



Nurse Practitioner Forum

Stawell, Victoria

Tuesday 17<sup>th</sup> February 17<sup>th</sup> 2015

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(Contemporary Nursing and Midwifery Practice)

# Contemporary Nursing and Midwifery Practice Program

Rural and Isolated Practice Endorsed Registered Nurse (RIPERN)

Nurse Cystoscopy

Nurse Endoscopy

Nurse – Led limited X-ray service (SRHS)

Endorsed Midwives

Nurse Practitioners

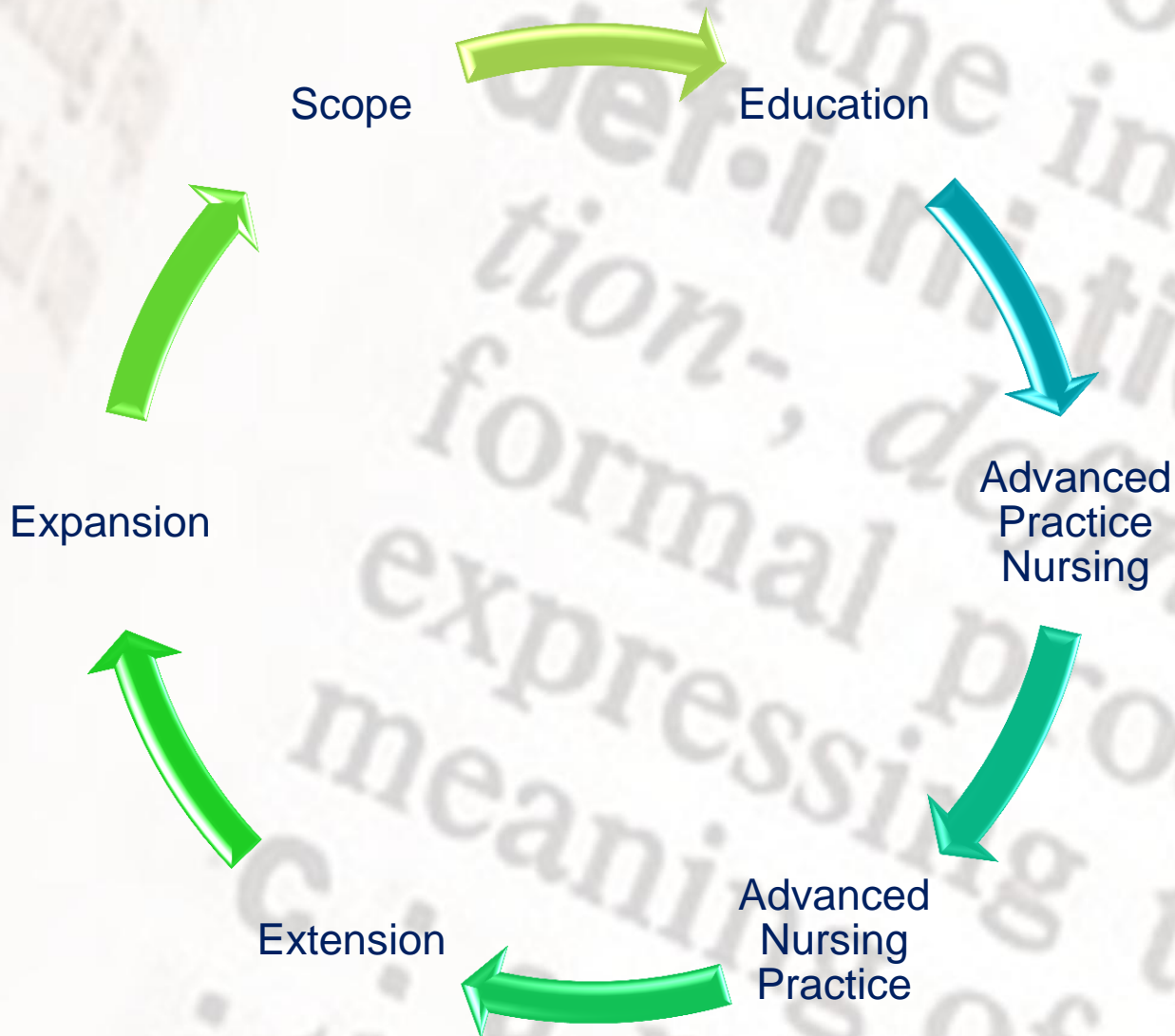


**Advanced nursing practice (ANP):** ANP is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements. Advanced nursing practice is a level of practice and not a role. It is acknowledged that advanced nursing practice is individually attributed within a regulated nursing scope (Enrolled Nurse, Registered Nurse or Nurse Practitioner).

