



Australian Government

Department of Health and Aged Care

CONSULTATION DRAFT

**Increasing access to health and aged care: a strategic plan for
the nurse practitioner workforce**

Contents

- 1. Nurse Practitioners: the case for action 1
 - National workforce planning outcomes 1
 - Untapped potential: why Australia needs a strategic plan for the nurse practitioner workforce 1
 - Related strategies 2
 - How the Plan was developed 3
- 2. The Plan: Outcomes and actions 5
 - Themes for action 5
 - 1. Education and lifelong learning 6
 - 2. Recruitment and retention 9
 - 3. Models of care 11
 - 4. Health workforce planning 14
- 3. Measuring success 16
- Appendix 1: Evidence for actions 17
- Appendix 2: Nurse practitioner regulation and standards for practice in Australia 22
- Glossary 25
- References 31

1. Nurse Practitioners: the case for action

Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce aims to enhance the accessibility and delivery of person-centred care for all Australians through a well-distributed, culturally safe nurse practitioner (NP) workforce.

NPs have the capability to play a more significant role in the delivery of Australian health care than they do now. *Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce* (the Plan) aims to support the ongoing development of a capable, resilient NP workforce delivering person-centred, evidence-based, compassionate care. The Plan sets out what needs to be done, when and by whom.

National workforce planning outcomes

Australia needs a robust health workforce to deliver high-quality, efficient and equitable health care.

In charting the way forward for health professions and the health workforce, the Australian Government Department of Health and Aged Care is developing plans and strategies that contribute to achieving five system-level health workforce outcomes:

1. The right number of health professionals
2. The right mix of health professionals
3. Health professionals that are high quality
4. Health professionals in the right places
5. Health professionals working in the right ways

The Plan will contribute to the delivery of these high-level health workforce outcomes.

Untapped potential: why Australia needs a strategic plan for the nurse practitioner workforce.

NPs play an important role in Australia's healthcare system. NPs practice at an advanced clinical level and deliver care in various settings such as primary healthcare and hospital care. NPs are well distributed across all geographic locations in Australia.¹ They care for people and communities with problems of varying complexity across a variety of specialities, including mental health, chronic disease management, aged care, dementia care, palliative care, disability care and paediatric care.² However, the full benefits and value provided by this important health workforce is currently not realised by the consumers of Australia's health and aged care system.

The NP role in Australia is not as embedded into the healthcare system as it is in other countries such as the United States and Ireland. Domestic and international evidence demonstrates that NPs significantly contribute to improved access to health care, improved health-related outcomes, and deliver new and effective models of care that are cost-effective.

NPs collaborate and consult with health consumers, their families and community, and other health professionals to plan, implement and evaluate their care. They optimise consumer outcomes and assist with consumer progression through the health system and access to relevant systems of care. They undertake research, provide education and leadership and work collaboratively with multi-professional teams.³ Some key evidence on NPs is summarised below and further outlined in [Appendix 1.45](#). A NP is a highly experienced registered nurse who has completed additional university study at Master's degree level and has been endorsed and is

regulated as a NP by the Nursing and Midwifery Board of Australia. Further information on NP education, regulation and standards for practice in Australia is outlined in [Appendix 2](#).

Access to health care

A major potential benefit of growing the NP workforce is increased access to health and aged care for underserved populations. There are opportunities available in the short term with up to a quarter (522) of endorsed NPs in 2021 not employed in a NP role.⁴ Studies in Australia and overseas indicate improved waiting and treatment times for facilities employing NPs, including in emergency departments.^{5,6}

Thirty-one percent of the NPs practising in 2021 worked outside metropolitan areas, however there is potential to increase this proportion, particularly among independent private practice NPs.⁷ The number of NPs working in aged care has increased over recent years but represents only 7% of all NPs.⁸ A quarter of NPs work in mental health, palliative care or in primary care.⁹ These are areas where NPs could be increased to provide consumers better access to care.

Consumer satisfaction and health-related outcomes

In studies in Australia and overseas, NP care has been assessed on measures such as patient adverse events (for example, readmission to hospital or missed identification of conditions), health status in the period following consultation, and satisfaction with the encounter. These studies have generally indicated equivalent or better outcomes for patients, and improved satisfaction compared with doctor encounters.^{10 11 12}

Cost-effectiveness

The cost-effectiveness of a range of NP models of care was examined in an Australian study.¹³ The study was made up of eight case studies covering aged care, primary health care, First Nations health, women's and children's health and dementia care. Of those where cost effectiveness could be calculated, the study found that NP models of care deliver a positive return on investment. This was particularly strong for aged care where NPs were found to reduce emergency department visits and hospitalisations.

Alternative models of care

An evaluation of Australian NP models in aged care¹⁴ examined practice in five different settings, including a residential aged care facility, autonomous NP practice, general practitioner¹⁵ clinic, NP clinic and state government health services. The study found that under all models trialled, the NP improved consumers' quality of care, specifically preventative health care, education and regular health assessments.

In aged care, NP models have been found to improve access to treatment, diagnosis, and residents' experience of care and to reduce hospital admissions.^{16,17} They were also found to support the quality and safety of care delivery by aged care workers. For care of First Nations people, NP models can deliver culturally competent care and improve access to care.^{18,19}

Improved labour force outcomes for registered nurses

NP roles provide enhanced career opportunities and allow some registered nurses to maintain a clinical role in a more senior position with greater responsibility. This has the potential to improve registered nurse retention and recruitment more generally. While there are some studies indicating that nurses appreciate the availability of advanced clinical roles, it is difficult to establish a causal link between NP roles and more general nursing labour force outcomes such as recruitment or retention.²⁰

Related strategies

This Plan has been prepared in the context of concurrent national strategies and is a key component of the *National Nursing Workforce Strategy* being developed. The NP landscape and workforce may be influenced with the implementation of the below strategies.

