Australian Government
Department of Health

Nurse Practitioner 10 Year Plan

Consultation paper

November 2021

Title: Nurse Practitioner 10 Year Plan Consultation Paper

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Contents

Introduction

Health systems can only function with health workers; improving health service coverage and realizing the right to the enjoyment of the highest attainable standard of health is dependent on their availability, accessibility, acceptability and quality.[1]

Nurse practitioners (NP) have been providing nursing care to all sectors of the Australian community for over 20 years. A NP is a highly experienced registered nurse who has completed additional university study at Master's degree level and has been endorsed as a NP by the Nursing and Midwifery Board of Australia (NMBA). The NP practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.[2] NPs have the expertise and legal authority to provide preventative care as well as diagnose and treat people of all ages with a variety of acute and/or chronic health conditions. NPs can independently prescribe medicines, request and/or interpret diagnostic imaging and pathology tests and refer to medical and allied health specialists.

Individuals, employers, professional bodies and all levels of government have all invested significantly in the development of this workforce, however, there has never been a national strategic plan to fully realise the value of this workforce to the community. The Department of Health (the Department) is conducting a project to develop a NP 10 Year Plan (the Plan). The purpose of the Plan is to describe a set of actions that can be taken to address NP workforce issues of national significance to enhance the delivery of nursing care to the Australian community. The Plan will include 1 to 3 year, 5 year and 10 year goals. The Department has established the Nurse Practitioner 10 Year Plan Steering Committee (NPSC) to help develop the Plan and facilitate collaboration between relevant stakeholders. Further details on the NPSC can be found at Appendix A.

Purpose of this consultation paper

Purpose

To inform the development of the Plan we are seeking to engage with a diverse range of stakeholders to better understand the issues which may have an impact on the delivery of care by NPs and innovations to enhance the delivery of care, so that we can establish a clear direction for the optimum use of the NP workforce. Areas we seeking input on include:

- The benefits to consumers, employers and the broader health system of NPs providing health care.
- Identification of barriers and enablers to the provision of NP-directed care.
- Identification of solutions to barriers that could be made to allow the NPs to work efficiently and to their fullest abilities.
- Identification of sectors which could potentially benefit from an expansion of NP models of care.
- The potential benefit in increasing the size of the NP workforce to increase access to care.

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[1] Campbell J, Dussault G, Buchan J, Pozo-Martin F, Guerra Arias M, Leone C, Siyam A and Cometto G (2013). *A universal truth: no health without a workforce*. Global Health Workforce Alliance and World Health Organization. Accessed at: https://www.who.int/workforcealliance/knowledge/resources/GHWA_AUniversalTruthReport.pdf

[2] Nursing and Midwifery Board of Australia (2021). *Nurse practitioner standards for practice*. Accessed at: https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-as-a-nurse-practitioner.aspx.

- Whether existing regulatory mechanisms allow the NP workforce to work safely, efficiently, and effectively.

This consultation paper has been developed to provide stakeholders with background information about the current arrangements for NPs in Australia and to highlight some of the issues that have been raised to date. Your feedback will assist us to develop a strategic plan for this workforce.

How to have your say

You are invited to provide feedback to inform the development of the Plan. To assist you in providing feedback a survey has been developed and is available on the Department of Health's Consultation Hub https://consultations.health.gov.au/health-workforce/nurse-practitioner-10-year-plan-survey.

Alternatively you can provide a written submission to nursepolicy@health.gov.au.

Submissions close on 23:59 AEDT 20 December 2021.

Nurse Practitioners – background

A NP is a registered nurse whose registration has been endorsed by the NMBA under the Health Practitioner Regulation National Law 2009 (the National Law). Endorsement as a NP signifies that the registered nurse has completed the prescribed education and has the requisite experience to practice using the title of Nurse Practitioner, which is a legally protected title under the National Law.[3]

NPs provide high levels of clinically focused, autonomous nursing care in a variety of contexts within Australia. NPs practice at an advanced clinical level and care for people and communities with problems of varying complexity. They undertake research, provide education and leadership and work collaboratively with multi-professional teams.

As part of providing care, NPs can independently request and interpret any diagnostic and/or screening investigations within their individual scope of practice to facilitate diagnosis and/or screening processes. Care can include nursing interventions that involve initiation, titration or cessation of any medicines in their scope. Their care may also involve advanced procedural work such as performing minor surgical procedures, conducting invasive diagnostic tests and assisting in surgical procedures. NPs collaborate and consult with health consumers, their families and community, and other 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.[4]

Education and Regulation

To become a NP, a registered nurse must complete the equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level as well as a NMBA-approved program of study leading to endorsement as a NP. Programs leading to endorsement as a NP must be

[3] Nursing and Midwifery Board of Australia (2021). *Nurse practitioner standards for practice*. Accessed at: https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-as-a-nurse-practitioner.aspx.
[4] Ibid.

at the Australian Qualifications Framework National Registry for the award of Master's Degree (Level 9) as a minimum.[5]

When applying for endorsement as a NP, a nurse must be able to demonstrate the above requirements, and:

- 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.

