

**NURSE PRACTITIONER/ ADVANCED PRACTICE NURSING ROLES IN
AUSTRALIA**

Evolving Role and Practice Issues: Nurse Practitioners in Australia

Education/Practice Subgroup of the International Nurse
Practitioner/Advanced Practice Nursing Network

by

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Introduction

On August 26th this year, the headlines of 'The Australian' newspaper read: "Rural nurses deserve more patience". The article commences with the following:

Nurses in NSW yesterday won official recognition and endorsement of work they have been performing for years. The State Government endorsed the concept of nurse practitioners, a classification that will require additional training and will allow accredited nurses to prescribe medications, authorise diagnostic tests such as X-rays and in some cases manage patient conditions such as asthma or diabetes without reference to, or approval from, a doctor. For nurses, the new classification improves their career path and offers additional remuneration and responsibility. For Governments, the classification is expected to be adopted by other states – it offers a partial solution to the shortage of medical practitioners willing to work in rural areas. For people in these areas, it offers a remedy to their urgent need for health professionals. As a related benefit, the increased status of nurses – most of whom are women – to deal with everyday complaints should be particularly welcomed by women in rural Australia who do not always have their city counterpart's choice of a doctor at all, let alone a female doctor. (Editorial, The Australian, 26/8/98: 12)

In announcing the initiative, the Health Minister, Dr. Andrew Refshauge stated that up to 40 nurse practitioners would work **with** rural doctors and hospitals to provide services such as asthma management, suturing wounds, prescribing medications and treating uncomplicated fractures. More importantly he said that "Improving access to health services in rural areas is a priority for the state government and in co-operation with rural doctors, nurse practitioners will provide an extra health service ... the specific types of care provided would be defined by the needs of the community". (McLean, Nursing Review, September 1998: 1-2). Refshauge added that nurses would undergo stringent accreditation under the control of the Nurse's Registration Board. The increased responsibilities would require changes to the Nurse's Act, the Poison and Therapeutic Goods Act and the Pharmacy Act. The NSWNA have been seeking implementation of the nurse practitioner role for eight years. The final report of the NSW Nurse Practitioner project showed that nurse practitioners were feasible, safe and effective in their roles and they provide quality services in a range of settings.

In the year 2000, in the Nurse Practitioner report of Victoria, the Minister for Health, Mr. John Thwaites, in full support of the role and practice of Nurse Practitioners, asserted that:

The development of the nurse practitioner role in Victoria is in keeping with international trends where advanced nursing roles have been developed and practised for some time with the goal of enhancing health care delivery. Some members of the taskforce have expressed concern on the recommendations regarding the role of nurse practitioners in prescribing and diagnostics.

Concerns about prescribing and ordering diagnostic imaging have been perceived as belonging exclusively within the boundaries of the medical profession. Equally important are issues related to specialist referral, admission and discharge of patients and approval of absence from work certificates (VNP, 2000).

An analysis of the literature in Australia and overseas, undertaken by Keyzer, (1997) revealed several models of practice. These are: 1) the surrogate doctor; 2) the doctor's assistant; 3) the complementary practitioner - developing clinical nursing practice to higher levels of decision-making; and 4) the needs-led practitioner - redefining the nursing service in relation to identified community needs, rather than traditional modes of service delivery. The first two models are based on an extension into medical care. The latter two exemplify an expanded nursing framework, focusing on advanced nursing decision making and provision of nursing services to meet community needs. A framework that retains the focus of nursing care, that views client management from a primary health care perspective of wellness, illness, prevention and maintenance of optimal health (Price et al, 1992). There is a distinct philosophical difference between the two sets of models.

When reflecting on 25 years of social change and the evolution and success of the nurse practitioner, Loretta Ford chose the following quotation, which I believe reflects the experiences of all countries that have, and are, in the process of developing the nurse practitioner role:

At first the idea of creating a new order by perturbation seems outrageous ... Yet our traditional wisdom contains parallel ideas. We know that stress often forces new solutions, that crisis often alerts us to opportunity; that the creative process requires chaos before form emerges; that individuals are often strengthened by suffering and conflict, and that societies need a healthy airing of dissent.
(Ferguson, 1980, p.313)

The nurse practitioner movement in the United States is seen by Ford (1992, p. 287), as one of the greatest demonstrations of how nurses exploited trends in the larger health care system to advance their own professional agenda. She argues that the movement thrived because the foundation of the nurse practitioner was deeply rooted in the enduring values and goals of nursing. Nurses must maintain this focus and take the process forward politically, in developing a legitimate advanced nurse practitioner role in Australia. The

development of the nurse practitioner role in Australia, in the 21st century presents extraordinary challenges that we, as consumers, educators, clinicians, leaders and managers must respond to in a proactive way.

AUSTRALIA

Since 1992 Australia, New South Wales specifically, has been considering the Nurse Practitioner role which resulted in ten pilot site projects commencing during 1995 in regional, rural and remote locations. Areas of practice to be examined were competencies, accountability, diagnostic imaging, diagnostic pathology, prescription of medications, referral procedures and professional indemnity insurance. Research from these projects found that:

*'nurse practitioners were feasible, safe and effective in their roles and provide quality health services in the range of settings researched'
Access by patients to health services was improved and patient expectations were satisfied.*

Subsequently in 1999, in what has been described as a milestone for Australian Nursing forty nurse practitioner positions were made available throughout New South Wales (NSW Nurses Association, 1999, p.1, Harulow, 2000, p.20, Oakes, 1999, p.1, Offredy, 2000, pp.274).

