

NSW Health Nurse Practitioners

Summary This policy outlines the requirements for establishing, implementing and sustaining nurse practitioner roles in NSW Health.

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Audience All Staff of NSW Health

NSW Health Nurse Practitioners

POLICY STATEMENT

NSW Health organisations must have appropriate systems and processes in place for establishing, implementing, governing and sustaining nurse practitioner roles.

SUMMARY OF POLICY REQUIREMENTS

NSW Health organisations are to conduct a service needs analysis to identify, describe and inform a business case to support the implementation of nurse practitioner roles. Adequate recurrent funding for a nurse practitioner service must exist to support the position beyond existing nursing workforce requirements.

Recruitment for nurse practitioner positions is to follow the NSW Health Policy Directive *Recruitment and Selection of Staff to the NSW Health Service* ([PD2017_040](#)). Organisations are not obligated to create nurse practitioner positions in order to regrade an individual who has been endorsed, commenced relevant study or expressed an interest in becoming an endorsed nurse practitioner.

Suitable registered nurse applicants for nurse practitioner positions are to be clinically and professionally supported to undertake a Nursing and Midwifery Board of Australia (NMBA)-approved nurse practitioner master's degree or supported to meet course entry requirements at time of employment.

Registered nurses supported to work towards endorsement as a nurse practitioner and transitional nurse practitioner clinical training is to be supported by a clinical learning and development plan. All clinical practice by transitional nurse practitioners, nurse practitioner students and registered nurses working towards nurse practitioner endorsement is to remain supervised by an appropriately senior practitioner.

NSW Health organisations are to ensure a Nurse Practitioner Governance Committee is established to authorise the scope of practice for nurse practitioners, transitional nurse practitioners and registered nurses working towards nurse practitioner endorsement. Individual scopes of practice must be periodically reviewed.

A nurse practitioner's scope of practice document is to define the area of practice, expertise, accountabilities and practice of nursing required to satisfy the authority to prescribe in NSW.

Nurse practitioners are to prescribe within their scope of practice, in line with relevant legislation and the NSW Health formulary, policies, and in accordance with Drug and Therapeutics Committee requirements.

Nurse practitioners may request diagnostic investigations relevant to their scope of practice, such as requesting pathology, medical imaging and other investigations.

Organisations are to periodically evaluate nurse practitioner services in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency.

REVISION HISTORY

Version	Approved By	Amendment Notes
PD2022_057 December-2022	Deputy Secretary, People, Culture and Governance	New requirement for Registered Nurses working towards Nurse Practitioner endorsement to have a scope of practice document authorised by the Governance Committee.
PD2020_034 September-2020	Deputy Secretary, People, Culture and Governance	Consolidates requirements of <i>Nurse Practitioners in NSW - Guideline for Implementation of Nurse Practitioner Roles - NSW Health (GL2012_004)</i> and PD2012_026.
PD2012_026 May-2012	Deputy Director General – Governance, Workforce and Culture	Rescinds PD2005_556 Nurse/Midwife Practitioners in NSW.
PD2005_556 March-2005	Director General	Rescinds PD2005_265.
PD2005_256 January-2005	Director General	Originally issued as Circular 2002/103 November 2002.

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1. BACKGROUND

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes comprehensive clinical assessment, requesting diagnostic investigations, management of care for patients/clients, prescribing medicines/therapies and includes direct referral of patients to and from other health care professionals, including Aboriginal Health Workers.

Nurse practitioners work across all clinical settings and include persons of all ages. The role is often used to meet health demands of underserved and marginalised communities or where access to care is often challenging. Nurse practitioners are also utilised where expertise within specialised services is required.

Nurse practitioner positions are planned and established in accordance with service requirements, national and state priorities. Positions are to be established within a multidisciplinary environment based on health service planning and governance frameworks. Positions are to align with relevant strategic and workforce plans.

Positions may be developed to implement new models of care to address gaps in service provision or to enhance existing services. Key stakeholder engagement, a well-articulated model of care, position description and scope of practice are required for successful implementation.

1.1. About this document

This document outlines the requirements for establishing, implementing and governing nurse practitioner positions within NSW Health facilities. It reflects the national [Nurse Practitioner Standards for Practice](#) published by the Nursing and Midwifery Board of Australia (NMBA), the Australian Nursing and Midwifery Accreditation Council (ANMAC) [Nurse Practitioner Course Accreditation Standards](#), and the [Australian Commission on Safety and Quality in Health Care Standards](#).

All templates related to this document can be found on the NSW Health Nursing and Midwifery Office's Nurse Practitioner Resources [webpage](#).

