

**NURSE  
PRACTITIONER  
PROJECT  
PHASE 2  
IMPLEMENTATION**

Final Report

February 2002



**Nurse Practitioner Project Phase 2 (Implementation)  
Final Report – February 2002  
(Endorsed by DHS Executive April 2002)**

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**DISCLAIMER**

The reader's attention is drawn to the fact this report titled "Nurse Practitioner Project Phase 2 Implementation February 2002" has been prepared with extreme care by Professional Services - Nursing, Strategy & Operations, Statewide Division, Department of Human Services.

The report has been prepared from information acquired from the members of the Nurse Practitioner Steering Committee and Nurse Practitioner Professional Advisory Group, Director of Pharmaceutical Services Branch, Radiation Section DHS, Senior Nursing Staff, Universities, Nurses Board of South Australia and/or their delegates.

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# TABLE OF CONTENTS

Page number

	Acknowledgments	iii
	Executive Summary	iv
<b>1</b>	<b>INTRODUCTION</b>	<b>1</b>
	1.1 Evolution of the Nurse Practitioner role	1
	1.2 National Developments	1
	1.3 South Australian Developments	2
<b>2</b>	<b>PROJECT DESIGN</b>	<b>4</b>
	2.1 Project Structures	4
	2.1.1 Steering Committee	4
	2.1.2 Professional Advisory Group	4
	2.1.3 Additional Consultation	4
<b>3</b>	<b>PROJECT OUTCOMES</b>	<b>5</b>
	3.1 Authorisation	5
	3.2 Preparation for Practice	7
	3.3 Communication and Marketing Plan	10
	3.4 Prescribing and Supply of Medications	16
	3.5 Diagnostic Imaging and Pathology Tests	18
	3.6 Referrals	20
	3.7 Guidelines, Policies and Protocols	21
	3.8 Evaluation	22
	3.9 Clinical and Admitting Privileges for Nurses and Midwives in Public Hospitals in SA	23
<b>4</b>	<b>FUTURE DIRECTIONS</b>	<b>24</b>
<b>5</b>	<b>REFERENCES</b>	<b>26</b>
<b>6.</b>	<b>APPENDICES</b>	<b>28</b>
	1 Nurse Practitioner Steering Committee Terms of Reference & Membership	28
	2 Nurse Practitioner Professional Advisory Group Terms of Reference & Membership	29
	3 Nurses Board of South Australia Professional Standards for Nurse Practitioner Practice	30
	4 Nurses' (South Australian Public Sector) Enterprise Agreement 2001 Nurse Practitioner Structure	32
	5 Nurse Practitioner Project Presentations	34
	6 Nurse Practitioner Fact Sheets	36

## ACKNOWLEDGEMENTS

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Thank you to the following individuals whose membership of the Steering Committee ceased during the course of the Project:

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## **EXECUTIVE SUMMARY**

There have been few innovations in contemporary nursing practice that have created the level of discussion, debate, excitement and frustration which has been evident during the exploration and implementation of the Nurse Practitioner role.

In November 1999 the Minister for Human Services launched the SA Nurse Practitioner Project (NUPRAC) Report, the culmination of two years of extensive consultation and collaboration with key individuals and organisations. The Report contained 32 recommendations relating to the implementation of the Nurse Practitioner role in South Australia 2000. The Project entered Phase 2 Implementation in July 2000 with the appointment of a Senior Project Officer and a Steering Committee to oversee the implementation of the recommendations.

The Nurse Practitioner Steering Committee recognised that Nurse Practitioners have been extensively researched and evaluated both nationally and internationally and as such the focus of Phase 2 of the South Australian Project has been to implement, rather than pilot, the role of Nurse Practitioners in the public health care system.

Several of the NUPRAC recommendations relate to the regulation of Nurse Practitioner practice by the Nurses Board of South Australia (the Board). These particular recommendations underpin much of the work of the implementation process as the outcome has influenced and informed many of the other recommendations, including the ability for Nurse Practitioners to prescribe and supply medications and the educational and professional preparation to practice as a Nurse Practitioner.

### **Authorisation**

Firstly the Board acknowledged the scope of practice of Nurse Practitioners and proceeded to recognise this advanced practice in an extended role by reviewing the current regulatory framework. The Board noted that the relevant legislation was in place. Section 16 of the Act states that the Board has the authority to determine scopes of practice as well as endorse professional standards, including titles and definitions. Professional Standard Statements for Nurse Practitioner Practice were developed in consultation with key groups and individuals.

### **Prescribing & Supply of Medications**

The Nurses Board has determined that all Nurse Practitioners who are authorised by the Board will be able to prescribe and supply medications in accordance with an approved formulary. In the case of a Nurse Practitioner whose role does not require prescribing and supply of medications the Board will authorise the Nurse Practitioner with a limitation. Further work will continue to be undertaken between the Department of Human Services Professional Services – Nursing, the Pharmaceutical Services Branch and Nurses Board of SA regarding changes that will be required to the Controlled Substances Act Regulations 1984.

### **Education**

The Nurses Board determined that preparation for Nurse Practitioner practice might vary for each position therefore; a specific education entry level for a Nurse Practitioner has not been adopted at this time. Significant progress has been made in South Australia regarding the development of tertiary education programs for the preparation of Nurse Practitioners. Both Flinders University and the University of South Australia have further evaluated and reviewed existing Masters programs. The University of South Australia also offers core subjects in advanced pharmacology and advanced assessment as stand alone courses and has fully externalised the Master of Specialist Nursing/Midwifery program to provide access for rural and remote participants.

## **Communication & Marketing**

An Expression of Interest conducted as part of the Project identified over eighty diverse *potential* Nurse Practitioner positions in a variety of metropolitan, rural and remote settings. It was also identified through this process that information relating to the Nurse Practitioner role and the implementation process should be provided to Directors of Nursing, health service managers, clinicians, other health care providers and educators throughout Phase 2.

Communication and marketing of the Nurse Practitioner role became a major focus of the Implementation Phase in order that timely and accurate advice on the implementation process and the Nurse Practitioner role was provided. Consequently several strategies were adopted to provide information to key individuals and organisations, including presentations at conferences and meetings, an Information Forum, six Rural Implementation Workshops and a Nurse Practitioner Workshop for Nurses. Bi-monthly Newsletters have been produced and distributed to key organisations and individuals in order to provide regular updates on the implementation process and to answer the most often asked questions. Nurse Practitioner information has also been included on the Department of Human Services Intranet and Internet website and an Information Kit, *Nurse Practitioners in South Australia*, has been developed.

## **Radiology**

The Radiation Protection Branch in conjunction with the Project have developed guidelines for Nurse Practitioners to apply to the Branch for an exemption to the Ionising Radiation Regulations in order for them to initiate human irradiation for diagnostic purposes. Under current costing arrangements outside the public sector, Medicare benefits are only payable for a diagnostic service if it is ordered by a medical practitioner or from a list of specified providers. The Steering Committee acknowledges that although the Phase 2 has focussed on implementing the Nurse Practitioner role in the public health sector, this work also informs and may be utilised in the private sector. Clients of Nurse Practitioners in private practice may therefore be required to pay the full cost of this service. Similarly, although initiation and receiving of referrals is common practice amongst nurses working in advanced practice roles within the public health system, clients are unable to access a Medicare rebate if referred by a nurse for a specialist consultation outside the public sector. Chief Nursing Officers and Nurse Practitioner Project Officers agree to the merit of a national approach to issues relating to access to Medicare benefits for clients of Nurse Practitioners. Therefore, these issues will be addressed through the national Chief Nursing Officers Forum.

## **Future Directions**

Contrary to what many people may believe, the implementation of the first Nurse Practitioner roles will not be the end of the Project, but rather the beginning of a new phase. Professional Services – Nursing will continue to work with the Pharmaceutical Services Branch, Radiation Services, the Nurses Board of SA, Universities and other relevant organisations and individuals to review and monitor the implementation and effectiveness of the Nurse Practitioner role.

In conclusion the Nurse Practitioner Steering Committee identified the following issues to be considered when addressing the future directions of the Nurse Practitioner role in South Australia:

1. That the Chief Nursing Officers/Principal Nursing Advisers from all States and Territories be encouraged to continue working together to provide a consistent national approach to issues relating to the Nurse Practitioner role, for example, access to Medicare reimbursement for clients for diagnostic tests, referral for specialist consultation and access to Pharmaceutical Benefits Scheme.

2. The Department through the Executive/Pro Vice Chancellors meetings with the State's Universities, encourages the Universities to evaluate and review their educational programs for Nurse Practitioners ensuring they are congruent with service outcome expectations.
3. That work continues between the Pharmaceutical Services Branch, Professional Services - Nursing and the Nurses Board of South Australia to establish the processes for Nurse Practitioners to prescribe and supply medications.
4. That organisations implementing the role of Nurse Practitioners consider establishing formal evaluation process for implementation of the role.

## **1. INTRODUCTION**

### **1.1 Evolution of the Nurse Practitioner role**

- 1.1.1** It is difficult to provide a background to the evolution of Nurse Practitioners in South Australia without at first referring to the North American experience. Thirty five years ago the Nurse Practitioner role emerged in response to a shortage of physicians in rural and disadvantaged communities. In 1998 the Journal of American Medical Association predicted that the number of Nurse Practitioners in the United States would rise from 55,000 to 106,000 between 1995 and 2005.

Marilyn Edmunds an American academic and Nurse Practitioner, believes that the first Nurse Practitioners to be trailblazers, often talented but disillusioned nurses who were willing to give nursing one last chance. She states that no other group of health care providers has been so carefully evaluated and researched as the Nurse Practitioner. Edmunds writes "*Literally thousands of studies looking at quality of care, patient acceptance, patient satisfaction and cost-effectiveness of NPs have been conducted*" (Edmunds 2000).

- 1.1.2** Nurse Practitioner roles in acute care in the United Kingdom initially appeared in Accident and Emergency Departments but recent organisational changes in the NHS, a focus on evidence based, clinically effective care for specific groups, new approaches to health care delivery and nursing initiatives have seen many "new" nursing roles develop. The UK now has a very active network of Nurse Practitioners, and the role mirrors the proposed Australian model where Nurse Practitioners spend 50% of their time in clinical practice and the remaining time as mentor, researcher and educator.
- 1.1.3** Canada has seen a renewal of interest in Nurse Practitioner roles in community health and health education, especially in rural and remote provinces. Despite concerns about the role by the medical profession the government has provided leadership, similar to the South Australian experience, in the establishment of these roles. Today they are working well, particularly where the positions are part of a Community Health Centre.
- 1.1.4** Following a process of consultation in New Zealand, the term "Nurse Practitioner" has been agreed as a national title for expert clinicians who incorporate advanced knowledge and skills into their specific scope of practice, demonstrate leadership as a consultant, educator, administrator and researcher, participate in professional and legislative activities and emphasise health promotion, maintenance and disease prevention. Nurse Practitioners in New Zealand will complete an approved clinically focused Masters program, or equivalent, and individual practitioners will define their scope of practice to the Nursing Council. Since 1990 Midwives have had prescribing rights and are able to prescribe medication from the New Zealand pharmaceutical schedule for the purposes of antenatal, intra-partum and post-natal care. In 2000 Cabinet approved nurse prescribing to be implemented in aged care and child family health. Since then additional scopes of practice have been identified in palliative care, sexual & reproductive health, occupational health, mental health, respiratory health and diabetes, and nurses from these groups are currently working on defining scopes of practice, competencies and medications.

