Nurse Practitioner Candidacy Program

Implementing nurse practitioner candidacy opportunities across WA Health
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For further information please contact:
Nursing and Midwifery Office
Department of Health, Western Australia
189 Royal Street
EAST PERTH WA 6004

This document is endorsed by:
Adjunct Associate Professor Catherine Stoddart
Chief Nurse and Midwifery Officer, WA Health.

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Vision

Healthier, longer and better quality lives for all Western Australians.

Our mission

To improve, promote and protect the health of Western Australians by:

- Caring for individuals and the community
- Caring for those who need it most
- Making best use of funds and resources
- Supporting our team.

Our values

Care - Respect - Excellence - Integrity - Teamwork - Leadership

Caring for individuals and the community

Good health is essential for a good quality of life, and a good healthcare system is essential for a strong community. At WA Health we play a major part not only in individual health care, but in the health of our entire community.

Caring for those who need it most

Our WA public health system is designed to promote fairness in all its programs, policies and standards. Our goal is to make sure that the health services we provide are available to those people who need them most, and serve to improve the health and wellbeing of those whose need is greatest.

Making best use of funds and resources

At WA Health, we understand that Western Australians expect high-quality, accessible and fairly–distributed health services in exchange for their tax dollar. We are absolutely committed to using the resources entrusted to us to provide WA taxpayers with an optimum service and value–for–money.

Supporting our team

Each and every staff member, whether directly or indirectly involved in care, has an important role to play in ensuring healthier, longer and better lives for our patients. The success of our public health system is built on the skill and passion of our people — working together.

1 Working together. WA Health Strategic Intent 2010 – 2015
Introduction

It gives me great pleasure to be able to bring to WA Health the Nurse Practitioner Candidacy Model. This is yet another major milestone for the nursing profession in Western Australia (WA) and builds on the work that commenced as far back as 1998, where the establishment of a steering committee forged the way to enable changes to State Legislation that saw the first nurse practitioner (NP) introduced to WA in 2005.

The first NPs practicing in WA stepped into the role with many years of experience practicing at an advanced level and work in a wide range of clinical settings across all specialties in all areas of WA.

With an ageing workforce we realise that the next generation of NPs will not have the equivalent years of clinical experience. Therefore; to ensure this group is clinically experienced, prepared to practice at an advanced level and meet the endorsement standards set by the Nursing and Midwifery Board of Australia (NMBA) a structured yet individualised clinical support program is required to see this cohort ready to practice autonomously in an expanded clinical role.

Under the National Regulation Scheme registered nurses seeking endorsement as a NP, must complete a Masters Degree, meet the competency standards as set by the Australian Nursing and Midwifery Council, and demonstrate stringent high standards of advanced clinical practice over a period of time and exhibit advanced clinical leadership ability.

A considered and strategic approach to developing and sustaining a NP workforce which aligns with clinical service planning and is in the best interest of both employer and NP candidates is a Candidacy Program. A structured and supportive program of clinical and professional supervision individualised aligning clinical practice with academic theory. This will ensure that once endorsed the NP will be able to function clinically at a high level that not only meets service requirements but allows the NP the autonomy to practice without the added pressures of having to establish themselves in a new role. Such programs provide health services with succession planning and make suitably qualified NPs available for the future.

I would like to take this opportunity to acknowledge those involved in the early development of the NP role in WA and in particular that NPs who have and are forging the way for future NPs and thank them for their contribution to the provision of high quality care for the Western Australian Community.

Adjunct Associate Professor Catherine Stoddart
WA Chief Nurse and Midwifery Officer
Background

The nurse practitioner (NP) role though relatively new in Australia can be traced back to the United States and Canada to the 1960’s were the first programs emerged in response to limited access to health care services in specific populations and areas.

The Australian movement commenced in New South Wales in 1998 following the introduction and amendment of State Legislation. Other Jurisdictions followed and there is now ever increasing attention being given to introducing NP roles in the delivery of health care across Australia.

Establishing the NP role in Western Australia (WA) required a vision that defined the strategic direction of nursing and midwifery being underpinned by a policy cognisant of the political environment. Serious attention to achieving this goal began in 1998 and following the passage of the *Nurses Amendment Act 2003* and amendments to seven Acts and associated Regulations NPs had for the first time in WA the legislative authority to practice.

The WA Nursing and Midwifery Office was charged with the introduction of the NP model on behalf of the Department of Health, as Legislation which determines areas in which a NP may practice; *Poisons Act 1964* and the *Poisons Regulations 1965*, fall under the authority of the Minister for Health. NP practice under this Legislation is restricted to a Designated Area, approval for which must be sort from the Chief Executive Office of Health or Delegate on the advice of the Chief Nurse and Midwifery Officer.