RELATED STRATEGIES

In the ***Royal Commission into Aged Care Quality and Safety***, the Commission focused on attracting and retaining registered nurses to the aged care sector.²¹

The ***National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031*** focuses on increasing representation of First Nations people (including in leadership positions) in health care and health care education, cultural safety, data and information transparency, and the development of clear workforce pathway options.²²

The ***'gettin em n keepin em n growin em'*** (GENKE II) 2022 report by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives outlines strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform, to eradicate racism and to apply and maintain Cultural Safety across all aspects of the health and education system.²³

The ***Educating the nurse of the future*** report looks to support greater use of NP generalists in primary health care.²⁴

A ***National mental health workforce strategy*** is being developed for Australia, and will consider the quality, supply, distribution, and structure of the mental health workforce.²⁵

The ***National roadmap for improving the health of people with intellectual disability*** highlights an opportunity to incorporate nurse coordinators (which may be NPs) to support people with intellectual disability and coordinate multidisciplinary care.²⁶

The ***National Dementia Action Plan 2023-2033*** is being developed for Australia in collaboration with state and territory governments and looks to support increasing the dementia capability of the health and aged care workforce.²⁷

The ***National preventive health strategy 2021–2030*** aims to support and integrate primary health care professionals and make primary health care more person-focused using an 'equity lens'.²⁸

The ***Primary health care 10 Year Plan*** recommends a single integrated health care 'system' and 'destination', and whole-of-population care by shifting from episodic care to longitudinal, preventative, and multidisciplinary care. It highlights the need for nurses and NPs to operate at their full scope of practice.²⁹

The ***Australian cancer plan*** is a 10 Year Plan for national action, including national priorities and goals.³⁰

The ***Stronger rural health strategy*** aims for nurses to be supported to work in rural GP clinics through hiring incentives.³¹

How the Plan was developed

This Plan was developed with input from extensive consultation with consumers, NPs, health professionals, relevant jurisdictional and federal agencies, representatives from First Nations organisations and other interested parties. The development of the Plan was overseen by a Steering Committee.

The Department of Health and Aged Care undertook public consultation and sought views and experiences relating to the benefits and barriers to NP care and NP workforce solutions to inform the development of the Plan. Almost 500 responses were received from around Australia from health care professionals, consumers, peak bodies and health organisations. The issues and recommendations that emerged from the consultation are shown in the box below.

PUBLIC CONSULTATION FEEDBACK

Education: Provide financial support and funding to support education and clinical learning components. Develop specific initiatives to support rural education and ongoing development. Encourage greater flexibility and access to courses.

Recruitment and retention: Promote the NP role. Grow the workforce and target specific health sectors such as primary health care, aged care, mental health, First Nations health and disability care. Create incentives to support recruitment and retention. Develop initiatives to support transition to clinical practice and ongoing mentorship.

Models of care: Introduce integrated governance models to link various parts of the health system. Develop service models for new clinical areas and communities with demonstrated needs or with poor access or at risk of poor health outcomes. Implement the Royal Commission into Aged Care recommendations relating to NPs and palliative care specialists.

Funding: Explore alternative funding models such as Primary Health Network funding, block and outcomes funding, practice-based funding models (such as the *Workforce incentive program*) and blended funding models.

Legislation and policy: Create a nationally consistent framework for NP practice including governance and prescribing arrangements. Review legislative barriers. Establish consistent and effective referral pathways and clinical handover requirements. Incentivise NPs to use My Health Record.

Medicare Benefits Schedule (MBS) and prescribing: Facilitate NP access to MBS provider numbers, allow NPs to request and refer access, expand the number of items for NPs, and increase rebate rates. Establish nationally consistent prescribing framework.

Growing the First Nations workforce: Provide educational support. Grow the RN population to provide future pool to continue NP roles. Support innovative recruitment initiatives, especially from Aboriginal Community Controlled Health Services (ACCHSs).

Increase cultural safety: Embed cultural safety as part of education and ongoing professional development. Support cultural mentorship.

Leadership: Build connections through communities of practice. Establish more NP leadership roles to improve visibility and voice of NPs.

Data and workforce planning: Develop strategies for data collection and NP workforce planning.

2. The Plan: Outcomes and actions

Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce aims to enhance the accessibility and delivery of person-centred care for all Australians through a well-distributed, culturally safe nurse practitioner (NP) workforce.

A health and aged care system that facilitates and integrates sustainable NP practice, that is culturally safe and responsive, equitable and free of racism, that enables NPs to work to the full scope of practice and provides NPs with opportunities, will support better health-related outcomes for Australians.

Outcomes

Outcome 1: Consumers will have access to a range of services, including NP services, in all settings across the country.

Outcome 2: Consumers will be informed to choose appropriate NP services.

Outcome 3: The health and aged care system will enable NPs to work to their full scope of practice.

Outcome 4: The NP workforce will practice in a culturally safe way and reflect the diversity of the communities it serves.

The overall success of the Plan will be determined by how well these outcomes are achieved. To support this Plan a monitoring and evaluation framework has been developed, to assist in reaching the Plan outcomes.

Themes for action

To ensure effective coordination of activities across the whole of the health workforce, the actions within this Plan are grouped into the following four themes:

1. Education and lifelong learning
2. Recruitment and retention
3. Models of care
4. Health workforce planning

1. Education and lifelong learning

How the actions will contribute to the outcomes

These actions aim to attract and retain registered nurses in NP education programs, provide them with practical clinical training and equip them for existing and emerging roles in the health sector.

These actions will contribute to the Plan outcomes by:

- increasing the supply of NPs and the proportion that are First Nations NPs
- aligning the supply of NPs with anticipated community need into the future
- expanding the range of NP services and improving access
- providing greater recognition of NPs' contribution to patient care as the NP workforce grows and roles are further developed.

Rationale

The education system that provides the pipeline of the NP workforce and needs to deliver enough NPs to meet the current and future health care needs of Australia. With Australia's aging population and increased prevalence of chronic disease, it is essential that NPs are equipped with the knowledge and skills to address these population needs.

Although the NP role provides an advanced career opportunity with a full scope of practice, there is limited up-take of educational opportunities. Reasons for low up-take include financial barriers associated with study and limited NP employment opportunities.

Evidence

Evidence to support the selected actions is summarised at [Appendix 1: Evidence for actions](#).

Themes

The actions are grouped into two broad themes:

- 1.1** Actions that support the NP workforce to enhance skills and capability to address population health needs.
- 1.2** Actions to encourage provision and uptake of NP education and NP endorsement pathway. Including actions to encourage the growth of First Nations registered nurses becoming NPs.

Sequencing

The actions are grouped into three timeframes for implementation:

- Short term (1-3 years). The goal is to remove barriers that the NP workforce face.
- Medium term (3-5 years). The goal is to grow, expand and build the NP workforce.
- Long term (5-10 years). The goal is to increase access to NP care.

