

**Clarifying the roles, responsibilities and accountabilities of  
Nursing Professionals and Aboriginal and Torres Strait  
Islander Health Practitioners in primary care, including  
general practice.**

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## **Introduction**

Nurses and other health workers seeking employment in primary health care and general practice settings may present with a range of qualifications, professional experience and scopes of practice. Ensuring that the right person is selected for a specific position requires an understanding of roles, responsibilities and accountabilities. The purpose of this resource is to demystify the hierarchy of nursing roles, and to clarify terminology relating to the various titles, in particular focusing on information relevant to the primary health and general practice settings.

In July 2012, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers joined Australia's national registration and accreditation scheme. As many of these health professionals work in primary health settings, information about the role of these workers is also included in this resource.

The resource is intended to be used by health professionals, clerical staff and others working with nurses and Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers in primary health care settings.

### ***Using the resource***

The resource kit is set out as a series of fact sheets which explain the status of each nurse classification, explains their accountabilities and responsibilities, provides links to primary and other sources of useful information, and includes scenarios which assist in illustrating how the various professionals may work in the primary health and general practice setting. A similar fact sheet illustrates the roles and responsibilities of Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers.

A diagrammatic representation of the relationships and dependencies which exist between nursing roles is displayed in Figure 2. It is suggested that this could be displayed in poster form for staff in general practices to familiarise themselves with the information. A similar diagram (Figure 2) explains how contexts of practice will define the accountabilities, responsibilities and working relationships for, Aboriginal and Torres Strait Islander Health Practitioners.

### ***A word of caution***

The resource is intended to clarify in general terms, the roles, responsibilities and accountabilities of nurses and Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers. When considering what individual skill sets or scopes of practice may be required for a specific position, it is vital to ensure that the latest information is obtained from the relevant professional National Board. Professional standards and requirements are constantly being updated, and may impact on which health professional best meets the needs of the employer.

# FACT SHEET 1

## General Information about Nurses in Australia

### Definition of nursing

The International Council of Nursing definition of nursing states that:

*Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles<sup>1</sup>*

### Regulation of nursing

In Australia, the Nursing and Midwifery Board of Australia regulates the nursing workforce under the Health Practitioner Regulation National Law (2009) [The National Law]<sup>2</sup>. Nurses are classified as either **registered nurses** (RNs) or **enrolled nurses** (ENs). In addition, **midwives** are registered separately to nursing. **Nurse practitioners** (NPs) are registered nurses who have been **endorsed**. The endorsement of registration identifies registered nurses (and midwives) with additional qualifications and specific expertise which meet the requirements of the relevant registration standard.

*'Nurse practitioners are registered nurses who have been endorsed. The endorsement of registration identifies registered nurses (and midwives) with additional qualifications and specific expertise which meet the requirements of the relevant registration standard'<sup>3</sup>*

These are protected titles, and it is an offence for anyone to make another person believe they are registered under the Act unless they are registered in the profession. This is known as 'holding out'.

Nursing is also defined through a range of professional standards including separate competency standards for the enrolled nurse, registered nurse and nurse practitioner, and the code of conduct and code of ethics for nurses in Australia<sup>4</sup>. Additionally, there are various guidelines which assist nurses to practice safely, to identify their scopes of practice and to meet their continuing professional development requirements.

Following the introduction of national registration in 2010, some previous state categories of registration have been abolished, and potential employers should be aware that some nurses may have notations on their registration which limit their practice to a specific specialty. Currently these notations are: *solely qualified in the area of mental health nursing; solely qualified in the area of paediatric nursing, or solely qualified in the area of disability nursing.*

Anyone can check the registration status of a nurse (or other regulated health professionals) by visiting the AHPRA website at [www.ahpra.gov.au](http://www.ahpra.gov.au)

<sup>1</sup> International Council of Nurses (2010). [www.icn.org.ch](http://www.icn.org.ch)

<sup>2</sup> Australian Health Practitioner Regulation Agency 2013. <http://www.ahpra.gov.au/Legislation-and-Publications.aspx>

<sup>3</sup> Australian Health Practitioner Regulation Agency 2011. <http://www.nursingmidwiferyboard.gov.au/Registration-and-Endorsement/Endorsements-Notations/Endorsement-as-a-nurse-practitioner-registration-standard.aspx>

<sup>4</sup> Australian Health Practitioner Regulation Agency (2012). *Fact sheet: Scope of practice for registered nurses and midwives.* [www.ahpra.gov.au](http://www.ahpra.gov.au)

## FACT SHEET 2

### The Registered Nurse

#### What is a registered nurse?

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, National Board standards and codes, educational preparation, relevant legislation and context of care (ANMC 2006)<sup>5</sup>.

A registered nurse (RN) must have successfully completed an approved Bachelor degree (or, where relevant, an approved post graduate qualification). The minimum duration of the course of study must be equivalent to six semesters of full time study. A newly qualified (or 'entry to practice') registered nurse is expected to be able to practise independently and to take responsibility and accountability for the care they provide. They are also expected to take responsibility for the delegation of care to enrolled nurses (ENs) and other health care workers. Delegation by the RN includes taking into consideration the education, level of training and individual scope of practice of the EN or other health care worker, and the context of care.

Registered nurses working in clinical settings are educated to assess, plan, implement and evaluate nursing care provided to patients and clients across age, cultural and social spectrums. Their work may be undertaken independently or more commonly in collaboration with individuals and the multidisciplinary health care team in order to achieve goals and health outcomes.

