



SA Health Nurse Practitioner Guide



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The Nursing and Midwifery Office, SA Health acknowledges the Traditional Custodians of Country on which we live, learn and work.

We recognise their continuing connection to lands, waters and communities, and pay our respect to Elders past and present.

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Foreword

International and national evidence shows Nurse Practitioners provide connected, person-centred, agile, cost-effective and sustainable workforce solutions across the age continuum, regardless of complexity and geographical location.

Over the past 20 years, Nurse Practitioners have navigated legislative and political inter- and intra-professional obstacles to embed and grow Nurse Practitioner workforce solutions.

Whilst there has been steady Nurse Practitioner workforce growth, there is an opportunity to reflect on past strategies and reconsider how Nurse Practitioners can truly influence the future of healthcare nationally and within South Australia.

The Commonwealth Government's Nurse Practitioner 10-Year Plan was released for consultation in November 2021 and seeks to set a National reform agenda. It aims to address ongoing Nurse Practitioner workforce challenges by enabling the Nurse Practitioner workforce to have greater impact on the increasing demand for health care in the context of Australia's complex, diverse and changing health care needs.

In South Australia, the SA Health Strategic Clinical Service Plan 2021-2031 and the SA Health Wellbeing Strategy 2020-2025 provide a clear path toward innovating and redefining health and wellbeing service delivery across the state. South Australia's Rural Health Workforce Strategy 2018-2022 acknowledges the unique challenges associated with delivering timely, responsive and connected care over large distances and to communities with complex health care needs.

These plans recognise the impact of South Australia's burden of disease and prioritise approaches to build health workforce capacity

and to optimise and embed health promotion and disease prevention strategies more broadly. They seek to rebalance the system and deliver services differently, building capacity to care for our most vulnerable population in the most appropriate place, providing services closer to home, and reducing unnecessary reliance on the hospital system whilst improving access for those with complex health care needs.

Nurse Practitioner service delivery models are an important part of SA Health's strategy to build locally relevant, sustainable and adaptable health care solutions for our state into the future. These are supported by valuable inter jurisdictional partnerships and robust statewide networks providing an optimal environment for innovation and redesign.

The SA Health Nurse Practitioner Guide builds upon the foundations of the SA Health Nurse Practitioner policy framework, providing a practical approach for health services and Nurse Practitioners to inform Nurse Practitioner service delivery model implementation by navigating role evolution and the expansion of Nurse Practitioner workforce and services.



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Introduction

The South Australian Nurse Practitioner workforce is pivotal to realising future-focused, agile, sustainable health care delivery models. Expanding, evolving and embedding Nurse Practitioner led service models provides the opportunity for nursing to lead, influence, shape and inform contemporary and scaleable health care solutions, aligned to population health needs. Importantly, integrating Nurse Practitioner career pathways across the system will enable and support a sustainable Nurse Practitioner future-focused workforce, and provide a clear professional pathway for Nurse Practitioners and future Nurse Practitioners in South Australia.

The Nurse Practitioner Guide provides a new approach to evolve and grow Nurse Practitioner service models, aligned to local community and health service needs, to provide sustainable and targeted priority health and wellbeing services into the future. The Guide builds on 20 years of South Australian Nurse Practitioner service delivery models - integrating contemporary clinical governance frameworks - and is supported by robust statewide Nurse Practitioner Community of Practice networks.

The Nurse Practitioner Guide offers a practical approach to steer health services through the early phases of Nurse Practitioner service delivery model implementation, through to embedding and expanding sustainable future proof Nurse Practitioner workforce solutions.

The document is divided into two sections:

1. Nurse Practitioner Service Delivery Model Planning for Implementation
2. Building Sustainable Nurse Practitioner Workforce Capability and Capacity

These sections are supported by an Easy Reference Guide located in Appendix 1.

Governance

Legislative and regulatory frameworks

Nurse Practitioners are Registered Nurses endorsed by the Nursing and Midwifery Board of Australia (NMBA) to practice independently and collaboratively at an advanced level in expanded clinical roles within professional, legislative and regulatory frameworks. Nurse Practitioners can practice at an advanced level either independently or work collaboratively in multi-professional environments ([NMBA 2021b](#)).

The [NMBA Nurse Practitioner Standards Practice Framework](#) describes the integration of clinical, education, research, leadership skills, knowledge and experience required to support Nurse Practitioner practice (Figure 1, p. 7).

The Nurse Practitioner scope of practice is built on, and expands upon, the platform of the Registered Nurse scope of practice, and meets the relevant legislative, NMBA regulatory and professional requirements including:

- > [Registered nurse standards for practice](#) (NMBA 2018b)
- > [Registration Standard: Continuing Professional Development](#) (NMBA 2016a)
- > [Registration Standard: Endorsement as a Nurse Practitioner](#) (NMBA 2016b)
- > [Guidelines: For nurses applying for endorsement as a Nurse Practitioner](#) (NMBA 2016c)
- > [Safety and Quality guidelines for Nurse Practitioners](#) (NMBA 2021c)
- > [Code of Conduct for Nurses](#) (NMBA 2018a)
- > [Decision Making Framework](#) (NMBA 2020a)

Policy frameworks

There are several SA Health policies which provide the foundation for a consistent approach to the implementation, integration and expansion of Nurse Practitioner service delivery models across the system. Adapting these policy frameworks to the individual Local Health Network context will ensure that Nurse Practitioner service delivery models are shaped to meet identified areas of priority and are positioned to provide sustainable Nurse Practitioner workforce solutions:

- > [SA Health Clinical Governance for Advanced Practice and Extended Scope of Practice Roles Policy](#)
- > [SA Health Credentialing and Defining Scope of Clinical Practice for Nursing Roles Policy](#)

In the broader policy context, there are a range of National and SA Health strategies and policies which underpin and guide the development and implementation of contemporary Nurse Practitioner led service models within a multi-disciplinary team approach.

