

# Report on the Evaluation of the Nurse Practitioner Role in NSW

July - 2009

School of Nursing  
& Midwifery

Curtin   
University of Technology

In New South Wales Nurse Practitioners undergo a thorough authorisation process through the Nurses and Midwives Board. This enables the successful applicant to use the protected title of 'Nurse Practitioner' or 'Midwife Practitioner' and to have the authority to prescribe, order pathology tests, order medical imaging investigations and make limited referrals only, whilst operating within approved guidelines.

**Professor Phillip Della**  
Curtin University of Technology

**Huaqiong Zhou**  
Curtin University of Technology

## **FOREWORD**

---

Adjunct Professor Debra Thoms  
Chief Nursing and Midwifery Officer  
NSW Department of Health  
73 Miller Street  
NORTH SYDNEY NSW 2060

Dear Adjunct Professor Thoms

It is with pleasure that I present the Report on the Evaluation of the Nurse Practitioner Role in New South Wales. The evaluation was conducted in a consultative framework and I take this opportunity to acknowledge all those who participated and were so willing to share information and their expertise.

The report contains the issues that emerged during the evaluation and seven major themes emerged:

- New South Wales has led Australia in the development of the Nurse Practitioner role.
- Overall the implementation of the Nurse Practitioner in New South Wales has been professional managed.
- A need for ongoing financial support for the implementation of Nurse Practitioners will be required.
- Refinement to the Nurse Practitioner transitional positions should be required.
- A standardized prescribing formulary with a simplified approval process would be beneficial.
- Improvements in the New South Wales Nurses and Midwives Board Nurse Practitioner authorisation process would be welcomed by the key stakeholders.
- Expansion in the role of Nurse Practitioners should be supported with workplace clinical education programs.

The recommendations in the evaluation report have been framed to allow for implementation. The authors of the report are aware of the complexity of implementation of recommendations that have emerged from a consultative process and therefore acknowledge that consideration of the timing and impact will need to be considered. The recommendations have been framed to allow for their consideration when reviewing, clarifying and enhancing the Nurse Practitioner role in New South Wales.

I thank you for the opportunity to undertake this evaluation report and commend it for your consideration.

**PROFESSOR PHILLIP DELLA**

## Table of Contents

---

Table of Contents .....	1
Executive Summary .....	2
Summary of Recommendations .....	4
<i>Section One</i> .....	6
Background and Introduction .....	6
1. Overview .....	6
2. Evaluation approach.....	7
<i>Section Two</i> .....	10
Area Health Services Policy .....	10
1. Area Health Services NP policy and processes .....	10
2. Development and approval of NP positions .....	10
3. Support and development of transitional nurses and NPs .....	11
4. Scope of practice/formulary approval processes .....	12
5. AHS commitment to the expansion of NP roles including their responsiveness to the changing contexts and models of health care delivery beyond acute care settings .....	13
6. Processes and criteria to evaluate NP role effectiveness .....	14
<i>Section Three</i> .....	15
Policy & Regulation.....	15
1. NP Regulation and policy .....	15
2. Current policy and regulations and application and operation of same .....	16
3. Explore governance structures and their effectiveness both at a State and AHS level.....	19
<i>Section Four</i> .....	22
Education .....	22
1. NP education.....	22
2. Availability and access to relevant education programs .....	22
3. Preparation for functioning as a NP .....	23
<i>Section Five</i> .....	25
Conclusion .....	25
1. Concluding remarks .....	25
References .....	27
Appendix One .....	28
Appendix Two .....	29
Glossary of Terms.....	30

## **Executive Summary**

---

The New South Wales Chief Nursing and Midwifery Officer commissioned the evaluation of the Nurse Practitioner role in July 2009. The evaluation was conducted against agreed terms of reference that reviewed the role from the perspective and views of Nurse Practitioners, Area Health Services, the Nursing and Midwifery Regulation Authority and the education providers. In brief, the terms of reference included Area Health Service policy and process, nursing and midwifery regulation, and the availability and access to relevant education programs. The terms of reference in full are contained in Appendix 1 and described within the introduction section.

New South Wales was the first State in Australia to introduce the Nurse Practitioner role. Other Australian jurisdictions followed this lead implementing their Nurse Practitioner role based on the New South Wales policy, legislative, regulatory and nursing professional framework. Since the introduction of the Nurse Practitioner role in New South Wales the education preparation, regulation, policy and the scope of practice has continued to be enhanced and developed.

