The National Nursing and Nursing Education Taskforce

NURSE PRACTITIONERS IN AUSTRALIA

November 2005
NURSE PRACTITIONERS IN AUSTRALIA
Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes
NURSE PRACTITIONERS IN AUSTRALIA

National Nursing and Nursing Education Taskforce

The National Nursing & Nursing Education Taskforce (N3ET) was established in November 2003 State, Territory and Australian Government Ministers for Education and Health to implement recommendations of the National Review of Nursing Education – Our Duty of Care report. The Taskforce 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.

Background

As part of the work on Recommendation 5 - National Standards for Nurse Practitioners from the National Review of Nursing Education – Our Duty of Care, the National Nursing and Nursing Education Taskforce has undertaken an exercise to map how Nurse Practitioners have been implemented across Australia to date. Where they are in place, NPs have been enabled to practice in many different ways and as a result are currently practising somewhat differently across the jurisdictions. This mapping exercise therefore, provides an important opportunity to reflect and identify where there are opportunities to achieve national consistency in relation to this important role.

Scope of Nurse Practitioner Mapping

This document provides a summary of the various models of Nurse Practitioner (NP) that has been adopted in each State and Territory. It does not provide a history of the implementation but focuses on the NP model in place at this time with particular reference to Nurse/Midwife Regulatory Authority (NRA) and State/Territory government approval processes in place for NPs. It does not include any local organisation/health service requirements unless a regulated function has been specifically delegated to the health service.

The mapping was undertaking with particular regard to national policies such as:

- National Health Workforce Strategic Framework
- National Competition Principles, and
- Mutual Recognition legislation

It needs to be acknowledged that in jurisdictions where NPs have been established, the journey to implementation was often protracted and problematic. The decisions made about how the NP role was to be introduced needed to take account of the disparate positions, views and opinions of a range of stakeholders, many of who were not nurses.

A number of State and Territories are about to begin their own NP implementations and therefore, it is timely to review collectively what has occurred to date, to look at the areas of where there is some alignment and more importantly, where there are opportunities to achieve greater consistency. N3ET will lead the process of identifying how this work can be achieved.

The information provided in this document has been provide by Chief Nurses and Nurse/Midwife Regulatory Authorities over the period June –Dec 2005 and was verified as correct at that time however it should be noted that the processes, policies and legislation continue to evolve and change.

For more information on this document please contact National Nursing & Nursing Education Taskforce:

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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<tr>
<td>ICN</td>
<td>International Council of Nurses</td>
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<tr>
<td>MP</td>
<td>Midwife Practitioner</td>
</tr>
<tr>
<td>MR</td>
<td>Mutual Recognition (legislation)</td>
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<td>NNO</td>
<td>National Nursing Organisations</td>
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<td>NP</td>
<td>Nurse Practitioner</td>
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<td>NRA</td>
<td>Nurse/Midwife Regulatory Authority</td>
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<td>NSW</td>
<td>New South Wales</td>
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<td>Northern Territory</td>
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<td>TAS</td>
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<tr>
<td>TTMRA</td>
<td>Trans Tasman Mutual Recognition Act</td>
</tr>
<tr>
<td>VIC</td>
<td>Victoria</td>
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<tr>
<td>WA</td>
<td>Western Australia</td>
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**SECTION 1**
OVERVIEW OF STATE/TERRITORY NP AUTHORISATION PROCESSES

In this section, the current model of NP have been briefly described with a particular focus on the authorisation processes in place for registration, employment (positions) and prescribing.

**AUSTRALIAN CAPITAL TERRITORY**

3 NPs authorised by NRA (As of August 05)

- Three NPs are registered with the NRA
- Implementation of role is now progressing with the development of agreed framework.

Overview of NP Authorisation Processes:
The ACT has recently implemented its NP Framework that has three different but inter-related processes of the approval for NPs, namely:

1. Registration of suitable individuals as NPs by the Nurses Board of ACT
2. Approval of NP positions within both public and private Health Service by DoH. (This processes is legislated under both the Health Act and the Health Regulation Act and requires the criteria used by the Chief Executive of ACT to evaluate applications is authorised by the Minister)
3. Approval of clinical guidelines (and associated granting of prescribing rights) by Chief Executive or delegated to Area Health Service Chief Executive.

1. Regulation -NRA Endorsement of NPs:
The Nurse Practitioner Amendment Act 2004 saw significant reform, which resulted in amendments to more than 20 pieces of associated legislation to reflect the role of NP (such as NP input into Mental Health Act, and numerous "public health" acts).

At present there is a legislative provision for “temporary” registration as a Nurse practitioner to be granted by the Board while they work towards meeting the various requirements for full registration. However, the ACT is currently in a transition period as legislative changes are introduced¹.

The Nurses Board of ACT currently has two pathways for those wishing to become registered as NPs in the ACT, that is either as a graduate of NP Masters of Nursing degree course accredited with the ACT board or approved by the NRA of another State/territory, or under MR or TTMRA arrangements (in the case of NPs already recognised in another State/territory or in New Zealand).

ACT NPs will be registered to practice within one of seven broad areas of practice for NPs.

2. Government approval of NP positions:
The process for establishment and approval of NP positions, within both the public and private health sectors, is legislated under the Health Act 1993 and Health Regulations 2004. The Chief

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¹ The Health Professional Act 2004 ACT consolidates the common provisions for the regulation of all health professions into a single piece of legislation. During 2005 the Health Professionals Act 2004 will replace the Nurses Act 1988 and the new Nursing and Midwifery Board will be established. The nursing and midwifery will be regulated under separate schedules (Schedule 3 and 4) of the Health Professionals Regulations.

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Executive of ACT health approves applications for the establishment of NP positions based on formal criteria that have been approved by the Minister and the Legislative Assembly.

ACT Nurse Practitioner Clinical Practice Guideline Standing Committee will be formed to oversee the development of Clinical Guidelines (and associated approval of prescribing rights) by/for NPs. There will be a delegate of the Chief Executive of ACT Health and the Chief Nurse on this Committee as well as professionals from a range of other health disciplines, consumers and NPs.

3. NP Prescribing Rights:
In ACT, the nurse practitioner prescribing model is a combination of Formulary and Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models). A formulary of medications agreed as part of the clinical practice guidelines (by ACT Standing Committee) forms the approval for a NP to prescribe those medications. NPs in the ACT are currently able to prescribe Schedule 4 but not Schedule 8 drugs.

NEW SOUTH WALES

- 62 NP & 2 MP currently authorised by NRA
  (As of July 05)
- 38 NPs in positions of which 15 have approved guidelines (58 guidelines in total).
- 23 are working under "standing orders".
- 23 NRA-authorised NPs are not in positions.
- Additional 19 RNs are in "Transitional NP positions" (in an approved NP position but are not authorised by NRA as a NP).

Overview of Authorisation Processes:
NSW has three different but inter-related processes for the approval for NPs, namely:
1. Authorisation of suitable individuals as NPs (or MP) by the Nurses & Midwives Board, NSW
2. Approval of NP positions within a health service by Area Health Service. (This includes arrangements for transitional NP positions, that is; individuals not yet endorsed by the NRA in approved NP positions), and
3. Approval of guidelines (and associated granting of prescribing rights) by the Area Health Service Chief Executive (or Director General)

These processes are demonstrated in Section 3, Figure 1. The three processes are technically inter-related but functionally they operate independently resulting in Endorsed NPs without approved positions, NP positions without endorsed NPs/MPs in place, Endorsed NP/MP and transitional NPs/MPs without approved guidelines.

1. Regulation -NRA Endorsement of NPs
The Nurses and Midwives Board, NSW now has a separate register for Midwives and legislation now provides for the authorisation of Midwife Practitioners as well as Nurse Practitioners. The Board recognises two pathways to endorsement, Pathway one requires the applicant to have an approved Masters level of educational preparation (and 5000 hours relevant advanced practice experience) whilst pathway two has the same requirement for advanced practice together however

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2 NSW is the only State to specifically identify Midwife Practitioners. Theoretically in other jurisdictions Midwifery would be the area of practice of a NP.
3 Technically each jurisdiction also has a pathway to NP endorsement under Mutual Recognition (and TTMRA) as well as overseas practitioners.

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“equivalency” of education/preparation may be demonstrated through the submission of a package of evidence and via a peer review interview⁴.

The NMRA endorsement process is streamlined resulting in timely decisions about applications and endorsement. There are both broad and specialist areas of practice for NP in NSW and theses are utilised to enable applicants to be assessed for authorisation in their chosen area of practice, however practice as a NP is not restricted to the area. Areas of practice have not been identified for Midwife Practitioners.

2. Government approval of NP positions:
In NSW, approval for a Nurse/Midwife Practitioner position within the public sector must be given by the Area Director of Nursing and Midwifery Services and endorsed by the Area Chief Executive (CE). The initial process for creating a NP position is the same as required for any new position that is, application is made within the Area Health Service. As part of the approval of NP positions, NSW has adopted a process that recognises that an approved NP position may be filled with a nurse not yet endorsed by the NRA as a NP. The transitional incumbents need to obtain NRA authorisation as NP within a specified time or position is re-advertised.

The creation of NP positions within the private sector is a matter for those employers. Currently in NSW, there is a small number of NP working part-time in private sector positions.

NP Prescribing Rights:
In NSW, the nurse practitioner prescribing model is a combination of Formulary and Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models).

A legislated provision for the Director General of Health (or delegate) to approve guidelines that delineate NP practice exists. This provision has been applied (although recently delegated to Area Health Service level) and is linked to a parallel provision in the poisons act that states that the guidelines may also make provision for NP to prescribe. This means that the prescribing authority has become embedded into the process of approving clinical guidelines. NP prescribing rights are limited and require access to a public hospital pharmacy to supply and/or dispense medications as NPs do not have access to the PBS. At present, NP prescribing excludes Schedule 8 drugs/poisons however there are planned changes to legislation to allow nurse practitioners to be able to prescribe schedule 8.

