



FRAMEWORK FOR NURSING AND MIDWIFERY CREDENTIALING AND SCOPE OF PRACTICE

UPDATED: October 2024



Western Health

TABLE OF CONTENTS

Section 1: Developing Advanced Practice roles	5
1. Introduction	5
2. Purpose	5
3. Definitions	5
Scope of Practice	5
Other definitions	6
4. Principles	6
5. Clinical Governance	7
6. Scope of practice and credentialing at Western Health	7
Scope of Practice	7
Nurse and Midwife Credentialing at Western Health	8
Annual Credentialing	9
7. Application process for new Advanced Practice roles	9
Step 1: Expression of Interest	10
Step 2: Submit EOI to Nursing & Midwifery Scope of Practice & Credentialing Committee	10
Step 3 – Model of Care Development	10
Step 4: Submit	12
Step 5: Credentialing of successful candidate	13
Step 6: Plan for role implementation	13
Step 7: Evaluation and Re-credentialing of Advanced Practice Roles	13
8. Application process to extend Scope of Practice for existing Advanced Practice role	14
Step 1: Expression of Interest	14
Step 2: Submit EOI to Nursing & Midwifery Scope of Practice & Credentialing Committee	14
Step 3 – Model of Care	14
Step 4: Submit	16
Step 5: Credentialing of successful candidate	16
Step 6: Plan for role implementation	16
Step 7: Evaluation and Re-credentialing of Advanced Practice Roles	17
9. Resources and Tools	17
Section 2: Nurse Practitioner Resource	19
1. Purpose	19
2. Definitions	19
3. Nurse Practitioner Standards of Practice	19
4. Endorsement by the Nursing and Midwifery Board of Australia	21
5. Further information	22

6.	Prescribing in Victoria.....	22
	Important clarification	22
	Current Barriers to prescribing and diagnostic ordering	23
7.	Western Health Organisational Governance	23
	Western Health Strategic Approach	23
8.	Preparation to be a Nurse Practitioner	23
	Registered Nurse to Nurse Practitioner	23
	Nurse Practitioner Candidate	24
9.	Nurse Practitioner Application Process	25
	Requirements for potential NPs	25
10.	Process for the Development of Nurse Practitioner roles	25
	Review of Services and Role Development - Model of Care	25
	Clarifying the role requirements.....	25
	Supporting Education requirements for the NP and NPC	27
	Advancing Scope of Practice.....	27
11.	Current Models of Care at Western Health	27
	Nurse Practitioner – Drug and Alcohol	27
	Nurse Practitioner - Emergency.....	28
	Nurse Practitioner – Intensive Care Outreach	28
	Nurse Practitioner – PainManagement Service.....	28
	Nurse Practitioner – Urgent Care	28
12.	Evaluation and Support	28
	Evaluation.....	28
	Standardisation of Position Description across Western Health	30
	Support.....	30
13.	More Information.....	30

Section 1: Developing Advanced Practice roles

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 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 healthcare services emphasise the importance of collaborative multi-disciplinary, inter-disciplinary and inter-professional practice team approaches to care and recognise that no single healthcare provider or service model can adequately meet the complex requirements of today's health care consumers.

This document aims to outline the development of advanced practice roles for nursing and midwifery at Western Health, aligned to the organisation's values of compassion, accountability, respect, excellence and safety and the principles within our Best Care framework of person-centred care, coordinated care, right care and safe 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 advancing the scope of practice for an individual in an organisation, decision making must occur within a sound risk management, professional governance, 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

This document outlines the governance framework for advancing nursing and midwifery practice at Western Health, to ensure there is a consistent approach for nurses and midwives to have the appropriate qualifications, education, competence, level of experience and professional standing to undertake the role they are employed to do within the needs and capability of Western Health.

3. Definitions

Scope of Practice

The terms 'extended or expanded scope of practice' and 'advanced scope of practice' are often used interchangeably which may lead to 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. For example, a Wound Care Clinical Nurse Consultant has an advanced scope of practice in assessing and managing complex wounds.

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

Extending the SOP for a clinician could incorporate credentialing to conduct specific procedures or diagnostic investigations, for example nurse endoscopist or midwives conducting maternal ultrasounds.

Other definitions

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

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

Credentialing review: A credentialing review is a formal review of a practitioner's credentials and scope of practice to ensure the ongoing needs of capabilities of the organization are met, the community and practitioner are in alignment and the practitioner has maintained their qualifications and competencies to support their scope of practice., This assessment will take place at their annual performance review. For Nurse Practitioners, and clinicians with advanced scope of practice, this credentialing occurs at the Nursing and Midwifery Scope of Practice and Credentialing Committee (NMSOPCC)

Midwife: Registered Midwife

Nurse: All nurses, registered and enrolled.