The Nurse practitioner standards for practice are regularly reviewed by the NMBA to ensure they are contemporary and based on the most up-to-date evidence. The standards for practice build on the practice standards required of a registered nurse and are 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.[6]

To retain endorsement the NP 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. There are currently 14 NMBA-approved programs of study leading to endorsement as a NP in Australia.

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.[7]

The NP scope of practice is built 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.[8]

The NP scope 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.[9][10] The training, experience and qualifications of

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[5] Nursing and Midwifery Board of Australia (2021). *Nurse practitioner standards for practice*. Accessed at: https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-as-a-nurse-practitioner.aspx.
[6] Nursing and Midwifery Board of Australia (2020). *NMBA releases revised Nurse practitioner standards for practice*. Accessed at: https://www.nursingmidwiferyboard.gov.au/News/2020-12-17-NMBA-releases-revised-Nurse-practitioner-standards-for-practice.aspx
[7] Medicare Benefits Schedule Review Taskforce (2019). *Post Consultation Report from the Nurse Practitioner Reference Group.*
[8] Nursing and Midwifery Board of Australia (2021). *Nurse practitioner standards for practice*. Accessed at: https://www.nursingmidwiferyboard.gov.au/Registration-Standards/Endorsement-as-a-nurse-practitioner.aspx
[9] Scanlon A, Cashin A, Bryce J, Kelly J and Buckley, T (2016). *The complexities of defining nurse practitioner scope of practice in the Australian context.* Collegian Volume 23, Issue 1.
[10] Australian College of Nurse Practitioners. *Fact Sheet: Nurse Practitioner Clinical Collaboration, Scope of Practice and Collaborative Arrangements.* Accessed at: https://www.acnp.org.au/np-fact-sheets

NPs, along with their registration standards, prepare them to independently determine what is outside of their scope of practice, and refer appropriately.

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 [11] provide the requisite guidance.

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.

Profile of the Nurse Practitioner workforce

The first two NPs in Australia were endorsed in December 2000. In the last 10 years, the NP workforce has grown from 590 in March 2011 to 2,251 NPs in June 2021. There are currently 523 students enrolled in an NMBA-approved program of study leading to endorsement as a NP in Australia.[12]

The National Health Workforce Data Set [13] shows that in 2020, there were a total of 2,019 registered nurses with an endorsement as a NP. Of those, 1,419 were employed as a NP. 41% of NPs are employed in hospitals, with 22% working in emergency departments, and around 20% working in private practice.

Further data on the NP workforce can be found at Appendix B.

Current landscape

The development of the Plan will occur concurrently with development of the National Nursing Strategy. This work will support Australia's Long Term National Health Plan to reform our health system to be more person-centred, integrated, efficient and equitable.

The following Government initiatives will be considered in development of the Plan:

- Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016 - 2023
- Aged Care Workforce Strategy
- Aged Care Pillar 4 of the Royal Commission response – Growing a skilled and high quality workforce to care for senior Australians
- Educating the Nurse of the Future
- National Mental Health Workforce Strategy
- National Preventive Health Strategy
- Primary Health Care 10 Year Plan

[11] Nursing and Midwifery Board of Australia (2021). *Safety and quality guidelines for nurse practitioners*. Accessed at: https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Safety-and-quality-guidelines-for-nurse-practitioners.aspx

[12] Australian Nursing and Midwifery Accreditation Council, Unpublished data.

[13] National Health Workforce Data Set. Accessed at: https://hwd.health.gov.au/resources/index.html?topic=nrmw

Issues for consideration

Consumer experience

Ensuring consumers can access health care that is affordable and delivered in a timely, efficient and approachable manner is critical to the delivery of any health system. A cross-sectional national survey found that the general public are overwhelmingly accepting of the NP model of care as a means of increasing access to health services and described high levels of willingness to be seen and treated by a NP across all areas in the health system.[14]

Choice is an important factor in access. Consumers have the right to choose which practitioner they want to provide their care. Small numbers of NPs limits this choice.