NORTHERN TERRITORY

| 0 NPs authorised by NRA | NP Implementation framework is under development. |
| (As of July 05) | NRA authorisation process has been finalised. |

⁴ This could include applicants who have completed masters degrees but not ones approved for NP authorisation.
QUEENSLAND

No NPs authorised by NRA at present (As of July 05)

- NP Implementation is being progressed by QH Nurse Practitioner Steering Committee who is responsible for developing an implementation framework.

Overview of NP Authorisation Processes:
In Queensland, the implementation of NP role has now begun and the QH Nurse Practitioner Steering Committee is developing an implementation framework for NP. The NP authorisation processes are currently being finalised, however it is likely they will comprise:

- The authorisation of suitable individuals as NPs by the Queensland Nursing Council (QNC)
- The approval of NP positions in public sector by Queensland Health NP Reference Group and
- The approval of Health Management Protocols (including drug therapy protocol under which NPs may prescribe)

1. Regulation -NRA Endorsement of NPs:
The legislative changes are currently being implemented to support the nurse practitioner role in Queensland. At present the current provisions in the Nursing Act 1992 are considered to cover the recognition of NP as “an area of nursing”.

The QNC has determined the criteria for Nurse Practitioner endorsement and published these in the document: Regulation of Nurse Practitioners in Queensland. There will be no “area of practice” identified on the Nurse Practitioner’s licence in Queensland. NPs are expected to be advanced specialist nurses before they apply for authorisation as an NP. The Scope of Practice Framework for Nurses and Midwives (2005) is the guiding document for registered nurses wishing to expand their practice into areas restricted to NPs. As accountable professionals, they are expected to ensure that they have the appropriate education, experience and competence for practice at the level for which they are authorised.

Three pathways have been recognised including Mutual Recognition. Applications from nurses who have successfully completed a QNC approved course of study for NPs are handled differently to those who have not. An Expert panel has been appointed by the QNC to assess applications for authorisation and endorsement of NPs who have not completed a QNC approved masters. It is anticipated that this pathway will not be continued.

2. Government approval of NP positions:
A NP Reference group (Queensland Health) will assess applications for NP positions from service providers. The NP Reference group will also reviewed and approved Health Management Protocols (HMP) that have been developed by local teams (with multidisciplinary input) to guide the NP practice.

3. NP Prescribing Rights:
The nurse prescribing model in place in Queensland for nurse practitioners is a combination of Formulary prescribing and Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models). It is worth noting that currently in Queensland selected nurses with rural and remote health QNC endorsement can prescribe medications according to health management guidelines/protocol. The HMP is also the way in which the prescribing scope of the nurse practitioners is enabled and defined but the range of medications is limited to the Queensland Hospital Standard Drug List.

The Health (Drugs and Poisons) Regulation 1996 has been amended to enable nurse practitioners to prescribe drugs under a Drug Therapy Protocol, including Controlled (Schedule 8) drugs. Amendments have also been made to the Regulation to allow pharmacists to dispense on the basis of a Nurse Practitioner’s prescription and for authorised persons such as registered and enrolled nurses to administer on a written or verbal order from a Nurse Practitioner.
SOUTH AUSTRALIA

- 11 NP authorised by NBSA (as of Sep 05)

11 NPs are currently authorised in SA.

Three applications are currently being processed.

Overview of NP Authorisation Processes:
In South Australia, the NP authorisation processes are:
- The endorsement of suitable individuals as NPs by the Nurses Board of SA
- Granting of Clinical Privileges by DHS (if required)
- Exemption to Radiation regulations by DHS (if required)

1. Regulation - NRA Endorsement of NPs
In South Australia, the Board authorises NP to practice. The endorsement process is streamlined resulting in timely decisions about applications and endorsement. The NP applicant defines their individual scope of practice to the Board and are then authorised to practice in one of five bands and an Area of Practice (specialisation) under which they applied (transferable across and within employment). The implementation of Nurse Practitioners in SA was achieved without legislative amendment.

The NRA recognises postgraduate qualifications (AQF level not specified) as the minimum education requirements for NPs to practice in SA. The postgraduate qualification must include pharmacotherapies and differential diagnosis and an appropriate course/program in diagnostic investigation/s is also generally required. In SA, the Nurses Board of South Australia does not accredit courses leading to recognition as Nurse Practitioner.

An individual formulary is developed by NP as part of their application to the Nurses Board of South Australia and is linked to examples of how the NP might use the medications in practice. The Formulary is approved for the individual NP and is (eventually) listed on the reverse of the “practising certificate”. Supplying and prescribing are managed as separate processes and the authorisations to either supply, prescribe or both are identified on the NP license.

2. Government approval of NP positions:
Within South Australia, determination for developing and implementing the NP role is the responsibility of the Regional Health Services in line with service and community needs. There is no centralised process of authorising NP positions by government. Guidance has been provided in the form of implementation guides for health services seeking a service that includes NP roles.

3. NP Prescribing Rights:
The nurse prescribing model in place in South Australia for nurse practitioners is Formulary prescribing. (Refer to Appendix 3 for details of nurse prescribing models). Each nurse practitioner develops their individual formulary and submits to a local Prescribing Formulary Approval Committee. Once approved, the NP sends the formally approval to the Nurses Board of South Australia who certifies their registration as able to prescribe.

The SA Department of Health has endorsed a Framework for Nurse Practitioners to gain Approved Prescribing Formulary and/or Licence to Supply Medication Authorisation (Department of Health SA) and the Department of Health authorises local Drug Advisory Committees to endorse Nurse Practitioner Prescribing Formularies. Legislation to permit pharmacists to dispense a NP prescription is currently before State Parliament. (Sept 05)

A separate process is in place for requests by NP to supply medications.
TASMANIA

- Preliminary scoping of the NP role undertaken.
- Examination of options for legislation and regulation completed.
- The areas for focus (Rural health, Women’s and Children’s Health, Mental Health and Diabetes identified.

VICTORIA

- 4 NP candidates (3 Women’s Health & 1 Emergency) have just commenced their applications with NBV.
- Four (Palliative Care) candidates are approaching final “approval” step (ie: List of Drugs via PAC).
- DHS is supporting 13 Emergency Candidates (metropolitan areas) - projects in progress, 2 applications made to board and 5 rural ED candidates are just

Overview of NP Authorisation Processes:
In Victoria, the NP authorisation processes are:
- The endorsement of suitable individuals as NPs by the Nurses Board of Victoria, and
- Approval of a list of drugs for a given category of NP practice under the Drugs, Poisons and Controlled Substances legislation and regulations.

In Victoria, five extensions to practice have been identified that define NP practice and a NP must practice at least two areas of extension, one of which must be prescribing.5

1. Regulation -NRA Endorsement of NPs
In Victoria NPs are endorsed by the NRA to practice in an approved category. The NBV does not use predetermined practice groupings, bands or specified areas of practice recognised by the board. To date, the NP categories recognised by the NBV have been defined by current endorsed NPs who proposed their own categories of practice. The NRA requirements and processes in Victoria are broad, complex and intensive. Subsequently there is a very long lead-time to endorsement for candidates of one year or more. There are two steps in the overall process that are “rate limiting” and that is the complex NRA processes (and drug approval by Government) and requirement to have clinical guidelines developed by applicant as part of the application.

The use of clinical guidelines in the endorsement process (as distinct from the medication list) has become central to the Victorian regulatory model. The legislation makes provision for clinical guidelines to be reviewed by the board. That provision has been interpreted to require a guideline for all areas where an “extension” to practice is involved. In the case of prescribing that can mean many separate guidelines are needed to address a range of client groups. Guidelines must be developed by the nurse seeking endorsement as an NP and are then reviewed and approved by the NRA as part of the endorsement process.

2. Government approval of NP positions:
Although there are no specific requirements by Government in relation to the establishment of NP positions by health care providers, meeting the NRA requirement for the development and approval of clinical guidelines requires considerable resources, time and expertise. Without significant support from employers this is difficult for individual NP candidates.

NP Prescribing Rights:
The nurse prescribing model in Victoria for NP is a combination of Formulary prescribing and Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models).

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5 The extensions to practice recognised in Victoria are limited prescribing, initiation of diagnostics, referral to medical specialists, admitting and discharging privileges and approval of absence of work certificates.
The approval of the drug list (formulary) for a category of NPs is overseen by Pharmacy Advisory Committee (PAC), a statutory committee under the Drugs, Poisons and Controlled Substances Act. A recommendation is then made for the list of drugs for that NP category to be approved and added to the Drugs, Poisons and Controlled Substances regulations as a schedule. This process confers prescribing rights to endorsed NPs in that category to only prescribe drugs from the schedule. In addition to Schedule 2, 3 and 4 drugs, NPs are able to prescribe Schedule 8 if they are included in the list of drugs approved for the category in which the NP is endorsed. The process of adding additional drugs to an existing category’ approved list of medications requires a similar path through the PAC as for initial approval of the formulary.

The NRAs requirement to evaluate clinical guidelines including medication protocols means that there is protocol prescribing in the Victoria NP prescribing model. This is currently under review.

WESTERN AUSTRALIA

23 NRA registered NPs
(Ass of July 05)

- 25 Designated NP areas
- 10 NPs in designated areas with guidelines approved

Overview of NP Authorisation Processes:
In WA, the NP authorisation processes are:
- The registration of suitable individuals as NPs by the Nurses Board of WA, and
- The approval of an area, service or population as “Designated” by the Director General WA Health for the purpose of recruiting NPs
- Approval of Clinical Protocols (including medications) by WA Health Clinical Protocol Committee convened by CNO.

In WA, there is an approach to conceptualising NP as advanced nurses with more generic set of skills for whom an area of specialisation may evolve over time/service demands. The NP practice is not therefore constrained by a defined/registrable area of specialisation.

1. Regulation -NRA Endorsement of NPs
The process of registering as a NP in WA is streamlined and can be "over the counter" in the case of those graduating from courses accredited by the NRA. Two pathways are recognised - those seeking registration as NP under Mutual Recognition and those that have successfully completed a course recognised by the NRA.