April 2005 saw the first areas designated for NP practice. The first designations in WA were areas primarily within the public health sector, however; with increasing shortages of the medical workforce providing primary health care; in addition to the recent introduction of NP access to Medicare Schemes with amendments to the *National Health Act 1975* there has been a rise in the number of non government agencies applying for Designation in order to provide health care to the WA community using a NP model of care.

Though the number of Medicare items listed for use by NPs is minimal and restricted to those who are not employed by WA Health or organisations receiving State funding for health service provision a number of private health providers have begun utilising the NP model of care using funds to pay for service, on the expectation that in the near future lobbying the Commonwealth government will see Medicare items numbers expanded to suit a wider scope of practice.

Figure 1 Number of Nurse Practitioner designated Areas in WA – June 2012

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2 Fraser, A. 2012
Over time WA Registered Nurses (RNs) have been financially supported through scholarship to undertake a Masters of Nursing (Nurse Practitioner) Degree. However, this has not articulated into employment opportunities for many who currently hold a NP endorsement and as such are unable to practice to the highest level of their registration.

The first cohort of WA RNs who were endorsed as NPs had between 10 and 30 years of experience practicing at an advanced level and as such took on the role as an extension of their practice.

The next cohort will not have accumulated the equivalent years of clinical experience. Therefore, to ensure this group is clinically experienced and prepared to practice at an advanced level and meet the endorsement standards set by the Nursing and Midwifery Board of Australia (NMBA) a structured yet individualised clinical support program is required to see this cohort ready to step into future NP roles.

Nursing is a practice-based discipline and the NP role is at the peak of clinical practice. They are authorised to practice autonomously in an expanded clinical role, are clinical leaders who influence and progress clinical care, policy and collaboration through all levels of health service and provision. The preparation of a NP requires the integration of academic theory with clinical practice as well as mastery and application of advanced clinical assessment and diagnostic skills and knowledge and competence in pharmacotherapy and other treatment options. In addition to the Australian Nursing and Midwifery Council (ANMC) competencies, NPs need to develop strong research abilities and demonstrate advanced clinical leadership ability.

Current situation

In WA there are 107 RNs currently on the NMBA register who hold a NP endorsement, however; of these there are a great proportion that are currently not practicing to the highest level of their registration due to lack of employment opportunities.

A strategic approach to developing and sustaining WA’s NP workforce which aligns with clinical service planning across health and a changing health care landscape is the concept of a “Clinical Candidacy Program” for NP candidates (NPC). This is a structured and supported program of clinical and professional supervision that is individualised, aligned with the NPC’s academic program and ensures clinical competencies that meet service demands are developed during the candidacy.

Though utilised in other States and Territories a candidacy model has not been introduced or implemented in WA. Unlike others the proposed WA program will not be site specific; but collaboration between and across health services in the development and implementation of NP models of care. Thus ensuring NP models are aligned with relevant existing organisational service plans and/or workforce plans and state-wide service models (via Networks3).

A significant barrier to implementing a NP role can be the time and resources to prepare an advanced nurse to be endorsed as a NP. Supportive supervised clinical practice and professional supervision is a significant “up front” training cost for health services that cannot be off set by productivity in the short term.

3 Government of Western Australia, Department of Health, Health Networks – Collaborative health care planning for the whole community
There is a need for a considered and strategic approach to developing and sustaining WA’s NP workforce and that the introduction of NP roles is established in alignment with clinical service planning across health. The introduction of NPs into the workforce creates the opportunity for organisations to review current work practices and redesign models of care in line with a changing health care landscape and in so doing examine the opportunities for strategic, sustainable and integrated NP services in the provision of care.

One approach to introducing NP models into a service is for employers to provide a clinical candidacy for NP candidates – a structured and supported program of clinical and professional supervision that is individualised and aligned with the academic program. As academic programs leading to endorsement as a NPs require students to undertake periods of supervised clinical practice this can be negotiated as RPL where a candidacy is undertaken. Employers may identify specific clinical competencies that they require NPs to have in order to meet service demands, these can be developed by NPCs during the candidacy program to ensure candidates will meet the required competencies when transitioning to a NP position.

Such an approach is in the interest of both employers and the nurse as it contributes to the overall likelihood that an individual will successfully complete their academic program and will progress to endorsement in a timely manner.

Government of Western Australia, Department of Health, Health Networks – Collaborative health care planning for the whole community

Academic programs for NPs require students to undertake periods of supervised clinical practice. Employers may identify specific clinical competencies that they require NPs to have in order to meet service demands and during a candidacy candidates may be required to gain these prior to applying for endorsement.

Nationally, candidacy programs are site specific; the design of a whole of health approach where candidates have across health experience in their area of expertise and across a range of settings will guarantee a sustainable robust NP workforce that is industry ready.