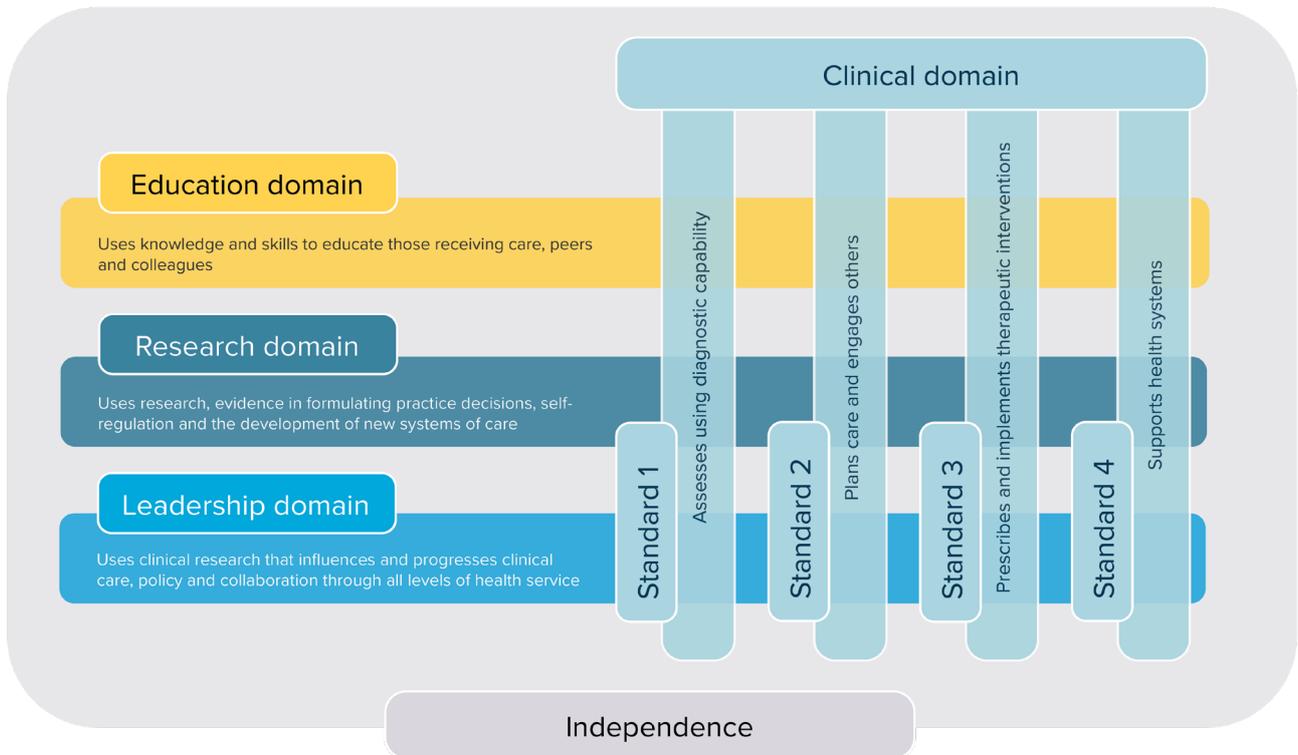


Figure 1: *Nurse Practitioner Standards of Practice*

Clinical Governance

The integration of contemporary local clinical governance frameworks is fundamental to ensuring the provision of safe, quality and consumer-focused care. The [National Safety and Quality Health Care Standards: Clinical Governance Standard](#) (Australian Commission on Safety and Quality in Healthcare 2017) provides an evidence based approach which can readily be applied to the local context. Nursing leadership and stewardship of local clinical governance processes will ensure safe, quality person-centred Nurse Practitioner service delivery.

When introducing and/or evaluating Nurse Practitioner roles into health services it is important to consider how existing clinical governance frameworks may need to be adapted to support innovative and necessary clinical service change in a safe, quality and person-centred way. This can be achieved by considering the following clinical governance activities as part of the broader health service clinical governance framework (Figure 2, page 8). For example:

- > nursing-led, multidisciplinary oversight groups (including relevant professional and industrial stakeholders and consumers);

- > Nurse Practitioner participation in planning and redevelopment of clinical areas;
- > case review and audit including prescribing where applicable;
- > professional mentoring;
- > credentialing and scope of clinical practice review;
- > performance review and development (PR&D);
- > continuing professional development including mandatory training;
- > clinical rotation to support clinical currency (in line with service requirements); and,
- > Nurse Practitioner representation within health service committee membership.