During the evaluation, it was evident from those interviewed that the Nurse Practitioner role in New South Wales was valued as an advanced nursing role. A clear indication of a commitment to continue its development was made by those interviewed, as it was still considered to be a new role that has not yet reached its full scope of practice. In New South Wales, the Nurse Practitioner role has had just over ten years of history and while the implementation of positions was initially slow, there has been a steady increase in numbers and funded positions.

The evaluation provided a valuable insight into a number of aspects that warranted further consideration that would enhance the nurse practitioner role and these included aspects of:

- Establishment of nurse practitioner positions including funding
- Policy, clinical governance and infrastructure support
- Nurse practitioner authorisation process
- Nurse practitioner prescribing and formulary requirements
- Role clarity and scope of practice
- Nurse practitioner educational and professional development

Discussion on each of these aspects is contained in the following section aligned to the appropriate terms of reference.

The information contained in this evaluation was obtained via face to face interviews, telephone interviews and published documents provided by New South Wales Department of Health and the New South Wales Nurses and Midwives Board. The report presents the views, perceptions and attitudes of those who participated in the evaluation. The evaluators take this opportunity to thank all those who participated and provided open and frank discussion delivering information that formed the recommendations that have been framed to enhance the development of the nurse practitioner role in New South Wales.

## **Summary of Recommendations**

---

The recommendations have been developed from the information obtained during the evaluation period and therefore only reflect a point of time. Given the continuous development of the Nurse Practitioner role the recommendations must be viewed with this in mind.

### **Recommendation 1 – Nurse Practitioner ongoing implementation**

That ongoing implementation of nurse practitioners in New South Wales be continued and supported.

### **Recommendation 2 – Nurse Practitioner establishment funding**

Recognising and within current financial frameworks that ongoing financial support be provided for the implementation of nurse practitioners in New South Wales.

### **Recommendation 3 – The length of the Nurse Practitioner transitional period**

That the transitional positions for nurse practitioner be reviewed including the length of the transitional period and further, if the nurse in the transition position cannot fulfil the requirements of authorisation, then they should be requested to relinquish the position.

### **Recommendation 4 – Nurse Practitioner standard prescribing formulary**

That a unified nurse practitioner standard prescribing formulary be developed at the state/national level supported by a scope of practice statement. This would allow the nurse practitioners to select the group of medication to be prescribed that related to their clinical specialities and scope practice.

### **Recommendation 5 – Simplified approval process**

That the authorisation process for nurse practitioners be simplified including the removal of jargon and use of specific language terminology, which proves difficult for those outside the nurse practitioner movement to interpret.

**Recommendation 6 – New South Wales Nurses and Midwives Board authorisation process**

That New South Wales Nurses and Midwives Board considers a process to enhance their established nurse practitioner authorisation process including communication with all major stakeholders.

**Recommendation 7 – Nurse Practitioner guideline approval process**

That the approval process for nurse practitioner guidelines at the Area Health Service level be streamlined with artificial barriers removed and committee structures improved.

**Recommendation 8 – Nurse Practitioner access to ongoing professional development**

That nurse practitioners should be provided with ongoing workplace clinical education aligned to clinical skills enhancement.

## **Section One**

### **Background and Introduction**

---

#### **1. Overview**

New South Wales (NSW) has led the development of Nurse Practitioners (NP) in Australia and it was evident from those interviewed that the role has been well established and valued. The definition of a NP in NSW is as per the Australian Nursing and Midwifery Council (ANMC)

*“A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations ...”*

The evaluation provided the identification for strengths and opportunities for improvements to be identified that will provide guidance in enhancing the scope and role of NPs in NSW.

NSW has the largest number of NP authorised in Australia to practice and in 2007 this represented 43.4% (n=95) of the National total<sup>1</sup>. It was noted that this number had steadily increased since that time and as at June 2008<sup>2</sup> the Nursing and Midwifery Office (NaMO) reports the number to be 137 NPs in NSW. However, all who participated in the interviews felt that there was a definite need to increase the NP number in order to meet the health service demands. This was not being realised, as Area Health Service (AHS) did not support their increase given the current financial restraints. One reason for

---

<sup>1</sup> Della, P., Fielding, K., Hagen, D., Hakendorf, E., Kerr, K., & Wilson Strum, A. (2007). *National progress on nurse practitioners numbers*, 2(1), 33-37.