Success of candidacy programs can be envisioned if Health Services/organisations ensure NP models are aligned with relevant existing organisational service plans and/or workforce plans and state-wide service models (via Networks). The proposed model will facilitate collaboration between and across health services build engagement, collaboration and consultation with local stakeholders to support the NP role whilst garnering evidence about NP models of care that has state-wide application relevance and transference.
What is a candidacy program?

A candidacy program (CP) is a structured and supported program of clinical and professional supervision. To ensure a candidacy program is beneficial to the health service and the individual candidate there are a number of things which must be considered and addressed.

It is essential a candidacy program:

- aligns with workforce planning
- aligns with the NPC’s academic program and
- supports the NPC’s transition to practise as an endorsed NP
- is individualised to ensure clinical competencies that meet service demands are developed during the candidacy.

A program should incorporate:

- Support for the preparation of an NPC to become endorsed
- Opportunities that meet ANMAC NP competency standards:
  1. Dynamic Practice
  2. Professional Efficacy
  3. Clinical Leadership.
- Development of autonomy in clinical practice
- Diversity in clinical situations – i.e. 2nd/tertiary/urban/rural/remote/private/public
- Clinical ‘internship’ – individualised (length, content) and tailored to meet the individual NPC’s skills and requirements: the option for RPL with educational institutions should be explored
- Competence in pharmacotherapy and other treatment options
- Integration of academic theory with clinical practice
- Mastery and application of advanced clinical assessment and diagnostic skills
- Mentoring opportunities provided to the NPC
- Peer Review/Support
- Supervision and clinical coaching and training provided by a Clinical Support Development Team.

A program can begin:

1. at commencement of the education program required for NP endorsement, or
2. at a predetermined point of the education program required for NP endorsement, or
3. on completion of the education program required for NP endorsement, or
4. on appointment to a NP position.

Basing a NP model on a single individual carries inherent risks and in the long term is unsustainable. Changes to an individual’s circumstance – private/professional – can potentially jeopardise service provision. A candidacy program provides an avenue for succession planning ensuring endorsed NPs are available for the future.
Objectives include but are not limited to:

1. Forward planning for continuation of the model of care
2. Aligning NP models with relevant, existing organisational service plans and/or workforce plans and state-wide service models
3. Assisting public and private healthcare providers utilise an opportunity for strategic, sustainable and integrated NP services
4. Build engagement, collaboration and consultation with relevant stakeholders in developing and supporting NP models of care
5. Continuity and succession planning for future emerging advanced practice clinicians for NP roles
6. Development of NPCs and the implementation of NP models of care that have statewide application, relevance and transference
7. Facilitating collaboration between area health services/individual health services in the public and private arena.

Figure 2 Elements of a successful nurse practitioner model of care

Nurse Practitioner Candidate

A nurse practitioner candidate (NPC) is a term used to identify a RN appointed to a position in a candidacy program while completing a postgraduate program leading to endorsement as a NP.

NPCs are highly experienced RNs who possess advanced clinical skills and knowledge, a postgraduate qualification in their field of specialty, and have been identified through a selection process by an organisation to commence a NPC program.

The scope of practice is expanded upon that of the customary role of the RN to include assessment, management and referral of a defined patient group within a collaborative framework.

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4 Fraser, A. 2012
The NPC is accountable in collaboration with clinical supervisors for identifying initiating, implementing and monitoring activities and assessment of the development of her/ his clinical learning. The NPC is required to monitor his or her own progress to ensure successful completion of the negotiated learning outcomes, working within his/ her scope of practice and ensuring client safety is paramount at all times.

**NOTE: NPC do not have the legislative authority to prescribe medications or manage patients independently**

**Clinical Support and Development Team**

The Clinical Support and Development Team (CSDT) is a key element in a Candidacy Program. Its role is to provide clinical and professional support through formal and informal teaching, supervision, mentoring and reviewing the extended practice aspects of the NPC role to ensure patient safety and clinical competence.

**Figure 3 Clinical Support and Development Team Members and Roles**

<table>
<thead>
<tr>
<th>Members</th>
<th>Role</th>
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<tbody>
<tr>
<td>Nurse Practitioner</td>
<td>Clinical Support</td>
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<tr>
<td>Medical</td>
<td>Supervision</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Mentoring</td>
</tr>
<tr>
<td>Radiologist</td>
<td>Review Extended Practice</td>
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<tr>
<td>Other Allied Health</td>
<td>Professional Support</td>
</tr>
</tbody>
</table>

CSDT members are a clinical resource and must be available to provide clinical education and supervision. As such the utilisation of this resource must be approved by the organisations senior executive team.

The CSDT will consist of an advanced health practitioner currently practicing the extended clinical skills required by the NPC in their specialty field of practice (e.g. medical practitioner and an endorsed NP). Other members of the CSDT may include senior nursing (e.g. clinical nurse consultant) and other health professionals relevant to the service team. The CSDT will work with the NPC to assist in the development of clinical knowledge and skills, and critical

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5 Fraser, A. 2012
thinking / problem solving processes relevant to the extended practice requirements of the NP in the specialty field of practice. This will generally be on a shift by shift basis, and will include regular audit of NPC cases.