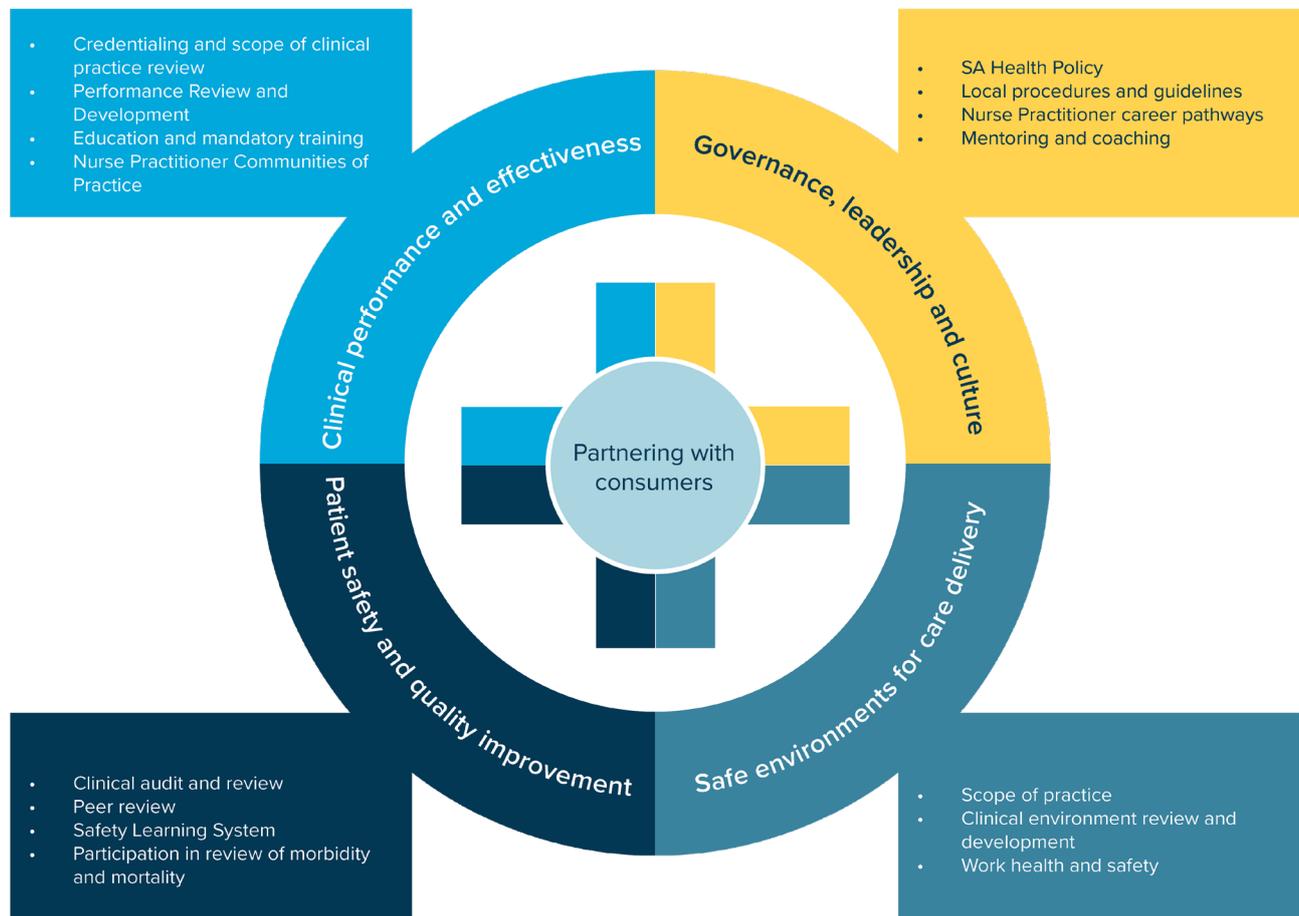


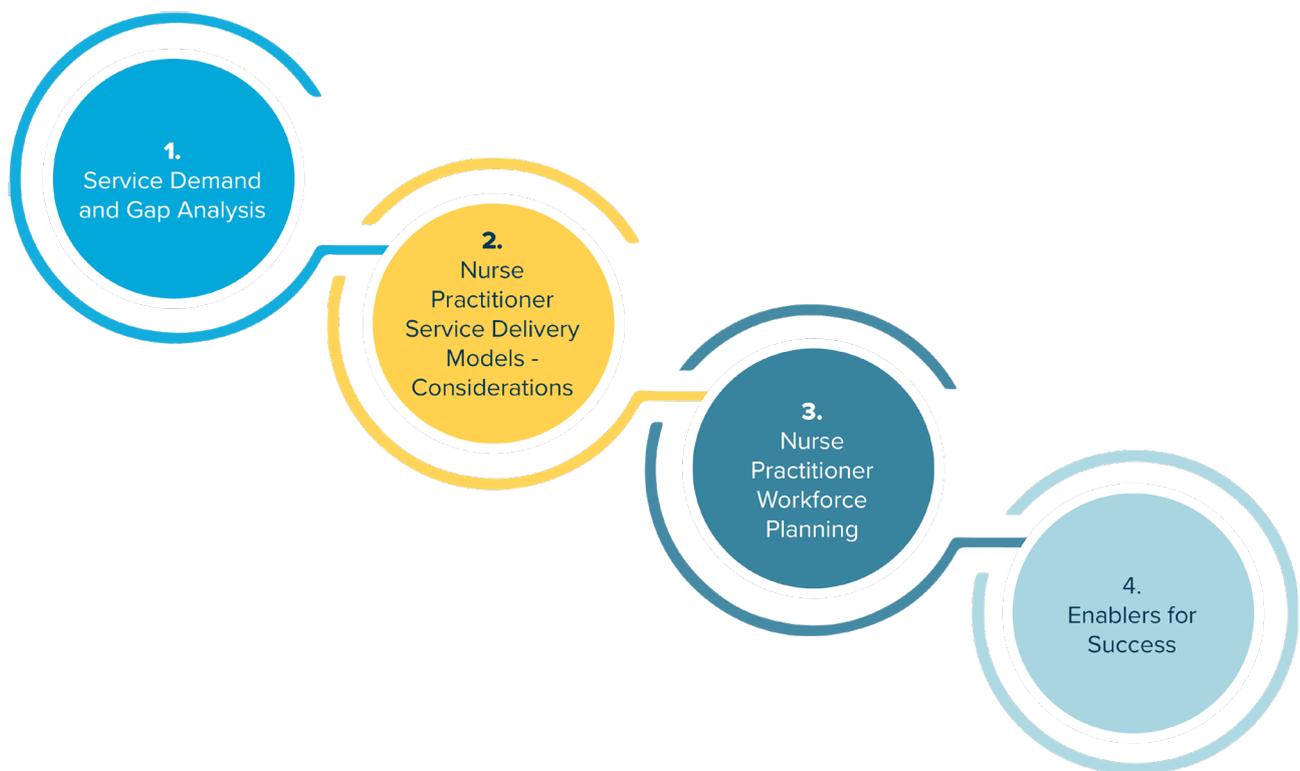
Figure 2 - National Clinical Governance Framework aligned with local clinical governance activities

Section 1

Nurse Practitioner Service Delivery Model - Planning for Implementation

This section provides guidance on how to plan for the introduction of Nurse Practitioner service delivery models into health services.

It is divided into four (4) themes:



Service Demand and Gap Analysis

The introduction of Nurse Practitioner service delivery models must occur in the context of local health service requirements (existing and identified future service demand) and the regional, state and national strategic landscape. It is critical that the Nurse Practitioner service delivery models are agile and responsive to changes to the Local Health Network vision, philosophy, strategic and workforce plans, to ensure all stakeholder and service needs are met, through regular review and improvement.

Gap analysis includes identifying opportunities for health service delivery realignment to better meet service, community demand and the Local Health Network strategic direction. Gaining a

comprehensive understanding of the current state, identifying opportunities for improvement and growth will support a case for introducing and embedding Nurse Practitioner service delivery models.

It may be useful to consider the following points and the *Guiding Questions* outlined in Figure 3:

- > priority population, unmet population need and potential disparities in service provision;
- > opportunity for health service redesign to address priority population need;
- > strengths and limitations of existing service delivery models including service gaps; and, contemporary evidence and best practice.

Is there a change in the demographic profile of the consumer population?
Are there workforce shortages that require a complementary workforce solution or substitution?
Are there marginalised community groups that do not access existing health services?
What are the strategic levers and organisational service delivery priorities?
What clinical governance arrangements need to be adapted to ensure safe, quality person-centred care delivery?
Are there increased waiting times or waiting lists for services?
What nursing role is the 'best fit' to achieve service delivery outcomes?
What has worked elsewhere? Consider links with other nursing led service solutions.
What are the limitations of the existing model of care?

Figure 3: Guiding Questions - Service demand and existing gaps

Nurse Practitioner Service Delivery Models - Considerations

The development of Nurse Practitioner service delivery models must be underpinned by available evidence about local health service context and experience. This will include identifying areas of health service demand existing gaps and information about how these will be addressed by implementing a Nurse Practitioner service delivery model.

Nurse Practitioner service delivery models must be tailored to the local context and are likely to vary depending on the size, composition and geographical location of health services. Whilst it is prudent to refer to other established and more mature Nurse Practitioner service delivery models when planning for their introduction, there is no 'one-size fits all' solution in South Australia, due to diverse geographical population spread, demographics and health service delivery approaches.

The following considerations may assist with developing a targeted approach and to inform the development of a clearly defined service scope:

- > service location;
- > population (patient/resident/client/consumer);
- > health determinants;
- > context of practice;
- > level of nursing capability, knowledge and qualification required to provide the service; and,
- > service delivery model including but not limited to:
 - care continuum
 - service parameters
 - hours of operation
 - service exclusions
 - referral pathways
 - external and internal partnerships.

Scope of clinical practice

The scope of clinical practice describes the extent of the Nurse Practitioner's clinical practice based on the individual's credentials, competence, performance and professional suitability. This is considered in the context of the health service and its ability to support the Nurse Practitioners scope of clinical practice. Nurse Practitioner credentials and scope of clinical practice are authorised by the Local Health Network Nursing and Midwifery Credentialing Committee and are recorded in the SA Health [Credentialing and Scope of Clinical Practice](#) (CSCPS) database.

When planning to introduce Nurse Practitioner service delivery models it is important to consider what skills and capabilities are required to meet health service demand, noting that there is opportunity for Nurse Practitioners to expand their scope of clinical practice in line with changing service and population need, supported by the relevant training, education and clinical governance frameworks. Where a Nurse Practitioner scope of clinical practice includes medication prescribing, ordering diagnostic investigations or issuing of certificates, there is a requirement to undertake targeted continuing professional development to maintain endorsement (Appendix 2).

