



FRAMEWORK FOR NURSING AND MIDWIFERY CREDENTIALING AND SCOPE OF PRACTICE

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Western Health

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SECTION 1

1 Introduction

Western Health (WH) is committed to developing a flexible and skilled workforce to provide best practice models of person centered care that deliver quality clinical and safety health outcomes to our patients.

Advanced and extended scope of practice roles contribute to the achievement of a flexible, sustainable, responsive and adaptable workforce that delivers quality clinical and safe patient outcomes. Contemporary directions in health care services emphasize the importance of collaborative multi-disciplinary, inter-disciplinary and inter-professional practice team approaches to care and recognise that no single health care provider or service model can adequately meet the complex requirements of today's health care consumers.

This document aims to align the development of advanced practice roles for nursing and midwifery at Western Health with the organisation's values of compassion, accountability, respect, excellence and safety and the model of person centred care. Developing advanced practice roles also aligns with the Western Health strategic goal of valuing and empowering our people by developing a more flexible and responsive workforce to promote sustainability and improved access to healthcare in the future.

In making decisions about changing the scope of practice for an individual in an organisation, decision making must occur within a sound risk management, professional, regulatory and legislative framework. This framework aims to encourage and guide

Nurses and midwives to advance their practice, challenge existing models of care and promote innovation to improve health outcomes for our patients and our community.

2 Purpose

The purpose of this document is to provide the governance framework to ensure there is a consistent approach for nurses and midwives to have the appropriate qualifications, level of experience and professional standing to undertake the role they are employed to do within the needs and capability of Western Health.

3 Definition – Scope of Practice

The terms 'extended scope of practice' and 'advanced scope of practice' are often used interchangeably which can lead to some confusion. Currently, there is no formal agreement within health professions in Australia regarding how these terms are defined. Within the context of nursing and midwifery, Western Health supports the following definitions:

Scope of Clinical Practice: the extent of an individual practitioners approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and the capability of the organisation to support the health care professional's scope of clinical practice.

Advanced Scope of Practice: Is a continuum along which nurses/midwives develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses/Midwives practicing at an advanced level incorporate professional leadership, education and research into their clinically based practice. They work within a generalist or specialist context and are responsible for and accountable in managing people who have complex health conditions. It is acknowledged that advanced scope of practice is specific to the individual within their context of practice.

Extended Scope of Practice: A level of practice which incorporates practice beyond the established, contemporary scope of practice for that profession. Extended scope of practice requires some method of credentialing following additional training, competency development, and significant professional experience and may involve legislative change.

The extended practitioner uses extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of care delivered. This could incorporate endorsement for scheduled medicines, the capacity to provide associated services and order diagnostic investigations.

Definitions – other

Competence/proficiency: Is the combination of knowledge, skills, attitudes, values and abilities that underpin effective performance in a profession. It encompasses confidence and capability.

Credentialing: The formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of health care practitioners for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments.

Credentialing review: A credentialing review is a formal review of a practitioner's credentials and scope of practice to ensure the needs of capabilities of the organization, community and practitioner are in alignment and the practitioner has maintained their qualifications and competencies to support their scope of practice. This will take place at the annual performance review.

Midwife: Registered Midwife

Nurse: All nurses registered and enrolled.

Nurse Practitioner (NP): A Registered Nurse endorsed by the Australian Health Practitioners Regulatory Authority (AHPRA) and as a NP within a specific specialty and works within a scope of practice approved at Western Health by the Nursing and Midwifery Scope of Practice and Credentialing Committee.

Student Nurse/Midwife: A student registered with AHPRA as undergoing undergraduate educational preparation to be a nurse or midwife.

4 Principles

It is understood that a transparent, effective and robust process must be followed for reviewing the credentials and determining the scope of practice for clinical staff within Western Health. This also applies to the introduction of new technologies and technologies for which current staff may require credentialing.

Credentialing is the process of verification and evaluation of an individual's qualifications, knowledge, skills, experience, training, professional standing and/or competency to perform procedures or service activities against a set of recognised standards. A process of credentialing serves to guarantee minimum standards of practice are met and facilitates the ongoing monitoring of competence, minimising clinical risk and protecting the public. The aim of credentialing is to form a view about the clinician's competence, performance and professional suitability to provide safe, high quality healthcare.

5 Clinical Governance

Healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.

Western Health recognises that a system for credentialing and defining scope of clinical practice is essential to ensure patient safety and quality of care and a core action for meeting the National Safety and Quality Health Service (NSQHS) Standards; Standard 1 – Clinical Governance.

The Western Health Nursing and Midwifery Scope of Practice and Credentialing Committee (NMSOPCC) informs and makes recommendations to the Western Health Nursing and Midwifery Advisory Committee (NMAC) on matters relating to the credentialing and advanced/extended scope of practice of nursing and midwifery staff. The NMSOPCC committee reviews and approves all new advanced and extended scope of practice proposals and monitors the credentialing systems to ensure Western Health is compliant with National Registration and Australian Standards for Credentialing and Defining Scope of Practice.

The Nursing and Midwifery Workforce Unit are responsible for monitoring Nursing and Midwifery registration to practice and maintaining Nursing and Midwifery credentialing records utilising the cGov platform.

6 Scope of practice and credentialing at Western Health

Scope of Practice

Nurses and midwives undergo educational preparation to register as a nurse and/or midwife. It is expected that all nurses and midwives are cognisant of their scope of professional practice. During their education preparation (as students) and on registering with AHPRA, it is expected that all nurses and midwives are aware of the professional [competency framework](#) in which they practice.

There are many graduate diplomas and certificates of nursing and midwifery practice a nurse or midwife can undertake to add and enhance their skill set. In some specialised areas there may be a requirement to perform skills that require competency assessment on an annual basis above the mandatory training requirements for all nurses and midwives e.g. Advanced Life Support.

It is incumbent on the Unit Manager of the ward/department to have concise knowledge of the level of education preparation and competency level their staff have undertaken when delegating and allocating work. When a Registered Nurse or Registered Midwife is working with an Enrolled Nurse, it is incumbent on the Registered Nurse and/or Registered Midwife to understand their role in the delegation and supervision of Enrolled Nurses.

When working with undergraduate students of nursing/midwifery, it is also incumbent on the Nurse/Midwife to understand their role in the supervision of the student.

Nurses and Midwives are accountable for making professional judgements about when an activity is beyond their capacity or scope of practice and for initiating consultation with or referral to other members of the health team.

