Nurse Practitioners in NSW

Document Number  PD2012_026
Publication date  15-May-2012
Functional Sub group  Clinical/ Patient Services - Imaging - diagnostic and interventional
Clinical/ Patient Services - Nursing and Midwifery
Clinical/ Patient Services - Pathology
Clinical/ Patient Services - Pharmaceutical
Personnel/Workforce - Workforce planning

Summary  Policy related to Nurse Practitioners that provides a detailed outline of the processes required for the implementation of Nurse Practitioners roles and services in NSW. This policy reflects changes in legislation and regulation in scope of practice and formulary arrangements within NSW Health. For related Guidelines please see GL2012_004.

Replaces Doc. No.  Nurse/Midwife Practitioners in NSW [PD2005_556]
Author Branch  Nursing and Midwifery Office
Branch contact  Principal Adviser Nurse Practitioner 9391 9490

Audience  All staff
Distributed to  Public Health System, Divisions of General Practice, Health Associations Unions, NSW Ambulance Service, Ministry of Health, Private Hospitals and Day Procedure Centres, Tertiary Education Institutes

Review date  15-May-2017
Policy Manual  Patient Matters
File No.  H12/28714
Status  Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is mandatory for NSW Health and is a condition of subsidy for public health organisations.
NURSE PRACTITIONERS IN NSW

PURPOSE

This policy directive supersedes NSW Health PD2005_556 and should be read in conjunction with Nurse Practitioners in NSW Guideline for the implementation of Nurse Practitioner roles within NSW Health.

NSW Health supports the role of the Nurse Practitioner as an important component of healthcare provision in NSW. Nurse Practitioner positions aim to improve access to care and address gaps in existing health care services through flexible and innovative models of care delivery and may therefore enhance service delivery options.

This policy statement and the associated guideline are intended to ensure that:

a) NSW Nurse Practitioner (NP) positions are established and sustained in a consistent manner;

b) Local Health Districts (LHDs) are provided with guidance on the processes required to effectively establish, implement and sustain Nurse Practitioner roles in NSW;

c) Nurse Practitioner positions are supported by a robust governance framework, including support for Transitional Nurse Practitioners (TNPs) preparing for endorsement as a Nurse Practitioner.

This policy reflects changes in both state and federal legislation and changes made by the Nurses and Midwives Board of Australia (NMBA) to the Nurse Practitioner endorsement pathways.

MANDATORY REQUIREMENTS

The following conditions must exist within the LHD to support the Nurse Practitioner position:

1. Establishing Nurse Practitioner Positions

1.1 Positions are established in order to address identified clinical service needs or gaps in existing services for target populations. Nurse Practitioner roles may be implemented within new models of care or may enhance existing services (Guideline section 4).

1.2 Adequate recurrent funding must exist within the context of a service or department to support the position outside of existing nursing workforce requirements, including relevant equipment, resources and funds for ongoing development. Adequate funding must also to be identified to support regrading of current services to include a Nurse Practitioner role.

1.3 LHDs are not obliged to create Nurse Practitioner positions in order to regrade an individual who has been endorsed, commenced relevant study or expressed an interest in becoming endorsed as a Nurse Practitioner.

1.4 The process of establishing positions is guided by principles of collaborative planning, practice, evaluation and succession planning within a multidisciplinary environment (Guideline section 4).

1.5 Once the establishment of a position has been approved by the Local Health District (LHD) Director of Nursing and Midwifery (DNM) and as per local recruitment requirements, it is to be advertised in the usual manner.
1.6 Where a Nurse Practitioner is not available, an appropriately experienced Registered Nurse (RN) may be employed into the Nurse Practitioner position in a ‘transitional’ role (CNC 2 pay grade) for a conditional period of up to three (3) years while they work toward endorsement as a Nurse Practitioner (Guideline section 5).

1.7 The Nurse Practitioner or Transitional Nurse Practitioner is able to practice within a collaborative, clearly articulated model with the support of other health professionals, management personnel and identified executive support (Guideline section 4).

1.8 Nurse Practitioners/Transitional Nurse Practitioners report professionally to the facility DNM or Facility/Service manager. In the event a Nurse Practitioner service is located across facilities, the position will report to the LHD DNM. Nurse Practitioners/Transitional Nurse Practitioners may also report operationally to Nurse Managers of the relevant services. Nurse Practitioners/Transitional Nurse Practitioners have a collaborative professional relationship with Nursing Unit Managers and Nurse Managers.