Nurse Practitioner (NP): A Registered Nurse endorsed by the Nursing & Midwifery Board of Australia (NMBA) as an NP, who practices 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.

Registered Undergraduate Student Nurse/Midwife (RUSON/M): A student registered with Ahpra as undergoing undergraduate educational preparation to become a nurse or midwife.

4. Principles

It is understood that a transparent, effective and robust process must be followed for establishing and 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/or technologies, equipment and systems for which current staff may require credentialing.

Credentialing is the process of verification and evaluation of an individual's qualifications, knowledge, skills, experience, training, education, professional standing and/or competency to perform procedures or service activities against a set of recognised standards.

The process of credentialing serves to guarantee governance requirements are met, safe standards of practice 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 within their individual scope of practice and model of care, the permit this practice to occur within the context of service delivery at WH.

5. Clinical Governance

Healthcare organisations are accountable for monitoring and 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 and applications relating to:

- Credentialing of nurses and midwives
- Advanced Practice Nursing and Midwifery roles
- Extensions to scope of practice of nursing and midwifery staff.

The NMSOPCC reviews and through its Chair (the Executive Director Nursing & Midwifery) approves all new proposals and monitors credentialing systems to ensure Western Health is compliant with National Registration and Australian Standards for Credentialing and Defining Scope of Practice.

The Director of Nursing and Midwifery Workforce in their role as the Nursing & Midwifery Credentialing Officer is 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 complete undergraduate educational preparation to register as a nurse and/or midwife. It is expected that all nurses and midwives are cognisant of, and regulate their own individual scope of professional practice. During educational preparation (as students) and upon registering, it is expected that all nurses and midwives are aware of the professional [competency framework](#) and standards under which they practise.

There are many post-graduate programs and pathways for advancing 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 minimum competency and mandatory training requirements for all nurses and midwives, e.g. Advanced Life Support.

It is incumbent on the Manager of the ward/department to have concise knowledge of the level of education preparation and competency level of their staff when delegating and allocating patient care. For example, 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, and the scope and competency of the Enrolled Nurse they are delegating to.

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 of conduct](#) and the [Western Health policies](#).
3. Nurses and Midwives cannot practice outside of their current position descriptions, or Western Health policies, procedures and guidelines.
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 (DONM), to ensure that professional, industrial and other requirements are being met. Approval will be obtained via PeopleHub.
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 DONM to progress variations in People Hub.
6. Only the NMSOPCC has the authority to approve advanced practice for Nurses and Midwives working at Western Health. Advanced nursing and midwifery practice applies equally to nurses and midwives irrespective of their location of work, within the boundaries of legislation, regulation and professional standards, practice standards and codes of conduct.
7. A decision to advance 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 Practice Standards as specified by the Nursing & Midwifery Board of Australia (NMBA).
8. Prescribing rights are limited to those registered nurses who are endorsed as a Nurse Practitioner, or endorsed midwives.
9. Western Health managers who are considering advancing a nursing or midwifery scope of practice, are required to contact the relevant DONM to seek approval and overarching professional practice sponsorship, to progress a submission for the new scope of practice and determine the credentialing requirements. Once approved, a formal proposal is developed at the Divisional level in consultation with the DONM and ADONM.

The proposal needs to include all elements outlined in this document. The completed proposal is to be sent to the Nursing and Midwifery Credentialing Officer nmco@wh.org.au by the nominating DONM 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/endorsements on the public register before offering an interview to the applicant and record the evidence on People Hub.
- 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 higher qualification allowance is eligible.
- Comprehensive reference checks as per WH policy
- Police check.
- Working with Children's and Immunisation checks 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 with the recruitment documents.

Additional supporting documentation include (but not limited to):

- Certified copies of Education transcripts (Post Graduate and 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 Western Health **prior to commencement in the role**. The relevant DONM 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 DONM of:

- Any change in registration status
- Suspension or withdrawal of rights 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 their essential position description requirements

Nurses and Midwives with advanced 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 DONM to address any identified issues.

7. Application process for new Advanced 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 the Divisional DONM.

This ensures:

- alignment with service needs 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 manager/person wishing to implement an Advanced Practice role must first discuss the role with their aligned DONM and seek approval to progress an Expression of Interest (EOI) submission to the NMSOPCC [Nursing & Midwifery Scope of Practice - Nursing & Midwifery \(wh.org.au\)](https://www.wa.gov.au/government/organisations/nursing-and-midwifery-scope-of-practice)

The relevant DONM 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 DONM, a formal submission for the role is developed and submitted to the Western Health 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 (if applicable)
- How role/service will mprove patient 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 an 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 DONM or DDON
- Divisional Director
- Clinical Services Director / Head of Unit or Consultant of service
- Nursing education representative
- Pathology/radiology and Pharmacy representatives (for all NP proposals)

Identify Service Gaps

A needs analysis is the process for identifying, describing and evaluating the problems experienced by a defined patient/client population and identifying possible models or roles to offer solutions. A clear service needs analysis will provide a foundation for the preparation of a strong, sustainable evidence-based business case to support the implementation of the advanced practice role(s).