At Western Health:

1. The Nursing and Midwifery Advisory Committee (NMAC), chaired by the Executive Director of Nursing and Midwifery (EDoNM), is responsible for defining the scope of nursing and midwifery practice at all Western Health sites.
2. All nurses and midwives at Western Health must practice within their respective Code of Professional Conduct/Ethics, which includes the [NMBA code](#) and the [Western Health policy](#).
3. Nurses and Midwives cannot practice outside of their current position descriptions.
4. All new nursing and midwifery roles, Grade 3 and above (excluding NUM, MUM, ANUM, AMUM) require endorsement to progress to recruitment by relevant Director of Nursing & Midwifery (DON/M), to ensure that professional, industrial and other requirements are being met. Approval will be obtained via e-mercury recruitment request.
5. Any changes in classification of existing roles, Grade 3 and above (excluding NUM, MUM, ANUM, AMUM) requires endorsement by the NMSOPCC and by the relevant DON/M to progress to recruitment (via e-mercury recruitment request).
6. Only the NMSOPCC has the authority to approve advanced or extended practice for Nurses and Midwives working at Western Health. Advanced or extended nursing and midwifery practice applies equally to nurses and midwives at Western Health, irrespective of their location of work, within the boundaries of legislation, regulation and professional standards.
7. A decision to expand the scope of practice of an individual will be considered with respect to the strategic objectives of Western Health and will be consistent with the Nursing and Midwifery Professional and Registration Standards as specified by the Nursing & Midwifery Board of Australia (NMBA).
8. Prescribing abilities are limited to those registered nurses who are endorsed on the register as Nurse Practitioner.
9. Western Health managers who are considering the expansion of a nurses or midwives scope of practice, are required to contact the relevant DON/M to seek approval and overarching professional practice sponsorship, to progress a submission for the new scope of practice and determine credentialing requirements. Once approved, a formal proposal is to be developed at an organizational level and in consultation with the DON/M or DDON. The proposal needs to include all elements outlined in Section 3 of this document. Completed proposal is to be sent to the Nursing and Midwifery Credentialing Officer nmco@wh.org.au for consideration and approval by the NMSOPCC.

Nurse and Midwife Credentialing at Western Health

At recruitment:

Primary credentialing takes place at the time of recruitment and appointment, and must include:

- Proof of identity
- Evidence of current AHPRA registration. The employing manager must check the registration status including notations/conditions on the register before offering an interview to the applicant and record the evidence on eMercury.
- Review of Curriculum Vitae to determine the relevant training and experience required for the role.
- Sighting of original academic transcripts or certified copies of qualifications where these are required to meet credentialing requirements of the role or where a post graduate allowance is being paid.
- Comprehensive reference checks as per WH policy
- Police check.
- Working with Children's check where relevant.

In addition to the above, Nurse Practitioners must supply evidence of endorsement as a NP and any additional supporting documentation must be visualised and uploaded into recruitment documents.

Additional supporting documentation includes (but not limited to):

- Certified copies of Education transcripts (Masters Level)
- Evidence of Continuing Practice Development for previous 12 months
- Evidence of current registration as Registered Nurse with Nurse Practitioner endorsement
- Completion of Nurse Practitioner Scope of Practice document

The documentation required for NP roles must be presented to NMSOPCC for credentialing of the individual as a NP at WH prior to commencement in the role. The relevant DON/M can provide guidance for the process along with access to a checklist to assist (NP/candidate credentialing application checklist).

Annual Credentialing

The procedure for annual credentialing for all Nurses and Midwives involves the following:

- Every nurse and midwife employed to practice at WH must be registered with AHPRA by May 31st each year.
- Unit Managers/managers must be cognisant of the AHPRA registration status of Nurses/Midwives/Nurse Practitioners who report to them.
- Unit Managers/managers must ensure that mandatory competencies are current and local specialised competencies, such as ALS, are completed by required staff and recorded at a local level.

All Nurses/Midwives/Nurse Practitioners are required to advise WH and their DON/M of:

- Any change in registration status
- Suspension or withdrawal of right to practice
- Any health impairment that may affect their ability to practice
- Involvement in any criminal investigation or conviction
- Any other change that prevents the employee from meeting the essential position description requirements

Nurses and Midwives with extended scope of practice will undergo clinical audits as part of a yearly professional performance review. In addition, prescribing audits will be performed annually for Nurse Practitioners. Any breaches to

a professional's scope of practice will be investigated and a remediation process will be determined by the EDONM and DON/M to address any identified issues.

7 Application process for new advanced or extended clinical practice roles

The process for role redesign and defining the scope of clinical practice of a new position must occur at the organisational level and have professional sponsorship by a DON/M. This ensures:

- alignment with service need and models of care that reflect the strategic, national and state priorities for WH
- alignment with the values of WH
- financial resources are approved to support the position
- professional support and clinical supervision arrangements are established

Step 1: Expression of Interest

Any person managing a service or individual nurse or midwife considering the requirements to extend scope of practice must formally make contact with the relevant DON/M to seek approval to progress a submission to the NMSOPCC for the new scope of practice and to determine credentialing requirements.

The relevant DON/M will provide formal notification of EOI outcome to the manager via email. If EOI approved progress to Step 2.

Step 2: Submit EOI to Nursing & Midwifery Scope of Practice & Credentialing Committee

In conjunction with the relevant DON/M, a formal submission for the role is developed and submitted to the WH Nursing and Midwifery Scope of Practice and Credentialing Committee for approval. The submission must include:

- Details of proposed role and a list of activitie(s) that would extend scope of practice
- Improvement in patient care and / or improved outcomes
- Workforce and model of care implications
- Education and training requirements
- Risk analysis – potential and real risks

The Chair of the NMSOPCC will provide formal notification of the Committees decision to the manager via email. If approved progress to Step 3.

Step 3 – Model of Care Development

Identify key stakeholders

To ensure the role is developed using evidence, appropriate context and has the support of the healthcare team, relevant stakeholders should be identified and included in the process from the beginning. The role of stakeholders will include forming a clinical reference group as well as assisting with departmental and organizational change requirements. Consideration should be given to commencing a working party that includes:

- Relevant DON/M or DDON
- Divisional Director
- Clinical Services Director / Head of Unit or Consultant of Unit
- Nursing education representative
- Pathology/radiology and Pharmacy representatives (essential for all NP proposals)

Identify Service Gaps

A needs analysis is the process for identifying, describing and evaluating the problems experienced by a defined population and identifying possible solutions. A clear service needs analysis will provide a foundation for the preparation of a strong, evidence based business case to support the implementation of the advanced/extended practice role.

The following prompts can be used to assist in identifying the needs and opportunities to improve access and quality of health care and service delivery for a defined population.

1. Patient needs:

Is there a change in the demographic profile of the consumer population?

- a. Population growth
- b. Population health/demographics
- c. Increase in service demands (e.g. chronic illness, primary health care)
- d. Increase in elderly or young family population in the community

Relevant health policy documents and strategies related to this population that support the need for change.

Outline marginalised community groups that do not have access to traditional health services

Consultation and or feedback from consumer groups

2. Service needs:

Increased waiting times or waitlists for service in:

- a. Specialist clinics and outpatient services
- b. Community services
- c. Emergency services
- d. Elective services

Outline gap in the current model of care/health service, for example:

- a. Outreach services to community centres
- b. Preventative and maintenance services for chronic illness
- c. Hospital/community interface services
- d. Specialty fields with limited medical services/resources

Organizational quality or performance indicators that need to be met that an advanced or extended scope of practice role could assist the service to achieve.

- a. National Safety and Quality Health Service (NSQHS) Standards
- b. State performance indicators
- c. National clinical benchmarks and standards

Development of new service delivery model/role and scope of practice

Once service gaps and opportunities for improvement have been identified, it is necessary to plan how the role or service will be structured. In doing so, considering the following components of service delivery will assist with decision making:

1. Describe the practice environment and clinical service:
 - a. Days of the week and times the service would be provided
 - b. Target population
 - c. Goal and activities of the service/role
 - d. Outcome measures
 - e. Implications i.e. patient flow, other services, staff

2. Define the scope of practice in a position description. The position description must include:
 - a. Clinical specialty of the model of care
 - b. Target Population for the service model
 - c. Diagnostic areas and types of clinical presentations managed by the practitioner service
 - d. Elements of service provision (assessment, diagnostic, and therapeutic procedures/treatment, advocacy, health education)
 - e. Advanced/extended scope of practice privileges required for the model (procedural activities, investigation ordering etc.)
 - f. Procedures or development of procedures that will be utilised to guide care planning and delivery and to support decision making.

