

Nurse/Midwife Practitioners in NSW

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Summary Policy related to Nurse/Midwife Practitioners that provides a more detailed outline of the processes required for the implementation of Nurse/Midwife Practitioners services in NSW. This policy describes the requirements for Nurse/Midwife Practitioners in regard to their scope of practice/clinical guidelines including their approval.

Replaces Doc. No. Nurse Practitioner Services Implementation in New South Wales [PD2005_265]

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NURSE/MIDWIFE PRACTITIONERS IN NEW SOUTH WALES

This Policy Directive supersedes NSW Health PD2005_265. It provides a more detailed outline of the processes required for the implementation of Nurse/Midwife Practitioner services in New South Wales.

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1. What is a Nurse/Midwife Practitioner?

Nurse/Midwife Practitioners are registered nurses/midwives working at an advanced practice level and who are authorised by the NSW Nurses and Midwives Board (NMB) to use the title 'Nurse/Midwife Practitioner'.

Advanced practice incorporates the ability to provide care to a range of clients at a level that demands:

- a repertoire of therapeutic responses;
- insightful sophisticated clinical judgements;
- clinical decision-making justified by application of advanced knowledge.ⁱ

Being an expert-by-experience in a specialty is not on its own sufficient for advanced nursing practice. Nor is accepting more delegated medical tasks or technical procedures. Advanced practice differs from expert practice or extended roles in its scope and sphere of influence and its application of advanced nursing knowledge.ⁱⁱ

Authorised Nurse/Midwife Practitioners may possess, use, prescribe or supply medications, order diagnostic tests and make referrals only when they are operating within guidelines approved by the Director-General^Ψ, NSW Department of Health or delegate. The Nurse/Midwife Practitioners approval of scope of practice and guidelines is a separate process to authorisation.

Nurse/Midwife Practitioners have extensive experience, skills and knowledge in their chosen specialty and work in partnership with members of multidisciplinary teams. These professional attributes and the ability to work collaboratively whilst having a clearly defined expert scope of practice assists them to deliver high quality, patient centred care. They provide expert nursing/midwifery care by working with a high level of clinical decision making expertise but in collaboration with other health professionals as part of a multi-disciplinary team.

2. Role of Nurse/Midwife Practitioners in the NSW public health system

The Nurse/Midwife Practitioner has emerged/developed as a new level and model of nursing/midwifery care provider because of increasing specialisation and the requirement to address inequities in access to healthcare. The boundaries of responsibility for nurses/midwives are changing, not only because of increased demands, but because nurses/midwives have demonstrated their competence in a variety of advanced practice roles. The Nurse/Midwife Practitioner role values clinical care and provides a much needed addition to the clinical career paths for the nursing/midwifery profession. Extensive national and international research has demonstrated that the Nurse/Midwife Practitioner role is safe and effective and highly acceptable to the patient population.

3. The Nurse/Midwife Practitioner authorisation process

Prospective Nurse/Midwife Practitioners in NSW undergo an authorisation process through the NMB. This enables the Nurse/Midwife Practitioner to use the protected title of 'Nurse/Midwife Practitioner.' Re-authorisation (as opposed to renewal) for all Nurse/Midwife Practitioners is required every five years.ⁱⁱⁱ The following is an outline of the two pathways for registered nurses/midwives to be authorised as Nurse/Midwife Practitioners. For further detail refer to the NMB website at www.nmb.nsw.gov.au

^Ψ See Section 7 for specific details of scope of practice and guideline approval.

3.1 Pathway One

This pathway option is for registered nurses/midwives who have completed an NMB approved Master's program leading to authorisation to practise as a Nurse/Midwife Practitioner. The applicant must:

- identify the approved broad area and specialty area of practice in which the applicant would like to be assessed;
- show evidence of current registration as a nurse/midwife;
- show evidence of 5,000 hours of advanced nursing/midwifery practice during the last six years appropriate to the specialty area;
- show evidence of successful completion of a Nurse/Midwife Practitioner Master's degree approved by the NMB leading to authorisation as a Nurse/Midwife Practitioner;
- complete the approved application form and pay an application fee as determined by the NMB.