An individual RN's scope of practice is determined by a number of factors, such as their level of education, seniority, time in a specific role or specialty, and individual competence levels. **The scope of practice of an individual RN is likely to be more specific than the scope of the profession.**

#### The role of a registered nurse in primary health care and/or general practice settings

'Registered nurses in general practice have a responsibility to seek out and engage in ongoing education and professional development to maintain the competencies that are specific to nursing in general practice settings.' (ANF 2005)<sup>6</sup>

Competency standards for nurses in general practice<sup>7</sup> describe the specialist skills and attributes which a nurse working in the general practice setting should be able to demonstrate after a reasonable period of time working in the general practice setting. Many of these skills and attributes are also relevant in primary health settings such as clinics and schools. Information provided by the Australian Practice Nurses Association<sup>8</sup> identifies that nurses working in primary health care and general practice are likely to participate in:

<sup>5</sup> Nursing and Midwifery Board of Australia (2006). *National Competency Standards for the Registered Nurse*. [www.nursingmidwiferyboard.gov.au](http://www.nursingmidwiferyboard.gov.au).

<sup>6</sup> Australian Nursing Federation (2005). *Competency Standards for Nurses in General Practice*. [www.anf.org.au](http://www.anf.org.au)

<sup>7</sup> Ibid

<sup>8</sup> Australian Practice Nurses Association (2012). *Definition of Primary Health Care*. [www.apna.asn.au](http://www.apna.asn.au).

- health promotion
- illness prevention
- midwifery, antenatal and postnatal care
- treatment and care of sick people
- rehabilitation and palliation
- community development
- population and public health
- education, quality improvement and research
- policy development and advocacy

Whilst these roles are not specific to registered nurses, the RN will practice within his/her scope, which is likely to include providing leadership within the relevant health care setting and delegating, where appropriate, to others.

### Specialist or generalist?

There is some debate about whether nurses working in primary health/general practice settings should be considered 'specialists' or 'generalists' (ie. capable of providing a broad range of clinical interventions). The Coalition of National Nursing Organisations define specialist practice as following and building on a base of generalist practice and focussed... *'on a specific area of nursing. It is directed towards a defined population or a defined activity and is reflective of depth of knowledge and relevant skills'*<sup>9</sup>. The debate may be of significance for employers seeking to employ an RN for a specific role in a practice, such as diabetes education or immunisation. Position descriptions and selection criteria should clearly articulate the requirements of the position.

### Accountabilities

- An RN is accountable for the care and/or actions which he or she provides.
- An RN is accountable for the decision to delegate care to another health professional such as an EN. However, the delegatee is responsible for accepting the delegation, and for the actions they may take as a result of that delegation. (See Fact Sheet 3 – The Enrolled Nurse).
- RNs are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team

'As regulated health professionals, RNs are responsible and accountable for their own practice, and as such are not 'supervised' nor do they provide care 'for and on behalf of' any other health care professional. [In the general practice setting] nurses provide care in collaboration with general practitioners and other health care providers, focusing on positive outcomes for all people'.<sup>10</sup>

<sup>9</sup> Coalition of National Nursing Organisations (2004). Glossary of Terms. *Criteria for Specialties in Nursing | Principles of Credentialling for Nurses*

<sup>10</sup> ANF (2011). *Fact Sheet 7. A snapshot of practice nurses in Australia.* [www.anf.gov.au](http://www.anf.gov.au)

## Scenarios/examples

There is no such thing as a 'typical' RN working in the primary health or general practice setting, but the following indicates innovative roles for RNs:

1. The Murrumbidgee Medicare Local has employed a Parkinson's Disease Nurse who works alongside staff in the Murrumbidgee Local Health District in NSW in delivering a Parkinson's Disease Clinic as well as supporting people in the community with Parkinson's disease and their carers.<sup>11</sup>

2. A practice nurse with an interest in chronic disease management can contribute to the care of patients in the practice by:

- Assessing patients' health needs and ability to manage self-care
- Collect data and map patients' current care and status
- Prepare care plans in consultation with the GP and patient, and arrange new referrals as required
- Collaborating with the GP and with other health professionals involved in the patients' care, collecting and collating information from referral appointments and incorporating information into patients' care/review care plan
- Reassessing and/or reviewing the patients to measure outcomes, offering support including CDM, and presenting reports to the GP
- Asthma care: monitoring, education, health maintenance and planning
- Diabetes care: monitoring, education, health maintenance, and planning<sup>12</sup>

## Further information

- For information about the **regulation** of RNs including professional standards, codes and guidelines and scope of practice decision making tools: see <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx>
- For information relating to the **role of practice nurses** and nurses working in primary health settings: see [www.apna.asn.au](http://www.apna.asn.au) and <http://www.amlalliance.com.au/medicare-local-support/nigp>
- For information relating to the **competency standards for nurses in general practice**: see [www.anf.org.au/documents/reports/compstandards\\_nursesingp.pdf](http://www.anf.org.au/documents/reports/compstandards_nursesingp.pdf)
- For information relating to **the scope of practice** of RNs in primary health or general practice settings see online resource (only available to members) at [www.apna.asn.au](http://www.apna.asn.au)
- For information on RNs in general practice/primary health settings considering **expanding their scope of practice**, see <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PagelD=11962>
- For information about the '**specialist/generalist**' debate, see N3ET Taskforce website. A National Specialisation Framework for Nursing and Midwifery - defining and identifying specialty areas of practice in Australia. 2006. <http://www.nnnet.gov.au/publications.htm>
- For information, including definitions about specialist organisations see the Coalition of National Nursing Organisations website. <http://www.conno.org.au/publications>