3. Identify the requirements for education, training and competency program:
 - a. Describe the education, clinical skills and knowledge requirements for the level of practice.
 - b. Describe the professional competency standards for the role development and develop a competency framework that contains:
 - i. An outline of necessary competencies
 - ii. How competencies will be achieved
 - iii. Method of assessment including who is responsible for the assessment as well as mentoring and plans for supervised clinical practice
 - iv. Method to ensure maintenance of knowledge and competence is outlined
 - v. Methods of documentation that demonstrate competency is articulated

4. Identify new infrastructure or service requirements:
 - a. Outline equipment and other resources required and the specialty training required
 - b. Clarify the services required to support the practice
 - c. Describe any changes to policies and procedures that are required to support the scope of practice of the role

5. Risk assessment:
 - a. Identify any potential risks that may result from the new service delivery model or role redesign and outline how the risks will be managed.

6. Financial implications:
 - a. Provide a copy of the approved business case

7. Evaluation Plan:
 - a. Service delivery outcomes and key performance indicators
 - b. Pre and post implementation data sets
 - c. Stakeholder feedback
 - d. Consumer feedback

- e. Re-credentialing process
- f. Resource evaluation
- g. Performance Review process

Step 4: Submit

The 'Submission to the Nursing and Midwifery Scope of Practice and Credentialing Committee' form should be completed and sent to the relevant DON/M sponsor for tabling at the NMSOPCC. The applicant will be invited to attend the committee meeting to present the proposed model of care and scope of practice. The applicants direct line manager and medical/clinical supervisor may be included as invited members for this meeting.

The proposal will be assessed on the following criteria:

- Is there a clearly demonstrated service/patient need for the advanced or extended scope of practice?
- Is the advance scope of practice within current professional and legislative parameters?
- Are the credentials appropriate for the scope of practice?
- Is there an appropriate competency framework and/or training/assessment program for the new scope of practice?
- Is there service level/executive support for this new service delivery model?
- Is there support from key stakeholders?
- Have approvals for specific areas of extended or advanced SOP been sought?
- Are there appropriate supervision arrangements for the new role?
- Are there clearly defined patient focused evaluation parameters for the new role/service?

Following the presentation, the committee will assess the scope of practice application based on the criteria assessment items and make a decision in relation to the endorsement of the advanced or extended scope of practice.

If the application is approved, the Chair will communicate the decision verbally and in writing to the applicant within a 7-day period following the committee presentation.

If additional information or modifications to the scope of practice arrangements are recommended by the committee, the applicant will be required to address the recommendations and re-submit the application to the Chair. In this situation the committee will suspend their decision until the applicant has addressed any recommendations.

Step 5: Credentialing of successful candidate

See Section 1.6 for requirements for credentialing of nurses and midwives at Western Health.

All nurses and midwives with extended scope of practice will undergo clinical audits as part of a yearly professional performance review. In addition, prescribing audits will be performed annually for NPs. Any breaches to a professional's scope of practice will be investigated and a remediation process will be determined by the EDNM and DON/M to address any identified issues.

Step 6: Plan for role implementation

The direct line manager is responsible for implementation of the new role. Consideration in the initial implementation phase includes the provision of clinical supervision and providing clear role clarification and expectations. In liaison with the DON/M, Operations Manager (Nursing and Midwifery Workforce Unit) or DDON the direct line manager needs to consider:

- Provision of clinical supervision
- Documentation of referral pathways
- Communication strategy and sustainability plan
- Develop opportunities for engagement in clinical leadership and research

- Develop links to education, mentorship and support networks

Step 7: Evaluation and Re-credentialing of Advanced or Extended Roles

Evaluation of the advanced/extended practice role and model of care is required to ensure quality of health care delivery, service efficiency and responsiveness to the community/patient needs. The evaluation of the role and model of care should focus on outcomes related to safety and efficacy, acceptance and satisfaction, costs and role transfer.

It is a requirement that each advanced or extended practice role can demonstrate the outcomes of their role. The evaluation or role outcome measures should be determined by the key stakeholder group prior to the commencement in the role and monitored on a regular basis with the designated line manager and relevant DON/M through annual discussion process.

Considerations for developing an advanced /extended practice role evaluation plan include:

- Consideration of all previously identified advanced practice role service delivery outcomes and key performance indicators
- Use of existing data that is routinely collected by the service (qualitative and quantitative)
- Key stakeholder statements on the efficacy/efficiency of the new role
- Consumer feedback

Evaluation of the role and model of care should be undertaken by the practitioner and designated line manager annually in alignment with performance development plan.

The candidate will be notified by email via cGov when re-credentialing of the extended scope of practice is due and will be required to update documentation and present at NMSOPCC meeting when due.

