The Frequently Asked Questions (FAQs) have been designed to increase awareness and understanding of the Nurse Practitioner role within the Tasmanian context by providing facts and relevant information.

Nurse Practitioners (NP) are experienced registered nurses who are clinical leaders within their speciality field of practice. They have acquired extensive clinical nursing experience and have completed additional education to enable them to function autonomously in an expert nursing clinical role.

Q. What is a Nurse Practitioner?

A. A Nurse Practitioner is a Registered Nurse who has met the authorisation requirements of the Nursing Board of Tasmania to practise as a Nurse Practitioner in a specific area of speciality.

The Nurse Practitioner (NP) must have extensive experience in an area of speciality and must hold specific qualifications in an accredited tertiary course at Masters Degree level (Nurse Practitioner) to enable them to function in this expert nursing role in collaboration with other health care providers.

Core components and attributes of the NP role include:

- Commitment to models of practice that promote wellbeing and preventative health care;
- Collaboration with other health professionals to optimise health outcomes;
- Clinical and professional leadership;
- Applying high level clinical knowledge in providing safe and high quality care;
- Advanced skills in clinical assessment - implementing and monitoring therapeutic regimes;
- Interpretation of diagnostic tests including diagnostic imaging;
- Prescribing pharmacological interventions from an authorised list of scheduled substances;
- Participating as a senior member of the multi-disciplinary team, initiating and receiving appropriate referrals; and
- Integrating research into evidence based practice.
Q. What can a Nurse Practitioner do?

A. The NP is not an independent health care provider. The NP works in collaboration with other health care providers as part of the health care team.

The NP will work closely with local general practitioners and relevant medical specialists within the multi-disciplinary model.

A practising NP utilises evidence based clinical practice guidelines to assist the NP in making clinical decisions about appropriate and effective care.

The NP role extends beyond the usual scope of nursing practice. The Scope of Practice defines the specialist area and the boundaries in which the NP, occupying a NP position, may practise.

Q. Is this role being implemented to ‘replace’ doctors?

A. No. As the population ages, with increased incidence of chronic disease, there is increased demand on the health system’s resources. Declining workforce numbers add to the concern about how we will meet future health service needs.

One solution is to re-think how to fully utilise the expertise of the workforce we do have. The NP role is being implemented within a multidisciplinary team to complement and improve access to services, not simply to replace other workers.

Q. Why is the NP role being introduced?

A. In Australia, as well as internationally, the NP role is emerging as a discrete section of the nursing profession. Evolving with this role are innovative models of care that require specific educational and experiential preparation at expert level.

Essentially the NP role provides the capacity for innovative and flexible health care delivery that complements and works in partnership with other healthcare providers.

Additional benefits include an enhanced ability to attract and retain skilled, experienced and qualified registered nurses by providing them with a career pathway which is already available in other States and Territories.

Q. Will the NP role make a difference in Tasmania?

A. Outcomes visible to the Tasmanian community following the introduction of the NP role into the Department are expected to include:

- Reduced demand on other health care services such as general medical practice, acute care and rural health services;
- Better access to specialist nursing services responsive to the particular needs of the Tasmanian population such as mental health care, rural nursing services, and the linking of health promotion, illness prevention, and chronic illness management;
- Strengthened multidisciplinary and collaborative approaches to care particularly in rural areas;
- Improved utilisation of nurses with advanced and extended clinical skills within a multidisciplinary clinical professional context, and associated recruitment, retention, and skill mix benefits on par with the rest of the country.
Q. **How does a health service establish a NP position?**

A. The health service must be strongly committed to supporting the establishment of the NP within a multi-disciplinary team environment. The health service will identify the need / gap or enhancement of a service where the NP role would best provide such service for clients and the community.

Q. **Is there a professional body for the NP in Australia?**

A. Yes, the national professional body is the Australian Nurse Practitioner Association (ANPA) and is a member of the National Nursing Organisations (NNO). The NNO is a coalition of more than fifty Australian national nursing organisations.

