

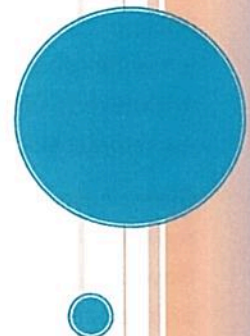
NURSE PRACTITIONERS IN THE AUSTRALIAN CAPITAL TERRITORY IN 2017 – A REVIEW

*Practical and contemporary governance arrangements for
the quality and safety of care for the community*

Version - Final

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Current ACT Health nurse practitioner specific regulation and policy has created an 'exotic species' syndrome for nurse practitioners. There is strong support for the normalisation of the role to bring it in line with the governance of other experienced and expert health professionals working across all sectors of health and aged care.

EXECUTIVE SUMMARY

This review has found the national and generic regulatory regimes controlling the practice, conduct and performance of nurse practitioners are adequate to regulate for the safe, effective, efficient and appropriate practice of nurse practitioners without requiring an overlay of tailored arrangements for this category of registered health professional, in the Australian Capital Territory (ACT).

Current ACT Health nurse practitioner specific regulation and policy has created an 'exotic species' syndrome for nurse practitioners and there is strong support for the normalisation of the role to bring it in line with the governance of other experienced and expert health professionals working across all sectors of health and aged care.

Participants in the review identified that the ACT Health nurse practitioner specific governance arrangements and policy duplicates other mechanisms and increases the financial and resource burden for consumers, ACT Health, employer organisations and the individual nurse practitioners in a number of ways. It also creates major disincentives for the flexible use of this valuable workforce in the public and private, health and aged care sectors.

The recommendations from this review are founded on the primary notion that the role of nurse practitioners in the ACT is 'normalised' to be in line with that of other health professionals; with the clinical governance arrangements for nurse practitioners the responsibility of employers. That said, there continues to be shared responsibilities in the provision of safe, high quality health services between the individual nurse practitioner, the employer and the regulatory authorities such as the Nursing and Midwifery Board of Australia (NMBA) and those responsible for administering the raft of legislation relating to public health, privacy, health care records, the prescribing of drugs, ordering of diagnostics, and many more (Figure 1).

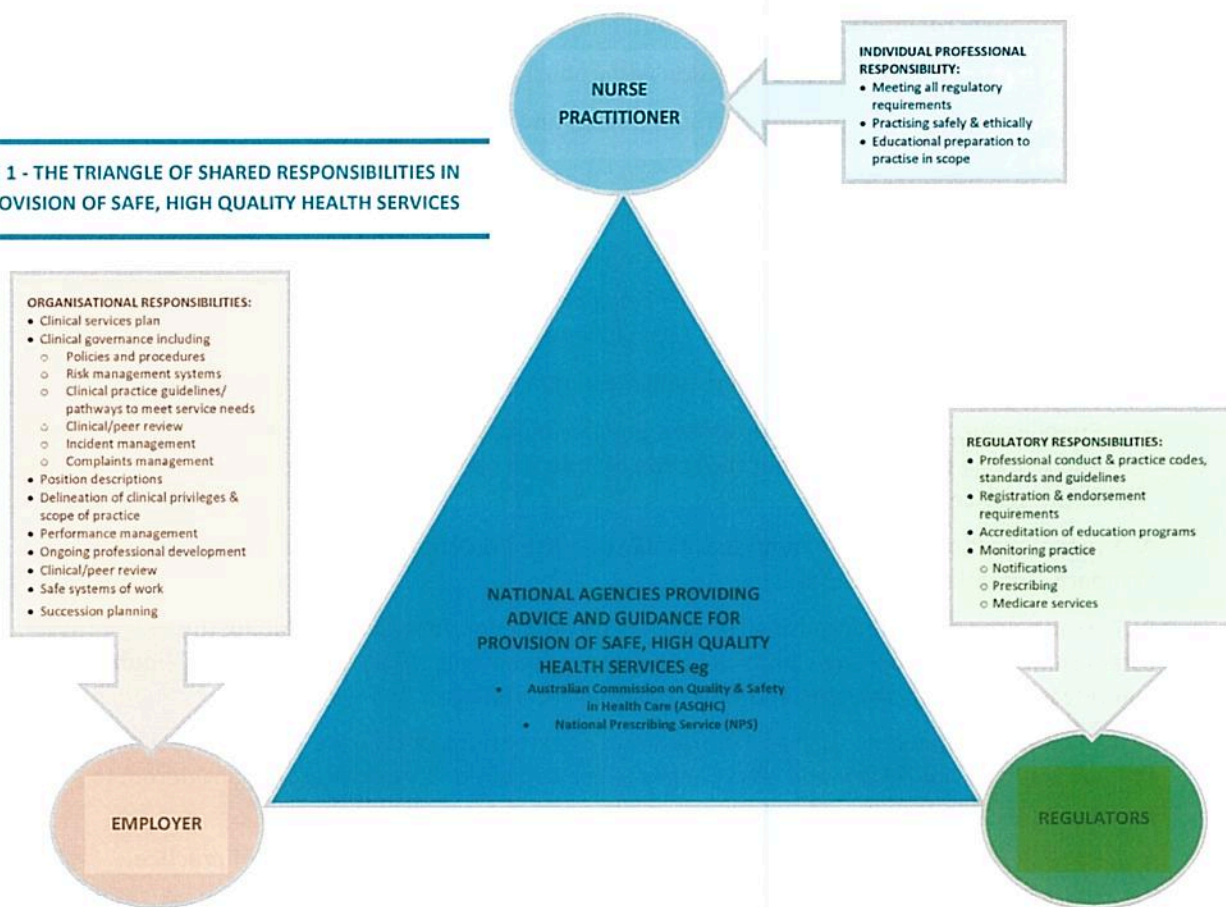
The ACT introduced a robust and comprehensive governance scheme when introducing the role of nurse practitioners into the health workforce in ACT in the mid-2000s. However, much has changed in the health and health workforce landscape across Australia since that time, including the introduction of the national regulatory scheme for health practitioners and increasing evidence that nurse practitioners provide safe, effective, efficient, high quality care that is valued by patients.