<sup>11</sup> <http://www.amlalliance.com.au/medicare-local-support/nigp>

<sup>12</sup> Australian Practice Nurses Association (2013). *The practice nurse role: An overview of typical patient encounters*. <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PagelD=11138>

## FACT SHEET 3

### The Enrolled Nurse

#### What is an enrolled nurse?

An enrolled nurse (EN) has completed an accredited educational program in order to practice. Current minimum approved standards for enrolled nurses in Australia, requires completion of a Certificate IV based accredited program up until 1 July 2014. After this date, the entry to practice standard will be at the Diploma level. In addition, individuals must demonstrate the ability to meet the standards laid down for ENs by the Nursing and Midwifery Board of Australia (NMBA). The NMBA describes the EN as:

‘an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority's license to practise, educational preparation and context of care. Core enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering authority. At all times, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care’.<sup>13</sup>

***\*It should be noted that the EN competency standards are under review, due for completion in late 2013.***

- **Supervision.** The meaning and scope of the terms ‘direct supervision’ and ‘indirect supervision’ in relation to the requirement for RNs to supervise ENs is often questioned. Whilst direct supervision involves the RN being present in the work place with the EN and available to provide immediate support and advice, indirect supervision is less specific. The Australian Practice Nurses Association has an online forum relating to this topic. The introductory information states that:

‘The EN must be supervised directly or indirectly by an RN. Indirect supervision is when the RN is easily contactable but does not directly observe the activities of the EN. The RN may be offsite but must be available for regular, direct communication with the EN. The absence of proximity requires robust processes to be in place for the direction, guidance, support and monitoring of the EN's activities. While an EN is responsible for their actions, the RN is accountable [for the delegation].’<sup>14</sup>

- **Medication administration.** Enrolled nurses must only administer medicines if they have completed the relevant medicine administration education units in a Board-approved educational program. Graduates from Board-approved enrolled nurse courses from 2008 onwards have completed relevant medicine administration units which are included in the curriculum. Enrolled nurses who completed their course prior to 2008 and have not undertaken further study in medication administration will have notations on their registration stating: *Does not hold Board-approved qualification in administration of medicines’*. In such cases, employers must not allow the EN to administer medications under any circumstances.

<sup>13</sup> Nursing and Midwifery Board of Australia (2002). *National Competency Standards for the Enrolled Nurse*. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

<sup>14</sup> Australian Practice Nurses Association (2013). *Discussion forum: EN Supervision*. <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?Pageid=11536>



- **Advanced practice enrolled nurses.** Some enrolled nurses choose to undertake additional study in their chosen specialty role, or for career development. In some workplaces, the title 'Advanced practice EN' is used to describe these nurses with additional knowledge and skills. This is discussed in more detail in Fact Sheet 4, The Advanced Practice Nurse.

## The role of an enrolled nurse in primary health care and/or general practice settings

Enrolled nurses have the opportunity to work in most of the areas of practice also open to RNs (see RN Fact Sheet). The opportunities open to ENs are only limited by the individual scope of practice of the EN, and state or territory legislation which may restrict practice, for example, administration of some medications. An EN who has undertaken additional specialist training may be in an excellent position to assist an RN or other members of the healthcare team in providing a range of primary care services to the local community.

### Accountabilities

As noted above, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care. When an RN delegates a task to an EN, it is the responsibility of the EN to either accept or reject the delegation depending on the individual circumstances, the EN's scope of practice, the policies or procedures of the employer, legislation or other determining factors.

### Scenario/Example

The following example of an EN's description of her role in a rural general practice provides evidence of the opportunities which may exist for ENs in primary health roles, and the benefits that employment of an EN may have for a general practice.

'My role is varied and includes coordination of chronic care and support of patients' self-management of their chronic disease, managing all things to do with immunisations and vaccines, dressings, ECGs and the other usual suspects of treatment room, mole scanning, venipuncture, spirometry and as with most Practice Nurse roles, the list goes on!

I enjoy the varied role as PN and am passionate about chronic disease management. I completed the Flinders Model of Chronic Self-Management in 2008 and later that year participated in the Australian Primary Care Collaboratives. These two projects gave me the knowledge and confidence to become coordinator of chronic care at the practice.

Some of you may be surprised that an Enrolled Nurse can have such a high profile in General Practice! I work with a great clinical team and within my scope of practice. My role is supported and valued within the practice and my small community<sup>15</sup>.

<sup>15</sup> Australian Practice Nurses Association. Cathy Pearce – Candidate listing for APNA Board. <http://www.apna.asn.au/scripts/cgiip.exe/WService=APNA/ccms.r?PageID=11437>



## Further information

- For information about the **regulation** of ENs including professional standards, codes and guidelines and scope of practice decision making tools: see <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx>
- For information relating to the **role of practice nurses** and nurses working in primary health settings: see [www.apna.asn.au](http://www.apna.asn.au) and <http://www.amlalliance.com.au/medicare-local-support/nigp>
- For information relating to the **competency standards for nurses in general practice**: see [www.anf.org.au/documents/reports/compstandards\\_nursesingp.pdf](http://www.anf.org.au/documents/reports/compstandards_nursesingp.pdf)
- For information relating to **the scope of practice** of ENs in primary health or general practice settings see online resource (only available to members) at [www.apna.asn.au](http://www.apna.asn.au)
- For **general information** about enrolled nurses, see the National Enrolled Nurses Association of Australia website at <http://www.nena.org.au/>

## FACT SHEET 4

### The Advanced Practice Nurse

#### What is an Advanced Practice Nurse?

As noted in the RN Fact Sheet, specific competencies and standards which are endorsed by the Nursing and Midwifery Board of Australia (NMBA) define the registered nurse's role at all levels of practice extending across a career from the time of entry into the profession. All RNs, regardless of their level of experience must be able to meet these standards in order to register for practice each year.

