



The National Nursing and Nursing Education Taskforce N³ET

NURSE PRACTITIONERS IN AUSTRALIA

*Mapping Of State/Territory Nurse Practitioner (NP) Models,
Legislation and Authorisation Processes.*

November 2005

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Enquiries concerning this document and its reproduction should be directed to:
National Nursing & Nursing Education Taskforce Secretariat
C/- The Department of Human Services Victoria
Level 12 - 555 Collins Street
Melbourne VIC 3000
Telephone: (03) 9616-6995
Fax: (03) 9616-7494
E-mail: n3et@dhs.vic.gov.au

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

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 undertaken 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: Katy Fielding Senior Policy Analyst	Phone: (03) 9616 6922 Email: katy.fielding@dhs.vic.gov.au
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Authorisation Processes.**

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ABBREVIATIONS

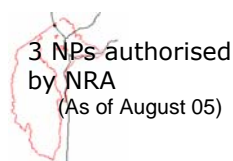
ACT	Australian Capital Territory
ICN	International Council of Nurses
MP	Midwife Practitioner
MR	Mutual Recognition (legislation)
NNO	National Nursing Organisations
NP	Nurse Practitioner
NRA	Nurse/Midwife Regulatory Authority
NSW	New South Wales
NT	Northern Territory
N ³ ET	National Nursing and Nursing Education Taskforce
QLD	Queensland
SA	South Australia
TAS	Tasmania
TTMRA	Trans Tasman Mutual Recognition Act
VIC	Victoria
WA	Western Australia

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



- 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

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.

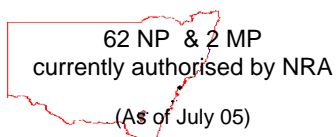
Executive of ACT health approves applications for the establishment of NP positions based on formal criteria that have been approved by the Minister and the Legislative Assembly.

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-authorized 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.² The Board recognises two pathways to endorsement³, 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

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.

“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 these 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.

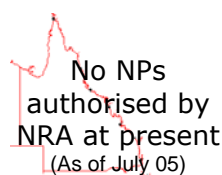
NORTHERN TERRITORY

0 NPs
authorised by
NRA
(As of July 05)

- NP Implementation framework is under development.
- NRA authorisation process has been finalised.

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

QUEENSLAND



- 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.

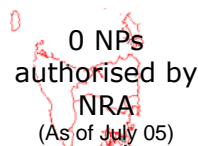
3. NP Prescribing Rights:

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.

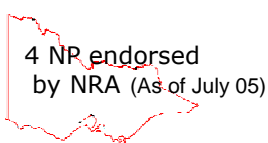
TASMANIA



0 NPs
authorised by
NRA
(As of July 05)

- 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 endorsed
by NRA (As of July 05)

- 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:

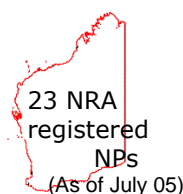
The nurse prescribing model in Victoria for NP is a combination of Formulary prescribing and Protocol prescribing (Refer to Appendix 3 for details of nurse prescribing models).

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



- 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 Appendix 1.

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

State/Territory	Definition of NP used by NRA*	Definition of NP used by Government*
ACT	ACT NP Project Final Report (2002) on website Framework endorses use of Gardner et al definition	Gardner et al (2004)
NSW	NMB NSW (1998)	1. NMB NSW (1998) 2. DoH NSW 3. ICN (2003)
NT	Gardner et al (2004)	?
QLD	Gardner et al (2004)	NNO (1999) Gardner et al (2004)
SA	NSBA (date) from SA NP Project (1999)	NSBA (date) from SA NP Project (1999)
TAS	TBD	Recommendation to use Gardner et al (2004)
VIC	Vic NP Taskforce Final Report (1999)	1. ICN (2003) 2. Vic NP Taskforce (2004)
WA	1. NNO (2000) 2. NBWA (2003)	Della (2003)

* 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 advanced 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.

Step		Est. time
1	Undergraduate nursing preparation and registration as RN	3 years
2	Post registration practice progressing to advanced practice level	Years (2-5 or longer)
3	Attainment of required postgraduate educational qualification	2-3 years
4	Expression of interest in NP role requirements	Weeks
5	Preparation of application for recognition as NP	Months – years
6	Lodging of application and consideration of application by Board (Refer to Table 2 for details of step 6)	Days to 1 year or more

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

State/ Territory	Estimated Time Interval "Application to NRA Decision" #	Comments
ACT	Minimum 6 weeks	
NSW	2-3 months	"As soon as practicable.. Board must consider the application" (S21 Nurses and Midwives Act 1991
NT	Within 3 months	Determination must be made within 3 months under S27 Health Practitioners Act 2004 NT
QLD	No longer than 3 months	
SA	Up to 6 months	
TAS	TBD	
VIC	Minimum 26 weeks and up to 1 year or longer has occurred to date	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 & 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
WA	"Over the counter" if appropriate documentation provided	If graduate of NRA approved NP course.

#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

State/ Territory	NRA NP Application Processing Fees	Fee for Re-issue of certificate/practising with NP endorsement/ Authorisation	Total NRA Fees	Comments
ACT	\$80.00		\$80.00	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
NT	TBD			Fee yet to be set by Minister.
NSW	\$150.00	\$0	\$150.00	
QLD	\$44.00	-	\$44.00	
SA	\$100.00	\$35.00	\$135.00	
TAS	TBD			
VIC	\$180.00	\$60.00	\$180.00	Administration fee for re-issue of certificate with NP endorsement may be payable
WA	\$140.00	-	\$140.00	

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

	NRA Terminology	Period of NP authorisation/ endorsement	Renewal of Registration (as RN)	Declarations of Ongoing Competency/ Recency	Notes/Comments
ACT	"Registered" as NP	Annual	Annual	Annual	
NSW	"Authorised" as NP	5 years	Annual		S19A(3) Authorisation cannot exceed 5 years
NT	"Authorised" as NP	Annual	Annual		
QLD	"Authorised" as NP	TBD	Annual	Annual	
SA	"Authorised" as NP	Not Specified	Annual	Annual	Needs to review if change in employment as scope of practice/band may need to be reviewed.
TAS	TBD				
VIC	"Endorsed" as NP	3 years After 18 months NP need to represent to Board for interview , review of professional portfolio.	Annual	Annual	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
WA	"Registered" as NP	Annual	Annual or three years	3 years	

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 and
- 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 5 –Comparison of practice areas for NPs by State and Territory

	Practice areas recognised by NRA		Areas	Comments
ACT	Areas of Practice	Seven (7)	<ul style="list-style-type: none"> • High Dependency • Women and Children's Health • Mental Health • Community Health • Primary Health Care • Surgical/Medical • Rehabilitation/Habilitation 	<ul style="list-style-type: none"> • 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.
NSW	Areas of Practice	Six (6)	<ul style="list-style-type: none"> • Maternal & Child Health Nursing • High Dependency Nursing • Mental Health Nursing • Rehabilitation & Habilitation Nursing • Medical/Surgical Nursing • Community Health/Primary Care Nursing 	<ul style="list-style-type: none"> • 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"], the Boards advice is that these areas are not applicable to an individual nurse practitioner or midwife practitioner's registration or authorisation
NT	Practice Areas	Seven (7)	<ul style="list-style-type: none"> • Rehabilitation/Habilitation • Mental Health • High Dependency • Community health/Primary Health Care • Women's and Children's Health • Medical/surgical 	

National Nursing & Nursing Education Taskforce (N³ET)

			<ul style="list-style-type: none"> Rural health & remote Practice 	
Old	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)			
SA	Bands	Five (5)	<ul style="list-style-type: none"> Rural & remote Acute Care Rehabilitation/Habilitation Community Health Mental Health 	<p>...authorised to practice within the Band and Area of Practice under which they applied (transferable across and within employment)</p> <p>Bands are applied for authorisation purposes. If NP changes employment they would need to contact Board and may need to resubmit their scope of practice and/or consider seeking endorsement in a different band of practice.</p>
Tas	To be Determined			
Vic	No grouping pre-defined. Category is as defined/described by NP in their application.		The Board must ensure that, if any category of nurse practitioner is recognised by the Board for the purposes of endorsement of registration as a nurse practitioner under this section, the category of nurse practitioner is notified in the Government Gazette and in any relevant publication circulating among nurses generally. S8B (6)	
WA	Designated Area		<p>..is designated by the Director General Department of Health...and may include, but not be limited to, such areas that demonstrate the need for a NP. (i.e. remote areas or isolated communities, aged care facilities, emergency departments and nursing specialty areas.)</p> <p>Nurses Act 1992 WA - "designated area" means an area designated by the Commissioner of Health under section 23(2)(e) of the Poisons Act 1964;</p>	

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.