Finding the ‘Right Fit’

It is important to consider the level of nursing capability, knowledge and qualification required to achieve the ‘right fit’ for the proposed service. This includes understanding that different levels of clinical governance arrangements and associated wraparounds are required to support different Nurse Practitioner workforce solutions (Appendix 3).

It may be helpful to consider the following points:

- > professional and regulatory requirements;
- > local clinical governance arrangements to support safe and quality practice (including credentialing);
- > professional support including mentoring and linkages with Nurse Practitioner Communities of Practice; and,
- > local clinical support and opportunities to link with other health service and Local Health Network clinicians.

The [Nurse Practitioner Standards for Practice](#) (NMBA, 2021b) describes the requirement for the Nurse Practitioner to demonstrate practice across the continuum of the clinical, education, research and leadership domains. It is prudent for health services to consider the Nurse Practitioner continuum of practice during the planning stage to ensure requirements for designated non-clinical time are considered and planned in line with the relevant [Nursing/ Midwifery \(South Australian Public Sector Agreement\)](#).

Nurse Practitioner Workforce Planning

Workforce planning processes will be driven by Local Health Network workforce priorities, strategies and plans. When introducing and/or expanding Nurse Practitioner-led services and roles, it is important that new roles and/or new practice models are not implemented in isolation and are mindful of the potential impact on the broader workforce and other health professions.

Where a new Nurse Practitioner position is sought, a role description is developed consistent with SA Health Human Resources requirements and is submitted to the SA Health Nursing and Midwifery Classification Assessment Panel. It is important to include the Nurse Practitioner scope of clinical practice required, role and responsibilities and to identify the key outcomes expected from the Nurse Practitioner role. There are a number of different education preparation pathways to achieve endorsement as Nurse Practitioner (Appendix 4) and it is important to consider the candidates education pathway and clinical experience as part of the candidate assessment process.

Prior to commencing in the Nurse Practitioner role, the successful candidate will need to address the following requirements:

- > Professional references who are able to verify previous clinical and professional practice - these may also be considered during the credentialing processes);
- > Endorsement - confirmation of current registration and endorsement by the Australian Health Practitioner Regulation Authority (AHPRA);
- > Credentialing - Local Health Network Nursing and Midwifery Credentialing Committee authorised credentials and defined scope of clinical practice.

Enablers for Success

Approaching planning and implementation of Nurse Practitioner service delivery models in an informed and deliberate way will assist to successfully integrate associated service change. Leveraging the implementation enablers (below and Figure 4) may assist with this process.

Nurse Practitioner Communities of Practice and Statewide networks - promoting innovation, professional mentoring and support

Communities of Practice bring together Nurse Practitioners, Nurse Practitioner Candidates and Master of Nurse Practitioner students from across South Australia to share best practice knowledge, support the translation of knowledge into practice and to inspire research and innovation. A Community of Practice provides a safe and supported forum to build connections and create opportunities for professional mentorship, whereby enabling a statewide Nurse Practitioner network. Evidence from other jurisdictions highlights the value of Communities of Practice in contributing to sustainable Nurse Practitioner-led service delivery models.

Service Enablers

At a health service level there are several factors which are pivotal to guiding Nurse Practitioner service delivery model development from planning and implementation to integration and evaluation.

These include, but are not limited to:

- > organisational culture that leverages innovation and supports contemporary workforce solutions;
- > comprehensive understanding of the legislative and regulatory frameworks impacting Nurse Practitioner practice;
- > dynamic nursing leadership which influences and guides responsive service change and evolution;
- > productive intra and inter-disciplinary partnerships which leverage different perspectives and diverse knowledge and skills;
- > broad community, professional and industrial stakeholder engagement;
- > adaptive communication strategies which are tailored to a diverse audience; and,
- > planning for sustainability by implementing local workforce succession planning strategies.

Workforce Enablers

Planned integration into the health service community and health care team will support not only the introduction of a new service delivery model within existing services but will also assist with successful integration of the Nurse Practitioner role. The following considerations may assist with navigating this step:

- > foster team cohesiveness and build connections through purposeful introduction to the clinical team and broader health service community;
- > facilitated nursing and multidisciplinary partnerships that encourage collaboration, professional mentorship and development;
- > access to contemporary and flexible education pathways which support the translation of evidence into practice and builds future Nurse Practitioner workforce capability and capacity (including clinical supervision models);
- > clearly defined operational and professional reporting relationships; and,
- > opportunities for the Nurse Practitioners to work to full scope of practice including ability to influence local practice, care delivery, education, innovation and research.

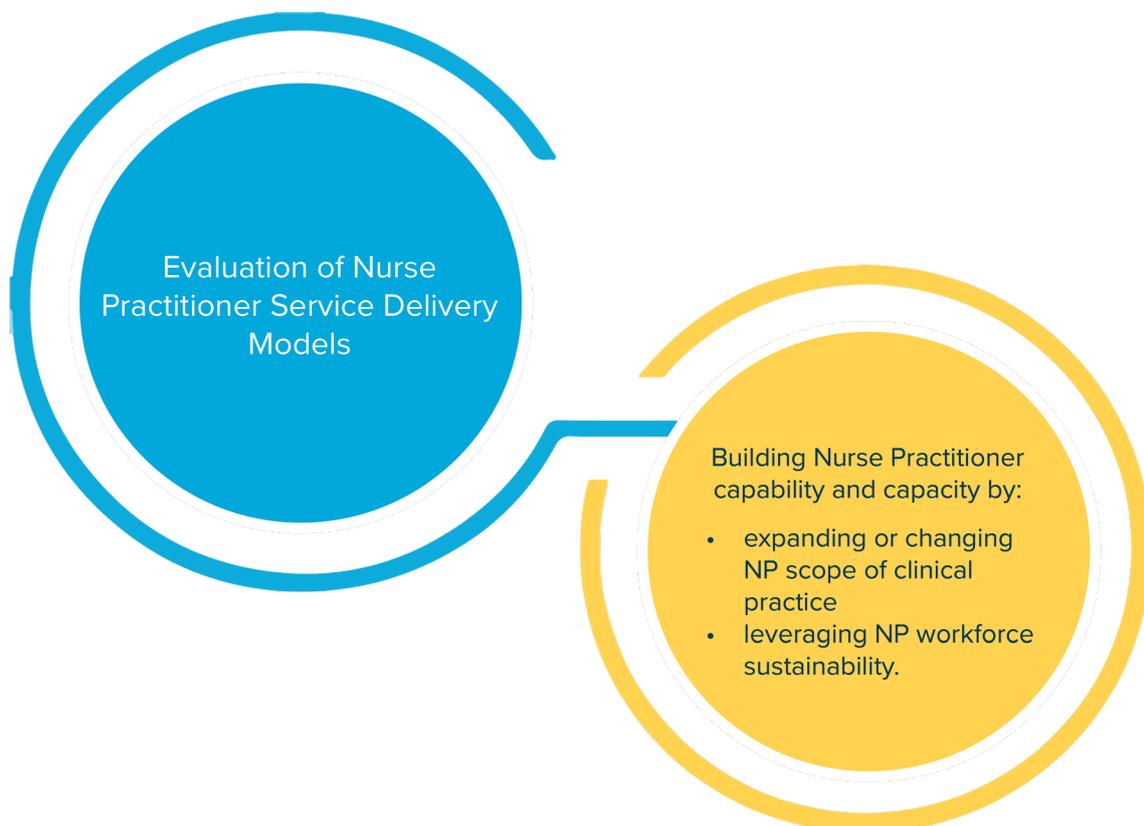
Timeframe for orientation to the service, team and role
Introductions to relevant team members, key internal and external stakeholders
Access to relevant external agencies for consultation and support related to role development
Clearly defined operational and reporting relationships
Clear communication pathways for queries and concerns
Contemporary and flexible education pathways to support translation of evidence
Innovative organisational culture and dynamic nursing leadership
Collaborative partnerships to support professional mentorship and development
Link with Nurse Practitioner Communities of Practice