Although the Board has approved one postgraduate Diploma and two masters programs to date, postgraduate diplomas have been recognised by the Board as the minimum requirements to be registered as a NP in WA and entry criteria for the course stipulated that students had demonstrated competence at advanced practice to enter the program. For those individuals who have previously completed postgraduate specialty courses in a nursing or related area such as Masters of Rural and remote health, the post graduate Diploma in Clinical Specialisation (Nurse Practitioner is required.

The NRA does not register NP in bands or practice areas.

2. Government approval of NP positions:
The process of Designated areas has been established to ensure that a strategic plan exists within a health service to implement and sustain NP services. A comprehensive service planning template has been developed to assist health services in their application. A WA Health - Clinical Protocol Committee (consisting of the CMO CNO and Executive Director of Population Health etc) approve the clinical protocols that are developed for NPs.

3. NP Prescribing Rights:
The nurse prescribing model in place in Western Australia for nurse practitioners is Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models).

Under the WA Poisons Regulations, the Director General can approve guidelines for the prescribing of medications by NPs. The approval of the NPs clinical protocols (which include the drug formulary and investigation schedule) is done by a WA Health committee convened by the CNO. The process for developing guidelines is mandated by WA Health. NPs in WA are not able to prescribe Schedule 8 drugs. The medication prescribing process applies to both public and private sector.
SECTION 2

BENCHMARKING OF NRA & GOVERNMENT NP POLICIES, PROCEDURES AND PRACTICES ACROSS AUSTRALIA

The following section provides a comparison of key steps/processes related to NP as they have been implemented in each state and territory, including:

- Definition of NP
- Length of time taken to be endorsed
- Period of NP endorsement
- NRA fees for NP endorsement
- NP areas of practice recognised by NRAs
- Minimal Educational requirements for endorsement
- Criteria for endorsement
- NRA Requirements for Professional indemnity
- Use of Clinical Guidelines, and
- Prescribing Models
What definition of a NP is used in each State and territory?

**Key Considerations:**

- There is considerable confusion both within nursing and midwifery as well as the public and other health professionals as to the role of Nurse Practitioners. In particular titles (and thus understanding of roles) of Practice Nurse and Nurse Practitioner continue to be mistaken.
- The development of the NP role by states/territories under different models has also contributed to confusion about the NP role.
- The use of a consistent, clear definition of a Nurse Practitioner that reflects contemporary Australian practice would be helpful in reducing confusion. At present however across key organisations there is a range of definitions used, including in some cases multiple definitions by the one stakeholder. (Table 1)
- Whilst there is a move by some NRAs to adopt the definition of a NP developed by Gardner et al, to date not all NRAs have agreed to this.

A full listing of the definitions used can be found in Appendix1.

**Table 1 – Definitions of NP used by State/Territory Nurse Regulatory Authorities and Government**

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Definition of NP used by NRA*</th>
<th>Definition of NP used by Government*</th>
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</table>
|                 |                  | 2. DoH NSW  
| SA              | NSBA (date) from SA NP Project (1999) | NSBA (date) from SA NP Project (1999) |
| WA              | 1. NNO (2000)  

* as evidenced by current website/policy documents
How long does "endorsement" by a NRA as NP take?

**Key Considerations:**

- NP are one example of an advanced practice nurse. It takes some time (years) from beginner entry to practice for a nurse to be prepared to practice as an NP.
- The key steps in the progression to entry to practice as an NP are:
  1. Completion of undergraduate nursing preparation and registration as RN (entry to nursing practice)
  2. Post registration practice progressing to experience at advance practice level
  3. Attainment of required postgraduate educational qualification
  4. Expression of interest in NP role and NRA requirements (in some jurisdictions)
  5. Preparation of application for recognition as NP
  6. Lodging of Application and consideration of application by Board.

<table>
<thead>
<tr>
<th>Step</th>
<th>Est. time</th>
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<tbody>
<tr>
<td>1. Undergraduate nursing preparation and registration as RN</td>
<td>3 years</td>
</tr>
<tr>
<td>2. Post registration practice progressing to advanced practice level</td>
<td>Years (2-5 or longer)</td>
</tr>
<tr>
<td>3. Attainment of required postgraduate educational qualification</td>
<td>2-3 years</td>
</tr>
<tr>
<td>4. Expression of interest in NP role requirements</td>
<td>Weeks</td>
</tr>
<tr>
<td>5. Preparation of application for recognition as NP</td>
<td>Months – years</td>
</tr>
<tr>
<td>6. Lodging of application and consideration of application by Board</td>
<td>Days to 1 year or more</td>
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**Note:**

- Steps 2 & 3 can occur in parallel
- Requirement in Victoria to have clinical guidelines developed before endorsement proceeds means this extends this step 5 (and entire lead time to endorsement) for Victorian applicants by one year or more.

- In terms of post registration experience there are differences in requirements between jurisdictions. In some cases the number of hours or years experience in a specialty area at "advanced" practice level is specified by NRAs and entry to some Nurse Practitioner education programs may specify minimum post registration experience.

- A lack of clarity about the NP role within the nursing and midwifery professions means that individuals may seek to be recognised as a NP who, on face value, do not have the appropriate, skills, knowledge or preparation to meet the registration requirements. In a number of state/territories an informal "expression of interest" process has been developed that provides aspiring NPs with clear guidance about the role and the requirements for authorisation.

- Once an individual decides they wish to proceed with an application to be recognised as an NP, the application processes employed by NRAs should, in keeping with competition policy principles, be fair, clear and transparent and enable appropriately "qualified" registrants to be endorsed to practice in a timely manner.

- Lengthy processes for assessing applications for registration (including endorsement and restricted practice) may not meet the test of procedural fairness. Further, registration processes that are complex and protracted may act as a disincentive for both individuals seeking endorsement as well as for organisations supporting individuals to gain endorsement.

- At present, the period of time from lodging an application with a NRA to a Board decision to endorse (or not) ranges from a couple of months in most states/territories to a year or more. In some cases this period of time is specified within legislation (NT, NSW). Table 2 shows the estimated time taken in each jurisdiction.
### Table 2 – Comparison of Lead time for NRAs to process NP applications by State and Territory

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Estimated Time Interval</th>
<th>Comments</th>
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<tr>
<td>ACT</td>
<td>Minimum 6 weeks</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>2-3 months</td>
<td>&quot;As soon as practicable... Board must consider the application&quot; (S21 Nurses and Midwives Act 1991)</td>
</tr>
<tr>
<td>NT</td>
<td>Within 3 months</td>
<td>Determination must be made within 3 months under S27 Health Practitioners Act 2004 NT</td>
</tr>
<tr>
<td>QLD</td>
<td>No longer than 3 months</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>Up to 6 months</td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Minimum 26 weeks and up to 1 year or longer has occurred to date</td>
<td>Following Board decision, if a new NP category, Board forwards list of medications to DHS for Pharmacy Advisory Committee (PAC) – a statutory committee to approve compliance with process, then to Governor in Council to include category &amp; list of medications in the “drugs” Regulations which adds to the lead time to practice. NRA processes have been shorter with current applicants (20 weeks) however Victorian requirement to have clinical guidelines developed before applying for endorsement accentuates the lead time significantly compared to other States/Territories</td>
</tr>
<tr>
<td>WA</td>
<td>&quot;Over the counter&quot; if appropriate documentation provided</td>
<td>If graduate of NRA approved NP course.</td>
</tr>
</tbody>
</table>

**Assumptions:**
- All documentation is complete and correct
- Application goes to next scheduled Board and/or "NP committee meetings" for consideration
- Outcome is straightforward (ie not subject to appeal)
What are the NRA fees for endorsement as an NP?

Key Considerations:

- Fees set by NRAs to process applications from potential NPs vary considerably across jurisdictions ranging from $44 - $180. In some cases an additional fee is incurred for the re-issue of a "licence" with the new registration details.
- At present, NRA processes to assess potential applicants are being established and the numbers of applicants are small and these factors may be reflected in the range of fees currently being set.
- Fees paid by NPs under Mutual Recognition and other "streamlined" pathways will be subsidising applicants being considered in pathways that have lengthier and "NRA resource intensive" requirements such as multiple interviews and the like.
- Fees for initial processing and endorsement may be different to that set for re-endorsement.

Table 3 –Comparison of NRAs fees for processing NP applications by State and Territory

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>NRA NP Application Processing Fees</th>
<th>Fee for Re-issue of certificate/practising with NP endorsement/Authorisation</th>
<th>Total NRA Fees</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>$80.00</td>
<td></td>
<td>$80.00</td>
<td>NP fee includes assessment of application and issuing of new certificate and practicing card. All practicing cards in the ACT are valid until 31 March each year</td>
</tr>
<tr>
<td>NT</td>
<td>TBD</td>
<td></td>
<td></td>
<td>Fee yet to be set by Minister.</td>
</tr>
<tr>
<td>NSW</td>
<td>$150.00</td>
<td>$0</td>
<td>$150.00</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>$44.00</td>
<td></td>
<td>$44.00</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>$100.00</td>
<td>$35.00</td>
<td>$135.00</td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>$180.00</td>
<td>$60.00</td>
<td>$180.00</td>
<td>Administration fee for re-issue of certificate with NP endorsement may be payable</td>
</tr>
<tr>
<td>WA</td>
<td>$140.00</td>
<td></td>
<td>$140.00</td>
<td></td>
</tr>
</tbody>
</table>
How long is the NP period of "endorsement" set by each NRA?