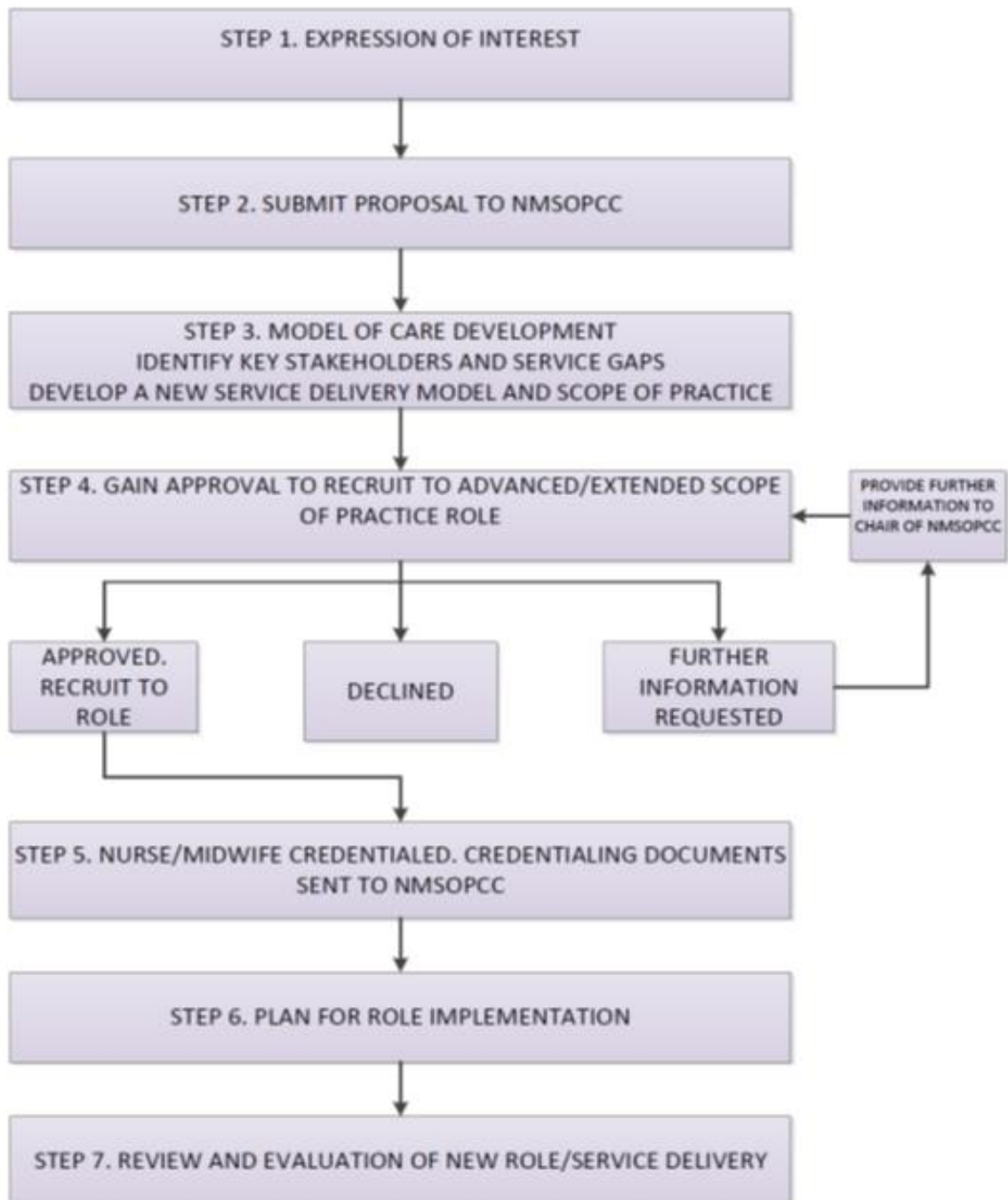
Resources and Tools

Further information and documents referred to in this framework are available on the [Nursing & Midwifery microsite](#).

Links for [Nursing and Midwifery Credentialing](#) and [Nursing and Midwifery Scope of practice](#)

Flowchart for Advanced and Extended role development

FLOWCHART FOR ADVANCED AND EXTENDED NURSING AND MIDWIFERY ROLE DEVELOPMENT



WESTERN HEALTH – NURSING AND MIDWIFERY SCOPE OF PRACTICE AND CREDENTIALING COMMITTEE (SEPTEMBER 2018)

SECTION 2

Nurse Practitioner Resource

This Nurse Practitioner resource guide is an organisational overarching guide to provide information for all staff regarding the career pathway of a Nurse Practitioner. It may be used by nursing staff for career planning, nurse practitioners to guide practice and senior leadership team in planning future service delivery.

Purpose

The purpose of this guide is to provide a standardised approach to all phases in the Nurse Practitioner (NP) and Nurse Practitioner Candidate (NPC) role development by:

- Defining the process in becoming a NP within the organization
- Providing information in developing the role of the NP and model of care
- Standardising the evaluation process of NPs and NPCs, and
- Providing a health service wide standardised process for NPs to demonstrate their continuing competence in practice.

Definitions

AHPRA	Australian Health Practitioner Regulation Agency
ANMAC	Australian Nursing and Midwifery Accreditation Council
MOC	Model of Care: Area of service delivery / specialty e.g. Emergency, Diabetes
NMBA	Nursing and Midwifery Board of Australia
MBS	Medicare Benefits Schedule
PBS	Pharmaceutical Benefits Scheme
SOP	Scope of Practice: extended role of NP which sits within the MOC

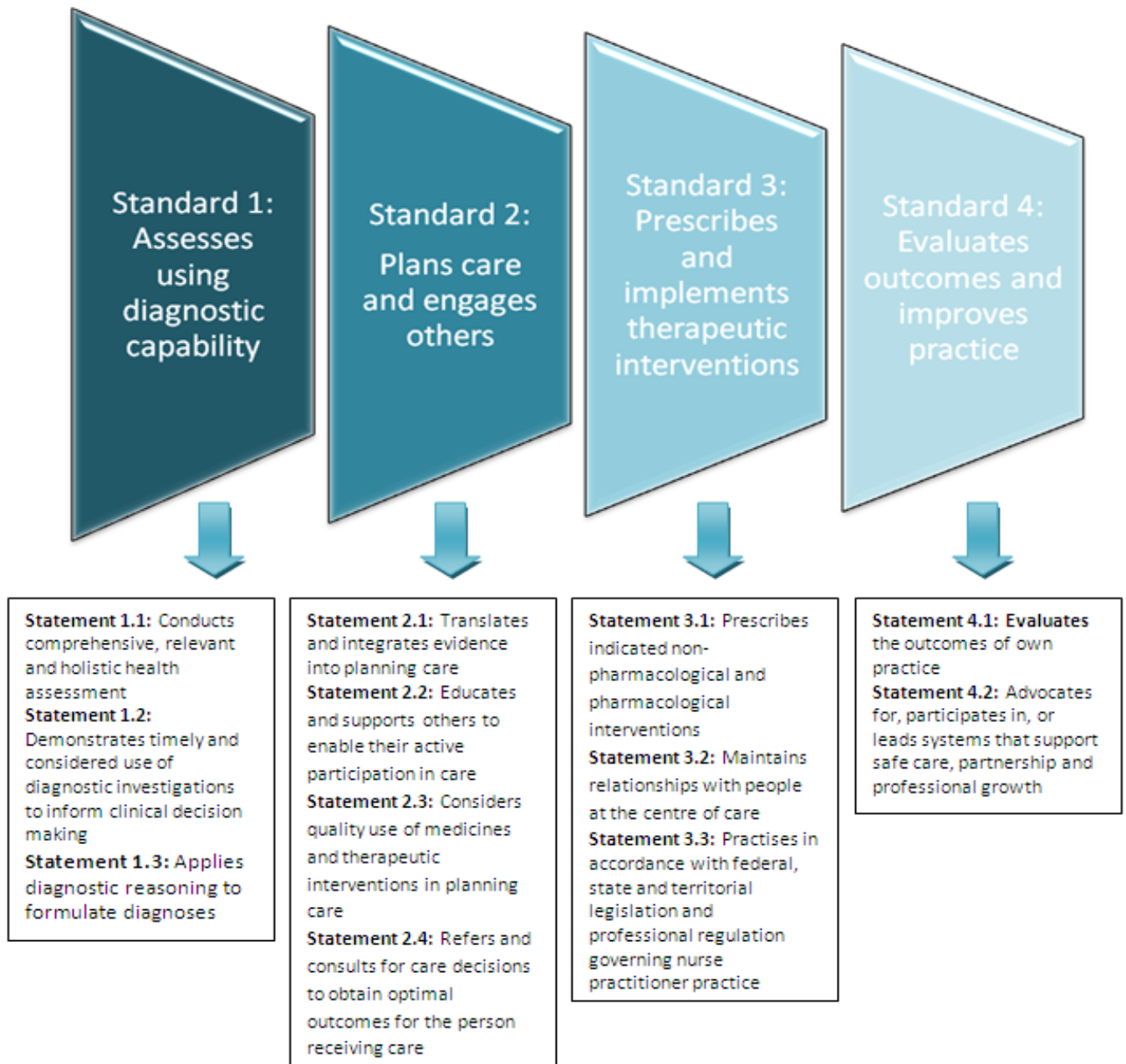
Nurse Practitioner Standards of Practice

The National Competency Standards were designed to provide universal agreement for core competency standards across all states and territories. The Nurse Practitioner Standards for Practice (refer to figure 1) are built on the core competency standards for nurses and midwives and must meet the regulatory and professional requirements for Australia including the *National competency standards for the registered nurse, Code of ethics and Code of professional conduct*.