Despite high levels of satisfaction, research has found that more awareness of the scope of the NP role is required, and that greater community awareness of the role may help maximise their positive contribution to health care in Australia.[15]

In those remote areas where the NP is often the only health professional available, there is not the same lack of understanding. However, a consumer can be limited in what they can see a NP for due to the types of MBS items a NP can access. This includes, but is not limited to, a recognised health check, a recognised management plan that allows access to allied health and *Closing the Gap* initiatives for Aboriginal and/or Torres Strait Islander peoples with chronic conditions.

Workforce sustainability

Australia faces challenges in sustaining a health workforce that will meet the rapidly rising demand for health care that is driven by an ageing population living longer with more complex problems, combined with rising costs of technology and treatment, and increasing consumer expectations. Development of new workforce models to address service gaps, the creation of a workplace environment that enables full use of all roles and a skill mix that meets local needs are key strategies in the development of a sustainable and responsive health workforce.

Nursing roles have evolved and become increasingly complex and diverse as the health care environment has changed. The role of the NP is an advanced practice role[16] and is an example of this evolution. Whilst numbers of NPs relative to the whole nursing workforce are small, they are growing. This growth in the NP population is not restricted to Australia. Research to assess the potential of NPs in expanding access in six Organisation for Economic Cooperation and Development (OECD) countries[17] showed a rapid yearly increase of the NP workforce and demonstrates that investment in a highly qualified nursing workforce is a trusted workforce strategy which promotes safe and quality outcomes for recipients of care.

The Plan will consider and describe a set of actions that can be taken to address identified NP workforce issues. Increasing the size of the workforce to increase access is a potential strategy which

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[14] Dwyer T, Craswell A and Browne M (2021). *Predictive factors of the general public's willingness to be seen and seek treatment from a nurse practitioner in Australia: a cross-sectional national survey.* Human Resources for Health Volume 19 (21).
[15] Allnutt J, Allnutt N, McMaster R, O'Connell J, Middleton S, Hillege S, Della P, Gardner G and Gardner A (2010). *Clients' understanding of the role of nurse practitioners.* Australian Health Review Volume 34 (1).
[16] Chief Nursing and Midwifery Officers Australia (2020). *Advanced Nursing Practice. Guidelines for the Australian Context.* Accessed at: https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf
[17] : Maier CB, Barnes H, Aiken LH, et al. (2016). *Descriptive, cross-country analysis of the nurse practitioner workforce in six countries: size, growth, physician substitution potential*. BMJ Open doi: 10.1136/ bmjopen-2016-011901.

will require an exploration of supporting pathways to becoming a NP. Expanding or extending the scope of practice of the workforce is another strategy widely used in many countries that have implemented reforms to improve access.[18]

Currently, NPs contribute to the health system in various and diverse ways and there is a growing body of national and international evidence demonstrating the positive contribution of NPs across many sectors. For example, a study of 579 hospitals across 4 states of the USA conducted in 2015-2016 shows that hospitals employing a larger number of NPs had significantly better outcomes including lower mortality, fewer readmissions, shorter length of stay, higher patient satisfaction, and lower health care spending. The study also found that registered nurses in hospitals with more NPs had significantly lower job-related burnout, higher job satisfaction, and are more likely to say they intend to remain in their jobs.[19]

Meeting the needs of Aboriginal and/or Torres Strait Islander Peoples

Decades of research tells us that a culturally safe holistic model of health care works best for Aboriginal and/or Torres Strait Islander peoples and that they are more likely to access care from Aboriginal and/or Torres Strait Islander health professionals. A key principle of the *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023* (Strategic Framework) is centrality of culture and recognising that Aboriginal and/or Torres Strait Islander health workforce participation is an essential element within all health workforce initiatives, settings and strategies.

In 2020, there were 16 NPs who identified as being of Aboriginal and/or Torres Strait Islander background. This represents 1.1% of all people employed as a NP - a small number of a small part of the nursing profession.

We Are Working for Our People, the recently published report of the careers pathway project conducted by the Lowitja Institute,[20] speaks of the need to strengthen the Aboriginal and/or Torres Strait Islander health workforce, increasing retention and supporting career progression and development through leadership and self-determination, cultural safety, valuing cultural strengths, investment in the workforce and workplace and education and training.

It is recognised that the role of a NP who identifies as an Aboriginal and/or Torres Strait Islander person has an extra layer of complexity, as Lesley Salem the first Aboriginal person to become a NP in Australia, states in *Caring and Community - Stories from Aboriginal and Torres Strait Islander nurses and midwives*[21]

> "being an Aboriginal nurse means our jobs are twice as hard. In many ways, we are held responsible for the outcomes of any Aboriginal patient in the hospital. We are expected to help in social and emotional ways as well as being their clinical champion."