<sup>2</sup> New South Wales Health department Nursing and Midwifery Office. (2009). *Background Information*.

the AHS hesitation is that the role and value of NPs are not fully understood by those external to the nursing profession. The ongoing resistance by the Australian Medical Association (AMA) to NPs has also led to some Chief Executives not embracing the role. The AMA resistance does not translate to all within the medical profession as many Doctors have embraced and supported the role. Internal professional role clarity is also required as a degree of confusion remains between NP and Clinical Nurse Consultants (CNC). While a number of the evaluation participants identified this role confusion, a significance number indicated that this had reduced in recent years.

Overall the development and implementation of NPs in NSW must be acknowledged as being very successful and well managed. The introduction of any new role into health care presents its own challenges and while difficulties have been experienced in the introduction of NPs these have been managed or overcome successfully. The central focus of the implementation of NPs in NSW has been to improve patient access and clinical outcomes. The reviewers therefore strongly endorse the ongoing implementation of NPs in NSW.

**Recommendation 1 – Nurse Practitioner ongoing implementation**

That ongoing implementation of nurse practitioners in New South Wales be continued and supported.

**2. Evaluation approach**

The evaluation was commissioned by the NSW Chief Nursing and Midwifery Officer. The implementation of NPs in NSW has included the authorisation of registered nurses to undertake advanced and extended clinical role. The implementation commenced some ten years ago and since that time enhancement and extension to the role has occurred.

The Chief Nursing and Midwifery Officer developed the terms of reference for the evaluation, provided access to documents, and facilitated access to participants of semi-structured interviews, telephone interviews and focus groups.

### **Terms of Reference**

The evaluation produced a report for consideration by the NSW Chief Nursing and Midwifery Officer based on the terms of reference.

The evaluation considered:

#### **Area Health Services NP policy and processes including such areas as:**

- Development and approval of NP positions
- Support and development of transitional nurses and NPs
- Scope of practice/formulary approval processes
- AHS commitment to the expansion of NP roles including their responsiveness to the changing contexts and models of health care delivery beyond acute care settings
- Processes and criteria to evaluate NP role effectiveness

#### **NP regulation and policy**

- current policy and regulations and application and operation of same
- explore governance structures and their effectiveness both at a State and AHS level

#### **Education**

- Availability and access to relevant education programs
- Preparation for functioning as a NP

## **Independent Evaluators**

The Evaluation was undertaken by Professor Phillip Della, Professor of Nursing – Head of School, School of Nursing and Midwifery, Curtin University of Technology and Huaqiong Zhou, Research Assistant, School of Nursing and Midwifery, Curtin University of Technology.

## **Key Stakeholders**

The evaluation was informed by many individuals and key stakeholders who have been central in the implementation of NPs in NSW. Included in those who informed the evaluation were nurses in clinical, management, education, policy, regulation and legislation. In addition, key stakeholders included representatives from the NSW Nurses' Association, College of Nursing, Australia, NSW Department of Health and the New South Wales Nurses and Midwives Board (**NSW NMB**).

## **Evaluation Approach**

The evaluation was conducted using a predominantly qualitative descriptive approach and measured against a set of agreed terms of reference. The approach consisted of semi-structure interviews, telephone interviews, focus groups and a review of published documents. All information collected during the evaluation period was included in the data analysis.

The findings are reported at the group level and no individual or specific health service has been identified. This allows for anonymity of those interviewed to be maintained. All information obtained during the evaluation was grouped, themed, and reported under appropriate headings.

The evaluation reports provide one source of information and recommendations that should be considered when reviewing, clarifying and enhancing the NP role in NSW.

## ***Section Two***

### **Area Health Services Policy**

---

#### **1. Area Health Services NP policy and processes**

The first term of reference addresses the NP role from an AHS perspective and includes the approach to the development of the role including the identification of the need, financial support and commitment to enhance and expand the role. The components of the first term of reference are outlined below:

#### **TERMS OF REFERENCE - ONE**

1. Area Health Services NP policy and processes including such areas as:
  - Development and approval of NP positions
  - Support and development of transitional nurses and NPs
  - Scope of practice/formulary approval processes
  - AHS commitment to the expansion of NP roles including their responsiveness to the changing contexts and models of health care delivery beyond acute care settings
  - Processes and criteria to evaluate NP role effectiveness

Information contained in this section was obtained from a focus group with the AHS Directors of Nursing, a sample of nurse administrators and nurse managers, a cross section of NPs, senior officer representatives of NSW NMB, a representative of the NSW Nurses Association and representatives from the Justice System.