**Advanced practice nursing (APN):** APN in the Australian nursing context identifies the additional legislative functions of an endorsed Nurse Practitioner that are outside the contemporary Registered Nurse scope of practice. Advanced practice nursing as a Nurse Practitioner is a qualitatively different level of advanced nursing practice to that of the Registered Nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience; and continuing professional development.

NMBA (2013). Australian Nurse Practitioner Standards for Practice:

<http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/nurse-practitioner-standards-of-practice.aspx>



# Advanced practice

In 2012 the International Council of Nurses Nurse Practitioner / Advanced Practice Nursing Network estimated that at least 70 countries either have, or are considering introducing advanced practice roles.

An international survey on advanced practice nursing education, practice, and regulation identified that:

- only 23 of 32 countries surveyed formally recognised the NP/APN role
- of these only 11 countries have licensure maintenance/registration or renewal requirements
- while 71% of countries had some form of NP/APN education, only 15 identified the Masters Degree or equivalent as the most prevalent credential
- further, even within individual countries there can be variability.

Pulcini, Jelic, Gul & Loke (2010)

# NURSE PRACTITIONERS IN VICTORIA

Nurse Practitioner Endorsement	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP	Total
October 2013	36	240	15	259	79	22	153	158	4	966
October 2014	37	261	16	301	100	25	197	185	6	1,128

Note: No principal place of practice (PPP) will include nurses and midwives with an overseas address

Figures taken from NMBA Registration Data - September 2014

Currently DH support more than 50 NPC's in public health services, the community sector and Primary care settings through VNPP model implementation rounds, NPC support packages and scholarships.

The present focus of funding activity is in Aged care and chronic disease management but the program continues to support Palliative Care, Mental Health / Drug & Alcohol services , Oncology, Renal & Neonatal services.

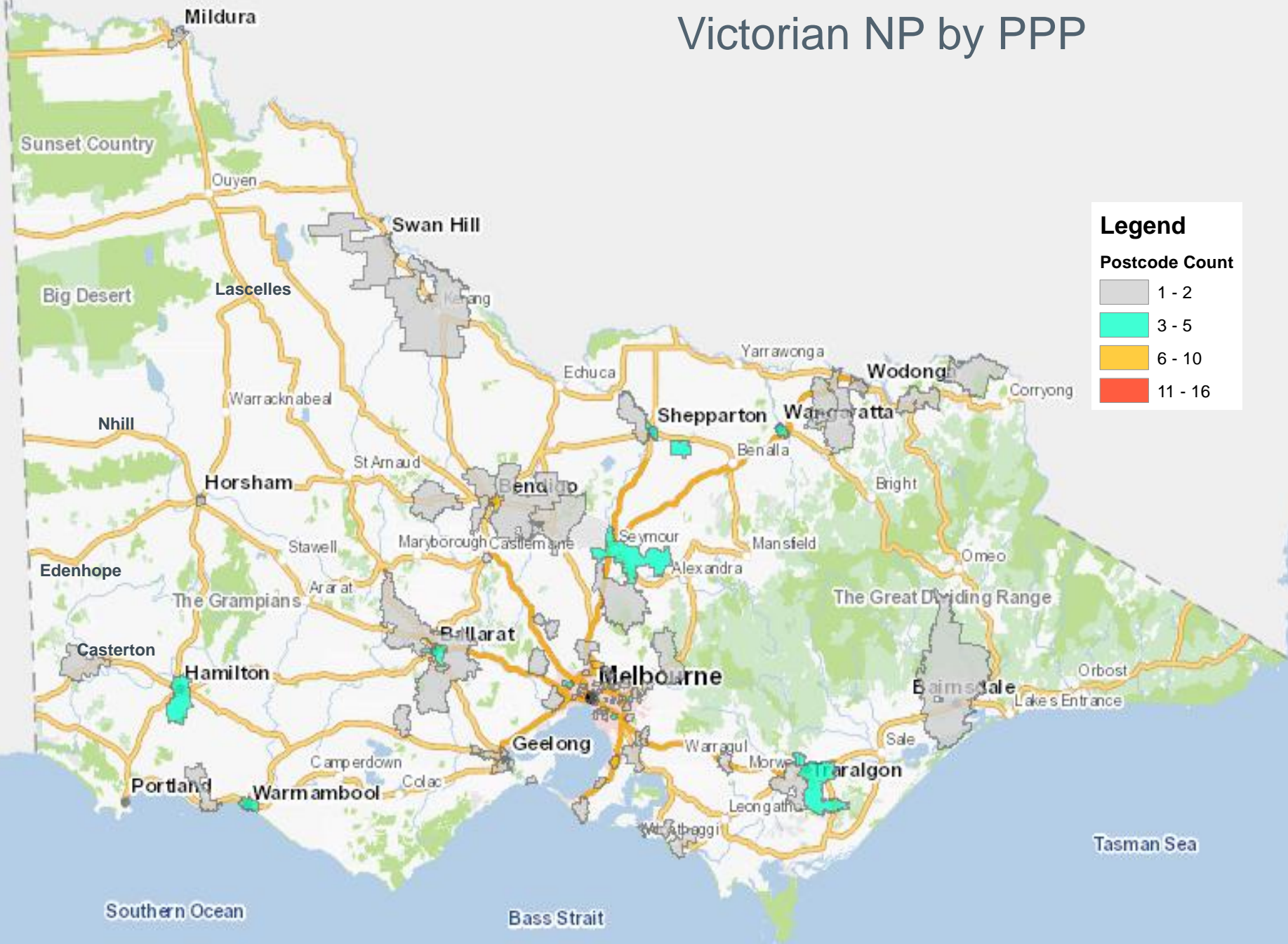
**More that are not DH funded,** Studying but not formally appointed as candidates or in ineligible work places

