



Australian Government

**Department of Health
and Aged Care**

Nurse Practitioner Workforce Plan



Assistant Minister's Foreword

Australia's health and aged care system is supported by a highly trained workforce of which nurses make up the largest component. The nurse practitioner role has been embedded in Australia for more than 20 years, however, the workforce remains small, with only 2,200 endorsed nurse practitioners in 2021. This workforce needs to grow to help address inequities in access and outcomes so all Australians can get the care they need when they need it.

With an ageing population, the burden of chronic illness and increasing complexities of care, the health care needs of Australians have changed. Current care delivery models are struggling to meet increasing demands, and innovative ways of delivering health care are required.

The Strengthening Medicare Taskforce report clearly identified the need for multidisciplinary teams of health care professionals working to their full scope of practice to provide quality, person-centred continuity of care to deliver better health outcomes. Nurse practitioners have the skills, knowledge, expertise and legal authority to provide preventative care as well as diagnose and treat people of all ages with acute and chronic health conditions.

The Nurse Practitioner Workforce Plan aims to enhance the accessibility and delivery of person-centred care for all Australian communities through a well distributed, culturally safe nurse practitioner workforce. It provides strategic directions for the next 10 years and beyond. It details how to remove the barriers currently facing the workforce and build the workforce, while increasing access to care for all Australian communities.

Successful implementation of this Plan will mean that Australian communities will have a better understanding and awareness of the role of nurse practitioners with greater access to nurse practitioner services. It will also mean that nurse practitioners will have the support they need to work to their full scope of practice and that the nurse practitioner workforce will grow and reflect the diversity of the community.

Achieving the Plan's intended outcomes will need coordination and collaboration from all governments and key stakeholders across Australia.

I commend this Plan for its vision to grow the workforce and to better utilise the nurse practitioner workforce to deliver the care that Australians need and deserve.



Ged Kearney

Assistant Minister for Health and Aged Care

Nurse Practitioner Steering Committee Foreword

The Nurse Practitioner Steering Committee (NPSC) was established in August 2021 to facilitate collaboration between government and non-government stakeholders on development of the Nurse Practitioner Workforce Plan.

Committee members included representatives from nursing, medical, consumer and First Nations organisations. Committee members provided a range of perspectives and expert advice on supporting nurse practitioners and addressing workforce concerns. Each member will have a role to play in bringing forward reform as the Plan is implemented.

We would like to thank each member for their contribution to the Plan.

A list of members of the Nurse Practitioner Steering Committee is provided at [Appendix 2](#).



Adjunct Professor Alison McMillan PSM

Co-Chair
NPSC



Mr Matthew Williams

Co-Chair
NPSC

Acknowledgements

The Commonwealth Department of Health and Aged Care acknowledges First Nations peoples as the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea, sky and community. We pay our respects to them and their cultures and to all Elders past and present.

The Nurse Practitioner Workforce Plan is the product of extensive collaboration and consultation with the sector. The Plan will guide our collective effort to ensure that our nurse practitioner workforce meets Australia's ongoing health needs.

The Department acknowledges the advice, time and support of the many organisations and individuals that have contributed to the development of this Plan. These include participants in forums, those who provided feedback to online surveys or during focus groups, those who participated in one-on-one consultations, and the experts who provided advice on the Plan's draft versions.

The Department thanks each individual and organisation for taking the time to share their expert advice, enthusiasm and passion for improving Australia's nurse practitioner workforce.



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Executive Summary

Australia's nurse practitioner workforce

Nurse practitioners (NP) have been providing nursing care to all sectors of the Australian community for more than 20 years. NPs provide high levels of clinically focused, autonomous health care for both acute and chronic conditions, in a variety of contexts. This includes across all geographic locations in Australia and within all settings including aged care, primary care, mental health, private practice and hospital care.

NPs must be used to their full potential in Australia. They are well placed to meet consumer needs and deliver services in an innovative and comprehensive way, now and into the future. The Nurse Practitioner Workforce Plan (the Plan) has been developed to provide a clear vision on how to better facilitate NPs to deliver health care, and to address barriers that have prevented them from being used to their full potential.

The Plan: Aim and outcomes

The aim is to enhance the accessibility and delivery of person-centred care for all Australian communities through a well-distributed, culturally safe NP workforce.

The Plan sets out four overarching outcomes:

- increase NP services across the country
- improve community awareness and knowledge of NP services
- support NPs to work to their full scope of practice
- grow the NP workforce to reflect the diversity of the community and improve cultural safety.

Themes for action

To ensure actions are coordinated effectively across the whole of the health workforce, the actions in this Plan are built on a foundation of leadership, collaboration and co-design, and data, evidence, and research. The actions are further grouped into four themes.

1. Education and lifelong learning

Throughout development of this Plan, feedback has indicated that there is low up-take by registered nurses (RN) of the pathway to become an NP. Reasons for this include financial barriers to study, and limited NP employment opportunities. Development and support for RNs to work at the advanced practice level—and to their full scope of practice—will strengthen the health workforce and provide opportunities for career progression.

Actions in this theme are designed to:

- attract and retain RNs in NP education programs
- support employers to provide the integrated professional practice hours required for NP endorsement
- improve the level of professional support available to the NP workforce.

Actions will contribute to Plan outcomes by:

- increasing the supply of NPs and the number of NPs who are First Nations Peoples
- supporting a flexible NP workforce to meet population health needs.

2. Recruitment and retention

In 2021 the number of endorsed NPs was 2,200. Of these, 1,549 were employed as NPs.¹ Growing the NP workforce will increase access to health and aged care services around Australia. To grow the NP workforce, targeted recruitment and retention strategies are essential. Fostering a positive workforce culture will also be a significant driver for change to improve NP retention, and attract more RNs to undertake the NP pathway. Actions in this theme aim to strengthen incentives for NPs, and to recruit and retain an NP community workforce.

These actions will contribute to Plan outcomes by:

- improving consumer access to NP services
- increasing the supply of NPs
- increasing opportunities for NPs to take on roles in new locations and service areas.

These actions will also improve the status and recognition of NP-delivered services, as well as improve sustainability for NP services.

3. Models of Care

In developing the Plan, health and aged care providers and communities were clear on the importance of supporting models of care that are locally relevant and sustainable, and designed in collaboration with consumers.