1. Education and life-long learning actions

1.1 Actions to support the NP workforce to enhance skills and capability to address population health needs.

Short term actions (1 3 years)	Aim
1.1.1 Identify opportunities to support employers to provide integrated professional advanced practice hours required for the NP endorsement.	<p>To ensure requirements for the NP endorsement pathway are met, increase the available support for NP candidates and employers in providing integrated professional advanced practice placements, supervision and ongoing support.</p> <p>Implement attractive and accessible pathways for First Nations people to complete integrated professional practice placements.</p>
1.1.2 Identify opportunities to financially support NP candidates.	Encourage potential NP candidates to undertake NP education to enable them to practice in areas of need.
Medium term actions (3 5 years)	Aim
1.1.3 Support opportunities to enhance clinical, workplace and cultural peer support mentoring and leadership programs for NPs.	Facilitate the professional development of NPs, improve job satisfaction, and strengthen the network of NPs.
1.1.4 Build NP communities of practice (COP).	<p>Enhance professional support through the establishment of COP or other similar strategies which enable professional and inter-professional discussion and growth.</p> <p>Enhance the cultural safety of the workforce, to identify and eliminate racism.</p> <p>These COP will be tailored to the setting and location of practice, with specifically designed COP to support First Nations NPs.</p>

1.2 Actions to encourage provision and uptake of NP education and the NP endorsement pathway, including to encourage the growth of First Nations NPs.

Short term actions (1 3 years)	Aim
1.2.1 Explore expanding access to Master of Nurse Practitioner programs for NP candidates.	Improve access to NP education by reducing financial barriers.
1.2.2 Reserve a number of Master of Nurse Practitioner program places for First Nations NP candidates.	Improve access to NP education for First Nations registered nurses by reducing financial barriers.
Long term actions (5 10 years)	Aim
1.2.3 Support the pathway for First Nations health professionals to become NPs.	Establish a program of scholarships, positions and incentives, targeted towards First Nations registered nurses, for ACCHSs to create, plan and employ NP candidates as well as providing flexibility and enhanced support to First Nations registered nurses to progress to NP. The program aims to increase the uptake of NP courses by First Nations registered nurses and ensure First Nations NP candidates are supported to complete their studies and integrated professional practice to increase the number of First Nations NPs.

2. Recruitment and retention

How the actions will contribute to the outcomes

These actions will contribute to the Plan outcomes by:

- improving consumer access to NP services, particularly in areas of population need
- increasing demand for NPs in areas of need including rural and regional, aged care, mental health and primary health care
- increasing opportunities for NPs to take on roles in new locations and service areas
- increasing opportunities for First Nations NPs
- improving sustainability of NP services to consumers.

Rationale

The Australian health care system and consumers will benefit from better access to NPs, it will improve continuity of care and navigation through the health care system, therefore the workforce needs to grow and be distributed across the country. In 2021, 41% of 2,071 NPs worked in acute care, 38% in primary health care, 12% in mental health and 7% in aged care. Of the 2,071 endorsed NPs, 25% (522) were not employed as a NP. ³² To grow the NP workforce and improve NP representation in priority areas such as primary health care, aged care, disability care, mental health and rural and remote settings, targeted recruitment and retention strategies are essential.

Funding and incentives are key drivers for change. These can improve both the demand for, and supply of, NPs and can include measures to create positions, recruit and retain NPs and facilitate sustainable service provision.

Demand incentives can encourage healthcare providers to offer NP positions in both existing and new locations and service areas, to link NPs into a practice or clinical network, and for consumers to be comfortable with, and to seek out NP services where appropriate.

Supply incentives are designed to improve the likelihood of a NP choosing to remain in the profession. Incentives provide positive inducements in the form of funding, reimbursement, job opportunities, greater satisfaction or well-being. They complement other actions that are designed to remove barriers, particularly legislative or regulatory barriers.

The actions specified here are grouped under one broad theme: actions to facilitate recruitment and retention of NPs.

Evidence

Evidence to support the selected actions is summarised at [Appendix 1: Evidence for actions](#).

Themes

These actions are grouped under the theme:

2.1 Actions to facilitate recruitment and retention of NPs.

Sequencing

The actions are grouped into three timeframes for implementation:

- Short term (1-3 years). The goal is to remove barriers that the NP workforce face.
- Medium term (3-5 years). The goal is to grow, expand and build the NP workforce.
- Long term (5-10 years). The goal is to increase access to NP care.

2. Recruitment and retention actions

2.1 Actions to facilitate recruitment and retention of NPs

Short term actions (1 3 years)	Aim
2.1.1 Review funding arrangements and explore establishing a roadmap for funding reforms to support sustainable NP services and improved consumer access.	<p>Improve the financial sustainability of NP services</p> <p>Improve access to NP services for consumers by reducing financial barriers.</p>
Medium term actions (3 5 years)	Aim
2.1.2 Strengthen incentives to bolster NPs in multidisciplinary care, including targeted incentives in rural and remote areas.	<p>Build capacity and sharpen incentives for the provision of NP services.</p> <p>Improve recruitment and retention of NPs in rural and remote practice.</p> <p>Encourage more NPs to deliver services by removing financial barriers associated with establishing practices and services.</p> <p>Facilitate greater access for consumers to access NPs.</p>
Long term actions (5 10 years)	Aim
2.1.3 Encourage Primary Health Networks to support development of NP models of care across primary health care services.	<p>Build capacity to identify, create and support NP-led models of care as part of the commissioning processes.</p>
2.1.4 Design new national workplace programs that support existing NPs changing or expanding their scope of practice.	<p>Improve retention of NPs through increased flexibility of practice and broadening employment opportunities.</p> <p>Increase NP flexibility to enable the workforce to respond to the current and future health care needs of Australia.</p>

3. Models of care

How the actions will contribute to the outcomes

These actions will contribute to the Plan outcomes by:

- improving access to services for consumers through reforms to funding models.
- improving the status and recognition of NP-delivered services as a result of reforms to funding models.
- making services more equitably distributed and sustainable in the longer term.
- providing greater consistency in NP practice across the country which will improve equity of service provision and career opportunities.
- improving cultural safety of services and improving First Nations consumers' confidence in the quality of services.
- improving access to NP services for consumers as a result of regulatory and reimbursement changes.
- improving access for consumers to NP services by enabling NPs to offer the full range of services consistent with their skills and experience.
- supporting health access by helping to address unmet need and workforce pressures.

Rationale

All Australians should have access to high-quality, person-centred care. The delivery of NP care should be organised so that it supports efficient resource utilisation, integrated care, is consumer-centric and links with other strategic plans and initiatives. This can be achieved by targeting a range of legislative and policy reforms at a national, state and territory level to increase flexibility, consistency and support NPs to work to their full scope of practice. This in turn will support the most efficient use of the NP workforce in meeting community needs and addressing shortfalls in the health care system.

Evidence

Evidence to support the selected actions is summarised at [Appendix 1: Evidence for actions](#).