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[18] Maier CB and Aiken LH (2016). *Task shifting from physicians to nurses in primary care in 39 countries: a cross-country comparative study.* The European Journal of Public Health, Vol. 26, No. 6, 927–934.
[19] Aiken L, Sloane D, Brom H, Todd B, Barnes H, Cimiotti J, Cunningham R, and McHugh M (2021). *Value of Nurse Practitioner Inpatient Hospital Staffing.* Medical Care Volume 59, Number 10.
[20] Bailey J, Blignault I, Carriage C, Demasi K, Joseph T, Kelleher K, Lew Fatt E, Meyer L, Naden P, Nathan S, Newman J, Renata P, Ridoutt L, Stanford D and Williams M (2020). *'We Are working for our people': Growing and strengthening the Aboriginal and Torres Strait Islander health workforce, Career Pathways Project Report.* The Lowitja Institute, Melbourne.
[21] Hesta. *Caring and Community, stories from Aboriginal and Torres Strait Islander nurses and midwives.* Accessed at: https://www.hesta.com.au/campaigns/caring-and-community

Meeting the needs of Aboriginal and/or Torres Strait Islander peoples is not solely about growing the absolute numbers of the workforce. Many NPs who are not Aboriginal and/or Torres Strait Islander peoples are working in Aboriginal Medical Services, stepping up to meet the shortages in care in many rural and remote locations, as well as mentoring many Aboriginal and/or Torres Strait Islander nurses and health workers. There is an opportunity to set out in the Plan how the NP workforce can be positioned to facilitate *Closing the Gap* and meet the needs of Aboriginal and/or Torres Strait Islander peoples. This will be considered in conjunction with the Strategic Framework which supports the attraction, recruitment and retention of Aboriginal and/or Torres Strait Islander peoples across all roles and locations within the health sector.

Funding models

NPs work within various models of care, including hospitals, outreach services from acute settings, community-based organisations and independent private practice.

The enactment of the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010* precipitated an increase in NPs. Under these Federal law changes, eligible NPs could provide services under the Medicare Benefits Schedule (MBS) and prescribe certain medicines under the Pharmaceutical Benefits Scheme (PBS), for the financial benefit of health consumers.

However, the proportion of NPs working privately and servicing underserved populations is less than those working in the public health setting. Although eligibility for the MBS and PBS appears to have enabled the development of privately practicing NP services, research suggests that the current structure of the MBS and PBS does not enable all privately practicing NPs to provide complete episodes of care and there is a challenge in maintaining a viable business model using only the MBS rebate.[22] To overcome this, NPs may privately bill, which can lead to increased costs to consumers choosing to see an NP as their healthcare provider. Evidence indicates that the current design of the MBS and PBS and mandated collaborative arrangements are two significant barriers to NPs establishing and working in private practice, and thus improving access to underserved populations.[23]

A cost benefit analysis of NP models of care in the aged care and primary health care sectors in Australia concluded that funding approaches have a direct impact on the configuration of the NP model, including their sustainability and innovation.[24] A case study of NPs employed in a primary health care practice completed in 2012-2013 looked at the characteristics of NP practice via an analysis of billable MBS items. Although this study found that the model was financially viable, the study concluded that "existing restrictions on nurse practitioner access to MBS items for allied health referrals and diagnostic imaging were responsible for duplication of care, interrupted workflows and practice inefficiencies."[25]

The Government currently provides financial incentives through the Workforce Incentive Program Practice Stream (WIP-PS) to help general practices, Aboriginal Medical Services and Aboriginal Community Controlled Health Services with the cost of employing nurses, including NPs. As at the

[22] Currie J, Chiarella M and Buckley T (2019). *Privately practising nurse practitioner' provision of care subsidised through the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme in Australia: results from a national survey*. Australian Health Review, 43.
[23] Chiarella M, Currie J and Wand T (2020). *Liability and collaborative arrangements for nurse practitioner practice in Australia.* Australian Health Review 44.
[24] KPMG (2018). *Cost Benefit Analysis of Nurse Practitioner Models of Care.* Accessed at: https://www.health.gov.au/sites/default/files/documents/2021/03/cost-benefit-analysis-of-nurse-practitioner-models-of-care.pdf
[25] Helms C, Crookes J, Bailey D (2014). *Financial viability, benefits and challenges of employing a nurse practitioner in general practice.* Australian Health Review 39, 205-210. https://doi.org/10.1071/AH13231

August 2021 quarter, a total of 174 NPs were engaged by eligible general practices receiving incentive payments through the WIP-PS. This has increased from 148 NPs engaged in the May 2020 quarter, shortly after the start of the program (an increase of 18%). These services can only employ a NP using WIP funding if the NP is not delivering services under the MBS.