1.2. Role and functions of nurse practitioners

Nurse practitioners provide patient care in an advanced and extended clinical role. They work autonomously and collaboratively with other health professionals. Their extensions to practice are contextual to their service and include (but are not limited to):

- Comprehensive clinical assessments and history taking
- Initiation and interpretation of diagnostic investigations
- Diagnosis and differential diagnosis
- Initiation and evaluation of therapeutic management plans
- Medication history, assessment of adverse drug reactions and [Medication review](#)
- Medication initiation, dose adjustment and deprescribing

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- Review of therapies and patient management
 - Symptom assessment and management
 - Recognition and management of complications
 - Assessment and referral to and from other health professionals, including Aboriginal Health Workers
 - Patient advocacy
 - Health promotion and education

1.3. Legal and legislative framework

- [Health Practitioner Regulation National Law](#) (NSW) No 86a (the National Law)
- [Poisons and Therapeutic Goods Act 1966](#) (NSW)
- [Poisons and Therapeutic Goods Regulation 2008](#) (NSW)
- [Authority for NPs to possess, use, supply and/or prescribe schedule medicines in NSW](#)
- [Radiation Control Act 1990](#) (NSW)
- [Radiation Control Regulation 2013](#) (NSW)

2. ESTABLISHING NURSE PRACTITIONER POSITIONS

2.1. Preparing for nurse practitioner positions

Organisations are to undertake a planning phase prior to implementing a nurse practitioner role or service. Service planning is guided by principles of collaboration, evaluation and succession planning within a multidisciplinary environment. The process can be divided into separate steps including service analysis, business case development, implementation and evaluation.

Considerations are to include whether the nurse practitioner service may require an exemption under section 19(2) of the *Health Insurance Act 1973* (Commonwealth), whereby NSW Health organisations may apply for a Medicare Benefits Scheme (MBS) provider number to provide eligible services. This includes Aboriginal Community Controlled Health Services. Nurse practitioners are eligible for a location-specific Medicare Benefits Scheme provider number if they are employed within a locality granted an exemption under this Act.

Sites wishing to apply for an exemption are to follow NSW Health Guideline *Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative* ([GL2017_005](#)).

2.2. Organisational support, service needs analysis and business case

Organisational support is essential for successful implementation, ongoing development and sustainability of nurse practitioner roles.

NSW Health organisations are to conduct a service needs analysis to identify, describe and evaluate the issues in service delivery. It informs the business case to support implementation of nurse practitioner roles. The service needs analysis is to align with state, national and funding priorities.

An example service needs analysis template can be found on the NSW Health Nursing and Midwifery Office's Nurse Practitioner Resources [webpage](#).

2.2.1. Business case

The business case outlines the needs of the target population, resources and funding requirements to implement the nurse practitioner role. The business case is to focus on the extensions to care delivery that the nurse practitioner role can provide.

The business case for a nurse practitioner service includes:

- a gap and risk benefit analysis
- cost analysis
- recurrent funding required for the service
- alternative options to the model.

Adequate recurrent funding for a nurse practitioner service must exist to support the position outside of existing nursing workforce requirements. This ensures the nurse practitioner role can fully function within their scope of practice, in line with the service plan and meet the Nursing and Midwifery Board of Australia practice requirements.

2.3. Recruitment into nurse practitioner positions

Recruitments processes are to follow NSW Health Policy Directive *Recruitment and Selection of Staff to the NSW Health Service* ([PD2017_040](#)).

Where an organisation is considering employing a transitional nurse practitioner into a nurse practitioner position, this must be reflected in the advertised nurse practitioner position. The organisation may elect to employ a registered nurse as a transitional nurse practitioner (at the pay rate of clinical nurse consultant grade 2) for a provisional period of up to three years until the applicant meets Nursing and Midwifery Board of Australia (NMBA) requirements for nurse practitioner endorsement.

Organisational support is required for nurse practitioner training roles to facilitate learning and skills development, supervision of clinical practice (including prescribing, diagnostics and referrals) and mentorship to satisfy endorsement requirements with the NMBA.

Organisations are not obligated to create nurse practitioner positions in order to regrade an individual who has been endorsed, commenced relevant study or expressed an interest in becoming an endorsed nurse practitioner.

2.3.1. Position descriptions

Position descriptions are to be developed in line with the [Nurse Practitioner Standards for Practice](#), service requirements and the model of care. This ensures role definition is clear and practice is supported.

Position descriptions for registered nurses in transitional roles are to include that the registered nurse is undertaking supervised practice and is working towards endorsement as a nurse practitioner. Outlining these elements of practice is essential for ensuring the nurse is adequately indemnified.

Managers are encouraged to utilise existing generic position descriptions to facilitate standardisation and reduce variability. Managers can search the [Position Description Library](#) in the ROB (Recruitment and Onboarding system) portal. A [Position Description Writer User Guide](#) is available, should a new nurse practitioner position description be required.

2.4. Transitional nurse practitioners

A transitional nurse practitioner is a registered nurse employed into a nurse practitioner position and working towards Nursing and Midwifery Board of Australia (NMBA) endorsement. Transitional nurse practitioners do not have the same legislative permissions for autonomous practice as endorsed nurse practitioners and require supervision and clinical oversight (including prescribing, diagnostics and referrals) for the care they provide.

NSW Health organisations considering registered nurses for transitional nurse practitioner roles are encouraged to assess their capability to expand practice consistent with the NMBA [Nurse Practitioner Standards For Practice](#). The [ADVANCE Tool](#) assists organisations in determining whether individuals are ready to undertake nurse practitioner training. Suitable applicants for nurse practitioner positions are to be clinically and professionally supported to undertake a NMBA-approved nurse practitioner master's degree or supported to meet course entry requirements at time of employment.