Nurses who progress through their career and gain additional qualifications, experience and expertise in their chosen area of practice may be recognised as practising at an advanced level – and in some work places this is formally recognised by the use of the term 'advanced practice nursing' (APN). **The title APN is not formally endorsed by the NMBA**, but in order to become a nurse practitioner (NP), the NMBA requires a nurse to be able to demonstrate that he/she practises *at an advanced level*.

In order to identify the characteristics of an advanced practice nurse, in 2005 the Australian Nursing Federation (ANF) produced competency standards for the advanced registered nurse. These standards have assisted education providers in developing curricula for post graduate courses, assisted employers to recognise the attributes of nurses practising at an advanced level, and provided nurses with clear guidance relating to the professional expectations for practising at an advanced level.

Whilst much of the literature discusses advanced practice nursing from a clinical perspective, it is agreed that **the term also covers nurses working at an advanced level in other areas** such as education, managerial or research roles.

**Advanced practice nursing (APN)** is the term used to define a level of nursing practice that uses comprehensive skills, experience and knowledge in nursing care...APN can be defined as the application of advanced levels of knowledge, skill and experience by the nurse to the nurse-patient/client relationship.

Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity.

The basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship in order to achieve optimal outcomes through critical analysis, problem solving and accurate decision making. (adapted from NMBA 2013)<sup>16</sup>.

<sup>16</sup> NMBA (2013). *Fact sheet on advanced practice nursing*. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ.aspx>

## The role of the advanced practice nurse in primary health care and/or general practice settings

Whilst there is limited reference to primary health and practice nurses working at advanced levels in the Australian literature, the skills and attributes of an RN practising at an advanced level can be widely used in the primary health and general practice settings.

'The advanced registered nurse in general practice uses postgraduate education and broad experience in general practice to make evidence-based decisions, often in complex situations. The advanced registered nurse has the ability to initiate change towards direct patient care and outcomes, including health promotion and intersectoral collaboration. The advanced registered nurse, as a member of the general practice team has an active role in leadership, management, education, research and health service design, in response to and in anticipation of patient population needs'.<sup>17</sup>

Both overseas and in Australia, APNs are reported to have taken leading roles in practice management, sexual health roles, aged care community programs, school health programs, mens health to name but a few<sup>18</sup>.

### The Advanced Practice Enrolled Nurse

Enrolled nurses have the opportunity to undertake further study, and may be able to work in extended roles as dictated by the employer. In some workplaces they may be called advance practice enrolled nurses. However, the requirement to be supervised either directly or indirectly by an RN remains. In 2005, the ANF produced 'Competency standards for the advanced enrolled nurse', which provides guidance to employers on the roles which ENs with advanced skills may fulfill.<sup>19</sup>

'The advanced enrolled nurse in general practice uses post enrolment education and broad experience in general practice to provide a high level of patient care and health promotion. The advanced enrolled nurse can undertake a greater scope of delegated responsibility and can practice with more indirect registered nurse supervision. The advanced enrolled nurse acts as a leader for other enrolled nurses and a valuable resource for other members of the general practice team.'<sup>20</sup>

### Accountabilities

**APNs are accountable for their own practice** in the same way as any RN. The individual scope of practice of an APN will be determined, as with any nurse, according to their level of seniority, educational preparation, skill, the context of practice and other factors such as local legislation, policies and practices of the employer, and regulatory standards.

<sup>17</sup> SANDS in GP (2012). *Definition of advance practice nursing*. <http://www.thesandsingpframework.com/about.htm>

<sup>18</sup> ADVANCE project (2012) *Annotated bibliography – understanding enablers to participation in advanced training and advanced roles for Primary Care Nurses project*. <http://www.thesandsingpframework.com/about.htm>

<sup>19</sup> Australian Nursing Federation (2005). *Competency standards for the advanced enrolled nurse*. <http://anf.org.au/pages/competency-standards>

<sup>20</sup> SANDS in GP (2012). [http://www.thesandsingpframework.com/individual\\_nurse/nurse\\_definitions.htm#en](http://www.thesandsingpframework.com/individual_nurse/nurse_definitions.htm#en)

An EN practising at an advanced level remains accountable for accepting a delegation from an RN, and accountable for their actions.

'As regulated health professionals, RNs are responsible and accountable for their own practice, and as such are not 'supervised' nor do they provide care 'for and on behalf of' any other health care professional. [In the general practice setting] nurses provide care in collaboration with general practitioners and other health care providers, focusing on positive outcomes for all people'.<sup>21</sup>

## Scenario/example

Working as an APN comes in many different guises. The following describes what one nurse leader in general practice has achieved:

'In my role I demonstrate the patient's clinical needs, the projects and funding opportunities that can best meet patients' needs, [and] proactively recruit staff who are opportunistic, positive and genuinely interested in making a difference and willing to take on challenging roles. I provide pathways for staff to embrace programs with flowcharts. I have developed a nurse leader for each team in each centre so there is a local go to nurse leader for the nurses, GPs and reception staff.'