Themes

These actions are grouped under two themes:

3.1 Actions that facilitate sustainable models of NP care that meet community needs.

3.2 Actions to ensure national consistency of practice and enable NPs to work to their full scope of practice.

Sequencing

The actions are grouped into three timeframes for implementation:

- Short term (1-3 years). The goal is to remove barriers that the NP workforce face.
- Medium term (3-5 years). The goal is to grow, expand and build the NP workforce.
- Long term (5-10 years). The goal is to increase access to NP care.

3. Models of care actions

3.1 Actions to facilitate sustainable models of NP care that meet community needs

Short term actions (1-3 years)	Aim
3.1.1 Explore and enable incentives that support nurse practitioners with digital health set up and implementation and incentivising the capture of information in My Health Record.	<p>Better enable NP practices to be responsive to consumer and health system needs through improved service integration.</p> <p>To build digital infrastructure to provide greater flexibility, coordination, and access to real-time information across multiple care settings.</p> <p>To increase access to digital literacy training to ensure a baseline comprehension of issues such as data privacy and data protection.</p>
3.1.2 Identify opportunities to strengthen consumer access to NP services arising from the review of collaborative arrangements.	<p>Reduced out-of-pocket (OOP) expenses for consumers seeking NP services and expenses relating to medicines use</p> <p>Enhanced coordination of patient care with reduced duplication of care.</p>
3.1.3 Identify and enhance opportunities for integration of NPs into models of care.	<p>Improve NP service utilisation across settings, sectors, and locations to better the health of Australians.</p> <p>Enhance incentivisation of health services to support NP pathways and employ NPs.</p> <p>Assist health services in developing models of care that integrate and support the development of NPs working to their full scope of practice.</p>
Medium term actions (3-5 years)	Aim
3.1.4 Strengthen capacity for First Nations people to access culturally safe NP services.	<p>Contribute to the Closing the Gap initiatives to improve access to complete episodes of culturally safe NP care for First Nations Peoples.</p> <p>This includes but is not limited to health assessments, chronic disease management, care coordination, referral to allied health providers and medical specialists, prescribing of medications, and follow up by NPs.</p>
3.1.5 Expand best practice models that integrate NP practice within multidisciplinary teams.	<p>Improve consumer access to NP services through expanded integration of NPs into best practice models of care.</p> <p>Enhance incentivisation of health services that integrate NPs to provide care within multidisciplinary teams.</p>

3.2 Actions to ensure national consistency of practice and enable NPs to work to their full scope of practice

Short term actions (1 3 years)	Aim
<p>3.2.1 Explore reviewing arrangements that enable NP prescribing of medications to ensure alignment with legislation.</p>	<p>Remove inappropriate variations and limitations on NPs' ability to prescribe medications across jurisdictions.</p> <p>Promote a more consistent approach to supporting NPs to work to their full scope of practice under the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme.</p>
<p>3.2.2 Improve integration of NPs into consumer care pathways and processes within the health and aged care system</p>	<p>Improve the consumer journey through the health and aged care system.</p>
<p>3.2.3 Identify ways to provide research funding to support evaluation of NP practice models and generate evidence for best practice.</p>	<p>Enhance the evidence base, including cost benefit analysis for NP practice and identify best practice models that integrate with the health and aged care system.</p>
<p>3.2.4 Identify ways to provide advice and support to NPs wishing to establish best practice models of care.</p>	<p>Commission a practical advice and hands on support service to NPs to establish best practice models of care through facilitating peer business partnerships, ongoing professional mentoring, financial and legal advice and performance benchmarking.</p>
Long term actions (5 10 years)	Aim
<p>3.2.5 Explore developing and implementing an approach to legislative review to establish a nationally consistent model to enable NPs to work to their full scope of practice.</p>	<p>Identify and remove unnecessary legislative, policy, and funding barriers to NPs working to their full scope of practice to address population health needs.</p> <p>Initial work will involve national mapping of activities that require legislative amendment to enable NPs to consistently work to their full scope of practice.</p> <p>Increased consumer access to NP services.</p>

4. Health workforce planning

How the actions will contribute to the outcomes

These actions will contribute to the Plan outcomes by:

- enhancing consumer access and choice.
- directing NP services at locations and service areas most in need.
- reducing the burden on the health and aged care systems through better and more strategic placement of NPs.
- improving the evidence base by supporting the capture, collection and systematic reporting of data relating to NPs and the services they deliver.
- aligning plans for the NP workforce with those for other workforce groups, and with service plans.
- supporting the targeting of the workforce to areas of need and helping to provide a strategic framework for planning services and the workforce.
- supporting and valuing NPs.

Rationale

Workforce planning is essential to ensure there are sufficient health professionals with the appropriate skills to meet the current and future health care needs of Australia. Inclusion and integration of the NP workforce into current planning and modelling mechanisms promotes an informed and diversified approach to the whole of health workforce planning. Improving the collection of NP-related data is vital to understanding the NP landscape, to inform evaluation and monitoring of NP services, and is required for accurate workforce planning.

The healthcare system is complex and there are gaps in the understanding of the NP role among consumers, health professionals, employers and funders of NPs. Greater awareness and appreciation of services that can be provided by NPs strengthens consumer choice and promotes better utilisation of NP services.

Evidence

Evidence to support the selected actions is summarised at [Appendix 1: Evidence for actions](#).

Themes

These actions are grouped under two themes:

4.1 Actions that build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners.

4.2 Actions to bolster data infrastructure and planning processes that include NPs in joined-up workforce planning.

Sequencing

The actions are grouped into three timeframes for implementation:

- Short term (1-3 years). The goal is to remove barriers that the NP workforce face.
- Medium term (3-5 years). The goal is to grow, expand and build the NP workforce.
- Long term (5-10 years). The goal is to increase access to NP care.

4. Health workforce planning actions

4.1. Actions to build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners

Short term actions (1 3 years)	Aim
4.1.1 Develop and implement a national NP awareness strategy to support the Plan.	Strengthen consumer, health professional and employer awareness of the nature and scope of services that can be provided by NPs, pathways for providers and consumers to access NP services and sources of financial support to meet the costs of NP services.
4.1.2 Promote awareness of NP scope of practice and capabilities.	Harness NP leadership, including within sector agencies such as Primary Health Networks, Local Hospital Networks, ACCHSs and aged care providers, to build integration of NPs into service design and funding mechanisms.

4.2 Actions to bolster data infrastructure and planning processes that include NPs in joined-up workforce planning

Short term actions (1 3 years)	Aim
4.2.1 Support a regular and nationally consistent NP data collection strategy.	Establish a nationally consistent minimum data set that will enable robust workforce planning and projections, including NP candidates in NMBA approved programs and international workforce supply data.
4.2.2 Undertake national NP workforce modelling.	To identify NP supply requirements to ensure population needs can be met.