The Strengthening Medicare Taskforce report highlighted that person-centred care must be at the heart of system redesign, and that the need to empower, inform and engage consumers—and involve them in service design—is paramount. Specific strategies should engage priority populations and people for who access to health care can be challenging. This includes First Nations Australians, people from culturally and linguistically diverse backgrounds and people with disability.²

Actions in this theme aim to facilitate sustainable models of NP care that meet community needs and ensure continuity of care for consumers accessing the health and aged care system.

Actions will contribute to Plan outcomes by:

- improving access to services for consumers
- improving the distribution and sustainability of NP services
- increasing opportunities for NPs to take on roles in new locations and service areas.

4. Health workforce planning

Including and integrating the NP workforce into planning and modelling mechanisms promotes an informed approach to the whole of health workforce planning. NP workforce development needs to align and link with other strategic plans and initiatives. This can be achieved by building system enablers and targeting a range of legislative and policy reforms at a national, state and territory level. Reforms should promote consistency in supporting NPs to work to their full scope of practice.

This will enable the most efficient use of the NP workforce in meeting community needs across Australia.

Greater awareness and understanding of services that are offered by NPs strengthens consumer choice and promotes better uses of NP services. Investing in research to build the evidence-base and understanding of the NP workforce will shape future investments and support the workforce.

Actions in this theme aim to build system enablers, support national consistency of practice, and enable NPs to work to their full scope of practice. They also aim to:

- build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners
- bolster data infrastructure and planning processes that include NPs in workforce planning.

Actions will contribute to Plan outcomes by:

- enhancing consumer choice
- supporting NP workforce capacity to provide services at locations and in areas most in need
- supporting greater consistency in NP practice across the country.

Measuring success

To support the Plan—and to help measure its outcomes—a monitoring and evaluation framework (MEF) has been developed. The Plan's implementation over the next 10 years will be the collective responsibility of all individuals and organisations that educate, train, employ, regulate and support NPs. A Nurse Practitioner Workforce Plan Oversight Group will be established to ensure the Plan is implemented, including through monitoring and evaluation of the outcomes.

The actions are arranged into three timeframes for implementation:

Short term (1–3 years). The goal is to remove barriers affecting the NP workforce.

Medium term (3–5 years). The goal is to grow, expand and build the NP workforce.

Long term (5–10 years). The goal is to increase access to NP care.

Actions table

Theme	Timeframe	Action
Education and lifelong learning	Short term	1.1.1 Support RNs studying a Master of NP through funding opportunities, including designated First Nations places
		1.1.2 Develop opportunities to financially support RNs studying a Master of NP
	Medium term	1.1.3 Support employers to provide integrated professional practice hours required for the NP endorsement
		1.1.4 Design new national education and workplace programs that support existing NPs changing or expanding their scope of practice
	Long term	1.1.5 Support the pathway for First Nations RNs to become NPs
Recruitment and retention	Short term	2.1.1 Strengthen incentives to bolster NPs in multi disciplinary care
		2.1.2 Target incentives for NPs in rural and remote areas
		2.2.1 Enhance clinical, workplace and cultural peer support, mentoring and leadership programs for NPs
		2.2.2 Build NP communities of practice
	Medium term	2.1.3 Implement funding arrangements and reforms to support sustainable NP services
		2.2.3 Provide advice and support to NPs to set up best practice models of care
Models of care	Short term	3.1.1 Support NP access to Closing the Gap initiatives
		3.2.1 Promote incentives to support NPs with digital health set up, implementation and capture of information
		3.2.2 Strengthen consumer access to NP services
	Medium term	3.1.2 Primary Health Networks, Rural Workforce Agencies and Aboriginal Community Controlled Health Organisations to support development of NP models of care across primary health care services
		3.2.3 Improve integration of NPs into consumer care pathways
	Long term	3.1.3 Develop, implement and evaluate best practice models that integrate NP practice in multidisciplinary teams

Theme	Timeframe	Action
Health workforce planning	Short term	4.1.1 Review regulations that allow NP medication prescribing
		4.1.2 Support review of NP prescribing of medicines on the Pharmaceutical Benefits Scheme
		4.1.3 Support NPs to deliver services through access to Medicare Benefits Schedule items
		4.1.4 Develop and implement a legislative review to set up a nationally consistent model to allow NPs to work to their full scope of practice
		4.2.1 Develop and implement a national NP awareness strategy, including promotion of NP scope of practice and capabilities
		4.3.1 Develop and implement a nationally consistent NP data collection strategy
		4.3.2 Undertake regular national NP workforce modelling
	Medium term	4.3.3 Support research and application of clinical indicators and patient reported measures



Introduction

A nurse practitioner (NP) is an experienced registered nurse (RN) who has completed an additional Master's degree, and has been endorsed as an NP by the Nursing and Midwifery Board of Australia (NMBA).

NPs have a significant role in the delivery of health and aged care to people in Australia. The Nurse Practitioner Workforce Plan (the Plan) aims to support the ongoing development and growth of a capable, resilient NP workforce delivering person-centred, evidence-based, safe, and compassionate care. The Plan sets out what needs to be done and when.

Why a national plan now?

Australia's health and aged care system is large and complex and has changed considerably over the last 20 years. Demand for health and aged care is growing faster than the population and the economy, with the cost of health and aged care increasing significantly. The demand for services is driven by an ageing population, accelerating the shift in care from acute to multiple chronic conditions. Consumer expectations about the mode and location of health and aged care is changing and delivery of digital health care has increased through the COVID-19 pandemic.

The Strengthening Medicare Taskforce Report (SMT Report) clearly identified that to alleviate this pressure and deliver the care Australians need there is, amongst other things, the need to remove the barriers which currently prevent highly skilled and qualified health care professionals from being able to work to their full scope of practice.³ This is particularly crucial in rural and remote parts of the country where the system and the workforce are under added strain, and providing access to health and aged care is more challenging. The SMT Report also emphasised the importance of coordinated multidisciplinary care to deliver better health outcomes and increase the ease of engaging with the health system.

NPs have the experience, expertise and authority to diagnose and treat people of all ages with acute or chronic health conditions. They are some of the most senior and independent clinical nurses in our health care system.⁴ NPs collaborate and consult with health consumers, their families and community, and other

health professionals to plan, carry out and evaluate care. Innovative ways to meet the increasing demands for health care are needed. NPs have not been used to their full potential in Australia and are well placed to meet consumers' needs and deliver care in an innovative and comprehensive way, now and into the future.