### **1.2 National Developments**

#### **1.2.1 New South Wales**

In Australia, NSW has explored the role of Nurse Practitioners since early 1990. Following ten Pilot Projects, The Stage 3 Report was released in 1996. This Report concluded, "*that Nurse Practitioners are feasible, safe and effective in their roles and provide quality health services in the range of settings researched*". In August 1998

the Nurse Practitioner framework was circulated. This designates forty (40) Nurse Practitioner positions in rural & remote NSW. The framework ensures that local area health services agree to the need for a position through a process of multi-disciplinary involvement. Guidelines are then developed and approved by the Director General of Health before a Nurse Practitioner can be recruited to the position. As at January 2002 four positions have been approved and nine more have been identified as “agreed need”. The Nurses Act in that state has been amended and the title of Nurse Practitioner is protected. Authorisation by the NSW Nurses Board has been available since December 1999 and the Board has approved three (3) University programs for the authorisation process. In May 2001 the nursing profession celebrated the appointment of Australia’s first practising Nurse Practitioner in the Far West Area Health Service community of Wanaaring.

### **1.2.2 Victoria**

A Ministerial Task Force was appointed in Victoria in 1998. Eleven pilot projects were funded by the government for twelve months and community focus groups facilitated. The Victorian Nurse Practitioner Report was launched by the Minister in July 2000. An Implementation Steering Committee has now been appointed to oversee the implementation process. In November 2000 the Nurses (Amendment) Bill 2000 passed through Parliament protecting the title of Nurse Practitioner in Victoria and allowing suitably qualified Nurse Practitioners to be authorised to prescribe a limited range of drugs and poisons under the Drugs and Poisons and Controlled Substances Act. The Nurses Board of Victoria will grant Endorsement as a Nurse Practitioner in a category of practice nominated by the nurse based on demonstration of clinical experience and completion of a course of study accredited by the Board. Recently the Victorian Department of Human Services provided twelve months funding for eighteen sustainable Nurse Practitioner models of practice.

### **1.2.3 Western Australia**

Recently the Western Australian Minister for Health announced Cabinet approval to draft legislation based on the Remote Area Nurse Practitioner Report 2000. A Steering Committee will oversee the implementation of Nurse Practitioner positions in Rural and Remote areas and in designated areas as determined by the Principal Nursing Adviser and Director General. Changes to the Nurses Act which will enable Nurse Practitioners to prescribe and protect the title of Nurse Practitioner, is currently before the Parliamentary Council. Nurse Practitioners will be required to complete an appropriate postgraduate diploma accredited by the Nurses Board of WA.

### **1.2.4 Australian Capital Territory**

In the ACT the Nurse Practitioner Steering Committee has been established and an expression of interest process selected four Nurse Practitioner services - in Wound Management, Sexual Health, Mental Health and the Military. These positions were trialled between March and December 2001 and a Final Report is being prepared.

## **1.3 South Australian Developments**

- 1.3.1** In 1996 the Senior Executive of the then Health Commission agreed to provide a leadership role in the implementation of the Nurse Practitioner/Midwife role in this state. The NUPRAC Advisory Committee was appointed, five Reference Groups were established and two years of extensive consultation and collaboration with key stakeholders occurred. This culminated in the launch of The South Australian Nurse Practitioner Project Report by the Minister for Human Services in November 1999. In July 2000 the Project entered Phase 2 (Implementation) when a Senior Project Officer was appointed to guide the implementation of the recommendations.

**1.3.2** Throughout the deliberations of the Enterprise Bargaining Working Party, Strategy & Operations, Professional Services - Nursing provided advice on the development of the Nurse Practitioner classification. The Nurses' (South Australian Public Sector) Enterprise Agreement 2001 contains the new classification of Nurse Practitioner, which is included in the current three band structure of the RN3 classification. Health units may identify a Nurse Practitioner service and appoint an individual to the position by promotional appointment or personal reclassification. The characteristics of Nurse Practitioner Band B and Band C are detailed in Appendix 4.

## **2. PROJECT DESIGN**

### **2.1 Project Structures**

Throughout Phase 2 (Implementation) the extensive consultation and collaboration that was a hallmark of the NUPRAC Project has continued.

#### **2.1.1 Steering Committee**

A Steering Committee was formed comprising the Chairs of the original five NUPRAC Reference Groups along with experts in issues relating to specific recommendations. This provided continuity with Phase 1 of the Project by ensuring that those individuals who were instrumental to the initial exploration and development of the Nurse Practitioner role were not lost to the implementation phase of the Project. The Steering Committee met monthly to oversee the management of the implementation of the recommendations.

#### **2.1.2 Professional Advisory Group**

In order to continue the high level of consultation that was evident during Phase 1 of the Project, a Professional Advisory Group was convened to provide professional advice on issues that arose during the implementation of the recommendations. Peak nursing and medical associations were invited to nominate a representative to the Advisory Group. The Professional Advisory Group met bi-monthly and communicated to the Steering Committee through the exchange of Minutes of the meetings and as a standing agenda item at the Steering Committee meetings. On several occasions an invitation was extended to identified key individuals/experts to attend the Group in order to inform the discussions.

#### **2.1.3 Additional Consultation**

During the course of the Project additional consultation was achieved through the Senior Project Officer and Principal Nursing Adviser attending meetings, seminars and conferences, giving presentations and receiving feedback. Liaison has also been maintained with Chief Nursing Officers and Project Officers in other states and territories in order to monitor the national status of the Nurse Practitioner role.

### 3. PROJECT OUTCOMES

In order to establish the Nurse Practitioner role within the South Australian health care system the Department of Human Services entered Phase 2 (Implementation) in July 2000 and engaged in the process of implementing the recommendations contained in the NUPRAC Report.

There were a total of 32 recommendations from the initial report. Each of these recommendations has been taken and addressed under the various following headings:

- Authorisation
- Preparation for Practice
- Communication and Marketing
- Prescribing & Supply of Medications
- Diagnostic Imaging & Pathology Tests
- Referrals
- Guidelines, Policies and Protocols
- Evaluation

#### 3.1 AUTHORISATION

The following recommendations from the NUPRAC Report relate to the regulation of Nurse Practitioner practice:

##### **Recommendation 14**

*There be a process of authorisation of Nurse Practitioners, which is undertaken by the Nurses Board of South Australia (NBSA).*

##### **Recommendation 15**

*Adequate professional indemnity cover for Nurse Practitioners/Midwives should:-*

- a) *be the individual practitioner's professional responsibility, except where the Nurse Practitioner/Midwife is an employee and is covered by the employer in the case of vicarious liability*
- b) *exist at the date of treatment*
- c) *be adequate to meet the rare but potentially high cost associated with catastrophic disability arising from negligence in service provision*
- d) *be in place as part of or prior to an accreditation process of all health care businesses, including private hospitals, day surgery facilities, pathology services and health centres*

##### **Recommendation 25**

*The NBSA consider the inclusion of the following criteria when establishing requirements for authorisation of Nurse Practitioners/Midwives:*

- a) *indemnity insurance cover where the Nurse Practitioner/Midwife is self-employed*
- b) *credentialling by a process recognised and endorsed by the profession.*

The NUPRAC Report identified the importance of the establishment of appropriate processes of authorisation and credentialling that are necessary to ensure standards are in place to meet both public and professional expectations. Consequently the deliberations of the Nurses Board of South Australia relating to the model of statutory regulation for Nurse Practitioners in South Australia reflect the recommendations outlined in the Department of Human Services Nurse Practitioner Project Report (1999). The Board's first vital step was to acknowledge the scope of practice of Nurse Practitioners. The Board then proceeded to recognise this extended scope of nursing practice by reviewing the current regulatory framework and the provisions outlined in Section 16 (g) of the Nurses Act 1999. The Board determined that the

relevant legislation was already in place as Section 16 of the Nurses Act 1999 states that the Board has the authority to determine scopes of practice as well as endorse professional standards including titles and definitions (see 16 (b) and (g) of the Nurses Act 1999).

The next step was the development of Professional Standards Statements for Nurse Practitioner Practice. Standards are authoritative statements by which the profession describes the responsibilities for which its practitioners are accountable. This provides protection of the public by having criteria against which services and the performance of practitioners can be assessed. Following circulation of the Draft Standards Statements to key individuals and organisations for comment, amendments and additions were required. It was also determined that self-regulation of Nurse Practitioners, as is the case with registered nurses and midwives, is not the preferred option at this stage of the Nurse Practitioner development.

Significantly, the Board established that the Nurse Practitioner role is a special practice area of nursing and will require authorisation under section 16(h) of the Nurses Act 1999 for inclusion on the Register. All Nurse Practitioners who are authorised by the Board will be able to prescribe and supply medications in accordance with an appropriate formulary, however in the case of a Nurse Practitioner whose role does not require prescribing and supply of medications the Board will be able to authorise with limitations applied. The Board will need to undertake further work with the Department of Human Services, Professional Services - Nursing and the Pharmaceutical Services Branch in relation to changes that will be required to the Controlled Substances Act Regulations (1984).

Broad scopes of practice bands now need to be developed and agreed for the Register. The Board will develop and set an agreed assessment criteria and process for the authorisation of Nurse Practitioners in early 2002. Finally, the Board has recommended that the model of regulation be reviewed five years after implementation (2002-2007).

## 3.2 PREPARATION FOR PRACTICE

Recommendations contained in the NUPRAC Report relating to the educational preparation for Nurse Practitioner practice are as follows:

### **Recommendation 13**

*Registered Nurses/Midwives would need to complete components of an approved education program to prepare themselves as Nurse Practitioners/Midwives, relevant to the context of their practice, which may include:*

- a) *referral mechanisms*
- b) *pharmacology for advanced nursing/midwifery practice*
- c) *use and interpretation of pathology tests*
- d) *advanced assessment for nursing/midwifery practice*
- e) *interdisciplinary communication and collaboration*
- f) *social ethico-legal frameworks*
- g) *diagnostic imaging*

### **Recommendation 26**

*Nurses already practising in advanced roles should be given the opportunity to demonstrate their existing competence to facilitate recognition of their existing skill and knowledge without a need for repetition of learning.*

### **Recommendation 27**

*Education providers should ensure that topics/programs are available via flexible learning models.*

### **Recommendation 28**

*That Nurse Practitioners/Midwives receive appropriate education and training to enable them to assess clients for appropriate referral within the health care system.*

### **Recommendation 29**

*Nurse Practitioner/Midwives who wish to acquire and exercise privileges in the prescribing and supply of medications will be required to have completed an approved program of education and meet the required competencies or practice standards. Approved programs of education should include:*

- a) *the process of prescribing*
- b) *pharmacology*
- c) *clinical assessment*
- d) *therapeutics*
- e) *physiology*
- f) *storage and supply guidelines*
- g) *a framework for demonstrating accountability*

### **Recommendation 30**

*Nurse Practitioners/Midwives receive adequate preparation to enable them to order appropriate pathology tests, analyse the results correctly, and manage clients accordingly.*

### **Recommendation 31**

*Nurse Practitioners/Midwives receive adequate preparation to enable them to order the appropriate radiology tests, interpret radiology reports and manage clients accordingly.*

**3.2.1** Along with the model for regulation of Nurse Practitioners, education and professional preparation for Nurse Practitioner practice has received considerable

discussion during the implementation phase. In 1999 the Nurse Practitioner Project Report recommended that Nurse Practitioners must have “*evidence of increased and extended knowledge and skills*”. In the United States of America, where Nurse Practitioner programs have been available since the 1960’s, the minimum educational preparation for Nurse Practitioner practice is at Masters level. In Australia the Royal College of Nursing, Australia, Position Statement on Advanced Practice Nursing recommends that advanced practice nurses “*should be qualified at Masters degree level with some form of ‘grandparenting’ provision in the interim for those with graduate level qualifications who demonstrate competence and commitment to continuing professional development*”.