Where no NP/NPC service model currently exists, the CSDT may include an endorsed NP employed within the organisation, but outside the specialty area of practice, to provide mentoring/professional support to the NPC. Alternatively, an endorsed NP currently employed outside the organisation, but within the specialty area of practice, may be included as a member of the CSDT.

Nurse Practitioner Champions

The Nurse Practitioner champion (NP Champion) is intended to play a key leadership function central to the successful implementation of the NP role. The NP Champion should be capable of raising the profile of NPs across the health service/organisation and the general community and be a key to keeping the relevant organisation updated on national activity. Health services/ organisations may identify a number of NP champions, to ensure all aspects of the role are undertaken.

Principles of Nurse Practitioner Candidate Support

The ideal environment for NPC’s to develop skills and knowledge requires support from all levels of the multidisciplinary team e.g. nursing, medicine, allied health and executive staff. Existing governance arrangements for NP’s currently in place can be utilised to guide NP candidate positions.

The clinical environment must be made aware of and become familiar with the extended learning needs, clinical support and mentoring requirements for the NPC.

A CSDT should be established, relevant to the NPC’s area of specialty, to aid in clinical and professional development, and ensure the Australian Nursing and Midwifery Council competency standards and requirements for NP endorsement are met.

Integral to successful NP endorsement by the NMBA is the ability of the NPC to be able to demonstrate clinical competence at an advanced and expanded level, and provide evidence of clinical and professional leadership in the form of education, management and participation in research / quality activities.

Throughout the candidacy, the NPC must be able to articulate how these additional skills and qualities have been met, or alternatively, in discussion with their CSDT identify opportunities where the organisation can assist in their development.

Core Components of the NPC role

The core components of the role is that of autonomous, collaborative and extended practice with highly developed clinical knowledge and skills with an ability to provide a range of sophisticated therapeutic interventions that improve outcomes for a specific client/patient group.
These are demonstrated through:

- Commitment to the nursing model of practice that promotes health and preventative health care
- Collaborating with other health professionals to optimise health outcomes
- Applying high level clinical knowledge and critical thinking to provide safe high quality care
- Obtaining comprehensive health histories and performing nursing physical assessments in settings that may be stable, complex or unpredictable
- Autonomously functioning in clinical practice with advanced levels of decision making
- Managing and monitoring clinical treatment regimens
- Coordinating complex case management including multiple and/or serious health conditions
- Integrating research into evidence based practice
- Participating as a senior member of the multi-disciplinary team
- Making and accepting referrals as appropriate
- Providing clinical and professional leadership which includes a commitment to life-long learning and being a clinical exemplar and mentor for other nursing and midwifery staff
- Prescribing medications from a defined formulary
- Ordering diagnostic investigations appropriate to the scope of practice and Clinical Practice Guidelines.

**Selection of a Nurse Practitioner Candidate**

NPC positions involve considerable organisational commitment, therefore positions should be competitive. In selecting the NPC the health service/organisation should determine the applicant’s suitability in line with NMBA requirements (Appendix four) by considering the applicants:

- academic, professional and leadership skills
- quantity and quality of clinical experience*
- performance appraisal reports
- post-graduate qualification in the specialist area in which they intend to practice.

Moreover, through a rigorous interview process assess candidates’ personal and professional commitment to completing the educational requirements, engaging in the candidacy program, further education in the nominated speciality and development of higher level clinical skills to fulfil the NP role.

*The equivalent of three (3) years’ full-time experience in an advanced practice nursing role, within the past six (6) years from the date when the complete application seeking endorsement as a nurse practitioner is received by the Board*.6

*NOTE: Completion of a graduate program in a single clinical area must not be included in the requisite years of experience expected of prospective NPCs.

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6 Nursing and Midwifery Board of Australia (2010): Guidelines for Endorsement as a Nurse
Scope of Practice developed through the Candidacy Program

The scope of practice of an endorsed NP is influenced and determined by the needs of their clients or patients, the individual’s education, competence, the settings and context in which they are authorised to practice and the requirements of their employer.

The core role of the NP is characterised by the complexity, breadth and depth of practice in three domains of practice:

1. Dynamic Practice
2. Professional Efficacy
3. Clinical Leadership.

While the role of and endorsed NP focuses on advanced clinical practice in a specified area of practice, it is universally accepted that NP practice should incorporate other facets of practice, these attributes are to be developed through the program. With the backing of the NP Champion the candidate should engage in:

- education of staff, clients and the community
- role promotion
- professional development activities, including research, quality improvement and clinical and professional leadership.