The Nurse Practitioner Standards for Practice reinforce the principles that:

- NPs have the capability to provide high levels of clinically focused nursing care in a variety of contexts in Australia. NPs care for people and communities with problems of varying complexity.
- The NP scope of practice is built on the platform of the registered nurse (RN) scope of practice, and must meet the regulatory and professional requirements for Australia including the *National competency standards for the registered nurse, Code of ethics and Code of professional conduct*.

Figure 1 - Nurse Practitioner Standards of Practice



Further Information

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx>

Endorsement by the Nursing and Midwifery Board of Australia

Under the National Law, The NMBA are responsible for the regulation of the nursing and midwifery professions and are supported in this role by the Australian Health Practitioner Regulation Agency (AHPRA). The Board has approved registration standards, codes and guidelines and competency standards which together form a Professional Practice Framework (PPF) that defines the requirements and Board expectations guiding the professional practice of nurses and midwives in Australia. NPs are regulated through the National Scheme under the authority of the Board. Under section 38 of the National Law, the Board has developed the registration standard on endorsement of NPs. This registration standard describes the requisite qualification and experience required for endorsement as a NP.

To support the registration standard, guidelines titled “*Endorsement as an NP*” have been developed under section 39 of the National Law to provide direction and information relevant to:

- Registered Nurses seeking endorsement as a NP
- NPs who are currently endorsed
- Government bodies
- Employers of NPs
- Other health practitioners
- Education providers and
- The public.

The *Registration standard: Endorsement as a nurse practitioner* states that a nurse seeking endorsement as a nurse practitioner must be able to demonstrate all of the following:

1. Current general registration as a registered nurse in Australia with no conditions or undertakings on registration relating to unsatisfactory professional performance or unprofessional conduct.
2. The equivalent of three (3) years’ (5,000 hours) full-time experience in the advanced clinical nursing practice level, within the past six (6) years, from the date when the complete application seeking endorsement as a nurse practitioner is received by the NMBA.
3. Successful completion of:
 - a. An NMBA-approved program of study leading to endorsement as a nurse practitioner, or
 - b. A program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA.
4. Compliance with NMBA’s Nurse practitioner standards for practice.
 - a. AHPRA has delegated power to process NP roles which provide clear evidence that they follow pathway 1 or 2.

Table 1 - The model for endorsement as a NP

Pathway 1	Pathway 2
<p>Evidence of successful completion of an NMBA-approved nurse practitioner program of study at masters level.</p> <p>Board-approved programs of study are listed on AHPRA’s website.</p>	<p>Evidence of successful completion of a program that is substantially equivalent to a NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA:</p> <ul style="list-style-type: none"> • a postgraduate nursing Master’s degree that is clinically relevant to the applicant’s context of advanced practice nursing for which they are seeking endorsement as a nurse practitioner • evidence of completion of Masters level units in advanced health assessment, pharmacology and therapeutics and diagnostics and research, however titled, and mapping of completed Masters level units against the Nurse Practitioner standards for practice.

Further information

Nursing and Midwifery Board of Australia - Endorsement as a nurse practitioner registration standard and links to pathways to endorsement

<http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations.aspx#nurs>

Prescribing in Victoria

A nurse practitioner is authorised to obtain, possess, use, supply or prescribe substances in Schedules 2, 3, 4 or 8 that are approved by the Minister for Health, in the lawful practice of their profession as a nurse practitioner (s. 13 of the Act). From 23 July 2020 the Minister for Health has approved for the use, sale or supply of any Schedule 2, 3, 4 or 8 poison.

A nurse practitioner's authorisation does not extend to:

- supplying medicines that have been prescribed by another registered health practitioner (e.g. for themselves, spouse or employees) – that is the role of a pharmacist
- supplying medicines or poisons by wholesale – this activity requires a wholesale licence.

The scope of practice of individual nurse practitioners is supported by their employer's clinical governance framework. Nurse Practitioners are also guided by the Nursing and Midwifery Board of Australia's professional practice framework. It details how professional decision making within a sound risk management, professional, regulatory and legislative framework is to be managed.

Following endorsement, the NP can apply to Pharmaceutical Benefits Scheme (PBS) for a prescriber number. In Victoria, all public hospitals allow the prescribing PBS subsidised medication to a discharged or non-admitted patient. PBS prescribing restrictions fall into three categories:

- Unrestricted benefits
- Restricted benefits
- Authority required

Nurse Practitioners may be able to prescribe some medications that are not funded under the PBS. In addition, the PBS is an overarching system which lists all medications which NPs can prescribe. The NP must be responsible for prescribing from their formulary but also aware if the patient will be 'out of pocket' if a medication is not funded by PBS when prescribed by an NP.

Important clarification

In general, regulatory requirements are applicable to each nurse practitioner but the circumstances of employment need to be considered to ensure compliance with the regulations.

Western Health is authorised to possess and use scheduled medicines in accordance with the conditions of our Health Services Permit (HSP). The HSP is specific to each permit holder. It contains details relating to the manner in which medicines are to be obtained, stored, used, recorded and destroyed.

The HSP may contain requirements that are more specific or additional to the regulatory requirements that relate, in general, to nurse practitioners. At Western Health our HSP is controlled by the Director of Pharmacy and is available for perusal by relevant staff.



Further information:

<http://www.pbs.gov.au/browse/nurse>

In addition, other prescribing considerations include:

- Regulation 24
- Drugs of addiction
- Aboriginal and Torres Strait Islander health needs

Current Barriers to Extended Scope of Practice

NPs have prescriber numbers, however NPs employed in the public health system do not have access to provider numbers issued under Medicare. Only NPs working in private practice or under contract to an Aboriginal Torres Strait Islander Community Controlled Health Service may apply for a Medicare provider number. Therefore, the ordering of imaging and pathology which have internal agreements with the health service are billed to the Head of Unit. This is an issue for NPs who are more community based or if an NP within the organisation wishes to order a private or external investigation for a patient.

Due to current legislation, Worksafe and TAC documentation also requires counter signing by a medical officer.

Currently these barriers are being investigated by the Nurse Practitioner Leadership Committee and external agencies.

Governance

National Regulation

Health Practitioner Regulation National Law (Victoria) Act 2009

- ▶ The National Registration and Accreditation Scheme (NRAS) commenced in July 2010

AHPRA is governed by this Act and supports 14 National Boards that regulate health professionals. The Nursing and Midwifery Board of Australia is responsible for the administration of nursing and midwifery.



Further information:

<http://www.ahpra.gov.au/About-AHPRA/Ministerial-Directives-and-Communiques.aspx>

Western Health Organisational Governance

Western Health Strategic Approach

The establishment of NP positions and model of care will be in alignment with Western Health's Strategic Health plans and Statement of Priorities.

Nursing and Midwifery Scope of Practice and Credentialing Committee

The Western Health Nursing and Midwifery Scope of Practice and Credentialing Committee is a decision making authority which determines appropriate scope of practice for nursing and midwifery services at Western Health. This committee reviews applications for advanced and extended scope of practice, with the view to ensuring all disciplines work together collaboratively with patient care being paramount, and any extended or advanced scope of practice is complementary and not conflicting with any discipline.