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
 - Specific program / role funding

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 gaps in the current model of care/service provision, for example:

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

Organisational quality or performance indicators that need to be met that an advanced 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
- d. Performance targets and Statement of Priority requirements

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:

- 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 and impacts on patient access, other services and staff
- 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. Extended scope of practice privileges required for the model (procedural activities, investigations)
 - f. Policies or development of procedures that will be utilised to guide care planning and delivery and to support decision making.
- 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 clinical 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/assessment/audit that demonstrate competency is articulated
- Identify any 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 role
- 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/mitigated.
- Financial implications:
 - a. Provide a copy of the approved business case if required
- 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

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 DONM sponsor for tabling at the NMSOPCC. The initiator will be invited to attend the committee meeting to present the proposed model of care and articulate the scope of practice. The line manager and medical/clinical supervisor may also be included as invited members to this meeting.

The proposal will be assessed on the following criteria:

- Is there a clearly demonstrated service/patient need for the Advanced Practice Role?
- Are scope of practice requests within current professional and legislative parameters?
- Are the individuals' 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 advanced practice been sought?
- Are there appropriate supervision and mentoring 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 through its Chair make a decision in relation to the endorsement of the role and 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 part 1 for requirements for credentialing of nurses and midwives at Western Health.

All nurses and midwives with an 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 EDONM and DONM to address any identified issues.

Step 6: Plan for role implementation

The 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 DONM, Operations Manager (Nursing and Midwifery Workforce Unit) or ADONM, 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
- Comprehensive induction and orientation planning
- Succession planning to ensure service continuity.

Step 7: Evaluation and Re-credentialing of Advanced Practice Roles

Evaluation of the Advanced 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 practice role can demonstrate the clinical patient outcomes and achievements 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 DONM through the annual appraisal 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 their performance development plan.

The practitioner will be notified by email via cGov when re-credentialing of their scope of practice is due, and will be required to update documentation and present at NMSOPCC.

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 the Divisional DONM.

This ensures:

- alignment with service needs 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.

8. Application process to extend Scope of Practice for existing Advanced Practice role

Step 1: Expression of Interest

Any manager/person wishing to extend a roles Scope of Practice, must first discuss the role with their aligned DONM and seek approval to progress an Expression of Interest (EOI) submission to the NMSOPCC [Nursing & Midwifery Scope of Practice - Nursing & Midwifery \(wh.org.au\)](https://www.wa.gov.au/government/department-of-health/nmsopcc/nursing-and-midwifery-scope-of-practice)

The relevant DONM 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 DONM, a formal submission to extend Scope of Practice is developed and submitted to the WH Nursing and Midwifery Scope of Practice and Credentialing Committee for approval. The submission must include:

- Details of current role, proposed changes to Scope of Practice and a list of activitie(s) that would extend scope of practice.
- How extended SOP will improve patient 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

Collaborate with key stakeholders.

Consideration should be given to commencing a working party that includes:

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

Identify Service Gaps

Outline gaps to service.

Patient needs:

- How will extending SOP improve patient service? patient outcomes?

Service needs:

- Are there increased waiting times or waitlists for service?
- Organisational quality or performance indicators that could be met by extending the SOP of an existing role?

Development of new service delivery model outlining extended scope of practice

Describe the practice environment and clinical service:

- Days of the week and times the service would be provided.
- Goal and activities of the service/role
- Outcome measures

Define the scope of practice in the updated position description. The position description must include:

- Clinical specialty and target population of the model of care
- Diagnostic areas and types of clinical presentations managed by the service.
- Extended scope of practice privileges required for the model (procedural activities, investigations)

Identify the requirements for education, training, and competency program:

- Describe the education, clinical skills, specialty training, and knowledge requirements for the level of practice.
- Describe the professional competency standards for the role development.
- Develop a competency framework that contains:
 - An outline of required clinical competencies.
 - How competencies will be achieved, how often and governance of process.
 - Methods of documentation/assessment/audit that demonstrate competency is articulated.
 - Mentoring and plans for supervised clinical practice.

Identify any new infrastructure or service requirements:

- Outline equipment and other resources if required.
- Describe any changes to policies and procedures that are required to support the role.

Risk assessment:

- Identify any potential risks that may result from the new service delivery model or role redesign.
- Outline how the risks will be managed/mitigated.