2.4.1. Supervised clinical practice

[Supervised clinical practice](#) is a structured process that ensures safe and quality patient care through oversight at the point-of-care. Clinical supervision assists health professionals reflect on their practice in a confidential, safe and supportive environment in the provision of quality care. It is not to be confused with the Nursing and Midwifery Board of Australia '[Supervised practice](#)' guidelines where a nurse or midwife may need to address a health, conduct, recency of practice, or performance issue affecting safe and/or competent practice.

All clinical practice by transitional nurse practitioners and nurse practitioner students is to be supervised by an appropriate senior practitioner (e.g., nurse practitioner or senior medical practitioner). This enables registered nurses to gain experience as they progress towards autonomous and independent practice as an endorsed nurse practitioner. Prescriptions and medication orders (including the use of electronic medication management systems) must be signed by an authorised prescriber.

2.4.2. Training

Nurses undertaking nurse practitioner training require oversight of their clinical practice, supervision, mentorship and learning opportunities to develop skills in comprehensive physical assessment, diagnostic reasoning, prescribing, medication ordering and the referral process. Transitional nurse practitioners and nurse practitioner students are to be supervised in managing entire episodes of care including development and evaluation of management plans.

Transitional nurse practitioners/students are expected to contribute to professional service development by:

- assisting in defining the model of care (as required)
- developing high level scientific knowledge required for nurse practitioner extensions and expansion to clinical practice
- developing a scope of practice and identifying medications/treatments for common diagnostic groups
- identifying and developing core skill sets
- collaborating with the facility to establish appropriate clinical oversight, supervision and mentorship arrangements with their chosen education provider and local clinical support network
- developing professional networks
- identifying and participating in leadership, research/quality, audit and evaluation opportunities in line with professional role requirements outlined in the Nursing and Midwifery Board of Australia *Nurse Practitioner Standards for Practice*.

2.4.3. Clinical learning and development plan

Nurse practitioner training must be supported by a clinical learning and development plan. This includes verification of supervised clinical practice, proficiency and expertise.

The objectives are to:

- Identify current clinical training needs
- Prioritise future learning opportunities
- Provide structure and guidance
- Track progression.

The plan is a dynamic document and evolves as the practitioner develops. It outlines the core knowledge and skills required for practice specific to the clinical speciality and must align training and education with university requirements, nurse practitioner standards for practice, [metaspecialty practice areas](#) and models of care. The learning goals are to be identified collaboratively between the student, clinical team and relevant university.

The plan must be reviewed at least annually as part of the Performance Development Review. The plan contributes towards verification of advanced practice hours, clinical skills

acquisition and training leading to endorsement as a nurse practitioner. The plan is to be acknowledged within the practitioner's scope of practice document.

Templates are available from the NSW Health Nursing and Midwifery Office's Nurse Practitioner [Resources webpage](#).

2.4.4. P Medicines

Transitional nurse practitioners and students are encouraged to develop a list of medications regularly encountered in practice (P Medicines).

P Medicines are defined as the *preferred* choice of a prescriber for conditions/indications. The purpose of the P Medicines list is to develop safe prescribing practices consistent with the [national prescribing curriculum](#). This concept is beneficial to transitional nurse practitioners and assists in consolidating practice. P Medicines lists are an educational tool for practitioners and therefore do not require submission as part of the scope of practice determination. The P Medicines list complements a practitioner's clinical learning and development plan, [prescribing competencies framework](#) and quality use of medicines principles.

2.4.5. Use of standing orders

Transitional nurse practitioners (and other registered nurses) may facilitate care by using standing orders in line with the NSW Health Policy Directive *Medication Handling* ([PD2022_032](#)). All other prescriptions and medication orders (including the use of electronic medication management systems) must be signed by an authorised prescriber.

2.4.6. Non-progression

The length of time a registered nurse may remain in a transitional nurse practitioner position is not to exceed three years full-time equivalent (FTE) without review and/or approval from the facility director of nursing and midwifery.

In the event a registered nurse fails to successfully progress through a nurse practitioner master's degree or to Nursing and Midwifery Board of Australia endorsement (as a nurse practitioner) within expected timeframes, a review of the practitioner's experience and performance is to occur. This may include a review of the model of care, existing organisational support and/or performance management.

2.5. Registered nurses undertaking nurse practitioner training

Organisations may consider supporting a registered nurse (not employed in a nurse practitioner role) wishing to undertake nurse practitioner training. These nurses are called 'nurse practitioner students' while undertaking their master's degree¹.

¹ Transitional nurse practitioners and nurse practitioner students are not mutually exclusive. A transitional nurse practitioner will cease being a nurse practitioner student at the completion of their studies but remained employed in a nurse practitioner role. A registered nurse is only considered to be a nurse practitioner student during their master's studies.

There are a limited number of Nursing and Midwifery Board of Australia-approved master's courses that lead to endorsement as a nurse practitioner. Approved courses include clinical practicum subjects and integrated professional practice where students are expected to develop skills required to practice as a nurse practitioner. A list of [approved courses](#) is available on the Nursing and Midwifery Board of Australia's website.

2.5.1. Approval to undertake study

All registered nurses wishing to enrol in a nurse practitioner master's degree course are to obtain written approval from the employing facility director of nursing and midwifery prior to enrolment. Written support ensures indemnity arrangements are in place for extended practice. This applies irrespective of the State, Territory or jurisdiction in which the course is based. In circumstances where the nurse practitioner role is based at a district level or across multiple facilities, approval is to be sought from the district Executive Director of Nursing and Midwifery.