To have a clear vision on how to better use NPs to deliver consumer care, and to address barriers that have prevented them from being used to their full potential, this Plan has been developed.

The Australian and state and territory governments broadly share responsibility for funding, operating, managing and regulating the health system. Australian government responsibility includes, but is not limited to:

- developing national health and aged care policy
- funding medical services through the Medicare Benefits Schedule (MBS) and the listing of medicines for subsidisation under the Pharmaceutical Benefits Scheme (PBS)
- funding population-specific services, including community-controlled First Nations primary health care, health services for veterans, and residential and in-home aged care
- funding health and medical research, and regulation of medicines and medical devices.

Using these levers, the Plan provides the Australian Government's strategic policy direction for the NP workforce for the next 10 years. The Plan will foster partnerships and collaboration amongst stakeholders to implement the actions within the Plan. This includes the Commonwealth Government, state and territory governments, educators, regulatory bodies, private sector organisations, professional associations, industrial bodies, planning bodies, and health consumers.

While short-term measures can address immediate barriers faced by the NP workforce, some actions will take time to develop and will require sequencing to achieve systemic change. Having a Plan will ensure coordination and collaboration to achieve what is required for the NP workforce, and how to get there.

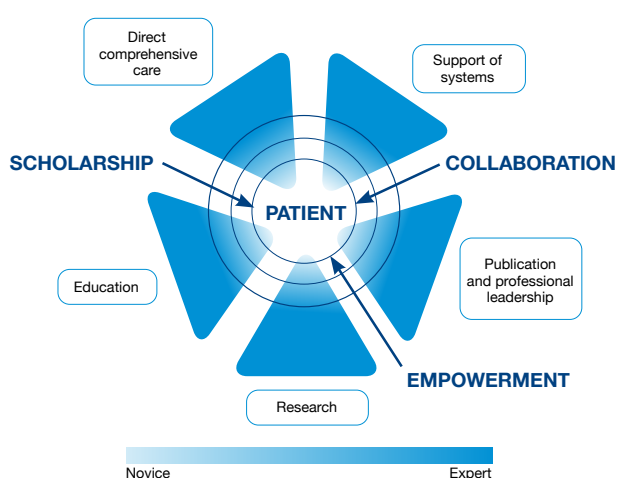
Australia's Nurse Practitioner Workforce

NPs have been providing nursing care to all sectors of the Australian community for more than 20 years. NPs provide high levels of clinically focused, autonomous nursing care in a variety of contexts, including across all geographic locations in Australia and within all settings including aged care, primary healthcare, mental healthcare, private practice and hospital care.

NPs practice at an advanced clinical level and care for people and communities with problems of varying complexity. They undertake research, provide education and leadership, and work collaboratively with multidisciplinary teams.⁵

Research shows that NP practice in the Australian context is consistent with the five domains defined by the Strong Model of Advanced Practice.^{6, 7} Figure 1 shows the Strong Model, which was first developed in 1994 describing the domains of practice for advanced practice nursing roles: direct comprehensive care, support of systems, education, research and publication and professional leadership.⁸

Figure 1. The Strong Model of Advance Practice⁷



In 2021 the number of endorsed NPs was 2,200, of which 1,549 were employed as NPs. NPs have strong representation in regional, rural and remote areas, with 30% of employed NPs in a regional, rural, remote or very remote area.⁹

The NP role in Australia is not as embedded into the healthcare system as it is in other countries such as the United States of America and Ireland. Domestic and international evidence demonstrates that NPs contribute to improved access to healthcare, improved health-related outcomes, and provide consumers with new and effective models of care that are cost-effective.^{10, 11, 12, 13}

There is a need to understand why a quarter (522) of endorsed NPs in 2021¹⁴ were not employed in an NP role and generate opportunities to optimise the workforce through this Plan. In addition, First Nations NPs in the workforce remain significantly under-represented, comprising just 1.2% of all people employed as an NP.¹⁵

Growing the NP workforce will increase access to health and aged care, with studies in Australia and overseas indicating improved waiting and treatment times for facilities employing NPs, including in emergency departments.^{16, 17}

NP roles provide enhanced career opportunities and allow RNs to maintain a clinical role in a more senior position with greater responsibility. Access to NP education and roles has the potential to improve RN retention and overall recruitment.

In Australia, NP service provision is funded in various ways, including by governments, individuals and health providers. Privately practicing NPs can provide care under Medicare, the national scheme which provides free or subsidised access to clinically relevant medical, diagnostic and allied health services as specified in the Medicare Benefits Schedule. Authorised NPs can prescribe a restricted range of medications listed on the Schedule of Pharmaceutical Benefits, which provides subsidised pharmaceutical items on prescription. NPs work across settings where the Commonwealth Government provides subsidies for aged care services and veterans' health care and Aboriginal Community Controlled Health Services. Education for health professionals is also supported through Commonwealth funded university places.

Supporting information

Additional information used to develop the Plan is available in the appendices as listed.

- The Plan complements work of a wide range of strategies and plans to support the nursing workforce in Australia. The Plan is a key component of the National Nursing Workforce Strategy¹⁸ which is under development. The NP landscape and workforce is influenced by the implementation of various strategies, such as the Strengthening Medicare Taskforce Report,¹⁹ the Royal Commission into Aged Care Quality and Safety Final Report²⁰ and the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan.²¹ Further linkages to broader health workforce planning and additional strategies are outlined at [Appendix 1](#).
- How the Plan was developed, and Nurse Practitioner Steering Committee membership is outlined at [Appendix 2](#).
- Nurse practitioner 2021 data is outlined at [Appendix 3](#).
- Evidence to support the selected actions is summarised at [Appendix 4](#).
- More information on NP education, regulation and standards for practice in Australia is outlined in [Appendix 5](#).



The Plan

Aim

To enhance the accessibility and delivery of person-centred care for all Australian communities through a well-distributed, culturally safe NP workforce.

Outcomes

Outcome 1

**Increase
NP services across
the country**

Outcome 2

**Improve community
awareness and
knowledge
of NP services**

Outcome 3

**Support for NPs to
work to their full
scope of practice**

Outcome 4

**Grow the NP
workforce to reflect
the diversity of the
community and
improve cultural
safety**

This Plan sets a vision for the Australian health and aged care system that:

- facilitates and integrates sustainable NP practice
- enables NPs to work to their full scope of practice
- provides NPs with opportunities to better support communities and consumers across Australia.