3.2 Pathway Two

This pathway option is for registered nurses/midwives working at advanced practice level who have NOT completed a Masters degree approved by the NMB. The applicant must:

- show evidence of current registration as a nurse/midwife in NSW and 5,000 hours of advanced nursing/midwifery practice in the relevant specialty area of practice within the last six years;
- prepare and submit a 'package of evidence' that includes a detailed curriculum vitae and case study and that demonstrates the applicant has the knowledge and skills to practise nursing/midwifery at an advanced level within the specialty area;
- complete the approved application form and pay an application fee as determined by the NMB;
- attend a peer review interview at which the applicant will be required to demonstrate advanced knowledge and skills in the identified specialty area of practice.

4. Implementation of Nurse/Midwife Practitioner services in NSW

The establishment of a Nurse/Midwife Practitioner service is to be guided by the principles of collaborative planning, practice and evaluation across professional boundaries and involvement of the multidisciplinary team and local agreed guideline development.

The following conditions should exist within the Area Health Service (AHS) to support the Nurse/Midwife Practitioner service:

- the Nurse/Midwife Practitioner is able to operate within a collaborative model with the support of other health professionals;
- adequate funding exists to support the position; and
- infrastructure support is available to ensure the Nurse/Midwife Practitioner service is able to function as planned.

4.1 Approval of Nurse/Midwife Practitioner positions

Approval for a Nurse/Midwife Practitioner position must be given by the Area Director of Nursing and Midwifery Services and endorsed by the Area Chief Executive (CE). Once approved by the CE, the AHS is required to notify the Chief Nursing Officer, NSW Department of Health of the establishment of the position. Notification assists the Nursing and Midwifery Office in facilitating appropriate networks and support systems.

4.2 Recruitment of Nurse/Midwife Practitioners into positions

Once a position has been approved it is advertised by the AHS in the usual manner. Any authorised Nurse/Midwife Practitioners who meet the criteria are able to apply for the position.

Where an authorised Nurse/Midwife Practitioner is unavailable, the position may be filled by a registered nurse/midwife who meets the criteria to apply for authorisation as a Nurse/Midwife Practitioner by the NMB. In this instance the applicant will be appointed into a 'transitional' position until they achieve authorisation. The timeframe for authorisation will be set by the AHS. The successful applicant must become authorised within the timeframe specified by the AHS, otherwise the position will be re-advertised.

Transitional Nurse/Midwife Practitioners do not have the rights and privileges of authorised Nurse/Midwife Practitioners. However, they can commence the planning and preparation for their new role (including defining their scope of practice) and begin the process for identification of relevant guidelines, which will guide their practice.

Authorised Nurse/Midwife Practitioners can only exercise their rights and privileges for the possession, use, supply or prescription of poisons and restricted substances once guidelines relating to the role have been approved by the Director-General,^Ψ NSW Department of Health or delegate.^{iv}

5. Diagnostic investigations

Nurse/Midwife Practitioners who are ordering diagnostic investigations are required to follow NSW Department of Health Policy.

^Ψ See Section 7 for specific details of scope of practice and guideline approval.

As part of the extended rights and privileges, Nurse/Midwife Practitioners can initiate diagnostic investigations according to their scope of practice. These diagnostic investigations may include the ordering of pathology tests and medical imaging. Consideration needs to be given as to which test is the most suitable to assist in planning treatment. As well, decisions regarding these diagnostic investigations should take into account whether they are evidence-based, age-appropriate and cost-effective. It is then the Nurse/Midwife Practitioners' responsibility to ensure test results are followed up, interpreted and documented; and to consult a Medical Practitioner to discuss appropriate management or referral if required. Consultation with pathology and medical imaging staff should occur as appropriate.