For NPs, the NMSOPCC has the following responsibility:

- To monitor and maintain credentialing and scope of practice standards for Nursing and Midwifery
- To endorse applications for advanced and extended scope of practice roles.
- To ensure all clinical practitioners providing clinical care to patients of WH are appropriately credentialed and have their scope of practice defined, documented and communicated.
- Identifying priority areas for NPs which align with Western Health strategic direction, service plans and Government directives/funding
- Ensuring that there is effective review and an accountability and governance structure of NP roles
- Review applications from Divisional Directors/Managers developing NP roles and endorsing role to be forwarded to NMSOPCC
- Facilitate evidence and information to inform strategic development and implementation of the NP role

Preparation to be a Nurse Practitioner

Nurse to Nurse Practitioner

For a nurse to become a nurse practitioner there are essential steps that must be met.

There are the registration standards and process to be endorsed by AHPRA outlined in Section 1, but this section aims to clearly define the process for a nurse at Western Health.

The entry to practice level for NP in Victoria is a Masters level of educational preparation including pharmacology studies also at Masters level. This includes courses of study designed to ensure graduates meet the NP competency standards e.g. a NMBA-approved Masters of Advanced Nursing Practice (Nurse Practitioner) or a Master's degree that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA. The nurse must have worked in the relevant specialty area for a minimum of 3yrs full time equivalent in the preceding 6 years (5000 hours) in an advanced practice role.

The recommended preparation is:

- To specialise in your field of choice
- Obtain a Post Graduate Certificate in this area
- Continue to Graduate Diploma- consider a Masters Pharmacology subject as an elective
- Complete a Masters NP (pathway 1) OR
- Complete a Masters, ensuring that you have also completed a Masters level pharmacology subject. (pathway 2)

There are two pathways to endorsement recognised by Apha and the Nurses & Midwifery Board of Australia:

1. A recognised/ accredited Masters in Nurse Practitioner
2. Equivalent education at Nursing Masters Level including a pharmacology subject.

Currently there are only generic NP Masters programs, although some programs offer a clinical component that could be carried out in your chosen area of specialty with local mentorship and support.

When the RN is applying for entry to a Masters in NP program, it is likely the University will require approval or support from the employing organization. Appendix 3 provides a template or checklist which can be used when approaching the workplace for support. It may be necessary to undertake some work on a supernumery basis if your current role does not meet the criteria for advanced practice, and there is no Nurse Practitioner Candidate position available.

Further Information

ANMAC accreditation standards for Nurse Practitioner programs
<http://www.anmac.org.au/nurse-practitioner-accreditation-standards>

Accredited Masters programs

<http://www.ahpra.gov.au/Education/Approved-Programs-of-Study.aspx?ref=Nurse&Type=Endorsement&div=Registered%20Nurse%20%28Division%201%29>

Master of Nurse Practitioner-Universities in Victoria

- Latrobe University
<http://www.latrobe.edu.au/handbook/current/postgraduate/she/health-sciences/coursework/hmnp.htm>
- University of Melbourne
<http://mdhs-study.unimelb.edu.au/degrees/master-of-advanced-nursing-practice-nurse-practitioner/overview>
- Deakin University
<http://www.latrobe.edu.au/handbook/current/postgraduate/she/health-sciences/coursework/hmnp.htm>
- Monash University
<http://www.monash.edu.au/study/coursefinder/course/4513/>



Nurse Practitioner Candidate

A Nurse Practitioner candidate (NPC) is an RN employed by Western Health is working towards NP endorsement. The NPC works at current award rate until they become RN endorsed as a NP.

Historically NPC positions were created by seed funding from Victorian Department of Health. Future NPC roles in the organisation will be part of ongoing service review and fit within the organisations strategic plan.

NPCs should be working towards or have completed their Masters qualification at time of employment. It is also highly recommended that more than one NPC is employed in a specialty as this will ensure future succession planning. The program in which an NPC is employed will need to develop a business case to ensure that, once endorsed, the NPC will be reclassified as a Nurse Practitioner Year 1.

Western Health will ensure the NPC is supported by a multi-disciplinary team which can provide education, supervision, training and mentorship during this period. This should be clearly indicated in any future 'expressions of interest' forwarded to the DON committee for new models of care. It may be necessary to collaborate across organisations to ensure adequate and appropriate support e.g.: Royal Children's Hospital, Peter Mac Cancer Centre.

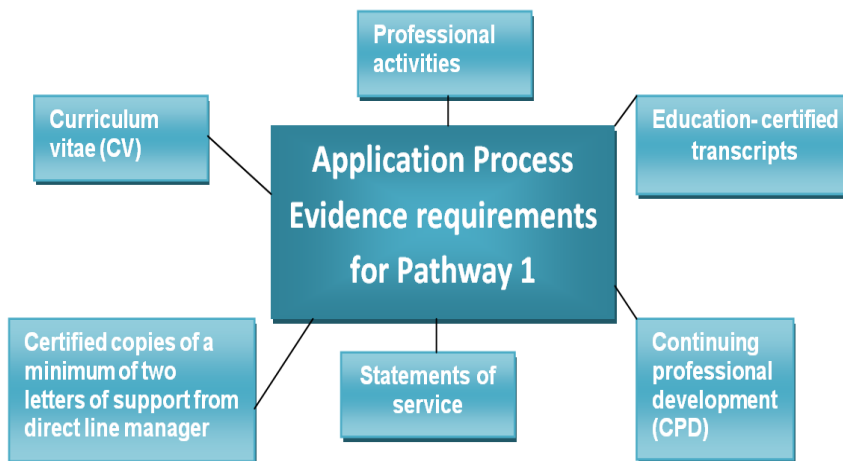
While working in the NPC role, each model will need to specify any interim measures or supervised practice needed prior to endorsement. For example prescribing with counter signatures, ongoing consultation (e.g. every patient discussed prior to discharge, or a competency model where the NPC is allowed increased autonomy after being assessed as competent in a specific area. An example of this is the Emergency Model, where the NPC is required to discuss every patient with a consultant or alternatively the NPC can manage 'ankle sprains' without consultation after being assessed as competent in this group. There are advantages to both practices.

Nurse Practitioner Application Process

Requirements from potential NPs

It is no longer a requirement to be employed by an organisation to be endorsed as an NP but if employed by WH, the preparation for NP necessitates a dual approach which includes both NMBA and WH requirements determined by the model of care and strategic plan. The partnerships need to be transparent and clearly stated from commencement of submission to the NMSOPCC and followed through. This can be done in a NPC role, but is not essential.

Figure 3: Nursing Board Victoria Requirements from Potential Nurse Practitioner Candidate



Requirements from the relevant Western Health Divisional Director of the RN or NPC during the submission of portfolio for NP endorsement

In collaboration with the Divisional Director, the relevant Director of Nursing and Midwifery will provide guidance with completion of this section.

- Review of potential candidates portfolio and provide assistance and support in the application process
- Complete the process outlined in section 1 of this document “Application process for new advanced/extended clinical practice nursing and midwifery roles at Western Health”.
- Signing off the potential NP clinical competencies based on a multidisciplinary feedback approach and the Western Health NPC position description

Process for the Development of Western Health Nurse Practitioner

Review of Services and Role Development - Model of care

For a health service to develop a service delivery model, there must be a detailed service analysis with consideration of key health service planning principles as well as support by clinical and executive champions. The following triggers will assist in identifying the opportunities to improve access to healthcare and service delivery.