The Plan supports a culturally safe and respectful health workforce that is responsive to First Nations Peoples and their health, and that helps eliminate racism in providing health services.

The success of the Plan relies on how well the above outcomes are achieved. To support this Plan and to assist in measuring the Plan outcomes, a monitoring and evaluation framework (MEF) has been developed. The Plan's implementation over the next 10 years will be the collective responsibility of all individuals and organisations that educate, train, employ, regulate and support NPs. A Nurse Practitioner Workforce Plan Oversight Group will be established to ensure effective oversight of the overall implementation of the Plan, including the monitoring and evaluation of the outcomes.

Framework

To ensure actions are coordinated effectively across the whole of the health workforce, the actions within this Plan are built upon a foundation of leadership, collaboration and co-design, and data, evidence, and research. The actions are further grouped into the following four themes:

**Education
and lifelong
learning**

**Recruitment
and retention**

Models of care

**Health
workforce
planning**

Leadership

Collaboration and co-design

Data, evidence and research

Goals

The actions are arranged into three timeframes:

- **Short term (1-3 years).** The goal is to remove barriers affecting the NP workforce.
- **Medium term (3-5 years).** The goal is to grow, expand and build the NP workforce.
- **Long term (5-10 years).** The goal is to increase access to NP care.

1. Education and lifelong learning

How the actions will contribute to the outcomes

These actions aim to:

- attract and retain RNs into NP education programs
- support employers to provide integrated professional practice hours required for NP endorsement
- improve the level of professional support available to the NP workforce.

These actions will contribute to the Plan outcomes by:

- increasing the supply of NPs and the number of NPs that are First Nations Peoples
- supporting a flexible NP workforce to meet population health needs.

Rationale

With the growing complexity of Australia's health and aged care needs, providing the care people need requires the full strengths and skills of the diverse health workforce.

Development and support for RNs to work at the advanced practice level—and to their full scope of practice—will strengthen the health workforce and provide opportunities for career progression to NP.

Throughout development of this Plan, feedback indicated that there is low up-take by RNs of the pathway to become an NP, including the education requirement. Reasons for this include financial barriers to study and limited employment opportunities for NPs. Strengthening the support available to RNs to take up an NP Master's program and—complete the required integrated professional practice hours—aims to improve the number of enrolling students.

Supporting education providers and employers to resource and support RNs who undertake the Master of NP program may provide new job opportunities and enable the full strengths and skills of the multidisciplinary health care team to be used.

Refocusing the preparation of NPs from acute care to primary care as outlined in the *Educating the nurse of the future report* will help address national health priorities and consequently, significantly increase the demand for NPs.²² The education system will need to anticipate and respond to this future demand. The NMBA develops and publishes the *Nurse practitioner standards for practice*, which can be used to guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience. The joint work of the NMBA and Australian Nursing and Midwifery Accreditation Council (ANMAC) ensure they are contemporary and based on the most up-to-date evidence. This includes working in partnership with the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to embed cultural safety across all the domains of nursing education. The standards inform the regulation of NPs, the Nurse Practitioner Accreditation Standards as well as determining an NP's capability for practice.

The Plan builds on existing resources, such as the *Advanced Nursing Practice Guidelines for the Australian Context* to provide national consistency on the scope of NPs and advanced nursing practice roles, and provides greater clarity and understanding for nurses, employers, consumers, health professionals and other stakeholders.²³

Sub-theme

The actions are arranged under the sub-theme:

- 1.1 Actions to encourage provision and uptake of NP education and NP endorsement pathway, including actions to encourage the growth of First Nations RNs becoming NPs.**

1.1 Actions to encourage provision and uptake of NP education and the NP endorsement pathway, including to encourage the growth of First Nations NPs

Short term actions (1-3 years)	Detail
1.1.1 Support RNs studying a Master of NP through funding opportunities, including designated First Nations places	The aim is to increase the number of RNs undertaking Master of NP programs by reducing the cost of tuition. This will include specific scholarships for First Nations RNs and support opportunities for education on Country.
1.1.2 Develop opportunities to financially support RNs studying a Master of NP	The aim is to encourage RNs to take up NP education. It is to include consideration of providing support for paid protected study time and expenses occurred during integrated professional practice placements such as cost of accommodation, travel and ongoing living expenses.
Medium term actions (3-5 years)	Detail
1.1.3 Support employers to provide integrated professional practice hours required for the NP endorsement	<p>The aim is to:</p> <ul style="list-style-type: none"> • increase the available support for employers in providing integrated professional practice hours, supervision and ongoing support for RNs undertaking a Master of NP • implement accessible, culturally safe pathways for First Nations RNs to complete integrated professional practice hours, including education on Country • explore alternative models for integrated professional practice hours such as hub and spoke models and strengthen the role for Primary Health Networks (PHNs), Aboriginal Community Controlled Health Organisations (ACCHOs) and Rural Workforce Agencies to commission successful, locally designed models. <p>This action is linked to models of care.</p>
1.1.4 Design new national education and workplace programs that support existing NPs changing or expanding their scope of practice	<p>The aim is to:</p> <ul style="list-style-type: none"> • enhance the skills and capability of the NP workforce to meet population health needs • improve retention of NPs through increased flexibility of practice and broadening employment opportunities • provide a national approach for NPs to expand their scope of practice and enable them to respond to the health and aged care needs of Australia • increase the flexibility of the health workforce while supporting all health practitioners – including NPs – to practice within the scope that they have been educated and deemed competent in by the NMBA standards. <p>This action is linked to recruitment and retention.</p>

Long term actions (5-10 years)	Detail
1.1.5 Support the pathway for First Nations RNs to become NPs	<p>The aim is to:</p> <ul style="list-style-type: none"> • support First Nations RNs to develop skills at advance practice level, to be supported to undertake post-graduate qualifications required for entry into the Master of NP program • provide opportunities to better integrate clinical theory into professional practice with education on Country • develop a program of scholarships, positions and incentives, targeted to First Nations RNs • strengthen the role of the ACCHOs to create, plan and employ RNs to practice at the advance practice level • enable ACCHOs to provide flexibility and enhanced support to First Nations RNs to progress to NP.



Kristy's story

Kristy is a primary health care NP employed by an Aboriginal Community Controlled Health Service that provides care to First Nations people. She works autonomously as a generalist NP and has post graduate qualifications in sexual, reproductive and women's health.