Figure 4 Determinants of an endorsed Nurse Practitioner’s Scope of Practice

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7 Fraser, A. 2012
Prospective candidate

To ensure appropriately experienced and qualified RN’s are placed into candidate positions prospective candidates may be required to demonstrate to EDN/DON their suitability for a candidacy position by providing a:

- Letter outlining how their experience, abilities, knowledge and personal qualities will enable them to successfully meet organisational expectations of the NPC role and achieve the NMBA requirements for NP endorsement, and
- current Curriculum Vitae including recent professional referees.

Human resource implications

A NPC are to be paid at their substantive level during clinical candidacy as per the current Registered Nurses Midwives and Enrolled Mental Health Nurses – ANF – WA Health Industrial Agreement.

The allocated time for ‘clinical training’ with the NPCs CSDT will be determined at site level prior to the beginning of each academic semester.

The academic training and clinical needs of the NPC will inform the allocation of time and NPC leave provision for each academic semester.

Options for employing Nurse Practitioner Candidate may include:

- establishing a temporary full time nurse practitioner candidate position
- fund position for a defined period of time (e.g. duration of internship subject)
- utilise existing vacancies
- identify alternative funding sources to train candidates.

Leave entitlements

The NPC will be eligible to apply for leave to attend education, training and all compulsory activities associated with completing university education and training required for endorsement as per the relevant Award.

Funding opportunities

The areas for specific investment include:

- promote and value generalist for accessible and efficient service delivery
- improve productivity and service delivery through a skilled support and assistant workforce
- expand workforce scope of practice to improve efficiency and service accessibility
- promote greater use of technology to improve workforce productivity and service accessibility
- develop leadership capacity to drive innovation and reform and improve productivity.
Financial support

Financial support of up to $10,000 per annum is available through the NMO. This financial contribution is an annual payment to the health service to cover clinical and professional supervision of a candidate appointed in a candidacy position.

Application must be supported by sign off from the Executive Director of Nursing. Continued funding is applied for on an annual basis and will be dependent on the health service meeting reporting requirements.

Funding the candidate position

During the internship the candidate is intended to be paid at their substantial level.

The establishment of a new position and provision of the required documentation is not the responsibility of, or within the brief of the NPC. Rather, the identification of the need for a NP position, completion of required documents and application submission is the responsibility of the health service/organisation/specialty area.

Any RN, considering the clinical career pathway of NP, must be aware that successful study completion and meeting ANMAC endorsement standards is done so with the knowledge that this may not result in employment opportunities in the particular specialty area.

However; in the situation of the RN being the successful NPCs incumbent on the Health Service to create a NP position for the specialty area.

It is important to note that, just as with any other professional qualification or authorisation, being endorsed as a NP does not automatically result in a position being created. However; given the investment by a Health Service and the NMO in a candidate it is given that a position will be created and advertised.
Scholarship funding

NPCs will be eligible for scholarship funding for course fees – this can be through the NMO where a percentage of education costs are provided for successful applicants or other sources such as the Australian College of Nursing.

Information regarding scholarship funding is available via the WA Nursing and Midwifery Office website.

Applicant eligibility

Applicants must:

- be an Australian Citizen or Permanent Resident of Australia currently residing in WA
- be currently registered with the Nursing and Midwifery Board of Australia
- provide confirmation of enrolment at a WA University/Institution for the planned units of study
- working in the WA public health system at close of applications.

Note: If the course is not offered in WA applications will be considered (conditions apply)

A limited amount of postgraduate scholarships are available to nurses working in the private / publicly funded sectors, however, priority will be given to those working in the public health sector.

Online applications open in November of each year for study in the following academic year – opening and closing dates are made available online at www.nursing.wa.gov.
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<thead>
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<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<td>ANMAC</td>
<td>Australian Nursing and Midwifery Accreditation Council</td>
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<td>ANMC</td>
<td>Australian Nursing and Midwifery Council (now ANMAC)</td>
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<td>CP</td>
<td>Candidacy Program</td>
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<td>DON</td>
<td>Director of Nursing</td>
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<td>EDN</td>
<td>Executive Director of Nursing</td>
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<td>MBS</td>
<td>Medical Benefits Schedule</td>
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<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
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<td>NMO</td>
<td>Nursing and Midwifery Office</td>
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<td>NP</td>
<td>Nurse Practitioner</td>
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<td>NPC</td>
<td>Nurse Practitioner Candidate</td>
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<td>PBS</td>
<td>Pharmaceutical Benefits Scheme</td>
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<tr>
<td>PII</td>
<td>Professional Indemnity Insurance</td>
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<td>RN</td>
<td>Registered Nurse</td>
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<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<tr>
<td>SOP</td>
<td>Scope of Practice</td>
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Definitions

**Australian Health Practitioner Regulation Agency**
The organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia.

**Australian Nursing and Midwifery Accreditation Council**
The independent accrediting authority for nursing and midwifery under the National Registration and Accreditation Scheme. It sets standards for accreditation and accredits nursing and midwifery courses and providers.