Figure 4: Implementation Enablers

Section 2

Building Sustainable Nurse Practitioner Workforce Capability and Capacity

Section 2 provides a staged approach to evaluating and evolving Nurse Practitioner service delivery models. There are two stages to consider when seeking to build sustainable Nurse Practitioner service capability and capacity. These are:



Evaluation of Nurse Practitioner Service Delivery Models

Reviewing existing Nurse Practitioner service delivery models in conjunction with relevant stakeholders will identify whether health service and community needs are being met or whether service adjustments are required to improve access to healthcare and care delivery.

This may include evaluating whether the existing Nurse Practitioner scope of clinical practice, model of care, workflows and ways of working adequately meet consumer and health service demand. The tools found in the [AUSPRAC - Australian Nurse Practitioner Study \(2009\)](#) and [Registered Nurses' Association of Ontario - Nurse Practitioner Utilization Toolkit](#) may be useful to consider.

When undertaking the evaluation, it is important to understand the external and peripheral factors which may impact on service outcomes, including but not limited to:

- > unpredicted Nurse Practitioner service demand;
- > unplanned utilisation of the Nurse Practitioner service; and,
- > operational continuity during episodes of scheduled/unscheduled Nurse Practitioner leave.

The prompts identified in Figure 5 may assist with the collection of evidence to support the evaluation process.

Key Performance Indicators i.e. waiting times, referral occurrences
Staff survey
Consumer feedback via surveys, complaints, compliments
Clinical outcomes i.e. patient compliance, radiological findings
Outcomes related to safety and effectiveness including patient outcomes for targeted population groups
Clinical audit and peer review

Figure 5: Tools to assist with evaluation of existing Nurse Practitioner Service Delivery Models

Building Nurse Practitioner Capability and Capacity

When planning to build Nurse Practitioner service delivery model capability and capacity it is important to first fully understand what gaps in service exist, to what extent these exist and why. A review should consider, but not be limited to, the following factors: service growth beyond projected service demand;

- > changes to local and/or state-wide strategic plans impacting the delivery of complementary health services;
- > contingency planning for service resourcing during periods of peak demand; and,
- > Nurse Practitioner workforce leave.

Aligning Nurse Practitioner service capability and capacity growth with the Local Health Network and broader statewide agenda for public health services will assist to future-proof the sustainability of local Nurse Practitioner workforce solutions. There are several different approaches health services may choose to take when planning to build the Nurse Practitioner workforce as outlined below.

Expanding or changing Nurse Practitioner scope of clinical practice

Expanding and/or changing the Nurse Practitioner scope of clinical practice may assist to address gaps in service and improve access to timely care for consumers. Expansion and changes to scope of clinical practice must occur in the context of Local Health Network strategic, workforce and service plans, in conjunction with relevant stakeholders and within relevant support and/or supervision frameworks. The *Guiding Questions* in Figure 6 may provide some useful prompts to assist with the process.

To ensure safe and quality Nurse Practitioner practice, the expansion and/or change in scope of clinical practice must occur within the context of adequate professional, theoretical and clinical preparation and be supported by Local Health Network clinical governance framework (including credentialing). The [Decision Making Framework for nursing and midwifery](#) (NMBA, 2020a) provides an evidenced and best practice framework to guide safe expansion or changes to scope of clinical practice for nurses and midwives.

Does the evidence indicate a requirement for expansion of scope of clinical practice or variation?
Will there be an impact on existing workforce?
Has the decision been informed by evidence-based practice? (Utilise benchmarking or scoping from local and broader jurisdictions)
If the scope of practice needs to expand, how will this occur?
Is there alignment with state priorities?
Are there opportunities for collaborative models within and outside Local Health Networks?

Figure 6: Guiding Questions - Nurse Practitioner expanding or changing Nurse Practitioner scope of clinical practice

Leveraging Nurse Practitioner workforce sustainability

There are three pathways to Nurse Practitioner endorsement, each provide a viable (albeit different) pathway for health services seeking to build Nurse Practitioner service sustainability and capacity. These are:

- > Nurse Practitioner candidacy programs
- > Advanced practice transitional pathways
- > Master level study conversion pathways

Each of these approaches may enable opportunities for workforce rotation within the Local Health Network or within other Local Health Networks and supports a broad experience and diversity of clinical experience and exposure.

Nurse Practitioner Candidacy Programs

Nurse Practitioner candidacy programs provide an evidence-based framework to support Registered Nurses undertaking a Master of Nurse Practitioner through to NMBA endorsement as a Nurse Practitioner.

They provide opportunities to shape and build a sustainable Nurse Practitioner workforce by:

- > enabling broad exposure to clinical practice through rotational models that support nursing and multi-disciplinary guidance and assist with the translation of theoretical knowledge into practice;
- > providing Local Health Network clinical governance framework and oversight (including clinical audit and review);
- > supporting formal and visible integration of academic theory with clinical practice (including advanced clinical assessment, diagnostic skills, pharmacology and other treatment modalities);

- > facilitating intra-professional learning through Nurse Practitioner Communities of Practice and other professional networks; and,
- > providing opportunities to develop contemporary research skills through partnerships with the university sector.

Health services offering Nurse Practitioner candidacy programs should consider the following:

- > as Nurse Practitioner Candidates practice within an advanced and/or extended scope of clinical practice they must be supported, supervised and monitored within Local Health Network clinical governance frameworks including relevant credentialing processes;
- > the benefits of offering a program of clinical and professional mentoring and supervision to support the Nurse Practitioner Candidate's path to endorsement;
- > availability of Nurse Practitioner service delivery models into which the Nurse Practitioner Candidate can transition after endorsement; and,
- > alignment with the relevant South Australian public sector Nursing/Midwifery industrial instruments.

Advanced Practice Transitional Pathways

The [Advanced Nursing Practice Guidelines for the Australian Context](#) (Office of the Chief Nurse and Midwifery Officer, Department of Health 2020) provide a clear overview for health services considering the introduction of Advanced Practice Nursing roles.