Most larger services now have >3 NP's and >5 NPC's

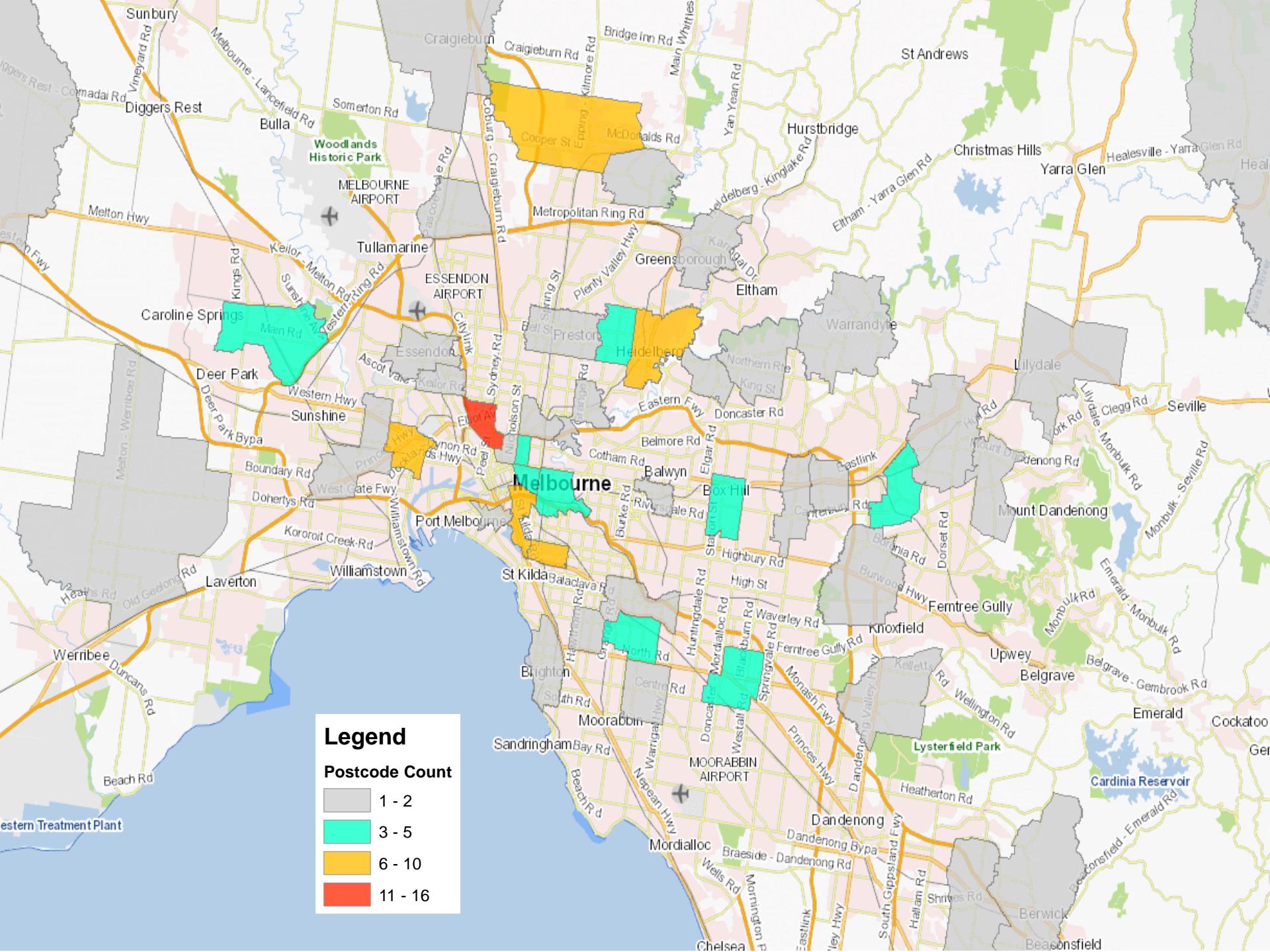
Increasing numbers have > 1 NPC in same area