**Candidacy Program**
A structured program of supervision and clinical training initiated at the commencement/predetermined point of the education component of the NMBA standards for NP endorsement, which supports the candidates’ transition to practise as an endorsed NP.

**Candidate**
See Nurse Practitioner Candidate.

**Clinical Supervision**
An exchange between practising professionals to enable the development of professional skills. This covers wide ranging activities and can include informal case discussions over a coffee, to more formal arrangements such as tutorials.

Clinical supervision offers the opportunity for reflection and self insight and can be a medium for exploring issues such as over involvement and dependency that can develop when caring for people. May include skills development and skill enhancement.

**Coaching**
Unlocking a person’s potential to maximise their own performance. The relationship, as with mentoring the relationship is voluntary and confidential. Unlike mentoring, however, there may be a focus on a limited number of tasks or just one important task e.g. leadership, skill development and or skill enhancement.

**Competence (or competency)**
The ability of an individual to do a job properly. A competency is a set of defined behaviors that provide a structured guide enabling the identification, evaluation and development of the behaviors in individuals. A combination of knowledge, skills and behaviour.

**Competency Standards (Nurse Practitioner)**
Three generic standards that define the parameters of NP practice. These standards are defined by nine competencies each with specific performance indicators

- **Standard 1**: Dynamic practice that incorporates application of high level knowledge and skills in extended practice across stable, unpredictable and complex situations
- **Standard 2**: Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability
- **Standard 3**: Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of the health service.
Credentialling
The process of verifying the qualifications and backgrounds of professionals, in order to establish experiential evidence in terms of the scope of clinical practice for health care practitioners. It is a national requirement and underpins standards established by the Australian Council of for Safety and Quality in Health Care and mandated by respective jurisdictions.

Designated Area
Under the *Poisons Regulations 1965 (WA)* 11A for the purposes of section 23 of the *Poisons Act 1964* a registered nurse may not practice as a nurse practitioner unless employed in a designated area as authorised by the Chief Executive Officer of Health.

Educational Supervision
Educational supervision takes place in the context of recognised education e.g. tutorials. As well as providing opportunities for support and development, the supervisor’s role includes assessing the performance and reporting on this to others so that they can judge if the person meets the competencies for a particular qualification.

Endorsement
The term endorsement refers to a category that a Registered Nurse may apply to the NMBA to have noted on their registration. Therefore a NP is a RN with an endorsement to practice as a NP.

“NP endorsement requires the applicant to have “the equivalent of three (3) years’ full-time experience in an advanced practice nursing role, within the past six (6) years from the date when the complete application seeking endorsement as a NP is received by the Board.”

Internship
Industry experience consisting of supervised clinical practice undertaken by university students as part of a course to enhance and refine their knowledge and skills and professional attributes required for safe and effective practice.

Medical Benefits Schedule
A scheme by which the Australian government assists consumers with the costs associated with medical services through subsidies.

Mentor
An experienced, skilled and trustworthy person who is willing and able to provide guidance to less experienced colleagues. Mentors share their knowledge, expertise and experience on career, technical, professional and cultural issues.

Mentoring
Regular guidance and support offered by a more experienced colleague. The teaching-learning process is usually a one-to-one, reciprocal, career development relationship between two individuals who may be diverse in age, personality, life cycle, professional status and/or credentials. It is often wide ranging, covering not only clinical matters but professional relationships and career plans. The process is confidential where no one reports anything to anyone else, except by mutual consent.

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8 Nurses and Midwives Board of Australia. 2010
Nurse Practitioner

‘A registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes 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. The nurse practitioner role is grounded in the nursing profession’s values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the NP is authorised to practise.’

Nurse Practitioner Candidate

A Registered Nurse appointed to a position in a candidacy program while completing a postgraduate program leading to endorsement as a NP.

Nurse Practitioner Champion

The Nurse Practitioner (NP) champion is a key leadership role, central to the successful roll out and implementation of the NP role. The NP champion role includes raising the profile of NPs across Health Services/Organisations and the wider community and Keeping relevant organisation updated on national activity. Health Services and Organisations may identify a number of NP champions, to ensure artificial barriers to the role and implantation do not hinder the NP from practicing to the full scope of practice.

Nursing and Midwifery Board of Australia

The Board is responsible for:

- registering nursing and midwifery practitioners and students
- developing standards, codes and guidelines for the nursing and midwifery profession
- handling notifications, complaints, investigations and disciplinary hearings
- assessing overseas trained practitioners who wish to practise in Australia
- approving accreditation standards and accredited courses of study.