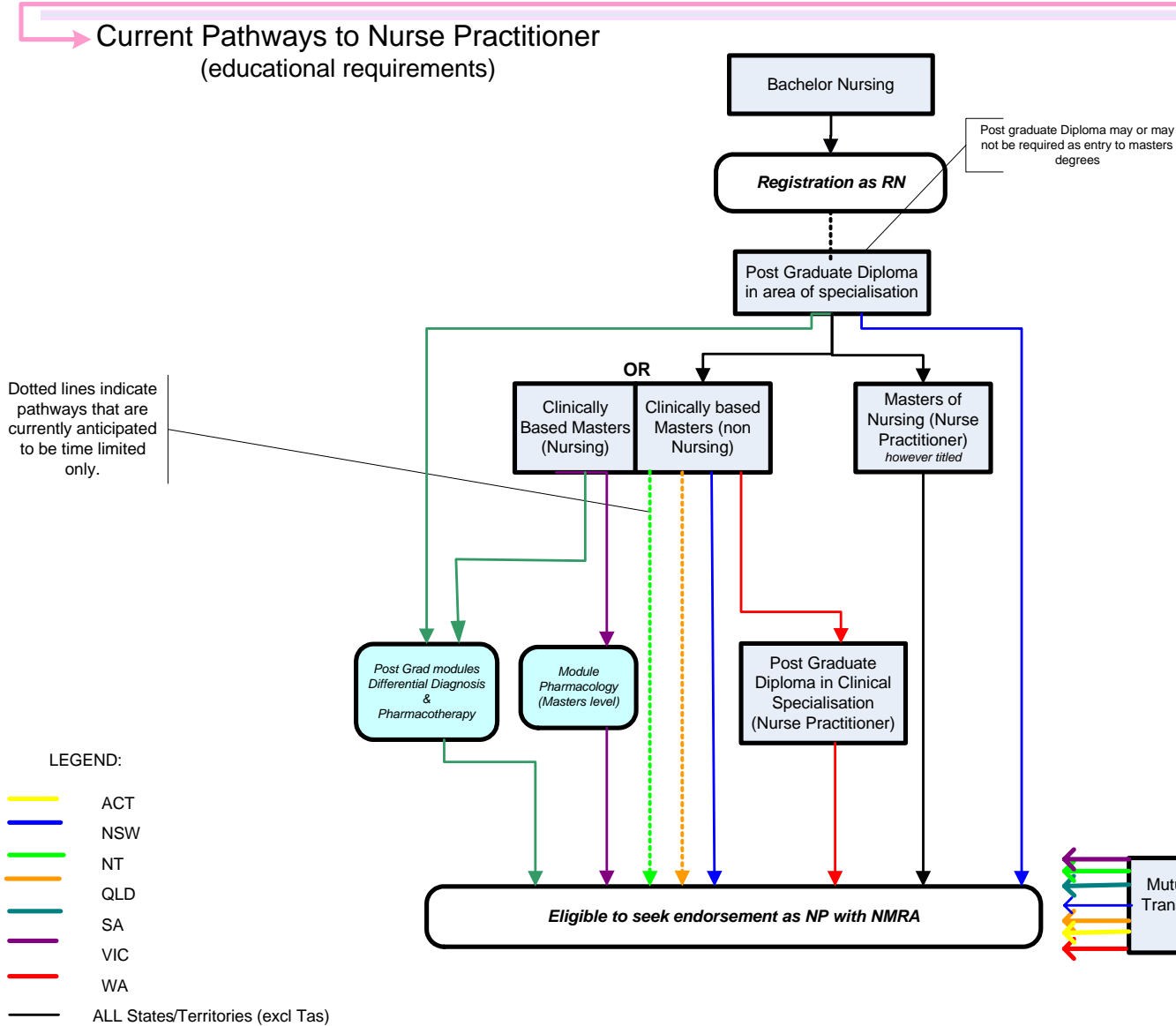
Table 6 –Comparison of NRAs minimum educational requirements for recognition as NP by State and Territory (excludes MR arrangements)

	Main pathway	Alternate Pathway	Comments
ACT	" Nurse Practitioner Masters of Nursing"		NP Masters of Nursing degree course accredited with the ACT board or approved by the NRA of another State/territory
NSW	(1) Approved Masters approved by NMB	(2) Equivalency-'package of evidence' including CV + case study + undergo Peer Review interview.	Currently 4 masters courses approved by NRA
NT	(1) Masters (Clinically focussed)	(2) Equivalency- 3 years advanced practice (occurred within past 5 years) Portfolio - CV + evidence + Interview.	Masters needs to be accredited by one of NRAs in Australia. Access via Pathway 2 will be timelimited
QLD	(1) Clinical Masters Degree for Nurse Practitioners accredited by QNC	(2) Masters Degree in Nursing or equivalent Masters degree in a related discipline & equivalent experience/education (Transitional arrangements)	Re (1) Clinical Masters program is one accredited by QNC in which the graduate outcomes are linked to NP Competency Standards
SA	<ul style="list-style-type: none"> • Postgraduate qualification in pharmacotherapies. • Postgraduate qualification in differential diagnosis. • Appropriate course/program in diagnostic investigation/s 		All but one of current SA NPs have got a Masters qualification.
TAS	Government is recommending Masters. Clinical Masters with additional units until course available		

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 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).

Fig 1a



NOTES

As of Dec 2005

The Nurse/Midwife Regulatory Authorities have different processes and requirements that need to be met to be eligible to be registered/authorised as a Midwife/Nurse Practitioner. This document maps the minimum educational and registration requirements only.

Masters of Nursing (Nurse Practitioner)

- Currently, the following courses are accredited by NMRAs 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, NMRAs in a given State/territory may only recognise some of the courses listed above.

Clinically Based Masters (Nursing)

May include Masters of Remote Area Nursing.

Clinically Based Masters (non nursing/related discipline)

May include:
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.

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 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 / preferred pathway. For example, the multiple pathways in NSW reflect the options for nurses seeking endorsement under Pathway 2 (NSW)

Dotted lines indicate pathways that are currently anticipated to be time limited only.