Medium term actions (3 5 years)	Aim
4.2.3 Support research and application of clinical indicators and patient reported measures that align with existing safety and quality care standards.	Build the evidence base specific to the Australian health context. Enable monitoring of quality and safety of NP care. To include clinical indicators and patient reported measures that align with existing quality care standards and improvement programs.

3. Measuring success

This Plan lays out the agenda for change over the next decade. It is important to monitor its progress to ensure the Plan remains on track in achieving its overall aims. This is the purpose of the monitoring and evaluation framework (MEF).

The MEF will enable the governance group overseeing the implementation of the Plan to effectively monitor its progress. It will facilitate accountability across organisations and inform remedial strategies if the actions set out in the Plan are not being implemented as intended or are not having the desired effect. The MEF outlines the methods and time periods at which data will be collected, collated and analysed to draw conclusions about the success of the Plan.

An MEF is a vital component to implementing the Plan. Without it, decision making may be ill-informed, learning opportunities missed and the implementation process of the Plan less efficient and effective than its potential. Using an MEF, monitoring and evaluation can be undertaken consciously over defined time intervals. Knowledge and insights gained from this process can also be disseminated for wider learning amongst stakeholders.

Appendix 1: Evidence for actions

Evidence to support the selected actions under each theme has been drawn from peer reviewed and grey literature, stakeholder consultations and review of relevant policies and strategies. A summary of the supporting evidence for each theme is provided below.

1. Education and lifelong learning

1.1. Actions to support the NP workforce to enhance skills and capability to address population health needs

NPs are well placed to address Australia's health needs of an aging population and an increased prevalence in chronic disease.^{33 34 35 36} To enable NPs to best address these health needs, research highlights the need for Australian NP education to pivot toward a more generalist focus, enabling a broader scope of practice rather than a narrow and highly specialised skillset.³⁷ Greater opportunities for NPs to enhance their skills across chronic disease management, aged care, mental health, disability and primary health care were strongly supported by NPs during the first round of public consultation for the Plan.

Similarly, greater professional development opportunities including mentoring and education were supported by NPs during public consultation. Mentoring promotes a positive work environment, fosters learning and job satisfaction.³⁸ The mentor-mentee relationship facilitates knowledge, skills and confidence development of newly endorsed NPs, particularly when first transitioning into the role of a NP. Additional research suggests that mentoring enhances leadership skills in novice NPs – an essential skill in clinical practice and required for endorsement.³⁹ Experienced NPs in the mentor role benefit by remaining up to date with the latest evidenced-based clinical skills and knowledge.⁴⁰ Distance-based mentorship programs may be suitable for NPs located in rural or remote areas however requires structure to ensure sustainability and clarity on objectives.⁴¹ The increasing diversity of NP roles and demand for new skills indicates the need for greater professional development opportunities such as educational training. Enhancing these opportunities support NPs to remain competitive within the workplace and can assist NPs if switching between different models of care.⁴²

Government funded education programs have demonstrated success in encouraging nursing uptake of study in areas of population health needs. The Australian Government responded quickly to the potential nursing workforce demand as a result of the COVID-19 pandemic through establishing the Specialised Upskilling and Registered Nurse Growth through Education (SURGE) in Critical Care project. This project had significant uptake and saw 20,000 government funded online education places to upskill registered nurses in critical care nursing. The SURGE program evaluation explored the impacts to the nursing workforce, capability and quality of care for consumers. Impacts to the workforce included willingness of nurses to explore a career in critical care in the future and nursing capability was enhanced through upskilling in critical care. Improved practice and quality of care was also seen as a direct result of increased knowledge and confidence from completion of the education program.⁴³

As part of the Australian Government's economic response to COVID-19, a temporary JobTrainer Fund was established and co-funded with state and territory governments. The JobTrainer Fund provided financial incentives through free or low-fee education for job seekers and young people to upskill in areas of need. In July 2021, the uptake of disability and aged care programs of study was realised, and the Government later extended the JobTrainer Fund to 31 December 2022. An additional 33,800 funded VET courses in aged care were also provided to support entry into aged care and upskill existing care workers.⁴⁴

1.2. Actions to encourage provision and uptake of NP education and the NP endorsement pathway, including to encourage the growth of First Nations NPs.

In 2021, 14 Australian universities offered an NMBA-approved master's degree to become endorsed as a NP. NPs have increased nearly four-fold in number from 590 in 2012 to 2,251 in

2021.⁴⁵ There are still less than 10 NPs per 100,000 population in Australia, whereas in the United States there are close to 60 NPs per 100,000 population.⁴⁶ The growth of the NP workforce in the United States is a result of a significant investment in, and expansion of, NP education programs that encourage new and younger nurses into NP education.⁴⁷ The New Zealand Government also invests into NP education, having established a government-funded, nationally coordinated education program with partner universities across the country. Students apply for the program through a centrally administered system. Funding is available for up to 500 clinical release hours, a clinical supervision allowance, up to 12 study days and up to 60 credits of course fees, plus travel and accommodation expenses for study days and placement experience.^{48 49} Addressing key barriers such as inadequate funding for NP postgraduate education and inadequate supervision is key to encourage uptake of NP study.^{50 51} There is scope to substantially accelerate the growth of NP education positions in Australia. Stakeholders have highlighted that to encourage course uptake, focus also needs to be on growing NP employment opportunities.

Greater numbers of First Nations peoples in the health workforce is linked to better uptake of health care services by First Nations peoples. This Plan therefore is aligned with the target set by The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan. To contribute to the goal of First Nations Australians making up 3.43% of national health workforce,⁵² supporting education is essential. Barriers to study for First Nations students include a lack of support, the precedence of family obligations, inadequate preparation, cultural insensitivity, racism within the education and health service sector, limited relevant health content in courses, prejudice, and stereotypes. Tailored education curriculums that facilitate professional experience placements at ACCHS, incorporate principles of First Nations learning and involve elders to facilitate learning of First Nations students is linked with better student outcomes, job satisfaction and retention among First Nations health care workers.^{53 54} Flexible study and work arrangements around family and other cultural commitments also support better study and work outcomes.⁵⁵ The 2022 'gettin em n keepin em n growin em' report strongly sets out the agenda for the education sector to support the participation of First Nations peoples in nursing and midwifery. Culturally Safe clinical placements for First Nations nursing and midwifery students and the identification of clinical mentors for First Nations nursing and midwifery students are key factors leading to student success.⁵⁶