Key Considerations:

- The terminology by NRA used to refer to recognition of NPs varies across Australia and reflects the legislation and register construction in the jurisdiction. The process is variously referred to as endorsed, authorised or registered. (See Table 4 below)
- The period of time that the NP endorsement covers vary from 1 year and up 5 years and in one case is not specified.
- In many cases the processes for re-endorsement processes are not yet determined or agreed.
- It is unclear how the approaches to both length of endorsement and processes for re-endorsement relate or compare to other comparable registration

Period of renewal of underlying registration, processes for assessing competency etc are clear however there are already differences in how re-endorsement is being managed

### Table 4 –Comparison of period of ‘NP endorsement’ by NRAs by State and Territory

<table>
<thead>
<tr>
<th>NRA Terminology</th>
<th>Period of NP authorisation/endorsement</th>
<th>Renewal of Registration (as RN)</th>
<th>Declarations of Ongoing Competency/Recency</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>&quot;Registered&quot; as NP</td>
<td>Annual</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>NSW</td>
<td>&quot;Authorised&quot; as NP</td>
<td>5 years</td>
<td>Annual</td>
<td>S19A(3) Authorisation cannot exceed 5 years</td>
</tr>
<tr>
<td>NT</td>
<td>&quot;Authorised&quot; as NP</td>
<td>Annual</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>&quot;Authorised&quot; as NP</td>
<td>TBD</td>
<td>Annual</td>
<td></td>
</tr>
<tr>
<td>SA</td>
<td>&quot;Authorised&quot; as NP</td>
<td>Not Specified</td>
<td>Annual</td>
<td>Needs to review if change in employment as scope of practice/band may need to be reviewed.</td>
</tr>
<tr>
<td>TAS</td>
<td>TBD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>&quot;Endorsed&quot; as NP</td>
<td>3 years</td>
<td>Annual</td>
<td>The endorsement of the registration of the nurse or nurse practitioner continues in force for the period that the registration is in force. S8B (7) S13 1B (1B) If an application for renewal relates to a registration that is endorsed under section 8B, the applicant may include an application to have the endorsement of registration renewed for the period of registration. Re-endorsement process being finalised by Board</td>
</tr>
<tr>
<td>WA</td>
<td>&quot;Registered&quot; as NP</td>
<td>Annual</td>
<td>Annual or three years</td>
<td>3 years</td>
</tr>
</tbody>
</table>

**Assumptions:**
No other conditions have been placed on registration relating to time.
How does each NRA recognise practice areas for NPs?

Key Considerations:

- Not all NRAs recognise defined practice areas for Nurse Practitioners in the registration process. Table 5 contains the information on how each State/territory manages this process.
- Where "practice areas" are defined they generally reflect the ICN specialisation bands published in 1992 or those used by Russell et al.
- The NRAs that define practice areas, do so for different reasons. In some cases the NRA and/or legislation stipulates that the NP may only practice within the defined area and must reapply if they are changing their clinical focus of practice. In one jurisdiction, the practice area is only defined for the purpose of the initial assessment of the NP application by the NRA and does not imply a restriction to work only in that area.
- A number of jurisdictions have adopted an alternative approach that recognises that NP have a very broad and even generic set of skills and do not define a practice area for the purpose of registration of the individual. The application of a "decision making framework" in terms of scope of practice is consistent with this approach.
- How issues of scope of practice arising from the different NRA approaches to this issue will be reconciled under mutual recognition (NPs moving to another State/territory) is unclear.

<table>
<thead>
<tr>
<th>Practice areas recognised by NRA</th>
<th>Areas</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Areas of Practice Seven (7)</td>
<td>- High Dependency - Women and Children's Health - Mental Health - Community Health - Primary Health Care - Surgical Medical - Rehabilitation Habilitation</td>
<td>- NPs will be registered to practice within one of the areas of practice. NP Applications must state the area of practice being sought. If a nurse wishes to practice in a different area they must re-apply to the board. - Advice on the various specialties that each area of practice may include is provided by NRA in documentation.</td>
</tr>
<tr>
<td>NSW Areas of Practice Six (6)</td>
<td>- Maternal Child Health Nursing - High Dependency Nursing - Mental Health Nursing - Rehabilitation Habilitation Nursing - Medical Surgical Nursing - Community Health Primary Care Nursing</td>
<td>- Areas of Practice relate to NP only and excludes Midwife Practitioners - Six broad areas of practice including specialty areas are recognised by the Board for the purpose of assessment of NPs. Applicants nominate the broad area of practice and their specialty area eg. Broad areas of practice - High Dependency Nursing; Specialty area - Emergency Nursing. - Although legislation provides for the Board to recognise areas of practice [S10 (h) Functions of the board .. to recognise, if the board considers it appropriate, areas of practice as a nurse practitioner or midwife practitioner&quot;], the Boards advice is that these areas are not applicable to an individual nurse practitioner or midwife practitioner's registration or authorisation</td>
</tr>
<tr>
<td>NT Practice Areas Seven (7)</td>
<td>- Rehabilitation Habilitation - Mental Health - High Dependency - Community health Primary Health Care - Women's and Children's Health - Medical Surgical</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>Area of Practice</td>
<td>Bands</td>
</tr>
<tr>
<td>-------</td>
<td>------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Qld</td>
<td>No areas of practice. NPs will be able to move between broad categories and be guided by the Scope of Practice Framework for Nurses and Midwives (2005)</td>
<td>Five (5)</td>
</tr>
<tr>
<td>SA</td>
<td>Bands</td>
<td>Five (5)</td>
</tr>
<tr>
<td>Vic</td>
<td>No grouping pre-defined. Category is as defined/described by NP in their application.</td>
<td></td>
</tr>
<tr>
<td>Tas</td>
<td>To be Determined</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>Designated Area</td>
<td></td>
</tr>
</tbody>
</table>

NURSE PRACTITIONERS IN AUSTRALIA
Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes

Page 21
What are the minimum educational requirements for NP endorsement set by each NRA?

Key Considerations:

- Entry qualifications seek to ensure that practitioners possess the minimum acceptable levels of competence and as such act to protect consumers from individuals who do not provide service of an acceptable quality. However, ‘any requirement for minimum entry qualifications sets a barrier to entry to a profession’ and must “be based on notions of acceptable risk” and “involve a notional trade off between providing protection against adverse outcomes and promoting access to the service” (Deighton-Smith 2001).

- Minimum educational qualifications for endorsement/recognition by NRAs as a NP vary (refer Table 6). Currently the following requirements exist for endorsement as a NP within Australia:
  - Graduate Diploma
  - Graduate Diploma and +/- Pharmacology unit from Master level course, and
  - Masters Degree
  - In some cases there are provisions to allow nurses who have carried out functions similar to that of a nurse practitioner to be registered/authorised as a NP without having completed the approved educational qualification if they can satisfy the NRA that they have the required level of knowledge and practical expertise to carry out the functions of a nurse practitioner.

- Educational Pathways for Nurse Practitioners currently in place are the focus of work being undertaken by a working group established by N3ET to progress work on Recommendation 12 of National Review of Nursing Education, Our Duty Of Care (2002).

- NPs may seek to be recognised under Mutual Recognition (MR) arrangements (including Trans Tasman Mutual Recognition Act). As MR is based on the principle of equivalent occupation rather than qualification, a pathway exists for recognition of NPs who do not have the qualifications required for “domestic” NPs.

Table 6 –Comparison of NRAs minimum educational requirements for recognition as NP by State and Territory (excludes MR arrangements)

<table>
<thead>
<tr>
<th>State</th>
<th>Main pathway</th>
<th>Alternate Pathway</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>&quot;Nurse Practitioner Masters of Nursing&quot;</td>
<td>(2) Equivalency-package of evidence including CV + case study + undergo Peer Review interview.</td>
<td>NP Masters of Nursing degree course accredited with the ACT board or approved by the NRA of another State/territory</td>
</tr>
<tr>
<td>NSW</td>
<td>(1) Approved Masters approved by NMB</td>
<td>(2) Equivalency- package of evidence including CV + evidence + interview.</td>
<td>Currently 4 masters courses approved by NRA</td>
</tr>
<tr>
<td>NT</td>
<td>(1) Masters (Clinically focussed)</td>
<td>(2) Equivalency- 3 years advanced practice (occurred within past 5 years) Portfolio - CV + evidence + Interview.</td>
<td>Masters needs to be accredited by one of NRAs in Australia. Access via Pathway 2 will be timelimited</td>
</tr>
<tr>
<td>QLD</td>
<td>(1) Clinical Masters Degree for Nurse Practitioners accredited by QNC</td>
<td>(2) Masters Degree in Nursing or equivalent Masters degree in a related discipline &amp;d equivalent experience/education (Transitional arrangements)</td>
<td>Re (1) Clinical Masters program is one accredited by QNC in which the graduate outcomes are linked to NP Competency Standards</td>
</tr>
<tr>
<td>SA</td>
<td>• Postgraduate qualification in pharmacotherapies.</td>
<td></td>
<td>All but one of current SA NPs have got a Masters qualification.</td>
</tr>
<tr>
<td>TAS</td>
<td>Government is recommending Masters. Clinical Masters with additional units until course available</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VIC | NBV approved Masters | Clinically based Masters Degrees maybe considered for endorsement, however a therapeutic medication management module course (at Masters level) may need to be undertaken to meet the requirements for endorsement.

WA | Postgraduate Diploma in Clinical Specialisation (NP) | The Savings and Transitional Clause allowed a nurse who worked in a designated remote area nursing post within 3 years prior to the 9 April 2003, to apply for registration as a NP without holding a formal qualification. This pathway is no longer available.

The details of the current pathways for nurse practitioners have been mapped in the following diagram (Figure 1a) and pathways for midwives in relation to NP processes are in Figure 1b).
Registration as RN

Bachelor Nursing

Registration as RN

Post Graduate Diploma in area of specialisation

Clinically Based Masters (Nursing)

Clinically based Masters (non Nursing)

Masters of Nursing (Nurse Practitioner) however titled

Mutual Recognition:

Under Mutual Recognition legislation, all State/territory NMRA are obliged to recognise NPs who are authorised to practice as an NP in another State/territory. Similar provisions cover Trans Tasman Mutual Recognition Act. The basis of MR is equivalent occupation not qualification.

Equivalency:

The term “equivalency” can have different meanings, however in general it appears to be used to indicate a pathway to seek endorsement where the applicant does not have the education requirements required for the primary or preferred pathway. For example, the multiple pathways in NSW reflect the options for nurses seeking endorsement under Pathway 2 (NSW).