Kristy provides care to families with acute and chronic health needs. Kristy also undertakes preventative health care including immunisations and health screening for people across the life span.

Kristy works collaboratively with a broad range of health professionals to ensure timely provision of care. This includes undertaking chronic condition management plans and Aboriginal health checks. Kristy calls on her health care network to assist with appropriate referrals as required.

Kristy's relationship with her First Nation's clients and her rapport in the community help her meet the unique needs of her clients by optimising health care and follow up in a culturally safe model of care.

Note: These stories and experiences are personal recollections shared by NPs with the Department of Health and Aged Care during the development of the Plan.

2. Recruitment and retention

How the actions will contribute to the outcomes

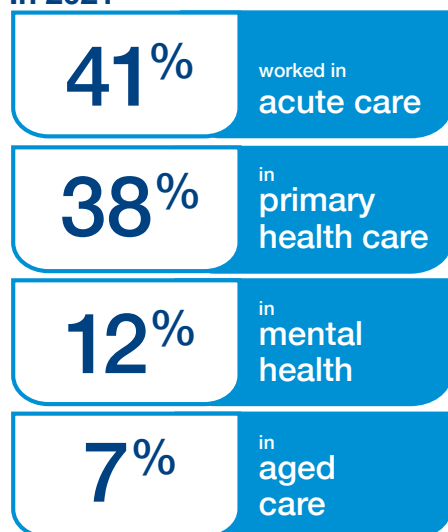
These actions will contribute to the Plan outcomes by:

- improving consumer access to NP services
- increasing supply of NPs
- supporting and valuing NPs
- increasing opportunities for NPs to take on roles in new locations and service areas
- improving the status and recognition of NP-delivered services
- increasing opportunities for First Nations NPs
- improving sustainability of NP services.

Rationale

Better access to NPs will improve continuity of care and the consumer journey through the health and aged care system. Therefore, the workforce needs to grow across the country.

In 2021



Of the 2,071 NPs who were employed, 25% (522) were not employed as an NP.²⁴ To grow the NP workforce and improve NP representation, targeted recruitment and retention strategies - such as the initiative to reduce outstanding Higher Education Loan Program (HELP) debt for eligible doctors and NPs who live and work in rural, remote or very remote areas of Australia²⁵ are essential.

Funding and incentives are key drivers for change. These have the potential to improve both the demand for, and supply of, NPs.

They can include measures to create positions, recruit and retain NPs and assist sustainable service provision.

Demand incentives can encourage healthcare providers to offer NP positions in both existing and new locations and service areas. They can link NPs into a practice or clinical network. They can also help consumers to be comfortable with, and to seek out NP services, where appropriate.

Supply incentives can improve the likelihood of an NP choosing to remain in the profession. This can be achieved through funding, reimbursement, job opportunities, greater satisfaction and wellbeing. They complement other actions that can remove barriers, particularly legislative or regulatory barriers.

The SMT report recommends strengthening funding to support more affordable care, ensuring Australians on low incomes can access primary care at no or low cost. It also recommended that funding and regulatory arrangements should support all parts of the health workforce to work to their full scope of practice and to collaborate across health and other care systems, optimising the use of our most vital workforce resources, and supporting the delivery of person-centred outcomes.²⁶

There are known market gaps in Australia where health, aged care and related services struggle to remain viable due to workforce shortage, a small client base, or an expensive locum workforce. Communities in need of a market solution generally rely on a limited number of health professionals to meet community need. By supporting the recruitment of NPs and government programs to target areas where services are needed, improved distribution of the health workforce to support Australian communities may follow.

Fostering a positive workforce culture is a significant driver for change. This can improve the retention of NPs and attract more RNs to undertake the pathway to becoming an NP. Increasing professional support available to the NP workforce may improve mentoring, leadership, workforce wellbeing and overall job satisfaction.

Sub-themes

These actions are arranged under the following two sub-themes:

- 2.1 Actions to strengthen incentives to increase recruitment and retention of NPs.**
- 2.2 Actions to support the NP workforce community.**



2.1 Actions to strengthen incentives to increase recruitment and retention of NPs

Short term actions (1-3 years)	Detail
2.1.1 Strengthen incentives to bolster NPs in multidisciplinary care	<p>The aim is to:</p> <ul style="list-style-type: none"> • build capacity and sharpen incentives for the delivery of NP services • support more NPs to establish practices and provide services in primary or community settings in line with the National Safety and Quality Primary and Community Healthcare Standards • support the recommendation of the SMT report to 'increase investment in the Workforce Incentive Program to support multidisciplinary teams in general practice, improving responsiveness to local need, increasing accountability and empowering each team member to work to their full of scope of practice'. <p>This action is linked to models of care.</p>
2.1.2 Target incentives for NPs in rural and remote areas	<p>The aim is to:</p> <ul style="list-style-type: none"> • improve recruitment and retention of NPs in rural and remote practice • support the delivery of safe, high quality primary healthcare to rural and remote areas of Australia through targeted incentives. <p>This action is linked to models of care.</p>
Medium term actions (3-5 years)	Detail
2.1.3 Implement funding arrangements and reforms to support sustainable NP services	<p>The aim is to:</p> <ul style="list-style-type: none"> • improve the financial sustainability of NP services and increase access to NP services for consumers by reducing financial barriers • evaluate and leverage NP pilots that develop and implement alternative funding options to guide reform. <p>This action is linked to models of care.</p>

2.2 Actions to support the NP workforce community

Short term actions (1-3 years)	Detail
2.2.1 Enhance clinical, workplace and cultural peer support, mentoring and leadership programs for NPs	<p>The aim is to:</p> <ul style="list-style-type: none"> • increase workplace support and NP professional development • foster an environment of shared learning within the multidisciplinary health care team • build mentoring and leadership capability to improve job satisfaction and strengthen the network of NPs • work collaboratively to embed cultural safety. <p>This action is linked to education and lifelong learning.</p>

Short term actions (1-3 years)	Detail
2.2.2 Build NP communities of practice (COP)	<p>The aim is to:</p> <ul style="list-style-type: none"> • increase professional support through the establishment of COP or other similar strategies which allow professional and inter-professional discussion and growth • tailor COP to the setting and location of practice • enhance the cultural safety of the workforce, to identify and eliminate racism, with COP to support First Nations NPs. <p>This action is linked to education and lifelong learning.</p>
Medium term actions (3-5 years)	Detail
2.2.3 Provide advice and support to NPs to set up best practice models of care	<p>The aim is to:</p> <ul style="list-style-type: none"> • assist NPs to establish successful models of care by commissioning practical advice and hands on support services • create national best practice models of care by facilitating peer business partnerships, ongoing professional mentoring, financial and legal advice and performance benchmarking. <p>This action is linked to models of care.</p>





Anne's Story

Anne is a psychogeriatric NP, specialising in mental health and delirium. She currently works in both a private residential aged care facility and a general practice. Anne has over 16 years of experience and was endorsed as the first registered psychogeriatric NP in Australia.