- Decreasing avoidable ED presentations
- Early patient assessment and initiation of treatment plans
- Providing rapid response to the deteriorating patient through advanced treatment options
- Improving symptom management
- Decreasing time to diagnosis
- Decreasing length of stay
- Decreasing waiting lists
- Increasing patient satisfaction
- Providing flexible, contemporary, cost effective health management
- Deliver treatment in non-hospital environments
- Providing integrated seamless care across care sectors
- Ensuring evidence based practice

Clarifying the clinical nurses role

It is essential to consider whether the nurse practitioner is the most appropriate nursing role to address the changing needs of the service.

This influences the scope of practice and development of role progression in the future if the service needs required an RN or advanced practice nurse. Table 3 shows comparisons across nursing roles.

Table 3 clarifying the clinical nursing role

Registered Nurse	Advanced Practice Nurse	Nurse Practitioner
Legislation		
Title protected General Registration as a nurse	Title not protected No specialist registration for nursing	Title protected Endorsement under s.95 national law
Nomenclature		
Registered Nurse	Wide variety of nomenclature <ul style="list-style-type: none"> • Clinical nurse specialist • Clinical nurse consultant • Advanced practice nurse • Practice nurse 	Nurse Practitioner
Education		
Bachelor of Nursing	Bachelor of Nursing Post graduate qualification in a clinical nursing speciality is recommended	Bachelor of Nursing Postgraduate qualification in a clinical nurse speciality Approved Master's degree in nurse practitioner studies
Clinical Experience		
Career usually commenced in a graduate nurse program General or specialist experience	2-4 years post registration	>6 years post registration
Scope of Practice		
NMBA National Competency Standards for the Registered Nurse General and specialist clinical activities in direct patient care Administration of medication	For example: ANMF (2005) Competency Standards for the Advanced Registered Nurse Advanced clinical activities in area of clinical nursing speciality. Limited initiation and supply of medications under protocol Initiation of requests for plain film diagnostic imaging radiography (does not include interpretation of films) All driven by protocols	NMBA Nurse Practitioner Standards for practice 2014 Advanced nursing practice in areas of clinical nursing speciality plus expanded clinical activities including: <ul style="list-style-type: none"> • Advanced patient assessment • Ordering and interpretation of diagnostic investigations and pathology • Differentiating a diagnosis • Establishing management plans • Direct referral to other health professional s • Selecting and prescribing appropriate medication
Model of Care		
Limited autonomy	Increased autonomy in area of clinical nursing speciality	Highest level of autonomy in area of clinical nursing speciality

Collaboratively supports the therapeutic interventions of other health team members	Collaborately supports the therapeutic interventions of other team members	Freedom to exercise professional judgement within parameters of evidence-based and collaborative care in clinical nursing speciality in which they are educated competent and authorised
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(Source: Adapted from Queensland Government 2011) Clinical Governance for Nurse Practitioners in Queensland: A guide Queensland Government, Brisbane.)



The scope of practice section of the table will assist in determining whether the service need requires a nurse practitioner or an advanced practice nurse

A new model may consider the appointment of an NP or NPC, or a combination of both. It is recommended that consideration is given to employing several individuals as this will assist in the growth and support of the practitioner.

NPCs cannot legally undertake extensions to practice such as prescribing and will need to have orders countersigned by an NP or Medical Practitioner. External PBS scripts must be written in one person's hand writing so these must be written by a Doctor after consultation with the NPC. The mentorship and education needs and these restrictions must be taken into account if a model involving NPCs is proposed.

Supporting Education requirements for the NP and NPC

An application for a new service model must provide evidence that the directorate or program can support the education requirements of an NPC or NP. Students enrolled in the Masters of Advanced Nursing Practice (Nurse Practitioner) are required to identify a clinical mentor who will provide clinical support and teaching during the course. Mentors may also be responsible for conducting clinical assessments components dependant on the university curriculum. University specific assessment proformas should be utilised for all completed assessments. Regular meetings must be held with mentors during candidacy. The needs for each NPC may vary, from education sessions, case study reviews or clinical presentations and will need to be negotiated on an individual basis.

A clinical support team should be drawn from within the multidisciplinary service, be relevant to the nominated speciality and should contribute the development of advanced practice skills. This team might include but is not limited to: doctors, other nurses, physiotherapists, social workers, psychologists, dieticians, pathologists, radiologists and pharmacists

Extending scope of Practice

Nurse practitioners planning to change scope are required to use the NMBA-approved National framework for the development of decision-making tools for nursing and midwifery practice published under Codes, Guidelines and Statements; this will ensure that they are competent in their proposed expanded or new scope of practice.

Extensions to clinical skills, as per the guidelines must also have organisational support in addition to adequate individual training. To ensure clarity of skills and NP scope of practice, extensions should be approved by Divisional Director and Clinical Services Director and forwarded to the NMSOPCC.

On recruitment, evidence of extended scope of practice must be supplied to WH and submitted to the NMSOPCC. A clinician's extended scope of practice must also be reviewed as part of the annual professional performance review through auditing of practice. Prescribing audits are also undertaken as part of the audit schedule.

If there is concern an NP is working outside an endorsed scope of practice, the manager responsible will conduct an investigation and escalate to the EDONM.

Current Models of Care at Western Health

Nurse Practitioner – Chronic & Complex care

The Chronic and Complex Care Nurse Practitioner (CCCNP) provides a complete episode of care, providing comprehensive and extended care, to patients in their own home, whether private dwelling, residential aged care facility or supported accommodation, which may prevent treatment delays and avoidable hospital presentations through prompt access to advanced care. The CCCNP role will be an outreach model working within a collaborative arrangement with GPs and other health care professionals in the community. Where required, the CCCNP has the capacity to work within the hospital environment, engaging, and working collaboratively with, specialist teams. The CCCNP will work autonomously with the expertise to support

Nurse Practitioner – Drug and Alcohol

The Alcohol and other drug Nurse Practitioner is an advanced clinical practitioner who functions both autonomously and is an integral part of the addiction medicine team. The Alcohol and other drug nurse practitioner provides clinical leadership through demonstration of advanced clinical and professional standards of practice, expert assessment, diagnostic, clinical decision making skills and treatment provision to a range of clients experiencing problematic drug use.

Nurse Practitioner - Emergency

The emergency nurse practitioner provides emergency care to a select group of patients within a framework of clinical practice guidelines and collaboration with emergency physicians. The emergency nurse practitioner provides clinical leadership through demonstration of advanced clinical and professional standards of practice, expert assessment, diagnostic and clinical decision making skills and high level of communication and clinical collaboration skills in provision of health care to emergency patients.

Nurse Practitioner – Intensive Care Liaison

The Intensive Care Liaison Nurse Practitioner provides timely and consistent high level adult care that promotes the maintenance of standards in the presence of junior staff that may not be familiar critical care management. The Intensive Care Liaison Nurse Practitioner, in collaboration with the ICU team coordinates the transfer of ICU patients to the wards, provides case management for patients post discharge from ICU to general wards and coordinates the delivery of care to patient with complex care needs.