1.9 Organisational support is to exist which ensures the Nurse Practitioner service is able to develop and function as required including indirect clinical time, clinical supervision and mentorship arrangements, study leave and IT support (Guideline sections 4 & 8).

1.10 Indirect clinical time is to be included within Nurse Practitioners/Transitional Nurses rostered hours. For single full time positions, indirect clinical time available must not be less than eight hours per fortnight with pro rata equivalent for part time. Services involving more than three positions may consider a rotational arrangement (Guideline section 8).

1.11 Within each LHD nursing and midwifery directorate or equivalent, there is to be a Nurse Practitioner Co-ordinator portfolio. This portfolio is allocated to a suitably resourced Nurse Manager or Nurse Practitioner (Guideline section 4.2).

1.12 Endorsed Nurse Practitioners within the public health system must not utilise the authority and title of this endorsement including the legislated extensions to clinical practice unless employed in a Nurse Practitioner position.

1.13 Nurse Practitioners are to lead evaluation of the service delivery against the key indicators identified in the initial needs analysis and or business case (Guideline section 12).

2. Requirements for registered nurses enrolling in courses leading to endorsement as a nurse practitioner

2.1 NSW Health employees wishing to enrol in university courses leading to endorsement as a Nurse Practitioner must obtain approval from the DNM of the employing facility prior to enrolment in order to ensure indemnity arrangements apply. Evidence of approval is supplied by the DNM/Service/Facility manager of the employing facility or service directly to the education provider (Guideline section 6).

2.2 Supervision of clinical practice is provided by appropriately experienced, qualified and supportive supervisors and mentors (Guideline section 6.1).

2.3 These requirements apply to all RNs wishing to enrol in degree courses leading to endorsement as a Nurse Practitioner.
3. **Scope of practice**

3.1 A scope of practice (ScOP) document is developed by the Nurse Practitioner/Transitional Nurse Practitioner in collaboration with the Multidisciplinary Support Committee (MDSC) at the local level within six (6) months of the position being established or filled (*Guideline section 7*).

3.2 For a Nurse Practitioner/Transitional Nurse Practitioner in a designated position, the ScOP is developed and agreed at the local level by the MDSC, once signed by the chair of the MDSC it becomes the operational document and is forwarded to the LHD DNM and CE for acknowledgement.

3.3 The ScOP is to be consistent with the expertise and level of competence of the individual.

4. **Prescribing arrangements**

4.1 The Director-General, in accordance with s17a of the *Poisons and Therapeutic Goods Act 1966*, has approved a list of poisons, restricted substances and drugs of addiction as the NSW Nurse Practitioner formulary. This list reflects the national formulary approved for Nurse Practitioner prescribing listed on the Pharmaceutical Benefits Schedule (PBS) but does not infer the ability to prescribe these as PBS subsidised items (*Guideline 10.6*).

4.2 The NSW Nurse Practitioner formulary will be updated from time to time as required to include other poisons, restricted substances and drugs of addiction to reflect expanding scopes of practice (*Guideline section 10.1*).

4.3 Nurse Practitioners employed by NSW Health are therefore authorised to prescribe, use, possess or supply, in line with their scope of practice, those poisons, restricted substances and drugs of addiction included on the NSW Nurse Practitioner formulary.

4.4 A separate formulary for each Nurse Practitioner approved at the local level is not required if all items to be prescribed are included in the NSW Nurse Practitioner Formulary (*Guideline section 10.1*).

4.5 Poisons, restricted substances and drugs of addiction a Nurse Practitioner may wish to prescribe not included in the NSW NP formulary must be specified and approved separately. These are collated into an appended formulary to be forwarded by the LHD DNM for approval by the LHD CE (*Guideline section 10.2*).

4.6 Nurse Practitioners and Transitional Nurse Practitioners should develop a list of preferred medications (P Drugs) which is consistent with the ScOP. P Drugs do not require approval at a local level to be independently prescribed by Nurse Practitioners as long as they are consistent with the approved NSW Nurse Practitioner or an appended formulary (*Guideline section 10.4*).

4.7 **Nurse Practitioners practicing in a community setting may issue prescriptions for medications subsidised by the PBS.** Nurse Practitioners practicing in NSW public hospitals must not issue prescriptions for medications to be subsidised by the PBS for inpatients (or those to be discharged), emergency or outpatients (*Guideline section 10.6*).