Financial implications:

- Outline anticipated costs.
- Provide a copy of the approved business case if required.

Evaluation Plan:

- Service delivery outcomes and key performance indicators
- Pre and post implementation data sets:
 - Stakeholder feedback
 - Consumer feedback
 - Re-credentialing process
 - Resource evaluation
 - 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 DONM sponsor for tabling at the NMSOPCC. The applicant will be invited to attend the committee meeting to present their application to extend scope of practice. The applicants direct line manager and medical/clinical supervisor may be included as invited members to this meeting.

The proposal will be assessed on the following criteria:

- Is there a clearly demonstrated service/patient need?
- Is any extended scope of practice requests within current professional and legislative parameters?
 - Are the individuals' 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 advanced SOP been sought?
 - Are there appropriate supervision and mentoring arrangements for the role?
 - Are there clearly defined patient focused evaluation parameters for the role?

Following the presentation, the committee will assess the application and the Chair will communicate outcome verbally and in writing to the applicant within a 7-day period following the committee presentation.

If additional information or modifications 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

All nurses and midwives with an extended scope of practice will undergo clinical audits as part of a yearly professional performance review.

All nurses and midwives with an extended Scope of Practice will require ongoing credentialing via the NMSOPCC. Initially this is completed after one year, then every 3 years.

All nurses and midwives with an extended Scope of Practice will be referred to as Advanced Practice Nurses / Midwives (APNM).

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 EDONM and DONM to address any identified issues.

Step 6: Plan for role implementation

The direct line manager is responsible for implementation of the extended scope of practice and needs to consider.

- Provision of clinical supervision
- Documentation of referral pathways
- Communication strategy to organisation and sustainability plan of service including succession plan.
- Develop opportunities for engagement in clinical leadership and research.

- Develop links to education, mentorship, and support networks.
- Comprehensive induction and orientation planning

Step 7: Evaluation and Re-credentialing of Advanced Practice Roles

Evaluation of the Advanced 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 practice role can demonstrate the clinical patient outcomes and achievements of their role. Evaluation of the role and model of care should be undertaken by the practitioner and designated line manager annually in alignment with their performance development plan.

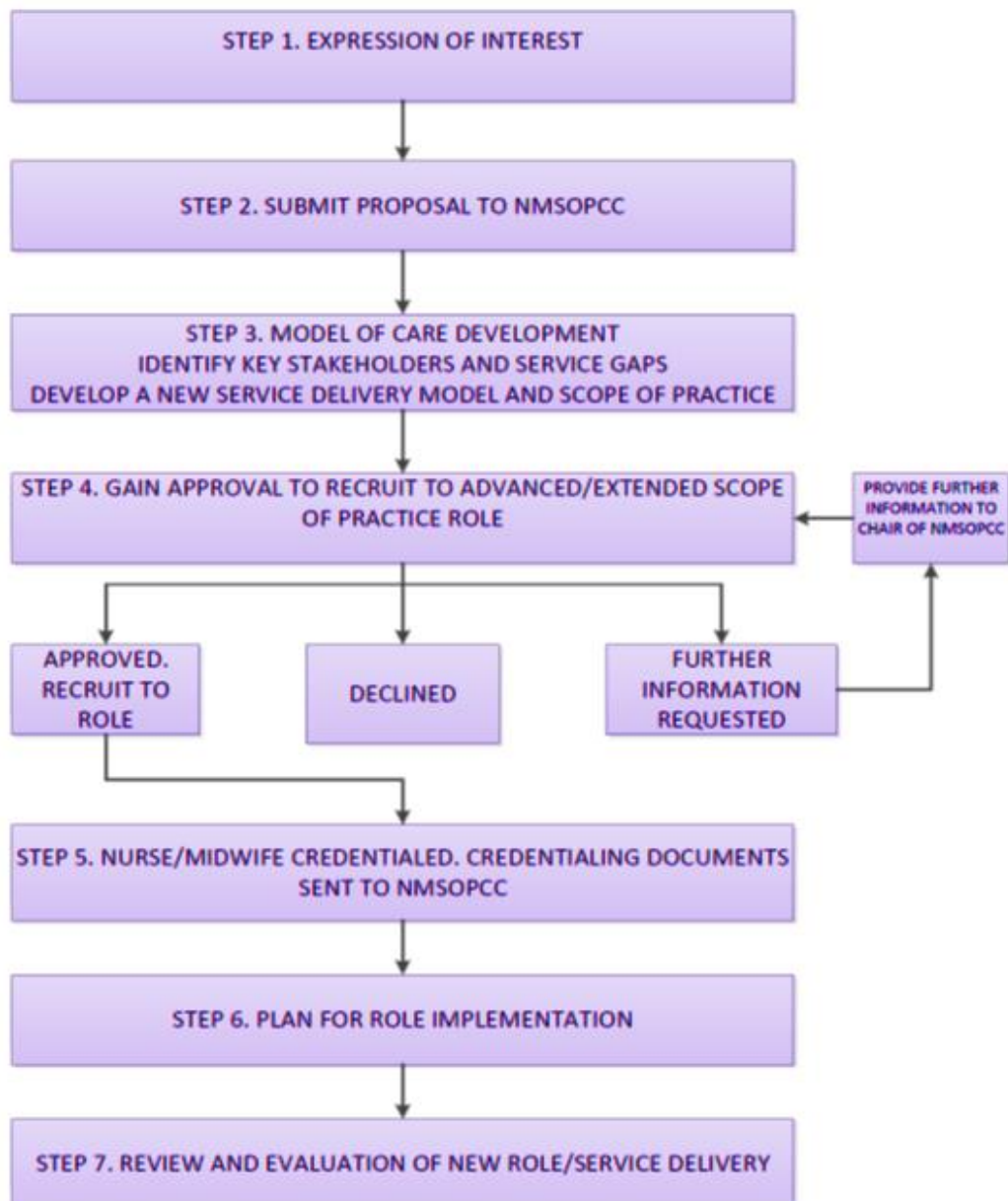
The practitioner will be notified by email via cGov when re-credentialing of their scope of practice is due and will be required to update documentation and present at NMSOPCC.

