 9 1991 NSW</i>	S19A S20	...if the Board is satisfied that the person has sufficient qualifications and experience to be entitled to be authorised to practise as a nurse practitioner. ...if the Board is satisfied that the person has sufficient qualifications and experience to be entitled to be authorised to practise as a midwife practitioner.
QLD	<i>Nursing Act 1992 Qld</i>	S 77	<i>Authorisation to practise</i> (3) An individual may be authorised to practise nursing in another area of nursing if the person is the holder of a qualification recognised by the council.
SA	<i>Nurses Act 1999 SA</i>	S23 S16	1) Subject to this Act, a person is eligible for registration as a nurse on an appropriate part of the register if the person— (a) has qualifications approved or recognised by the Board for the purposes of registration under this Act; and (b) has met the requirements determined by the Board to be necessary for the purposes of registration under this Act; and (c) is a fit and proper person to be a registered nurse. 4) Special practice areas will be those fields of nursing (in addition to the fields of midwifery and mental health nursing) that, in the opinion of the Board, require recognition under this Act as fields of nursing that require nurses who practise in those fields without supervision to have special qualifications, experience and authorisation.
TAS			***Not yet Determined***
VIC	<i>Nurses Act 1993 Vic</i>	S8B	(1) If the Board is satisfied that a nurse registered under Division 1, 3 or 4 of the Register has satisfactorily completed a course of study and undertaken clinical experience that, in the opinion of the Board, qualifies the nurse to use the title nurse practitioner, the Board may endorse the registration of the nurse and specify in the endorsement the category or categories of nurse practitioner recognised by the Board with respect to which the nurse practitioner is qualified to use the title.
WA	<i>Nurses Act 1992 WA</i>	S22A S22	<i>Registration of nurse practitioners</i> (1) Any person who applies to the Board and satisfies it that he or she complies with the requirements of subsection (2) shall, subject to this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse practitioner in division 1 of the register. (2) The requirements referred to in subsection (1) are that the person — (a) is registered, or entitled to be registered, as a nurse under section 22 in division 1 of the register; and (b) holds an approved educational qualification. (1) A natural person who applies to the Board and satisfies it that he or she complies with the requirements of subsection (2) shall, subject to this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse; and the Board shall cause the name of that person to be entered in the register. (2) The requirements referred to in subsection (1) are that the person — (a) has not been convicted of an offence the nature of which renders the person unfit to practise as a nurse; (b) has a sound knowledge of the English language both written and oral; (c) has — (i) practised as a nurse; or (ii) completed a refresher course in nursing, approved by the Board, within the 5 years preceding his or her application under this section; and (d) holds an approved educational qualification. (3) A natural person who applies to the Board and satisfies it that he or she is currently registered as a nurse in another State or in a Territory shall, subject to section 26(2) and the other provisions of this Act and on payment of the fee prescribed under section 31, be registered under this section as a nurse and the Board shall cause his or her name to be entered in the register.

Table 1 Heads Of Power For Determining Educational Requirements For Nurse Practitioners

Health professional regulation and competition policy

Specifying qualifications required for entry and practice to a regulated profession are necessary to ensure quality, however they also affect the supply of practitioners. Decisions about the qualifications that are necessary must be based on identifying an educational level that engenders public confidence and one that is able to justify a direct link between the restrictions imposed (in that it acts as a barrier to those seeking to work at that level and affects community access to the service) and harm reduction (a central purpose of professional regulation).

In making such determinations, the State and Territory regulatory authorities are required to consider a range of national workforce issues and Commonwealth policies and/or legislation such as competition policy and mutual recognition legislation.

Australia's National Competition Policy's position on barriers to entry to a profession (Deighton-Smith 2001) states that:

"...regulatory restrictions must be formulated with a clear view of the extent of the likely harms from each major area of practice and a balanced assessment of whether practice requires restriction to achieve social goals".

The National Competition Council paper also identifies that restriction on competition should be the minimum necessary to meet public benefit objectives as qualification requirements have major anti-competitive potential by restricting entry to practice and creating scarcity in supply of health services. Such objectives should be clear not only in design, but also in their justification, transparency and assessment of their performance.

Similarly, a recent OECD report (Organisation for Economic Cooperation and Development 2005) identified the risks associated with "excess" qualifications including evidence that licensing regulation increases cost of health services to consumers and may not always result in improved quality.

In this context, nursing and midwifery regulatory authority requirements related to educational preparation and experience for entry to practice as an NP, also need to meet the test of public interest. While there are currently different education levels currently accepted across Australia, a clear case must be made for whatever level is determined to be the preferred national one. The pressures in current health, aged care and community sectors to meet burgeoning demand while workforce supply is constricting, require that such decisions do not disadvantage the community by placing a professional group's aspirations ahead of the public interest. Put another way, if NP can provide safe, comprehensive care to a range of clients, and there is a demonstrated need for that level of care, then what is the most efficient, safest way to have NP in the workforce?

Mutual recognition and NPs

Mutual recognition is a key platform to facilitate the mobility of the health workforce. The effect of mutual recognition legislation is that people who work in a registered occupation in one jurisdiction can freely enter an equivalent occupation in other jurisdictions. The individual does not need to meet the requirements of the other jurisdictions regarding qualifications and experience to be registered in an equivalent occupation. This means that professionals such as NPs, do not need to satisfy the requirements of the other jurisdictions regarding qualifications and experience in order to be registered in an equivalent occupation.

Cross border movement of professions is not unique to Australia. The focus on supporting workforce mobility in the European Union (EU) has resulted in two main models for managing recognition of occupations (EU Health Policy Forum 2003) - a *general system*, which requires a case-by-case evaluation, and *sectorial system* where minimum common criteria lead to automatic recognition of qualifications without the need for individual evaluations. Within the EU, nurses, midwives, doctors, pharmacists and dentists are covered under a sectorial system and the intention is to expand this approach to other health professionals to simplify access to "the market" and protect the professionals *right of establishment*.

The consideration of applications for recognition as an NP under MR or TTMR is framed by notions of both *registration* and *equivalence*. Under MR legislation, registration includes all forms of licensure, approval and other forms of authorisation, encompassing the range of NP registration provisions in each State and Territory, irrespective of the legislative framework. The equivalence of an occupation is assessed by comparing the activities authorised under each registered occupation to determine whether those activities are substantially the same. To achieve equivalence between occupations, regulatory authorities can (and should) place conditions on registrants to enable them to practice within the occupation. The burden of responsibility for determining equivalence rests with the regulatory authority and the legislation provides for the individual to have temporary registration and practice while their application is being considered⁹.

A detailed examination of MR arrangements affecting NPs is beyond the scope of this document however, the principles that underpin MR legislation have relevance for the recognition of *domestic*

⁹ More information about the process steps and obligations for regulatory authorities in relation to obtaining registration under the MRA can be found at http://coag.gov.au/mra/legislation/mra_legislation_parta4.htm

applicants. Ideally, decisions about registration and recognition of individuals should be embedded in a policy framework that is coherent and integrated. In some cases, the requirements of MR seem at odds with state based policy relating to recognition of individuals. This disconnect may occur because the focus of MR is on the activities that make up the occupation. However, for regulatory authorities, the qualification is a principle indicator of occupational competence. Without a national, strategic approach to how MR is operationalised, local, reactive decisions about individual cases may become the basis of regulatory policy.