#### **2. Development and approval of NP positions**

AHS support the development of NP roles and have demonstrated a commitment, however, the realities of implementation related to funding availability and this clearly has impacted the progress of implementation. It was stated by those interviewed that the

expansion in NP numbers has been limited due to financial considerations. Implementation of NPs has occurred either by establishing a new position which is in addition to the funded nursing establishment or the redefining of an established position into a NP role. AHS have provided financial support for the implementation of NPs and in addition project funding has been provided by NSW Department of Health. It was evident from those interviewed that ongoing financial support was required to continue the implementation of NPs in NSW.

**Recommendation 2 – Nurse Practitioner establishment funding**

Recognising and within current financial frameworks that ongoing financial support be provided for the implementation of nurse practitioners in New South Wales.

Associated with the dissatisfaction of funding availability for the NP position was the process of establishment at the AHS level. Those interviewed indicated that often when initial support was given for the development of a NP position, when it came to implementation, approval was withdrawn. The reason given was the AHS could no longer financially support the implementation of the NP position. This has caused a high level of dissatisfaction and mistrust in the approval process. It is therefore important that an agreement including the identification of the need, the financial arrangements and role clarification be determined by the AHS prior to the commencement of the establishment of the NP position.

**3. Support and development of transitional nurses and NPs**

Nursing Services within AHS have supported NP transitional positions including professional development, financial support and providing assistance in the application process for authorisation Pathway 2. During the NP transition period, this has included paid employment and professional development. This was considered by those interviewed to have assisted in the increase of the number of NPs in NSW.

Continual support for NP transitional positions was now being questioned regarding the level of support, the length of the transition and value of these positions to AHS. The background to why the transition positions were being questioned included the value for money, the length of time it was taking Registered Nurses (RNs) to complete the transition and gain authorisation as a NP, and the equity and fairness for other potential NP applicants. A strong suggestion from those in management positions was that the length of the transitional period be limited and defined at the beginning with the applicant. If the RN in the transitional period could not meet the requirements of authorisation, they should relinquish the position allowing others the opportunity.

**Recommendation 3 – The length of the Nurse Practitioner transitional period**

That the transitional positions for nurse practitioner be reviewed including the length of the transitional period and further, if the nurse in the transition position cannot fulfil the requirements of authorisation, then they should be requested to relinquish the position.

**4. Scope of practice/formulary approval processes**

Overall, there was consensus and support for the development of a National and/or Statewide unified NP standard prescribing formulary. This would allow the NP to select the group of medication to be prescribed that related to their clinical specialities and scope practice. It was felt that this would not only save time and resources but would enhance clinical services provided by NPs. Removal of artificial barriers and blocks being experienced at local Therapeutic and Goods Committees would also be removed.

The current process of approval for the drug formulary has caused some difficulties. The difficulties relate to the approval of the Area Drug and Therapeutic Committee role. It was stated that Pharmacists on these committees have been reluctant in approving NP drug formularies. Examples included requests to change from generic names to trade names and requests for changes to formulary content that were different from the information contained in MIMS.

At this time, a NP prescription that is to be filled by an external commercial pharmacy requires a Medical Officer's signature and provider number. This has led to time delays, which may be addressed in the new Federal announcement providing NP with access to PBS.

**Recommendation 4 – Nurse Practitioner standard prescribing formulary**

That a unified nurse practitioner standard prescribing formulary be developed at the state/national level supported by a scope of practice statement. This would allow nurse practitioners to select the group of medication to be prescribed that related to their clinical specialities and scope practice.

**5. AHS commitment to the expansion of NP roles including their responsiveness to the changing contexts and models of health care delivery beyond acute care settings**

The expansion of NP positions was clearly identified by all interviewed as an AHS responsibility. The responsibility included the identification of the need for the NP position, the funding for the position, the role for the NP, the employment, professional development and the evaluation. The level of professional support varied between AHS. This may relate to overall funding made available to support NP. It was commented on several occasions that the provision of funding was related to the overall AHS budget. The current budgetary restraints at times caused some difficulties with further implementation of NP positions. This uncertain level of funding was viewed unfavourably by those interviewed.

