

NURSE PRACTITIONERS IN AUSTRALIA

An Untapped Resource

Blueprint for a 10-Year National Health Agreement

7 March 2018

Old Parliament House | Canberra, ACT

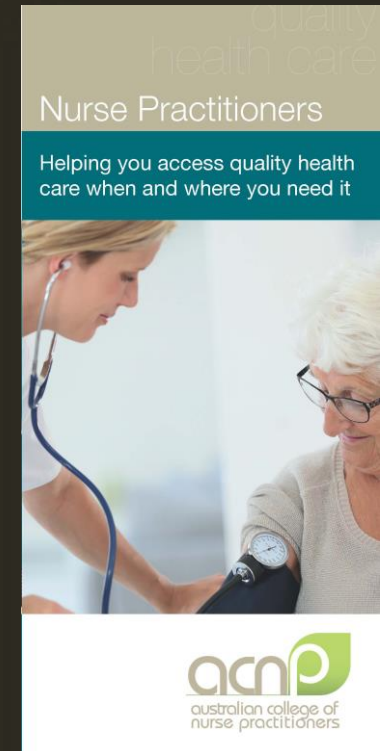
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Primary Healthcare Nurse Practitioner

Bridging Healthcare Pty Ltd

WHAT'S A NURSE PRACTITIONER (NP)?

- Registered Nurse → **builds upon established Advanced Practice**¹
- **Expert and experienced clinician** → **Master's degree**²
- **Autonomously work to expanded scope of practice:**
 - Advanced assessment and diagnosis
 - Prescription of scheduled medicines
 - Ordering/interpreting diagnostic tests
 - Referral to allied health and medical specialists
- **2000 - Present: 1 600 endorsed NPs**³



Source: <http://www.acnp.org.au>

COMMUNITY NEED^{4,5,6,7,8,9,10,11}

- **Improved access** to healthcare, particularly for underserved and/or marginalised populations
- **Reduced fragmentation** and silos in the delivery of health care
- **Flexible and responsive care** with the implementation of NP models that traverse healthcare from the acute to community and aged care sectors
- **Target priority areas**, such as reducing avoidable hospital admissions and emergency department waiting times

NP ROLE AS DISRUPTION?

- **Disruptive Innovation¹² is a mainstreaming process**

starting with:

- “Filling the Gap”¹³ through role supplementation¹⁴
- Need to **develop quality** until it catches up to expected standards
- **Occurs when working to full scope³⁴**

1998: Nurses Amendment (Nurse Practitioners Act)

2000: First NPs Authorised in NSW

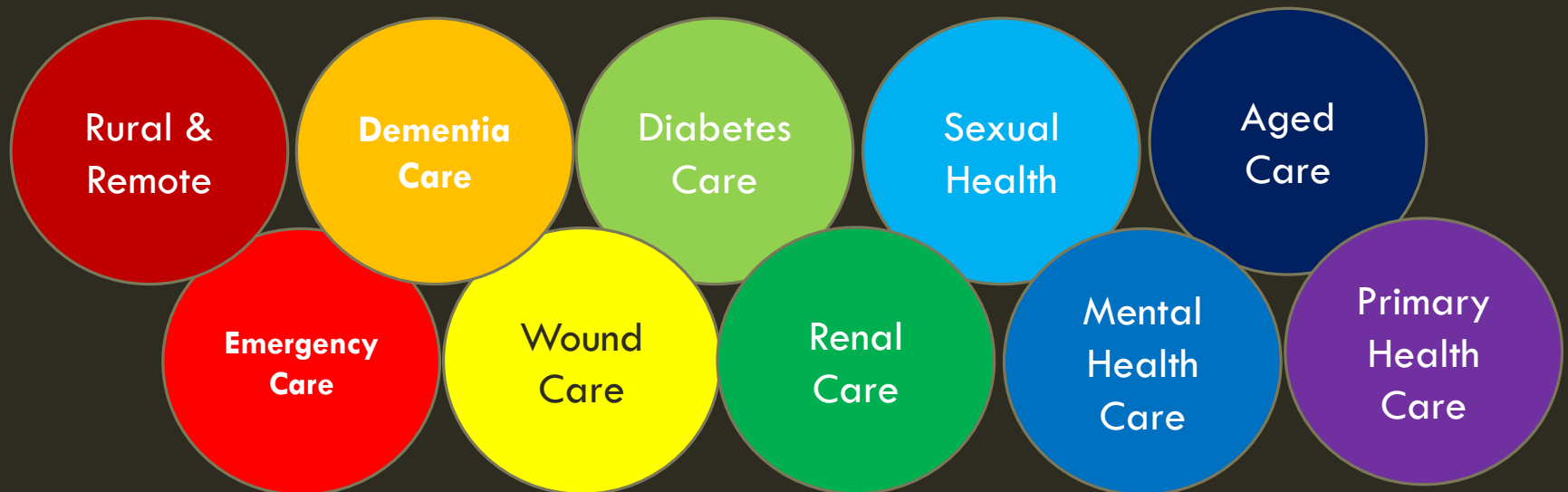
2003: Australian Nurse Practitioner Association (ACNP)

2005: ANMC endorsed competency standards

2010: MBS & PBS Reforms

IMPLEMENTATION

- The NP role, while not a discreet program, is flexible and adaptable^{15,16}.
- Role can be implemented into most multidisciplinary teams, programs or activities.



CONTEXT

While initially widely implemented in the public sector, since 2010, NPs are developing an increasing presence in primary care^{17,18,33}:

- General Practices
- Private Specialty Practices
- Aboriginal Health Services
- Homelessness Clinics
- Refugee and Humanitarian Entrant Services
- Home Nursing Services

ENABLERS

- **Role Underpinned by Capability Theory**^{15,16}
 - Evolving Clinical Practice Standards
 - Emergency Nurse Practitioner Clinical Practice Standards²⁵
 - Clinical Practice Standards for (Meta)Specialty Practice^{26,27,28}
- **Supporting Regulatory Frameworks**
 - Title Protection and Endorsement^{19,20}
 - Accreditation Standards (Academic Programmes)²¹
 - Standards for Professional Practice²²
 - Safety and Quality Guidelines²³
- **Medicare Benefits Schedule and Pharmaceutical Benefits Scheme benefits for patients**²⁴

BARRIERS

- Commonwealth and jurisdictional policies negatively impacting upon scope of practice^{10,18,32}
 - Visibility
 - Clinical education and training^{15,26}
 - Systems design
 - Payment mechanisms^{18,29}
 - “Collaborative” Arrangements^{30,31}
 - Protectionism by sustaining innovation
- Slow workforce growth
 - Difficult to embed across health systems
 - Duplication and fragmentation of care
 - Increased health expenditure
 - Education and training has remained specialised, rather than targeting current and future system needs
 - Challenges in establishing successful business models

SCALING FOR THE BLUEPRINT

- **Systematically review and address** Commonwealth and jurisdictional policy barriers to scope of practice
- **Improve understanding** of the NP role across policy makers, health systems and payers
- **Identify service-driven opportunities** for NPs
- **Implement frameworks** that broaden focus of education to better prepare NPs to deliver generalist and specialist care
- **Enable clinical preparation** of the NP workforce to meet consumer and health system needs
- **Address issues in reimbursing care**, which affects growth and sustainability

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THANK YOU!

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