Regulation reform and NPs

A number of health systems are currently exploring issues related to regulation of health professionals and some jurisdictions have commenced a program of reforming the way health professionals are regulated. In addition to National Competition Policy and mutual recognition, the drivers for these regulatory reforms include:

- Public concern/exposure of “failures” of prevailing self regulation system (including Bristol, Shipman and Patel cases)
- Public dissatisfaction and perception of conflict of regulatory bodies in dealing with complaints about health professionals, and
- Concerns about complexity, inconsistencies and duplication in individual regulatory structures

More recently, the national approach to health workforce detailed in the National Health Workforce Strategy (Australian Health Ministers Council 2004) which promotes the exploration of closer professional working relationships, inter-professional education and emergent roles has been released. This strategy is likely to influence the debate about how professional groups are regulated.

In the main, the reforms aim to realize the following:

- Greater consistency and accountability across professional regulatory bodies
- Increased involvement of “lay” persons in the governing bodies of regulatory authorities
- Streamlining of the arrangements for regulation of health professionals
- Separation or redistribution of some of the current roles of boards such as professional conducts hearings.

The recent Productivity Commission Study also highlighted the need for far reaching reforms in the education and regulation of the health workforce. Undoubtedly, these wider reforms affecting health workforce wider will include scrutiny of existing regulatory arrangements for NP.

Current Pathways and educational requirements for Nurse Practitioners

A recent mapping of NP education requirements in Australia by the National Nursing and Nursing Education Taskforce (N³ET) revealed that there was variation in the post registration educational qualifications required by nursing and midwifery regulatory authorities for endorsement/recognition as a NP across Australia (National Nursing & Nursing Education Taskforce 2005).

Broadly speaking there are currently five approaches to the minimum educational preparation/pathways for NP recognised by nursing and midwifery regulatory authorities across Australia:

1. Master level qualification in nursing, non-nursing or related discipline
2. Postgraduate courses or modules at unspecified AQF level in specified NP subjects
3. Master level qualification in nursing – specifically developed for NP candidates, and
4. Mutual Recognition and Trans Tasman Recognition (which requires recognition of individuals with same occupation irrespective of qualifications).
5. No formal qualifications - Some jurisdictions have pathways for recognising applicants who have not a postgraduate award qualification but can demonstrate they meet the nursing and midwifery regulatory authorities requirements (equivalency).

The current pathways for each State and Territory are represented in the following Figure 1.

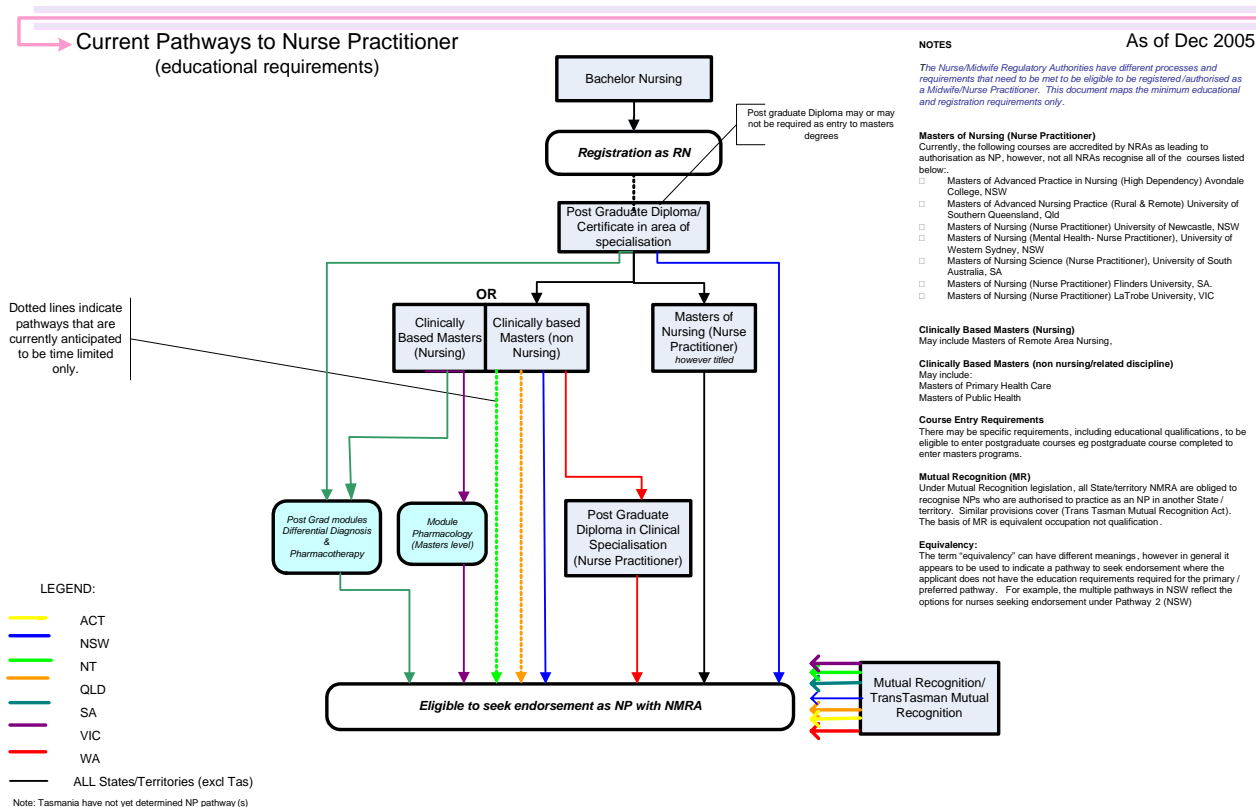


Figure 1 Educational Pathways for Nurse Practitioners in Australia

Postgraduate education and specialty practice in nursing and midwifery

To examine minimum requirements for NPs it is first necessary to consider the wider post registration educational context and specialty practice across Australia.

Specialty practice implies a level of knowledge and skill in a particular area of nursing that is greater than that acquired during basic (undergraduate) nursing education (International Council of Nurses 2003). Whilst postgraduate certificate and diploma level courses are generally recognised in Australia as an appropriate level of qualification for acceptance as a specialist nurse, many nurses and midwives work in a specialty area without additional formal postgraduate qualifications¹⁰. Further, some nursing and midwifery regulatory authorities may "note" a specialty qualification in the register, however with few exceptions (such as midwifery, and in a couple of jurisdictions, mental health) a post registration qualification is not legally mandated for nurses to work in a specialty area¹¹.

The focus of educational preparation at the level of graduate certificate and/or diploma, is on supporting workplace or occupational needs and the AQF provides the following information:

"Graduate Certificates and Graduate Diplomas are generally designed for specific vocational purposes, either the broadening of skills and knowledge already gained in an undergraduate program, or vocational skills and knowledge in a new professional area.

¹⁰ N³ET is undertaking work referred by health ministers on Specialisation in nursing and midwifery.

¹¹ ACHS standards recommend a percentage of nursing staff with a Critical Care qualification; however ACHS accreditation is a voluntary process. Further incentives such as funding may affect the types of qualifications nursing staff have, such a maternal and child health nurses in public Maternal and Child Health Centres in Victoria but it is not a legal requirement.

Although the duration of programs may vary, the typical requirement is six months of full time study for the Graduate Certificate and twelve months of full time study for the Graduate Diploma" (Australian Qualifications Framework (AQF))

Qualifications at the level of graduate certificate and graduate diploma are, on face value, likely to meet the needs of nurses and midwives seeking to work in a specialty area and may provide beginning knowledge and skills as well as consolidating knowledge and skills of those that may have worked in a specialty for some time.