6. Nurse/Midwife Practitioners and limited prescribing rights

Under Section 78A of the Nurses and Midwives Act 1991, NSW Nurse/Midwife Practitioners are required to work under guidelines which relate to their functions as well as making provision for the possession, use, supply or prescription of poisons or restricted substances under Section 17A of the Poisons and Therapeutic Goods Act 1966.^v

As part of a section on treatment, the guidelines may describe the use of medications for specific clinical conditions. These medications, which a Nurse/Midwife Practitioner may prescribe, must be agreed by all the local stakeholders. The medications should also be listed at the end of the guideline. This drug formulary provides for the poisons and restricted substances that may be possessed, used, supplied or prescribed by Nurse/Midwife Practitioners under Section 17A of the Poisons and Therapeutic Goods Act 1966 and forms part of approved Nurse/Midwife Practitioner guidelines, in accordance with section 78A(2) (a) of the Nurses and Midwives Act 1991. No other drugs can be included in the formulary other than those that are referred to within the clinical guidelines.

The template for the drug formulary is given below.

Drug (generic name)	Route	Dosage	Therapeutic Class	Clinical Presentation	Poisons Schedule

The following statement also needs to be included with the list of medications:
Any alteration must be submitted to the Chief Executive of the AHS for approval. This document is invalid if any alterations or amendments are made without the approval from the Chief Executive of the AHS.

The Area or Hospital Drug Committee needs to approve the drugs that are identified for use by the Nurse/Midwife Practitioner in the guidelines to ensure clinical appropriateness and consistency with local policy.

Before approving the guidelines or issuing an authority under section 17A, the authorised officer (including the CE) must be satisfied that they provide a clear and relevant structure for Nurse/Midwife Practitioner services and that the list of drugs to be authorised under section 17A are appropriate having regard to the range of functions the Nurse/Midwife Practitioner will be undertaking.

7. The Nurse/Midwife Practitioner and Area Health Service roles in ensuring Evidence Based Practice

Clinical practice guidelines for each Nurse/Midwife Practitioner position within the NSW public health system are required by law to provide the framework to guide the Nurse/Midwife Practitioners' clinical practice. The approval of these guidelines has been delegated by the Director-General, NSW Department of Health to the Chief Executives of each AHS [Public Health Delegations Manual – PH478 and PH479]. In order to ensure consistency across NSW a guidelines and formulary approval proforma are appended.

In order to have their guidelines approved, the Nurse/Midwife Practitioner will be required to identify their

- a. scope of practice i.e. context and level of practice (as defined in section 6.1)
- b. diagnostic tests that will be used and a list of medications (formulary) that will be prescribed including the related clinical condition;
- c. existing clinical practice guidelines that are relevant to their practice.

The AHS is to ensure that each Nurse/Midwife Practitioner has defined their guideline/scope of practice and that this is evidence based and in accordance with the AHS policy requirements (e.g. Codes of Conduct and Ethics, etc.).

Additionally, prior to final Chief Executive signoff, the Area Director of Clinical Operations and the Area Director of Nursing and Midwifery Services are to review and approve these guidelines only if they are considered appropriate for the range and functions the Nurse/midwife Practitioner will be undertaking.

“A contravention by a Nurse/Midwife Practitioner of the approved guidelines does not give rise to an offence but may constitute professional misconduct or unsatisfactory professional conduct.”^{vi} In addition, all Nurse/Midwife Practitioners are expected to adhere to the policies and procedures of their employing institution, inclusive of the Nurse/Midwife Practitioner's guidelines/scope of practice that describe their functions and role.

7.1 Scope of practice

A scope of practice is required for each Nurse/Midwife Practitioner.

The scope of practice is that which Nurse/Midwife Practitioners are educated, authorised and competent to perform. The actual scope of practice of individual Nurse/Midwife Practitioners is influenced by the settings in which they practise, the health needs of people, the level of competence and experience of the Nurse Practitioner and the policy requirements of the service provider. The scope of nursing practice encompasses clinical, educational, administrative and scholarly dimensions of nursing practice and for a Nurse/Midwife Practitioner

should incorporate specialist practice of the registered nurse and be at an advanced level.