9. 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 NURSING AND MIDWIFERY ROLE DEVELOPMENT



Section 2: Nurse Practitioner Resource

This Nurse Practitioner Resource is an overarching guide to provide information for all staff regarding the career pathway for 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.

1. 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 to becoming an NP or NPC at WH
- Providing information in developing the role of the NP/NPC and models 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.

2. Definitions

Ahpra	Australian Health Practitioner Regulation Agency
ANMAC	Australian Nursing and Midwifery Accreditation Council
MOC	Model of Care: Area of service delivery / specialty
NMBA	Nursing and Midwifery Board of Australia
MBS	Medicare Benefits Schedule
PBS	Pharmaceutical Benefits Scheme
SOP	Scope of Practice

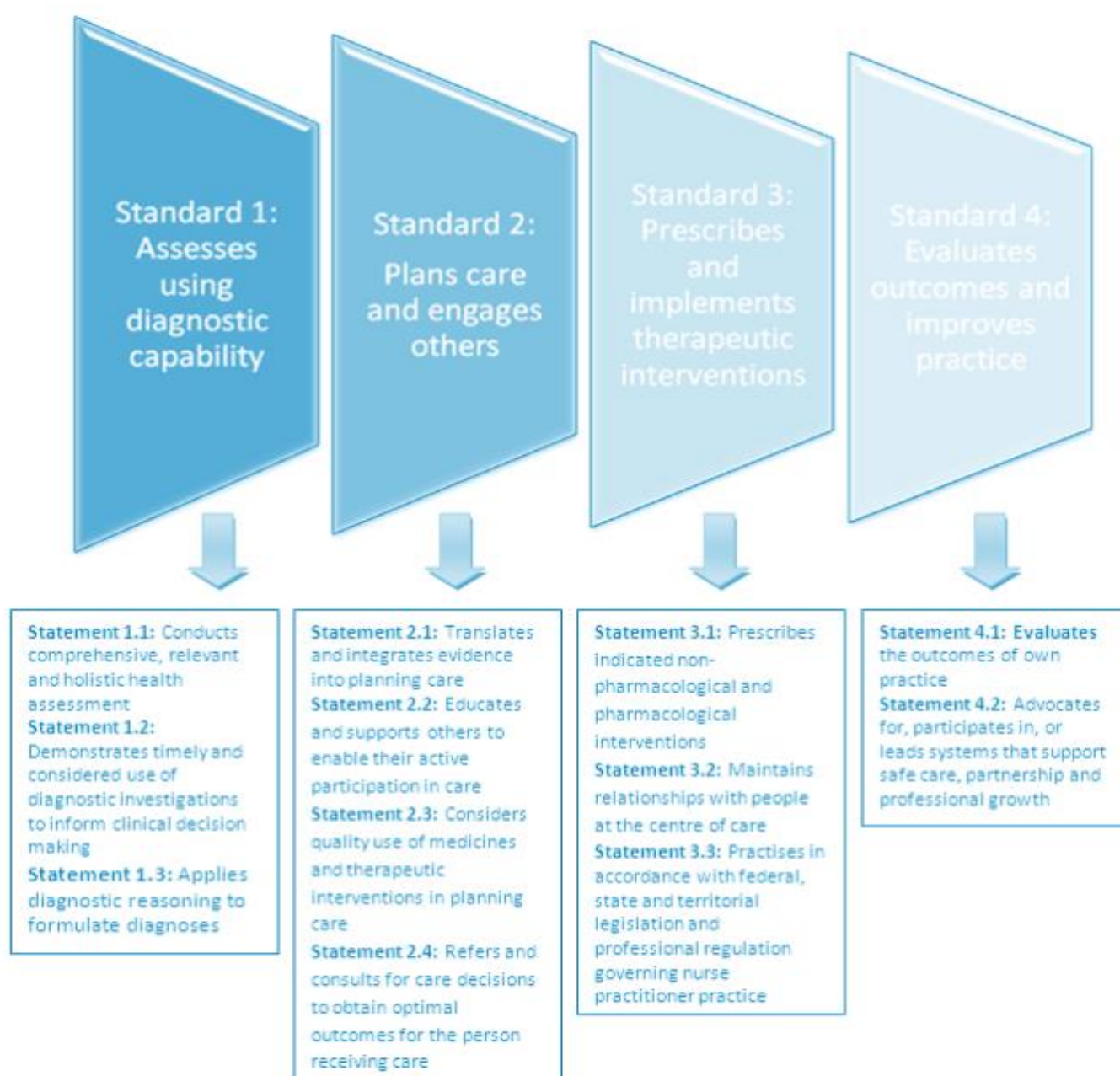
3. Nurse Practitioner Standards of Practice