# Victorian NP by PPP

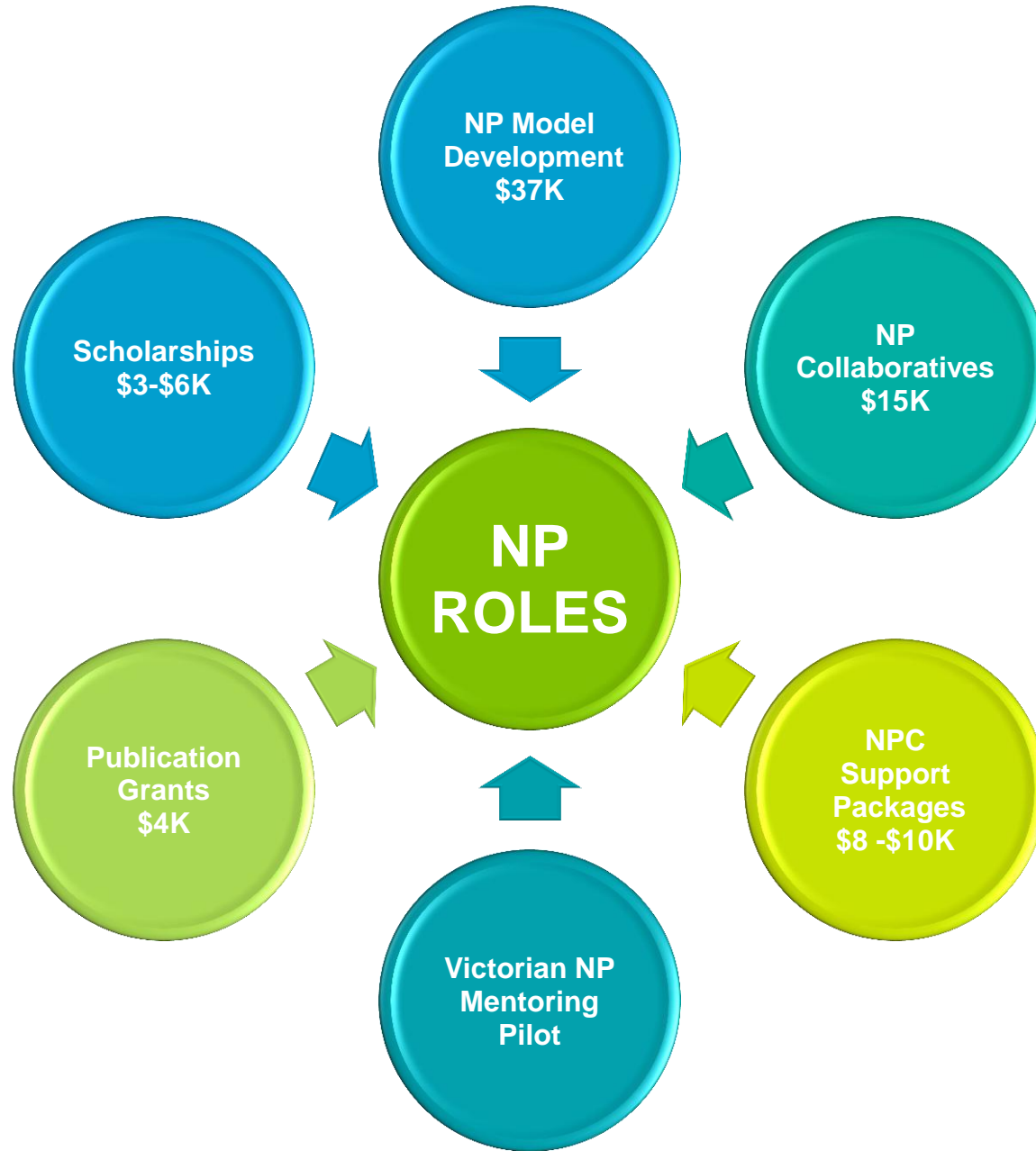








# The Victorian Nurse Practitioner Program (VNPP)



# AHPRA - Approved Programs of Study

## **Victoria**

Deakin University, Master of Nursing Practice (Nurse Practitioner)

La Trobe University, Master of Nursing (Nurse Practitioner)