Anne undertakes comprehensive bio-psychosocial assessments within a nurse-led memory assessment clinic, where she regularly formulates diagnostics, orders pathology and imaging, and both reviews and prescribes medications. Anne is involved with mentoring her registered nurse colleagues, delivering education and developing policies and procedures.

Anne works collaboratively with visiting allied health staff, GP's and specialists, and manages a large case load of complex patients. Anne provides detailed follow up sessions and often makes herself available outside of scheduled appointment times.

Anne identified that one of the greatest benefits of NP care is the continuity of care she can provide and the time she can commit to her patients. In her experience, it is sometimes this dedicated time which can change the course of someone's life.



Tim's Story

Tim is an NP who splits his employment between a nurse-led walk-in centre and an emergency department (ED). In his role at the walk-in centre, Tim provides acute one-off episodic care for patients with minor injury or illness. Similarly, Tim provides care to patients in ED with non-complex medical complaints – minor injury or illness.

Tim has worked proactively to capture data and present academic discussions to highlight the NP role. This is in response to a barrier identified from within the health system, where there is a perceived lack of knowledge and understanding of the NP role. Tim hopes that this Plan will provide the education and promotion needed to support and boost the NP workforce.

Note: These stories and experiences are personal recollections shared by NPs with the Department of Health and Aged Care during the development of the Plan.

3. Models of care

How the actions will contribute to the outcomes

These actions will contribute to the Plan outcomes by:

- improving access to services for consumers
- improving the distribution and sustainability of NP services
- increasing opportunities for NPs to take on roles in new locations and service areas.

Rationale

The Australian Commission on Safety and Quality in Health Care clinical governance framework states that all Australians should have access to high-quality, safe and person-centred care.²⁷ NP care should support efficient use of resources. It should also be embedded in multidisciplinary team-based care.

To support change management and cultural change—as outlined in the SMT report—it is critical to provide NPs with the resources, guidance, education and choice to decide how to deliver the models of care that patients and communities need. Evaluation of programs, identification of success factors and sharing findings more broadly can help the health and aged care system and communities adopt and apply successful models.²⁸ The Plan will seek learnings from, and build upon, NP pilots such as the ‘enhancing team based primary care with nurse practitioners in WA’.²⁹

This includes investing in better health data to evaluate models of care, and to support health workforce planning.

In developing the Plan, the importance to support new funding models that are locally relevant and sustainable was raised. This includes models for rural and remote practice in collaboration with consumers, health and aged care providers and communities. Supporting new funding models ensures they are effective and do not disadvantage people who live in communities with little or no access to regular GP care, or who choose care from other health care providers.

The SMT report highlights that person-centred care must be at the heart of system redesign.

The need to empower, inform and engage consumers—and involve them in service design—is paramount.

Specific strategies should be employed to engage priority populations and people who find accessing healthcare challenging, including First Nations Australians, people from culturally and linguistically diverse backgrounds and people with disability.³⁰

To increase access to primary care, the SMT recommends growth and investment in Aboriginal Community Controlled Health Organisations to commission primary care services for their communities, building on their expertise and networks in local community need.³¹ The Plan supports engaging First Nations Australians in the design of primary care services to ensure NPs practice in a culturally safe way and can contribute to Closing the Gap.

Support to improve digital health tools and services will streamline consumer experience through the health and aged care system. It will promote quality use of health data to improve consumer outcomes and provide insights for planning, resourcing and continuous quality improvement. This includes ensuring consistent access to health information for NPs through the My Health Record to make it easier for consumers and their health and aged care teams to use at the point of care.

Sub-themes

These actions are arranged under two sub-themes:

- 3.1 Actions to facilitate sustainable models of NP care that meet community needs.**
- 3.2 Actions to ensure continuity of care for consumers accessing the health and aged care system.**

3.1 Actions to facilitate sustainable models of NP care that meet community needs

Short term actions (1-3 years)	Detail
3.1.1 Support NP access to Closing the Gap initiatives	The aim is to strengthen capacity for First Nations people to access culturally safe NP services. This can be achieved by removing barriers to NPs contributing to Closing the Gap initiatives.
Medium term actions (3-5 years)	Detail
3.1.2 Primary Health Networks, Rural Workforce Agencies and Aboriginal Community Controlled Health Organisations to support NP models of care across primary health care services	<p>The aim is to:</p> <ul style="list-style-type: none"> • increase the number of NPs delivering primary health care and build capacity to create and support NP-led models of care • support the recommendation of the SMT report, which aims to: <ul style="list-style-type: none"> - grow and invest in ACCHO's - commission primary care services for communities - build on the expertise and networks of local communities.
Long term actions (5 – 10 years)	Detail
3.1.3 Develop, implement and evaluate best practice models that integrate NP practice in multidisciplinary teams	<p>The aim is to:</p> <ul style="list-style-type: none"> • improve consumer access to NP services by integrating NPs into best practice models of care • further incentivise health services that integrate NPs in multidisciplinary teams • build the evidence base—including cost benefit analysis for NP practice—and identify best practice models that integrate with the health and aged care system • provide proven and sustainable multidisciplinary care models that are evaluated, and that can be adapted and implemented in a range of rural and remote contexts. These models should be co-designed and delivered with communities.

3.2 Actions to ensure continuity of care for consumers accessing the health and aged care system

Short term actions (1-3 years)	Detail
3.2.1 Promote incentives to support NPs with digital health set-up, implementation and capture of information	<p>The aim is to:</p> <ul style="list-style-type: none">• help NP practices to be responsive to consumer and health system needs through improved service integration, including with My Health Record• enable access to digital infrastructure that allows greater flexibility, collaboration, coordination, and access to real-time information across multiple care settings• increase access to digital literacy training to ensure a baseline comprehension of issues, such as data privacy and data protection.
3.2.2 Strengthen consumer access to NP services	<p>The aim is to:</p> <ul style="list-style-type: none">• reduce out-of-pocket costs for consumers seeking NP services and enhance continuity of care with reduced duplication of care• build on the findings of the Independent review of collaborative arrangements. <p>This action is linked to health workforce planning.</p>
Medium term actions (3-5 years)	Detail
3.2.3 Improve integration of NPs into consumer care pathways	<p>The aim is to:</p> <ul style="list-style-type: none">• streamline the consumer journey through the health and aged care system when accessing NP services• support NP access to health care information to help communities and facilitate continuity of care.