The MBS Review Taskforce noted the high level of variability in current NP operating models, including a variety of different funding arrangements that have a direct impact on the sustainability of the NP model of care.[26] The MBS Review Taskforce recommended a review to canvas and assess alternative funding models to include practice/facility incentive payments, bundled payments, capitated, blended payments, or voluntary patient enrolment. The Government is working to reform funding for general practice and other primary health care services through the Primary Health Care 10 Year Plan and these reforms will be considered in the development of the Plan.

Collaborative arrangements

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. NPs 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.

The obligation for NPs working in private practice to have mandated collaborative arrangements has created significant discussion. Opponents argue that collaboration is integral to nursing practice, thus NPs naturally collaborate with a range of health care professionals, including medical practitioners. Research has shown that some medical practitioners do not understand the nature of the collaborative arrangement, reinterpreting it as a supervisory or control relationship.[27] Research has also noted a power imbalance between NPs and medical practitioners in collaborative practice models and noted that NPs were in a dependent relationship and disadvantaged in negotiating business terms such as income, leave regulations or payment for administrative support.[28]

Other research has found that where there was a good understanding of the expertise of the privately practicing NP, this made a significant difference to the nature of the relationship, and when collaboration worked well, it facilitated mutual learning and enhanced patient care.[29]

The 2019 report of the Nurse Practitioner Reference Group, provided to the MBS Review Taskforce, recommended the removal of the mandated requirement for privately practicing NPs to form collaborative arrangements. The report states that collaborative arrangements are an impediment to the growth of the privately practicing NP role and their capacity to improve access to care.[30] In considering the advice of the Reference Group and the views of other stakeholders, the MBS Review Taskforce did not support any of the 14 recommendations put forward by the Nurse Practitioner

[26] Medicare Benefits Schedule Review Taskforce (2019). *Report on Primary Care.* Accessed at: Taskforce final report – Primary Care | Australian Government Department of Health.
[27] Chiarella M, Currie J and Wand T (2020). *Liability and collaborative arrangements for nurse practitioner practice in Australia.* Australian Health Review 44.
[28] Schadewaldt V, McInnes E, Hiller J and Gardner A (2016). *Experiences of nurse practitioners and medical practitioners working in collaborative practice models in primary healthcare in Australia – a multiple case study using mixed methods*. BMC Family Practice 17:99.
[29] Ibid.
[30] Medicare Benefits Schedule Review Taskforce (2019). *Post Consultation Report from the Nurse Practitioner Reference Group*. Accessed at: Final report from the Nurse Practitioner Reference Group | Australian Government Department of Health.

Reference Group for Government consideration. Instead, it put forward three independent recommendations, one of which was a review of collaborative arrangements.

In response, the Department is undertaking a review of collaborative arrangements. Stakeholder input on the scope of the review is being sought and it is expected to include consideration of the purpose, efficacy and appropriateness of collaborative arrangements, and how they are used across Australia and internationally. The outcomes of the review will inform aspects of the Plan, however, this review is a separate process to the work underway to consult on and develop the Plan.

Scope of practice

A World Health Organization (WHO) report on the healthcare workforce highlighted the underutilisation of advanced health practitioners, such as NPs, in addressing healthcare issues world-wide.[31] Research has highlighted a number of reasons for the underutilisation, including a lack of knowledge of the NP scope of practice and non-recognition of their skills.[32]

A study on NP scope of practice found that federal, state and territory government legislative and regulatory requirements disproportionately impacts a NP's scope of practice. It noted that even minor changes to regulatory requirements, government policy and/or legislation can change the expression of scope of practice by restricting NP practice in certain aspects of care, and that this uncertainty of requirements for practice can effectively limit NP practice, as a cautious approach is generally taken.[33]

The MBS Review Taskforce cited a lack of clarity regarding NP scope of practice as a major barrier to the expansion of services through the MBS and recommended the establishment of scope of practice and credentialing frameworks. The Taskforce suggested that NPs work together with the professional bodies to develop a clinical governance framework to be used as a guide for both the profession and others on an individual NP's scope of practice.[34] Additional requirements for appropriate credentialling and skilling to demonstrate a provider is capable and is delivering services in accordance with the intended benefit item offered to a patient happens across the MBS currently. For example, some mental health items delivered by General Practitioners require scope of practice or credentialing requirements in order to claim services. This does not reflect the scope of practice or credentialing requirements as set to govern clinical practice by a professional body, but rather promotes a quality standard to which an MBS service is claimable.

