

NURSE PRACTITIONERS – WHAT ARE THEY?

The Nurse Practitioner (NP) level of health care is one of the most important developments in nursing and has the opportunity for significant changes in the Victorian health care workforce. In Victoria the concept of NPs within a health care system is relatively new. Due to the prevalence of chronic disease, increased complexity of patients, and a shortage of healthcare professionals there are increasing pressures on the health care system (Simon, Keating, Thompson, Lee, 2010). NPs have been shown to offer a beneficial service and fill a gap in health care provisions, in primary health care, acute care sectors and in the aged care sector. The service provided by NPs has been demonstrated as specific and highly regarded, by providing care to many under serviced groups such the homeless, women and children, elderly, rural and remote communities, and specialist services in acute care areas (Gardner & Gardner, 2005).

The Australian Nursing and Midwifery Council (ANMC) National Competency Standards (2009) defines a NP as a registered nurse educated for advanced practice who is an essential member of a multidisciplinary health care team and whose role is determined by the context in which they practice. The NP title is a protected title in Victoria with endorsement requirements determined by the Australian Health Practitioner Regulatory Agency (AHPRA, 1999). Endorsed NPs are educated and authorised to function autonomously and collaboratively in an advanced clinical role. An endorsed NP has a Master's of Nurse Practitioner, a minimum of a post graduate diploma qualification in their area of clinical specialty (e.g. palliative care) and will have been practicing nursing at an advanced level in their area specialty for at least 3 years full time (5 years part time) leading up to their endorsement (ANMC, 2011).

The NP is a clinical leader with an obligation to advocate for their patient and their profession at the systems level of health care (Gardner et al 2005). The NP role includes assessment and management of patients using advanced nursing knowledge and skills and may include the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The NP role is grounded in the nursing profession's values, knowledge, theories and practices, and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the NP is determined by the context in which the NP is authorised to practice (ANMC, 2011). The model of practice provides the framework for the role of the NP and defines the types of patients seen by the NP and the scope of practice. It determines what clinical governance structures including policies and guidelines the organisation needs to have in place to support the role and practice at the level of the ANMC competency standards for NPs.

There has been considerable interest and discussion surrounding NP models of care within Governmental agencies, consumer groups and professional health care provider groups including the Australian Medical Association (AMA), The Royal Australian College of General Practitioners, The Royal College of Nursing and Australian Nurses Federation (Department of Human Services, 2006). Key supporters of the NP model of care suggest that health services are able to develop NP service models as one way of addressing the significant workforce shortages already existing in health care sectors. Developing technology, growing community expectations and the ageing population is expected to increase the demand on health services further (Department of Human Services, 2006).

As of 1 September 2010, NPs are able to prescribe under state or territory legislation and apply for approval as a PBS prescriber. The medicines listed for prescribing by NPs are identified by 'NP' in the PBS Schedule. NPs cannot write PBS prescriptions for any other medicines. PBS prescribing is limited by a NP's scope of practice, and state and territory prescribing rights. Prescribing of PBS medicines is also contingent on a prescriber being an endorsed nurse practitioner and having collaborative arrangements in place (Australian Department of Health and Aging, 2011). From 1 November 2010 NPs have had access to Medicare arrangements which include providing Medicare rebateable services, referrals to medical specialists and are able to request certain diagnostic services. NPs now have four consultation items which are time tiered and are based on the complexity of the patient's condition. This item structure enables NPs to treat patients with a broad range of medical conditions in a variety of settings. NPs are able to request pathology and diagnostic services and refer patients to specialist and consultant physicians within their scope of practice (Medicare Benefits Scheme, 2011).

Research that has occurred to date implies that patients are highly satisfied with care that is provided by a NP. Evidence suggests that patients prefer to use a service that considers their lifestyle and where their opinions are taken into account by the health care professional. Patients prefer care that is in partnership with the health care professional. According to Stenner, Courtenay and Carey (2011) patients perception of a NP consultation was that it was non hurried and flexible. They also reported that NPs listened and showed genuine interest. NPs were reported to make suggestions about treatment options and invited discussion and were described as more approachable than doctors. Information given by the NP was found to be clear and understandable, both verbally and written.

The development of the NP role in Victoria has evolved from previous attempts to address concerns of individuals and communities including their calls for improved access to services and quality health care delivery. The importance of collaborative practice in the delivery of best practice care is well recognised. The changes are intended to improve the convenience of services for patients and carers as well as producing quality outcomes. There is commitment to ensuring that Victorians have access to a world-class health care system that is supported by a qualified workforce. The demands placed on our health care system mean that we need to explore alternative methods of patient management and NPs will be able to fill some of the gaps. The positive outcomes found in recent research argue that nurses provide a high standard of care to their patients, and this supports their extended roles within services. The challenge will be to ensure sustainability of the NP role within our healthcare system.

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With best wishes for a Happy Christmas and
a safe and relaxing New Year –
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