The ICLNP provides clinical leadership through demonstration of advanced clinical and professional standards of practice, expert assessment, diagnostic and clinical decision making skills and high level of communication and clinical collaboration skills in provision of health care. The ICLNP works closely with the nursing staff on general and specialty wards in an education, teaching and advisory role working within the clinical practice guidelines for the ICU liaison service.

Nurse Practitioner – Pain

The Pain Management Nurse Practitioner is an advanced clinical practitioner who demonstrates clinical leadership through advanced clinical and professional standards of practice, expert assessment and clinical decision making skills. The Pain Management Nurse Practitioner works across 3 Western Health campuses, working in an autonomous role at Williamstown seeing post-operative surgical patients and medical patients with complex pain needs and as an integral part of the pain management team at Footscray and Sunshine campuses. This includes a Nurse Led Pain Management Clinic in outpatients at Sunshine. The Pain Management Nurse Practitioner provides leadership for the Pain Management Clinical Nurse Consultants and together we provide education and support for nursing staff, junior doctors and the registrars rotating through the pain service.

Nurse Practitioner - Stroke

The Stroke Nurse Practitioner is an advanced clinical practitioner who functions both autonomously and is an integral part of the stroke Service team. The stroke nurse practitioner provides clinical leadership through demonstration of advanced clinical and professional standards of practice, expert assessment, diagnostic and clinical decision making skills and high level of communication and clinical collaboration skills in provision of health care to stroke patients.

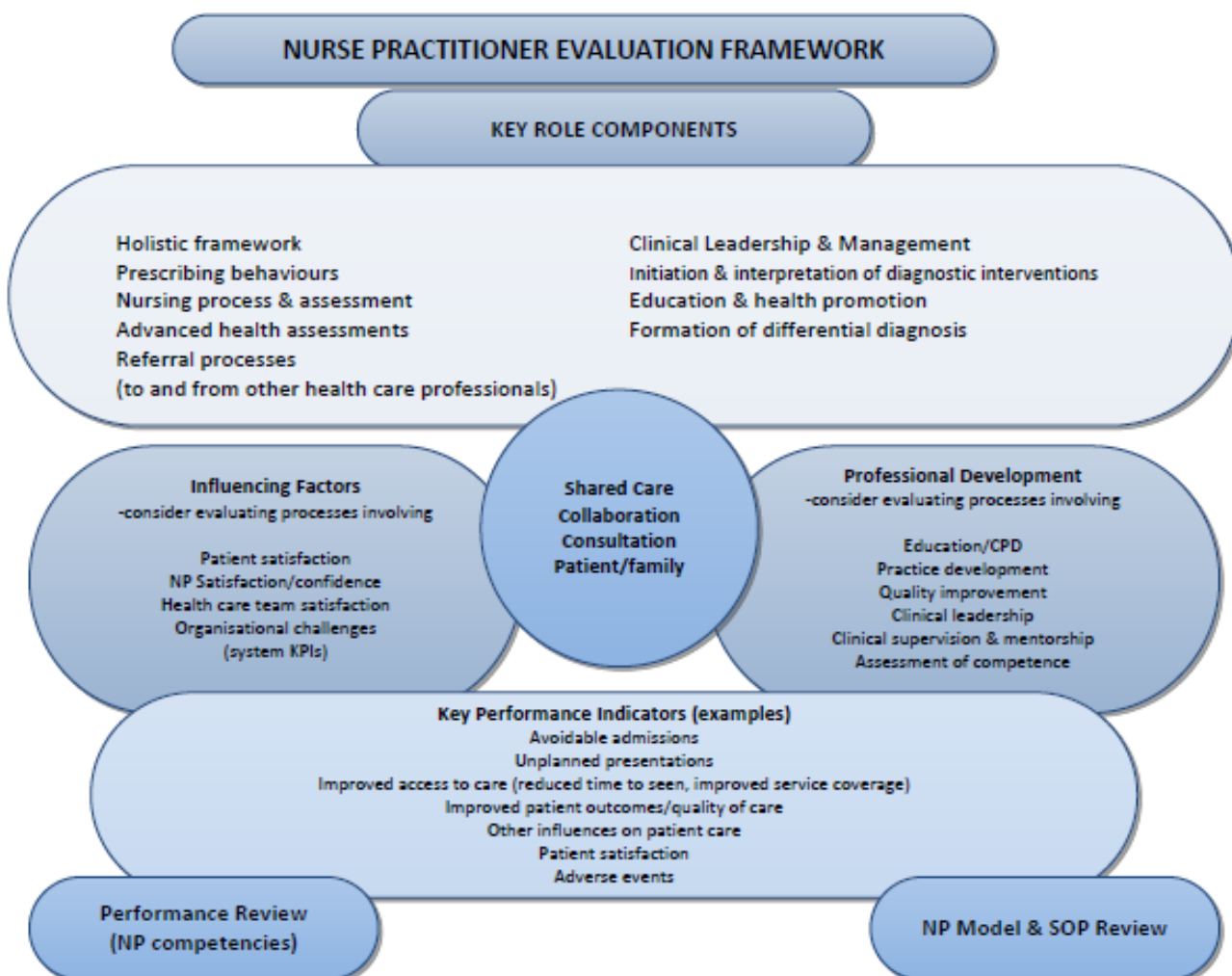
Nurse Practitioner – Urgent Care

The Nurse Practitioner in Urgent Care is an advanced clinical practitioner who functions both autonomously and collaboratively within the Urgent Care multidisciplinary team assessing and treating emergency, urgent, acute, subacute and non-acute patients presenting to Bacchus Marsh and/or Melton Urgent Care centres. The Nurse Practitioner – Urgent Care role involves assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications, and ordering diagnostic investigations.

Evaluation and Support

Evaluation

Evaluation of the Nurse Practitioner role and model of care is critical to the development and sustainability of the role. Nurse Practitioner are ideally placed to lead and/or participate in evaluation of the service in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency. Nurse Practitioners may need to seek additional organisational support and/or assistance in order to undertake such evaluation. It is recommended that this process occurs annually and includes review of the model of care (service delivery) and scope of practice to ensure it remains relevant and appropriate. This will assist in building a relevant database of information surrounding the efficacy and efficiency of the service and contribute to resources relevant to growth and development of the role. An example of a framework is found below:



Adapted from Nurse Practitioners in NSW – Guideline for Implementation of Nurse Practitioner roles – NSW Health

Standardisation of Position Description across Western Health

The aim of the standardisation of the NP and NPC position description is to provide a consistent approach within the organisation. It is essential that each of the key performance indicators are developed specific to each speciality and are based on a current model of care. These would need to be reviewed no less than yearly in line with the performance appraisal of the NPC and NP. Consideration could also be given to a 360 degree appraisal to engage the collaborative team and consumers.

Additionally, evaluation of the service model and the NP/NPC role within it is important to ensure that Western Health is delivering health care to the service needs and may be undertaken by reviewing KPIs such as length of waiting lists, time to be seen or length of stay. This may also provide opportunities to explore the potential for expanding or increasing extended practice or NP roles.

Support

Western Health supports the development of NP roles within the organisation to meet the strategic direction of the organisation and improve service delivery.

Western Health acknowledges the NP role requires extensive personal commitment to ongoing education in addition to leadership activities and will endeavour to support the NP/Cs in this domain.

Western Health is aware of the legalities, restrictions and barriers to NP practice and will support the NPs and NPC in addressing these issues at all levels including working agreements with providers of Radiology and Pathology and in legislation.