Compilation of Minimum Educational Requirements and Registration Requirements for Nurse Practitioner (NP) Authorization by NMRA

Masters of Nursing Science (Nurse Practitioner), University of South Australia, SA

Masters of Nursing Science (Nurse Practitioner), Flinders University, SA

Masters of Nursing Science (Nurse Practitioner), LaTrobe University, VIC

Currently, the following courses are accredited by NMRA as leading to authorisation as NP:

- Masters of Advanced Practice in Nursing (High Dependency) Avondale College, NSW
- Masters of Advanced Nursing Practice (Rural & Remote) University of Southern Queensland, Qld
- Masters of Nursing (Nurse Practitioner) University of Newcastle, NSW
- Masters of Nursing (Mental Health- Nurse Practitioner), University of Western Sydney, NSW
- Masters of Nursing Science (Nurse Practitioner), University of South Australia, SA
- Masters of Nursing (Nurse Practitioner) Flinders University, SA
- Masters of Nursing (Nurse Practitioner) LaTrobe University, VIC

However, NMRA in a given State/territory may only recognise some of the courses listed above.

Clinically Based Masters (Nursing)

Clinically Based Masters (non nursing/related discipline)

Masters of Primary Health Care

Masters of Public Health

Course Entry Requirements

There may be specific requirements, including educational qualifications, to be eligible to enter postgraduate courses eg postgraduate course completed to enter masters programs.

As of Dec 2005

CURRENT PATHWAYS TO NURSE PRACTITIONER (EDUCATIONAL REQUIREMENTS)

LEGEND:

- ACT
- NSW
- NT
- QLD
- SA
- VIC
- WA
- ALL States/Territories (excl Tas)

Note: Tasmania have not yet determined NP pathway(s)
Current Pathways for Midwives as Nurse/Midwife Practitioner (educational requirements)

**LEGEND:**
- ACT
- NSW
- NT
- QLD
- SA
- VIC
- WA
- ALL States/Territories (excl Tas)

Note: Tasmania have not yet determined NP pathway(s)

In WA, DEM are registered in under MR in Division 1 with a Restriction to practice Midwifery. However, as they are registered as Midwives in the Nurses register they cannot meet the criteria for Nurse Practitioner status.

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FOR INFORMATION ABOUT MASTERS OF NURSING (NURSE PRACTITIONER – REFER TO CURRENT PATHWAYS TO NURSE PRACTITIONER MAP.}

**Course Entry Requirements**

There may be specific requirements, including educational qualifications, to be eligible to enter postgraduate courses eg postgraduate course completed to enter masters programs.

**Mutual Recognition (MR)**

Under Mutual Recognition legislation, all State/territory NMRA are obliged to recognise NPs who are authorised to practice as an NP in another State/territory. Similar provisions cover (Trans Tasman Mutual Recognition Act). The basis of MR is equivalent occupation not the qualification.

**Equivalency:**

The term “equivalency” can have different meanings, however in general it appears to be used to indicate a pathway to seek endorsement where the applicant does not have the education requirements required for the primary pre-requisites pathway. For example, the multiple pathways in NSW reflect the options for nurses seeking endorsement under Pathway 2 (NSW).
What criteria, competency standards or statements are used by NRAs in the assessment of RNs for endorsement as a NP?

Key Considerations:

- Different criteria are used to assess RNs for endorsement as NP within Australia.
- Since their release in 2004, there has been a move to use the ANMC NP Core Competency Standards for Nurse Practitioners in some jurisdictions.

Table 7 –Comparison of criteria, competency standards or statements are used by NRAs to assess applicants by State and Territory

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Assessment based on:</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>&quot;Competency Standards for NP in the ACT&quot; incorporating 3 NP Competency Standards &amp; 9 Competency Units</td>
<td>Adopted from ANMC NP Competency Standards</td>
</tr>
<tr>
<td>NSW</td>
<td>5 clusters of NP Assessment criteria</td>
<td>Advanced practice component assessed by 5000 Advanced practice hours in past six years</td>
</tr>
<tr>
<td>NT</td>
<td>3 NP Competency Standards &amp; 9 Competency Units</td>
<td>Adopted from ANMC NP competency Standards</td>
</tr>
<tr>
<td>QLD</td>
<td>3 NP Competency Standards &amp; 9 Competency Units</td>
<td>Adopted from ANMC NP competency Standards</td>
</tr>
<tr>
<td>SA</td>
<td>&quot;10 Professional Standards for NP Practice&quot;</td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td>To be determined</td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>6 Criteria for NP Endorsement</td>
<td>Assessment based on Competency Standards for NP (Nursing Council of New Zealand). Currently changing to use ANMC NP Competencies</td>
</tr>
<tr>
<td>WA</td>
<td>Nurses Board of Western Australia Competency Standards for Nurse Practitioners.</td>
<td></td>
</tr>
</tbody>
</table>
What are the NRA requirements for Professional Indemnity for NPs?

Key Considerations:

- In a few cases requirements for Professional Indemnity are specified in legislation.
- There are differences in whether or not NRAs assess Professional Indemnity cover as part of the registration/endorsement process.
- Where Professional Indemnity is required for an NP application and as part of the endorsement process, there are differences in the evidentiary requirements.

Table 8 –Comparison of NRA requirements for Professional Indemnity for NPs by State and Territory

<table>
<thead>
<tr>
<th>NRA Requirement?</th>
<th>Process/Evidentiary Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>No</td>
</tr>
<tr>
<td>NSW</td>
<td>No</td>
</tr>
<tr>
<td>NT</td>
<td>Yes</td>
</tr>
<tr>
<td>QLD</td>
<td>Yes</td>
</tr>
<tr>
<td>SA</td>
<td>Yes</td>
</tr>
<tr>
<td>TAS</td>
<td>TBD</td>
</tr>
<tr>
<td>VIC</td>
<td>Yes</td>
</tr>
<tr>
<td>WA</td>
<td>No</td>
</tr>
</tbody>
</table>
Are clinical guidelines mandated in NRA or Government NP approval processes?

Key Considerations:

- Clinical Guidelines (also called clinical protocols and health management protocols) are used to describe, define and demarcate NP practice in a number of jurisdictions.
- In a few cases there are legislative provisions for use of guidelines relating to NP practice.
- There are differences in the way "guideline" has been interpreted and thus in the level of detail included and the expectations about application/use/compliance with guidelines.
- The use of clinical guidelines for NP practice often incorporates prescribing authorisation and scope and as such is often detailed and involves a great deal of oversight/monitoring.
- Only one NRA mandates that the endorsement process includes the acceptance of clinical guidelines for the NP by the NRA.
- The process of developing clinical guidelines is generally managed at the level of NP employment/health service provider. The processes for developing the guidelines are frequently well defined and include the involvement and agreement of a range of non-nursing professionals.
- The process of endorsing/approving guidelines is generally at the intermediate (area/regional health service level) or the central/government level.
- There is no agreed national standard for developing, adapting, adopting or reviewing guidelines about NP practice and whilst many guidelines already exist there is no consensus about using existing guidelines that would be applicable for all health practitioners rather than developing NP specific ones.
- There is evidence that processes for implementing NP roles and the associated use of guidelines have been developed specifically for NP and are not necessarily applied to other members of the health team.

Table 9 –Comparison of requirements for Clinical Guidelines (excludes prescribing) for NPs by State and Territory

<table>
<thead>
<tr>
<th>State/ Territory</th>
<th>Type of document</th>
<th>Board/ Reg requirement</th>
<th>Gov Approval Process</th>
<th>Comments including level of authorisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Clinical Practice Guidelines</td>
<td>NO</td>
<td>YES</td>
<td>The service plan for NP position must include &quot;a plan for the development of clinical practice guidelines and medication formulary for the position&quot;</td>
</tr>
<tr>
<td>NSW</td>
<td>Clinical Practice Guidelines (CPGs)</td>
<td>NO</td>
<td>YES</td>
<td>CPG are required by law to guide the N/M/P practice. Guideline Approval delegated by DG to CE of each AHS. Must also have approval of guidelines from Area Directors of Clinical Operations and, Nursing &amp; midwifery Services</td>
</tr>
<tr>
<td>NT</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>Health Management Protocol</td>
<td>NO</td>
<td>YES</td>
<td>Legislation states NP can prescribe according to a Drug Therapy Protocol. NP Drug Therapy Protocol states NP can prescribe any drug from the Qld Hospitals Standard Drug List and according to clinical guidelines (health management protocols). The Central NP Reference group reviews the Health Management Guidelines (HMG), which includes drug therapy. The Director-General signs the DTP</td>
</tr>
<tr>
<td>SA</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>Clinical Practice Guidelines</td>
<td>YES</td>
<td></td>
<td>Guidelines are required as part of NRA application process. NBV reviews all an individual NPs Clinical Practice guidelines at the point of application. NVB also suggest NP professional organisation “endorse” guidelines.</td>
</tr>
<tr>
<td>WA</td>
<td>Clinical Protocol</td>
<td>NO</td>
<td>YES</td>
<td>Clinical Protocols are developed as part of the initial Designation process. Following peer review they are then sent to DG of Health as part of the application for designation and then to CNO, CMIO ED Pop Health. If they are revised following this (eg after a NP is appointed) they must be approved by the DG again.</td>
</tr>
</tbody>
</table>

Note: Excludes local employer practice/requirements in relation to guidelines
What is the prescribing model for NPs in each jurisdiction?

Key Considerations:

- Any comparison of prescribing mechanisms for NP is complicated by the inconsistent use of terms and language by stakeholders. There are no agreed definitions of terms used to describe current arrangements for NP prescribing such as formulary, prescribing protocol, and prescribing formulary. Many different terms are used and where the same term is used it may have different meanings in different documents/settings/jurisdictions.

- A taxonomy to describe the range of nurse prescribing within Australia has been developed for this mapping and is described in detail in Appendix 3.