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres<sup>22</sup>

The following scenario describes one of the key characteristics of an APN – the ability to integrate knowledge from different disciplines and health care teams, to effectively meet the needs of individual clients

'We have vascular patients, and they range in complexity with multiple problems, diabetes etc , so you know they've got other teams of doctors as well [so] we tend to use, and I coordinate a collaborative approach in care for these patients. So we're looking at using physios and pharmacists, and doctors, nurses, from a wide range, diabetic educators, so we work in a collaborative approach to actually deliver our care'<sup>23</sup>

## Further information

- For information relating to the advanced **competency standards for registered nurses**: see <http://anf.org.au/pages/competency-standards>
- For information relating to the advanced competency standards for enrolled nurses: see <http://anf.org.au/pages/competency-standards>
- For information relating to the advanced practice nursing role: see Fact Sheet on advanced practice nursing. May 2013. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/FAQ.aspx>
- For information relating to the **Supporting advanced nursing and development in general practice** project: see [www.thesandingspframework.com/about.htm](http://www.thesandingspframework.com/about.htm)

<sup>21</sup> ANF (2011). *Fact Sheet 7. A snapshot of practice nurses in Australia*. [www.anf.gov.au](http://www.anf.gov.au)

<sup>22</sup> AML Alliance (2012). Leadership in action. Learning module. <http://www.amlalliance.com.au/medicare-local-support/nigp/leadership>

<sup>23</sup> ANF (2005). *Competency standards for the advanced registered nurse*. [www.anf.org.au](http://www.anf.org.au)

## FACT SHEET 5

### The Nurse Practitioner

#### What is a Nurse Practitioner?

The nurse practitioner (NP) is a nurse with advanced practice and specialist skills working in a defined area of clinical practice. The role of the NP can be differentiated from an APN or generalist RN by their '*extended practice in the areas of advanced clinical assessment, prescribing, referral and diagnostics and their ability to ...deal in unconventional and innovative ways with complexity and novelty in the delivery of effective health care*'.<sup>24</sup> The scope of practice of the nurse practitioner will vary depending on the context in which the nurse practitioner practices.

**Nurse practitioner** means a nurse whose **registration has been endorsed by the Board** as a nurse practitioner under section 95 of the National Law. A nurse practitioner is a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations. The role is grounded in the nursing profession's values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers (*National Competency Standards for the Nursing Practitioner*, ANMC 2006)

Whilst NPs are no longer regulated to practice in approved locations or contexts of practice, they **must practice according to their own scope of practice in the same way any regulated nurse is required to do so**. This is particularly important because 'they will, in all probability, have the authority to administer, supply and/or prescribe scheduled medications. This authority is conferred under the relevant drugs and poisons legislation for the state or territory in which nurse practitioners practise. The conditions of each authority will depend on the requirements of the specific legislation'.<sup>25</sup>

#### Differentiation between the NP role and advanced practice role

Whilst NPs are advanced practice nurses, the NP role most notably differs from the advanced practice role as **NPs are endorsed by the NMBA** to practice autonomously and collaboratively at an advanced level. This includes **prescribing medications and ordering diagnostic tests**. This differs from advanced practice roles where an APN may have delegated authority to initiate a medication approved and ordered by another health professional according to a pre-approved standing order, but does **not** have the authority to prescribe. In addition, unlike APNs, who are not necessarily working in a specifically defined clinical setting, NPs usually have clearly defined contexts of practice.

#### Requirements to become an NP

The registration standard on endorsement as a nurse practitioner states that an applicant seeking endorsement as a nurse practitioner must be able to demonstrate:

<sup>24</sup>Gardner, G., J. Carryer, et al (2004). *The Nurse Practitioner Standards Report: Report to the Australian Nursing and Midwifery Council*. Canberra, Australian Nursing and Midwifery Council

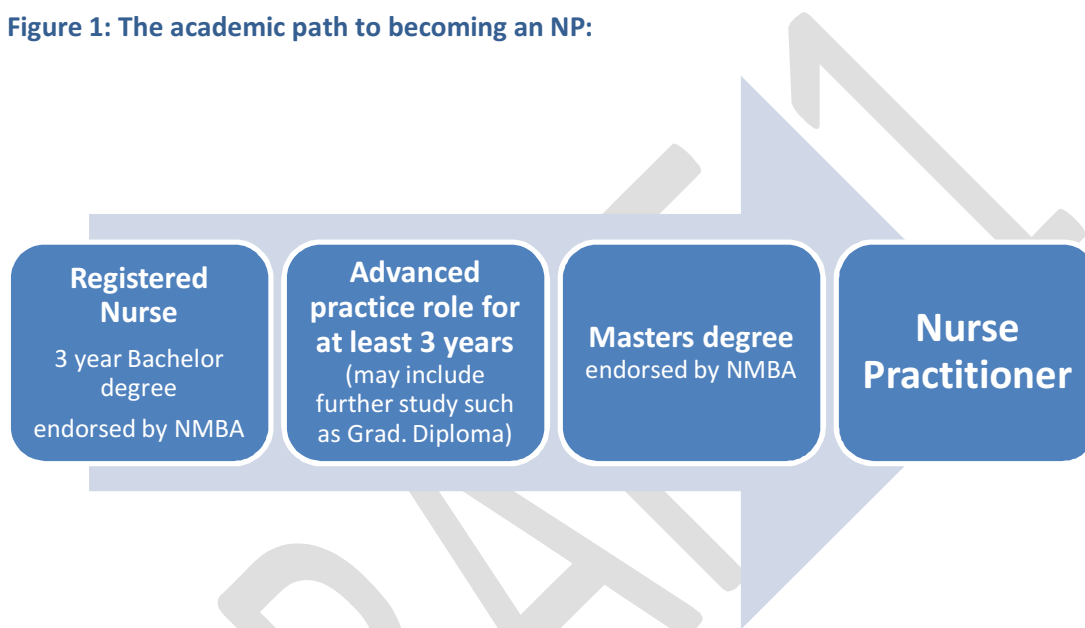
<sup>25</sup> NMBA (2011). *Guidelines on endorsement as a nurse practitioner*.