- 3.2.2** Whilst it is accepted that Nurse Practitioners must have appropriate educational and professional preparation, as well as demonstrated competence in the desired area of practice, the recommendation of a specific education level for a Nurse Practitioner has not been adopted in South Australia at this stage. To recommend a specific educational pathway may not address the original intent of the implementation of the Nurse Practitioner role in South Australia, which was to formalise the practice of existing nurses, especially those in rural and remote areas. Similarly, to prescribe a specific level qualification (eg Masters) as the basis for practice as a Nurse Practitioner may not recognise the varied educational requirements for the diverse range of potential Nurse Practitioner roles. Nor would this acknowledge the numerous formal and informal methods of continued education that applicants may have engaged in, and continue to participate in, during their professional career.

The educational preparation for Nurse Practitioner practice is also dependent on the model of regulation by the Board however a specific education pathway accredited by the Board has not been adopted at this time. The Nurses Board of South Australia has developed *Professional Statement of Standards for Nurse Practitioner Practice* which include Number 5 “*The Nurse Practitioner ensures adequate formal theoretical and clinical preparation for the advanced and extended nursing role. Such preparation will include knowledge of all legal obligations, as well as an understanding of the authority to prescribe and supply medications and initiate diagnostic investigations and referrals.*”

- 3.2.3** South Australia has two established tertiary programs that may be appropriate preparation for Nurse Practitioner practice. Over the course of the Project, both Flinders University and the University of South Australia have further developed existing Masters programs and the University of South Australia now offers core subjects in advanced pharmacology and advanced assessment as stand alone courses. The University of South Australia has fully externalised the Master of Specialist Nursing/Midwifery program to accommodate access by rural and remote participants.

**I. Master of Specialist Nursing/Midwifery Practice, University of South Australia**

This coursework degree is based around the Nurse Practitioner model and was developed specifically to meet the needs of Nurse Practitioners. Applicants are required to hold an undergraduate nursing degree or equivalent, and hold a postgraduate nursing qualification in their specialty field to enter the program. For University administration purposes, all students enroll in the generically titled Master of Specialist Nursing/Midwifery Practice however, students exit the course with the title of their specialist focus. The program can be undertaken part-time over 2 years and is offered as an external study package.

**II. Master of Nursing (Nurse Practitioner), Flinders University Adelaide, Australia**

The Nurse Practitioner course at Flinders University (FUSA) is designed to meet the demands of the clinical, professional, regulatory and political contexts in which Nurse Practitioners will practice. The two-year Masters

award provides collaborative multidisciplinary teaching with nursing, medical, pharmacological and allied health practitioners. Students are assisted to develop individual clinical learning contracts with appropriate nursing and/or medical practitioners who foster and guide the students' clinical development. FUSA Nurse Practitioner students are offered recognition for prior experience and learning.

### **III. Pharmacology for Specialist Nurse/Midwifery Practice, University of South Australia**

This fee-paying course, which is in a self-directed learning mode and has been programmed into University semesters, covers pharmacology topics including pharmacodynamics, pharmacokinetics, pharmacotherapeutics; quality use of medicines; the role of the practitioner in prescribing and administering medication; patient education and compliance issues; policies, Acts and codes which regulate the supply, prescription and advertising of drugs; and the socio-cultural, legal and ethical implications of drug therapy including drug trials.

### **IV. Advanced Health Assessment, University of South Australia**

This fee paying external study learning course builds on the students existing knowledge of assessment, investigation and diagnostic testing to explore advanced health assessment. Students may also investigate the Nurse Practitioner role in prescribing and analysing laboratory findings, medical imaging and sonography.

- 3.2.4** Preparation for Nurse Practitioner practice, including the level of qualifications, education and experience for a specific Nurse Practitioner position, will be detailed in the Nurse Practitioner's professional portfolio. This will then be assessed by the employing organisation or service. The Nurse Practitioner will be responsible for their continuing professional development to ensure ongoing competence to practice.

### **3.3 COMMUNICATION & MARKETING PLAN**

Recommendations in the NUPRAC Report relating to communication and marketing of the Nurse Practitioner are as follows:

#### **Recommendation 16**

*A communication and marketing plan be developed by outsourcing to a professional company. This plan should take into account the requirement for consultation and collaboration with all stakeholders and be appropriately resourced by the Department of Human Services.*

#### **Recommendation 17**

*The outsourcing brief for the development of the communication and marketing plan could usefully include a requirement for the establishment of a Nurse Practitioner/Midwife Public Education and Reference Group.*

The NUPRAC Report recognised the need for the defining features of Nurse Practitioners, and the services they may provide, to be communicated to the nursing profession, other health care providers and to the public. Consequently communication about the implementation process and marketing of the Nurse Practitioner role has been a major focus of the Project during Phase 2. In the early stages of the implementation phase, it became evident that there was and still is considerable confusion amongst health professionals, and indeed nurses, about what constitutes advanced practice and the extended role of the Nurse Practitioner.

Where appropriate, the role of the Nurse Practitioner has been incorporated into the information developed for the statewide nurse marketing campaign.

#### **3.3.1 Presentations**

Project staff and Committee members undertook to provide information at every available opportunity by giving presentations to professional groups, employers, conferences and education forums. In addition meetings were held between Project staff and key individuals and organisations in order to provide information, clarify misconceptions, address concerns and receive feedback relating to the Nurse Practitioner role.

#### **3.3.2 Newsletter**

A bi-monthly newsletter was developed to readily communicate information on progress during the implementation phase.

#### **3.3.3 Website**

The NUPRAC Report, Newsletters, information from workshops and forums and conference presentations have been made available on the Intranet and Internet at the Department of Human Services web site <http://www.dhs.sa.gov.au/nurselabour/>

#### **3.3.4 Chief Nursing Officer Forum**

As stated previously in this report, the Nurse Practitioner role is currently in various stages of exploration and implementation across Australia. Some states have Nurse Practitioner Projects and designated Project Officers and are actively engaged in the implementation process. Several states and territories are assessing developments in established projects before embarking on their own Nurse Practitioner implementation process. Implementation varies from both public and private sectors in SA and Victoria, to public sector only in NSW and WA. Changes to the Health Insurance Act are not considered necessary for those jurisdictions that are implementing in the

public sector only as public resources are used for diagnostic tests, referral and medications. However it is acknowledged that Nurse Practitioners with a statewide mandate may fall outside these perimeters. Specific to South Australia are recommendations contained in the Rural Health Inquiry October 2000 (Parliament of SA) that support the application to the Federal Government to give Nurse Practitioners a restricted provider number, and limited prescription rights for pharmaceuticals.

Given that each Australian state and territory has separate regulatory authorities and legislation that determine nursing practice, it is understandable but not inevitable that Australian states and territories should approach the implementation of the Nurse Practitioner role in different ways. In the United States of America the high level of diversity of state legislation and regulation encumbers and complicates the Nurse Practitioner role. The President of Fitzgerald Health Education Associates Inc, a company that provides Nurse Practitioner Certification, Practice Preparation and Ongoing Continuing Education, Ms Peg Fitzgerald, writes “*Since we have 50 states, the District of Columbia and 5 US Territories, and a constitution that assures a high level of state autonomy, we have 56 NP practice acts! Some look alike – others could not be more dissimilar*”.

Until recently there was little formal national discussion about the Nurse Practitioner role between Australian states and territories. In November 2000 the South Australian Project brought together all Chief Nursing Officers and Nurse Practitioner Project Officers to discuss issues relating to the implementation of the Nurse Practitioner role that have national significance. It was determined that the Chief Nursing Officers will continue to use the regular national Chief Nursing Officers’ Forum to exchange information about the Projects and approach national issues collectively in order to promote national consistency throughout implementation of the role.

### **3.3.5 Expression of Interest**

In order to assist with the implementation of the recommendations, the Project sought to identify potential Nurse Practitioner positions in South Australia. An *Expression of Interest* process was undertaken in October and November 2000 with Metropolitan, Rural and Remote Directors of Nursing, Community Health Services and Regional General Managers. In addition to identifying potential Nurse Practitioner positions, respondents were asked to provide details of the activities and support that needed to occur in order for Nurse Practitioner roles to be implemented. Responses were received from 33 units and services; 3 could not identify any Nurse Practitioner positions, 2 could not identify positions at present but could in the long term. The remaining 29 units and services identified over 80 *potential* positions for Nurse Practitioners. Nine Metropolitan and 20 rural and remote units and services identified a variety of potential Nurse Practitioner positions including:

Mental Health, Palliative Care, Continence Adviser, Diabetes Nurse Educator, Women’s Health, Community Midwifery, Paediatric Palliative Care, Remote Area Nurse, Cardiac Education & Cardiology, Wound Management, Disability Management, Continuum of Care Coordinator, Drug & Alcohol, Accident & Emergency, Community Nurse, Neonatal, Gerontology and Oncology.

The Nurse Practitioner Project Steering Committee reviewed the submissions in order to assess the positions identified and the level of support required from the Project. The Steering Committee determined that rather than recommending specific positions for implementation, the Project would provide appropriate support to individual nurses and health unit managers in order for the positions to be progressed.

### 3.3.6 Information Forum

Following the Expression of Interest process an Information Forum was convened in order to assist the managers of units and services who had identified potential Nurse Practitioner positions.

The Information Forum “*Everything you wanted to know about the Nurse Practitioner Project (but were afraid to ask!)*” was held on 16<sup>th</sup> March 2001. Presentations provided an overview of the Project, information about Authorisation by a representative of the Nurses Board, educational preparation by coordinators of the university programs, information relating to legislative and regulatory issues associated with prescribing medications and initiating diagnostic tests as well as the Nurse Practitioner Information Kit. The day concluded with presentations by three clinicians and a rural Director of Nursing outlining existing advanced practice nursing roles and illustrating how these roles may be developed into Nurse Practitioner positions.

Over 130 people attended the forum, representing metropolitan, rural and remote health units (public and private), community services, universities, clinicians (nursing and medical), hospital board members, the Project Steering Committee and the Professional Advisory Group. Feedback from the Forum was considerable and extremely positive.