- Prescribing medications is one of the extensions to practice of Nurse Practitioners.

- The legal authority to prescribe (possess, use, sell, supply) comes from the relevant State/Territory legislation related to drugs/poisons. Whilst there is some uniformity in the scheduling of poisons in each State/Territory through the Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP), the provisions in each State/territory legislation/regulation for related processes and authorisation to enable prescribing by NPs differ.

- In Australia, general authorisation to prescribe all substances listed in drugs schedules is usually reserved for medical practitioners, dentists and pharmacists only. However, in some jurisdictions, other health professionals have been given some limited authority/prescribing rights including Optometrists, Podiatrists and Nurse Practitioners.

- The mechanisms to enable NPs to prescribe have developed to address the various State and territory regulatory frameworks and therefore differ substantially from each other. A variety of approaches have been adopted ranging from authorisation of individual NPs prescribing rights (a drug formulary approved for a particular NP only) to approval of list of drugs that a group of NPs in the same area of specialty practice can prescribe.

- In some states/territories, NPs cannot prescribe Schedule 8 drugs.

- At present, prescribing approaches for NPs have been developed to accommodate the fact that to write a prescription that can be dispensed by a non-hospital pharmacy requires authorisation from the HIC who operate the Pharmaceutical Benefits Scheme (PBS). NPs do not currently have that authorisation and as such are restricted in prescribing.

Table 10 –Comparison of NP Prescribing models by State and Territory

<table>
<thead>
<tr>
<th>Prescribing Model</th>
<th>Schedule 8 Prescribing Restriction Applies?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT Protocol Prescribing/</td>
<td>YES</td>
<td>NPs prescribe from “Qld Hospital Standard Drug List” and according to Health Management Guidelines (HMG)</td>
</tr>
<tr>
<td>Formulary Prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NSW Protocol Prescribing</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>NT TBD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QLD Protocol Prescribing &amp;</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Formulary Prescribing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SA Formulary Prescribing</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

6 Under this process, substances for human and veterinary use and agricultural/domestic chemicals are classified into schedules for inclusion in relevant state/territory legislation. Schedules 2 and 3 substances may be sold over the counter in pharmacies; Schedule 4 covers “prescription only” substances for human and veterinary use. Schedule 8 and Schedule 9 list drugs of dependence and abuse respectively. Other veterinary, agricultural and domestic chemicals are listed in Schedules 5, 6 or 7. If a substance is not scheduled, it may be on open sale.
Nurse Prescribing models:
For this document the following definitions have been used:

Formulary prescribing  Refers to the development of an agreed list of drugs that may be prescribed by an individual or group of prescribers. The particular details of the drugs “formulation” is generally included. The inclusion of other details such as dosage, indications, special precautions vary from formulary to formulary. The focus of this model of prescribing is on providing information to guide the selection and clinical use of medications by prescribers and is therefore more open than protocol prescribing.

Protocol prescribing  Occurs when agreed protocols are developed to guide the pharmacological management and treatment of a condition, disease or injury based on the evidence for improving health outcomes. This is more restrictive/directive than formulary prescribing as the protocol defines the scope of prescribing practice.

For more details and definitions of the nurse prescribing models in Table 10 refer to Appendix 3.
SECTION 3
STATE & TERRITORY NURSE PRACTITIONER PROCESS MAPS

In this section the details of the NRA and government processes for authorisation of NP for each State/territory have been represented as flow charts.
Figure 2 ACT NP AUTHORISATION PROCESSES

1. ACT Nurses Board NP Process Map

RN seeking authorisation as NP makes application to board

Submits professional portfolio

ACT Board Regulation Committee

Recommendation to Board to endorse applicant

Board Approves Endorsement and notifies applicant

Minimum 6 weeks

Portfolios must include:

- Detailed CV
- Evidence of ability to meet ACT NP Competency Standards
- Proposed process for ongoing quality review of practice
- 2 professional referees details

2. ACT Health Approval of NP positions Process Map

Health Service identifies potential need for NP

Local Advisory Team formed to assist in developing service plan

SERVICE PLAN
1. Draft NP Position description
2. Plan for developing guidelines & formulary
3. NP Role & Scope of Practice

Submit application & Service Plan to CE of ACT Health

NP Service Plan Criteria met?

NP Service Plan Criteria not met?

NP Service Plan

Minister Approves Criteria

NP appointed

CE of ACT Health

NP Appointed

ACT NP Clinical Practice Guidelines Steering Committee

NP & "local" experts

Approved Clinical Guidelines for position in place?

Changes needed?

Yes

Written endorsement of stakeholders sent to CEO/GM of health service to approve guidelines

Guideline published on ACT Health website

NP able to practice

No

NP & "local" experts

3. ACT Health Approval of NP Clinical Guidelines Process Map

Health Service advertises for approved NP Positions

Suitable Applicant is endorsed by Board?

NP appointed

ACT Process Map 1

ACT Process Map 2

Minister approves.

NP appointed

NP able to practice

NP Service Plan

Health service can advertise NP position

Copy of Guidelines sent to CNO ACT Health (Delegate of CE) & CEO/GM of service

Guideline published on ACT Health website

NP able to practice

Minister approves.

NP appointed

NP able to practice

NP able to practice

NP able to practice
Figure 3 – NEW SOUTH WALES NP AUTHORISATION PROCESSES

1. Nursing & Midwifery Board NSW NP Process Map

RN seeking authorisation as NP makes application to board

- Applicant has Masters Degree (NP)
  - Yes Pathway 1
  - No

  *Application Assessment Committee*

  - References OK
  - Criteria met?

  - Recommendations to Board

  - NRA Approved

  - Endorsement and notifies applicant

2. NSW DoH Approval of NP positions Process Map

- Health Service identifies potential need for NP

- Applies for approval of NP position

- No

  - NP Position approved by Area DONMS & endorsed by Area CE?
    - Yes
      - Clinical Guidelines in place?
        - Yes
          - Endorsed NP working in Approved position with approved clinical guidelines
        - No
          - NP practice with Standing orders as per DoH policy
      - No
        - Transitional NP working in Approved position with approved clinical guidelines

- NP position advertised

- Suitable applicant is already endorsed

- Applicant given transitional NP position

- Endorsed as NP by NRA within specified time?
  - Yes
    - Clinical Guidelines in place?
      - Yes
        - Endorsed NP working in Approved position with approved clinical guidelines
      - No
        - Transitional NP working in Approved position with approved clinical guidelines
  - No
    - Endorsed NP working in Approved position without approved clinical guidelines

3. NSW DoH Approval NP Clinical Guidelines Process Map

- Need for Clinical Guideline(s) identified

- Local Multidisciplinary team help develop & sign of on Clinical guidelines

- AHS requires external review of guideline(s)?
  - Yes
    - External Expert(s) reviews guidelines
    - Guideline & formulary OK?
      - Yes
        - Area Dir Cl. Ops & Area Dir Nursing & Midwifery Services approve guidelines
      - No
        - To CMO NSW Health
  - No
    - “NP/MP Authority to Possess, Use, Prescribe or Supply Substances” signed by CE

Note: Approval of Guidelines delegated from DG Health to area CEs from Jan 2005
### Figure 4 NORTHERN TERRITORY NP AUTHORISATION PROCESSES

#### 1. Nursing & Midwifery Board of NT NP Process Map

- **RN seeking authorisation as NP makes application to board**
- **Submits Evidence portfolio**
- **NP Assessment Committee reviews Application/Portfolio of evidence**
- **NPAC makes recommendation on decision to Board**
- **Board approves application and notifies applicant**

#### Pathway 1
- **Applicant has Masters Degree (NP)**?
- **Yes**
  - **NPAC makes recommendation on decision to Board**
  - **Process(es) for implementation of NP role in NT yet to be finalised.**
- **No**
  - **Mandatory Interview by NP Assessment Panel**
  - **Pathway 2**

#### Pathway 2
- **Applicant has Masters Degree (NP)?**
- **Yes**
  - **NPAC makes recommendation on decision to Board**
- **No**
  - **Mandatory Interview by NP Assessment Panel**
  - **Pathway 2**
Figure 5 – QUEENSLAND NP AUTHORISATION PROCESSES

Queensland Nursing Council NP Authorisation Process Map

- Application for endorsement as NP
  - Graduate of QNC accredited NP Masters Degree
  - Masters degree and equivalent experience
  - Recognised under Mutual Recognition provisions
  - Evidence of Clinical Leadership?
  - Yes
  - No
  - Authorisation as NP granted
- Meets NP Criteria?
  - Yes
  - No
  - NQNP Authorisation Process

Qld Health Approval of NP Positions Process Map – (Proposed/Draft)

- Health Service District identifies potential need for NP
- Application to NP Reference Group (NPRG) for approval of position
- Position Approved?
  - Yes
  - No
  - NP Position advertised
  - Applicant given temporary appointment as NP candidate
  - Applicant achieves endorsement as NP?
    - Yes
    - No
    - Team agrees to adopt existing approved clinical guidelines?
      - Yes
      - No
      - NP role commences.
    - Qld Clinical Guideline Approval Process Map

Qld Health Approval of Clinical Guidelines Process Map (Proposed/Draft)

- Need for Health Management Protocol (HMP) identified
  - Suitable HMP identified in repository?
    - Yes
    - No
    - District Manager (or CE if non QH service) endorses adoption of existing HMP by NPs employed.
  - HMP(s) published on QH intra & internet site
  - HMP(s) Implemented by health service
  - Qld Clinical Guideline Approval Process Map
Figure 6  SOUTH AUSTRALIA NP AUTHORISATION PROCESSES

1. Nurses Board of SA NP Process Map
   - RN seeking authorisation as NP makes application to board
   - Submits Evidence portfolio
   - Education & Accreditation Committee appoints Convener
   - NP Assessment Panel reviews Application/Portfolio of evidence
   - Board Notifies Applicant
   - NP Assessment Panel reviews Application/Portfolio of evidence
   - Recommendation of Decision to Board
   - NBSA authorises Certification of registration [P] Prescribing [S]Supply
   - SOUTH AUSTRALIAN Nurse Practitioner Prescribing Formulary Committee (DoH)