Monash University, Master of Advanced Nursing (Nurse Practitioner)

University of Melbourne, Master of Advanced Nursing Practice (Nurse Practitioner)

## **South Australia**

Flinders University, Master of Nursing (Nurse Practitioner)

## **Queensland**

James Cook University, Master of Nursing (Nurse Practitioner)

Queensland University of Technology, Master of Nursing Science (Nurse Practitioner)

University of Queensland, Master of Nurse Practitioner Studies

## **Northern Territory**

Centre for Remote Health / Flinders University, Master of Remote Health (Nurse practitioner)

Charles Darwin University, Master of Nursing (Nurse Practitioner)

## **Western Australia**

Curtin University, Masters of Nursing (Nurse Practitioner)

Edith Cowan University

Master of Nursing (Nurse Practitioner)

## **New South Wales**

University of Newcastle, Master of Mental Health Nursing (Nurse Practitioner)

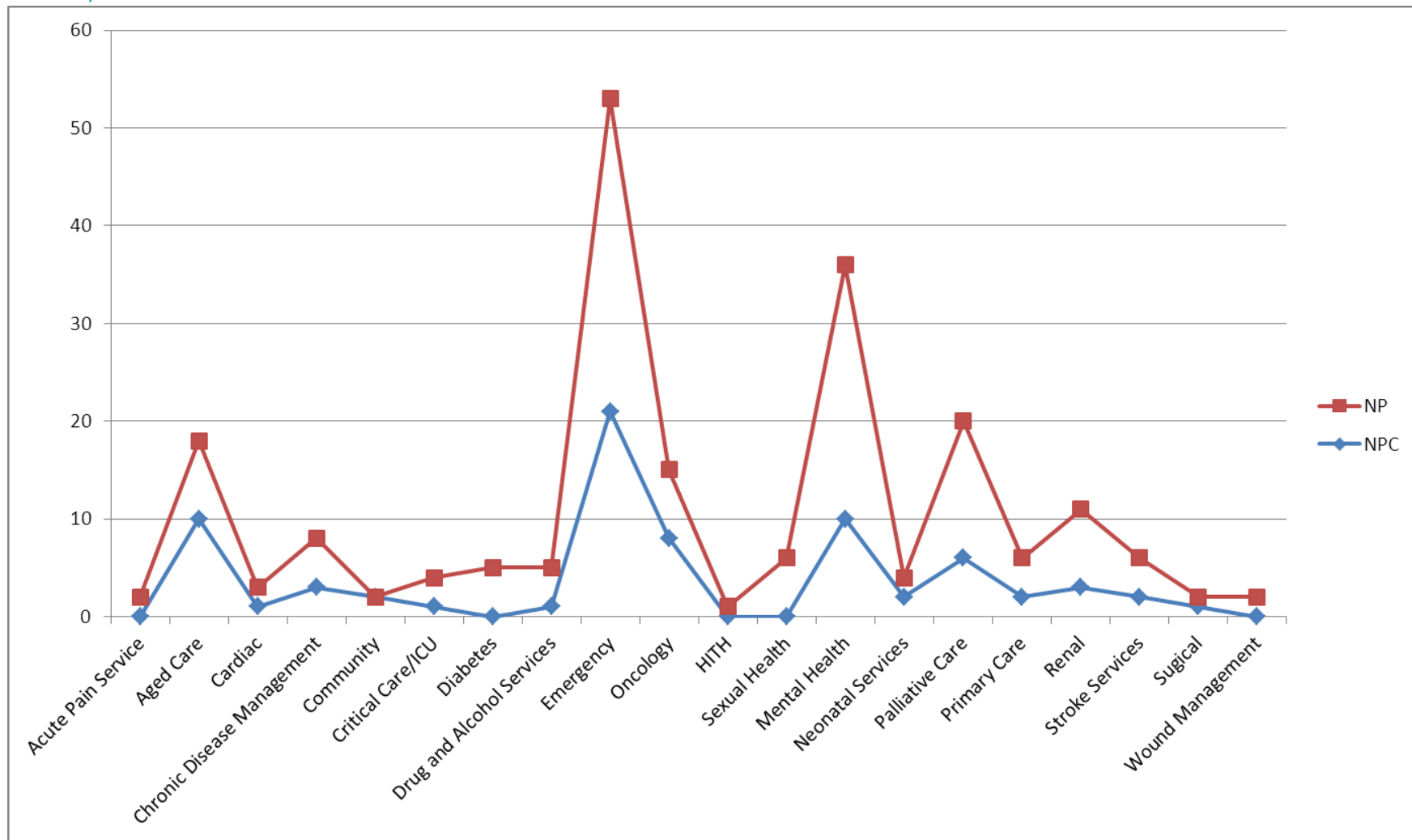
University of Newcastle, Master of Nursing (Nurse Practitioner)