Most states and territories have developed strategies and/or tools for developing and implementing the NP role in their own jurisdiction. Scope of practice is an area that requires further consideration of a national approach and will be considered in the Plan.

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[31] Campbell J, Dussault G, Buchan J, Pozo-Martin F, Guerra Arias M, Leone C, Siyam A and Cometto G (2013). *A universal truth: no health without a workforce*. Global Health Workforce Alliance and World Health Organization. Accessed at: https://www.who.int/workforcealliance/knowledge/resources/GHWA_AUniversalTruthReport.pdf

[32] Government of South Australia (2008). *Nurse Practitioners in South Australia. Report for the Review of Processes for the Implementation of the Role.* Accessed at: Report for Nurse Practitioners Review.

[33] Scanlon A, Cashin A, Bryce J, Kelly J and Buckley T (2016). *The complexities of defining nurse practitioner scope of practice in the Australian context.* Collegian, Volume 23, Issue 1.

[34] Medicare Benefits Schedule Review Taskforce (2019). *Post Consultation Report from the Nurse Practitioner Reference Group*. Accessed at: Final report from the Nurse Practitioner Reference Group | Australian Government Department of Health.

Career pathways and specialisation

The 2021 National Health Workforce Data Set shows that NPs work in over 21 areas of practice. Of these, Emergency Department is the most common, with 22% of NPs identifying this as their principal area of practice. Currently just over 20% of NPs work in private practice settings.

Research has demonstrated the benefit of NPs in many settings. A cost benefit analysis of NP models of care undertaken by KPMG provided evidence of the benefit of NPs in aged care and primary health care, finding that continued expansion of NP models could deliver substantial cost savings to the healthcare system and improved access to care for thousands of Australians.[35] The evaluation of the Nurse Practitioner Aged Care Models of Practice Initiative found that NPs increased access to care for elderly people and played a strong coordination role in bringing together health professions and family members. From an economic perspective, NPs in aged care demonstrated economic efficiencies through reductions in unnecessary transfers to acute health facilities, ambulance costs, hospital bed days and thus hospital costs.[36]

In 2012 the Office for Learning and Teaching (OLT) funded a two-year project, *Educating nurse practitioners: advanced specialty competence, clinical learning and governance* (CLLEVER) to develop a set of NP specialties, inform a governance framework for learning and teaching of advanced specialty practice in the workplace and contribute to the theoretical model of capability learning. The CLLEVER study identified six metaspecialties[37]

- Chronic and Complex Care
- Aging and Palliative Care
- Emergency and Acute Care
- Child and Family Health
- Mental Health Care
- Primary Health Care

A metaspecialty 'groups specialties with similar skill-sets, knowledge and/or expertise, which comprehensively reflect the diverse healthcare needs of population groups. They are not intended to be mutually exclusive'.[38] It has been suggested that in order to make best use of the NP workforce, the education of NPs should focus on specialty areas such as those identified in the CLLEVER study.

However it should be noted that the Australian Nursing and Midwifery Accreditation Council Nurse Practitioner Accreditation Standards 2015 [39] require that *"The central focus of the program is application of knowledge and skills at the required level that enable the nurse practitioner to provide a patient-centred health service to consumers within a range of health care contexts".*

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[35] KPMG (2018). *Cost Benefit Analysis of Nurse Practitioner Models of Care.* Accessed at: https://www.health.gov.au/sites/default/files/documents/2021/03/cost-benefit-analysis-of-nurse-practitioner-models-of-care.pdf

[36] Davey R, Clark S, Goss J, Parker R, Hungerford C, Gibson D (2015). *National Evaluation of the Nurse Practitioner — Aged Care Models of Practice Initiative: Summary of Findings*. Centre for Research & Action in Public Health, UC Health Research Institute, University of Canberra, Canberra.

[37] Office for Learning and Teaching (2014). *Educating nurse practitioners: advanced speciality competence, clinical learning and governance.* Accessed at: https://eprints.qut.edu.au/204302/1/67076548.pdf

[38] Helms C, Gardner A and McInnes E (2017). *Consensus on an Australian Nurse practitioner specialty framework using Delphi methodology: Results from the CLLEVER 2 study.* Journal of Advanced Nursing, 73(2), 433– 447. https://doi.org/10.1111/jan.13109

[39] Australian Nursing and Midwifery Accreditation Council (2015). *Nurse Practitioner Accreditation Standards 2015*. Accessed at: https://www.anmac.org.au/sites/default/files/documents/Nurse_Practitioner_Accreditation_Standard_2015.pdf

It is important to recognise that there is a balance between the individual's right to choose a specialisation and the need for employers to build a workforce which improves access to quality health care for consumers.