Ideally, postgraduate qualifications indicate to employers, other professionals and consumers that the person holding the qualification has a certain level of knowledge, competence and skill. It could therefore, be expected that postgraduate programs for nurses and midwives within clinical specialties are of a consistent length and cover similar content, to achieve a similar level of competence in those graduating. Consistency in particular knowledge, skills and competencies associated with a given specialty nursing qualification would assist employers to manage staffing issues, however, there are long standing concerns that the diversity of postgraduate nursing courses on offer is creating uncertainty.

The National Review of Nursing Education commissioned work to examine the issues related to specialty courses and qualifications (Ogle, Bethune et al. 2002; Ogle, Bethune et al. 2002). This work identified that while courses may provide students with similar qualifications, there is variation in the length and mix of clinical practice and theory. These factors contribute to inconsistencies in the quality and content of such courses and as a consequence, generate confusion for employers seeking to readily identify and recruit appropriately prepared staff.

It is feasible that similar difficulties could develop in the implementation of NPs. Accordingly, as decisions about pathways for NP preparation are made, it should be recognised that a high level of diversity in the pathways, educational programs and authorisation processes for NPs may result in perception of inconsistency and confusion about the role by the wider community.

Postgraduate education and entry to NP practice

As previously discussed, there is a growing trend overseas to accept that a program of study at Masters level is recommended for entry to NP practice. Within Australia, there are also calls for Masters degree as entry level to be the national standard however, there is currently no national agreement on the educational level. Further, there is some tension about which focus/content of the Masters course is considered appropriate, with proponents of Masters in Nurse Practitioner (however titled) and those supporting a wider range of educational preparation *at Master level* as appropriate.

The NP educational debate now largely hinges around whether it is preparation of the individual at the particular AQF level that is critical or whether it is the specific content of the program/course. In the UK, a recent consultation on regulating an advanced practice level nurse (Bell 2005) the Nursing and Midwifery Council received a range of views on whether it was the qualification level of Masters Degree or the "Masters level thinking" that was crucial. Further work is being done to understand this in the UK context.

The federated system in Australia means that a range of views and positions must be considered and balanced when developing policy for maximising educational pathways for NP entry to practice. In the following section the arguments related to both the level of higher education qualification as well as the program content are examined.

Qualification at Masters Level for NP practice

In Australia, most Masters degrees require the equivalent of 18 months - two years of full time study after a three-year Bachelor degree; or one year of study following a Bachelor Honours degree of four year (or longer) ¹². Information provided by the Australian Qualifications Framework state that:

"A Masters degree provides a mastery or high-order overview of a relevant field of study or area of professional practice. Graduates of a Masters degree possess a range of academic and vocational attributes such as:

- *Advanced knowledge of a specialist body of theoretical and applied topics;*

¹² These times exclude any adjustments for credit or recognition of prior learning (RPL)

- *High order skills in analysis, critical evaluation and/or professional application through the planning and execution of project work or a piece of scholarship or research;*
- *Creativity and flexibility in the application of knowledge and skills to new situations; and*
- *Ability to solve complex problems and think rigorously and independently.”*
(Australian Qualifications Framework (AQF))

When compared to graduate certificate/diploma qualifications, the outcomes described above for Masters graduates are more clearly aligned with the activities and roles that NPs in Australia are undertaking. In particular, there is an expectation that NP practice delivers a quantum of health care that is greater than a collection of those same activities provided as discrete activities by a range of health workers.

The work by Gardner et al, although based on a small number of Australia's and New Zealand's first NPs, nevertheless demonstrated that NP practice needed to not only respond to a range of practice settings but also to:

“...deal with complexity and non-linear reasoning in health care and draw upon creative and non standard solutions to achieve optimal outcomes for the client. The common aspect from the data is that nurse practitioners must be prepared to deal in conventional and innovative ways with complexity and novelty.”

Given the relative newness of the NP role and the lead time to develop and implement a higher education program it is not surprising that to date, a number of NP have been recognised who have completed Master Degree qualifications on courses other than those specifically established to lead to authorisation as an NP.

Graduates of clinically based nursing or midwifery programs including Masters of remote area nursing, Masters of mental health nursing as well as graduates of arguably still clinically based, but in a non-nursing or related discipline such as Masters of primary health care and Masters of public health have sought NP recognition. It is also likely that the current interest in interdisciplinary learning and the development of interdisciplinary clinical studies at Masters degree level will further expand the range of courses that may be appropriate preparation for NPs. Already there are interdisciplinary courses such as:

- Master of Medicine / Science in Medicine (Pain Management) University of Sydney, and
- Masters of Diabetes Education (Curtin)

Despite this trend, some jurisdictions are planning to have a transition period; some for a limited time only, for graduates that have Masters that are not specifically “ NP Masters” as the minimum requirement for recognition as NP. After that the only pathway will be a NP Masters one.

Multidisciplinary courses, courses in non nursing disciplines and nursing courses that are not specifically developed to prepare graduates for recognition as a NP are not accredited by nursing and midwifery regulatory authorities. Graduates with these qualifications need to demonstrate they can meet the respective nursing and midwifery regulatory authorities requirements for recognition. Although not all States and Territories explicitly acknowledge an “equivalency” pathway in the publicly available documentation it is questionable whether a single qualification pathway (excluding MR) as entry to a professional category would be defensible if a competency based assessment is the professional standard.

Postgraduate units of study for NP practice

Another approach to NP educational preparation is for an individual prospective NP to use a gap analysis approach and identify specific areas of study that need to be undertaken to “add to” their experience and educational portfolio to ensure they can meet the nursing and midwifery regulatory authority requirements for authorisation. An example of this is Nurses Board of Victoria that recognises nurses that have undertaken programs of study other than Masters of NP but requires individuals to have completed a Pharmacology unit/module at Masters level.

Similarly, South Australia (SA) recognises discrete modules in pharmacology and differential diagnosis as a legitimate pathway when combined with the appropriate experience and other requirements for authorisation. It is however, interesting to note that although that pathway exists, at the time of this report all of the NP currently authorised in SA had completed a Masters program.

Masters of Nurse Practitioner (“NP Masters”) for NP practice

The beginning of NP implementation in the 1990s saw the development of nursing programs at Masters level specifically tailored to prepare graduates for NP authorisation in Australia. Currently there are more than a dozen such courses available across Australia (Refer table 2) and although their titles vary they are hereafter referred to collectively as ‘NP Masters’.

There is no national agreement on a program/course format for NP Masters in Australia. A study by Gardner et al (Gardner, Carryer et al. 2004) of courses available in Australia and New Zealand identified 14 programs, 13 of which were at Masters level. There was variation in the length of courses (between three and four semesters), the titles or appellations and the course curricula. At the time of the report, three distinct titles were in use for NP Masters programs, namely titles with Nurse Practitioner, Advanced Practice and Masters of Nursing. As noted by Gardner (2004), the use of *nurse practitioner* in the title reflected the particular approach by one of the forerunner nursing and midwifery regulatory authorities. This approach to course titles is now being questioned, as successfully completing the qualification is not sufficient in itself for authorisation - a point that needs to be clearly made to those enrolling in such courses.

There is no agreement nationally on the curricula for NP Masters. To date, NP Masters have been either focused on a limited range of specific clinical entities - rural and remote, mental health and high dependency or have been more structured to provide some core subjects and then enable students to pursue studies in their given area of specialty practice. This latter model is evolving as demand grows for courses that support students learning in an increasing range of specialties at advanced practice level.