Organisations considering supporting a registered nurse to undertake nurse practitioner training are encouraged to assess their capability to expand practice consistent with the [Nurse Practitioner Standards For Practice](#) (see section 2.4 *Transitional nurse practitioners*). The [ADVANCE Tool](#) assists organisations in determining whether individuals are ready to undertake nurse practitioner training.

Registered nurses supported to work towards nurse practitioner endorsement must develop a scope of practice document as outlined in section 4 *Scope of practice for nurse practitioner roles*. The employing facility is to ensure supervision of clinical practice is provided by qualified and experienced clinicians with the appropriate knowledge, skills and time required to sufficiently support the individual. Registered nurses are also required to have a clinical learning and development plan that supports their training (see section 2.4.3 *Clinical learning and development plan*).

All nurse practitioner student approvals and enrolments are to be communicated to the Nurse Practitioner Coordinator of the organisation to ensure there is adequate organisational governance. In the event of a registered nurse moving to another position, service or organisation, agreements to support nurse practitioner study are not automatically transferrable.

An example template letter for the Registered Nurse and for the Director of Nursing and Midwifery, and a registered nurse-nurse practitioner (RN-NP) Scope of Practice template can be found on the NSW Health Nursing and Midwifery Office's Nurse Practitioner [Resources Page](#).

2.5.2. Integrated professional practice

All nurses undertaking a Nursing and Midwifery Board of Australia-approved program of study (including transitional nurse practitioners) are required to undertake integrated professional practice as part of their nurse practitioner master's program. Integrated professional practice provides students with exposure to a range of health care experiences and enables them to demonstrate achievement of the Nurse Practitioner Standards for Practice required for endorsement.

For students who are employed in transitional nurse practitioner positions, indirect clinical time may be used to facilitate integrated professional practice hours in collaboration with service managers.

Integrated professional practice hours may be undertaken across different semesters and/or course years. Facilities supporting nurse practitioner students are to ensure study patterns are mapped to the availability of supernumerary² time.

Observational contact with other practice environments is to be supported to facilitate learning opportunities. This enables students to achieve learning outcomes, develop essential skills/capabilities, reducing professional isolation and meet course requirements. Where possible, these are to include established nurse practitioner models of care.

2.6. Implementation, evaluation and sustainability

The decision to implement or expand nurse practitioner services is to be guided by a defined process which includes implementation, evaluation and sustainability.

A tool such as the [PEPPA Framework](#) may be used to assist evaluation. The framework has been developed to provide a systematic approach to the introduction, implementation and evaluation of advanced nursing practice roles. The framework includes several tools to assist organisations in overcoming common challenges when implementing nurse practitioner roles.

2.6.1. Electronic access

Access and functionality within electronic health systems (or equivalent) are to support nurse practitioner roles to enable practitioners to work to full scope of practice. This includes functional ability to request/order and interpret investigations, prescribe, diagnose and make/accept referrals. Functionality is also required to enable nurse practitioners to access health records to safely manage complete episodes of care. Additional functionality requirements may be required to enable the nurse practitioner to operate effectively (e.g., scheduling privileges and consent for procedures). Appropriate electronic auditing and evaluation methods may be utilised to capture activities.

2.6.2. Indirect clinical time (non-clinical time)

For single full-time positions, indirect clinical time must not be less than eight hours per fortnight (or no less than 10% of rostered hours) with pro rata equivalent for part time roles. This includes transitional nurse practitioner roles and is independent of their university study requirements. Services involving more than three positions may consider a rotational arrangement. Time may be used flexibly to meet the practitioner's and organisational objectives. Activities are to be reflected within the performance development review.

Indirect clinical time is dedicated to aspects of the nurse practitioner role not involving direct patient care. Indirect clinical time enhances clinical proficiency, education, research/quality

² Nurse practitioner students are required to undertake supernumerary clinical practicum (called integrated professional practice) as part of their education and training. The Nurse Practitioner Accreditation Standards (2015) define supernumerary as; *where the student undertakes supervised practice outside their employed position or when they are not counted in the staffing roster*. The Australian Nursing and Midwifery Accreditation Council provide [further advice](#) regarding interpretation and explanation of how clinical practicum can be achieved.

improvement, leadership and service evaluation activities required of nurse practitioners to demonstrate they are working within the Nursing and Midwifery Board of Australia *Nurse Practitioner Standards for Practice*.

Activities may include, but are not limited to:

- role, model and scope of practice development/review
- evaluation of the model of care
- quality improvement activities
- contribution to research and/or publications
- professional development of self or others including education, mentoring and clinical supervision
- skill development
- participation in conferences, study days, seminars etc.
- administrative activities including participation in committees, consultancy or role promotion.

2.6.3. Succession planning and sustainability

Local Health Districts and Speciality Health Networks are to identify strategies to sustain nurse practitioner models of care. This includes relevant equipment, resources, professional development opportunities and succession planning.

During periods of leave and absence, there may be an opportunity for a registered nurse to backfill a nurse practitioner position. Appropriate arrangements are needed to support learning and development of the registered nurse, including adequate supervision of clinical practice, noting registered nurses are not able to autonomously prescribe. Hours accrued contribute toward Nursing and Midwifery Board of Australia requirements for endorsement.