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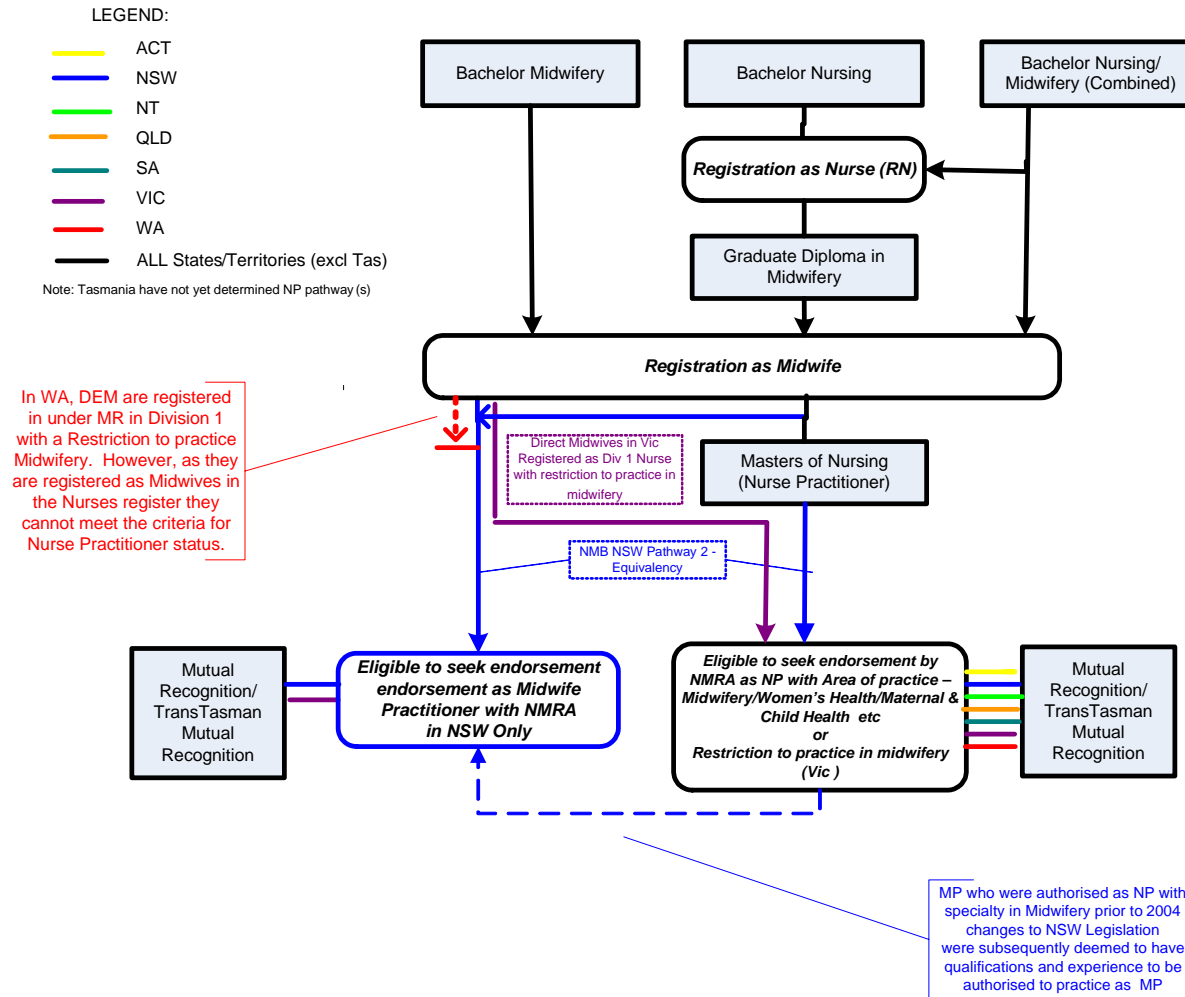
- ACT
- NSW
- NT
- QLD
- SA
- VIC
- WA
- ALL States/Territories (excl Tas)

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

Fig 1b

NATIONAL NURSING & NURSING EDUCATION TASKFORCE (N³ET)

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



NOTES

As of Sep 2005

The Nurse/Midwife Regulatory Authorities have different processes and requirements that need to be met to be eligible to be registered/authorised as a Midwife/Nurse Practitioner. This document maps the minimum educational and registration requirements only.

There is currently debate and differing views within nursing and midwifery about the merit of there being registrable categories of advanced practice Midwives, as distinct from Nurse Practitioners. Irrespective of views about whether it is desirable or not there exists a number of pathways for nurse- midwives and "direct entry" midwives to be recognised by NMRAs in their respective advanced practitioner registration categories.

The regulation and registration of midwives varies across the states and territories and currently the various mechanisms for managing the registration of midwives includes having separate registers for nurses and midwives, separate divisions of a single register and single register with restrictions to practice.

In some jurisdictions there are multiple pathways to practice midwifery:

- 1 Bachelor of Nursing with post graduate qualification in Midwifery
- 1 Bachelor of Midwifery, and
- 1 Combined Bachelor nursing/midwifery.

The pathway (and educational preparation) to be recognised as a Midwife and the way in which the nursing and midwifery register is constructed in each jurisdiction then impact on the available options for individuals to be recognised as a advance practitioner by respective NMRAs.

Bachelor of Nursing with post graduate qualification in Midwifery

NSW is unique at this time in that it has legislation that allows for the authorisation of a Midwife Practitioner (and a separate register for Midwives). In other jurisdictions, a Registered Nurse with a post graduate qualification in Midwifery and registered as Midwife, can seek endorsement as a NP in a role that requires them to use their Midwifery skills and competence, such as Maternal and Child Health, Midwifery, Women's Health.

Bachelor of Midwifery ("Direct Entry" Midwives)

Outside of NSW, midwives who do not have nursing qualifications ("Direct Entry" Midwives) may be more limited in options for achieving advanced practitioner status that is recognised/registerable with their NMRA. In general "direct entry" do not meet the criteria for NP endorsement as they are not Registered Nurses. The exception is Victoria (?others) where direct entry midwives are registered in Division 1 (RN) with a restriction in practice to Midwifery.

The education requirements recognised by NMRAs as appropriate for recognition as an advance practitioner in midwifery are less clearly defined than for non midwifery areas of practice. Whilst there are Masters of Midwifery courses there are currently no courses accredited by NMRAs as leading to authorisation as a midwife practitioner or NP in Midwifery.

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/preferred 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

	Assessment based on:	Comments
ACT	"Competency Standards for NP in the ACT" incorporating 3 NP Competency Standards & 9 Competency Units	Adopted from ANMC NP Competency Standards
NSW	5 clusters of NP Assessment criteria	Advanced practice component assessed by 5000 Advanced practice hours in past six years
NT	3 NP Competency Standards & 9 Competency Units	Adopted from ANMC NP competency Standards
QLD	3 NP Competency Standards & 9 Competency Units	Adopted from ANMC NP competency Standards
SA	"10 Professional Standards for NP Practice"	
TAS	To be determined	
VIC	6 Criteria for NP Endorsement	Assessment based on Competency Standards for NP (Nursing Council of New Zealand). Currently changing to use ANMC NP Competencies
WA	Nurses Board of Western Australia Competency Standards for Nurse Practitioners.	

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

	NRA Requirement?	Process/Evidentiary Requirements
ACT	No	
NSW	No	Information kit provides advice on PI issue to applicants but not required to be demonstrated.
NT	Yes	Self Declaration by NP that they have appropriate cover with registration renewal on initial authorisation as NP
QLD	Yes	Self Declaration by NP that they have appropriate cover with Annual license renewal
SA	Yes	Letter from employer required including reference to individual and their role as NP
TAS	TBD	
VIC	Yes	A policy number, receipt or a letter from employers or professional organisation that confirms professional indemnity insurance is required to be presented.
WA	No	This is under review with draft legislation

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 detail 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

State/Territory	Type of document	Board/Reg requirement	Gov Approval Process	Comments including level of authorisation
ACT	Clinical Practice Guidelines	NO	YES	The service plan for NP position must include "a plan for the development of clinical practice guidelines and medication formulary for the position"
NSW	Clinical Practice Guidelines (CPGs)	NO	YES	CPG are required by law to guide the N/MP 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 & midwifery Services
NT		NO	NO	
QLD	Health Management Protocol	NO	Yes	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
SA		NO	NO	
TAS				
VIC	Clinical Practice Guidelines	YES	If new NP category Poisons Advisory Ctee required to have list added to Regs	Guidelines are required as part of NRA application process. NNBV reviews all individual NPs Clinical Practice guidelines at the point of application. NNBV also suggest NP professional organisation "endorse" guidelines.
WA	Clinical Protocol	NO	YES	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, CMO ED Pop Health. If they are revised following this (eg after a NP is appointed) they must be approved by the DG again.