Ideally, educational program content should develop in response to the identification of the need for a particular knowledge and skill set to be taught to those providing a service to the community. As such, employers (and consumers) influence course content. As a clear and consistent profile of what NP can provide becomes translated into curriculum, it is likely that greater commonality in NP Masters programs can be achieved.

Gardner (2004) found that the rationale for NP Masters course content was not always explicit although three areas were identified in all 14 programs in the study, namely pharmacology, research, and assessment and diagnosis (including imaging and laboratory diagnostics). These areas reflect the newer skills repertoire that is foundational to the NPs clinical role.

Currently, there are nine NP Masters programs across Australia that have been accredited by at least one of the nursing and midwifery regulatory authorities. Table 2 shows the distribution of programs and the course/program title for both courses that have been accredited and those yet to be accredited.

Program Name	Education Provider	State/Territory of education provider	State/Territory regulator that has recognised course.
COURSES ACCREDITED BY AT LEAST ONE NURSING/MIDWIFERY REGULATORY AUTHORITY*			
Masters of Nursing (Nurse Practitioner)	University of Newcastle	NSW	NSW
Masters of Nursing (Mental Health- Nurse Practitioner),	University of Western Sydney	NSW	NSW
Masters of Nursing Science (Nurse Practitioner)	University of South Australia	SA	VIC & WA
Pharmacology for Specialist Practice	University of South Australia	SA	VIC
Masters of Nursing (Nurse Practitioner)	Flinders University	SA	VIC & WA
Pharmacology for Advanced Professional Practice	Flinders University	SA	VIC
Therapeutic Medication Management Education Program	University of Melbourne	VIC	VIC
Masters of Nursing (Nurse Practitioner)	La Trobe University	VIC	VIC
Masters of Nursing Practice (1)	Deakin University	VIC	VIC
Therapeutic Medication Management Unit	Monash University	VIC	VIC
Master of Nursing Science (Nurse Practitioner)	Queensland University of Technology	QLD	QLD
Master of Nurse Practitioner	University of Canberra	ACT	ACT
Master of Nursing (MN)	University of Queensland	QLD	QLD
Postgraduate Diploma in Clinical Specialisation [Nurse Practitioner]	Curtin University	WA	WA

COURSES DEVELOPED BUT NOT YET ACCREDITED BY A NURSING/MIDWIFERY REGULATORY AUTHORITY*			
Master of Nursing	Melbourne University	VIC	
Master of Nursing	University of Technology, Sydney	NSW	
Master of Nursing (Nurse Practitioner)	Curtin University	WA	

Notes:

Details correct at time of preparation.

(1) Candidates must also complete an accredited Therapeutic Medication Management Unit)

Table 2 NP Courses in Australia

Each NP Masters course has different entry requirements and in particular the requirements around previous clinical experience and advanced practice (however defined) vary. Gardner (2004) found a number of courses required between two and five years experience in a specialty or at advanced practice level as pre-entry. Ideally the NP course entry requirements would mirror or align with the respective nursing and midwifery regulatory authorities requirements.

The differences in NP Masters are already generating comment in the nursing community. There is concern about the level of confidence that various courses may engender and whilst jurisdictional bias may account for some of the comments, the absence of a common standard for accrediting courses NP Masters is problematic. A nationally agreed standard for accrediting courses NP as well as a national educational framework would address these concerns. Whilst a model has been researched and proposed, it is yet to be adopted nationally.

The educational and program accreditation standards proposed by Gardner et al (Gardner, Carryer et al. 2004) included a standard on student assessment processes that should be evident in program curriculum for NP. This includes assessment documents that “demonstrate a commitment to contextualised, scenario- based assessment strategies” and “include a comprehensive portfolio of learning and practice experiences that is examined both internally and externally”. Some examples of evaluation methodology identified by the authors include:

- Complex case study presentation
- Clinical viva, or viva voce¹³
- Compilation of portfolio, and
- Assessor observation, and
- Action Learning sets¹⁴

Demand for NP Masters

At present, the numbers of students in many courses are still small, making it difficult to ensure the viability of such courses. Whilst the demand for places for NP specific courses is unknown, the economy of scale needed in the higher education sector may not be achieved for some time, but with more providers entering the “market” it is unclear what impact this will have.

In general, NP Masters programs are full fee paying courses. Whilst the cost to each student will depend on the actual program (and provider) as well as adjustments for credit or recognition of prior learning arrangements, it is likely that the overall cost is in the range of \$8,000-12,000 for an individual to undertake such a course¹⁵. Although wages and conditions for nurses and midwives have improved, the cost associated with study as preparation for NP recognition is significant. Reduction in workforce participation to accommodate study may add to the economic cost and as such minimum qualifications at Masters level may act as a barrier.

¹³ In a clinical viva, a candidate spends some time with a patient/client, before presenting the case to examiners and responding to questions. This approach provides an opportunity to examine the integration of theoretical knowledge and clinical skills.

¹⁴ Small groups, where individuals learning with and from their peers by reflecting on real experiences and working on real problems. Learning sets assist learners to challenge assumptions and established ways of analysing and acting and recognise the legitimacy of reflection in the process.

¹⁵ Some State/territory governments are offering scholarships for nurses to undertake postgraduate study in NP programs.

Impact of career trajectories and options for educational preparation

An important consideration in considering education pathways is the overall length of time to prepare professionals. Work done by N³ET estimated that it can take up to nine years following initial registration as a nurse to endorsement as an NP (assuming continual employment¹⁶). As many of the steps in the process must be undertaken in sequence rather than in parallel, there are few opportunities to effect a reduction in this timeframe.

If one assumes that a newly registered nurse is in their early twenties when they initially register then this timeframe to become a NP may not be a deterrent, however with changes in the workforce such as the profile of nursing undergraduate (mature age students) and increasing casualisation, this may be more problematic. Also, the stepwise and strictly linear progression to NP may not be as acceptable to a workforce with differing expectations of workplace engagement and progress (Ferres; Boychuk Duchscher and Cowin 2004)

Further, there is an assumption that career decisions are made as part of a coherent and clear forward plan made at the beginning of ones professional career. This does not reflect reality and fails to recognise that the increased presence of NPs in the workforce may prompt more experienced (and older) nurses and midwives to re-assess their career direction with a view to becoming a NP. However, at 50 years or older a further five years of preparation may not be acceptable. As people enter and exit professions at many points, the approaches to preparation need to be able to accommodate “mature age” career choices and not limit options for this section of the workforce.

Whilst supporting the principle that units of study ideally should contribute to achievement of formal award qualifications, it is also necessary to recognise that on the job training has a role in all staff development/meeting service needs. In the future, to accommodate differences in career and lifestyle choices, pathways may need to reflect a more individualised “made to measure” approach, where in addition to effective credit and recognition of prior learning arrangements, highly flexible individualized courses constructed to suit an individual’s needs may need to be both delivered by education providers and acknowledged as valid by regulatory authorities. In practice, such pathways may be used infrequently however with the shrinking pool of health workers and increasing demand for healthcare, such options may become critical.

Authorisation by regulatory authorities and NP education

The role of nursing and midwifery regulatory authorities extends beyond the determination of the qualifications and/or experience required to be recognised. The following section will examine in more detail how the provisions relating to accreditation of courses (and course providers) and the ways in which nursing and midwifery regulatory authorities assess an individual NP applicant impact on the range of available pathways and the relative access to them.