2. Recruitment and retention

2.1 Actions to facilitate recruitment and retention of nurse practitioners

Feedback from the first round of public consultation aligned with literature and supported the need for sustainable funding for NPs in primary health care.^{57 58 59 60 61} Reviewing NP funding models such as the Medicare Benefit Schedule (MBS) arrangements will support NPs to provide care to the community. Revising the structure and breadth of NP MBS items will also support sustainability of the NP workforce in community and primary health care.^{62 63 64} Alternative funding models are also being considered under the national Long-Term Health Reforms Roadmap.⁶⁵ This type of broader reform will help reduce duplication and fragmentation of health services, which is caused in part by multiple funding sources and programs across different levels of Government.⁶⁶

Public consultation also highlighted the importance of other financial incentives to encourage the recruitment and retention of NPs. To support NPs in rural and remote settings, financial incentives in the form of relocation costs, housing, and study leave assistance were suggested. Rural and remote NPs providing primary health care are eligible for the Health Workforce Scholarship Program (HWSP), an initiative of the Australian Department of Health and Aged Care and administered as a consortium by the Rural Workforce Agencies. The HWSP provides financial assistance to rural health professionals to complete postgraduate courses and other forms of professional development.⁶⁷ Other state government initiatives such as Queensland Department of Health's support for remote nurses and midwives also encourage recruitment and retention of nurses through free or subsidised accommodation at selected hospitals, professional

development allowances, relocation costs, family fly-in-fly-out support, and bonus payments for each year of service.⁶⁸

A New Zealand study identified the following facilitating factors for NP recruitment: GP commitment to NP training and supervision, guaranteed employment at the end of study, employers that enable NPs to work to their scope of practice and mentoring from NP colleagues or lecturers.⁶⁹

Strong professional relationships between NPs and other health professionals and administrative staff have been linked to better NP job satisfaction and retention.⁷⁰ Ensuring the NP skillset and competencies are clearly defined and understood by colleagues is recommended to support acceptance of the NP role among other health professionals.⁷¹

3. Models of care actions

3.1 Actions to facilitate sustainable models of NP care that meet community needs

When NPs are unable to provide complete episodes of care, consumers are impacted by a disrupted continuity of care, additional costs, and inconvenience.⁷² As heard in public consultation and evidenced in literature, the existing MBS parameters influence the financial viability of private practicing NPs.^{73 74} Whilst many NPs and medical practitioners are satisfied with collaborative arrangements and believe it benefits consumers, the current arrangements have also resulted in negative outcomes. For example, confusion relating to role delineation, patient liability, MBS billing and resistance to engaging NPs.^{75 76} The Australian Government commissioned an independent review of collaborative arrangements to assess the efficacy and appropriateness of collaborative arrangements on patient care, business administration and the broader health system.⁷⁷

NP care is holistic, addressing physical symptoms as well as psychosocial, spiritual and environmental needs and complements that of their multidisciplinary team. NPs also effectively coordinate client care across professional and organisational boundaries, which make them highly suited to cater to the complex needs of older people⁷⁸ and well placed to implement findings from the Royal Commission into Aged Care Quality and Safety. As heard in the yarning circles conducted during consultation, these characteristics of NP care are also relevant to safely and effectively conduct First Nations 715 Health Assessments. Some GPs have indicated that completing First Nations 715 health assessments without active involvement from nurses is too time-consuming and is a barrier to performing them.⁷⁹

In Australia, for newly endorsed NPs and their employer's confusion often arises as to what determines the scope of their practice.⁸⁰ KPMG's cost-benefit analysis of nurse practitioner models of care also supported the delineation of the NP role and other health professionals to ensure efficacy of health care services and prevention of duplication.⁸¹

A key initiative of the Primary Health Care 10 Year Plan for MBS telehealth provisions for GPs, NPs, allied health providers and specialists to continue. Telehealth could be used to strengthen support of safe, effective, and sustainable NP services.⁸²

3.2 Actions to ensure national consistency of practice and enable NPs to work to their full scope of practice

The first phase of public consultation called for greater NP presence across a broad range of areas, including primary health care, aged care, disability care, mental health and care for First Nations people and culturally and linguistically diverse communities. Responses suggested the potential cost savings with an increase of NPs in these areas. KPMG's cost-benefit analysis in 2018 was performed on several case studies with different NP models of care: emergency departments, rural primary health clinics, multi-disciplinary team (including women and children's health), private practice, a specialist dementia NP, an ACCHS-led NP, and a NP in an outreach specialist team. The cost benefit ratio was greater than one in all but a single case study where

the cost benefit ratio could not be calculated. This suggests that the benefits of a NP in a variety of existing care models to the community outweigh the cost of employing a NP.⁸³

NPs in existing aged care models, including residential aged care facilities, independent services, general practitioner clinics, NP clinics and state government-based services have demonstrated improvements to consumers' quality of care through better preventative health care, education and regular health assessments.⁸⁴ As part of KPMG's cost-benefit analysis, potential savings were extrapolated in relation to NPs in aged care. The expansion of 10 NP roles in aged care roles at a cost of \$1.5 million per year can yield 5,000 annual avoided emergency department visits at \$5.7 million in savings, as well as improved access to care for 10,000 people.⁸⁵

Another model of care that has demonstrated consumer and service provider benefits include NP led after-hours clinics. Results from a qualitative study conducted in a rural Victorian after-hours clinic saw GPs, hospital managers, practice nurses and paramedics express the high value of NP-led after-hours care. In this study NPs improved consumer access to after-hours care and reduced the workload of medical staff.⁸⁶

Commonwealth and state and territory legislation were identified during public consultation as barriers to NP care. There is support for policy and legislative reform to be more descriptive than prescriptive and to align with the Health Practitioner Regulation National Law Act 2009 (the National Law). This would support a flexible scope of practice that is responsive to changing models of care and ensure that practice and registration standards are upheld.⁸⁷

Legislative review to clarify and strengthen the NP role in health systems has been undertaken internationally, including in New Zealand and Canada, and within jurisdictions in Australia. In 2014, the New Zealand Government passed legislation amending several Acts which changed 'medical practitioner' references to 'health practitioner'. The amendment reflects the evolution of technology, treatments and education of health practitioners. This has benefited consumers through an increased access to NPs, who are qualified and recognised to provide care.⁸⁸ Consultation responses suggested Australia could adopt a similar change by amending terminology in the *Acts Interpretation Act* 1901. In Canada, many jurisdictions have adopted a legislated umbrella framework that sets out several controlled health care items. One or more health professionals can be authorised to deliver a specific service meaning that in some cases scope of practice between health professionals can overlap. This approach aims to facilitate better multidisciplinary care whilst also ensuring the appropriate health professional/s are delivering the care. Key benefits of the Canadian model are that the framework supports workforce innovation according to local needs and offers flexibility to consumers and care providers through overlapping of scopes of practice.⁸⁹