AHS in an effort to establish NP in NSW supported the transition to NP process. The process did require financial support for RNs in a transitional position for up to two years. During this time it was expected that the nurse would achieve authorisation by the NSW NMB as a NP. The creation of the transitional position has demonstrated a commitment from the AHS, however, the sustainability of this process was raised in a financially constrained health system.

**6. Processes and criteria to evaluate NP role effectiveness**

The overall impression was that NPs provide efficient and quality patient care. This however was a general perception, as objective performance evaluation was not routinely undertaken.

It was stated on several occasions that while performance management was a stated goal, it was often difficult to achieve this in the current health care environment. This did not only relate to NP but to all staff within AHS. Particularly with NPs, the management and clinical reporting lines may be different and involve a unit nurse manager with clinical supervision provided by a medical officer. This added a layer of complexity to the performance management of NPs requiring additional processes than the standard approach. Willingness was expressed by those interviewed to participate in performance management. A process to facilitate a clinical and management approach to performance management of NPs should be encouraged.

## **Section Three**

### **Policy & Regulation**

---

#### **1. NP regulation and policy**

The second term of reference, addresses aspects of current policy and regulations of NPs. It also focuses on governance structures at both State and AHS level. The components of the second term of reference are outlined below:

#### **TERMS OF REFERENCE - THREE**

##### **NP regulation and policy**

- current policy and regulations and application and operation of same
- explore governance structures and their effectiveness both at a State and AHS level

Information contained in this section was obtained from a focus group with the AHS Directors of Nursing, a sample of nurse administrators and nurse managers, a cross section of NPs, senior officer representatives of the NSW NMB, a representative of the NSW Nurses Association and management representative from Justice.

NSW has well established NP Legislation, however, it was identified that bottlenecks occur with the approval process for authorisation. The current process to obtain NP authorisation in NSW consists of two pathways:

Pathway 1 this pathway option is for registered Nurses who have completed a Masters degree approved by the Nurses and Midwives Board as a course to prepare application for practice as nurse practitioners<sup>3</sup>.

---

<sup>3</sup> New South Wales Nurses and Midwives Board (2007). Being a Nurse Practitioner in New South Wales.

Pathway 2 this pathway option is for registered nurses who are working at an advanced practice level but who have not completed a Masters degree course for nurse practitioners approved by the Nurses and Midwives Board. Applicants applying under this pathway are required to attend a Peer Review Interview.

Views on the effectiveness of the regulation process for NP authorisation vary among the stakeholders. The responsible authority for authorisation of NPs is the NSW NMB. It should be noted that the NSW NMB was the first Australian Nurse Regulation Authority to have established a process for the authorisation of NPs and since that time strategies to improve the process have been implemented. The NSW NMB has published its authorisation process information for RNs who wish to apply for authorisation to practice as a NP<sup>4</sup>. While the position of the NSW NMB process is well documented, there is a disconnect between those applying for NP authorisation, and the Board was evident. This included the process of application, the documentation required, the language used in the documentation evidence required and the peer panel process. Applicants stated that there were time delays, confusion regarding information and feedback from the Board. As this level of disconnect exists, this area does need attention as it has created a level of dissatisfaction between the three main groups involve in the NP movement, the NP themselves, the NSW NMB and AHS.

## **2. Current policy and regulations and application and operation of same**

Semi-structured interviews with three senior officers at the NSW NMB were conducted and, in addition, their documented policies on NP authorisation were reviewed. The senior officers presented the authorisation process and acknowledged that initially it was time consuming and delays in process had occurred. They further believed that improvements had been put in place which have addressed the delays in the process and clarified the requirements. In the view of senior officers, it was the health service

---

<sup>4</sup> New South Wales Nurses and Midwives Board (2007). Being a Nurse Practitioner in New South Wales.

employers who were responsible to identify the NP role which should be based on identified health service need. This identification was sometimes confused, as the decision could be political rather than a service need. The senior officer interviewed of the NSW NMB stated that at times managers might encourage inappropriate applications for NP authorisation. This may include applicants who did not have sufficient advanced clinical experience to meet the criteria in Pathway 2.

This disconnect in the application process as previously identified raised the question of role differentiation between the NP and CNC. The NSW NMB clearly identified that the two roles were very different; however, they felt this was not fully understood by the AHS, which have cause difficulties and confusion. On an individual nurse level, this may have resulted in inappropriate application, which has professionally and/or personally caused harm.