Registered Nurses undertaking a Master of Nurse Practitioner outside of a Local Health Network Nurse Practitioner candidacy program

and seeking to work within an advanced and/or extended scope of clinical practice role must seek employer approval. The Registered Nurse must engage their employer to ensure the relevant scope of clinical practice is supported, supervised and monitored within Local Health Network clinical governance frameworks (including credentialing). The Registered Nurse undertaking the Advanced Practice Transitional Pathway must be able to provide evidence of Advanced Practice to AHPRA as required for endorsement as Nurse Practitioner.

Nursing and midwifery leaders play a vital role in promoting the Nurse Practitioner role as a valuable career pathway for Registered Nurses. Embedding and integrating Nurse Practitioners, Nurse Practitioner Candidates and those undertaking Advanced Practice Pathways in local clinical education, mentoring and professional support program will assist to promote the Nurse Practitioner role as an attractive and valuable career prospect.

Master level study conversion pathways

Recognition of Prior Learning (RPL) pathways are offered by universities to support flexible and inclusive professional progression. Registered Nurses with relevant post graduate Master qualifications, who are able to demonstrate and provide evidence of advanced nursing practice, may approach Universities to determine whether they are eligible to participate in a RPL pathway.

The RPL pathway includes undertaking additional advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics, and research subjects to qualify for a Master of Nurse Practitioner. On successful completion of the Master of Nurse Practitioner, an application to NMBA for endorsement as a Nurse Practitioner is able to be undertaken.

Alternatively, Registered Nurses with a post graduate Master of Nursing may be considered for direct application for endorsement as a Nurse Practitioner. Applicants must meet the specified requirements outlined by the NMBA, and refer to Pathway 2 within [NMBA registration standard for endorsement as a nurse practitioner](#) and [NMBA guidelines: For nurses applying for endorsement as a nurse practitioner](#).

This pathway to endorsement as a Nurse Practitioner requires applicants to demonstrate:

- > they hold a Bachelor of Nursing or equivalent;
- > have current registration as a Registered Nurse in Australia;
- > a minimum of four years full-time equivalent (FTE) experience as a Registered Nurse in Australia, which includes two years FTE in a specialist clinical field, and two years FTE at an advanced practice level (within the last six years) in the same clinical field;
- > successful completion of a postgraduate Master of Nursing qualification which is clinically relevant to the context of the applicant's advanced nursing practice and for which they are seeking endorsement as a nurse practitioner;
- > successful completion of supplementary Master of Nurse Practitioner subjects which include advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research; and
- > evidence of meeting the [NMBA's nurse practitioner standards for practice](#) by individually mapping education and clinical experience against the requirements.

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Glossary

<p>Nurse Practitioner</p>	<p>A Nurse Practitioner is endorsed by the Nursing and Midwifery Board of Australia (NMBA) to practice at an advanced level under the legislative protected title ‘Nurse Practitioner’. Nurse Practitioners are Registered Nurses who have authority to practice independently and collaboratively and are responsible and accountable for the care they provide for each episode of care.</p>
<p>Nurse Practitioner Candidate</p>	<p>A Nurse Practitioner Candidate is a Registered Nurse undertaking an accredited Master of Nurse Practitioner program who is employed in a designated position within a health service who is working towards NMBA endorsement as a Nurse Practitioner.</p>
<p>Advanced Practice</p>	<p>Nurses practising at an advanced practice level incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice that is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements. Advanced practice is a level of practice rather than a particular job title or remuneration level.</p>
<p>Nurse Practitioner Scope of Practice</p>	<p>In accordance with NMBA requirements, Nurse Practitioners are also expected to undertake relevant education and clinical training in order to demonstrate competence in an expanded scope of practice. Endorsement as a Nurse Practitioner indicates that the individual is qualified to function autonomously and collaboratively in an advanced and extended clinical role in a defined area of nursing practice.</p>
<p>Extended Scope of Practice</p>	<p>All health professionals have a ‘scope of practice’. It describes the skills, knowledge and attributes of an area and context of practice in which they are competent to practice autonomously. Expanded or extended scope includes expertise beyond the currently recognised scope of practice of the nursing profession. Extended scope of practice is embedded in the Nurse Practitioner role using the established regulatory framework and protected title. Registered Nurses seeking to expand or extend their individual scope beyond that of the profession must follow the Nurse Practitioner pathway.</p>

Appendix 1: Easy Reference Guides

Phase and Action	Purpose	Detail	Useful Links	
Nurse Practitioner Service Delivery Model Planning for Implementation	Service demand and gap analysis	<p>Alignment with State and Local Health Network strategic priorities and workforce plans</p> <p>Identify and engage Executive sponsor and other key stakeholders</p> <p>Identify evidence to support Nurse Practitioner Service Delivery Model including:</p> <ul style="list-style-type: none"> • Audits • Needs analysis • Feasibility studies • Relevant research • Epidemiological data • Consultation processes including outcomes <p>Contemporary evidence and best practice</p>	<ul style="list-style-type: none"> • South Australian Government strategic plan • SA Health Nursing and Midwifery Strategic Directions 2019-2022 • SA Health Mental Health Nursing Workforce Strategy 2020-2030 • South Australia's Rural Health Workforce Strategy 2018-2022 • SA Rural Nursing and Midwifery Workforce Plan 2021-2026 • SA Health Consumer, Carer and Community Engagement Strategic Framework 2021-2025 • Australian Bureau of Statistics • SA Health Guide for Engaging with Consumers and the Community • SA Health guide for engaging with Aboriginal People 	
	Nurse Practitioner service delivery models considerations	<p>Develop a Nurse Practitioner service delivery model which is built around the local health service experience and demand</p>	<p>Service location and population, context of practice, service delivery models</p> <p>Regulatory and legislative requirements</p> <p>Local governance arrangements including requirements for defining scope of clinical practice and credentialing</p>	<ul style="list-style-type: none"> • Australian Government Website • SA Health Credentialing and Defining Scope of Clinical Practice for Nursing Roles Policy • Pharmaceutical Benefits Scheme • SA Rural Emergency Nurse Practitioner Model of Care
	Nurse Practitioner Workforce Planning	<p>Local recruitment processes support employment and onboarding of Nurse Practitioner and Nurse Practitioner Candidate workforce</p>	<p>Recruitment strategies are aligned with Local Health Network workforce priorities</p> <p>Role descriptions which reflect scope of clinical practice and role and responsibilities which have been approved by SA Health Nursing and Midwifery Classification Assessment Panel for new appointments</p> <p>Credentialing and references</p>	<ul style="list-style-type: none"> • SA Health eRecruitment resources • SA Health Nursing and Midwifery Classification Assessment Panel
	Enablers for Success	<p>Communities of Practice</p> <p>Service Enablers</p> <p>Workforce Enablers</p>	<p>Nurse Practitioner Community of Practice to connect and enable role</p> <p>Organisational culture</p> <p>Informed leadership</p> <p>Stakeholder engagement</p> <p>Communication strategies</p> <p>Planned integration</p>	<ul style="list-style-type: none"> • SA Health Communities of Practice • Australian College of Nurse Practitioners