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD11%2F4616&dbid=AP&chksu m=l%2FCqoEc5bwC4pqbJEAp9IA%3D%3D>

- Current general registration as a registered nurse with no conditions on the registration relating to unsatisfactory professional performance or unprofessional conduct
- the equivalent of three (3) years' full-time experience in an advanced practice nursing role within the previous six (6) years from date of lodgement of application
- Completion of a Board-approved nurse practitioner program of study at Master's level or equivalent as determined by the Board
- Compliance with the *National Competency Standards for the Nurse Practitioner* and
- Compliance with the Board's registration standard on continuing professional development as a registered nurse.<sup>26</sup>

**Note: The National Competency Standards for the Nurse Practitioner are currently under review (June 2013).**

**Figure 1: The academic path to becoming an NP:**



## The role of the NP in primary health care and/or general practice settings

There are now believed to be at least 30 NPs working in primary health or general practice settings in Australia. These range from NPs working in general practice, sexual health outreach clinics, in wound care, diabetes education and renal settings.

## Accountabilities

As NPs are registered nurses, they are accountable for their practice as described in the RN Fact Sheet. In addition, Standard 2 of the National Competency Standards for the NP<sup>27</sup> state that: the NP 'demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions.... Professional efficacy also means that the nurse practitioner participates as a senior member of any multidisciplinary team, recognising nursing autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client.

<sup>26</sup> NMBA (2011). *Guidelines on endorsement as a nurse practitioner*.

<http://www.nursingmidwiferyboard.gov.au/documents/default.aspx?record=WD11%2F4616&dbid=AP&chksu m=I%2FCqoEc5bWc4pqbJEAp9IA%3D%3D>

<sup>27</sup> NMBA (2006) *National Competency Standards for the Nurse Practitioner*.

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

## Scenario

The following scenario is one of several examples detailed in the AML Alliance publication entitled 'Nurse Practitioners in Primary Care. Benefits for your practice' (2012).<sup>28</sup>

For seven years Meredith has worked in a large urban general practice in Tasmania. After four years of employment as a general practice nurse she presented the nurse practitioner role to her employers and asked if it would be suitable for their practice. "I wanted to develop my career... they were very supportive and allocated some of my time to do the clinical component of the nurse practitioner training and one GP gave me time as a clinical mentor."

Meredith was endorsed as a nurse practitioner in 2011 and remains in the same practice setting. Her scope of practice is diverse and includes care for acute minor illnesses, diabetes management, immunisation, women's health, wound care, workplace medical exams and residents' reviews at aged care facilities. There was some role confusion early on, especially for the reception staff, who were unsure which patients Meredith could see and what medicines she could prescribe. "I made it part of my responsibility to ensure that the GPs and reception staff were aware of my role." Meredith's transition from general practice nurse to NP was facilitated by her longstanding role within the practice, in which part of the time she had been nurse manager. "The staff respected me and understood my work ethic, and they [GPs] supported my decision to become a NP."

## Further information

The *Nurse Practitioner competency standards* can be found at <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx>

For further information about **NPs nationally and by state**, see the Australian College of Nurse Practitioners website at <https://www.acnp.org.au/content/acnp-governance.html>

For information about the **benefits of employing NPs in general practice**: see AML Alliance. *Nurse Practitioners in Primary Care. Benefits for your practice'* (2012). [www.acnp.org.au/images/NP\\_business\\_case](http://www.acnp.org.au/images/NP_business_case)

For more detailed **overview of the NP role**: see *The ANF Fact Sheet 6 (2012)*. A snapshot of nurse practitioners in Australia. <http://anf.org.au/pages/anf-fact-sheets>

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<sup>28</sup> AML Alliance (2012). *Nurse Practitioners in Primary Care. Benefits for your practice'* [www.acnp.org.au/images/NP\\_business\\_case](http://www.acnp.org.au/images/NP_business_case)



## FACT SHEET 6

### Aboriginal and Torres Strait Islander Health Practitioners

#### What is an Aboriginal and Torres Strait Islander Health Practitioner?

In 2012, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers were included as a new regulated profession under the Australian Health Practitioners Regulatory Agency. The role is specific to the Aboriginal and Torres Strait Islander population with workers providing care exclusively to these target groups. The titles of these professionals vary, with the most common title being the Aboriginal and Torres Strait Islander Health Worker (ATSIHW), which was the title used by the regulatory authority in the Northern Territory prior to moving to national registration in 2012. Since that time, and for the purposes of national registration, **the protected title under the National Law (2009) is Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP).**

The National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) states that:

'Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) play a vital role in the primary health workforce. They provide clinical and primary health care for individuals, families and community groups. They deal with patients, clients and visitors to hospitals and health clinics. They also assist in arranging, coordinating and providing health care in Aboriginal and Torres Strait Islander community health clinics<sup>29</sup>.