Accreditation of NP courses by nursing and midwifery regulatory authorities

In addition to maintaining a register and determining the educational qualifications required for registration, nursing and midwifery regulatory authorities have provision under their respective Acts to accredit courses leading to nursing and/or midwifery registration/enrolment. In the case of NPs, this function has been undertaken by all nursing and midwifery regulatory authorities (except SA) on the basis that recognition of NP is a registration function and therefore it has been considered to be within the legislative power to accredit the NP courses specifically. Table 3 demonstrates the legislative provisions in relation to accrediting NP courses for each State and Territory.

¹⁶ This figure is based on an individual spending one year post registration in a graduate year, between three and five years experience at advanced practice level (some Masters of NP require 3-5 years practice at advanced level as course entry requirement), two years to complete Masters and up to one year to gain authorisation (based on work by Gardner that found NPs took six months to prepare their Portfolio and estimated six months for regulatory authorities to process applications and make decision).

State/ Territory	Act / Regulations	Section No./ Reference	Section Text
ACT	<i>Health Professionals Regulation 2004 ACT</i>	3.4 [Act, s 22 (1) (a)]	Board responsible for assessing courses for nurses etc (1) The board is responsible for assessing courses for their suitability as educational and training courses for the registration and enrolment of nurses. (2) The courses included in this schedule have been assessed and approved by the board.
NT	<i>Health Practitioners Act 2004 NT</i>	S10	Functions of Boards (1) A Board has the following functions: (a) to administer the scheme of registration and enrolment under Part 3 in relation to the category of health care practice for which it is established;... (g) to accredit courses for entry into the category of health care practice for which it is established; (h) to accredit educational institutions to conduct courses referred to in paragraph (g);
NSW	<i>Nurses and Midwives Act No 9 1991 NSW</i>	S10	Functions of Board(1) The Board has the following functions: ... (g) for the purpose of facilitating under this Act the registration of nurses and midwives, the authorisation of registered nurses to practise as nurse practitioners, the authorisation of registered midwives to practise as midwife practitioners and the enrolment of enrolled nurses and enrolled nurses (mothercraft), to grant recognition to: (i) hospitals, nursing homes and educational and other institutions offering courses for the training of nurses, nurse practitioners, midwives, midwife practitioners and enrolled nurses and enrolled nurses (mothercraft), and (ii) the curricula for such courses, and (iii) diplomas, certificates and other qualifications awarded to persons who successfully complete those courses,
QLD	<i>Nursing Act 1992 Qld</i>	S7	Council's functionsThe functions of the council are to— (h) determine examinations, qualifications, experience and other requirements to be fulfilled by persons applying for and maintaining registration, enrolment or authority to practise under this Act, and monitor standards of student assessment in schools of nursing;
SA	<i>Nurses Act 1999 SA</i>	S16	1) The functions of the Board are as follows: (c) to approve courses of education or training that provide qualifications for registration or enrolment as a nurse under this Act; (d) to determine the requirements necessary for registration or enrolment under this Act;
TAS			***Not yet Determined***
VIC	<i>Nurses Act 1993 Vic</i>	S66	Powers, functions and consultation requirements(1) The Board has the following functions— ... (eb) to accredit courses of study or recognize clinical experience that provides competence for each category of nurse practitioner for which registration may be endorsed under section 8B
WA	<i>Nurses Act 1992 WA</i>	S23	Meaning of approved educational qualification (1) For the purposes of section 22(2)(d) or 22A(2)(b), a person holds an approved educational qualification if the person — (a) has gained a qualification approved by the Board, in relation to that section, granted by an Australian tertiary educational institution recognized by the Board; (b) in a country other than Australia, has completed a qualification in nursing approved by the Board, in relation to that section; or (c) is registered provisionally under section 26 and has completed a course of nursing training or study approved by the Board under subsection (1)(b) of that section in respect of that person.

Table 3 Heads Of Power For Determining Educational Requirements For Nurse Practitioners Accreditation Of NP Courses

The intention of provisions for regulatory authority to accredit courses is to ensure that graduates attain the required level of competence for entry to practice. The accreditation process should create efficiency by accrediting a course and provider rather than individually assessing each graduate. Once a course and provider has been accredited then all graduates of that course can be judged to have met the course outcomes.

At present there is no national accreditation of nursing and midwifery courses including NP courses¹⁷. The move of nursing education to the tertiary education sector two decades ago highlighted some of the inefficiencies associated with State/Territory based accreditation of nursing education programs. More recently issues such as migration of the workforce and the attendant application of mutual recognition legislation, as well as external (cross border) modes of education delivery have further exacerbated the problem and lead to renewed calls for national accreditation processes.

National accreditation is a strong theme in the recent Productivity Commission Research Report—*Australia's Health Workforce* (Allsopp 2004; Australian Government Productivity Commission 2005; Australian Government Productivity Commission 2005), the Commission identifying that without national accreditation

"...the quality of the processes is variable and inconsistent approaches impose cost on educational and training institutions. Moreover, the current professions-based approach can reinforce traditional roles and boundaries and thus constrain workplace innovation and job redesign."

¹⁷ The ANMC is currently scoping a project to consider a national framework for course accreditation.

In the case of NP education, the small number of courses in Australia (approximately 13 courses, across five jurisdictions) means that the benefits for both prospective students and education providers of a national accreditation scheme are considerable. National accreditation would deliver consistency in terms of the processes used to accredit courses as well as automatic recognition by all jurisdictions – resulting in more efficient entry to the workforce.

Assessment of individual's competency as NP by nursing and midwifery regulatory authorities

The ways in which nursing and midwifery regulatory authorities determine an individual's suitability to be recognised as a NP vary, and must comply with respective State/Territory legislation. Overall, five broad areas have been used to assess a candidates suitability, namely

- Educational preparation
- Clinical practice (across the spectrum of assessment, diagnosis, therapy and evaluation)
- Collaborative arrangements (such as referral mechanisms, guidelines)
- Professional leadership and development (such as self reflection and ongoing education), and
- Evidence based practice (including research utilisation and quality assurance activities)

Whilst there is some commonality in the broad areas that the nursing and regulatory authorities considered in assessing an individual NP practice, the ways in which this might be evidenced and the relativities between areas are numerous and not always transparent.

NP Competency Standards

Until late 2005, there were no nationally agreed competency standards for NP and different jurisdictions adopted existing ones such as New Zealand NP Competencies, or developed their own. In November 2005, all nursing and midwifery regulatory authorities agreed to use the core competencies developed by Gardner et al, (Australian Nursing and Midwifery Council (no date)) to assess applications for recognition as NP however there is a lag while the necessary processes and documentation are adjusted and arrangements for any applications pending are made.

Just how a nursing and midwifery regulatory authority determines that an individual meets the competencies is also an area where there is considerable variation both across as well as within a jurisdiction where multiple pathways to NP recognition exist.

In some cases (ACT, Qld and WA) the process is streamlined for some applicants. In those jurisdictions, a pathway exists for graduates of approved courses are only required to show evidence of successful completion of course accredited by the nursing and midwifery regulatory authority and to pay the necessary fee, to be recognised.

However in other cases extensive, multiple evidentiary requirements apply irrespective of whether the applicant has completed and accredited pathway or if they are seeking recognition under "equivalency" arrangements. Table 4 shows the range of approaches currently adopted by nursing and midwifery regulatory authorities to assess individuals and demonstrates the use of multiple approaches by each nursing and midwifery regulatory authority.