The National Practice 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 *Practice standards for the Registered Nurse, Code of ethics and Code of professional conduct* [Nursing and Midwifery Board of Australia - Professional standards \(nursingmidwiferyboard.gov.au\)](https://www.nursingmidwiferyboard.gov.au)

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 registered nurse (RN) scope of practice, and must meet the regulatory and professional requirements for Australia.

Figure 1 - Nurse Practitioner Standards of Practice



[Nursing and Midwifery Board of Australia - Professional standards \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au)

4. Endorsement by the Nursing and Midwifery Board of Australia

Under the National Law (2010), 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) and Decision-Making Framework that defines the requirements and Board expectations guiding the professional practice of nurses and midwives in Australia. NPs are regulated through the National Regulation and Registration processes under the authority of the Board.

Under section 38 of the National Law, the Board governs 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 and funding 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:

- Current general registration as a registered nurse in Australia with no conditions or undertakings on registration relating to unsatisfactory professional performance or unprofessional conduct.
- 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 completed application seeking endorsement as a nurse practitioner is received by the NMBA.
- Successful completion of:
 - a. An NMBA-approved program of study leading to endorsement as a nurse practitioner (Pathway 1), 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 (Pathway 2)
- Compliance with NMBA’s Nurse practitioner standards for practice.
- Ahpra has delegated power to process NP applications which provide clear evidence that they follow pathway 1 or 2.

Table 1 - The model for endorsement as a NP

Pathway 1	Pathway 2
Evidence of successful completion of an NMBA-approved nurse practitioner program of study at Master’s level. Board-approved programs of study Nursing and Midwifery Board of Australia - Approved programs of study (nursingmidwiferyboard.gov.au)	Evidence of successful completion of 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: 10. 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 11. 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 .

5. 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>

6. 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 NPs 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 NP, 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>

Current Barriers to prescribing and diagnostic ordering

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 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 may also require counter-signing by a medical officer.

7. 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.

The Western Health Nursing and Midwifery Scope of Practice and Credentialing Committee (NMSPCC) is the governance committee which determines appropriate scope of practice for nursing and midwifery services at Western Health. This committee reviews applications for advanced scope of practice, with the view to ensuring all disciplines work together collaboratively with patient care being paramount, and any 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 practice roles.
- To ensure all 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 directions, service plans and Government directives/funding opportunities and priorities
- Ensuring that there is effective review and governance of NP roles
- Review applications from Divisional Directors/Managers developing NP roles and services
- Facilitate evidence and information to inform strategic development and implementation of the NP role

8. Preparation to be a Nurse Practitioner

Registered Nurse to Nurse Practitioner

For a registered nurse to become a nurse practitioner there are essential steps that must be met. There are the registration standards and processes to be endorsed 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 and advanced assessment at Masters level. This includes courses of study designed to ensure graduates meet the NP competency standards through an NMBA approved Masters of Advanced Nursing Practice (Nurse Practitioner) or via 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 3 years full time equivalent in the preceding 6 years (5000 hours) in an advanced practice role.