The NATSIHWA constitution defines an ATSIHP as an Aboriginal and/or Torres Strait Islander person who is in possession of a **minimum qualification within the fields of primary health care work or clinical practice.**

There are a number of educational pathways from Certificate II through to Diploma and Advanced Diploma level qualifications for ATSIHPs to enter the profession – however, the Aboriginal and Torres Strait Islander Health Practice Board of Australia has set the minimum qualification for application for national registration as the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

Prior to July 2012, ATSIHWs were only registered in the Northern Territory. All practitioners who were registered with the Aboriginal Health Workers Board of the Northern Territory (NT) were automatically transferred to the National Scheme on 1 July 2012. Practitioners who were not registered in the NT but who held a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) have been eligible to apply for registration as an Aboriginal and Torres Strait Islander health practitioner. There have also been grandparenting provisions enabling others to apply for registration up until 1 July 2015.

<sup>29</sup> NATSIHWA (2012) *The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework*. <http://www.natsihwa.org.au/information-publications/>

## The role of the Aboriginal and Torres Strait Islander Health Practitioner in primary health care and/or general practice settings

The ATSIHP workforce is very diverse, and may be found working in a variety of primary health care environments such as Aboriginal Community Controlled Health Organisations or in the public health system. Many also work in general practices, acute hospitals and non-government organisations.<sup>30</sup>

ATSIHWs perform a broad range of tasks which may include:

- the treatment of disease or injuries
- maintaining health records and statistics
- acting as communicator and interpreter on behalf of clients and other health workers
- taking part in case management and follow up, either independently or with other health care providers
- providing health education to individual clients and health staff
- providing cultural education to people outside the cultural community
- providing life skills education, counselling and referral for crisis intervention in the community they serve
- providing input into the planning, development, implementation, monitoring and evaluation of all health programs in the community, and
- carrying out administrative duties including budgeting and correspondence.<sup>31</sup>

### Accountabilities

The relationships between Aboriginal and Torres Strait Islander health workers and nurses vary according to context. They may work autonomously or be accountable to a registered nurse for activities the registered nurse has delegated to them. They may also work directly under the supervision of another health professional.

Due to the diversity of roles, practice setting, scopes of practice and levels of educational attainment, the ATSIHW Professional Practice Framework (2012)<sup>32</sup> has been developed to provide guidance for ATSIHPs regarding their professional and ethical accountabilities and responsibilities. The Framework also considers and differentiates between the various levels of experience of ATSIHPs.

The Framework, which includes 4 domains, requires that all ATSIHPs are responsible and accountable for:

1. Providing culturally safe health care
2. Delivering health care in a holistic way
3. Caring for the Community
4. Leading and developing self and others.

<sup>30</sup> NATSIHWA (2012) *The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework*. <http://www.natsihwa.org.au/information-publications/>

<sup>31</sup> NATSIHWA (2013) website. <http://www.natsihwa.org.au/the-profession/>

<sup>32</sup> NATSIHWA (2012) *The Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework*. <http://www.natsihwa.org.au/information-publications/>

Within these four domains, responsibilities and accountabilities are articulated dependent on whether the practitioner is practising as 'new' to the profession, experienced or practising at an advanced level. Importantly, from the perspective of other health professionals working in the primary health setting, the fourth domain emphasises **collaboration and communication with other health professionals**.

### **Scenario (permission to include this scenario is pending)**

Gwynda has worked in Aboriginal health since the mid 1980s, and is currently the Clinic Coordinator for a Health Service in Katherine, Northern Territory. Gwynda is very passionate about working in Aboriginal health and feels she can be a voice for her community. She explains:

'All these years later, I still like it and it still feels like I am achieving something'. I enjoy middle management as it allows me to become aware about the political side of Aboriginal health. I also like to be involved in education and resources, especially as a mentor and senior registered Aboriginal Health Worker. I am still loving being able to do clinical screening as it gives me contact with our people. I have seen a few generations within family structures over the years which I have enjoyed seeing develop. I enjoy both levels of my position; administration and clinical primary health care.

As a Supervisor and the Clinic Coordinator, it has been an experience and adventure to nurture, mentor and teach young staff to develop into mature, competent registered Aboriginal Health Workers and this does not happen straight away. With support and encouragement, the young become respectable health workers for the future and our next leaders.'

When asked if there was one thing she would like to do to improve the health of her community, Gwynda stated: 'Help people to look at health/sickness in a holistic way- you do not have to be sick to come into the clinic to have a check-up, so come in and have a check-up at any time. I think that one of the messages is "Education plays a part in any community and community education is needed so that our people can be aware of the help/support that is available at all times during working hours".'