2. DoH SA Approval of NP Positions Process Map
   - Health Service identifies potential need for NP
   - Health Service Multidisciplinary Steering Conv. formed to make recommendations on implementation
   - Criteria for Appointment as NP (Nurses SA Public Sector Enterprise Agreement) met?
   - Health Service advertises NP position
   - Suitable applicant endorsed as NP by NRA?
   - NP Position filled
   - Clinical Privileges required in position?
   - Supply of Medications required in position?
   - Application to Radiation Licensing Branch, Pharmaceutical Services, DoH
   - Application to Supply Licensing Branch, Pharmaceutical Services, DoH
   - Application Approved?
   - Prescribing Formulary approved by SA NP PFC
   - Yes
   - No
   - Appeals Committee
   - Application to Radiation section (DoH) for exemption to Regs
   - Application to Nursing & Midwifery Clinical Privileges Advisory C’ttee (DoH)
   - Prescribing Formulary Approval Sub Committee
   - Appropriate Radiation Practice OK? Evidence of completion of appropriate education?
   - Yes
   - No
   - Exemption published in Gov. Gazette
   - NP submits Formulary & License to Supply to NBSA

3. DoH SA Nurse Practitioner Prescribing Formulary Approval Committee Map
   - NP employed by service provider requests to prescribe
   - Service provider/employer applies to establish ‘local’ Prescribing Formulary Approval Committee (PFAC)
   - SA NP PFC approves application & accredits local committee
   - Yes
   - No
   - Appeals Committee
   - NP submits Formulary & License to Supply to NBSA
   - Process recommended by DoH but not mandated
   - NP Formulary
   - Yes
   - No
   - South Australian Nurse Practitioner Prescribing Formulary Approval Committee (DoH)
   - Prescribing Formulary Approval Sub Committee
   - Prescribing Formulary Approval Sub Committee

NURSE PRACTITIONERS IN AUSTRALIA
Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes
Figure 7 TASMANIA NP AUTHORISATION PROCESSES

NP implementation and authorisation processes not yet defined
Figure 8 Victorian NP Authorisation Processes

1. Nurse Board of Victoria NP Endorsement Process Map

RN seeking authorisation as
NP makes application to
NRA (NBV)

Submits CV

Submits Clinical Practice
Guidelines for
extensions to
practice

Submits Medication
List

Desk Audit by NRA staff/
NPAC

Nurse Practitioner Advisory
Committee (NPAC) review application

Nurse Practitioner Expert
Panel (NPEP) Assessment & recommends
to NPAC

(NPAC) reviews NPEC report
& confidential referee reports

Recommendation to Board to
endorse applicant

Existing NP
Category?

No

Yes

NBV Re-
endorsement Process

NRA Approves
Endorsement
& notifies
applicant

NRA notifies
Gov Gazette of
new NP
Category

2. DHS Vic Approval of Drugs for NP Category Process Map

Arranges for
Reports from
3 Confidential
Referees to be forwarded
to NRA

Preliminary
Interview

Mandatory
Interview by
NPEP

Poisons Advisory
Committee (DHS)-
under DPCS Act

Reviews
Medication
List

Projects in relation to Category
used by NRA complies with
Nurses Act? Drugs suitable for
category?

Yes

No

Governor in
Council – Category
& drug list added
to DPCS Regs

Poisons Advisory Committee (DHS)
under DPCS Act – reviews
Medication List

NRA Approves
Endorsement
& notifies
applicant

Governor in
Council – Category
& drug list added
to DPCS Regs

Poisons Advisory Committee (DHS)
under DPCS Act – reviews
Medication List

NRA Approves
Endorsement
& notifies
applicant

Governor in
Council – Category
& drug list added
to DPCS Regs

Months

6 months to
1 year

Yes

No
Figure 9  WESTERN AUSTRALIA NP AUTHORISATION PROCESSES

1. Nurses Board of WA NP Process Map

- RN seeking authorisation as NP makes application to board
  - Seeking recognition under MR
  - Evidence of successfully completed Post graduate NP Course recognised by NRA
  - Authorisation as NP granted

2. WA Health Approval of Designated Area for NP Process Map

- Need for NP identified by Health service/organisation
  - NP Business Case
  - NP Position description
  - NP Clinical Guidelines
  - Director General WA Health
  - CMO, CNO and ED Population Health assess application for consideration as Designated area
  - Submission for Designated area approval
    - No
      - Recommendation of changes to application required
    - Yes
      - Health service/organisation advertises for NP(s) for designated area as required
  - NP(s) Appointed
  - NP Clinical protocols
    - Modifications/Revisions needed?
      - No
      - NP in Designated area practising with approved Clinical protocol.
      - Yes
      - CE Health Service sends protocol to WA Health For approval
  - Protocols sent to External Panel for Peer Review
    - Reviewers OK Protocol?
      - No
      - CE Health Service approves protocol
      - Yes
      - Multidisciplinary Team - Clinical Protocol Panel - assists in development of guidelines

3. WA Health Approval NP Clinical Protocols Process Map

- Health Service with Designated area status identifies need for NP Clinical Protocols (includes Drug Formulary & Investigation Schedule)
  - Protocols sent to External Panel for Peer Review
    - Reviewers OK Protocol?
      - No
      - CE Health Service approves protocol
      - Yes

NURSE PRACTITIONERS IN AUSTRALIA
Mapping Of State/Territory Nurse Practitioner (NP) Models, Legislation and Authorisation Processes
SECTION 4
SUMMARY OF NURSE PRACTITIONER LEGISLATION AND REGULATION MAPPING

The following table is a summary of the legislative provisions and regulations related to Nurse Practitioners in each State/territory. The scope of the review is how legislation is used to regulate professional practice as described by Deighton et al 2001 and as such the focus is the Nursing, Midwifery or health professional legislation and other associated legislation.

Detailed mapping of legislation and regulations related to NP for each State and territory has been undertaken and will be available in a separate document in 2006.

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>ENTRY QUALIFICATIONS</th>
<th>ENTRY - COURSE ACCREDITATION</th>
<th>REGISTRATION</th>
<th>RESERVATION/ PROTECTED TITLE</th>
<th>PRACTICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
</tr>
<tr>
<td>NSW</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓</td>
<td>✓✓ (G)</td>
<td></td>
</tr>
<tr>
<td>NT</td>
<td>✓ (1)</td>
<td>✓</td>
<td>✓</td>
<td>✓ (1)</td>
<td></td>
</tr>
<tr>
<td>QLD</td>
<td>✓ (2)</td>
<td>✓</td>
<td>✓</td>
<td>✓ (2)</td>
<td>✓ (1)</td>
</tr>
<tr>
<td>SA</td>
<td>✓ (3)</td>
<td>Not yet Determined</td>
<td>✓</td>
<td>✓ (3)</td>
<td></td>
</tr>
<tr>
<td>TAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VIC</td>
<td>✓✓</td>
<td>✓</td>
<td>✓✓</td>
<td>✓✓ (G)</td>
<td></td>
</tr>
<tr>
<td>WA</td>
<td>✓✓</td>
<td>✓</td>
<td>✓</td>
<td>✓✓ (C)</td>
<td></td>
</tr>
</tbody>
</table>

**LEGEND:**
- ✓ = Provision in (Nurses/Nurses & Midwives, or Health Professionals) Act but not specifically for NPs
- ✓✓ = Provision in Act specifically refers to Nurse Practitioner

**Notes:**
1. NRA has declared NP as “restricted area of practice”
2. NRA recognises NP as an “area of nursing”
3. NRA recognises NP as “special practice area”
(G) Use of Guidelines
(C) Use of Code of Practice
**APPENDIX 1  NP DEFINITIONS N USE (AUG 2005)**

<table>
<thead>
<tr>
<th>Source</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICN (2003)</td>
<td>A Nurse Practitioner ... is a registered nurse who has acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country of which s/he is credentialed to practice. A master’s degree is recommended for entry level”.</td>
</tr>
<tr>
<td>Victorian NP Taskforce (1999)</td>
<td>&quot;A registered nurse educated for advanced practice who is an essential member of an interdependent health care team and whose role is determined by the context in which s/he practises.”</td>
</tr>
<tr>
<td>DHS, Vic</td>
<td>&quot;In Victoria a nurse practitioner is defined as &quot;...a registered nurse educated for advanced practice who is an essential member of an interdependent health care team and whose role is determined by the context in which they practise. The nurse practitioner role is at the apex of clinical nursing practice. The role extends current clinical nursing practice, is advanced, with a strong foundation in knowledge, skills and competencies, for both population and individual health, and may include prescribing medications, initiating diagnostic imaging and laboratory testing, approving absence from work certificates, referring to specialists, and admitting and discharging consumers. The role incorporates core nursing components including advanced clinical assessment and treatment approaches, education, counselling, research, quality improvement, administration and management. It is a multifaceted clinical role involving collaborative relationships with other disciplines, in partnership with consumers and communities, while retaining a nursing perspective.”</td>
</tr>
<tr>
<td>Della (2003)</td>
<td>&quot;A nurse practitioner is a nurse who is registered with the Nurses Board of Western Australia and therefore has the legislative authority for their advanced scope of nursing practice in a designated area”.</td>
</tr>
<tr>
<td>Nurses and Midwives Board, NSW (1998)</td>
<td>&quot;A registered nurse practicing at an advanced level and who is authorised by the Nurses and Midwives Board, NSW (NMB) to use the title 'nurse practitioner'. Advanced practice incorporates the ability to provide care to a range of clients at a level that demands: • a repertoire of therapeutic response • insightful, sophisticated clinical judgements • clinical decision making justified by application of advanced knowledge”.</td>
</tr>
<tr>
<td>NSW Health</td>
<td>&quot;Authorised nurse practitioners may prescribe medications, order diagnostic tests and make referrals only when operating within approved guidelines. They provide expert nursing care by working autonomously but in collaboration with other health professionals as part of a multidisciplinary team”.</td>
</tr>
<tr>
<td>SA NP Project (1999)</td>
<td>&quot;A nurse practitioner is a registered nurse educated to function in an advanced clinical role. The scope of practice of the nurse practitioner will be determined by the context in which the nurse practitioner is authorised to practice”.</td>
</tr>
<tr>
<td>Gardner, G, J, Carryer, S V Dunn and A Gardner (2004).</td>
<td>&quot;A Nurse Practitioner is a registered nurse educated autonomously and collaboratively in an advanced and expanded 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 clients to other health care professionals, • prescribing medications, and • ordering diagnostic investigations.</td>
</tr>
<tr>
<td>Source</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>National Nursing Organisations (1999, 2000)</td>
<td>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 educated, competent and authorised to practise.</td>
</tr>
<tr>
<td>Queensland Health (no date)</td>
<td>&quot;A registered nurse who has been authorised by the State or Territory regulatory authority to use the title. The authorisation process should ensure the nurse being authorised has undertaken appropriate post graduate education or equivalent to support their practice, and can provide evidence of their ability to consistently practice autonomously and at an advanced level within an extended role&quot;.</td>
</tr>
<tr>
<td>Nurses Board of WA (2003)</td>
<td>The Nurse Practitioner performs tasks outside the usual practice of a registered nurse such as ordering of investigations, prescribing some medications, admitting to hospitals and referring to other health professionals. The role is supported by legislation and policy that allows for the Nurse Practitioner to perform these tasks. The Nurse Practitioner role is an Advanced Practice role requiring post graduate education (usually at a Masters level) and extensive experience in the clinical area of practice. Nurse Practitioners are leaders and experts in their particular speciality field, actively participating in research, quality initiatives and policy development in this field. The Nurse Practitioner is complementary to other health care providers and works in close collaboration with doctors, allied health professionals and other health care providers. A Nurse Practitioner in the Western Australian context means &quot;a nurse who is registered under section 22A of the Western Australian Nurse Act, 1992&quot;.</td>
</tr>
</tbody>
</table>
### APPENDIX 2 REGULATION OF THE PROFESSIONS – KEY RESTRICTIONS/PROVISIONS