### 3.3.7 Rural Implementation Workshops

As a result of feedback from the Information Forum and a Nurse Practitioner Project update at the Country Directors of Nursing Forum on 6 April 2001, the Nurse Practitioner Steering Committee determined that Rural Implementation Workshops and In-service Education sessions should be conducted in regional areas in order to:

1. Provide up to date information on the progress of the Nurse Practitioner Project.
2. Examine the potential for Nurse Practitioner positions in regional areas and identify types and locations of these roles.
3. Determine the features required of rural and remote Nurse Practitioners.
4. Develop a common Nurse Practitioner job and person specification.
5. Identify likely barriers to the implementation of Nurse Practitioners and design strategies to overcome these.
6. Identify sources of funding for sustainable Nurse Practitioner positions.
7. Provide information on the development of a professional portfolio for application to Nursing & Midwifery Clinical Privileges & Admitting Privileges Committee DHS.
8. Discuss the evaluation of Nurse Practitioner positions

#### Workshops

Port Pirie 9 May 2001	Renmark 8 June 2001	Mount Gambier 22 June 2001
Pt Lincoln 24 July 2001	Pt Augusta 27 July 2001	Murray Bridge 13 September 2001

One day visits consisting of a three hour workshop with Directors of Nursing, managers and senior staff and a half hour inservice education session for other nursing staff were facilitated by DHS staff and a member of the Steering Committee. The format of these sessions varied according to the needs of the individual regions, some were formal presentations by both presenters followed by a workshop to examine position descriptions and develop these for local use. Others were more informal with free flowing discussion around issues relating to Nurse Practitioners and clarification of particular points. Literature relating to Nurse Practitioners was also provided to participants.

Several consistent themes emerged regarding the implementation of Nurse Practitioners in rural and remote South Australia:

### **I. Funding**

Participants of rural workshops consistently raised their concern regarding the issue that Nurse Practitioner positions will be funded from existing budgets. This is in contrast to NSW where 40 rural and remote Nurse Practitioner positions have been funded, Victoria where 18 sustainable models of Nurse Practitioner practice have been funded and ACT where 4 positions were funded for trial.

### **II. Nurse Practitioner positions not clearly identified**

An Expression of Interest process, which included rural and remote health units and services, indicated that many regional health services identified a variety of *potential* Nurse Practitioner positions. However, few of these have been developed beyond a general concept of the perceived Nurse Practitioner role or had any exploration undertaken as to how the position would interact with other existing health services or would be sustained by identified sources of funding.

### **III. Perceived lack of support for Nurse Practitioner role by medical profession**

Comments from the rural workshops indicate a perception that a conservative attitude exists amongst some rural GPs including indications that they will not support the introduction of Nurse Practitioner roles in the local health service. However, the Australian Medical Association (SA), SA & NT, Royal College of General Practitioners, SA Divisions of General Practice (SADI) and the Rural Doctors Association, have participated in the Nurse Practitioner Professional Advisory Group and engaged in discussions about opportunities for Nurse Practitioner roles to be identified and implemented in consultation with GPs in rural and remote areas.

In addition meetings between Project staff and Heads of the Departments of General Practice at both Flinders University and Adelaide University have discussed the potential for collaboration between the nursing and medical professions in the implementation of Nurse Practitioner roles.

### **IV. Uncertainty regarding implementation process**

Despite a high number of identified *potential* Nurse Practitioner roles in rural areas these positions have not been further developed. It is hoped that this situation will improve with the Nurses Board determination regarding Nurse Practitioners regulation and authorisation as well as the release of the Information Kit *Nurse Practitioners in South Australia*, which provides information on issues relating to the implementation process.

### **V. Communication and Marketing of Nurse Practitioner role to rural communities**

There is a growing awareness amongst the nursing profession that the Nurse Practitioner role will play an important and unique part in the provision of high quality health services. However, the transmission of this information, in a form that the public will understand, has not yet occurred. To date there has been little information in the media in South Australia regarding Nurse Practitioners. Some articles are now appearing, for example, the launch of the Nurse Practitioner Information Kit and Nurses Boards Professional Standards Statement for Nurse Practitioner Practice in January 2002. It is necessary to first educate nursing and other health professionals about Nurse Practitioner

services and for those professionals to decide how best to provide this information to the local community.

As in other Australian states and territories engaged in this process, the implementation of Nurse Practitioner positions in rural and remote SA is an evolutionary rather than revolutionary process. When new positions are being developed and implemented it is imperative that continued efforts are made to inform key groups, and the communities they serve, about the role.

### **3.3.8 Nurse Practitioner Workshop for Nurses**

To complement the previous strategies, The Nurse Practitioner Steering Committee convened a Nurse Practitioner Workshop for Nurses to:

1. Provide information on the implementation process in SA
2. Provide information on issues relating to Authorisation of Nurse Practitioners
3. Provide information on issues relating to Nurse Practitioners prescribing
4. Provide opportunities for discussion, networking and support.

Over 100 nurses attended presentations on the implementation process provided by the Senior Project Officer, a representative from the Nurses Board and the Pharmaceutical Services Branch DHS.

Discussion Groups were facilitated by identified expert practitioners in each of the nineteen specialty areas identified during the call for expressions of interest. These discussions explored the educational and ongoing professional development required of a Nurse Practitioner, autonomous and collaborative practice, barriers to implementation, strategies to overcome identified barriers and opportunities for continued support.

A workshop, *Developing a Professional Portfolio*, was convened which began by exploring the legislation which influences nursing and midwifery practice. The second half of this workshop focussed on compiling a portfolio that demonstrates that the Nurses Board Professional Standard Statements for Nurse Practitioner Practice are met.

Suggestions for future workshop topics include education, advanced practice versus Nurse Practitioner role, a debate on issues relating to the role and presentations by professional nursing groups and the medical profession. It is envisaged that the Department of Human Services, in conjunction with the University of SA, Flinders University and Royal College of Nursing Australia will facilitate a follow-up ½ day workshop to be held in 2002. This workshop would achieve the dual purpose of providing ongoing opportunities for nurses and potential Nurse Practitioners to network and discuss issues, as well as an opportunity for the 2000/20001 Premier's Nursing Scholarships (a Department of Human Services initiative) recipients to report on the overseas perspective of Nurse Practitioners and advanced practice nursing roles.

### **3.3.9 Nurse Practitioner Information Kit**

Several of the recommendations in the NUPRAC Report identified the need to provide information on the Nurse Practitioner role to nurses, health professionals, health and other care providers and to the public. The Nurse Practitioner Steering Committee determined that in order to achieve this a Practitioner Information Kit would be developed.

Individual Sheets containing information on the Nurse Practitioner role, Implementing the Nurse Practitioner role, Regulation of Nurse Practitioners, Preparation for Practice, Implementing Clinical Guidelines, Prescribing and Supply of Medications,

Radiology tests, Pathology tests and Referral have been developed in consultation with the Steering Committee and Professional Advisory Group. As the information contained in these sheets will change during the implementation stage, the Sheets may be easily updated and replaced as necessary. Relevant individual Information Sheets may then be enclosed in the *Nurse Practitioners in South Australia* folder and distributed to health units and services following specific requests for information. Images promoting South Australian nurses working in advanced practice nursing roles have been sourced for use on the folder.

### 3.4 PRESCRIBING AND SUPPLY OF MEDICATIONS

Seven recommendations contained in the NUPRAC Report relate to prescribing and supply of medications:

#### **Recommendation 4**

*Revise and amend the Regulations under the Controlled Substances Act (CSA) (1984) in order to describe appropriate categories of nurses and midwives authorised by the Nurses Board to prescribe and supply in the course of their duties.*

*Amendment to Regulation 28 of the Controlled Substances (Poisons) Regulations 1996.*

#### **Recommendation 5**

*Insert a requirement into the CSA (1984) that in exercising the right to prescribe and/or supply medications a Nurse Practitioner/Midwife must operate in line with a formulary approved and monitored by the Controlled Substances Advisory Council.*

#### **Recommendation 6**

*Define 'approved' within the prescribing and supply of medication guidelines for Nurse Practitioner/Midwives to mean sanctioned by the Controlled Substances Advisory Council*

#### **Recommendation 7**

*Include in the Controlled Substances Poisons Regulation a set of Schedules that lists S4 drugs that may be prescribed or supplied by a Nurse Practitioner/Midwife.*

#### **Recommendation 8**

*A working group be established to determine the contexts in which a Nurse Practitioner/Midwife will prescribe and supply Schedule 8 medications.*

#### **Recommendation 9**

*Health Agencies develop policies to authorise Nurse Practitioners/Midwives to initiate and administer S2 and S3 medication.*

#### **Recommendation 18**

*The DHS establish a process to develop and implement mechanisms to advise pharmacists of the formulary from which a particular Nurse Practitioner/Midwife will prescribe.*

- 3.4.1** Medication or drug therapy is a key component of contemporary health care. Therefore it is appropriate that the practice of Nurse Practitioners should include the ability to provide pharmacological interventions when initiating and managing the care of clients within their scope of practice.

In South Australia the Controlled Substances Act 1984 (CSA) and its Regulations allow nurses to possess, supply, administer or prescribe S4 (prescription drugs) and S8 (drugs of dependence) medications when acting in the ordinary course of his or her profession. The Nurses Board of South Australia has determined that the practice of Nurse Practitioners includes the ability to prescribe and supply a range of medications relevant to the setting in which they practice and their clients' needs.

Discussions between the Department of Human Services, Professional Services – Nursing, the Pharmaceutical Services Branch and the Nurses Board of South Australia have determined that a joint submission by Professional Services – Nursing and the Board will be provided to the Controlled Substances Advisory Committee. This

submission will provide information regarding the progress of the Project and seek advice regarding commencement of necessary changes to the Controlled Substances Act or Regulations.

- 3.4.2** Nurse Practitioners must demonstrate adequate formal theoretical and clinical preparation for the advanced and extended nursing role that includes the ability to prescribe and supply medications. Education in Advanced Pharmacology is incorporated in the Master of Nursing Practice (Nurse Practitioner), School of Nursing & Midwifery, Flinders University and the Master of Specialist Nursing/Midwifery Practice, School of Nursing & Midwifery, University of South Australia. A flexible learning pharmacology short course is also available through the School of Nursing & Midwifery, University of South Australia.
- 3.4.3** Whilst it is accepted that the Nurse Practitioner will prescribe medications specific to their context of practice, the broad scopes of Nurse Practitioner practice bands have yet to be developed and agreed by the Nurses Board. Similarly the process by which Nurse Practitioners prescribe medications, for example an appropriate formulary has yet to be explored and developed.
- 3.4.4** As is the case with other health care providers, it is expected that Nurse Practitioners will embrace the Quality Use of Medicines by:
- ensuring clients are educated and informed about their treatment with medicines so that they can make informed choices about their regimen
  - fulfilling best practice standards for medicines by monitoring the clients response to medicines and implementing appropriate measures if clients experience adverse reactions to medicines
  - undertaking ongoing professional education to ensure proficiency and professional competence in the use of medicines
- 3.4.5** Initially clients of Nurse Practitioners working in the public health care system will be able to access prescribed medications from hospital pharmacies. However, clients who hold a Health Care Card will be unable to access the Commonwealth Pharmaceutical Benefits Scheme (PBS) outside of hospital pharmacies as the prescription for these drugs must be written by a doctor or dentist. This national issue, along with Medicare reimbursement of radiology and imaging tests and referral for specialist consultation will continue to be addressed through the Chief Nursing Officers Forum.