Standardising NP supplementary activities across jurisdictions was also supported in public consultation. Inability to complete supplementary activities such as signing death certificates, worker's compensation certificates and driver's license medicals, make it difficult for NPs to complete full episodes of care for consumers. When NPs are unable to provide complete episodes of care, consumers are negatively impacted and health system expenditure increases.⁹⁰ The Australian Capital Territory is currently investigating the potential for legislative changes that promote a 'right touch' regulatory approach for NPs. The revisions would seek to enable NPs to perform core and supplementary activities that directly relate to their roles.^{91 92}

4. Health workforce planning

4.1 Actions to build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners

The need for greater understanding of the NP role among funding bodies, employers, health professionals, consumers and the public was highlighted in public consultation. Similar findings are reported in Australian research exploring NP role awareness among consumers.^{93 94} An Australian paper also investigated the impact of consumer education on the role, skillset and knowledge of NPs and found that after education, over 90% of the study

participants reported willingness to receive care from an NP.⁹⁵ This suggests that greater NP role awareness may lead to greater consumer acceptance and demand for NP care.

Research also indicates a lack of understanding of the NP role among medical, allied health, administrative staff and other nursing colleagues, which may result in resistance to NPs, poor relationships, unmet expectations, low NP job satisfaction and in some cases resignation of NPs.^{96 97} There still remains confusion between newly endorsed NPs and their employers as to NP scope of practice in Australia,⁹⁸ indicating there is scope for building further awareness to, and acceptance of, the NP role. Education of health colleagues on NP skillset, competencies and regulatory context can support acceptance of the NP role.⁹⁹

In 2018, the Australian Government commissioned the Australian College of Nurse Practitioners to design and implement the *Transforming Health Care* campaign. The aim of the campaign was to: increase consumer awareness of NPs, promote the high quality and patient centered care delivered by NPs and to increase visibility of NP potential across healthcare providers and organisations.¹⁰⁰ Similar awareness campaigns have been developed and implemented in the United States. The American Association of Nurse Practitioners NP awareness campaign utilised national television advertisements, radio, digital and social media content, as well as an NP finder website for consumers.¹⁰¹

4.2 Actions to bolster data infrastructure and planning processes that include NPs in joined-up workforce planning

Standardisation and regular collection of health workforce data ensures policy, legislation and other programs are informed by reliable and valid data.¹⁰² The Australian Government collects comprehensive data annually as part of the National Health Workforce Data Set. While some NP workforce data is collected, there is no national minimum dataset for NPs. Methods and instruments of NP-specific data collection for Australia have been detailed and used repeatedly in research, however, has not been established as a routine national data collection and used in national NP workforce planning.^{103 104}

A review of existing workforce planning methods and availability of workforce-related data concluded that significant coordinated and long-term reform is required across multiple sectors to maintain a sustainable and cost-effective workforce in the future.¹⁰⁵ To achieve this, multi-sector efforts should focus on innovation and reform, immigration, education capacity and efficiency, and workforce distribution.¹⁰⁶ In its submission to the Care Workforce Labour Market Study, Universities Australia (2021) highlighted the importance of looking at the whole care workforce in workforce planning efforts.¹⁰⁷ This would model a mix of skills under a variety of scenarios such as pandemics, changes in technology and changes to scopes of practice. According to the submission, modelling should also consider how high-touch areas, such as nursing, can interact with automation and artificial intelligence and the implications of these on workforce planning and distribution.¹⁰⁸

Canada, Ireland, the Netherlands and the United States either partially or completely include NPs in workforce projections and planning models. Canadian NP workforce planning employs a needs-based approach and is not integrated with other health professionals. Limited data is available utilising this NP modelling approach, however preliminary findings suggest NPs significantly enhance productivity capacity in primary health care. Integrated workforce planning, inclusive of NPs in the Netherlands and United States has demonstrated ability to capture more specific workforce related data. For example, the quantified impact of NPs on GP workload and ability to address GP shortages. Integrating NPs into workforce planning is important to understand the impact of skill-mix changes, changes in the division of work between different health professionals, and demand for specific health professionals.¹⁰⁹¹¹⁰

Appendix 2: Nurse practitioner regulation and standards for practice in Australia

This document provides a snapshot of the current regulation and standards that apply in respect of the professional practice applied to Nurse Practitioners (NPs) to support delivery of safe and quality care around Australia.

The Nursing and Midwifery Board of Australia (NMBA) carries out the regulatory functions set out in the Health Practitioner Regulation National Law (the National Law), with one of its key roles being to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.^{111 112 113}

Education and registration standards

There are regulatory requirements for endorsement and practice as a nurse practitioner, established by the NMBA and the Australian Nursing and Midwifery Accreditation Council (ANMAC).^{114 115}

ANMAC develops and monitors the NP [accreditation standards](#) that set the educational requirements for education programs that lead to endorsement as an NP.¹¹⁶ The NP programs of study are master's degree (Level 9) qualifications and prepare registered nurses to practice as an NP. NMBA's [Nurse Practitioner standards for practice](#) are embedded within and inform the NP accreditation standards.¹¹⁷ NPs graduate with advanced clinical assessment and diagnostics skills, with a person-centred approach underpinned by clinical research and practice improvement methods.^{118 119 120}

The NMBA's [Nurse Practitioner standards for practice](#) and the [Safety and quality guidelines for nurse practitioners](#), establish the foundational and ongoing regulatory requirements for NPs to practice safely in Australia. All regulatory documents (standards and guidelines) are reviewed regularly to ensure they are contemporary.^{121 122}

NPs practice within a nursing framework at the advanced practice level which is defined by the NMBA as: where nurses incorporate professional leadership, education, research, and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and are responsible and accountable in managing people who have complex healthcare requirements.^{123 124 125}

All applicants for endorsement as an NP are assessed against this definition of advanced practice.