Advanced practice is characterised by greater and increasing complexity and exists beyond beginning practice on the continuum of nursing practice. Education, experience and competence development mark advancing practice. As practice becomes more advanced nurses demonstrate more effective integration of theory, practice and experiences along with increasing degrees of autonomy in judgements and interventions.^{vii}

The Nurse/Midwife Practitioner's scope of practice should also include the context in which practice is delivered. The context of practice is usually indicated by defining the following:

- Age range of patients/clients
- Presenting symptoms or complaints
- Actual disease state or diagnosis
- Severity of the symptoms
- Geographical location of the patient or client⁵

This scope of practice statement/description is to be based on the guiding principles of the nationally endorsed nursing scope of practice. (This document has yet to be finalised and in the interim the Queensland Nursing Council's *Decision Making Framework* (2002) will be used.) This document can be accessed at www.qnc.qld.gov.au/upload/pdfs/practice_standards/Scope_of_Nursing_Practice_Decision_Making_Framework.pdf.

When making delineations in care boundaries, Nurse/Midwife Practitioners need to consider not only the responsibilities of their role but also their level of expertise and what extended support/intervention the patient requires, when they require it and who can provide it.

In addition to this, each Nurse/Midwife Practitioner and her/his AHS need to have a clear understanding of the responsibilities of the Nurse/Midwife Practitioner in relation to medical emergencies. For example, the rural sector have developed the *Rural Emergency Clinical Guidelines (Adult)*^{viii} and the Nurse/Midwife Practitioner's responsibility (including the adherence to standing orders) in regard to emergencies will be delineated by their level of expertise and the *Rural Emergency Clinical Guidelines (Adult)*. It may be useful for metropolitan areas also to identify the role of the Nurse/Midwife Practitioner in regard to medical emergencies, taking into account available local resources and the Nurse/Midwife Practitioner's area and level of expertise.

7.2 Evidence based practice

Evidence based practice may be articulated in clinical practice guidelines. These clinical practice guidelines have been described as 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific clinical circumstances'^{ix}. They are designed to help practitioners assimilate, evaluate and implement the increasing amount of evidence and opinion on current best practice. They can be particularly helpful where there is a variation in practice that affects patient

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outcomes and a strong research base exists providing evidence of effective practice. They are not intended to be used as rigid protocols.^x

8. Evaluation of Nurse/Midwife Practitioner service

Evaluation is one of the critical elements in the implementation of Nurse/Midwife Practitioner services. Effective evaluation will ensure the delivery of quality care that is responsive to the needs of the community.

The evaluation of the Nurse/Midwife Practitioner service in each AHS should include ongoing monitoring and review of the service consistent with the principles of continuous quality improvement, performance management and local health service evaluation strategies. This evaluation should be based on the quality dimensions of safety, effectiveness, appropriateness, consumer participation, access and efficiency, as outlined in the NSW Department of Health's *Framework for Managing the Quality of Health Services in New South Wales*.^{xi} This framework could also be used to determine an appropriate set of performance indicators for each Nurse/Midwife Practitioner service.

A formal State-wide evaluation of the Nurse/Midwife Practitioner service is planned to be completed once there are sufficient numbers of authorised Nurse/Midwife Practitioners with approved clinical practice guidelines. A report on the evaluation is to be presented to the Director-General, NSW Department of Health via the Nursing and Midwifery Office.

For further information related to this circular or any other assistance, please contact the Principal Advisor, Nurse Practitioner Project in the Nursing and Midwifery Office on (02) 9391 9490. The Nursing and Midwifery Office has already prepared large numbers of resources in relation to clinical practice guidelines, formulary development and scope of practice statements. Nurse/Midwife Practitioners from similar specialties are encouraged to collaborate when developing clinical practice guidelines. In addition to this, the CIAP website at <http://internal.health.nsw.gov.au:2001/guidelines/index.html> allows access to a database with a wide range of best practice clinical guidelines available.