Regional, rural and remote workforce challenges

Health workforce shortages across all disciplines in rural Australia have necessitated the implementation of a range of workforce models, including the use of NPs, as a strategy to improve access, efficiency and quality of care for patients.[40] NPs are providing services to all health settings, especially in rural and remote locations where there are workforce and skills shortages. In 2020, there were 435 NPs working in Modified Monash 2 to Modified Monash 7 areas (that is, regional centres to very remote communities), representing 31% of NPs registered and working as a NP.

The NP model was initially introduced as a potential way to address health service gaps in rural and remote areas. However, the sustainability of the NP model has been questioned, with criticism that NPs have not made a marked difference to gaps in rural health services. Barriers to achieving this include local health service policy and budget constraints, workload, lack of role clarity, lack of jobs and national policy and regulatory systems.[41]

The mandated requirement for NPs working in private practice to enter a collaborative arrangement with a medical practitioner is also a challenge in rural and remote locations, where there may be few medical practitioners with whom to collaborate, which results in reducing patient access to NP care.[42]

[40] Ervin K, Reid C, Moran A, Opie C and Haines H (2019). *Implementation of an older person's nurse practitioner in rural aged care in Victoria, Australia: a qualitative study*. Human Resources for Health, 17(80).
[41] Smith T, McNeil K, Mitchell R, Boyle B and Ries N (2019). *A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia*. BMC Nursing, 18(14).
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Appendix A

Nurse Practitioner 10 Year Plan Steering Committee

The Department has established the Nurse Practitioner 10 Year Plan Steering Committee to help develop the Nurse Practitioner 10 Year Plan and facilitate collaboration between relevant stakeholders.

The responsibilities of the Nurse Practitioner 10 Year Plan Steering Committee include:

- providing evidence-based advice on key policy issues related to development of the Nurse Practitioner 10 Year Plan
- identifying priority issues facing nurse practitioners
- identifying and facilitating contact with relevant stakeholders that are not represented on the committee, as needed
- identifying projects of relevance to the plan within their own organisations and/or jurisdictions
- liaising with the Nursing and Midwifery Strategic Reference Group to provide progress updates on plan development and support links with the development of the National Nursing Strategy; and
- reviewing plan drafts and providing timely feedback.

Membership of the Nurse Practitioner 10 Year Plan Steering Committee is:

Name	Organisation
Adjunct Professor (Practice) Alison J McMillan PSM (Co-Chair)	Australian Government Department of Health
Mr Matthew Williams (Co-Chair)	Australian Government Department of Health
Dr Robina Redknap	Australian and New Zealand Council of Chief Nursing and Midwifery Officers
Dr Chris Helms	Australian College of Nurse Practitioners
Ms Leanne Boase	Australian College of Nurse Practitioners
Mr Chris O'Donnell	Australian College of Nursing
Dr Dan Halliday	Australian College of Rural and Remote Medicine
Dr Richard Kidd	Australian Medical Association
Ms Annie Butler	Australian Nursing and Midwifery Federation
Ms Karen Booth	Australian Primary Health Care Nurses Association
Professor Roianne West	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Ms Roslyn Chataway	Consumers Health Forum
Ms Katherine Isbister	CRANAPlus
Ms Tanya Vogt	Nursing and Midwifery Board of Australia
Dr Rashmi Sharma	Royal Australian College of General Practitioners
Dr Sarah Hayton	The National Aboriginal Community Controlled Health Organisation

Appendix B

Current profile of the nurse practitioner workforce 2020

The data in this profile is drawn from the National Health Workforce Data Set (NHWDS) which includes demographic and employment information for registered health professionals. The data is collected through the annual registration process administered by the Australian Health Practitioner Regulation Agency together with data from a workforce survey that is voluntarily completed at the time of registration.