Education, qualifications and experience

Under the ANMAC NP accreditation standards, to be eligible for admission to a NP program of study, a registered nurse must have:

- Current general registration as a registered nurse with the NMBA
- A minimum of two years full time equivalent (FTE) as a registered nurse in a specified clinical field and two years FTE of current advanced nursing practice in the same clinical field
- A postgraduate qualification at Australian Qualifications Framework Level 8 in a clinical field.^{126 127}

Endorsement

The NMBA Registration standard: endorsement as a nurse practitioner establishes the requirements for endorsement as an NP an individual must be able to demonstrate:

- The equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level, and
- A NMBA-approved program of study leading to endorsement as a NP. Programs leading to endorsement as a NP must be at the Australian Qualifications Framework National Registry for the award of master's degree (Level 9) as a minimum or equivalent.
- Current general registration as a registered nurse in Australia with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct.
- Compliance with the NMBA's [Nurse practitioner standards for practice](#).¹²⁸

Standards for practice

The NP standards for practice are regularly reviewed by the NMBA to ensure they are contemporary and based on the most up-to-date evidence.¹²⁹ The standards for practice build on the practice standards required of a registered nurse and set the expectations of NP practice in all contexts.

The standards inform the NP education accreditation standards, the regulation of NPs, as well as determining a NP's capability for practice. The standards are used to guide consumers, employers and other stakeholders on what to reasonably expect from a NP regardless of their area of practice or their years of experience.^{130 131}

To retain registration as a RN and endorsement as a NP, practitioners must meet the NMBA-approved:

- [Continuing professional development registration standard](#),
- [Recency of practice registration standard](#),
- [Criminal history registration standard](#),
- [Professional indemnity insurance arrangements registration standard](#),
- [Safety and quality guidelines for nurse practitioners](#)

and any other applicable codes and guidelines approved by the NMBA.

Each year as part of the renewal of registration process, NPs are required to make a declaration that they have (or have not) met the registration standards for the profession. The annual declaration is a written statement that NPs submit and declare to be true. NPs can be audited and required by the NMBA to provide further information to support their annual declaration.¹³²

^{133 134}

Scope of Practice

All health practitioners, including NPs, must practice within the scope of health care delivery in which they have been educated and deemed competent.¹³⁵

The NP scope of practice builds on the platform of the registered nurse scope of practice and must meet the regulatory and professional requirements for Australia, including the NMBA [Registered nurse standards for practice](#), [Nurse practitioner standards for practice](#), [Safety and quality guidelines for nurse practitioners](#), [Code of conduct for nurses](#) and the [International Council of Nurses' Code of ethics for nurses](#).¹³⁶

The NP scope of practice expands upon the existing scope of a registered nurse and includes, but is not limited to:

- advanced health assessment,
- diagnosis and management,

- medicines prescribing,
- requesting and interpretation of diagnostic investigations,
- formulation and assessment of responses to treatment plans, and
- referring to other health professionals.

The training, experience and qualifications of NPs, along with meeting the requirements of the RN and NP professional practice framework (inclusive of the above), prepare them to independently determine what is outside of their scope of practice, and refer patients to other health professionals as appropriate.^{137 138}

Safety and quality guidelines

It is the responsibility of the NP, and where applicable their employer, to ensure they are educated, authorised and competent to perform their role.

This also applies if the NP wishes to expand or change their individual scope of practice to meet the needs of a client group. The NMBA [Safety and quality guidelines for nurse practitioners](#)¹³⁹ provide the requisite guidance and the [Decision-making framework for nursing and midwifery](#).

National Health (Collaborative arrangements for nurse practitioners) Determination 2010

Collaborative arrangements for NPs were introduced in 2010 via the *National Health (Collaborative arrangements for nurse practitioners) Determination 2010*, as a prerequisite to a NP providing health care services subsidised by the MBS and PBS.¹⁴⁰

NPs and participating midwives are the only health professionals legally mandated to establish a collaborative arrangement in order to access the MBS and PBS. A collaborative arrangement is an arrangement between an eligible NP and a specified medical practitioner or an entity that employs medical practitioners that must provide for consultation, referral and transfer of care as clinically relevant.

National Health Act

NPs are eligible to apply to the Commonwealth Health Minister as a 'participating NP' under section 16 (a) and 16(b) of the *Health Insurance Act 1973* (Cth), which allows access to the MBS. NPs are also eligible to apply for access the PBS. These arrangements enable patients of NPs who are authorised for MBS and/or PBS, to access certain MBS rebates and PBS prescriptions respectively.¹⁴¹

Endorsement as a NP does not give automatic access to the MBS and PBS. The discretion to authorise access to the MBS and PBS remains with Services Australia and is in addition to endorsement by the NMBA to practise as a NP.

Glossary

Australian Nursing and Midwifery Accreditation Council (ANMAC)	The Australian Nursing and Midwifery Accreditation Council assesses and accredits nursing and midwifery programs that lead to eligibility to apply for registration or endorsement with the NMBA, including the program that leads to NP endorsement.
Medicare Benefits Schedule (MBS)	The MBS is a list of services covered by Medicare. The schedule includes an MBS fee for each service. Some services provided by NPs can be claimed under the MBS.
Model of care	Model of care refers to the way in which a health service is delivered. It may refer to the process of care as well as which health care professionals or skills are required.
Nursing and Midwifery Board of Australia	<p>The Nursing and Midwifery Board of Australia (NMBA) carries out the regulatory functions set out in the Health Practitioner Regulation National Law (the National Law), with one of its key roles being to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia</p> <p>The NMBA sets the requirements for endorsement as an NP through the <i>Registration Standard: Endorsement as a Nurse Practitioner</i> document, as well as endorses NPs for practice.</p>
Nurse practitioner (NP)	An NP is a highly experienced RN who has completed additional university study at master's degree level and has been endorsed as an NP by the Nursing and Midwifery Board of Australia. An NP practices within their scope under the legislatively protected title 'nurse practitioner' under the <i>Health Practitioner Regulation National Law</i> . NPs have the skills, knowledge, expertise and legal authority to provide preventative care as well as diagnose and treat people of all ages with a variety of acute and chronic health conditions. NPs can provide prescriptions and access to Pharmaceutical Benefit Scheme (PBS) medicines, request and/or interpret diagnostic imaging and pathology tests and refer to medical and allied health specialists.
Nurse practitioner candidate	A registered nurse on the pathway to become endorsed as a nurse practitioner.
Pharmaceutical Benefits Scheme (PBS)	The PBS is part of the Pharmaceutical Benefits Scheme and is a list of medicines subsidised by the Australian Government that can be dispensed to patients. NPs can apply for approval to prescribe NP-specific PBS medicines, which is limited by the scope of practice of NPs.
Scope of practice	The range of activities a professional can undertake. This is based on the education, experience and competence of the individual and the capability and context of the service or facility within which they are practicing.
Workforce Incentive Program (WIP)	WIP is an incentive scheme administered by the Australian Government that provides incentives to doctors to work and hire nursing and allied health staff, in regional, rural and remote areas.

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