### Legislation

Q. **What are the changes in Tasmanian legislation allowing NP to practise?**

A. There are two sets of legislation applying to NPs. Firstly, the *Nursing Act 1995* and regulations provide for the authorisation of a Registered Nurse to work in the restricted practice area as a NP.

Secondly, the *Poisons Act 1971* and regulations regulate the circumstances in which a NP may be authorised in relation to scheduled substances.

The *Nursing Act 1995* states that a Registered Nurse may be authorised by the Nursing Board of Tasmania to practise in a restricted practice area. The *Nursing Regulations 2005* prescribed the area of nursing practice performed by a Nurse Practitioner as a restricted practice area. The title of ‘Nurse Practitioner’ is also protected.

The *Poisons Act 1971* was amended on 1 July 2008 by the *Poisons Amendment (Nurse Practitioners) Act 2007*. The effect of the amendment is that, in accordance with Section 25B of the Act, the Secretary may authorise a Nurse Practitioner to prescribe under an approved list of scheduled substances as appropriate for the specific NP position and Scope of Practice. There were also consequential changes to the *Poisons Regulations 2002*.

### Scheduled Substances & Prescribing

Q. **What is the list of scheduled substances?**

A. The list of scheduled substances sets out those substances that have been approved for a specific NP position. The substances on this list will depend on the NP’s area of specialty practice.

The approved list of scheduled substances must be developed by an interdisciplinary team including senior clinicians within the area of specialty with advice from the Chief Pharmacist -
Pharmaceutical Services Branch. For example: a NP (Sexual Health) may be authorised to supply or prescribe an antibiotic to a client following assessment and diagnosis.

**Q. Who authorises the NP to prescribe and approves the list of scheduled substances?**

A. The Secretary, Department of Health and Human Services may authorise the specific NP position in accordance with Section 25B of the *Poisons Act 1971* to prescribe certain listed scheduled substances. The authorisation will relate to particular substances or classes of substances and the speciality area of practice approved for that NP position.

This authorisation document will be issued to the NP position number with the particular conditions and circumstances detailed.

**Q. What is the National Prescribing Service (NPS)?**

A. The National Prescribing Service (NPS) is a member-based organisation providing accurate, balanced, evidence-based information and services to health professionals and the community on Quality Use of Medicines (QUM).

The Quality Use of Medicines for Nurse Practitioners program is an initiative of the National Prescribing Service being lead by Charles Darwin University’s Graduate School for Health Practice. This initiative supports the Australian Nurse Practitioner Association (APNA) and other key stakeholders to address the need for continuing education in the Quality Use of Medicines (QUM) for NPs and Nurse Practitioner Candidates (NPC).

**Q. Are there other measures in place to ensure safe practice for NP prescribing?**

A. Yes. Pharmacists have an important role to play in ensuring the safe use of medicines. Part of their every day responsibility is to assess the suitability of prescriptions for any given patient. The medicines management frameworks and a systems-based approach are utilised with regular review against best practice, legislation and regulation.

All NPs are required to remain conversant with the latest research and clinical developments in their area of practice, and for NP prescribing this includes an up to date knowledge of the use of relevant medications utilising the current Therapeutic Guidelines endorsed by the following organisations:

- The Royal Australian College of General Practitioners;
- Royal Australasian College of Physicians and/or its specialist bodies;
- National Prescribing Service;
- Royal College of Nursing Australia; and
- The Society of Hospital Pharmacists of Australia.
Q. Do NPs have Pharmaceutical Benefits Scheme (PBS) and Medical Benefits Scheme (MBS) numbers?

A. No. Some Commonwealth legislation still restricts the ability for the NP to practise according to their scope.

The Pharmaceutical Benefits Scheme (PBS) and Medical Benefits Scheme (MBS) are both governed under the National Health Services Act 1953 (Commonwealth legislation) and do not yet recognise the NP’s authority.

The PBS is the Commonwealth Government system of subsidising prescription medications. Although NPs are permitted under State law to prescribe a scheduled substance for a client, the script will not be eligible for PBS subsidy. Additionally, NP referral arrangements for diagnostic and specialist services are not subsidised under the MBS.