### **Further information**

For information about Aboriginal and Torres Strait Islander Health Practitioners' regulatory requirements or professional standards: see <http://www.atsihealthpracticeboard.gov.au/>

For information about the Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework (2012): see <http://www.natsihwa.org.au/information-publications/>

For general information about Aboriginal and Torres Strait Islander Health Practitioners: see <http://www.natsihwa.org.au/the-profession/>

For information about the National Aboriginal and Torres Strait Islander Health Workforce: see *National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2011–2015*. [www.health.gov.au/internet/main/publishing.nsf/.../nsfatsihfinal](http://www.health.gov.au/internet/main/publishing.nsf/.../nsfatsihfinal)

## Glossary of terms

**Accountability** means that nurses must be prepared to answer to others, such as health care consumers, their nursing regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The registered nurse who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.<sup>33</sup>

**Context of practice** refers to the conditions that define an individual's nursing practice. These include the type of practice setting (such as healthcare agency, education organisation, private practice); the location of the practice setting (such as urban, rural, remote); the characteristics of patients or clients (such as health status, age, learning needs); the focus of nursing activities (such as health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals.<sup>34</sup>

### Scope of Practice

#### ***Scope of practice of a profession***

A profession's scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

#### ***Scope of practice of an individual***

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. To practise within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence. Decisions about both the individual's and the profession's practice can be guided by the use of decision-making tools. When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.<sup>35</sup>

### Supervision

**Direct supervision** is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.

**Indirect supervision** is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.<sup>36</sup>

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<sup>33</sup> NMBA (2007). *A national framework for the development of decision making tools for nursing and midwifery practice*. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework>

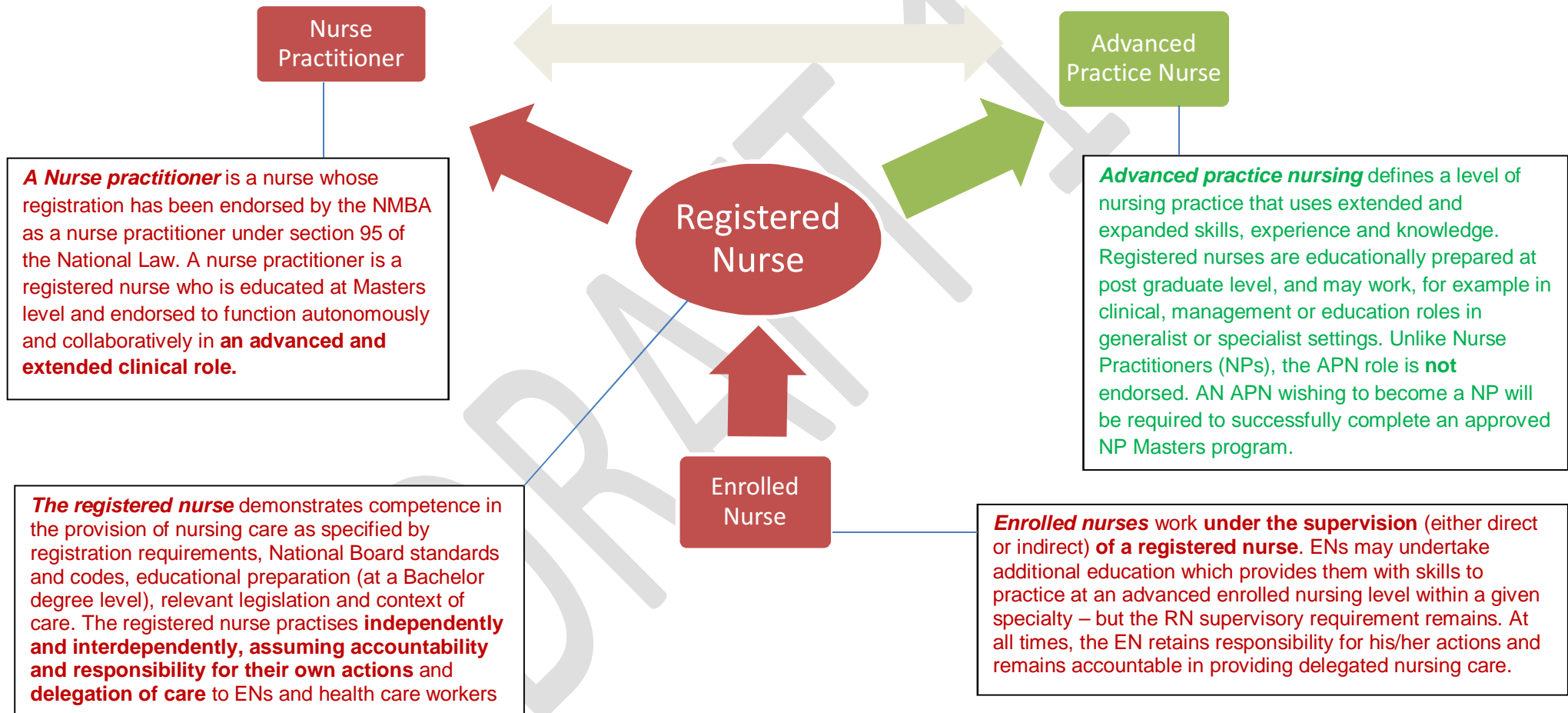
<sup>34</sup> Australian Nursing and Midwifery Council (2009). *Continuing Competence Framework for Nursing and Midwives*

<sup>35</sup> NMBA (2007). *A national framework for the development of decision making tools for nursing and midwifery practice*. <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework>

<sup>36</sup> Ibid

Figure 2

Nurses Providing Care in the Primary Health/General Practice Setting



\* Red text denotes regulated roles

Figure 3. Accountabilities and responsibilities of Aboriginal and Torres Strait Islander Health Practitioners