### **3.5 DIAGNOSTIC IMAGING & PATHOLOGY TESTS**

NUPRAC Report recommendations relating initiation of diagnostic imaging and pathology tests include:

#### **Recommendation 1**

*That Nurse Practitioners/Midwives are able to order items included in the list of diagnostic pathology and imaging tests in the Medicare Benefits Schedule Book relevant to the context of care in which the Nurse Practitioner/Midwife is working*

#### **Recommendation 2**

*That the Radiation Protection legislation be amended to enable Nurse Practitioners to authorise human irradiation for diagnostic purposes within their privileging determination.*

#### **Recommendation 3**

*That Nurse Practitioners are added to the list of professional groups who can authorise exposure to radiation for diagnostic purposes within the Ionising Radiation Regulations Part II, Division 1, Regulations 55 and 56, or be exempt from its requirements.*

#### **Recommendation 21**

*That the title Nurse Practitioner/Midwife is added after medical practitioner within the following legislation to enable clients of privately practising Nurse Practitioners/Midwives to claim a rebate under Medicare:*

*The Health Insurance Act (1991)*

- a) Category 5 (Diagnostic Imaging Services: Section DIA.1)*
- b) Category 6 (Pathology Services: Section PA.1.2)*

*Of the 'General Medical Services' of the Medicare benefits Schedule Book.*

#### **Recommendation 24**

*The cost of tests ordered by Nurse Practitioners/Midwives who are employed in incorporated health units will be met by the health unit, in line with current costing arrangements.*

- 3.5.1** Nurse Practitioners need a degree of independence to be effective in their agreed role and so it is appropriate for them to be able to order a range of diagnostic radiology and pathology tests relevant to their context of clinical practice. However, as with all health care providers, Nurse Practitioners must be aware of the need to prevent unnecessary ordering of tests and/or duplication which may result in the unnecessary use of resources. It is appropriate that Nurse Practitioners, who include ordering of tests as part of their role, be educationally prepared in a manner that enables full appreciation and understanding of the tests.
- 3.5.2** Under current costing arrangements the cost of processing public health service radiology and pathology tests is met by the state, as a variable percentage of the MBS schedule rate. Outside the public sector, Medicare benefits are only payable for a diagnostic service if it is ordered by a medical practitioner or from a specified list when ordered by dentists, prosthodontists, chiropractors, physiotherapists and podiatrists. Clients of Nurse Practitioners in private practice may therefore be required to pay the full cost of this service. As with other national issues, this will continue to be addressed through the Chief Nursing Officers Forum.

**3.5.3** In South Australia, the ability to authorise human irradiation for diagnostic purposes is determined by the Ionising Radiation Regulations 2000 which stipulate that:

- *any procedure which involves exposure to ionising radiation, such as X-rays, requires a written authorisation which specifies the examination or treatment which is authorised and clinical indicators for the examination or treatment. The Regulations specify the medical professions that may authorise procedures, and the purposes for which they may be authorised. As nurses are not included among these professions, a specific exemption from the legislation or change to the legislation would be required before a nurse would be permitted to authorise diagnostic X-rays.*

Section 44 of the Radiation Protection and Control Act, 1982, states that:

- *The Minister for Human Services (or his Delegate) may, by notice published in the SA Government Gazette, exempt any person or class of persons from compliance with any specified provisions of the Act (or Regulations under the Act).*
- *The Minister shall not grant an exemption from compliance with a provision of the Act unless the Minister is satisfied that the exemption, subject to appropriate conditions, would not endanger the health or safety of any person.*

**3.5.4** Therefore, in order to initiate radiology tests individual Nurse Practitioners or employing authorities on their behalf are required to:

- Submit an application in writing to the Radiation Section for an exemption to the Regulations, which will be assessed and referred to the statutory Radiation Protection Committee. The application will include:
  - details on the role in which the Nurse Practitioner will require radiographs of clients
  - the scope of radiography involved
  - evidence of completion of an education program in the principles and practices of radiation.

The Committee will then make a recommendation to the Minister's delegate within the Department of Human Services.

**3.5.5** The Department of Human Services recommends that when ordering radiology and pathology tests the Nurse Practitioner will:

1. order tests specific to their context of practice as determined in conjunction with the institution or health care setting implementing the role
2. only order tests for which he/she has the education and skills necessary to interpret the results and prescribe appropriate treatment or refer to a medical practitioner
3. order tests specific to their context of practice as determined in conjunction with the institution or health care setting implementing the role
4. take into account which test is most suitable to determine a treatment plan
5. take into account that screening activities are undertaken in an age-appropriate, evidenced based and cost effective way
6. complete a radiology/pathology request form with relevant information including who should receive the results
7. document in client's records that the tests has been ordered
8. implement a system to ensure that test results are tracked and followed up
9. interpret the results of the radiology/pathology test within the context of the client's presentation
10. make decisions about treatment or management within the scope of their practice or consult with an appropriate medical practitioner
11. distribute the results to the appropriate people

### 3.6 REFERRALS

The following NUPRAC Report recommendations relate to Nurse Practitioners initiating and receiving referrals:

#### **Recommendation 10**

*Nurse Practitioners/Midwives in either public or private settings are able to generate and forward referrals to and receive referrals from other health professionals and that the processes, forms and feedback mechanisms are similar in both settings.*

#### **Recommendation 11**

*Mechanisms and processes are established for ensuring Nurse Practitioners/Midwives are registered with a central body and are provided with a registration or identification number enabling the effective tracking of activities such as referrals to other and from other health professionals as well as numbers and location of Nurse Practitioners/Midwives.*

#### **Recommendation 12**

*The referral process used by Nurse Practitioners/Midwives should involve the use of standardised information as outlined on the attached forms for the initiation and follow-up of the referral process.*

#### **Recommendation 22**

*That the title, Nurse Practitioner/Midwife, be added to the list of appropriate referring health professionals in the following legislation to enable clients of Nurse Practitioners/Midwives to claim a rebate under Medicare when referred to the care of other health professionals - The Health Insurance Act (1991) Categories 1,2, and 3 'General Medical Services' of the Medicare Benefits Schedule Book*

#### **Recommendation 23**

*Medicare referral numbers be issued to Nurse Practitioners/Midwives to facilitate the financial reimbursement to clients of Nurse Practitioner/Midwife initiated referrals.*

Collaboration, the fundamental basis of multi-disciplinary health care, means health care professionals work together by contributing from within their scope of practice, to achieve a common goal. Referral to another health care professional is necessary when the management or treatment of a client's condition extends beyond the scope of an individual health care provider's practice.

In order to maintain the continuity of health care model, Nurse Practitioners need to access a system of referral to and from medical practitioners and other health service providers. This system must not place the clients of Nurse Practitioners at any cost or choice disadvantage.

Currently, within the public health system there are many nurses who undertake roles that incorporate initiating and receiving referrals and there is no impediment to this. Outside of the public health care system specialist consultation fees attract a Medicare rebate only if a medical practitioner makes the initial referral. Clients may therefore be required to pay the full cost of this consultation. As with diagnostic radiology and imaging tests, the issue of Medicare reimbursement for clients of Nurse Practitioners referred for specialist consultation, along with other national issues, will be addressed through the national Chief Nursing Officers Forum.

### **3.7 GUIDELINES, POLICIES AND PROTOCOLS**

Recommendations in the NUPRAC Report relating to guidelines, policies and protocols are:

#### **Recommendation 19**

*The development of guidelines should be based on principles that include:*

- a) a relation to the clinical context of practice in which the Nurse practitioner/Midwife is authorised*
- b) development within a process of multidisciplinary collaboration*
- c) be flexible and adaptable to varying local conditions*
- d) a process for regular review and evaluation*
- e) quality improvement principles*

#### **Recommendation 20**

*The development of protocols and policy should be based on principles that include:*

- a) professional practice (codes of conduct and ethical guidelines)*
- b) professional judgement.*
- c) collaborating/consultation.*
- d) accountability.*
- e) quality improvement principles.*

- 3.7.1** The Nurse Practitioner works collaboratively with other members of the health care team to provide advanced and extended care by enhancing existing services or providing a service where none currently exists.
- 3.7.2** There is increasing national and international support for the use of clinical guidelines, based on best available evidence, to guide the practice of health care professionals. Clinical guidelines are designed to enhance high quality multi-disciplinary health care provision, decrease the incidence of harmful or ineffective treatments and optimise client outcomes with acceptable resource utilisation. Use of clinical guidelines may also facilitate communication within the health care team and with clients, communities and other key stakeholders.
- 3.7.3** The Department of Human Services resolves that the practice of health care professionals, including Nurse Practitioners, should reflect existing clinical practice guidelines relevant to the defined area of health care in which they practice and:
  - 1. be outcome focused and based on the best available evidence
  - 2. be multidisciplinary and include clients in health care planning
  - 3. be flexible and adaptable to varying local conditions
  - 4. include a consideration of resources
  - 5. be evaluated and updated regularly
  - 6. relate to the clinical context of practice; and
  - 7. be aligned with professional standards for the management of particular clinical cases.

### 3.8 EVALUATION

The final recommendation in the NUPRAC Report relates to evaluation of the Nurse Practitioner role:

#### **Recommendation 32**

*That the role of Nurse Practitioners in South Australia be reviewed 5 years after the time of implementation.*

- 3.8.1** The effectiveness of Nurse Practitioners has been well documented internationally and nationally, consequently the SA Nurse Practitioner Steering Committee determined not to pilot the role during Phase 2 but rather to implement Nurse Practitioners within the SA health care system.

Following an expression of interest process in October/November 2000, over 80 *potential* Nurse Practitioner positions were identified by health units and services in metropolitan, rural and remote areas. However, approximately 6 Nurse Practitioner roles have been developed sufficiently enough to proceed to implementation when Authorisation initially becomes available – one each in the Northern & Far Western and South East Health Regions, The Queen Elizabeth Hospital, Women's & Children's Hospital, Flinders Medical Centre and Repatriation General Hospital.

- 3.8.2** The Nurse Practitioner Steering Committee determined that employing health units or services will undertake the evaluation of the individual Nurse Practitioner positions implemented within their service. Such evaluations should focus on implementation and integration of the new role rather than further trials to gauge effectiveness or need.
- 3.8.3** Similarly, the Nurses Board of South Australia will monitor the number of complaints to the Nurses Board regarding Nurse Practitioner practice and will undertake a review of the model of regulation of the Nurse Practitioner role five years after implementation.

### **3.9 CLINICAL AND ADMITTING PRIVILEGES FOR NURSES AND MIDWIVES IN PUBLIC HOSPITALS IN SOUTH AUSTRALIA**

Articulating with the development and implementation of the Nurse Practitioner/Midwife role in South Australia has been the development of the *Guidelines for the Granting of Clinical Privileges and Admitting Privileges for Nurses & Midwives in Public Hospitals in South Australia*. These Guidelines were endorsed by Department of Human Services Executive and released in July 1999 and provide a comprehensive process for the recommendation of clinical privileges and admitting rights to public hospitals for nurses and midwives.