4.8 Nurse Practitioners must adhere to LHD policy along with all State and Commonwealth law in relation to prescribing, including the requirements to have collaborative
arrangements in place in order to prescribe PBS medications. Nurse Practitioners have a professional and legal obligation to ensure that they prescribe within their ScOP.

5. **Provision of MBS services**

5.1 Nurse Practitioners employed in localities granted an exemption as part of the Section 19(2) Exemptions Initiative may apply for a MBS provider number and therefore provide eligible services *(Guideline section 11.1)*.

5.2 In order to provide MBS subsidised services Nurse Practitioners must ensure they have collaborative arrangements in place in accordance with the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010* *(Guideline section 9.6)*.

**IMPLEMENTATION**

**Chief Executives, Health Service Executives, Managers**

- Support the implementation of Nurse Practitioner services by including the role in service planning as appropriate;
- Lead the service needs analysis and formation of the business case as part of the Multidisciplinary Support Committee (MDSC) *(Guideline 4.4)*;
- Assist in ensuring positions are fully operational by facilitating prompt endorsement of approved business cases and appended formularies as appropriate;
- Assign responsibility, personnel and resources to implement this policy;
- Ensure that funding sources for Nurse Practitioner roles are resolved prior to the recruitment process;
- Provide line managers with support to mandate this policy in their areas;
- Ensure that local protocols are in place in each facility to support implementation.

**LHD Director of Nursing and Midwifery in addition to above**

- Demonstrate leadership in identifying opportunities for implementation of the Nurse Practitioner role within service planning;
- Identify and support an appropriately resourced Nurse Manager or Nurse Practitioner to undertake the role of LHD NP Coordinator.

**Facility DON**

- Facilitate and process the application for organisational support required for entry into courses leading to endorsement as a Nurse Practitioner;
- Ensure that funding sources for Nurse Practitioner roles are resolved prior to recruitment process;
- Demonstrate leadership in identifying opportunities for implementation of the Nurse Practitioner role within service planning;
- Lead and participate in the service needs analysis, formation of the business case and position description as part of the MDSC;
- Demonstrate leadership in the implementation of Nurse Practitioner services by identifying opportunities to develop services, supporting Nurse Practitioners/Transitional Nurse Practitioners within senior nursing forums and engaging with key stakeholders to ensure role development and sustainability.
Hospital, facility, clinical stream, non clinical and unit managers, Heads of Departments, Nurse Managers, Nursing Unit Managers

- Work collaboratively with the Nurse Practitioner/Transitional Nurse Practitioner and MDSC in the implementation and evaluation of Nurse Practitioner services,
- Lead and participate in the service needs analysis, formation of the business case and position description as part of the MDSC as appropriate.

Nurse Practitioners/Transitional Nurse Practitioners

- Work collaboratively within the organisation to implement and evaluate Nurse Practitioner services;
- Participate in the service needs analysis, formation of the business case and position description as appropriate as part of the MDSC;
- Ensure ScOP is developed within specified timeframes;
- Ensure legal and professional obligations are met in relation to the provision of MBS and PBS services;
- Ensure legal and professional obligations are met in relation to prescribing requirements;
- Identify learning needs and objectives in line with education requirements and the model of care and ensures supervised practice to achieve these;
- Ensure requirements for endorsement as a Nurse Practitioner are met within specified time frames;
- With executive support, lead evaluation of the service delivery against the key indicators identified in the initial needs analysis and or business case;
- Ensure practice remains appropriately supervised during transitional period and otherwise as required.

Registered Nurses seeking to enrol in courses leading to endorsement as a Nurse Practitioner

- Secure formal approval to undertake the clinical practicum requirements while employed by NSW Health from the DNM of employing facility prior to enrolment;
- Ensure adequate information is provided to stakeholders regarding the required commitment to supervision of clinical practice;
- Ensure practice remains appropriately supervised during clinical practicum;
- Ensure practice outside of clinical practicum does not extend beyond the boundaries of the ScOP for which employed.

For further information related to this policy or any other assistance, please contact the Principal Advisor, Nurse Practitioner Project in the Nursing and Midwifery Office on (02) 9391 9490.

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>(PD2005_265)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(PD2005_556)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May 2012</td>
<td>Deputy Director-General Governance, Workforce &amp; Corporate</td>
<td>Rescinds PD2005_556.</td>
</tr>
<tr>
<td>(PD2012_026)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>