A memorandum of understanding between facilities and networks may enable secondments and exchanges between units and services to facilitate learning and development.

2.6.4. Service evaluation

Organisations are to periodically evaluate nurse practitioner services in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency. The Agency for Clinical Innovation (ACI) has a framework for [Understanding Program Evaluation](#). The [AUSPRAC The Nurse Practitioner Research Toolkit](#) includes audit tools that organisations may utilise for nurse practitioner service evaluation. Nurse practitioners may lead and/or participate in evaluation of the service with organisational support.

2.6.5. Performance development review

NSW Health employees are required to undergo performance development review consistent with NSW Health Policy Directive *Managing for Performance* ([PD2016_040](#)).

A specific nurse practitioner *Performance Development Review* [template](#) has been developed and aligned with the Nursing and Midwifery Board of Australia *Nurse Practitioner*

Standards for Practice. This may be used to support the performance development review process. A [Clinical Note Audit template](#) has also been developed to aid and inform the nurse practitioner performance development review. Clinical note audits are to be conducted by an endorsed nurse practitioner, senior medical practitioner or an appropriate senior staff member familiar with the nurse practitioner standards for practice.

3. GOVERNANCE AND REPORTING ARRANGEMENT

3.1. General reporting arrangements

Organisations are to establish operational and nursing professional reporting arrangements for nurse practitioner positions. Positions may report operationally to nurse managers or department heads of the relevant service and professionally to the facility Director of Nursing and Midwifery (DoNM) or Facility/Service manager. In the event a nurse practitioner service is located across facilities, the position may report to the District Executive DoNM. Practitioners have a collaborative professional relationship with nursing unit managers and nurse managers where relevant to the service.

3.2. Nurse Practitioner Governance Committee

Organisations are to establish a Nurse Practitioner Governance Committee (previously referred to as the *Multidisciplinary Support Committee (MDSC)*) sponsored by the Executive Director of Nursing and Midwifery to define the scope of practice for nurse practitioners and transitional nurse practitioners. It acts as a communication channel to other committees (e.g., Drug and Therapeutics Committee, Clinical Governance) and has an advisory role with the broader health service regarding nurse practitioner models of care.

The Committee is to establish a terms of reference document, which is to include details around the scope of the Committee, membership, scope of practice approval and appeals processes, meeting procedures and reporting arrangements. The terms of reference must be reviewed at least every two years and be approved by the Chief Executive.

The Committee is to contain a group of members, as appropriate for the needs of the organisation or facility. It is recommended that the membership includes:

- Executive Director of Nursing and Midwifery (Chairperson) or delegate
- Facility/service director of nursing and midwifery
- Nurse practitioner coordinator
- Director of medical service/department head/medical director of service
- Nurse practitioner and/or transitional nurse practitioner representatives
- Drug and Therapeutics Committee representative or lead pharmacist.

And where appropriate:

- Operations manager/nursing unit manager
- Radiological medical practitioner/radiation medical practitioner
- Allied health (e.g., physiotherapy lead)

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- Other members as locally determined.

The scope of the Committee is not to include reviewing individual annual performance development of nurse practitioners.

3.3. Nurse practitioner coordinator

NSW Health organisations must have a nurse practitioner coordinator. This may be a dedicated position, or the requirements may be incorporated into the responsibilities of an existing role.

The coordinator:

- monitors the governance of, and compliance with, scopes of practice
- facilitates network support for nurse practitioner roles and students, and
- supports nurse practitioner models of care/position descriptions/scope of practice development.

The coordinator acts as the main contact person for the Nursing and Midwifery Office in the NSW Ministry of Health.

4. SCOPE OF PRACTICE FOR NURSE PRACTITIONER ROLES

The scope of practice document defines the area of practice, expertise, accountabilities and practice of nursing required to satisfy the authority to prescribe in NSW. It is the responsibility of the practitioner and the organisation to be satisfied an individual can perform their role as outlined within their scope of practice.

4.1. Developing a scope of practice

All nurse practitioner roles (including nurse practitioner students and registered nurses working towards nurse practitioner endorsement) must develop a scope of practice document, with support from clinical directors, service managers, supervisors, and the nurse practitioner coordinator.

The scope of practice must outline the broad populations, presentations and diagnostic groups for whom care will be provided. Management and therapeutic interventions commonly undertaken are to be reflected including highly specialised medications (see section 5.3 *Highly specialised medicines*).

A scope of practice document does not need to include every healthcare activity performed but does need to align with service delivery requirements and the position description.

A generic scope of practice template for nurse practitioners/transitional nurse practitioners (NP/TNP) and for registered nurse-nurse practitioner (RN-NP) students can be found on the NSW Health Nursing and Midwifery Office's Nurse Practitioner [Resources webpage](#).

The document is to be submitted to the Nurse Practitioner Governance Committee as soon as possible and no more than four weeks from the date of appointment or approval.

4.2. Review and approval by the Nurse Practitioner Governance Committee

All scope of practice documents (Nurse Practitioners, Transitional Nurse Practitioner, Nurse Practitioner students/Registered Nurses working towards endorsement) are to be reviewed by the Committee as soon as practicable and within two months of the practitioner's appointment or from approval to support a registered nurse's development towards nurse practitioner endorsement.