Georgie's Story

Georgie is a rural and remote emergency care NP working in a multipurpose health service. She works closely with external rotating medical officers and a locum general practitioner in a remote town of less than 1,000 people and regularly drives to nearby communities to visit and care for patients with arthritis, diabetes, asthma, mental health issues, heart disease and cancer.

The facility Georgie works in contains a hospital, aged care residents and a community/general practice. Her team consists of a Director of Nursing, an NP and a small team of nurses and assistant nurses, rotating GPs from the hub hospital one hour away, and one locum GP who visits every two weeks.

Georgie's Story continued.

Georgie is the only NP in the community. She works in the hospital but assists in all domains of health care from general practice to acute care in the hospital. Feedback from the community has been overwhelmingly positive, advising that the current NP system works well.

Georgie acknowledges the opportunity this model of care provides to work to the top of her scope of practice. Community members have identified the NP and nursing staff as complimentary health care providers because they are a constant in the community and have built trust and rapport. Patients know that Georgie will always invest her time and deliver the best care possible.



Simone's Story

Simone is a community-based perinatal mental health NP. She leads a nursing team that provides specialist mental health care to pregnant and postnatal women with moderate to severe mental illnesses. This includes adjustment, depressive and anxiety disorders, personality disorders not in crisis, and may include comorbid issues such as substance use and family violence.

The model of care Simone and her team use aims to improve the mental health outcomes of women, their infants and families.

The mental health nurses provide a specialist assessment, and brief intervention model of care of one to six sessions for psychological based therapy and the NP provides additional services of medication review and treatment as required. The team provides telehealth and face to face appointments using community venues including health, neighbourhood, and family centres. Their model of care is based on nursing principles of care: nurse led, partnership, individualised evidenced based care and accessibility and flexibility, that has been formally evaluated as clinically effective.

Simone regularly liaises with other health disciplines including social workers, midwives, obstetricians, physiotherapists, maternal and child health nurses and General Practitioners. The NP-led model of care Simone manages is unique in that the NP holds care authority for most of the women seen and provides clinical leadership to the other nurses in the team.

Simone considers the return of patients a testament to the quality of services she and her nursing colleagues provide. The service often sees mothers return with a second child because they have found the experience so valuable.

Note: These stories and experiences are personal recollections shared by NPs with the Department of Health and Aged Care during the development of the Plan.

4. Health workforce planning

How the actions will contribute to the outcomes

These actions will contribute to Plan outcomes by:

- enhancing consumer access and choice
- supporting and valuing NPs
- improving the status and recognition of NP-delivered services
- supporting NP workforce capacity to provide services at locations and in areas most in need
- improving the evidence base by helping to capture, collect and report NP data
- providing a legislative basis for greater consistency in NP practice across the country
- improving access for consumers to NP services by enabling NPs to work to their full scope of practice.

Rationale

Workforce planning is essential to ensure there are sufficient health professionals with the appropriate skills to meet the health and aged care needs of Australia. Inclusion and integration of the NP workforce into planning and modelling mechanisms promotes an informed approach to the whole of health workforce planning.

NP workforce development should align and link with other strategic plans and initiatives.

This can be achieved by building system enablers and targeting a range of legislative and policy reforms at a national, state and territory level.

Reforms should promote consistency in supporting NPs to work to their full scope of practice. This will enable the most efficient use of the NP workforce in meeting community needs across Australia. This includes supporting reviews of NP access to the Medical Benefits Schedule, the Schedule of Pharmaceutical Benefits and the Repatriation Schedule of Pharmaceutical Benefits items to align with their full scope of practice and to

facilitate timely access to medicines and health care services that Australians need at a cost that individuals and the community can afford.

Improving the collection of NP-related data, which is vital to understanding the NP landscape, will inform evaluation and monitoring of NP services and is necessary for accurate workforce planning. The SMT report recommends better use of data to support decision making throughout the health system and provide widespread efficiencies. Currently, at the health system level, knowing what populations need is difficult. Investing in nationally consistent clinical data collection will improve information flows and understanding of patient journeys between different care systems (primary, secondary, tertiary, aged and disability care) and support the systems working more seamlessly together. It will also lift the performance of the whole health system by enabling more targeted investment in interventions that deliver better outcomes and benefits for all Australians.³²

The healthcare system is complex and there are gaps in the understanding of the NP role among consumers, health professionals, employers and NPs funders.

Greater awareness and understanding of services that are offered by NPs strengthens consumer choice and promotes better uses of NP services.

When consumers are supported to understand their health and aged care options, they are better able to participate in their care and make informed decisions.

Investing in research to build the evidence-base—and to understand the NP workforce—will shape future investments and provide the best workforce support.

Understanding the contribution of NPs will highlight the pathway to career progression. Workforce planning for the broader nursing workforce will also include NPs and will be a key component of the National Nursing Workforce Strategy.

Sub-themes

These actions are arranged under three sub-themes:

4.1 Actions that build system enablers, support national consistency of practice and enable NPs to work to their full scope of practice.

4.2 Actions that build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners.

4.3 Actions to bolster data infrastructure and planning processes that include NPs in workforce planning.

4.1 Actions to build system enablers, support national consistency of practice and enable NPs to work to their full scope of practice

Short term actions (1-3 years)	Detail
4.1.1 Review regulations that allow NP medication prescribing	<p>The aim is to</p> <ul style="list-style-type: none"> • support legislative and policy alignment across Australia • work with jurisdictions to remove variations and limitations on NPs' ability to prescribe medication.
4.1.2 Support review of NP prescribing of medicines on the Pharmaceutical Benefits Scheme	<p>The aim is to:</p> <ul style="list-style-type: none"> • support timely access to medicines that Australians need at a cost that individuals and the community can afford, by seeking to align the medicines authorised NPs can prescribe on the Schedule of Pharmaceutical Benefits and the Repatriation Schedule of Pharmaceutical Benefits with their full scope of practice • support NP engagement in the Pharmaceutical Benefits Advisory Committee (PBAC) process.
4.1.3 Support NPs to deliver services through access to Medicare Benefits Schedule items	<p>The aim is to:</p> <ul style="list-style-type: none"> • improve access to MBS items to reduce out-of-pocket costs for consumers of NP services • incentivise NPs to increase bulk billing and offer expanded service times in their communities • through the MBS Continuous Review, determine how MBS items could be better aligned with contemporary clinical evidence, scope of practice and setting, to improve health outcomes.
4.1.4 Develop and implement a legislative review to set up a nationally consistent model to allow NPs to work to their full scope of practice	<p>The aim is to:</p> <ul style="list-style-type: none"> • complete national mapping of activities that need legislative amendment to allow NPs to consistently work to their full scope of practice • address legislative, policy, and funding barriers to NPs working to their full scope of practice.