In the view of the majority of AHS managers the NP authorisation process was difficult to navigate and unnecessary delays in processing occurred. Their collective views also indicated that the NSW NMB were not as supportive to organisations or applicants as they could be which has lead to a strained relationship. Areas identified as adding to these difficulties included inconsistency in information and processes and the difficulties in establishing appropriate NP panels to assess the applicant's competencies. It was also noted that the documentation requirements to provide evidence to the NSW NMB was viewed by other health professionals as professional jargon which caused difficulties in engaging completion of the required information by those outside of the nursing profession. It was felt that the NSW NMB should develop a standardised approach to NP authorisation, which included feedback and support during application process.

Overall, there was a strong feeling that the development and approval process for NPs needs to be simplified and bottlenecks removed. It was identified that bottlenecks related to policy implementation rather than legislative restriction. Examples provided included the application process by the Nurse Regulation Authority. It was felt that this process

was restrictive as it required the use of specific language terminology, which proved difficult for those outside the NP movement to complete, such as General Practitioners.

**Recommendation 5 – Simplified approval process**

That the authorisation process for Nurse Practitioner be simplified including the removal of jargon and use of specific language terminology, which proves difficult for those outside the Nurse Practitioner movement to interpret.

At the time of the interviews, there was overall support for the National Registration and Accreditation. While this support was provided, a degree of concern was expressed regarding how the National process would be implemented and how it will relate to NPs who did not have the necessary Masters qualification.

Stakeholders including NPs and AHS Managers questioned the reauthorisation process currently conducted by the NSW NMB. It was felt by the majority that this process was time consuming, clumsy and unnecessary. The question of reauthorisation was raised in the context of whether process should continue, its validity and its necessity, as other health professionals do not need to demonstrate this requirement to practice. It was, however, acknowledged that the process had improved and the NSW NMB had continued to seek improvements.

**Recommendation 6 – New South Wales Nurses and Midwives Board authorisation process**

That New South Wales Nurses and Midwives Board considers a process to enhance their established nurse practitioner authorisation process including communication with all major stakeholders.

### **3. Explore governance structures and their effectiveness both at a State and AHS level**

Legislation that governs NPs in NSW has been in effect since 1999<sup>5</sup> and administered by the NSW NMB. In a 1995 report the NSW Department of Health Nurse Practitioner Project Stage 3 stated that *“the evidence from the research conducted by each pilot project and the across-project research supported the view that nurse practitioners were feasible, safe and effective in their roles and provide quality health services in the range of settings researched ...”*<sup>6</sup>

While NPs are providing safe and quality care, there are three different but inter-related processes for the approval of the positions.<sup>7</sup> These are described as:

1. Authorisation of suitable registered nurses by the NSW NMB
2. Approval of NP positions within a health service by AHS. (This includes arrangements for transitional NP positions)
3. Approval of guidelines (and associated granting of prescribing rights) by the AHS Chief Executive or Direct General.

Within the public sector NP positions must be approved by the Area Director of Nursing and Midwifery services and endorsed by the Area Chief Executive. A legislated provision for the Director General of Health to approve guidelines that delineate NP practice exists. The prescribing authority has become embedded into the process of approving clinical guidelines and is a combination of Formulary and Protocol prescribing. This provision has been applied and is linked to a parallel provision in the Poisons Act that states that the guidelines may also make provision for NPs to prescribe.

---

<sup>5</sup> NSW NMB (2009). This information was obtained from the NSW NMB website ([www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx](http://www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx)).

<sup>6</sup> NSW Department of Health. (1995). Nurse Practitioner Project Stage 3 Report.

<sup>7</sup> National Nursing and Midwifery Education Taskforce. (2005). Nurse Practitioners in Australia: Mapping of State/ territories Nurse Practitioner (NP) Models, Legislation and Authorisation Process.

While these inter-related processes have been established for some time they do cause difficulties when NP positions are not available and when guidelines have not been approved. NP and AHS managers indicated a level of frustration regarding this process.

NaMO has offered professional support for the development of NP roles in NSW. This has included guidance and support provided by Senior Nursing Officers and the collection and maintenance of a database on all NPs including those in transitional roles.