Q. Can a NP issue a Medical Certificate?

A. In 2008, amendments to the Personal Leave provisions in relevant Public Sector Awards, prescribe that a medical certificate may be issued by a ‘registered health practitioner’.

The term ‘registered health practitioner’ now includes: Nurse Practitioner under the professional group of Nurse/Midwife, as well as Chiropractors, Dentists, Osteopaths, Pharmacists, Physiotherapists, Psychologists, Optometrists, Podiatrists and Radiation Technologists.

However, as the NP is not recognised under the Commonwealth legislation which governs the Safety, Rehabilitation and Compensation Act 1988 and the Social Security Act 1991 the certification of fitness for work under workers compensation law and the determination of unfitness for work for those receiving benefits must only be authorised by a medical practitioner.

Practice

Q. Where can NPs practise?

A. Currently in all other states and in the Australian Capital Territory, NPs are practising in a variety of clinical areas including: primary health care, mental health, community health, women’s health, renal care, emergency care, critical care, cardiac care, neurosurgery/neuroscience, diabetes care, palliative care, paediatrics/neonatal care, alcohol and drug care, wound management, pain management, aged care and sexual health.

Q. Are there Standards for Practice for the NP?

A. Yes. There are nationally accepted competency standards for NPs. The Nursing Board of Tasmania has endorsed the National Competency Standards for the Nurse Practitioner (2006) released by the Australian Nursing and Midwifery Council (ANMC).
Q. Is a NP responsible for his/her clinical decisions?
A. By law, NPs can provide services only in the area in which they are authorised by the regulatory authority, the Nursing Board of Tasmania, to practise. NPs are personally and professionally responsible and accountable for their own actions.

The NP has responsibility (including legal responsibility) for their decisions. NPs accept responsibility for all aspects of their clinical decision making. As highly skilled healthcare professionals, they seek expert advice and make referrals where necessary.

In short, “legal responsibility” is not the exclusive privilege of one health professional in relation to one patient. Different professionals may have varying degrees of responsibility for a particular patient, and who is responsible will vary depending on the particular action or event in question.

Q. Does a Medical Practitioner have overall “professional responsibility” for a client and are they liable for the actions of other health staff involved in that client’s care?
A. The answer is, as a rule, no. The concept of liability for a specific incident is not indivisible. Where a client is treated by a number of health professionals, each may (potentially) be liable if his/her action was negligent and caused injury.

NPs will be treated in the same way as other employed health professionals and will be covered by the professional indemnity insurance of their employers. Like other health professionals NPs are responsible for their own personal, professional and any criminal misconduct.

Q. What are the safety and quality measures for the NP role?
A. The NP role will be integrated within the safety and quality framework ensuring that services are taking a client focus on risk management rather than discipline specific.

The implementation framework for the NP role within the Department has been developed utilising the existing policies and protocols that are universal to all practitioners that prescribe and are credentialed to undertake procedures within a specific clinical setting.

Q. What diagnostic tests will an NP be able to order?
A. In general, the NP role includes the assessment and management of clients using advanced nursing knowledge and skills.

The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations, such as x-rays and diagnostic pathology tests.

In addition, those nurses undertaking the Masters degree to become NPs are required to complete education in prescribing medications, judicious ordering and interpretation of diagnostic investigations. These lectures are frequently conducted by pharmacists, radiographers and medical officers.
Qualifications

How will changes to regulation affect NPs?

There are planned changes to legislation and regulation, both nationally and at a state level that will affect how NPs are regulated.

There is work being done nationally to move towards national registration and accreditation of courses for all health professionals. In Australia, the development of the NP role has occurred differently in each state. A move towards a National Registration and Accreditation Scheme for Health Practitioners will assist in developing a nationally consistent framework for endorsement/authorisation as a NP. This will ensure that NPs across Australia meet the same standards and requirements for endorsement.

Q. How does a Registered Nurse (RN) apply to become authorised as an NP in Tasmania?

A. Prior to authorisation the RN must demonstrate an advanced level of knowledge in their area of specialty and meet a set of specific requirements to fulfil the application process.