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)⁶, 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

	Prescribing Model	Schedule 8 Prescribing Restriction Applies?	Comments
ACT	Protocol Prescribing/ Formulary Prescribing	YES	
NSW	Protocol Prescribing	YES	
NT	TBD		
QLD	Protocol Prescribing & Formulary Prescribing	NO	NPs prescribe from "Old Hospital Standard Drug List" and according to Health Management Guidelines (HMG)
SA	Formulary Prescribing	YES	

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.

TAS	TBD		
VIC	Protocol Prescribing & Formulary Prescribing	NO	List of drugs for a category of NPs are listed as a schedule to the Drugs, Poisons and Controlled Substances Act in addition to requirement to have protocols covering clinical management/drug therapy.
WA	Protocol Prescribing	YES	

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

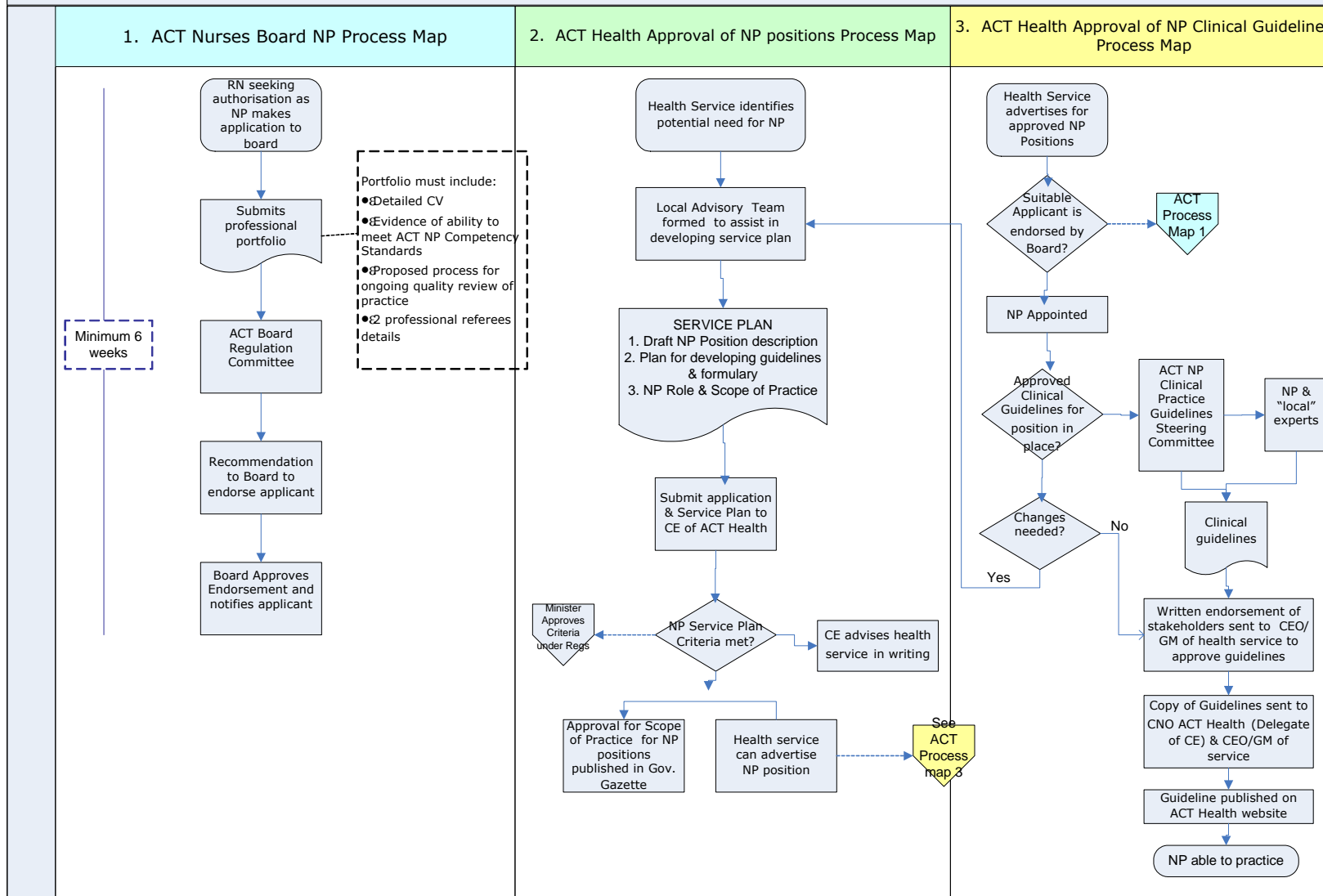




Figure 3 – NEW SOUTH WALES NP AUTHORISATION PROCESSES

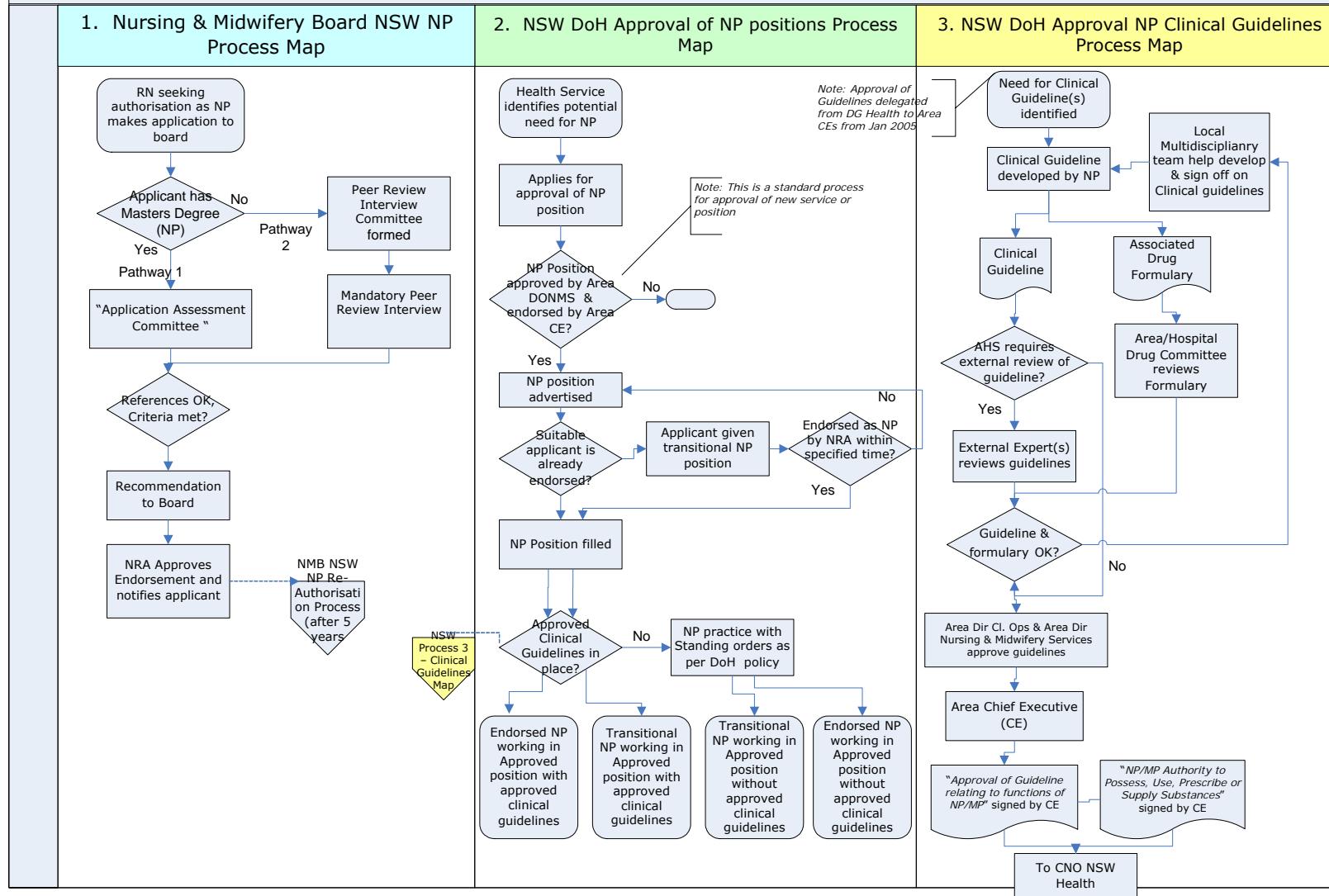




Figure 4 NORTHERN TERRITORY NP AUTHORISATION PROCESSES

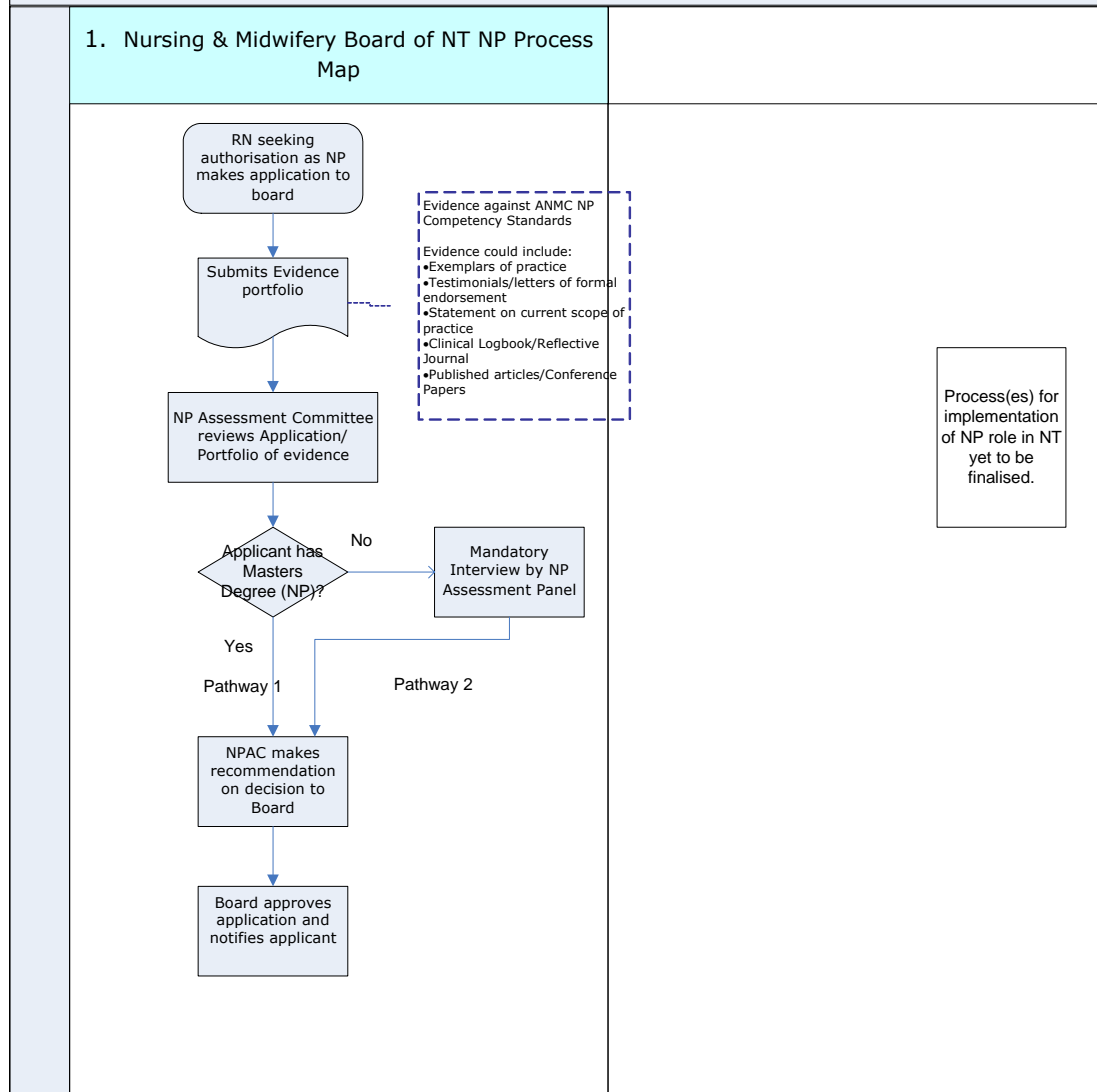




Figure 5 – QUEENSLAND NP AUTHORISATION PROCESSES

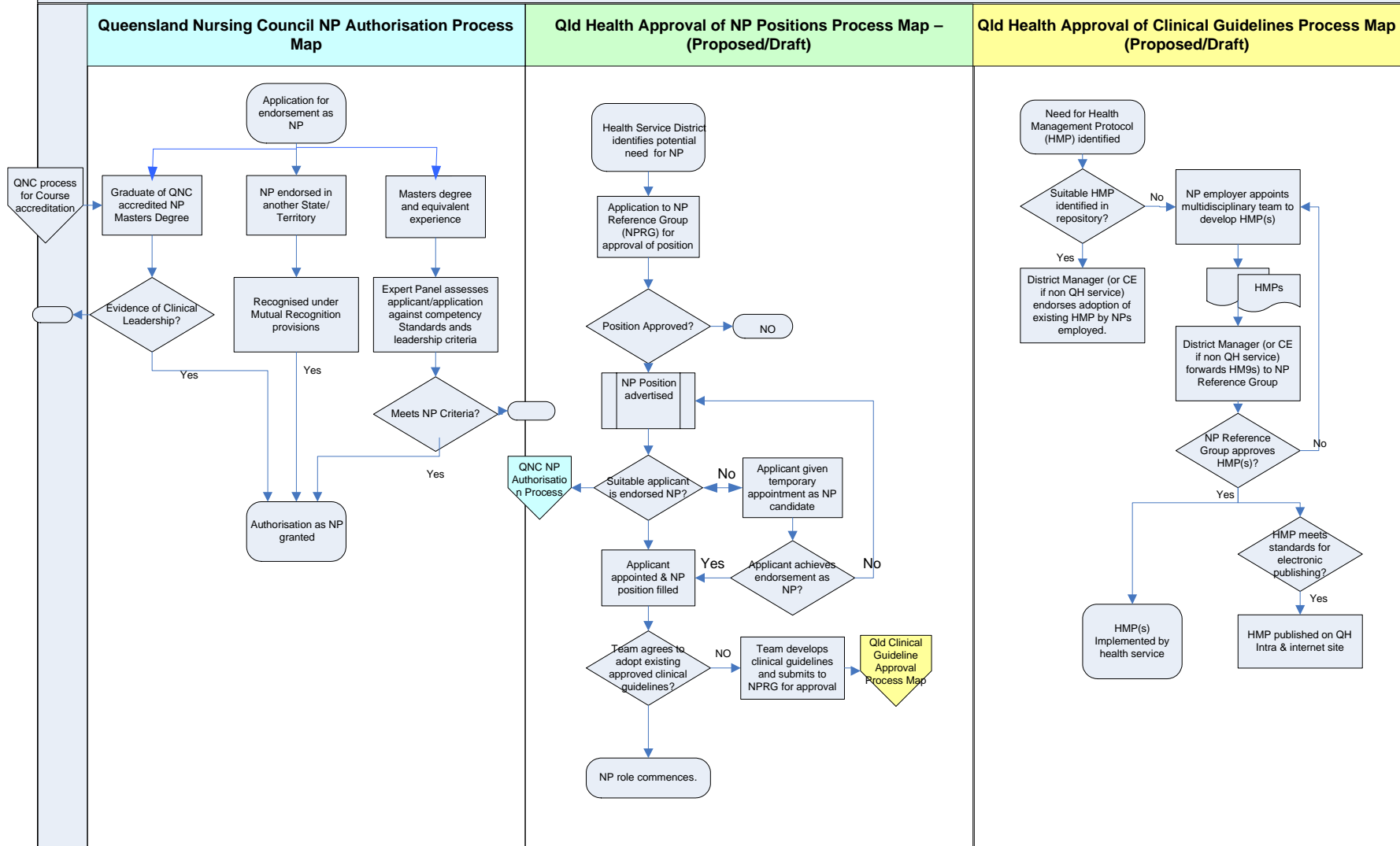
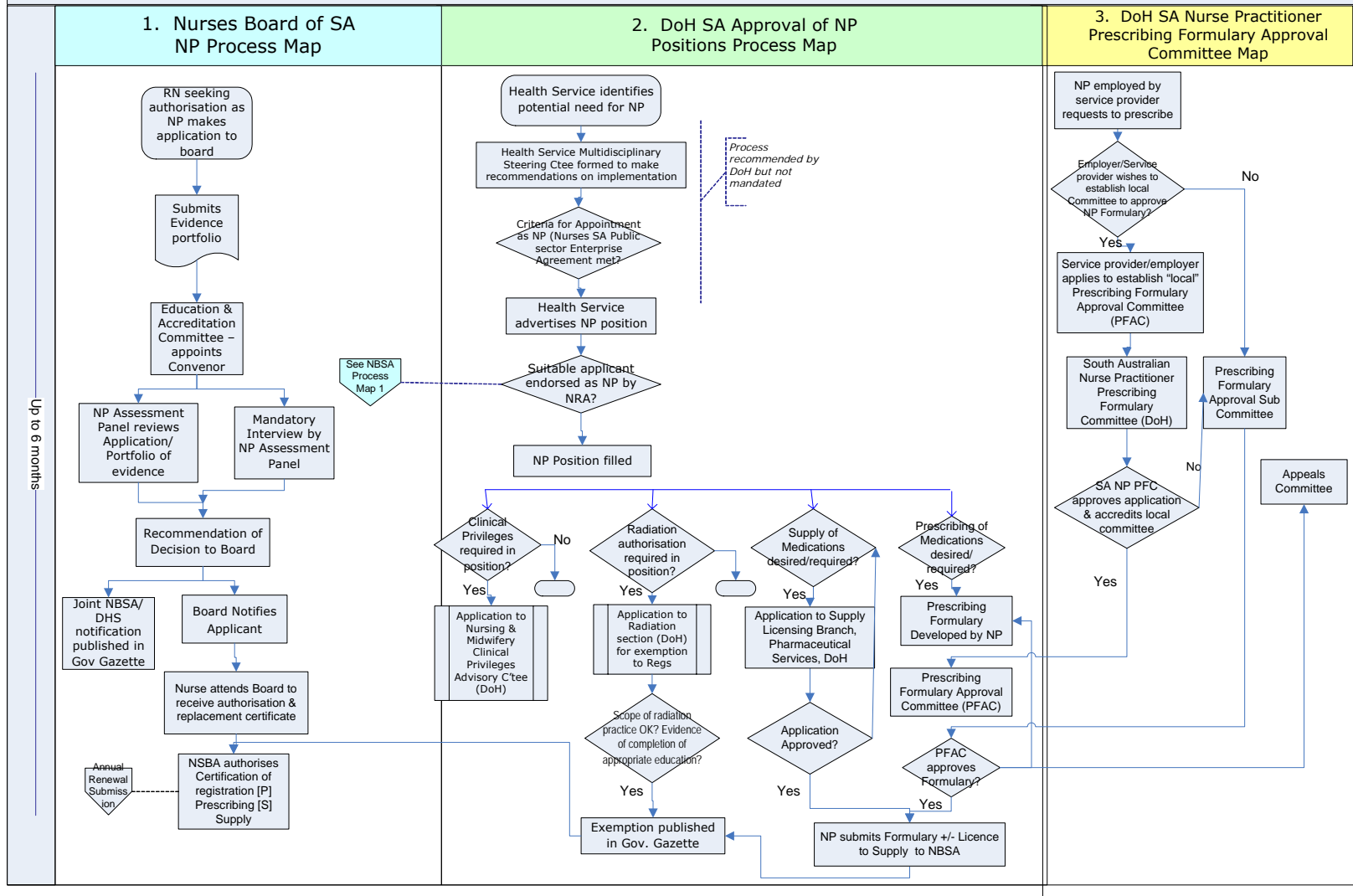
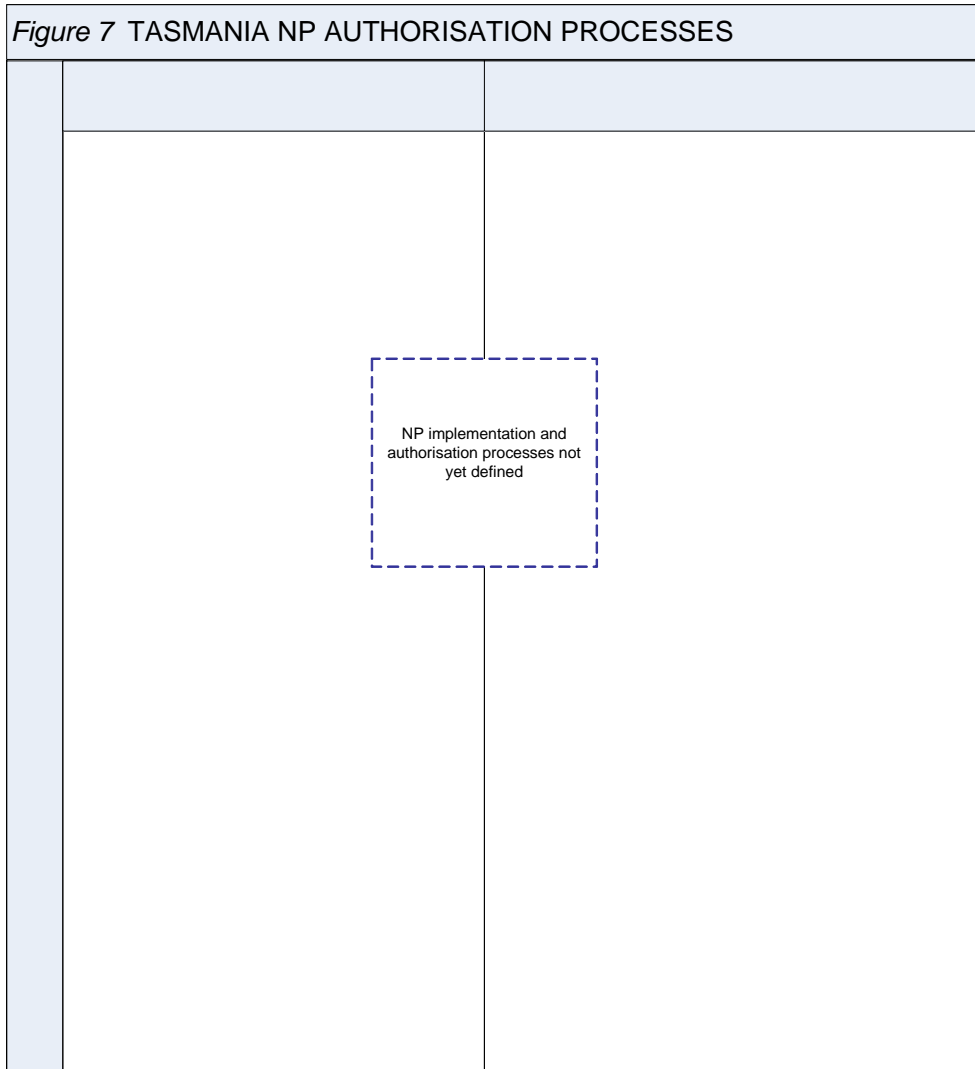