Core to NaMO role is the administration of the state-wide Policy Directive on Nurse/Midwifery Practitioner in NSW. The Policy provides information on the processes required for the implementation of nurse/midwifery practitioners in regard to their scope of practice/clinical guidelines including approval. The contents of this policy include definition of nursing/midwifery practitioner, role of nurse/midwifery practitioners in the NSW public health system, the authorisation process, implementation of nurse/midwifery practitioner services in NSW, diagnostic investigations, the nurse practitioner and AHS roles in ensuring evidence based practice, and evaluation of nurse/midwife practitioner service.

At the AHS the governance of NPs included the approval of positions and guidelines. While these processes have been well documented, evidence of difficulties emerged during the interviews. The difficulties included those related to funding, approval of guidelines and prescribing rights. The difficulties regarding guidelines and prescribing rights are related to both the development and approval process. The committee structure required for the approval of guidelines and prescribing was identified as causing delays relating to members not understanding the NPs role and scope of practice. Attention is required to address process delays in the approval process.

**Recommendation 7 – Nurse Practitioner guideline approval process**

That the approval process for Nurse Practitioner guidelines at the Area Health Service level be streamlined with artificial barriers removed and committee structures improved.

Information obtained during the interviews indicated that while there is an overall commitment and objective to evaluate NP services and the individual performances, like many other services this was not routinely undertaken.

## **Section Four**

### **Education**

---

#### **1. NP education**

The third term of reference addresses the education preparation of NPs and how it prepared them for practice. The components of the second term of reference are outlined below:

#### **TERMS OF REFERENCE - THREE**

##### **Education**

- Availability and access to relevant education programs
- Preparation for functioning as a NP

Information contained in this section was obtained from a focus group with the AHS Directors of Nursing, Nurse Academics, a sample of nurse administrators and nurse managers and a cross section of NPs, senior officer representatives of the NSW NMB, a representative of the NSW Nurses Association and management representative from Justice.

#### **2. Availability and access to relevant education programs**

The NSW NMB website<sup>8</sup> indicates that there is currently three recognised Master of Nursing (Nurse Practitioner) courses available. At the University of Newcastle the course offers six areas of practice, University of Technology Sydney have five, and the University of Western Sydney specialises in mental health practice. Appendix 2 contains information regarding these courses.

---

<sup>8</sup> NSW NMB (2009). This information was obtained from the NSW NMB website ([www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx](http://www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx)).

NPs interviewed indicated their support for the university-based courses noting that improvement in the curriculums, content and delivery had gradually been changed based on feedback. The only issue raised regarding availability of the courses was from nurses in remote rural locations who felt geographically isolated and disadvantaged. Flexible and external delivery modes have reduced the access problem, however, professional isolation remained.

NPs interviewed strongly indicated that their education should be clinically focussed with an emphasis on workplace delivery. It was noted that while Masters Courses are available leading to authorisation as a NP, they often did not provide enhanced/extended clinical skills required for advanced practice. Within this framework it was felt that the Masters courses needed to move to a more clinical focus with less emphasis on professional language and professional jargon. It was also felt that increase knowledge in areas such as anatomy, physiology, diagnostics and clinical decision-making should be included in the curriculum. Universities revising their Master of Nursing (Nurse Practitioner) courses should take this view of NP into account.

### **3. Preparation for functioning as a NP**

While NPs are well prepared to commence advanced clinical practice on authorisation with the NSW NMB, ongoing education and professional development are important elements that underpin the safety and quality of clinical care delivery. Clinical practices are continually advancing and NPs interviewed stated that access to workplace clinical education offered to medical interns would assist their skill development. They further indicated that participation into speciality rotations would also support their professional development.

It was noted that NPs were in the main keen to expand their role to fully utilise their clinical skills and knowledge in extended practice. This includes those working in Emergency Departments (ED) to expand from the Fast Track areas with low acuity

patients to more acute care areas. Given this willingness to expand their roles, ongoing workplace clinical education should be supported.

**Recommendation 8 – Nurse Practitioner access to ongoing professional development**

That nurse practitioners should be provided with ongoing workplace clinical education aligned to clinical skill enhancement.

## ***Section Five***

### **Conclusion**

---

#### **1. Concluding remarks**

The evaluation report provides an opportunity to review the progress, development and implementation of the NP role in NSW. Overall there was a strong commitment to NPs from all those who participated in the review. While this commitment and support was evident, a number of areas have caused a level of dissatisfaction and frustration. This was often related to policy and process rather than the legislative framework.