University of Sydney, Master of Nursing (Nurse Practitioner)

University of Technology Sydney, Master of Advanced Nursing in Nurse Practitioner

University of Western Sydney, Master of Mental Health Nursing (Nurse Practitioner)

# NP/NPCs in Victoria by Area of Practice (October 2014)



# Is it a NP role?

The NP is a predominantly **clinical** role **providing direct services to clients/patients**. NPs are expected to be Autonomous, Collaborative and able to manage an “episode of care”

## *Consider the difference*

Ordering a test or Initiating a protocol **Vs.** Differential diagnosis

## Nurse Practitioner Standards for Practice

### Standard 1:

Assesses using diagnostic capability

### Standard 2:

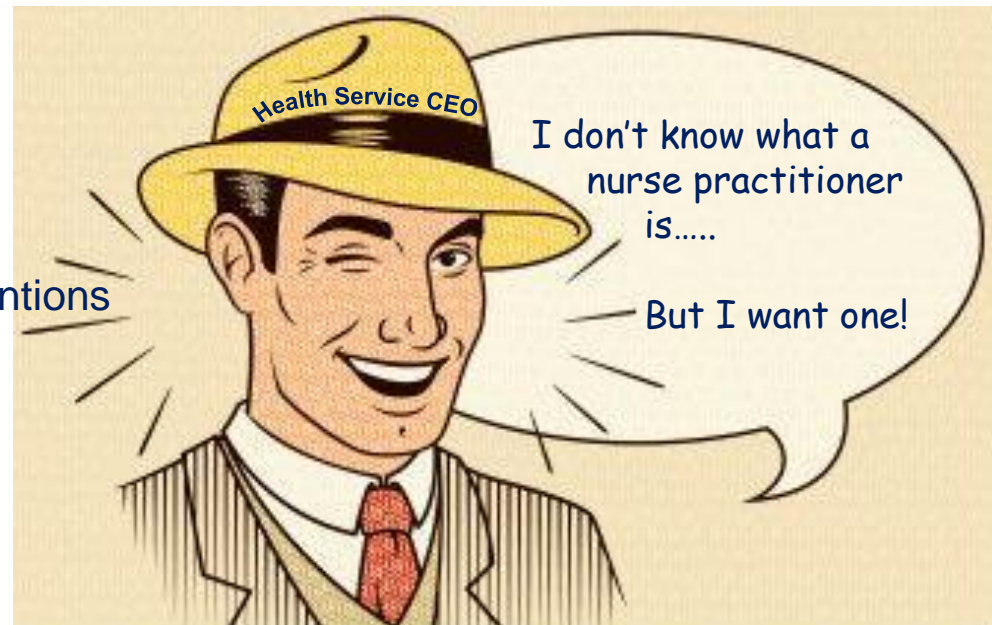
Plans care and engages others

### Standard 3:

Prescribes and implements therapeutic interventions

### Standard 4:

Evaluates outcomes and improves practice





# What is VNPP model development funding for ?



Meeting a service gap  
Appointing/preparing NPCs → NPs  
Changing care/service model



**It is:**

- ☒ The start of a process
- ☒ Implementation
- ☒ About a Role & Service



**NOT:**

- ☒ About an individual
- ☒ A reward for seniority or long service

# NP CANDIDATE

In Victoria a **Nurse Practitioner Candidate** is defined as a registered nurse (division 1, 3 or 4), **engaged** to undertake a course of study and undertake clinical experience leading to endorsement as a nurse practitioner.

A registered nurse engaged as a NP candidate (as defined) shall be classified and paid their substantive salary.

*(Australian Industrial Relations Commission 2006)*

# Schedule B – Classifications & Salary Increases

RN Rates - Effective from first pay period commencing on or after:

<b>Classification/Level</b>	<b>31/03/2012</b>	<b>31/03/2013</b>	<b>31/03/2014</b>	<b>31/03/2015</b>
<b>NP Y1</b>	<b>\$1,699.50</b>	<b>\$1,742.00</b>	<b>\$1,785.60</b>	<b>\$1,830.20</b>
<b>NP Y2</b>	<b>\$1,761.90</b>	<b>\$1,805.90</b>	<b>\$1,851.00</b>	<b>\$1,897.30</b>

NURSES AND MIDWIVES (VICTORIAN PUBLIC SECTOR) (SINGLE INTEREST EMPLOYERS) ENTERPRISE AGREEMENT 2012-2016

NP working full time are now AT LEAST \$10 -14,000 per annum better off than if they had remained in their previous role.