Regulatory Authority approaches to assessing individual's competence	Jurisdiction
Detailed Curriculum Vitae (including evidence of research and leadership activities)	ACT, QLD, VIC, SA, NSW, NT
Professional Portfolio/Evidence portfolio/package of evidence	ACT, QLD, SA, NSW, NT
Peer Review of application/evidence	SA, VIC, NSW, NT
Professional Referees	ACT, VIC
Transcript of education program/evidence of successful completion of education program	ACT, QLD, VIC, SA, NSW, WA, NT
Case Studies – written or verbal presentation to expert panel	QLD, VIC, NSW, NT
Plan for ongoing quality review of practice	ACT
Presentation on role/scope of practice (written or oral)	VIC, SA, NT
Oral assessment by Expert Panel	QLD, NSW
Assessor observation in the context of NP practice of "typical NP episode of care"	QLD
Assessment of current practice including collaborative practice in complex situations	QLD,
Assessment of clinical practice guidelines by peers	VIC,
Interview (Including with Board, peer review, expert panel)	VIC, SA, NSW, NT
Advance practice evidence including statements on key achievements, testimonials, priority, vision statement	VIC, SA, NT
Evidence of clinical (medical) supervision - - supervisory log	VIC,
Clinical logbook, reflective practice journal	SA, NT
Evidence of clinical management tools (referral processes, protocols, policies)	SA
Evidence of clinical (medical) supervision - - supervisory log	VIC,
Position Description	NT

Table 4 Regulatory Authority approaches to assessing an individual's competence

Many of these approaches are resource intensive not only for the individual, but also for nursing and midwifery regulatory authorities. There have been difficulties and criticisms of the appropriateness and sustainability of such processes from both applicants, and nursing and midwifery regulatory authorities. Difficulty in identifying and arranging appropriate expert panel members, the costs involved and the length of time it subsequently takes to process an application are some of the issues identified.

Many of these approaches to assessment developed prior to the development of a range of NP Masters courses and before the development and agreement of NP competencies. However, aside from issues of sustainability, there is a fundamental question about the evidence for any, or all, of these approaches as ways of assessing a prospective NP. It is important to ensure an applicant meets the requirements for authorisation however this needs to be done in a way that is transparent, defensible and effective. Some may question whether requiring an applicant to provide a vision statement is consistent with the role of regulation to protect the public and how this type of requirement would meet the test of demonstrating that through the regulatory process, the risk inherent in the role or practice is being managed.

A risk management framework would enable the assessment and stratification of risks as well as the development of a range of responses to manage (rather than eliminate) risks. An important consideration is that the lowest level of burden for both applicants and nursing and midwifery regulatory authorities to manage the risk should be identified and applied.

There is an argument that if an individual has successfully completed a NP course that is accredited with the nursing and midwifery regulatory authorities and the course has been constructed to ensure students met the agreed competency standards, then authorisation should be streamlined (if not automatic as is the case in ACT, WA and Qld).

Having a series of assessments built into the life of the educational program ensuring that students are assessed in a range of ways and across the competencies can deliver greater certainty about the applicant and thus modify the evidentiary requirements for registration/recognition. Education providers are required to assess that students meet the approved competencies to enable a student to reach the required competency level. They must therefore teach the substantive content both in theoretical and clinical components, and teach them in a pedagogically sound construct. A nursing and midwifery regulatory authority may develop guidelines or standards to assist education providers to do this to the regulatory authority's satisfaction. By an education provider providing the regulatory authority with sufficient evidence that a program of study meet the standards set for such programs and providers, then it can be assumed that a transcript or certificate of attainment is sufficient evidence of meeting the required competency level.

In practice however, in some jurisdictions even where the applicant may be seeking endorsement having successfully graduated from a course accredited by the nursing and midwifery regulatory authorities, there is a requirement to meet all of the same evidentiary requirements that other

applicants have to meet. Such a *belt and braces* approach may be placing an unwarranted and unnecessary burden on applicants as well as delaying entry to the workforce at those level, or dissuading potential applicants. If accreditation of courses by nursing and midwifery regulatory authorities aims to move the burden of proof from individuals to the course providers this does not appear to always be the case for NPs.

Data collection to inform regulatory decisions

Many of the processes and approaches to assessing competence by nursing and midwifery regulatory authorities are a matter of historical or local influence. As noted by Bryant (Bryant 2005) there is little evidence in the literature on the effectiveness of regulation of health professionals in general and nursing or midwifery in particular. Given the considerable variation that exists and the attendant impact on time, cost and lost opportunities for the community as well as the individual practitioner it is important that the most timely and effective way to make decisions about an individual's suitability to practice as an NP is able to be identified. For example, does one pathway or preparation make an individual more (or less) likely to have a complaint made against their practice?

The absence of literature about the effectiveness of regulation coupled with concerns raised on the adverse effects of regulating health professions highlights the need to start building a body of knowledge on which to develop evidence based policy. The types of information needed to analyse, utilise and develop evidence-based policy might included the characteristics of an individual's educational pathway (eg which course/pathway did they complete) as well as information on the nursing and midwifery regulatory authorities assessment processes and decisions.

To do this, regulatory authorities would need to identify both the possible indicators of effective regulation and the data necessary to be able to analyse and compare across jurisdictions. Previous work done by N³ET in 2005 on re-entry to nursing found that there was considerable variation in the level of data about registrants collected by each State/Territory that could be readily accessed, for example the type of re-entry program or pathway an individual used to qualify to be re-registered was not collected by all states and territories. It is also likely that information about processes and decision making in relation to decisions about NP applications are not uniformly recorded. Given the small numbers of NP there is merit in identifying the areas worthy of attention nationally as soon as possible.

Midwifery perspective

There is currently debate and differing views within nursing and midwifery about the merit of registrable categories of advanced practice midwives, as distinct from NP. The regulation and registration of midwives varies across the states and territories and currently there are various ways of managing the registration of midwives includes having separate registers for nurses and midwives, separate divisions of a single register and single register with restrictions to practice. This is further complicated by the fact that in some jurisdictions there are multiple pathways to be eligible to practice midwifery, namely:

- Bachelor of Nursing with postgraduate qualification in Midwifery
- Bachelor of Midwifery, and
- Combined Bachelor of Nursing and Midwifery.

Both the pathway (and educational preparation) for recognition as a midwife and the way in which nursing and midwifery registration is managed in each jurisdiction impact on the available options for individuals to be recognised as an advanced practitioner by nursing and midwifery regulatory authorities. Currently there exist a number of pathways for nurses with midwifery qualifications to be recognised by nursing and midwifery regulatory authorities in their respective advanced practitioner registration categories. Further, anomalies in the way Bachelor of Midwifery graduates are registered means that they also may be eligible to be recognised as either NP or in New South Wales only as midwife practitioners (MP). The available pathways have been mapped and are included in Figure 2.