Figure 1. Numbers and employment status of nurse practitioners 2020

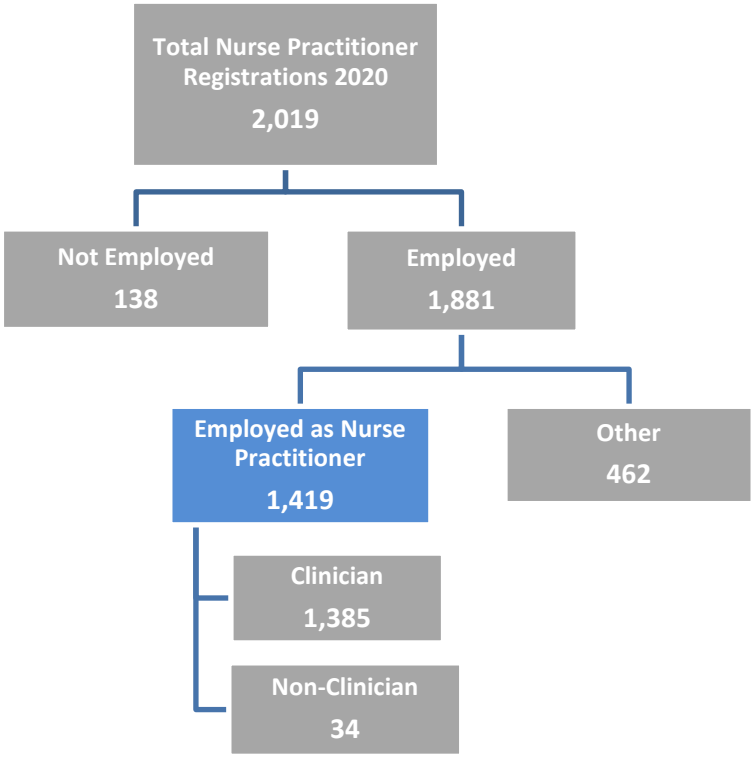

Table 1. Employed as nurse practitioner principal work setting 2020

For those employed as a NP in 2020 (N=1,419), the principal work setting was a hospital (N=578 or 41%), followed by a community health care service (N=215 or 15%) and an outpatient service (N=193 or 14%).

	2020	
	Headcount	Average total weekly hours
Hospital	578	39
Community	215	39
Outpatient service	193	40
General practitioner (GP) practice	84	39
Residential health care facility	78	39
Independent private practice	75	36
Other	54	42
Other private practice	53	39
Correctional service	30	39
Tertiary educational facility	18	38
Aboriginal health service	16	39
Other government department or agency	8	37
Defence forces	6	38
Commercial/business service	6	25
Hospice	4	39
Other educational facility	1	8
Total	**1,419**	39

National Health Workforce Data Set (NHWDS) Nurse and Midwifery, 2020

Table 2. Nurse Practitioner area of practice 2020

For those employed as a NP in 2020, the principal job area was in Emergency (N=319 or 22%). 202 (14%) reported their job area as 'other', of those 134 (66%) listed their job setting as an area delivering primary health care and 35 (17%) in an acute setting.

	2020	
	Headcount	Average nurse weekly hours
Emergency	319	38.7
Other	202	38.2
Medical	157	39.9
Aged care	118	39.8
Mental health	109	39.6
Community nursing	102	38.3
Palliative care	70	39.3
Practice nursing	66	38.1
Neonatal care	48	33.9

	2020	
	Headcount	Average nurse weekly hours
Paediatrics	45	38.4
Surgical	36	38.6
Drug and Alcohol	35	39.1
Critical care	24	38.2
Mixed medical/surgical	22	37.7
Peri-operative	17	37.4
Education	15	33.3
Child and family health	12	39.9
Health promotion	8	25.9
Rehabilitation and disability	6	33.8
Maternity care	3	11
Remaining job areas	5	40
Total	**1,419**	38.5

NHWDS Nurse and Midwifery, 2020

Table 3. Employed as a nurse practitioner, distribution by Modified Monash Model (2019), 2020

The Modified Monash Model 2019 (MMM) classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics, and town size. Under the MMM classification, the majority of NPs work in a metropolitan area (N=984 or 69%).

	2020	
	Headcount	Average nurse weekly hours
MM1 – Metropolitan	984	38.4
MM2 – Regional centres	156	38.1
MM3 – Large rural towns	142	39
MM4 – Medium rural towns	51	39.5
MM5 – Small rural towns	42	36.5
MM6 – Remote communities	10	41.3
MM7 – Very remote communities	34	40.7
Total	**1,419**	38.5

NHWDS Nurse and Midwifery, 2020

Table 4. Employed as a nurse practitioner by Indigenous background, 2020

In 2020, there were 16 NPs who identified as being of Aboriginal and/or Torres Strait Islander background. This represents 1.1% of all people employed as a NP.

	2020	%
Indigenous	16	1.1%
Total	1,419	

NHWDS Nurse and Midwifery, 2020

Table 5. Numbers of Nurse Practitioners 2012-2021

The number of NPs has increased steadily over the past years, from 590 NP endorsements in 2012 to 2,251 in 2021.

Year	March 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	June 2019	June 2020	June 2021
Number of nurse practitioners	590	926	1,087	1,248	1,418	1,559	1,729	1,883	2,069	2,251

Nursing and Midwifery Board of Australia statistics. Accessed 1 October 2021 at: https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx

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