Given these changes and the ACT Government commitment to simplify or remove regulation that is redundant or creates unnecessary administrative burdens to the community, including business, Government, other organisations and individuals in the ACT, it is time to bring the role of nurse practitioners in line with the governance arrangements of other health practitioners in the health and aged care systems.

RECOMMENDATIONS

1. The role of nurse practitioners in the ACT is 'normalised' to be in line with that of other health professionals; with the clinical governance arrangements for nurse practitioners the responsibility of employers.
2. All employers have robust clinical governance systems in place for all health professionals (including nurse practitioners) working in the service including:
 - Comprehensive clinical service plans where nurse practitioners are identified as part of a clinical team available to provide services of a particular nature
 - Comprehensive position descriptions outlining the scope of the role in the service
 - Merit based recruitment and selection with robust assessment of qualifications
 - Delineation of clinical privileges (credentialing) and clarity about the scope of practice required for the role
 - Robust clinical review mechanisms
 - Performance review and ongoing professional development
 - Therapeutic guidelines for the services being provided that are relevant to all practitioners and used to the level of individuals' capabilities and scope of practices
 - Clarification of clinical and management lines of responsibility within organisations
 - Enabling succession by other advanced practice nurses gaining higher level experience and working to gradually meet the scope of practice needs for the nurse practitioner role in the service.
3. ACT repeal most regulation relating specifically to nurse practitioners and dismantle current Standard Operating Procedures.
4. ACT Health provide guidelines for all employers on employer obligations including the establishment of appropriate clinical governance arrangements for all health services – public and private/nurse practitioners and other health professionals.
5. Transitional arrangements such as a moratorium or extensions of time are put in place while the outcomes of this review and any changes to the current policy position are considered; to reduce the burden for:
 - Recently appointed nurse practitioners and those due for review of scope of practice, CPGs and formularies
 - Members of CPGACs
 - Employer organisations
 - ACT Health
 - Others involved in the process.
6. A senior policy officer/project manager is appointed to manage the transition and support ACT Health, all employers and nurse practitioners in private practice to ensure they have:
 - A clear communication strategy for the community and all stakeholders
 - The necessary governance arrangements in place for nurse practitioners.

FIGURE 1 - THE TRIANGLE OF SHARED RESPONSIBILITIES IN THE PROVISION OF SAFE, HIGH QUALITY HEALTH SERVICES



ENDNOTES

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