## NP models – Alignment with policy:

Effective, contemporary and innovative models of nursing care within the appropriate context

Aligned with key Government policy directions such as (but not limited to):

- Victorian Cancer Action Plan
- *Mental Health Matters: Victorian Mental Health Reform Strategy 2009-2019*
- *A New Blueprint for Alcohol and Other Drug Treatment Services 2009-2013*
- Australian Government Department of Health and Aging TCP Guidelines (2011)

**And (arguably) even more importantly:** Your relevant local, regional or organisational service plans.



# NP models in Aged Care and CDM services:

Address the priority areas identified in *Victorian Health Priorities Framework 2012-2022*

Focus on admitted & non-admitted acute health settings that enhance:

- Interface with referring specialists, GP's and physicians
- Implementation of innovation/role redesign models and evidence-based practice
- Delivery of services along the patient continuum
- Partnerships between generalist health providers and specialist service providers and formal referral pathways in acute services

Supporting links between sectors and the delivery of care in people's homes by:

- Improving access to services across inpatient and community sectors
- Improving understanding of the role of the NP in the delivery of care in the acute and community settings
- Improving ability to deliver care along the patient continuum including acute management and assessment, and care provision in a variety of settings, with a particular emphasis on outpatient and home based settings

# Victorian NP Authorisations

From 1 July 2010, (national registration) NPs working in Victoria have had a notation on their registration in one of eight notation categories:



Acute & Supportive Care	81
Care of the older person or Aged care	14
Critical care	50
Maternity Care	1
Mental health	34
Paediatric Care	10
Peri operative Care	5
Primary Care	49
<b>Total</b>	<b>244</b>

All lists are available on the drugs and poisons website: <http://www.health.vic.gov.au/dpu/prescriber/nurse.htm>

# MBS

NP's can provide Medicare rebateable primary care services, within their scope of practice under:

- 4 time tiered attendance items
- 6 Telehealth items &
- 10 specific pathology items.

[www.mbsonline.gov.au](http://www.mbsonline.gov.au)

To access Medicare arrangements, a NP must:

- have a Medicare provider number
- be working in a private practice
- have professional indemnity insurance &
- have collaborative arrangements in place with a medical practitioner.

# Medicare Items Comparison Table: GP & NP

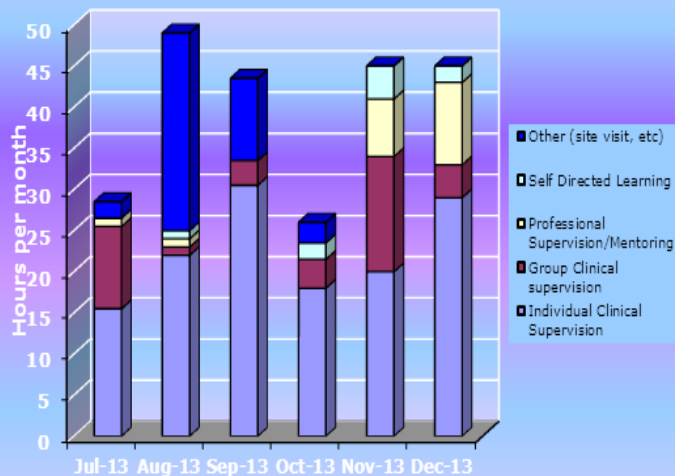
GP Code	Item	Location	MBS Rate	NP Code	Item	MBS rate BB	NP % of GP
3	Straightforward	Consulting Rooms	\$16.30	82200	Straightforward	\$8.00	49%
4	as above	Not consulting rooms or RACF	\$41.30	Nil			19%
20	as above	RACF	\$61.25	Nil			13%
23	< than 20 min	Consulting Rooms	\$35.60	82205	< than 20 min	\$17.50	49%
24	as above	Not consulting rooms or RACF	\$60.60	Nil			29%
35	as above	RACF	\$80.55	Nil			22%
36	At least 20 min	Consulting Rooms	\$69.00	82210	At least 20 min	\$33.15	48%
37	as above	Not consulting rooms or RACF	\$94.00	Nil			35%
43	as above	RACF	\$113.95	Nil			29%
44	At least 40 min	Consulting Rooms	\$101.55	82215	At least 40 min	\$48.85	48%
47	as above	Not consulting rooms or RACF	\$126.55	Nil			39%
51	as above	RACF	\$146.50	Nil			33%
2100	Telehealth 5 min	Consulting Rooms (outer metro)	\$21.60	Nil			N/A
2125	as above	RACF	\$65.65	Nil			N/A
2126	Telehealth < 20 min	Consulting Rooms (outer metro)	\$47.10	82220		\$23.60	50%
2138	as above	RACF	\$91.15	82223		\$23.60	26%
2143	Telehealth > 20 min	Consulting Rooms (outer metro)	\$91.35	82221		\$44.80	49%
2179	as above	RACF	\$135.40	82224		\$44.80	33%
2195	Telehealth >40 min	Consulting Rooms (outer metro)	\$134.40	82222		\$65.90	49%
	as above	RACF	\$178.45	82225		\$65.90	37%