Clinical Privileges are the clinical competencies that an advanced nurse or midwife practitioner is deemed competent to perform, as determined by a process of formal review by a group which includes professional peers.

Admitting Privileges refers to the authorisation of procedures and specific care within a facility for those nurses and midwives who have been granted Clinical Privileges. Procedures performed by Nurses and Midwives with Admitting Privileges are determined by the Clinical Privileges that have been granted, the approved service level of the hospital and the availability of resources. In July 2000 the Nursing & Midwifery Clinical Privileges Advisory Committee granted the first clinical privileges to an applicant.

Following the release of the Nurses Board of SA determination regarding the regulation of Nurse Practitioners, the *Guidelines for the Granting of Clinical Privileges and Admitting Privileges for Nurses & Midwives in Public Hospitals in South Australia* document and the function of the Advisory Committee will undergo review in early 2002.

#### **4. FUTURE DIRECTIONS**

Phase 2 Implementation has involved many individuals and organisations that are now very familiar with the Nurse Practitioner Project, some since the Project's inception through the NUPRAC Project Reference Groups. Others may have only recently heard of the Nurse Practitioner role. Some nurses are undertaking or have completed tertiary education programs in anticipation of commencing Nurse Practitioner practice. There are those who feel frustrated by the perceived gap from when the recommendations were released in the NUPRAC Report in 1999 until now. A few have questioned if the Nurse Practitioner role will ever become a reality in this state.

In professional terms the implementation process is not taking a lengthy time, particularly when one remembers that it took twenty years for nursing education to be provided in the tertiary sector. The Steering Committee reminds the nursing profession that the role of Nurse Practitioners is under intense scrutiny and that implementation must move forward carefully to ensure long term sustainability. It is imperative that the implementation process is right. The Nurse Practitioner Project is a high priority in Strategy & Operations, Statewide Division. Both the Department of Human Services and the Minister are committed to the implementation of Nurse Practitioner roles in South Australia.

Since the NUPRAC Report was released, the time has been used constructively by Project staff and Committee members in meeting with key individuals, organisations, specialty groups, nurses, administrators and managers in metropolitan, rural and remote areas. By sharing knowledge about the Nurse Practitioner role and the implementation process the Project has worked with individuals and organisations to identify potential roles and then work through the issues that arise. This is an exciting time. South Australia is at the cutting edge of innovative nursing practice and now is the time educate and clarify misconceptions about the role with nurses, other health care providers as well as the community.

The Nurse Practitioner Steering Committee has overseen the implementation phase of the Nurse Practitioner Project. Some recommendations have been implemented, others have yet to be realised. Consequently the Nurse Practitioner Steering Committee identified the following ongoing issues to be considered when addressing the future directions of the Nurse Practitioner role in South Australia:

1. That the Chief Nursing Officers/Principal Nursing Advisers from all States and Territories be encouraged to continue working together to provide a consistent national approach to issues relating to the Nurse Practitioner role, for example, access to Medicare reimbursement for clients for diagnostic tests, referral for specialist consultation and access to Pharmaceutical Benefits Scheme.
2. The Department through the Executive/Pro Vice Chancellors meetings with the State's Universities, encourages the Universities to evaluate and review their educational programs for Nurse Practitioners ensuring they are congruent with service outcome expectations.
3. That work continues between the Pharmaceutical Services Branch, Professional Services - Nursing and the Nurses Board of South Australia to establish the processes for Nurse Practitioners to prescribe and supply medications.
4. That organisations implementing the role of Nurse Practitioners consider establishing formal evaluation process for implementation of the role.

Contrary to what many people may believe, the implementation of the first Nurse Practitioner roles will not be the end of the Project, but rather the beginning of a new phase. The Department of Human Services, Strategy & Operations, Professional Services – Nursing will continue to work with key organisations and individuals to review and monitor the implementation and effectiveness of the Nurse Practitioner role.

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## **6. APPENDICES**

### **APPENDIX 1**

#### **Terms of Reference for the Nurse Practitioner Steering Committee**

1. Develop an operational framework for the implementation of the 32 recommendations of the NUPRAC Report.
2. Advise on communication links with key stakeholders and others in order to provide optimal opportunities for consultation and collaboration in the implementation of the Nurse Practitioner role in South Australia.
3. Identify key individuals to provide leadership in identifying opportunities for the establishment of Nurse Practitioner positions.
4. Advise on strategies to market the role of the Nurse Practitioner throughout the Implementation Phase.
5. Provide a final report to Executive, Department of Human Services by June 2001.
6. Identify potential Nurse Practitioner/Midwife positions and funding sources to further develop the role of the Nurse Practitioner in South Australia.

19 June 2001

#### **Nurse Practitioner Steering Committee Membership**

Debra Pratt (Chair),	Principal Nursing Adviser, Professional Services – Nursing, Strategy & Operations - Statewide Division, DHS
Ian Blue	Deputy Director, Spencer Gulf Rural Health School, Deputy Head & Director Education & Training, SA Centre for Rural and Remote Health, University of SA, Whyalla Campus
Judi Brown	CEO-Registrar, Nurses Board of South Australia
Raelene Burke	Manager, Operational Support & Service Delivery, Country, Disability & Services, DHS
Michael Jelly	Principal Medical Adviser, Professional Services – Medical, Strategy & Operations - Statewide Division, DHS
Peter Jenkin	Consultant Educator, Jenkin & McLeod
Stephen Johnson	Radiation Protection Officer, Radiation Section, Environmental Health Branch, DHS
Meg Lewis	Senior Project Officer, Nurse Practitioner Project, Professional Services – Nursing Strategy & Operations - Statewide Division, DHS
Annette Summers	Associate Professor, Head of School of Nursing & Midwifery, University of SA

## APPENDIX 2

### Terms of Reference for the Nurse Practitioner Professional Advisory Group

1. Provide advice to the Nurse Practitioner Steering Committee on professional issues relevant to the Implementation Phase of the Nurse Practitioner Project as they arise.
  2. Establish effective communication processes to disseminate accurate and up to date information regarding the implementation phase of the Nurse Practitioner Project to stakeholders, and seek to consult with professional colleagues and bring back comment to the Professional Advisory Group.
  3. Recommend strategies to enhance communication to health professionals and the community about the Nurse Practitioner role and the services they may offer.
  4. Examine valid mechanisms to evaluate the impact and outcomes of the Nurse Practitioner role in South Australia.
- Other members may be co-opted as deemed appropriate.
  - It is the responsibility of the Professional Group Members to ensure proxy members are fully versed on the Project, the Professional Advisory Group and issues relating to the Group prior to meetings and to ensure that appropriate feed back is received from proxy members prior to the next meeting.
  - Report to Nurse Practitioner Project Phase 2 (Implementation) Steering Committee

March 2001

### Nurse Practitioner Professional Advisory Group Membership

Raelene Burke (Chair),	Manager, Operational Support & Service Delivery, Country & Disability Services, DHS
Andrea Averis	Coordinator, Clinical Teaching & Research, Department of Clinical Nursing, University of Adelaide
Paul Beckinsale	Executive Director SA & NT, Royal College of General Practitioners
John Birss	President, Rural Doctors Association
Jen Byrne	Australian College of Midwives Inc SA
Grace Davey	Coordinator, Master Nurse Practitioner, University of South Australia
Meg Lewis	Senior Project Officer, Nurse Practitioner Project, Professional Services – Nursing, Strategy & Operations - Statewide Division, DHS
Gerri Malone	CRANA
Eimear Muir-Cochrane	President, Australian & NZ College of Mental Health Nurses
Rodney Pearce	Australian Medical Association (SA)
Debra Pratt	Principal Nursing Adviser, Professional Services – Nursing, Strategy & Operations - Statewide Division, DHS
Linda Saunders	Associate Dean, School of Nursing & Midwifery, Flinders University Adelaide, Australia
Lee Thomas	State Secretary, Australian Nursing Federation
Victoria Wade	Medical Director, SA Divisions of General Practice
Di Wickett	President, Royal College of Nursing Australia

## **APPENDIX 3**

### **Nurses Board of South Australia Professional Standards for Nurse Practitioner Practice**

#### **Definition:**

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.

The defining features of a Nurse Practitioner, as described in the SA Nurse Practitioner Project 1999, includes combined roles of educator, mentor, provider, manager and researcher within the context of need, setting, education and autonomy.

#### **Authorisation:**

Under the Nurses Act 1999 the Board has created a special practice area of “Nurse Practitioner”.

#### **The title “nurse practitioner” is protected under the Act namely:**

Section 39 (10) :

*“A person who is not registered in another special practice area under this Act must not –*

- a) take or use a title calculated to induce the belief on the part of another that the person is a nurse who is entitled to practice in that area; or*
- b) hold him or herself out as being entitled to practice as a nurse in that area.*

Section 39 (2):

“Subject to the regulations, a person must not take or use the title “nurse”, or another title calculated to induce a belief on the part of another that the person is a nurse, unless the person is registered or enrolled under this Act”.

#### **Professional Standards Statements for Professional Practice**

1. The Nurse Practitioner demonstrates excellence by integrating high level knowledge and skills with excellent clinical problem solving in order to treat their specific client group.
2. The Nurse Practitioner ensures clinical decision making at the highest level through leading and developing nursing practice and documenting advanced knowledge and skills in application to clinical care while assuming full accountability and responsibility for her/his practice.
3. The Nurse Practitioner ensures the highest level of quality of care, within the context of clinical practice, through providing mastery in aspects of care relating to their specific specialty, in developing and implementing protocols/standards, initiating research, teaching and supporting professional colleagues.
4. The Nurse Practitioner seeks to develop a collaborative model of care with consumers, medical practitioners and other health professionals. This includes the commitment to establish and lead forums/groups that review aspects of the provision of professional practice.
5. The Nurse Practitioner ensures adequate formal theoretical and clinical preparation for the advanced and extended nursing practice role. Such preparation will include knowledge of all legal obligations, as well as an understanding of the authority to prescribe and supply medications in accordance with the appropriate formulary and initiate diagnostic investigations and referrals.
6. The Nurse Practitioner ensures compliance with the Nurses Board of South Australia standards, and the required practice and evaluation standards of other professions when exercising the rights and privileges of prescribing and supply of medications, initiating diagnostic investigations and referrals.

7. The Nurse Practitioner utilises available guidelines/protocols such as the Department of Human Services 'Guidelines for the Granting of Clinical Privileges and Admitting Privileges for Nurses and Midwives in Public Hospitals in South Australia' in order to gain Clinical and/or Admitting Privileges.
8. The Nurse Practitioner establishes and maintains performance evaluation in order to demonstrate quality improvement in her/his practice and utilisation of evidence based practice.
9. The Nurse Practitioner commits to continuing competence and professional development relevant to the context in which they practice.
10. The Nurse Practitioner will ensure the protection of the public through the provision of indemnity insurance.

## **APPENDIX 4**

### **Nurses' (South Australian Public Sector) Enterprise Agreement 2001**

#### **1. Nurse Practitioner Structure**

In order for appointment to the position of Nurse Practitioner to occur a health unit must firstly determine that the service delivery demand for the creation of such a position and role exists, in line with health unit strategic directions. Appointment can be made either by promotional appointment or, where appropriate, by personal reclassification.