Current legislative restrictions relating to initiation of medications and diagnostic services are being reduced with adequate education and professional standards to be maintained. The nurse practitioners scope of practice is to be *'defined by the context of clinical practice in which accreditation has been sought and by clinical guidelines developed and endorsed by the local multi-disciplinary team'* and initially it was suggested, will not be defined by geographical location of practice. However, with the final implementation of this program, the NP positions have been designated to specified locations as identified by areas health boards (Oakes, 1999, pp.1).

Criteria for accreditation as a Nurse Practitioner in New South Wales and principles for the development of clinical guidelines have been implemented. (Nursing Branch, 1998, pp. 1-7). Harulow (2000, p.20) states that the NSW department has won plaudits for its innovative approach to the issue of accreditation and for the introduction of legislation to protect the Nurse Practitioner title. In fact *'For the first time in Australia, selected experienced registered nurses will have access to clinical privileges which will enable them to take full responsibility for the management of their patients'*. (Harulow, 2000, p.20). The Nurses Registration Board of NSW (1999)* has developed a range of information for applicants that addresses NP application, professional indemnity, assessment criteria and development of a portfolio. The College of NSW (1999) has developed a workshop to provide assistance to intending NPs in preparing their application for one of the following nursing practice areas – Maternal & Child Health, High Dependency, Mental Health, Rehabilitation and Habilitation, Medical / Surgical and Community Health.

Patterson et al. (1999) also believe that the Nurse Practitioner role development in Australia will encourage establishment of autonomous nursing positions within Divisions of General Practice to complement the role of current community health nurses. The NP role is currently being explored to be implemented, in South Australia, Northern Territory, Queensland and Western Australia (Harulow, 2000, p.22). Further development of the NP role should also impact on recent research in South East Queensland where researchers found that *'nursing's contribution to preventive care was underutilised'* and that nursing graduates were not currently prepared sufficiently to take up *'a leading role in health promotion'*. The first challenge is for all health professionals to acknowledge and promote the valuable contribution nurses make to preventive care and to recognise the NP role as another component of the health care team available to meet the needs of communities. The second challenge is for educational facilities to provide a more realistic program balance between illness care requirements and illness prevention strategies in order to focus attention in the area that can make a significant difference to the future health of our population.

VICTORIA

The development of the Nurse Practitioner (NP) role in Victoria is in progress. In July 1999 a ministerial task force reported on a proposed Nurse Practitioner model for Victoria to the Minister of Health. Subsequently eight demonstration projects were approved and are currently underway. In Victoria Masters level preparation is favoured at present and it is thought that there are unlikely to be restrictions on the numbers of NPs with endorsed registrations or limitations on the areas in which they might practice. (Percival, 1999, p6). March 2000 will see the commencement of the Victorian Nurse Practitioner Task Force Statewide evaluation the outcomes of which will provide input into Department of Human Services NP legislative framework discussions (Harulow, 2000, p.22).

A Nurse Practitioner panel, with representatives from all states and territories, met in Toowoomba, Queensland (AARN Conference, 24 February 2000) to outline progress in Australia. The panel confirmed that all states and territories are currently examining or exploring the Nurse Practitioner role and issues surrounding the role with NSW, VIC and SA somewhat further advanced than the other states. It was further confirmed that various medical associations, such as the Australian Medical Association, do not support the Nurse Practitioner role. At this point there is no consistent view on educational preparation level with NSW and VIC opting for Masters level preparation whilst WA is focussing only on remote NPs and a Graduate Diploma award at this time. Two key issues raised in discussion were:

1. The need for rural and remote nurses to drive the NP debate so that they are not 'taken over' by their urban counterparts and
2. Our American colleagues stressed the need for nurses to unite and speak with 'one voice' about the NP and their role in their communities.

Competencies

The Australian Nursing Federation (1997), in collaboration with the National Nursing Organisations, has developed Competency Standards for the Advanced Nurse Practitioner and are applicable across Australia. These twelve standards 'provide an important source of ideas, rules, practices, codes and knowledge of nursing culture' and reflect the total practice of the advanced nurse. Hegney et al. (1999) however indicated that there is still a need to develop specific rural nursing competencies due to the different roles and expectations of nurses in smaller rural areas. The Council of Remote Areas Nurses of Australia (CRANA, 1999) has developed competencies for remote area nurses developed an Emergency Care Program for remote health practitioners and, provides a 'Bush Crisis Line' for remote area nurses. Another resource also available to rural practitioners is the Central Australian Rural Practitioners Association (CARPA) Standard Treatment Manual which provides best practice for common presenting problems in remote areas (CARPA, 1997).

Credentiailling

In Australia the Nurses Registration Board will control the accreditation process for NSW nurses and changes to the Nurse's Act, the Poison and Therapeutic Goods Act and the Pharmacy Act will be required to enable the NPs to practice. (Duffy, 1998). The Royal College of Nursing is currently exploring Australian Nurses views about the need for and the process of credentiailling. (Royal College of Nursing, Update 6, December, 1999). At the recent conference in Toowoomba (AARN, 2000) the Nurse Practitioner Panel speakers for NSW and VIC outlined the processes for 'authorisation to practice' in NSW and 'certification' in Victoria. They indicated both States required Masters preparation for practice. The picture for the other states and territories, with respect to credentiailling, is not yet clear although a report about to be released from the South Australian working party may clarify their position. **DRAFT REPORT JUST RELEASED FROM RCNA.**

Clearly, the development of an advanced nurse practitioner role requires both a philosophical and structural shift in the way that rural health services are delivered and the ways in which health providers practice. The challenge ahead is to take advantage of a unique opportunity and move politically to help solve the problems of access, quality and cost in rural health care - nurses are well positioned to lead the way.

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