The recommended preparation pathway at Western Health is:

- To specialise in your field of choice
- Obtain a Post Graduate Certificate in this field
- Continue to advance qualifications via a Graduate Diploma
- Complete a Masters NP (pathway 1) OR
- Complete a Masters, ensuring that you have also completed a Masters level pharmacology subject (Pathway 2)

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. WH provides a template checklist which can be used when approaching the service leads 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, so there is no Nurse Practitioner Candidate position available.

Further Information

Endorsement as a Nurse Practitioner

[Nursing and Midwifery Board of Australia - Endorsement as a nurse practitioner \(nursingmidwiferyboard.gov.au\)](http://nursingmidwiferyboard.gov.au)



Master of Nurse Practitioner 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
[Master of Advanced Nursing | Deakin](http://www.deakin.edu.au/study/coursefinder/course/4513/)
- 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 endorsed as a NP. Historically NPC positions receive funding from the Victorian Department of Health. Future NPC roles in the organisation are reliant on ongoing service review and fit within the organisations strategic plan.

NPCs should be working towards or have completed their Masters qualification at the time of employment into an NP role, or transition into an NPC pathway internally. It is also highly recommended that more than one NPC is employed in a specialty to ensure future succession planning. The Division 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.

Western Health will ensure the NPC is supported by the 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 NMSPCC for new models of care. It may be necessary to collaborate across organisations to ensure adequate and appropriate support, for example with the Royal Children's Hospital, Peter Macallum Cancer Centre.

Whilst working in the NPC role, the practitioner will need to specify any interim measures or supervised practice needed prior to endorsement. For example, prescribing with counter signatures, ongoing consultation and assessment (e.g. every patient discussed prior to discharge), or a competency model where the NPC has 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.

9. Nurse Practitioner Application Process

Requirements for potential NPs

It is no longer a requirement to be employed by an organisation to be endorsed as an NP but if employed by Western Health, the preparation for NP necessitates a dual approach which includes both NMBA and Western Health 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.

In collaboration with the Divisional Director, the relevant Director of Nursing and Midwifery will provide guidance with completion of the EOI submission;

- 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 clinical practice nursing and midwifery roles at Western Health".
- Signing off the potential NP clinical competencies based on a multidisciplinary feedback approach and the NPC position description

10. Process for the Development of Nurse Practitioner roles

Review of Services and Role Development - Model of Care

To develop a service delivery model, there must be a detailed service analysis with consideration of key health service planning principles, and 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 role requirements

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 require a Registered Nurse, Nurse Practitioner or Advanced Practice Nurse. This is established by ascertaining what the functions of the role need to be to meet patient needs, and the scope of practice required to address the model of care.

Table 3 clarifying the nursing role levels

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 the national law
Nomenclature		
Registered Nurse	Wide variety of nomenclature <ul style="list-style-type: none"> • Clinical Nurse Specialist • Clinical Nurse Consultant • Advanced Practice nurse • Clinical Coordinator • Clinical Liaison Nurse 	Nurse Practitioner
Education		
Bachelor of Nursing	Bachelor of Nursing Post graduate qualification in a clinical speciality	Bachelor of Nursing Postgraduate qualification in a clinical speciality Approved Master's - nurse practitioner (Pathway 1 or 2)
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 Practice Standards for the Registered Nurse General and specialist clinical activities in direct patient care across the Domains of Practice	Advanced clinical activities in area of clinical nursing speciality. May or may not include an extended Scope of Practice May or may not include limited initiation and supply of medications under protocols. May or may not include Initiation of requests for plain film diagnostic imaging radiography (does not include interpretation of films)	NMBA Nurse Practitioner Standards for practice 2021 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 professionals • Selecting and prescribing appropriate medication • Ongoing monitoring and evaluation
Model of Care		
Limited autonomy Collaboratively supports the therapeutic interventions of other health team members	Increased autonomy in area of clinical nursing speciality Collaboratively supports the therapeutic interventions of other team members	Highest level of autonomy in area of clinical nursing speciality 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



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

Supporting Education requirements for the NP and NPC

An application for a new service model must provide evidence that the Division will support the education requirements of an NPC or NP. Students enrolled in the Master of Advanced Nursing Practice (Nurse Practitioner) are required to identify a clinical mentor who will provide clinical support and teaching during the course. This is usually another NP within the service, or the medical consultant/Head of Unit.

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.

Advancing Scope of Practice

Nurse practitioners planning to advance scope are required to use the NMBA Decision making framework for the development nursing and midwifery practice, referring to published Codes, Guidelines and Statements; this will ensure that they are competent in their proposed expanded or new scope of practice.

Acquiring further 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 for review and recording in cGov.

On recruitment, evidence of extended scope of practice must be supplied to WH and submitted to the NMSOPCC. The NP 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.