Figure 6 SOUTH AUSTRALIA NP AUTHORISATION PROCESSES





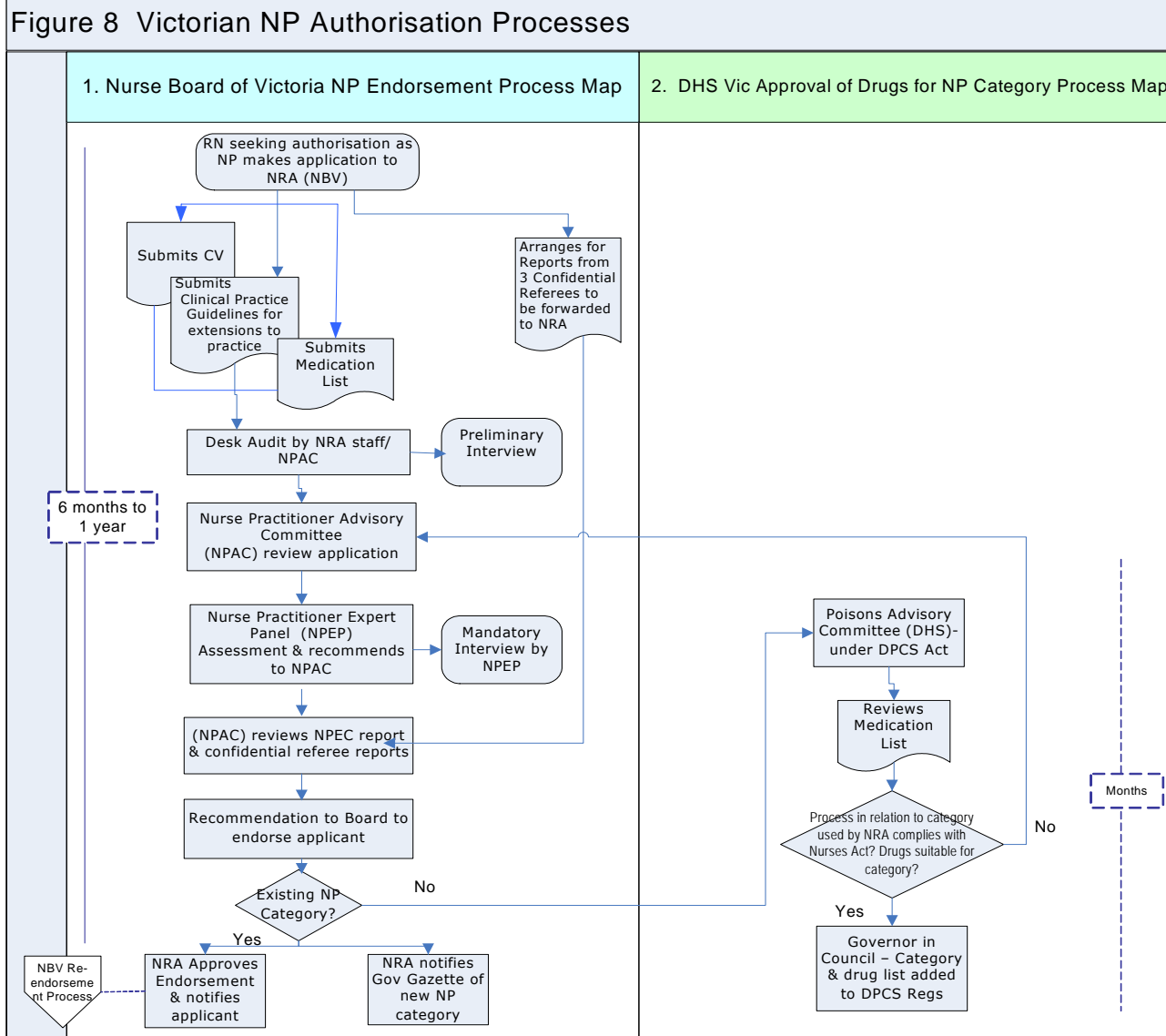
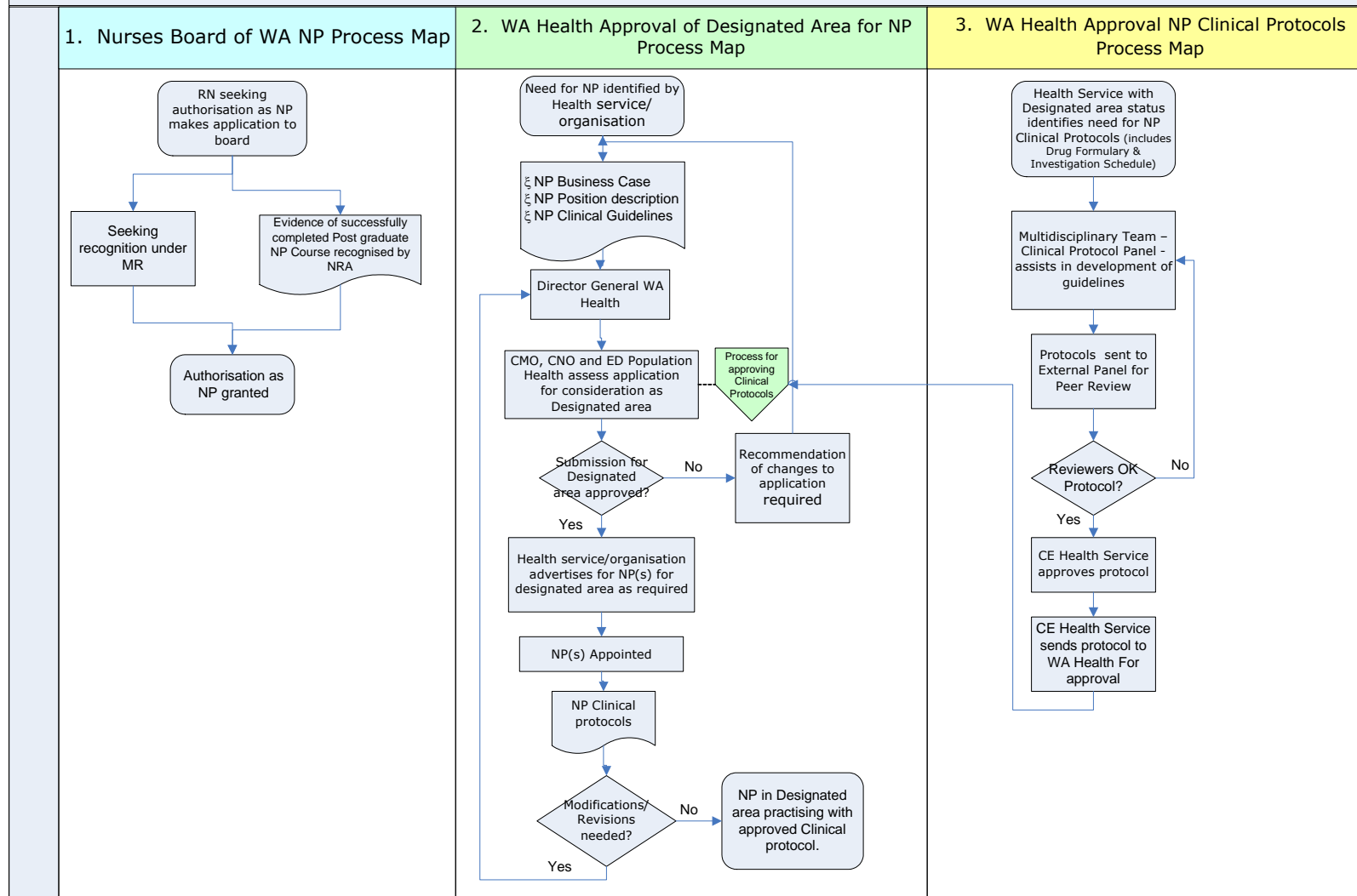




Figure 9 WESTERN AUSTRALIA NP AUTHORISATION PROCESSES





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.