Attachment A

NURSES AND MIDWIVES ACT 1991

Section 78A

**APPROVAL OF GUIDELINE
RELATING TO THE FUNCTIONS OF
[NURSE PRACTITIONERS/MIDWIFE PRACTITIONERS**]**

I, **(insert name of officer)** Chief Executive of **(insert name of AHS)** being duly appointed delegate of the Director-General of the Department of Health in accordance with section 21 of the Health Administration Act do hereby approve the attached guideline **(insert name of the guideline)** in accordance with section 78A of the Nurses and Midwives Act 1991.

Dated this _____ day of _____ 200_.

(signature)

(name)

*** delete as applicable*

Attachment B

POISONS AND THERAPEUTICS GOODS ACT 1966

Section 17A

Nurse Practitioner/Midwife Practitioner Authority to Possess, Use, Prescribe or Supply Substances**

I, **(insert name of officer)** Chief Executive of **(insert name of AHS)** being duly appointed delegate of the Director General of the Department of Health in accordance with section 21 of the Health Administration Act, and pursuant to the provisions of section 17A (1) and (1A) of the Poisons and Therapeutics Goods Act 1966:

- (1) Do hereby authorise, subject to clause (2) of this authority, Nurse Practitioner(s)/Midwife Practitioner(s)** employed by the **(insert name of AHS)** Area Health Service as (insert broad specialty category) Nurse Practitioner(s)/Midwife Practitioner(s)** to possess, use, supply substances or prescribe poisons and restricted substances for the purposes of the practice of their profession as nurse practitioner(s)/midwife practitioner(s).**
- (2) Pursuant to provisions of section 17A (2) of the Poisons and Therapeutic Goods Act this authority is given in accordance with **(insert name of AHS)** Area Health Service guideline approved on **(insert date)** relating to:

(list name of relevant Nurse/Midwife Practitioner Guideline approved under section 78A of the Nurses and Midwives Act 1991 that is relevant to the Nurse/Midwife Practitioner(s))

and is limited to authorising the possession, use, supply and prescription, of those poisons and restricted substances listed in the guideline.

Dated this _____ day of _____ 200_.

(signature)

(name)

Any alteration must be submitted to the AHS CE for approval. This document is invalid if any alterations or amendments are made without the approval from the AHS CE.

** delete as applicable.

REFERENCES

- ⁱ Nurses and Midwives Board of New South Wales, 2003, *Nurse/Midwife Practitioner Information Brochure*. Sydney; NSW NMB.
- ⁱⁱ New Zealand Nursing Office, 2000, *Advanced Nursing Practice*, NZNO position statement.
- ⁱⁱⁱ Nurse/Midwife Practitioners Amendment, Nurses and Midwives Act 1991, s. 19A (2), 20 (2)
- ^{iv} Nurse/Midwife Practitioners Amendment, Nurses and Midwives Act 1991, s. 78A
- ^v Nurse/Midwife Practitioners Amendment, Nurses and Midwives Act 1991, s. 78A
- ^{vi} Nurse/Midwife Practitioners Amendment, Nurses and Midwives Act 1991, s. 78A (5).
- ^{vii} Adapted from Queensland Nursing Council, 2002, *Scope of Nursing Practice Decision Making Framework*, pages 5-6.
- ^{viii} NSW Rural Critical Care Committee, 2003, *Rural Emergency Clinical Guidelines (Adult)*, NSW Health.
- ^{ix} Lohr, K.N. & Field, M.J., A provisional instrument for assessing clinical practice guidelines. In: Field, M.J. & Lohr, K.N. (eds), 1992, *Guidelines for clinical practice. From development to use*. Washington, D.C.: National Academy Press.
- ^x National Health and Medical Research Council, 1999, *A Guide to the Development, Implementation and Evaluation of Clinical Practice Guidelines*. Canberra: Commonwealth of Australia.
- ^{xi} Quality Framework for NSW Health Steering Committee, 1999, *Framework for Managing the Quality of Health Services in New South Wales*. Sydney: NSW Health.