Peer

A health care professional with equivalent experience in similar organisational environments who also has the knowledge and skill to contribute to the assessment of a fellow health care professional’s clinical and professional performance.

Peer Review

The evaluation of the creative work or performance of an individual by other people in the same field.

Pharmaceutical Benefits Schemes

A system which provides affordable access to a wide range of necessary medicines through subsidising the cost of prescription medicines.

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9 Australian Nursing and Midwifery Council. 2005
10 Norcini. 2003
11 Evans et al. 2004
Professional Indemnity Insurance
In order to practice in Australia as per the Health Practitioner Regulation National Law Act as in force in each state and territory, nurses and midwives must not practise their respective profession unless they are covered by appropriate professional indemnity insurance arrangements.

Scope of Practice
The scope of practice of the NP is influenced and determined by the needs of their clients or patients, the individual’s education, competence, the settings and context in which they are authorised to practice and the requirements of their employer.

The core role of the NP is characterised by the complexity, breadth and depth of practice in three domains of practice:

1. Dynamic Practice
2. Professional Efficacy
3. Clinical Leadership.

While the NP role is focuses on advanced clinical practice in a specified area of practice, it is universally accepted that NP practice should incorporate other facets of practice including:

- Education of staff, clients and the community
- Role promotion
- Professional development activities, including research, quality improvement and clinical and professional leadership.

Standard
A criterion which is established by consensus, agreed upon and approved by a recognised body that provides for common guidelines and characteristics.

Title Protection
The title ‘Nurse Practitioner’ is legislated under section 95 of the Health Practitioner Regulation National Law (2009). Only a registered nurse who has successfully completed an approved NP master’s level course of study and met the requirements of endorsement stipulated by the NMBA is legally permitted to use this title.
Appendix one – useful links

The following are all in relation to Nurse Practitioners:

- National competency standards for the nurse practitioner

- Application for endorsement as a nurse practitioner

- Guidelines on endorsement as a nurse practitioner

- National Health (Collaborative arrangements for nurse practitioner) Determination 2010

- Endorsement as a nurse practitioner registration standard

- Endorsement as a nurse practitioner. Guide for submitting a portfolio: Pathway 1

- Professional indemnity insurance arrangements

- Scope of practice of nurse practitioners

Medicare Australia Links

- Application for provider number and/or prescriber number

- Pharmaceutical benefits scheme

- Medicare benefits schedule

- eLearning modules
## Appendix two – Comparison of clinical pathways

<table>
<thead>
<tr>
<th>Registered Nurse RN</th>
<th>Advanced Practice Nurse APN</th>
<th>Nurse Practitioner Candidate NPC</th>
<th>Nurse Practitioner NP</th>
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<tbody>
<tr>
<td><strong>Legislation</strong></td>
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<tr>
<td>Title protected</td>
<td>Title not protected</td>
<td>Title not protected</td>
<td>Title protected</td>
</tr>
<tr>
<td>General registration – AHPRA</td>
<td>General registration – AHPRA</td>
<td>General registration – AHPRA</td>
<td>General registration – AHPRA</td>
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<tr>
<td>No endorsement under s.95 National Law</td>
<td>NEW role in WA (not Legislated)</td>
<td>with an Endorsement under s.95 National Law</td>
<td></td>
</tr>
<tr>
<td><strong>Nomenclature</strong></td>
<td></td>
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<td>Registered Nurse (RN)</td>
<td>Clinical Nurse Specialist (CNS)</td>
<td>Nurse Practitioner Candidate (NPC)</td>
<td>Nurse Practitioner (NP)</td>
</tr>
<tr>
<td>Clinical Nurse Consultant (CNC)</td>
<td>Advanced Practice Nurse (APN)</td>
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<td>Bachelor of Science (Nursing)</td>
<td>Bachelor of Science (Nursing)</td>
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<tr>
<td>Bachelor of Nursing / (BNurs)</td>
<td>Bachelor of Nursing / (BNurs)</td>
<td>Bachelor of Nursing / (BNurs)</td>
<td>Bachelor of Nursing / (BNurs)</td>
</tr>
<tr>
<td>Master of Nursing (entry to practice) - 2nd degree course</td>
<td>Master of Nursing (entry to practice) - 2nd degree course</td>
<td>Master of Nursing (entry to practice) - 2nd degree course</td>
<td>Master of Nursing (entry to practice) - 2nd degree course</td>
</tr>
<tr>
<td>Prepare for registration as RN</td>
<td>With/without Postgraduate qualification in a clinical specialty</td>
<td>With/without Postgraduate qualification in a clinical specialty</td>
<td>Board-approved NP qualification at Master’s level or education equivalence as determined by the NMBA</td>
</tr>
<tr>
<td><strong>Clinical experience</strong></td>
<td>2 to 4 years post registration experience</td>
<td>Highly experienced, possess advanced clinical skills and knowledge, a post graduate qualification in field specialty</td>
<td>Historically 10 to 30 years post registration experience</td>
</tr>
<tr>
<td>Career usually commences in a graduate nurse program</td>
<td></td>
<td>Selected by organisation to commence in a candidate position</td>
<td>NMBA requirements: Equivalent of three (3) years’ full-time experience in an advanced practice nursing role, within the past six (6) years from the date when the complete application seeking endorsement as a NP is received by the Board</td>
</tr>
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</table>
### Scope of Practice