Clearly the level of funding for NP positions has been limited and this has caused dissatisfaction with the establishment process. The information provided during the review was despite AHS initial support for the establishment of NP positions. They were often not funded when it came to implementation. Dissatisfaction was also expressed regarding the NSW NMB approval process, including the over-use of jargon and terminology not understood by those outside the NP movement. In addition, it was also felt the level of communication from the NSW NMB to the stakeholders in the authorisation process needed to be enhanced.

The transitional period for RNs preparing to become NPs was considered to have assisted in the implementation of the role in NSW. The interviews provided significant information that the length of the transitional period should be reviewed and if the nurse in the transition position cannot fulfil the requirements of authorisation, then they should be requested to relinquish the position.

The authorisation of NP guidelines including the prescribing process was questioned and it was generally felt that these processes needed to be simplified. The suggestions for improvement included a unified NP standard prescribing formulary, supported by a scope of practice statement, allowing NPs to select the group of medication to be prescribed that

related to their clinical specialities and scope practice. Artificial barriers at the AHS that have limited implementation of the NP roles be removed.

The NSW NMB should consider enhancing their engagement and communication strategies with the stakeholders involved in the NP authorisation process. This enhancement strategy would allow for improvements in relationships between the NSW NMB, AHS, NP and Nurse Administrators.

The evaluation revealed that NPs are valued in NSW and continue to provide safe and quality patient care in a wide range of clinical settings. All those who have been involved in the NP movement in NSW should be acknowledged as having contributed to the development of this new emergent advanced nursing role.

## References

---

Della, P., Fielding, K., Hagen, D., Hakendorf, E., Kerr, K., & Wilson Strum, A. (2007). *National progress on nurse practitioners numbers*, 2(1), 33-37.

NSW NMB (2009). This information was obtained from the NSW NMB website ([www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx](http://www.nmb.nsw.gov.au/Nurse-Practitioner-Courses/default.aspx)).

Australian Nursing and Midwifery Council. (2006). *National Competency Standards for the Nurse Practitioner 2006*.

New South Wales Health Department Health - Nursing and Midwifery Office. (2009). *Background Information*

New South Wales Health Department Health (1995). *Nurse Practitioner Project Stage 3 Report*.

National Nursing and Midwifery Education Taskforce. (2005). *Nurse Practitioners in Australia: Mapping of State/ territories Nurse Practitioner (NP) Models, Legislation and Authorisation Process*.

## **Appendix One**

---

# **TERMS OF REFERENCE**

- 1. Area Health Services NP policy and processes including such areas as:**
  - Development and approval of NP positions
  - Support and development of transitional nurses and NPs
  - Scope of practice/formulary approval processes
  - AHS commitment to the expansion of NP roles including their responsiveness to the changing contexts and models of health care delivery beyond acute care settings
  - Processes and criteria to evaluate NP role effectiveness
  
- 2. NP regulation and policy**
  - Current policy and regulations and application and operation of same
  - Explore governance structures and their effectiveness both at a State and AHS level
  
- 3. Education**
  - Availability and access to relevant education programs
  - Preparation for functioning as a NP

## Appendix Two

### Recognised Courses for Nurse Practitioner Authorization

Institution	Recognised Course	Areas of Practice
University of Newcastle	Master of Nursing (Nurse Practitioner)	<ul style="list-style-type: none"> <li>• Maternal and child health</li> <li>• High dependency</li> <li>• Mental health</li> <li>• Rehabilitation</li> <li>• Medical/surgical</li> <li>• Community health</li> </ul>
University of Technology, Sydney	Master of Nursing (Nurse Practitioner)	<ul style="list-style-type: none"> <li>• High dependency</li> <li>• Medical/surgical</li> <li>• Community/family health/primary health care</li> <li>• Paediatric</li> </ul>
University of Western Sydney	Master of Nursing (Nurse Practitioner)	<ul style="list-style-type: none"> <li>• Mental health</li> </ul>

## **Glossary of Terms**

---

Area Health Service	AHS
Australian Medical Association	AMA
Australian Nursing and Midwifery Council	ANMC
Clinical Nurse Consultants	CNC
Nursing and Midwifery Office	NaMO
New South Wales	NSW
New South Wales Department of Health	NSW Health
New South Wales Nurses and Midwives Board	NSW NMB
Nurse Practitioner	NP
Registered Midwife	RM
Registered Nurse	RN