The Committee Chair is responsible for approving individual scope of practice documents, at which time the role becomes operational. Final sign-off and acknowledgement of the scope of practice is to be completed by the organisation's Executive Director of Nursing and Midwifery.

Where a scope of practice is unable to be approved by the Committee within three months of the appointment, the Chair of the Committee must prepare and submit a brief to the Chief Executive outlining the reasons for delay, the potential impacts on service delivery, the expected timeframe for approval, and any risks associated with the delay.

4.3. Reviewing existing scopes of practice

For endorsed nurse practitioners, a formal scope of practice review must be completed by the Nurse Practitioner Governance Committee at intervals no longer than five-yearly. It must also occur if the nurse practitioner's scope of practice significantly changes. This requirement is consistent with [Australian Commission on Safety and Quality Health Care](#) and [Nursing and Midwifery Board of Australia recommendations](#).

Transitional nurse practitioners, nurse practitioner students and registered nurses working towards nurse practitioner endorsement are to have their scope of practice reviewed at least every two years.

4.4. Expanding a scope of practice

Expanding a scope of practice is to be consistent with Nursing and Midwifery Board of Australia's [Safety and Quality Guidelines for nurse practitioners](#) and the [National Framework](#) for the development of decision-making tools for nursing practice.

Procedures and clinical skills are to be identified and agreed with relevant service managers and directors. The process must include assessment and oversight from an appropriate senior clinician to ensure competence has been achieved.

5. AUTONOMOUS USE OF SCHEDULE MEDICINES

5.1. General prescribing arrangements

The NSW Chief Nursing and Midwifery Officer has authorised nurse practitioners in NSW to possess, use, supply and/or prescribe a poison or restricted substance or drug of addiction. The authority is available on the NSW Health Nursing and Midwifery Office's Nurse Practitioner [Resources Page](#).

NSW Health nurse practitioners are required to adhere to the:

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- *Poisons and Therapeutic Goods Act 1966* (NSW)
 - *Poisons and Therapeutic Goods Regulation 2008* (NSW)
 - authority under the Regulation to 'possess, use, supply and/or prescribe a poison or restricted substance or drug of addiction' in place at the time
 - NSW Health Policy Directive *Medication Handling* ([PD2022_032](#))
NSW Health Policy Directive *Approval Process of Medicines for Use in NSW Public Hospitals* ([PD2022_056](#)).

Nurse practitioners are to prescribe within their scope of practice and in accordance with facility Drug and Therapeutics Committee requirements.

When prescribing, nurse practitioners are to consider associated policies, guidelines, local medication availability, stewardship programs and best practice prescribing principles (see Appendix 8.2 *Best practice prescribing principles*). Nurse practitioners are also to refer to the [NSW Health Chief Pharmacist Unit](#) for requirements related to prescribing. The Clinical Excellence Commission is responsible for the publication of Safety Notices/Alerts. National medicines safety information can be found through the [Therapeutic Goods Administration](#) (TGA).

Nurse practitioners are not required to include a list of medicines for prescribing in their scope of practice document. Further, there is no requirement for an organisation to approve a separate list of medicines for nurse practitioners to use. Nurse practitioners working within their scope of practice needing to prescribe a medicine not listed on the medicine formulary must abide by the NSW Health Policy Directive *Approval Process of Medicines for Use in NSW Public Hospitals* ([PD2022_056](#)).

5.2. Additional authority

Nurse practitioners may require an authority from the Secretary, NSW Health, before prescribing or supplying certain restricted substances and/or drugs of addiction (such as Clause 37 (e.g., acitretin) and Schedule 8 medicines (e.g., alprazolam)). NSW Health has outlined the legal requirements for an [authority to prescribe drugs of addiction in NSW](#). Additional information is available on the NSW Health Pharmaceutical Services [website](#).

5.3. Highly specialised medicines

Some nurse practitioners may manage patients requiring access to 'Highly Specialised Drugs' and other specialised medicines. The prescription of specialised medications by a nurse practitioner is to be discussed with the Nurse Practitioner Governance Committee and must be approved by the Drug and Therapeutics Committee.

Nurse practitioners may prescribe 'Highly Specialised Drugs' and other specialised medicines that are within their scope of practice for inpatient prescribing or in consultation with an appropriate specialist medical practitioner.

Specialised medications include:

- Pharmaceutical Benefits Scheme 'Highly Specialised Drugs'

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- unregistered medicines when use has been approved by the Drug and Therapeutics Committee
 - medication used within a clinical trial.

Nurse practitioners are ineligible (for the purpose of Pharmaceutical Benefits Scheme subsidisation) to prescribe most of these medications in an outpatient setting (see section 5.7 *Pharmaceutical Benefits Scheme arrangements*).

Nurse practitioners are permitted to prescribe Pharmaceutical Benefits Scheme-subsidised Highly Specialised Drugs for the treatment of Hepatitis B (HBV) and Human Immunodeficiency Virus (HIV) if they are accredited as a community prescriber. This is further outlined in the NSW Health Policy Directive *Accreditation of Community Prescribers – s100 Highly Specialised Drugs for HIV and Hepatitis B* ([PD2019_005](#)).

5.4. Off-label prescribing, compounded medicines and unregistered medicines

Nurse practitioners are to prescribe within approved indications for medicines on the Australian Register of Therapeutic Goods, and ‘off-label’ only where it is either an ‘accepted’ indication in the Australian Medicines Handbook or has been endorsed for off-label use in a clinical protocol by the Drug and Therapeutics Committee.