Current Pathways for Midwives as Nurse/Midwife Practitioner (educational requirements)

As of Sep 2005

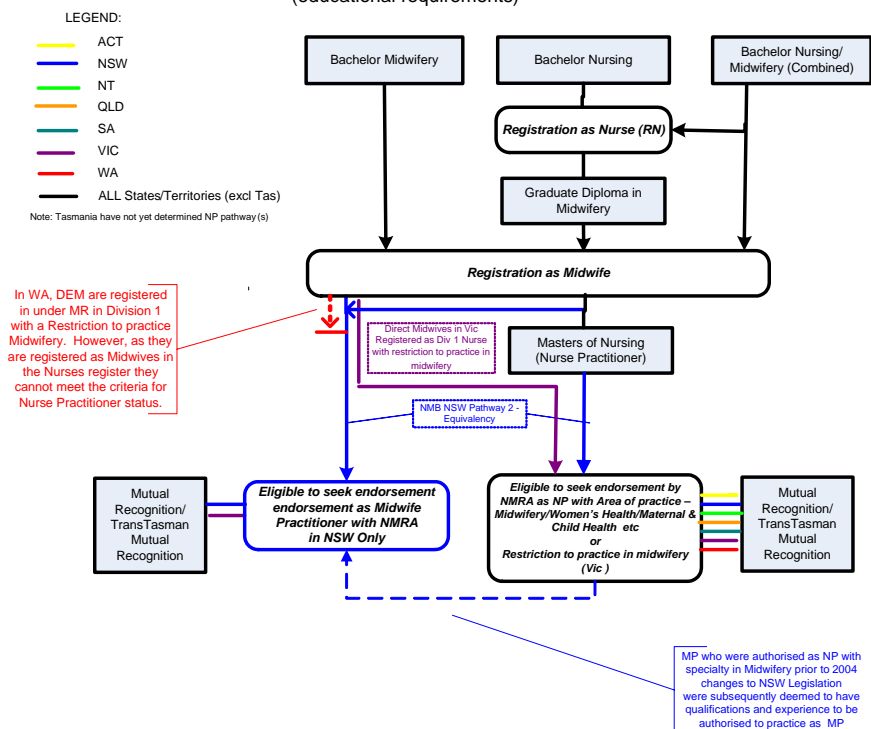


Figure 2 Pathways for midwives as Nurse/Midwife Practitioners

The Australian College of Midwifery Incorporated (ACMI) have published a position statement on midwifery and NPs and this is available on their website (Australian College of Midwives Incorporated 2005)¹⁸. With the current disparate views on the merit of advance practice recognition and midwifery as well as the rapidly unfolding regulatory and registration dilemmas arising from the expanding pathways to midwifery practice, it is not appropriate for this paper to consider further options for articulation.

Making decisions about educational requirements and pathways for NPs

The following principles have been developed to drive greater nationally consistency in the educational pathways for nurse practitioners in Australia. They are intended to give direction with supporting rationale to all jurisdictions, not only those yet to implement the NP role. It builds upon the recognised diversity in the Australian health workforce and in particular the career and lifestyle choices of nurses and midwives.

The principles acknowledge that Australia is in a transitional phase at present, but that it is timely to focus on consistent national direction, one that firmly positions the role for the next decade.

¹⁸ The position statement entitled: *Midwifery and the Nurse Practitioner Project* is available at: http://www.acmi.org.au/text/corporate_documents/position/Nurse%20Practitioner.doc

The Principles For Making Decisions About Minimum/Mandatory Educational Requirements For Endorsement As NP are that:

1. Recognition as NP is dependent on demonstrating ANMC NP core competencies

Recognition as a NP is dependant on an individual demonstrating they meet the professional standards set for practice at that level. The standards represent the profession's collective view of the skills, knowledge and attributes that are required to practice at that level. The *National Competency Standards for NP* (Australian Nursing and Midwifery Council (no date)) should be the basis of determining safe, competent practice by NPs and the foundation for nursing and midwifery regulatory authorities to assess individual applications for recognition as a NP. Timely national adoption of this standard will allow validation in practice of the competencies to occur over the next decade.

2. A Masters level qualification best meets the demands of NP practice

A Masters level qualification is the recommended AQF level of educational preparation for entry to practice as an NP. At Masters level the specific skills and scholarly development required to meet the demands of safe NP practice are acquired, as evidenced in contemporary Australian NP research (Gardner, Carryer et al. 2004). At Masters degree level, the requirement to balance the risk attendant on the professional practicing at this level is with the restriction imposed, is best achieved.

3. NP Masters programs are competency based

As a practice based discipline, regulatory authorities require evidence of competence for authorisation or licence to practice. At entry to nursing practice level, nationally agreed competencies provide the benchmark for assessing an individual and for assessing the adequacy of preparatory programs/learning pathways that is, it is the outcome of the learning experience (outcomes based education) that matters not the curriculum itself. It follows then, that educational programs for NPs should also be competency based.

4. Programs designed specifically for NPs are the most efficient pathway to recognition as an NP

Educational programs for NP are specifically focussed on preparing graduates to meet the competencies for recognition as a NP using a range of assessment modalities across the competencies over the length of the program. From the point of national consistency and workforce efficiency, NP programs of education will provide the most streamlined and efficient pathway to recognition as a NP. Further efficiency can be achieved by the adoption of the NP education standards and accreditation standards described in Gardner et al (Gardner, Carryer et al. 2004) nationally for all NP programs. These elements provide the basis for streamlined NP authorisation by nursing and midwifery regulatory authorities.

5. Recognition of prior learning/qualifications is maximised to streamline the educational preparation of NP

It is evident that career trajectories for nurses and midwives vary, and not all individuals will have identified a direct and unwavering path to become a NP. Ensuring that opportunities to recognise previous learning through formal education and training (credit transfer), and learning achieved outside the formal education and training system (recognition of prior learning or RPL) are maximised will assist in accelerating entry to the NP workforce. The AQF National guidelines for RPL (Australian Qualifications Framework (AQF) Advisory Board 2004) provide the basis for education providers to make decisions about RPL. The National Guidelines on Cross Sector Qualification Linkages principles may provide direction for consideration of credit arrangements for entry to NP programs by nursing higher education providers.

6. Decisions about demonstration of competency via another NP pathway to be evidence based

As stated in principle 1, recognition as a NP is dependant on an individual demonstrating they meet the professional standards set for practice at that level, namely *National Competency Standards for NP* (Australian Nursing and Midwifery Council (no date)) and that demonstration of competencies is observable. Where an individual is seeking to have educational and experiential learning recognised as sufficient for endorsement as an NP other than via a NP masters, consistency and transparency in how this is assessed by nursing and midwifery regulatory authority is critical. Whilst recognising that a range of assessment methods may be used, these should not collectively act as a disincentive to

individuals to use these pathways. Further, the assessment methods need to meet the test that they are necessary, proportional and appropriate to demonstrate that the attendant risks have been identified and managed.

7. Evidence based policy is required to achieve national consistency and quality in regulatory decisions about NP authorisations

There has been few formal evaluations of health professional regulation and of nursing regulation in particular (Bryant 2005). At the same time, there are increasing calls for regulatory authorities to demonstrate greater transparency and accountability in decision making. Given the current fragmented approach to endorsement of NPs, it is essential that national agreement about the possible indicators of effective regulatory processes be reached as soon as possible. To effectively evaluate policy, systematic and nationally consistent collection of comparable data elements is required, including collection and dissemination of information about how regulatory authorities arrive at decisions about authorisations. The establishment of a database or repository of all State and Territory regulatory decisions about NP will be foundational to the development of consistent, fair, accountable and defensible NP regulation nationally.

8. A national approach to the accreditation of NP Masters program is required

The interest of both the community and nursing would be better served by national accreditation of NP education programs. Further, the basis of accrediting programs of education for nurse practitioners in all State/territories should be the education and course accreditation standards described by Gardner et al (Gardner, Carryer et al. 2004).

9. Life long learning by all NP is central to the achievement of health outcomes for the Australian community

Whatever the education pathway taken to endorsement as a NP, it is recognised that this is preparing the individual nurse to begin practice as a NP. The dynamic nature of healthcare dictates that all members of the nursing and midwifery community undertake continuing professional development activities and embrace the concept of life long learning as recommended in National Review Nursing Education – (Recommendation 18).