The definition of Nurse Practitioner is for the purpose of classification under this Agreement and the parties will continue to keep these criteria under active review and may agree on changes to them during the life of the Agreement.

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 by the Nurses Board of SA and may include legislative authority not currently within the scope of nursing practice.

#### **1.1 Nurse Practitioner Band B**

The Nurse Practitioner Band B exhibits a substantial proportion of the following characteristics:

- Clear authority for advanced scope of practice in an extended nursing role with autonomous decision making capacity
- Provides quality of care within the context of clinical practice by demonstrating mastery in all aspects of care
- Ensures clinical decision making at the highest level of competence through leading & developing nursing practice.
- Responsible for development, coordination, implementation and evaluation of quality nursing care for designated patient care/case load in an advanced clinical role
- Accountable for client outcomes
- Postgraduate qualifications are relevant to area of practice
- Actively contributes to own professional development
- Represents organisation on committees/forums/projects/related areas of practice where appropriate
- Undergoes accreditation through a formal process including peer review
- Works in collaboration with medical practitioners, other health care providers, consumers and health & welfare professionals/organisations
- Maintains a research profile and identifies, initiates, conducts, implements and/or guides research within area of clinical practice
- Provides professional development to nursing staff and/or other health care providers
- Develops and implements clinical protocols/standards
- Provides education to others in relation to area of expertise.

## 1.2 Nurse Practitioner Band C

The following characteristics are required for Nurse Practitioner Band C, in addition to those described for a Nurse Practitioner Band B:

- Autonomous delivery of nursing care and decision making within the health care team whose practice may extend beyond the health unit in which employed and may include all or some of the following;
  - Initiates and receives referrals and manages clients accordingly
  - Prescribes and supplies medications and manages clients accordingly
  - Initiates and interprets diagnostic pathology and manages clients accordingly
  - Initiates and interprets radiology tests and manages clients accordingly
  - Initiates interventional therapies and manages clients accordingly
- Is used as a Consultant to the entire organisation, or state, health system, nationally or internationally in area of expertise
- Mentors others in relation to area of expertise and practice
- Publishes in refereed professional journals
- Holds postgraduate qualifications commensurate with level of autonomy and clinical privileges, which are specific and relevant to the practice scope. In addition this may include one or all of the following:
  - Clinical Pharmacology, prescribing and supply of medications
  - Initiates and interprets diagnostic pathology and radiology tests

## APPENDIX 5

### Nurse Practitioner Project Presentations

#### Presentations/Conferences/Meetings July – December 2000

- Metropolitan Directors of Nursing Forum 28 July
- Flinders Medical Centre Nursing Advisory Committee 9 August
- Rural & Remote Directors of Nursing Forum 11 August
- University of South Australia Master of Specialist Nursing Practice Workshop 11 August
- Palliative Care Nurses Professional Forum 15 August
- Senior Mental Health Nurses Forum 21 August
- Senior Nurses Repatriation General Hospital 23 August
- Lyell McEwin Health Service Nurse Forum 31 August
- GP Forum 8 September
- Australian College of Midwives Inc SA Branch 27 September
- Australian Council of Community Nursing Services Seminar 20 October
- Royal Adelaide Hospital Breast Cancer Seminar, “*Breast Care Nurse Practitioner - Where to Now?*” 3 November
- Transplant Nurses Association 15 November
- Attendance at NSW Nurses Association Professional Day “*Nurse Practitioners New Century New Role*”, Sydney, 17 November 2000.
- Women’s & Children’s Hospital Senior Nursing & Midwifery Staff Forum 29 November
- Women’s & Children’s Hospital Neonatal Nurses 29 November
- Sixth Nursing Practice Conference, Adelaide, November 2000 *Nurse Practitioners New Frontier* 23 & 24 November
- Australian & New Zealand College of Mental Health Nurses 11 December
- Southern Community Health Nurses Professional Forum 20 December
- Child & Youth Health Senior Nurses Professional Meeting 21 December
- Meetings with Stakeholders
  - Nurses Board of South Australia
  - Australian Nurses Federation
  - SADI Medical Director
  - Adelaide Central & Eastern Division of GPs
  - University course coordinators

#### Presentations/Conferences/Meetings January – December 2001

- Royal Adelaide Hospital Women’s Health Centre Inservice 14 February
- Royal College of Nursing Australia *Whence the Australian Nurse Practitioner/Midwife?* State of Play 22-23 March
- University of South Australia Masters Students 30 March
- Rural & Remote Directors of Nursing Forum 6 April
- Child & Youth Health Professional Meeting 17 April
- Royal Adelaide Hospital Nursing Forum 20 April
- Palliative Care Nurses Professional Forum 24 April
- Royal College of Nursing Australia National Forum *Team Players* 10 - 11 May
- AMA, SADI & NBSA 22 May
- Rural Implementation Workshops & Inservice Education Sessions
  - Pt Pirie 9 May
  - Renmark 8 June
  - Mt Gambier 22 June
  - Murray Bridge 13 September
  - Pt Lincoln 24 July
  - Pt Augusta 27 July
- Cancer Nurses Society of SA *Oncology Nurse Practitioners: Prospects & Possibilities* 12 June
- Country Women’s Health Workers 20 June
- Flinders Medical Centre Nursing Grand Round July 3

- WITHDRAWN International Nurse Practitioner Conference *Nurse Practitioner in SA – a new frontier*. Dublin. 5-7 August
- Child & Youth Health, Second Storey Christies Beach, 3 September
- SA Emergency Nurses Association Seminar 7 September
- DHS Nurse Practitioner Workshop for Nurses 19 October
- WITHDRAWN Poster presentation, Contesting Conversations Conference 2001 *Nurse Practitioners in Australia: Contested Evolutions*. Adelaide, November
- Adelaide University, Department of Clinical Nursing Lecturing Staff 7 November
- Seventh Nursing Practice Conference, *Vision to Action – Implementing Nurse Practitioners in South Australia*. Adelaide 22 & 23 November
- Royal District Nursing Service Nurse Practitioner Forum 5 December

## **APPENDIX 6**

### **Nurse Practitioner Fact Sheets**

#### **Nurse Practitioner Information Sheet**

##### **What is a Nurse Practitioner?**

Nurse Practitioners are registered nurses who have advanced and extended education and clinical experience in a defined area of health care.

They are experienced nurses with additional nursing education that enables them to utilise the full scope of nursing practice in providing individuals, families, groups and/or communities with health services.

Nurse Practitioners have a high level of expertise, vision and professional leadership. They contribute to new nursing knowledge, demonstrate social and political awareness, and provide pragmatic and purposeful interventions that benefit the patients.

The Nurses Board of SA states:

“A Nurse Practitioner is a registered nurse who is educated to function in an advanced and 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 and will include legislative authority not currently within the scope of nursing practice.

The defining features of a Nurse Practitioner, as described in the SA Nurse Practitioner Project 1999, include the combined role of educator, mentor, provider, manager and researcher within the context of need, setting, education and autonomy.”

##### **History**

Since Nurse Practitioners first appeared in North America 40 years ago, the role has spread to countries such as the United Kingdom, Canada, Australia, New Zealand and South Africa. Other countries now developing the role include South Korea, Fiji, Botswana, Northern Ireland, The Netherlands and Thailand.

Countless studies have demonstrated that Nurse Practitioners can provide safe and effective health care in a variety of settings.

##### **What is their role?**

Nurse Practitioners work collaboratively within a health care team to provide advanced and extended care. They enhance existing services and provide a service where none exist.

The Nurse Practitioner’s role extends beyond the usual scope of nursing practice. The skills and practices often associated with a Nurse Practitioner are:

- advanced clinical assessment
- interpretation of diagnostic tests including diagnostic imaging
- implementing and monitoring therapeutic regimes
- prescribing pharmacological interventions
- initiating and receiving appropriate referrals.

## Legislation

Nurse Practitioners in South Australia will be regulated within the current *Nurses Act 1999*.

### **For further information contact:**

#### **Department of Human Services**

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Professional Services – Nursing  
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WebSite: [www.dhs.sa.gov.au/nurselabour](http://www.dhs.sa.gov.au/nurselabour)

#### **Royal College of Nursing, Australia**

Nurse Practitioner National Nursing  
Network (NNN)

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(08) 82955875 (AH)  
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### **Related references:**

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Victorian Department of Human Services (2000) *The Victorian Nurse Practitioner Project: Final Report of the Taskforce* (online). Melbourne, Victoria. Available from: <http://www.dhs.vic.gov.au/pdpd/vnp/nurseprac.pdf> [Accessed 21 June 2001].

January 2002

## **Nurse Practitioner Information Sheet on Implementing the Role**

### **Do you need a Nurse Practitioner?**

Before implementing a Nurse Practitioner role in your institution or health care setting, you should clearly establish the need, the setting, the education required and what level of autonomy the Nurse Practitioner will need.

#### **Need**

- Can existing services be enhanced, or services provided where none exist?
- Does feedback from nursing, consumer, medical and administration staff suggest a need for the role?
- Are key medical and other health care staff committed to providing clinical and educational support?

#### **Setting**

- Does your institution or health care setting need advanced and extended nursing practice skills?
- Is there potential for more than one position in each practice area to provide sustainable professional, clinical and educational support, both within and beyond the organisation?
- Have you considered the potential for cross-institutional development of some of these roles?

#### **Education**

- Is the educational support specifically designed to meet clinical, professional, regulatory and legislative requirements?
- Have competency standards for advanced practice been implemented in the specialty area, where appropriate?
- Is there emphasis on ongoing professional development to meet the demands of the evolving Nurse Practitioner role?
- Where appropriate, is there multi-disciplinary input into a relevant educational program?

#### **Autonomy**

- Is there agreed need, collaboration and negotiation with a multi-disciplinary team?
- Is there opportunity for the Nurse Practitioner to practice as an integral member of the health care team?
- Will the Nurse Practitioner have responsibility for developing, coordinating, implementing and evaluating care for patient case load?
- Do you have strong links with the Department of Human Services, regulatory bodies and education providers?

The Department of Human Services recommends that, when implementing Nurse Practitioner positions within the public health care sector, the following steps guide the process.