11. Current Models of Care at Western Health

Nurse Practitioner – Drug and Alcohol

The AoD Nurse Practitioner is an advanced clinical practitioner who functions both autonomously and is an integral part of the addiction medicine team. The 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 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 Outreach

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 – PainManagement Service

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 Western Health campuses, in an autonomous role seeing post-operative surgical patients and medical patients with complex pain needs and as an integral part of the pain management team, which includes a Nurse Led Pain Management Clinic in outpatients. The Nurse Practitioner provides leadership for the Pain Management Clinical Nurse Consultants to provide education and support for nursing staff, junior doctors and registrars in the pain service.

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 WH Urgent Care centres. The Nurse Practitioner undertakes 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.

12. Evaluation and Support

Evaluation

Evaluation of the Nurse Practitioner role and model of care is critical to the development and sustainability of the role.

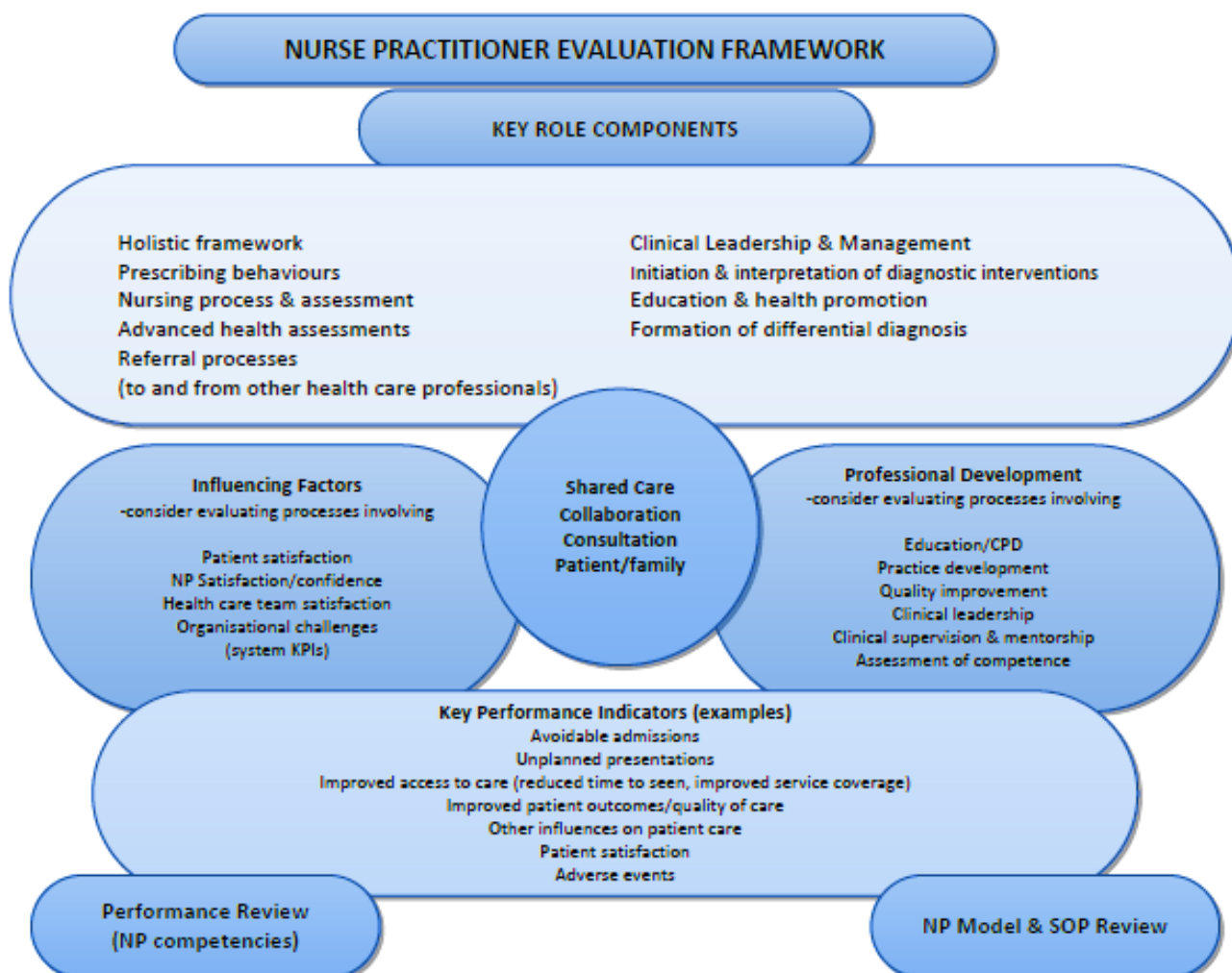
Nurse Practitioners are ideally placed to lead and/or participate in evaluation of the service in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency.

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