10. The intersection of Midwifery practice and NP practice needs further attention

Currently, there are legislated pathways in some State/Territories for nurses as well as midwives to be recognised as NP or MPs. Some individuals may seek to use the available pathways and the opportunities such pathways offer are important to recognise and facilitate. There is merit however, given the current emerging landscape, in considering the development of separate definitions and competencies related to midwifery and reviewing whether existing pathways should continue, be revised or whether other pathways should be developed. This work should be the subject of national debate and inclusive of all key stakeholders. The existing State and Territory regulatory frameworks and emerging directions in the regulation of health professionals will need to be explored through national debate on this issue.

Putting principles into practice

This report has built on the earlier work that detailed the current variation in NP educational pathways to identify the critical considerations that should underpin decisions about the educational preparation and pathways to NP practice. The imperative for this work is the need to achieve greater national consistency in the NP whilst recognising the structures and regimes that have been instrumental in the way the NP pathways have developed. The work explored the broader context in which NP practice education and regulation is situated and recognises that no single approach will meet the diverse needs of the Australian health system, the complex governance structures and the plurality of the nursing and midwifery workforce.

The agreement of principles for the educational preparation and recognition of NP marks the start of national, coordinated and strategic action to securely position the NP role in the Australian health care system. Initially, some action is required to ensure the principles are adopted and as that occurs, there is a role for some more strategic and forward looking debate and activity to identify a cohesive and national agenda to move beyond this period of transition.

National Core Competencies for NP

The recent adoption of the NP Core Competency as proposed in the *Nurse Practitioner Standards Report* (Gardner, Carryer et al. 2004) by all nursing and midwifery regulatory authorities in November 2005 will give effect to **Principle 1**. It is however not clear which jurisdictions have adopted the competencies and which are yet to do so. It may be useful to have a public statement of this agreement and anticipated timeline for those jurisdictions that yet to do so and when it can be anticipated that new processes will be in place.

A national approach to the accreditation of NP Masters

Work directed at achievement of **Principle 8** is also underway on a number of fronts including a project commenced in early 2006 by the ANMC to develop nationally agreed standards for accreditation of courses leading to nursing registration, enrolment and recognition by nursing and midwifery regulatory authorities. The current project brief includes NP courses.

The Productivity Commissions Report on Australia's Health Workforce Report (22 December 2005) recognizes that there is currently a fragmented approach by state and territory regulatory authorities to the standards and requirements for accrediting courses leading to registration. To promote consistency, the Productivity Commission proposed a new national accreditation regime.

... the establishment of a consolidated national accreditation regime to integrate the current profession-based system. This would encourage the timely uptake of both 'cross-professional' workplace innovations emerging from the proposed workforce improvement agency, and promote multidisciplinary and interdisciplinary learning. It would also facilitate the development of uniform national registration standards for health professionals (p xxiv).

A likely outcome of such a regime might include that:

- Similar standards in relation to process and procedural fairness might apply to all health professions,
- The basis and rationale underpinning variations in standards will be examined and evidence based standards will be applied to all courses leading to registration for each health profession. For example there will be one set of standards uniformly applied across Australia to the practical component of courses leading to nursing registration.

Given the significance of the recommendations of the Productivity Commission's Report, COAG has asked Senior Officials to undertake further work on the recommendations and related issues and report to it in mid-2006. This work will include, but not be limited to, the number and distribution of training places, the organisation of clinical education and training, and accreditation and registration.

A barrier to the national adoption of the NP education and course accreditation standards proposed by Gardner et al by nursing and midwifery regulatory authorities is that in one state (SA) the nursing and midwifery regulatory authority does not accredit NP courses, as it is not considered to be within their legislative provisions. This may be addressed by the ANMC considering a process to rewording of the relevant recommendation in the report and enable the recommendation to be

endorsed nationally. In addition the SA Nurses Act is being reviewed and this may be another opportunity for change.

Mutual recognition and NP

Considerable barriers exist for NP seeking endorsement under MR. Whilst some occupations organisations have already undertaken work to establish which occupations in each participating jurisdiction are equivalent, this work has not yet occurred nationally with respect to nursing and midwifery categories, especially where endorsements to registration categories are used, such as with NP. This work should be coordinated and include the implications of differences in registration categories with respect to nursing and midwifery. A recent roundtable held by the N³ET to discuss directions for national action arising from the mapping of nursing and midwifery Legislation and regulation endorsed this work being done so that nationally consistent processes and policies.

Data about regulatory decisions

Evidence based policy is required to support national consistency and quality in regulatory decisions about NP authorisations. In particular **Principles 7 and 8** require an investment in identifying and defining, as well as collecting and analysing, the information required to build an evidence base around the regulation of this professional group. Ideally this work would be managed at a national level to ensure that the relationships between, and flow on effects, of decisions can be identified and mapped. Work done by in the education sector *register of precedence* in relation to RPL decisions may be a model for a repository of regulatory decisions. Given the paucity of information and evidence on the effectiveness of regulation of health professionals, NPs provide a unique opportunity to begin developing indicators of effective regulation. This work is of national importance to regulatory authorities and as such should be progressed by a group such as the Australian Nursing and Midwifery Council (ANMC). Accordingly, the matter of nationally consistent regulatory data has formally been raised by N³ET with the ANMC.

The intersection of Midwifery practice and NP practice

As discussed in **Principle 10** the intersection of NP practice and Midwifery is an area where there is considerable tension and a need for clarification and action. Arguably the current situation arose because there was no uniform approach to the regulation and specifically the registration of midwifery or of NP. That is still the case and as there is currently no vehicle for national debate with all of the stakeholders. National debate with inclusive consultation will ensure that a coordinated cross discipline and cross sector response can be developed.

Future directions – streamlining entry to the workforce

The National Health Workforce Strategic Framework (Australian Health Ministers Council 2004) identifies that accelerated entry to the workforce should be included in the repertoire of responses to ensure the workforce is sufficient, skilled and competent (Principle 4). This principle should be considered in relation to NP educational preparation and ways in which this may be approached are discussed below.

Credit arrangements for entry to NP courses

Currently credit arrangements are determined by and managed by the respective education providers. The National Guidelines on Cross Sector Qualification Linkages principles provide guidance to how credit is applied between secondary education, VET and higher education sectors, however they may provide some direction or starting point for higher education providers of nursing courses to collectively consider optimal credit arrangements for entry to NP programs. This work may be best placed with a national group such as the Council of Deans of Nursing and Midwifery.

NP Educational preparation – future models

The development of these principles on Educational pathways for NP has stimulated much discussion by the work group about how the decisions and policies of today affect the future development of the NP role. A considerable focus at present is on how to get greater unity and clarity in the role whilst preserving the necessary local flavour.

To do justice to the opportunity afforded to the nursing and midwifery disciplines in the National Review of Nursing Education and the subsequent National Nursing and Nursing Education Taskforce it is important to also do some more strategic and “green fields” thinking.

Much of the current approach to NP preparation is based on the existing model of postgraduate education. As the current NP courses do not include the clinical time, it is necessary to have course entry requirements of a number of year advanced practice experience. This means that each step on the ladder to NP endorsement is undertaken in sequence and not in parallel. With course NP Masters entry requirements averaging three to five years, the effect can be an interval of up to nine years from initial registration as a nurse to endorsement as an NP (assuming continual employment).

There may be merit in giving some considered thought to what would be an alternative, optimal model for NP preparation and the barriers, opportunities and leavers for a range of enhanced models of NP educational preparation for the future. How this discussion can be progressed in the absence of a national framework is unclear. The leadership of existing national groups such as Council of Deans of Nursing and Midwifery- (ANZ), the Council of Chief Nurses and the ANMC will be important.

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