A completed application is submitted to the Nurses Board of the Tasmania (NBT) for authorisation.

Successful applicants will be issued with a certificate and an annual practising card that stipulates the area of practice in which the NP is authorised. Re-authorisation for all NPs is required annually; fees are set by the NBT for the authorisation and re-issue of authorised practising certificates.

The NBT has determined the criteria for authorisation as follows:

- Minimum entry standard to the NP role at Masters degree level;
- Nurses who do not possess a Master of Nursing (Nurse Practitioner) will be required to undertake additional educational units at Master level to gain the credentials to prescribe medicines; order and interpret diagnostic tests; and refer to medical and other specialists.1

The NBT will accredit education programs relevant to the credentialing requirements of the nurse practitioner, applying mutual recognition arrangements in accord with the Mutual Recognition Act 1992.

Q. Who is able to use the title “Nurse Practitioner”?

A. The title ‘Nurse Practitioner’ is protected by the Nursing Act 1995. Only individuals authorised as an NP by the Nursing Board of the Tasmania are able to use the title.

The title includes the name of the Registered Nurse as well as the speciality area in which they are authorised to practice. For example: name of nurse authorised - Nurse Practitioner (Primary Health).

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1 Nursing Board of Tasmania – Application for Nurse Practitioner Authorisation – 17 January 2008
Q. Once I have my NP authorisation from the NBT is my employer required to employ me in a NP position?

A. No. Health service employers will determine whether to implement a NP position just as employers determine what other staffing they require to deliver their services. Following this process, once a position is created it will be advertised, and recruitment and selection will be according to merit selection principles. Within DHHS, NPC positions will be determined based on business need, will be advertised and appointed on merit as per selection process.

Q. Are Nurse Practitioners the same as General Practice Nurses?

A. No. The General Practice Nurse works within the medical practice setting employed and works under the delegation of a General Medical Practitioner. The roles are not the same, and a practice nurse calling themselves a ‘Nurse Practitioner’ is in breach of the Nursing Act 1995. (Refer Q 22). The NP role is currently the most experienced clinical position within nursing. The levels of career progression are linked to increasing educational preparation, nursing experience, knowledge and skills, decision making skills and responsibility. (See Table 1)

Table 1 highlights the differences between Nurse Practitioner and General Practice Nurses:

<table>
<thead>
<tr>
<th>Nurse Practitioner</th>
<th>General Practice Nurse</th>
</tr>
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<tbody>
<tr>
<td>Registered Nurse.</td>
<td>Practice nurse can be either registered or enrolled nurse.</td>
</tr>
<tr>
<td>Advanced and extended role.</td>
<td>Standard RN or EN role.</td>
</tr>
<tr>
<td>Post registration educational requirements (Masters level or equivalent).</td>
<td>No formal post registration/enrolment educational requirements.</td>
</tr>
<tr>
<td>Requires post registration professional regulation to practice. (authorised by NBT )</td>
<td>Not required.</td>
</tr>
<tr>
<td>Nurse Practitioners work autonomously and collaboratively with other health professionals in a variety of settings across acute and community care workplaces.</td>
<td>Practice Nurses work in general practice settings, employed and work under the delegation of the GPs (such as giving vaccinations, examinations and direct health care) as well as assisting with the administration of the practice.</td>
</tr>
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CNAH DHHS - December 2008
References

N3ET National Nursing and Nursing Education Taskforce Myth Busters (Feb 2006)  

South Australia - Nursing and Midwifery Office Department of Health (May 2007) Nurse Practitioner Frequently Asked Questions

Australian Capital Territory – ACT Health Nurse Practitioners in the ACT - The Framework


Australian Nurse Practitioner Association (ANPA)  http://www.nursepractitioners.org.au

Links

Nursing Board of Tasmania (NBT)  http://www.nursingboardtas.org.au

Australian Nursing and Midwifery Council (ANMC)  http://www.anmc.org.au/

Further Information

Chief Nurse and Allied Health Department of Health Services