The term ‘off-label’ is applied when a medicine is used in ways other than specified in the Australian Therapeutic Goods Administration (TGA) [approved product information](#), including when the medicine is prescribed or administered:

- for another indication
- at a different dose
- via an alternate route of administration
- for a patient of an age or gender outside the registered use.

‘Off-label’ use of medicines is outlined in NSW Health Policy Directives:

- *Medication Handling* ([PD2022_032](#)) and
- *Approval Process of Medicines for Use in NSW Public Hospitals* ([PD2022_056](#)).

Nurse practitioners are not to prescribe compounded medicines or unregistered medicines unless approved by a district’s Drug and Therapeutics Committee. Information regarding compounded medicines and unregistered medicines is available in the NSW Health Policy Directive *Medication Handling* ([PD2022_032](#)).

5.5. Adding to the Medicines formulary

A Medicines Formulary is a list of medicines approved for use in NSW public hospitals and health services that includes the approved indications, dose formulations and any prescribing restrictions. The application process for the addition, removal or amendment of a medicine on the Medicines Formulary and the processes for using a medicine not on the Medicines Formulary (e.g., for individual patient use) are outlined in the NSW Health Policy Directive *Approval Process of Medicines for Use in NSW Public Hospitals* ([PD2022_056](#)).

5.6. Supply of medication

In accordance with the Poisons and Therapeutic Goods legislation, nurse practitioners can supply medication they prescribe; however, the safest procedure is to separate (wherever possible) prescribing and supplying practices. As 'authorised prescribers' nurse practitioners are to comply with the NSW Health Policy Directive *Medication Handling* ([PD2022_032](#)).

5.7. Pharmaceutical Benefits Scheme arrangements

5.7.1. For inpatients

Nurse practitioners must not issue Pharmaceutical Benefits Scheme (PBS) prescriptions for medications to be dispensed in a community pharmacy for inpatients. These patients are ineligible for PBS subsidy.

5.7.2. In community settings

The prescription of any medicine must be within the relevant authority granted under the *Poisons and Therapeutic Goods Act 1966* (NSW), *Poisons and Therapeutic Goods Regulation 2008* (NSW) and within the nurse practitioner's scope of practice.

NSW Health nurse practitioners practicing in a community setting may issue prescriptions for medications subsidised by the Pharmaceutical Benefits Scheme (PBS), provided the patient is [eligible](#) for this subsidy.

For a prescription to be eligible for PBS subsidy, nurse practitioners must ensure they prescribe only medicines listed in the PBS as '[Nurse Practitioner items](#)' and in accordance with any restrictions listed on the PBS (such as Shared Care Model or Continuing Treatment Only, see Appendix 8.3 *Pharmaceutical Benefits Scheme categories*).

For example, a nurse practitioner employed by NSW Health to practice within in a community setting, i.e., patients at home, where the episode of care occurs outside of the inpatient setting, may issue Pharmaceutical Benefits Scheme subsidised prescriptions. These patients are neither inpatients, emergency nor attending outpatient clinics.

If a nurse practitioner model is transboundary, i.e., across both the hospital and community settings, the nurse practitioners may issue Pharmaceutical Benefits Scheme subsidised medications within the community setting but not within the inpatient/outpatient or emergency department setting.

5.8. Private prescriptions for non-admitted, emergency, outpatient or discharged patients

A private prescription is a prescription not subsidised via the Pharmaceutical Benefits Scheme (PBS) and is intended for dispensing at a community pharmacy or at the hospital pharmacy.

Private prescriptions (i.e., non-PBS prescriptions) must be issued if:

- the patient is a non-admitted, emergency, outpatient or discharged patient within a public health facility in NSW (except for S100 *Highly Specialised Drugs* listed for nurse practitioner prescribing)

- the medicine is not listed on the PBS for prescribing by nurse practitioners
- the patient's clinical condition does not match any restrictions listed in the PBS
- the use of the medicine is off-label and therefore not PBS eligible
- the patient is not eligible for PBS medicine (for example, a visitor from a country without a Reciprocal Health Care Agreement with Australia).

6. DIAGNOSTIC INVESTIGATIONS

Nurse practitioners may request diagnostic investigations relevant to their scope of practice, such as the request for pathology tests, medical imaging and other investigations. Local processes may be developed to allow limited diagnostic investigations by transitional nurse practitioners.

Organisations are required to ensure there are adequate processes in place to facilitate requests for diagnostic investigations by nurse practitioners/transitional nurse practitioners. Where diagnostic services are provided by third party providers, organisations are encouraged to develop local agreements that enable nurse practitioners to request diagnostic investigations.

Requests for diagnostic imaging are to comply with the [Radiation Control Act 1990](#) (NSW) and [Radiation Control Regulation 2013](#) (NSW), and the [Radiation Protection Series Codes of Practice](#) that are conditions of the LHD/SHN's Radiation Management Licence.

Nurse practitioners are to follow the principles of rational, evidence-based practice with judicious use of resources and services.