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>General and specialist clinical activities in direct patient care</td>
<td>Advanced clinical activities in area of clinical nursing specialty</td>
<td>Scope of practice is expanded upon that of the normal role of the registered nurse to include assessment, management and referral of a defined patient group within a collaborative framework</td>
<td>Advanced nursing practice in area of clinical nursing specialty plus expanded clinical activities including:</td>
</tr>
<tr>
<td>Administration of medication</td>
<td>Advanced clinical activities in area of clinical nursing specialty: Diagnostic tests: computerised provider order entry - under direction of medical officer Nurse initiated non-prescription medications as per hospital policy</td>
<td></td>
<td>• Advanced patient assessment</td>
</tr>
<tr>
<td>Limited nurse initiated non-prescription medications as per hospital policy</td>
<td>Nurse initiated non-prescription medications as per hospital policy</td>
<td></td>
<td>• Ordering and interpretation of diagnostic investigations and pathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Diagnosis</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Establishing management plan</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Direct referral to other health professionals</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Prescribes medication under clinical protocols within SOP</td>
</tr>
</tbody>
</table>

### Model of Care

<table>
<thead>
<tr>
<th>Limited autonomy</th>
<th>Increased autonomy in area of clinical nursing specialty</th>
<th>Develops increasing autonomy in area of clinical nursing specialty over the candidacy program</th>
<th>High level of autonomy in area of clinical nursing specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Collaboratively</strong> supports the therapeutic interventions of other health team members</td>
<td><strong>Collaboratively</strong> supports the therapeutic interventions of other health team members</td>
<td>Continues collaboratively supporting the therapeutic interventions of other health team members and whilst developing ability to utilise and exercise professional judgment within parameters of evidence based collaborative care in the provision of client centred care</td>
<td>Exercises professional judgment within parameters of evidence based and <strong>collaborative</strong> care in clinical specialty</td>
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</table>
# Appendix three – Designated areas for Nurse Practitioner Practice, Western Australia

<table>
<thead>
<tr>
<th>Designated area</th>
<th>Date designated</th>
<th>Specialty</th>
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<tr>
<td>Royal Perth Hospital</td>
<td>08-Apr-05</td>
<td>Liver Services</td>
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<tr>
<td>Carinya Aged Care</td>
<td>08-Apr-05</td>
<td>Aged Care</td>
</tr>
<tr>
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<td>08-Apr-05</td>
<td>Haematology Oncology</td>
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<tr>
<td>Princess Margaret Hospital for Children</td>
<td>22-Aug-05</td>
<td>Haematology Oncology Total Care Unit</td>
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<td>WA Country Health Services</td>
<td>24-Nov-05</td>
<td>Remote Area Nursing Posts</td>
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<tr>
<td>Joondalup Health Campus</td>
<td>07-Jul-06</td>
<td>Emergency Services</td>
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<td>Royal Perth Hospital</td>
<td>04-Sep-06</td>
<td>Emergency Services</td>
</tr>
<tr>
<td>Royal Perth Hospital</td>
<td>06-Dec-06</td>
<td>Wound Management Service</td>
</tr>
<tr>
<td>WA Country Health</td>
<td>06-Dec-06</td>
<td>• Emergency Care Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remote Practice Sites</td>
</tr>
<tr>
<td>Rockingham Kwinana District Hospital</td>
<td>06-Dec-06</td>
<td>Emergency Services</td>
</tr>
<tr>
<td>Armadale Kwinana District Hospital</td>
<td>19-Feb-07</td>
<td>Renal Services</td>
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<tr>
<td>Sir Charles Gairdner Hospital</td>
<td>08-Jun-07</td>
<td>Wound Management Services</td>
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<td>Brightwater Care Group</td>
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<td>Swan District Hospital</td>
<td>14-Sep-07</td>
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<tr>
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<td>28-Nov-07</td>
<td>Heart Failure and Cardiac Transplant Service</td>
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<td>Sir Charles Gairdner Hospital</td>
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<td>Department of Corrective Services</td>
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<td>Residential Health and Aged Care</td>
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<td>Geraldton Regional Aboriginal Medical Service</td>
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<td>Obstetrics and Gynaecology Services</td>
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References

1. Australian Government, Department of Human Services. Medicare Australia
3. Australian Government, Department of Human Services, eLearning
9. Fraser, A. 2012