Phase and Action	Purpose	Detail	Useful Links
Building Sustainable Nurse Practitioner Workforce Capability and Capacity	Evaluation of Nurse Practitioner Service Delivery Models	Review Nurse Practitioner scope of practice, model of care, workflows and ways of working adequately meet consumer and health service demand Service Gap Analysis Audit and survey including: <ul style="list-style-type: none"> Clinical case review Clinical outcomes Consumer feedback Key performance indicators Consider: <ul style="list-style-type: none"> aspects of workforce culture relevant to Nurse Practitioner role integration within broader health service team clinical governance arrangements demonstrable practice across Nurse Practitioner Standard of Practice domains 	<ul style="list-style-type: none"> AUSPRAC - Nurse Practitioner Research Toolkit Rural and Remote Nurse Practitioner Case Review Tool Implementation and Evaluation Toolkit for Nurse Practitioners in Canada National Model Clinical Governance Framework
	Building Nurse Practitioner Capability and Capacity	Identify the best approach to address identified service gaps: <ul style="list-style-type: none"> Expanding or changing Nurse Practitioner scope of clinical practice Leveraging Nurse Practitioner workforce sustainability 	Expanding or changing scope of clinical practice Nursing workforce solutions to support service delivery capacity and capability <ul style="list-style-type: none"> Nurse Practitioner candidacy programs Advanced Practice Transitional Pathways

Appendix 2

Prescribing, ordering diagnostics and capacity certificate arrangements for Nurse Practitioners

Pharmaceutical Benefits Scheme (PBS)

Nurse Practitioners have the legal privilege and authority to prescribe Pharmaceutical Benefit Scheme (PBS) approved medications within their clinical scope of practice when endorsed by the NMBA. Prescribing of PBS medicines is contingent on a prescriber being an authorised Nurse Practitioner and having collaborative arrangements in place, as required by amendments to the National Health Act 1953.

PBS prescribing is limited by a Nurse Practitioner's scope of clinical practice, and State and Territory prescribing rights. The medicines listed for prescribing by authorised Nurse Practitioners are identified by 'NP' in the PBS Schedule. Nurse Practitioners must not write PBS prescriptions for other medicines.

Nurse Practitioner prescribing

Nurse Practitioners must comply with relevant legislation, the National Strategy for Quality Use of Medicines (QUM) (Australia Government 2020). They are required to ensure their prescribing is evidence based and in accordance with the recognised clinical standard practices and procedures for health care in Australia, including suitable and wise selection of safe, effective medication and management options.

The SA Health Local Health Network Nursing and Midwifery Credentialing Committee has delegated responsibility for the approval of defined scope of practice roles which may include the endorsement of prescribing rights.

A Nurse Practitioner in the public sector without a notation for prescribing in the Credentialing and Scope of Clinical Practice (CSCPS) database are not authorised to prescribe medications.

Preferred Drugs list (P-Drugs list) is a useful tool to assist prescribers. It is a comprehensive list of medications compiled to support the prescription of preferred treatments for common conditions and that the prescriber uses regularly in their practice. The P-List forms a part of broader clinical governance arrangements. Activities which support safe prescribing practice and the quality use of medications include collaborative partnerships with Pharmacists, regular review and audit of prescribing practice.

Obtaining a prescriber number

Medicare Australia provides a governance role through the PBS to ensure the prescription of medication is regulated and appropriate. The discretion to authorise access to the PBS remains with Medicare Australia.

As an eligible Nurse Practitioner under Section 84AAF/84AAJ of the National Health Act 1953, a Nurse Practitioner can apply for a prescriber number via an Australian Government application. The PBS schedule identifies approved medicines for Nurse Practitioners with a different prescriber number required by the individual Nurse Practitioner for each physical practice location they are employed.

Completing the prescription

Within SA Health prescribing may be undertaken on paper prescriptions or the Electronic Medical Record (EMR). Prescriptions must include the Nurse Practitioner's PBS prescriber number. For unrestricted and restricted PBS medicines, Nurse Practitioners can use the personalised or non-personalised PBS prescriber (blank) forms. Selections of medicines by the Nurse Practitioner from PBS or the P-list are identifiable by colour and include the indicator 'NP' on personalised forms and a tick box on non-personalised forms.

Medicare Benefits Scheme (MBS)

The majority of Nurse Practitioners currently providing services subsidised by the MBS, do so in priority areas including residential aged care, rural and remote communities including aboriginal communities, mental health, chronic condition management and primary health care. MBS access for patients of Nurse Practitioners remains severely restricted, which impacts negatively on access to care.

The [Section 19\(2\) Exemptions Initiative - Improving Access to Primary Care in Rural and Remote Areas](#) Initiative does allow nurse practitioners at exempted eligible sites to claim for non-admitted, non-referred professional services provided in emergency departments and outpatient clinic settings.

Ordering diagnostics

Nurse Practitioners in South Australia are authorised by legislative gazetting to request appropriate and necessary diagnostic imaging provided its use is within the scope of clinical practice of the Nurse Practitioner, and the use of diagnostic imaging is not otherwise controlled or restricted by regulation. Radiation Safety training provided by designated medical imaging personnel is mandated on employee commencement.

Issuing certificates

Certificates are usually issued for the information of the patient's employers but may also be required by insurers and in court proceedings. Nurse Practitioners must ensure they are not restricted by law from issuing the certificate.

Nurse Practitioner Work Capacity Certificate [South Australia Return to Work Regulations 2015](#) (South Australia Government 2015)

enable Nurse Practitioners to complete a Nurse Practitioner Work Capacity Certificate. It can certify a patient's capacity for work for a maximum period of seven calendar days. The Nurse Practitioner Work Capacity Certificate can only be used for the purpose of supporting a new work injury claim.

Appendix 3

Nurse Practitioner and Nurse Practitioner Candidate workforce wraparounds

International and National evidence identifies a number of important considerations which are fundamental to integrating, building and sustaining robust Nurse Practitioner and Nurse Practitioner Candidate service delivery models into the future (Figure 7).

Mentoring

Formal mentoring relationships provide opportunities to create important intra-professional connections which generate tangible professional support. These relationships provide an integral component to fully realising opportunities to develop professional capability, knowledge and skills. Formal mentoring arrangements will assist those expanding their scope of clinical practice or transitioning to different service delivery models.