7. ADDITIONAL RESOURCES

Nursing and Midwifery Board of Australia:

- [Fact Sheet: Endorsement as a Nurse Practitioner](#)
- [Guidelines: For nurses applying for endorsement as a nurse practitioner](#)
- [Safety and Quality Guidelines for nurse practitioners](#)
- [Framework for assessing standards for practice for registered nurses, enrolled nurses and midwives.](#)

The following documents can be found on the NSW Health Nursing and Midwifery Office's Nurse Practitioner [webpage](#):

- NSW NP TNP Scope of Practice Template
- NP Service Needs Analysis Toolkit
- Clinical Learning and Development Plan
- NSW Nurse Practitioner Performance Development Review
- NSW Nurse Practitioner Note Audit Template
- DoNM letters verifying support or non-support for NP study

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- NP student letter to DoNM seeking approval to enrol
 - NSW Portfolio template
 - NSW RN-NP Scope of Practice Template

8. APPENDICES

1. Collaborative arrangements
2. Best practice prescribing principles
3. Pharmaceutical Benefits Scheme categories

8.1. Collaborative arrangements

Collaborative arrangements relate to nurse practitioners in private practice. NSW Health nurse practitioners are not required to demonstrate collaborative arrangements with a medical practitioner. NSW Health nurse practitioner positions meet the [definition for collaborative arrangements](#) as NSW Health is an employer of medical services.

Further information regarding collaborative arrangements can be found on the Commonwealth Department of Health [website](#).

8.2. Best practice prescribing principles

Resources available to support best practice prescribing include (but are not limited to):

NSW Health Policy Directives

Reference	Policy Directive Title
PD2005_078	Drugs - Highly Specialised Program - Guidelines for Undertaking Clinical Trials
PD2006_049	Opioid Dependent Persons Admitted to Hospitals in NSW - Management
PD2018_042	Blood Management
PD2019_005	Accreditation of Community Prescribers - s100 Highly Specialised Drugs for HIV and Hepatitis B
PD2019_050	Electronic Medication Management System Governance and Standards
PD2020_045	High-Risk Medicines Management
PD2021_011	Access to Dosing Services in Public Hospitals for Patients on Opioid Treatments
PD2022_017	Pharmaceutical and Safety Net Arrangements for Outpatients and Patients on Discharge
PD2022_032	Medication Handling
PD2022_056	Approval Process of Medicines for Use in NSW Public Hospitals

Clinical Excellence Commission Resources

- [Medication reconciliation](#)
- [Antimicrobial stewardship](#)
- [Continuity of Medication Management](#)

NSW Resources

- [NSW Therapeutic Advisory Group](#)
- [Safety Alert Broadcast System](#) (SABS)
- Local Drug and Therapeutic Committee policies and guidelines

National Resources

- Australian Commission on Safety and Quality in Health Care
 - [Medication Safety](#)
 - [Best Possible Medication History](#)
- National Prescribing Service - [NPS MedicineWise](#)

8.3. Pharmaceutical Benefits Scheme categories

Pharmaceutical Benefits Scheme (PBS) benefits can only apply to medications prescribed by doctors, dentists, optometrists, midwives and nurse practitioners who are approved to prescribe PBS medicines under the *National Health Act 1953* (Commonwealth). Together with collaborative arrangements (see Appendix 8.1 *Collaborative arrangements*), certain PBS medicines also have additional conditions for prescribing by nurse practitioners.

Pharmaceutical Benefits Scheme has five categories under which nurse practitioners may prescribe and with which they must comply for medications to be subsidised:

1. **Unrestricted** – nurse practitioners may initiate prescribing and manage ongoing client care
2. **Shared care model (SCM)** – care is shared between a nurse practitioner and medical practitioner through an agreed plan
3. **Restricted** – PBS listing specifies prescribing restrictions
4. **Continuing therapy only (CTO)** – medication commenced by medical practitioner, but prescribing may be continued by a nurse practitioner
5. **Authority listing (section 100)** – authority required from Medicare Australia prior to prescription.

A nurse practitioner who applies for a PBS number enters an agreement with the Commonwealth Government, stating they are eligible to participate in accordance with existing Commonwealth and State funding agreements relevant to their practice. Pharmaceutical Benefits Scheme arrangements are not managed or administered by the health care facility.

To be **eligible** for a PBS prescriber number a nurse practitioner must:

- be registered under the National Registration Accreditation Scheme (Nursing and Midwifery Board of Australia)
- be endorsed as a nurse practitioner by the Nursing and Midwifery Board of Australia.

While a nurse practitioner may be eligible to apply for a PBS prescriber number, they are responsible for ensuring that participation in the PBS i.e., use of that prescriber number is in line with existing State and Commonwealth funding arrangements. Use of PBS prescriber numbers is monitored by Medicare audit processes which form part of the Nursing and Midwifery Board of Australia Safety and Quality Framework.

Repatriation Schedule of Pharmaceutical Benefits (RPBS)

The Australian repatriation system is based on the principle of compensation to veterans and eligible dependants for injury or death related to war service. Subsidised medications (like the Pharmaceutical Benefits Scheme (PBS)) are available to veterans. At the time of publication, nurse practitioners are ineligible to provide rebated prescriptions for Department of Veterans' Affairs beneficiaries (gold, white or orange card holders). Further information is available on the Australian Government Department of Health website [Repatriation Schedule of Pharmaceutical Benefits \(RPBS\)](#).