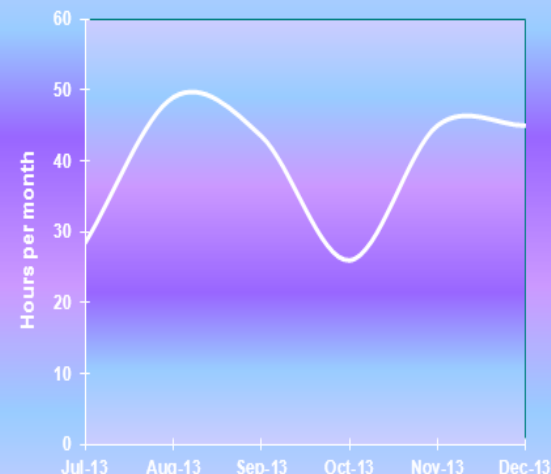
# VNPP Log Book

NPC Full Name  
NPB ID Number 0  
Area of Practice Chronic Disease Management  
Employer/Health Service 0  
Date commenced as NPC 0/01/00  
Estimated Date of Presentation to NMBA 0/01/00

Breakdown supervised activities by month



Total supervised hours by month



Period	Total Hours
Activity Log 1 Jul-13	28.5
Activity Log 2 Aug-13	49
Activity Log 3 Sep-13	43.5
Activity Log 4 Oct-13	26
Activity Log 5 Nov-13	45
Activity Log 6 Dec-13	45

Activity Log 1	Jul-13	%
Individual Clinical Supervision	15.5	54%
Group Clinical supervision	10	35%
Professional Supervision/Mentoring	1	4%
Self Directed Learning	0	0%
Other (site visit, etc)	2	7%
Grand Total	28.5	

Activity Log 2	Aug-13	%
Individual Clinical Supervision	22	45%
Group Clinical supervision	1	2%
Professional Supervision/Mentoring	1	2%
Self Directed Learning	1	2%
Other (site visit, etc)	24	49%
Grand Total	49	

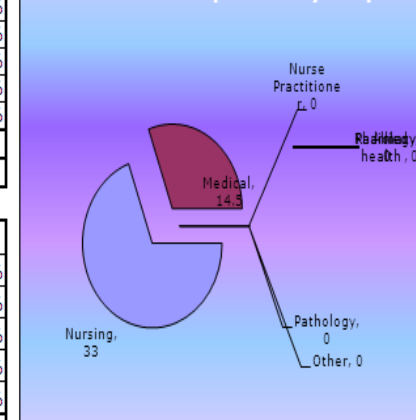
Activity Log 3	Sep-13	%
Individual Clinical Supervision	30.5	70%
Group Clinical supervision	3	7%
Professional Supervision/Mentoring	0	0%
Self Directed Learning	0	0%
Other (site visit, etc)	10	23%
Grand Total	43.5	

Activity Log 4	Oct-13	%
Individual Clinical Supervision	18	69%
Group Clinical supervision	3.5	13%
Professional Supervision/Mentoring	0	0%
Self Directed Learning	2	8%
Other (site visit, etc)	2.5	10%
Grand Total	26	

Activity Log 5	Nov-13	%
Individual Clinical Supervision	20	44%
Group Clinical supervision	14	31%
Professional Supervision/Mentoring	7	16%
Self Directed Learning	4	9%
Other (site visit, etc)	0	0%
Grand Total	45	

Activity Log 6	Dec-13	%
Individual Clinical Supervision	29	64%
Group Clinical supervision	4	9%
Professional Supervision/Mentoring	10	22%
Self Directed Learning	2	4%
Other (site visit, etc)	0	0%
Grand Total	45	

Hours Supervision by discipline



# Collaboratives / Communities of Practice

Stroke Care NPC Collaborative **Austin Health**

Oncology **Monash Health**

The Vic CDM NP Collaborative (Previously Renal)  
**Bendigo Health**

Palliative care NP Collaborative **St Vincent's Health**

Victorian Emergency NP Collaborative **Alfred Health**

Mental Health and Alcohol and Drugs  
**Austin and NE Health Wangaratta**

Older Persons NP Collaborative  
**NE Health Wangaratta and Northern Health**

# QUESTIONS / COMMENTS