<b>Individual</b>	<b>Organisation</b>
<p>Registered nurse seeks to become a Nurse Practitioner:</p> <ol style="list-style-type: none"> <li>1 Ensure adequate theoretical and clinical preparation for advanced and extended nursing practice role.</li> <li>2 Compile professional portfolio/CV, including referee reports, evidence of education and qualifications relevant to area of practice, evidence of experience relevant to area of practice, evidence of ongoing professional development relevant to area of practice, current performance review by employer.</li> <li>3 Demonstrate ability to meet Nurses Board of SA's Professional Standards Statement for Nurse Practitioner Practice and standards for practice of relevant specialty area.</li> <li>4 Apply to the Nurses Board for authorisation as a Nurse Practitioner.</li> <li>5 If appropriate, apply to Nursing &amp; Midwifery Clinical Privileges Advisory Committee at DHS for clinical privileges and then apply to individual hospital board(s) for admitting privileges.</li> <li>6 Apply to Radiation Section DHS for exemption to regulations.</li> <li>7 Ensure appropriate ongoing professional development.</li> </ol> <p>If self-employed, as above, plus:</p> <ul style="list-style-type: none"> <li>• current performance review by peer</li> <li>• indemnity insurance cover</li> </ul>	<p>Individual health unit or service identifies potential Nurse Practitioner position:</p> <ol style="list-style-type: none"> <li>1 Forms a multi-disciplinary steering committee and makes recommendations on: <ul style="list-style-type: none"> <li>• Marketing the role</li> <li>• Developing a job and person specification, with reference to the <i>Criteria for Appointment as a Nurse Practitioner (Nurses (SA Public Sector) Enterprise Agreement, 2001)</i></li> <li>• Establishing a process for nursing clinical and admitting privileges</li> <li>• Identifying funding for the position</li> <li>• Identifying a position and reclassify existing position, if appropriate</li> <li>• Developing guidelines, policies and protocols to define scope of practice</li> <li>• Evaluation process.</li> </ul> </li> <li>2 Recruit individual Nurse Practitioners into position.</li> <li>3 Undertake evaluation of Nurse Practitioner position.</li> </ol>

### **For further information contact:**

Department of Human Services  
Strategy & Operation – Statewide Division  
Professional Services - Nursing  
11 Hindmarsh Square  
ADELAIDE SA 5000  
PO Box 287  
RUNDLE MALL SA 5000  
Telephone: (08) 8226 6409  
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Victorian Department of Human Services (2000) *The Victorian Nurse Practitioner Project: Final Report of the Taskforce* (online). Melbourne, Victoria. Available from: <http://www.dhs.vic.gov.au/pdpd/vnp/nurseprac.pdf> [Accessed 21 June 2001].

January 2002

## **Nurse Practitioner Preparation for Practice Information Sheet**

### **Preparing for practice**

To become a Nurse Practitioner, you must have relevant qualifications and have demonstrated competence in your desired area of practice.

However, the Nurse Practitioner role can take many forms and, depending on the needs of the area, the educational needs can vary for each position. Therefore, there is no one qualification.

The Nurses Board of South Australia has determined to authorise Nurse Practitioners under the *Nurses Act 1999* and protect the title of “Nurse Practitioner”. Applicants will submit a comprehensive professional portfolio to the Board which will be assessed under established assessment criteria. The Board has developed Professional Standards Statement for Nurse Practitioner Practice. These include:

*“The Nurse Practitioner ensures adequate formal theoretical and clinical preparation for the advanced and extended nursing role. Such preparation will include knowledge of all legal obligations, as well as an understanding of the authority to prescribe and supply medications and initiate diagnostic investigations and referrals.”*

### **Relevant courses available in South Australia**

- Master of Specialist Nursing/Midwifery Practice, University of South Australia
- Master of Nursing (Nurse Practitioner), Flinders University
- Pharmacology for Specialist Nurse/Midwifery Practice, University of South Australia

### **Other requirements**

- The Nurse Practitioner must demonstrate that they meet the Professional Standards Statement for Nurse Practitioner Practice and be authorised as a Nurse Practitioner by the Nurses Board of South Australia.
- The Nurse Practitioner’s professional portfolio will detail their level of qualifications, education and experience, which will be assessed by the employing organisation or service.
- The Nurse Practitioner may apply to the Department of Human Services Nursing and Midwifery Clinical Privileges Advisory Committee for clinical privileges and subsequent admitting privileges to a government-supported health facility, if appropriate.
- The Nurse Practitioner is responsible for their continuing professional development to ensure ongoing competence to practice.

### **For further information contact:**

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**January 2002**

# **Nurse Practitioner Information Sheet on Implementing Clinical Guidelines**

## **Introduction**

The Nurse Practitioner works collaboratively with other members of the health care team to provide advanced and extended care by enhancing existing services or providing a service where none currently exist.

There is increasing national and international support for the use of clinical guidelines, based on best available evidence, to guide the practice of health care professionals. Clinical guidelines are designed to enhance high quality multi-disciplinary health care provision, decrease the incidence of harmful or ineffective treatments and optimise client outcomes with acceptable resource utilisation. Use of clinical guidelines may also facilitate communication within the health care team and with clients, communities and other key stakeholders.

## **Underlying principles**

The practice of health care professionals, including Nurse Practitioners, should reflect existing clinical practice guidelines relevant to the defined area of health care in which they practice and:

- be outcome focused and based on the best available evidence
- be multi-disciplinary and include clients health care planning
- be flexible and adaptable to varying local conditions
- include a consideration of resources
- be evaluated and updated regularly
- relate to the clinical context of practice
- be aligned with professional standards for the management of particular clinical presentations.

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January 2002

## **Nurse Practitioner Radiology Information Sheet**

### **Nurse Practitioners and Radiology**

Some Nurse Practitioners may need authority to order a range of diagnostic radiological tests. This level of independence enables them to be effective in their role. However, as with all health care providers, Nurse Practitioners must avoid ordering unnecessary tests or duplicating services. Where ordering such tests is a requirement of their role, it is important that the Nurse Practitioners' education reflects this to ensure they fully appreciate and understand the tests.

### **Funding arrangements**

Under current costing arrangements, the cost of processing public health service radiology tests is met by the State, as a variable percentage of the MBS schedule rate.

Outside the public sector, Medicare benefits are only payable for a diagnostic service if it is ordered by a medical practitioner, or from a specified list when ordered by dentists, prosthodontists, chiropractors, physiotherapists and podiatrists. Clients of Nurse Practitioners in private practice may therefore be required to pay the full cost of this service.

### **Legislation**

#### *South Australian Ionising Radiation Regulations 2000*

- any procedure that involves exposure to ionising radiation, such as x-rays, requires a written authorisation that specifies the examination or treatment that is authorised and clinical indicators for the examination or treatment. The Regulations specify the medical professions that may authorise procedures, and the purposes for which they may be authorised. As nurses are not included among these professions, a specific exemption from the legislation or change to the legislation would be required before a nurse would be permitted to authorise diagnostic x-rays.

#### *Section 44 of the Radiation Protection and Control Act, 1982*

- *The Minister for Human Services (or his delegate) may, by notice published in the SA Government Gazette, exempt any person or class of persons from compliance with any specified provisions of the Act (or Regulations under the Act).*
- *The Minister shall not grant an exemption from compliance with a provision of the Act unless the Minister is satisfied that the exemption, subject to appropriate conditions, would not endanger the health or safety of any person.*

The *Health Insurance Act, 1991* Category 5 (Diagnostic Imaging Services: Section DIA.1)

## **Initiating tests**

The Department of Human Services resolves that, to initiate radiology tests, the Nurse Practitioner will:

- *submit a written application to the Radiation Section for an exemption to the Regulations, which will be assessed and referred to the statutory Radiation Protection Committee. The application will include:*
  - ◆ *details on the role in which the Nurse Practitioner will require radiographs of clients*
  - ◆ *the scope of radiography involved*
  - ◆ *evidence of completion of an education program in the principles and practices of radiation.*

*The committee will then make a recommendation to the Minister's delegate within the Department of Human Services.*

## **Ordering tests**

*The Department of Human Services recommends that, when ordering radiology tests, the Nurse Practitioner will:*

- order tests specific to their context of practice as determined with the institution or health care setting that is implementing the role
- only order tests for which he/she has the education and skills necessary to interpret the results and prescribe appropriate treatment, or refer to a medical practitioner
- order tests specific to their context of practice as determined with the institution or health care setting that is implementing the role
- take into account which test is most suitable to determine a treatment plan
- take into account that screening activities are undertaken in an age-appropriate, evidenced-based and cost-effective way
- complete a radiology request form with relevant information, including who should receive the results
- document in the client's records that the tests have been ordered
- implement a system to ensure that test results are tracked and followed up
- interpret the results of the radiology test within the context of the client's presentation
- make decisions about treatment or management within the scope of their practice or consult with an appropriate medical practitioner
- distribute the results to the appropriate people.

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### **Related references:**

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**January 2002**

## **Nurse Practitioner Pathology Information Sheet**

### **Pathology tests**

In certain settings, it is important for Nurse Practitioners to be able to independently request diagnostic and monitoring pathology tests. This enables them to be more effective in their role and extends the common practice in many clinical settings of nurses ordering a limited range of pathology tests.

However, Nurse Practitioners must accept the responsibility that comes with this level of independence. It is important that they are educated to understand and appreciate the tests and the criteria for ordering them, as well as to accept the responsibility that the tests are used in a professional manner.

### **Funding arrangements**

Under existing costing arrangements, the cost of processing diagnostic pathology tests in the public health sector is met by the State as a variable percentage of the MBS schedule.

Outside the public sector, Medicare benefits are currently only payable for diagnostic services following a written request by a medical practitioner. Consequently, the clients of self-employed Nurse Practitioners may be required to pay the full cost of the service.

If access and choice are to be promoted within the South Australian health care system, it is important that clients of Nurse Practitioners in private practice are not financially disadvantaged.

### **Legislation**

The *Health Insurance Act, 1991* Category 6 (Pathology services : Section PA 1.2) of the General Medical Services of the Medicare Benefits Schedule book.

### **Ordering tests**

The Department of Human Services recommends that, when ordering pathology tests, the Nurse Practitioner will:

- order tests specific to their context of practice as determined with the institution or health care setting which is implementing the role
- only order pathology tests for which they have the education and skills necessary to interpret the results and prescribe appropriate treatment, or refer to a medical practitioner
- take into account which test is most suitable to determine a treatment plan
- take into account that screening activities are undertaken in an age-appropriate, evidence-based and cost-effective way
- complete a pathology request form with relevant information, including who should receive the results document in the client's records that the tests have been ordered
- implement a system to ensure that test results are tracked and followed up
- interpret the results of the pathology test within the context of the client's presentation
- make decisions about treatment or management within the scope of their practice or consult with an appropriate medical practitioner
- distribute the results to the appropriate people.

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January 2002

## **Nurse Practitioner Referral Information Sheet**

### **Referrals**

Collaboration is the fundamental basis of multi-disciplinary health care. If the management or treatment of a client's condition extends beyond the scope of an individual health care provider's practice, they are then able to refer them to another health care professional.

By accessing a system of referral to and from medical practitioners and other service providers, Nurse Practitioners can maintain continuity of health care for each client. However, this system should not place Nurse Practitioners' clients at any cost or choice disadvantage.

### **Funding arrangements**

Currently within the public health system there are many nurses who carry out roles that incorporate initiating and receiving referrals and there is no impediment to this.

Outside of the public health care system, specialist consultation fees attract a Medicare rebate only if the initial referral is made by a medical practitioner. Clients may therefore be required to pay the full cost of this consultation.

### **Underlying principles**

The Nurse Practitioner will initiate and receive referrals to and from other health care providers when the needs of the client are:

- not within the area of expertise of the referee
- exceed the area of expertise of the referee
- are clearly linked to the core skill of another discipline.

The Department of Human Services recommends that, when receiving or initiating a referral, the Nurse Practitioner will be provided with or provide:

- a clear reason for the consultation and the level of urgency
- a description of what consultation or service is requested
- appropriate client health information
- agreement regarding the responsibilities in the circumstances
- documentation of the request for referral and the outcome.

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