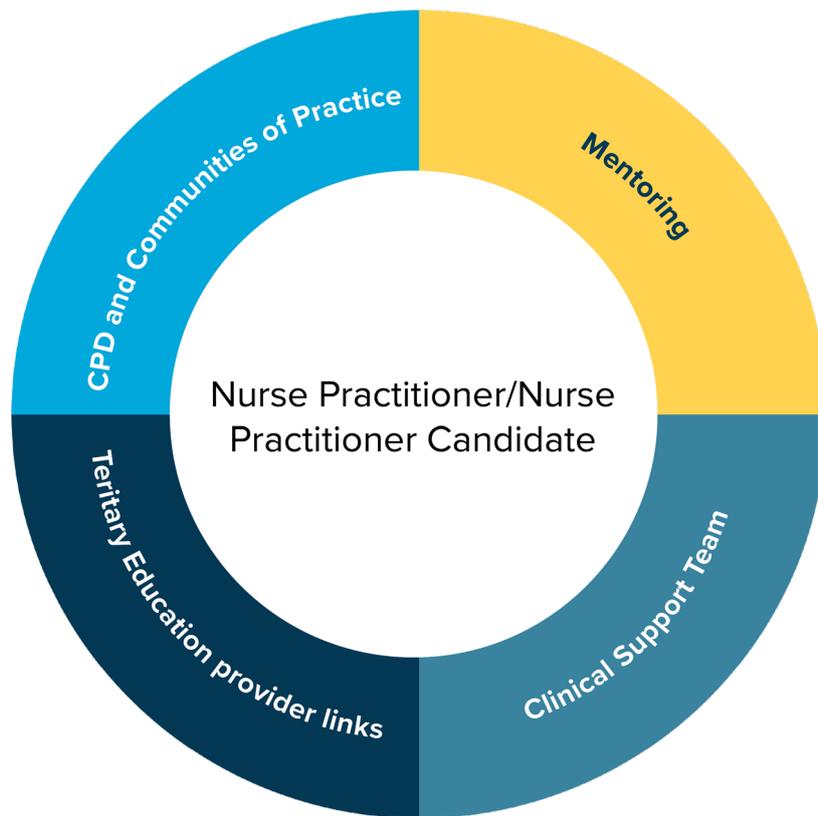


Figure 7 - Professional supports and wraparounds

Nurse Practitioner Candidates

The challenges of navigating a new role are often compounded by other factors such as practising in geographic isolation or being the only Nurse Practitioner Candidate within an organisation. Building networks and connections through mentoring programs will assist Nurse Practitioner Candidates to bridge the gap between their educational preparation and the realities encountered during their transition to practice. The opportunity to seek feedback and explore aspects of clinical and professional practice will support the ongoing growth and development of the Nurse Practitioner Candidate as they journey through to endorsement.

Nurse Practitioners

Dedicated consistent consultation and strong mentorship in the first year of clinical practice for a Nurse Practitioner will assist in refining their abilities and skills and establish a fundamental understanding of their advanced practice role. This mentoring relationship nurtures, supports and challenges the prospective, emerging or experienced Nurse Practitioner to expand their practice, while supporting their ability to meet the National Competency Standards for Nurse Practitioners. The relationship can exist regardless of location or context of practice and can be mutually beneficial in broadening experience.

Demands on the Nurse Practitioner and medical team can result in limited time to support newly graduated Nurse Practitioners.

Clinical Support Team

Engaging a variety of multi-disciplinary clinicians (including an endorsed Nurse Practitioner) to provide ongoing clinical support will ensure broad and diverse exposure to clinical and educational expertise throughout the Nurse Practitioner candidacy journey.

A Clinical Support Team can facilitate learning and development through professional supervision and will ensure monitoring and review of the extended practice aspects of the Nurse Practitioner Candidate's role.

The Clinical Support Team participates in the candidate's assessment for the masters program including:

- > Nurse Practitioner Candidate learning objectives including a learning contract (Figure 8);
- > Supervision of clinical practice;
- > Clinical teaching and coaching;
- > Practice review and monitoring of performance; and,
- > Identification of further learning requirements.

Individual competencies and performance indicators to identify areas for focus
A clear pathway or written plan of individual learning objectives/professional development
Links between the individual learning plan to the proposed implementation timeline
A realistic workload and balance between clinical, educational, research and leadership
Protected opportunities and time for education and research activities
Access to relevant supports and resources to enable objectives to be achieved

Figure 8 - Factors to consider when developing a learning contract

Links with Tertiary Education Provider

The Nurse Practitioner Candidate needs to maintain a close connection to the Master of Nurse Practitioner program provider and ensure that information is relayed to the Clinical Support Team to optimise success. The Nurse Practitioner Candidate will, in conjunction with the Master of Nurse Practitioner program coordinator, identify the requirements for documenting learning objectives, clinical capability and competency within the relevant time-frames.

Continuing Professional Development (CPD) and Engagement in Communities of Practice

Nurse Practitioners are on a continuum of professional development to demonstrate capability and competence across the Nurse Practitioner Standards for Practice (NMBA 2021b) domains and to ensure they meet the requirements for maintaining endorsement.

Nurse Practitioner Communities of Practice provide a dynamic network to connect individuals, challenge thinking and benchmark clinical practice and service delivery models across the Local Health Networks. They create opportunities to link Nurse Practitioners with professional industry partners, identify opportunities for research and development of innovative, responsive and future focus service delivery models.

Appendix 4

Pathway to endorsement as a Nurse Practitioner

To be endorsed as a Nurse Practitioner by the Nursing and Midwifery Board of Australia (NMBA), the Registered Nurse must complete an authorised Masters of Nurse Practitioner program and have completed three years' full-time experience (5,000 hours) of advanced clinical nursing practice within five (5) years of applying to become a Nurse Practitioner.

There is no automatic appointment to a Nurse Practitioner position upon successful endorsement. Appointment to a Nurse Practitioner position on successful endorsement is contingent on a number of factors, including: health service planning, funding allocation, creation of a position and a merit-based selection process.

Core education component

Admission criteria for Master of Nurse Practitioner program

- > hold a Bachelor of Nursing or equivalent; and,
- > hold a postgraduate qualification in a specialist nursing field relevant to their advanced nursing practice; and,
- > have current registration as a Registered Nurse in Australia; and,
- > have a minimum of four years full-time equivalent (FTE) experience as a Registered Nurse in Australia, which includes two years FTE in a specialist clinical field; and two years FTE at an advanced practice level (within the last six years) in the same clinical field; and,
- > provide supporting documentation from the Registered Nurse's employer which includes a Statement of Clinical Support (University specific).

Undertake and complete Master of Nurse Practitioner program

- > Completion of Master of Nurse Practitioner program (AQF Level 9: 2 years full time) authorised by the Australian Nursing and Midwifery Accreditation Council (ANMAC).

Apply to NMBA for endorsement as a Nurse Practitioner

- > Submission of required evidence
- > Professional registration is adjusted with the successful endorsement.

Employment whilst undertaking Master of Nurse Practitioner program

There are several employment options for Registered Nurses undertaking a Master of Nurse Practitioner program these are:

Nurse Practitioner Candidate Position

Successful appointment to a Registered Nurse Level 3 (RN3-Nurse Consultant) position within the health service working towards Nurse Practitioner endorsement with the NMBA. The period of the position will depend upon available funding.

Advanced Practice Transitional Pathways

Continuing to work as a Registered Nurse whilst undertaking a Master of Nurse Practitioner program without a candidacy position. The Registered Nurse is responsible to ensuring they meet the educational and clinical practice requirements of the role and are responsible for working with their line manager to ensure that local clinical governance arrangements support the provision of safe and quality care.

For more information

Nursing and Midwifery Office
Department for Health and Wellbeing
11 Hindmarsh Square
Adelaide SA 5000

www.sahealth.sa.gov.au/NursingandMidwifery



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