The following table is taken from *Reforming the Regulation of the Profession, a Staff Discussion paper from the National Competition Council* (Deighton-Smith 2001) that describes the commonly used regulatory interventions used to regulated professions.

<table>
<thead>
<tr>
<th>Type of restriction</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entry qualifications</td>
<td>Various types of academic and experience qualifications are needed to become a professional.</td>
</tr>
<tr>
<td>Registration requirements</td>
<td>Even if a person has the appropriate qualifications, they must hold a licence to practise.</td>
</tr>
<tr>
<td>Reservation of title</td>
<td>Only persons with the appropriate qualifications and/or on the register may use the professional title.</td>
</tr>
<tr>
<td>Reservation of practice</td>
<td>Certain areas of practice are not allowed to be performed by persons other than certified practitioners.</td>
</tr>
<tr>
<td>Disciplinary processes</td>
<td>Professionals may be asked to explain their actions if their conduct is questioned, and may be disciplined or prevented from practising.</td>
</tr>
<tr>
<td>Conduct of business</td>
<td>Some professions have rules that prescribe ways in which the professional may or may not conduct their business affairs. Common restrictions include ownership, profit sharing and advertising.</td>
</tr>
<tr>
<td>Business licensing</td>
<td>Businesses must be licensed before they are able to sell their services.</td>
</tr>
</tbody>
</table>
APPENDIX 3: NOTES ON NURSE PRESCRIBING MODELS AND NURSE PRACTITIONERS IN AUSTRALIA

There are no ionally agreed definitions of nurse prescribing models. For the purpose of this document the following “N’ET Nurse Prescribing” model has been developed. The “N’ET Nurse Prescribing” model (below) attempts to describe the current range of nurse prescribing practice identified from local and overseas literature and in particular the current approaches to support Nurse Practitioners to prescribe within Australia.

The prescribing practices have been assessed according to how dependent or independent the prescribing authority is and how open or restricted the formulary the nurse prescriber can access (Adapted from Emmerton, Marriott et al. 2005). However, it should be noted that there is often limited information provided on the elements or characteristics that define a prescribing practice or delineates the differences.

The distinction between prescribing and supplying medication differs between settings/countries. In some cases some of the models presented below may be considered supplying rather than prescribing.

NURSE PRESCRIBING MODEL

- **INDEPENDENT PRESCRIBING**
  - Open Formulary
  - Protocol Prescribing
  - Formulary Prescribing
  - Eg. NZ Midwives
  - Eg. NPs in Vic, Qld (Combined protocol & formulary)

- **DEPENDENT PRESCRIBING**
  - Restricted Formulary
  - Patient Group Directions (UK)
  - Patient Group Directions
  - Standing Orders
  - Supplementary Prescribing (UK)
  - Nurse Prescribers’ Extended Formulary (UK)

- **OPEN FORMULARY**
  - Collaborative Prescribing
  - Formulary Prescribing
  - Protocol Prescribing
  - Eg. NPs in SA

- **REstricted FORMULARY**
  - Qld Rural & Remote Health Authorised prescribing

Current NP Prescribing practice in Australia
**Notes/Definitions on nurse prescribing models:**

**Collaborative prescribing**
This model has been described in the literature in relation to pharmacy prescribing and includes services such as anticoagulation management services, aminoglycoside monitoring and home medication reviews/Management. (Finley, Rens HR. et al. 2002; Gilbert, Roughhead et al. 2002) Also sometimes referred to as “semi-autonomous prescribing”.

Explicit collaborative agreements are negotiated within each facility outlining who is delegating and receiving authority, and demonstration of competence. The group of patients may be defined by the pharmacist’s expertise. The physician diagnoses and makes initial treatment decisions for the patient, and the pharmacist selects, initiates, monitors, modifies and continues or discontinues pharmacotherapy as appropriate to achieve the agreed patient outcomes. The physician and pharmacist share the risk and responsibility for the patient outcomes” (Emmerton, Marriott et al. 2005).

**Dependent prescribing**
‘Dependent’ prescribing occurs where there is delegation of authority from an independent prescriber and involves restrictions on prescribing activities, via protocols or formularies, which describe or demarcate the scope of the prescriptive authority. In the case of NPs currently practising within Australia, the delegation of prescribing authority is made by the body that authorises the NP guidelines or formularies.

**Formulary prescribing**
Refers to the development of an agreed list of drugs that may be prescribed by an individual or group of prescribers. The particular details of the drugs “formulation” is generally included. The inclusion of other details such as dosage, indications, special precautions vary from formulary to formulary. The focus of this model of prescribing is on providing information to guide the selection and clinical use of medications by prescribers and is therefore more open than protocol prescribing.

**Independent prescribing**
This term applies to a prescriber who is legally permitted and qualified to prescribe and take the responsibility for the clinical assessment of the patient, establishing a diagnosis and the clinical management required. An independent prescriber is also responsible for his or her own prescribing decisions. (National Prescribing Centre NHS 2004)

Midwives in New Zealand have prescribing rights within the Midwifery Scope of Practice. There is no defined list of drugs that a midwife may prescribe. Rather, midwives are entitled to prescribe any drugs which may be necessary for a woman and/or baby for whom the midwife is providing care on her own responsibility. This means that midwives may prescribe drugs in pregnancy, labour and birth and up to six weeks after the birth where the woman is having an uneventful experience and where there is no reason for consultation or referral to a specialist.

Whilst New Zealand midwives have independent prescribing they may not prescribe drugs for women or babies for complications requiring specialist referral or for the treatment of other conditions. (New Zealand College of Midwives 1995)

**Nurse Prescribers’ Extended Formulary**
A UK scheme that allows registered nurses and midwives to prescribe from a Nurse Prescribers’ Extended Formulary (NPEF) however the “medical conditions” that the prescribing encompasses are limited. There are conditions that need to be met before a nurse may be eligible for prescribing including completion of specified training, minimum post registration experience and support from employer. The nurse/midwives registration is annotated to indicate they are an approved NPEF prescriber.

**Open prescribing:**
Generally refers to unrestricted prescribing as in the prescribing range of medical practitioners.

**Patient Group Direction**
A United Kingdom (UK) model for designated NHS bodies. It allows for the supply and/or administration of “prescription only” medications by certain health professionals for groups of patients previously not identified prior to treatment without the need for an individual prescription (eg immunisations, screening programs, within prison/police services, emergency and/or mass treatment). In the UK this is not considered “prescribing” but has included in this model. (NHS Modernisation Agency 2005)

**Protocol prescribing**
Occurs when agreed protocols are developed to guide the pharmacological management and treatment of a condition, disease or injury based on the
evidence for improving health outcomes. This is more restrictive/directive than formulary prescribing as the protocol defines the scope of prescribing practice.

<table>
<thead>
<tr>
<th>Standing orders</th>
<th>The conditions, authorisations and requirements in relation to standing orders may differ from place to place however it generally refers to a process to allow “non prescribers” to administer or commence treatment/therapies such as medications without written or verbal authorisation of a prescriber for an individual.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplementary prescribing</td>
<td>A United Kingdom (UK) model that involves a “voluntary partnership between the independent prescriber and a supplementary prescriber, to implement an agreed patient-specific clinical management plan with the patient's agreement” (NHS Modernisation Agency 2005). There is no formulary used in supplementary prescribing and supplementary prescribing is not restricted to one-to-one prescriber partnerships. The independent prescribers are generally doctors or dentists and supplementary prescribers are pharmacists or nurses. The roles are well defined and the lines of accountability are clear with the independent prescriber undertaking the initial assessment, diagnosis and treatment plan. The supplementary prescriber can then write prescriptions within the scope of the management plan, monitor and record outcomes and adjust medications (referring to the independent prescriber where appropriate).</td>
</tr>
</tbody>
</table>
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7 Note: Department Of Human Service SA has now changed its name SA Department of Health.

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