HEALTH PRACTITIONER LEGISLATION/REGULATION (incl Nursing specific Acts)					
State/ Territory	KEY RESTRICTIONS/ RESERVATION/PROTECTED TITLE				
	ENTRY QUALIFICATIONS	ENTRY - COURSE ACCREDITATION	REGISTRATION	RESERVATION/ PROTECTED TITLE	PRACTICE
ACT	√√	√√	√√	√√	√√
NSW	√√	√√	√√	√√	√√ (G)
NT	√ (1)	√	√	√√	√ (1)
QLD	√ (2)	√	√	√ (2)	√
SA	√ (3)	X	√	√ (3)	√
TAS	Not yet Determined				
VIC	√√	√√	√√	√√	√√ (G)
WA	√√	√	√√	√√	√√ (C)

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 IN USE (AUG 2005)

ICN (2003)	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".	Vic NSW
Victorian NP Taskforce (1999)	"A registered nurse educated for advanced practice who is an essential member of an interdependant health care team and whose role is determined by the context in which s/he practises."	Vic
DHS, Vic	"In Victoria a nurse practitioner is defined as "...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."	Vic
Della (2003)	"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".	WA
Nurses and Midwives Board, NSW (1998)	"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: <ul style="list-style-type: none"> • a repertoire of therapeutic response • insightful, sophisticated clinical judgements • clinical decision making justified by application of advanced knowledge". 	NSW
NSW Health	"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".	NSW
SA NP Project (1999)	"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".	SA
Gardner, G, J Carryer, S V Dunn and A Gardner (2004).	"A Nurse Practitioner is a registered nurse educated to function 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 <ul style="list-style-type: none"> • the direct referral of clients to other health care professionals, • prescribing medications, and • ordering diagnostic investigations. 	QLD, TAS, ACT

	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".	
National Nursing Organisations (1999, 2000)	"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".	WA, QLD
Queensland Health (no date)	<p>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.</p> <p>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.</p> <p>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.</p>	QLD
Nurses Board of WA (2003)	A Nurse Practitioner in the Western Australian context means "a nurse who is registered under section 22A of the Western Australian Nurse Act, 1992".	WA

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 1: Examples of professional and occupational regulation

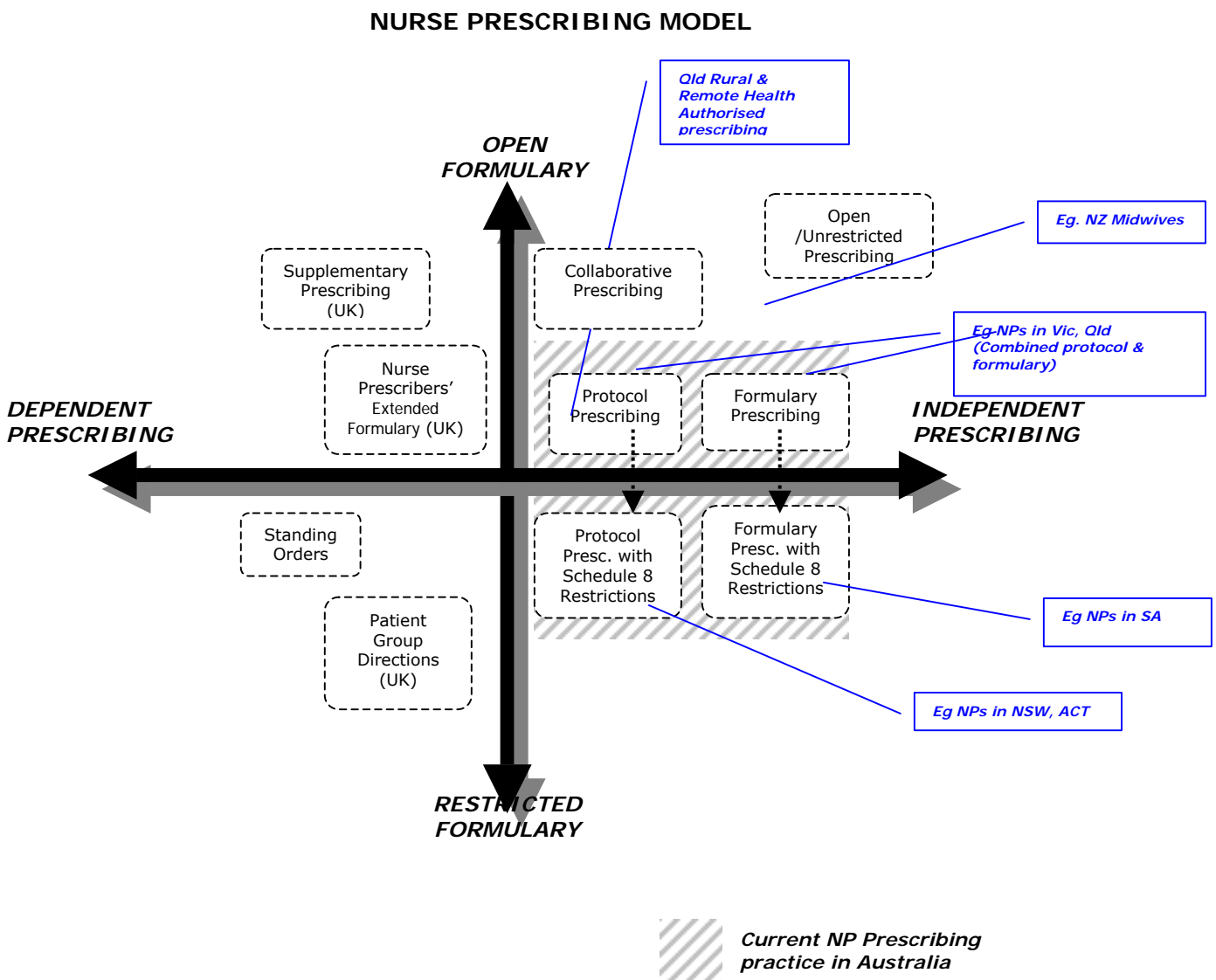
<i>Type of restriction</i>	<i>Explanation</i>
Entry qualifications	Various types of academic and experience qualifications are needed to become a professional.
Registration requirements	Even if a person has the appropriate qualifications, they must hold a licence to practise.
Reservation of title	Only persons with the appropriate qualifications and/or on the register may use the professional title.
Reservation of practice	Certain areas of practice are not allowed to be performed by persons other than certified practitioners.
Disciplinary processes	Professionals may be asked to explain their actions if their conduct is questioned, and may be disciplined or prevented from practising.
Conduct of business	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.
Business licensing	Businesses must be licensed before they are able to sell their services.

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 “N³ET Nurse Prescribing” model has been developed. The “N³ET 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.



Notes/Definitions on nurse prescribing models:

Collaborative prescribing	<p>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, Roughead et al. 2002) Also sometimes referred to as "semi- autonomous prescribing".</p> <p><i>"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"</i> (Emmerton, Marriott et al. 2005).</p>
Dependent prescribing	<p>'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.</p>
Formulary prescribing	<p>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.</p>
Independent prescribing	<p>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)</p> <p>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 <i>on her own responsibility</i>. 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.</p> <p>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)</p>
Nurse Prescribers' Extended Formulary	<p>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.</p>
Open prescribing:	<p>Generally refers to unrestricted prescribing as in the prescribing range of medical practitioners.</p>
Patient Group Direction	<p>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)</p>
Protocol prescribing	<p>Occurs when agreed protocols are developed to guide the pharmacological management and treatment of a condition, disease or injury based on the</p>

evidence for improving health outcomes. This is more restrictive/directive than formulary prescribing as the protocol defines the scope of prescribing practice.

Standing orders 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.

Supplementary prescribing 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).

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