ABOUT NURSE PRACTITIONERS

Nurse practitioners are registered nurses who have authority to practice independently and collaboratively in an expanded clinical role. The role was established in the United States in 1965, and in Australia in 2000. By June 2021, there were over 2250 nurse practitioners in Australia.

Nurse practitioner is a legally protected title with the role supported by legislation at both state and national level. Nurse practitioners have professional autonomy and are responsible and accountable for the care they provide for each episode of care. Nurse practitioners are required to hold professional indemnity insurance. They consult with their nursing peers, medical specialists, general practitioners and allied health professionals, to provide quality, holistic care to their patients. They work collaboratively to ensure patients’ care is integrated across the primary, secondary and tertiary healthcare settings.

CLINICAL COLLABORATION WITH NURSE PRACTITIONERS

The purpose of implementing the nurse practitioner role in Australia was to increase the flexibility of the health workforce and thereby increase access to care for Australian communities, particularly those in underserved and marginalised populations.

Nurse practitioners work collaboratively as part of multi-professional and multidisciplinary teams of health professionals providing healthcare. In some clinical environments, nurse practitioners work very closely with medical, nursing and allied health colleagues, while in other clinical environments (e.g. rural and remote or private practice) their role may have less frequent interactions with other providers.

As advanced clinicians, nurse practitioners often spend longer on consultations, providing clinical assessment, diagnostic reasoning and evaluation of care, together with health promotion, education and opportunistic care. As clinical leaders, nurse practitioners are a key resource for clinical staff support and education (formal and opportunistic) and are commonly involved in setting and supporting local clinical standards and practice reviews and influencing health service delivery.

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NURSE PRACTITIONERS SCOPE OF PRACTICE AND CREDENTIALLING

Nurse Practitioners are fully responsible for working within their own Scope of Practice. Like other registered health professionals, the nurse practitioner will have a generalist scope of practice, and may have additional specialty practice built upon that foundation.

All health professionals have a scope of practice. It describes the skills, knowledge and attributes of an area and context of practice in which they are competent to practice autonomously. It is within a nurse practitioner’s ability to assess and diagnose health problems, order and interpret diagnostic investigations, formulate and assess response to treatment plans, prescribe medicines and refer to other health professionals within their individual areas of competence. Nurse practitioners may also admit and discharge from health services, including hospital settings.

Additionally, nurse practitioners may need to be credentialed according to health service credentialing frameworks and policies. This may vary from state to state and also within and between different health services and regions. This can cause challenges for nurse practitioners when commencing a new role in an region or health service with no prior experience of nurse practitioners, as the role may not be fully understood.

COLLABORATIVE ARRANGEMENTS

Often confused with Clinical Collaboration (which is a professional responsibility), the Collaborative Arrangements for nurse practitioners solely relate to whether the patient is entitled to a Medicare rebate on the cost of a nurse practitioner service, or a PBS subsidy on their prescriptions. The Collaborative Arrangements therefore can impact directly on patients access to care, especially where they are misinterpreted, or used to limit the practice of a nurse practitioner, and where a person may not be able to access a medical practitioner. There is no requirement for a nurse practitioner to add details of their Collaborative Arrangement to referrals, or requests for pathology or radiology. Many nurse practitioners also request diagnostics as private (paid) services due to MBS limitations.

COLLABORATIVE ARRANGEMENTS CAN BE ESTABLISHED IN ANY OF THE FOLLOWING WAYS:

(a) a collaborative arrangement in which the eligible nurse practitioner is employed or engaged by:
   (i) one or more medical practitioners; or
   (ii) an entity that employs or engages one or more medical practitioners;
(b) a collaborative arrangement in which a medical practitioner refers a patient to the eligible nurse practitioner in writing;
(c) a collaborative arrangement in which the eligible nurse practitioner and one or more medical practitioners make an agreement in writing, signed by each party;
(d) a collaborative arrangement in which the eligible nurse practitioner:
   (i) has acknowledgement from one or more medical practitioners that the practitioner will be collaborating in the care of a patient or patients; and
   (ii) tells each patient to whom the arrangement applies that the nurse practitioner will be providing care to the patient within an arrangement with one or more medical practitioners that provides for consultation, referral of the patient and transfer of the patient’s care (as required by subsection (3)); and
   (iii) makes the records required by section 8 in relation to each patient to whom the arrangement applies


FACT SHEET: NURSE PRACTITIONERS - CLINICAL COLLABORATION, SCOPE OF PRACTICE AND COLLABORATIVE ARRANGEMENTS [CLINICIAN VERSION, SEPTEMBER 2021]
EXAMPLES OF COLLABORATIVE ARRANGEMENTS AS THEY APPLY OR DO NOT APPLY TO THE LEGISLATION:

Nurse Practitioner Anne works in a city General Practice. She is engaged as a sub-contractor, in the same way as the doctors in the practice (with a fee split arrangement). As she is engaged by an entity that also engages medical practitioners, this satisfies the requirement under the legislation. A doctor does not have to be on site for Anne to practice, nor do the doctors have any supervisory responsibilities.

Nurse Practitioner Brad works in his own practice in a rural community. He has a written Collaborative Arrangement with a General Practitioner, stating that the two health professionals are in a Collaborative Arrangement that meets the requirements under the legislation. Although they work 300km apart, each knows they can call the other to discuss any clinical concerns. Brad regularly corresponds and communicates with local GPs, Nurses and other Medical Specialists, as this is in the best interests of his patients.

Nurse Practitioner Corinne is employed by a Community Health Service and leads clinical care at one site. As the same Community Health Service engages Medical Practitioners at other sites, and communication is established between them, this satisfies Collaborative Arrangement requirements and a written document is not required.

Nurse Practitioner David works in a busy Public Hospital Emergency Department. As MBS and PBS do not apply in this setting, he does not require a Collaborative Arrangement.

Nurse Practitioner Eileen works in her own practice. Her patients pay private fees for her services and any tests ordered, and they are advised they are not eligible for MBS rebates. She writes only Private Prescriptions (Non-PBS). Eileen does not require a Collaborative Arrangement. Eileen also advises her patients that the service fees and medicine costs will not be contributing to their Safety Nets.

Nurse Practitioner Faye has a one-page document that outlines her scope of practice, and supervisory arrangements with a local General Practitioner, who works in another practice. As this does not directly relate to the Collaborative Arrangements under the legislation, Faye’s patients may not be eligible to claim MBS rebates on her services, or access PBS subsidised prescriptions. She should be advised to review this document ASAP with the General Practitioner to ensure it does in fact meet the legislated requirements.

FURTHER READING:
Visit: www.acnp.org.au
Nurse practitioners in primary care.
https://www.nbmphn.com.au/Resources/Programs-Services/Primary-Care-Support/Nursing/PD-Guidelines/
Nurse-Practitioner-Business-Cases

REFERENCES

i. Nursing and Midwifery Board of Australia 2020
ii. Nurse practitioners: A solution to accessible healthcare. Australian College of Nurse Practitioners (ACNP), 2017
iii. National Health (Collaborative arrangements for nurse practitioners) Determination 2010