4.2. Actions to build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners

Short term actions (1-3 years)	Detail
4.2.1 Develop and implement a national NP awareness strategy, including promotion of NP scope of practice and capabilities	<p>The aim is to</p> <ul style="list-style-type: none"> strengthen consumer, health professional and employer awareness of the NP role and scope of practice strengthen awareness of pathways for providers and consumers to access NP services and sources of financial support to meet the costs of NP services increase awareness and understanding of the NP role in different health and aged care settings improve awareness amongst the broader nursing profession and support recruitment of RNs into NP education programs harness NP leadership, including in sector agencies such as PHNs, Local Hospital Networks, ACCHOs, health and aged care organisations and the broader multidisciplinary team to build integration of NPs into service design and funding mechanisms. <p>This action is linked to recruitment and retention.</p>

4.3 Actions to bolster data infrastructure and planning processes that include NPs in workforce planning

Short term actions (1-3 years)	Detail
4.3.1 Develop and implement a nationally consistent NP data collection strategy	<p>The aim is to:</p> <ul style="list-style-type: none"> establish a nationally consistent minimum data set facilitate robust workforce planning and projections, including RNs enrolled in Master of NP programs and international workforce supply data.
4.3.2 Undertake regular national NP workforce modelling	<p>The aim is to:</p> <ul style="list-style-type: none"> identify NP supply and demand requirements to ensure population needs can be serviced create a single access point to NP workforce data through the Health Demand and Supply Utilisation Patterns Planning (HeaDSUPP) tool, which is an integrated source of health workforce and services data that informs workforce planning and analysis.
Medium term actions (3-5 years)	Detail
4.3.3 Support research and application of clinical indicators and patient reported measures	<p>The aim is to:</p> <ul style="list-style-type: none"> build the evidence base specific to the Australian health context encourage NPs to initiate and participate in research activities and publish the results support quality and safety of NP care in alignment with safety and quality care standards use data collection to inform quality improvement programs.



Adam's Story

Adam is an NP who works in a metropolitan hospital where he assesses and treats adult patients diagnosed with cancer. Adam's hospital covers a vast geographic area which extends into rural areas and whose patients come from a low socioeconomic demographic. In his role Adam treats all major cancer types, from assisting diagnosing cancer to initial consultation, prescribing treatment and ongoing follow-up. His daily routine varies from in-person and telephone consultations to reviewing inpatients and patients presenting to the emergency department with complications of cancer or associated treatments.

Adam works proactively to ensure his patients are not financially disadvantaged when seen by an NP, and provides holistic, uninterrupted care to his patients. However, Adam's patients require regular CT, MRI, ultrasound, and PET scans, which are not funded by Medicare when ordered by an

NP, despite having training and competency in interpreting such results. To ensure Adam's patients are not disadvantaged, Adam has been required to create new processes so patients are not financially impacted. Adam often must wait to get requests signed by a medical practitioner which can delay care, as there are days when no oncologist is on site.

Similarly, when prescribing chemotherapy and anti-cancer medicines, Adam must wait to get prescriptions from an oncologist as there are no PBS rebates for those medicines when prescribed by an NP, despite this being a crucial part of his role. These barriers cause significant delays and inconsistencies in care for his patients.

Adam would also like to offer oncology specialist input to patients admitted to a private hospital, as many of these do not have cancer specialists available to them. Current Commonwealth and state and territory legislation and policies prevent this.



Sarah's Story

Sarah worked as an aged care NP with a background in emergency care. Using her emergency experience, Sarah collaborated with a hospital CEO on a project to develop a rapid access care clinic for the elderly. The clinic allows patients over the age of 65 to receive a specialist assessment within 72 hours of a possible deterioration of a medical problem, with the goal of avoiding a lengthy hospital admission.

This integrated care project is aimed at providing enhanced care to the elderly while reducing hospital admissions. The clinic has been designed around a safe and robust framework, allowing referrals following low risk presentations to the emergency department, St John

Ambulance and working towards referrals from general practice. Staff at the clinic include a geriatrician, a senior registrar, allied health practitioners, clinical nurse and a nurse practitioner. The team undertake assessments, referrals, treatments, prescribing and follow up appointments.

Within the first eight months of the clinic's operation, over 500 patients were seen, resulting in an overall decrease in hospitalisations.

Sarah applies her emergency care knowledge and experience to the aged care context. Her experience and innovation have made a positive contribution to aged care through the development of a new model of care which reduces avoidable hospitalisations for the elderly.

Note: These stories and experiences are personal recollections shared by NPs with the Department of Health and Aged Care during the development of the Plan.

Measuring Success

This Plan lays out the steps for change over the next decade. The actions represent significant change to the NP workforce and will need to be implemented carefully, strategically and in close collaboration with relevant stakeholders. The Plan – when complemented by an implementation roadmap and a monitoring and evaluation framework – will facilitate evidence-based health policy for the immediate future.

Implementation roadmap

An initial implementation roadmap will be developed to set out the detail of the three time phases, and to demonstrate what will be achieved, by who and when. This includes ensuring that our key stakeholders understand the roles that they have in the implementation, which is critical to the Plan's success.

Governance

The Department will establish a governance body and stakeholder arrangements to ensure effective oversight of the Plan's implementation, including monitoring and evaluation of the outcomes.

The governance body will receive and consider input provided by the Department and external consultants, or specialists on the monitoring and evaluation of activities. It will also receive advice provided by three advisory bodies:

- Nursing and Midwifery Strategic Reference Group chaired by the Commonwealth Chief Nursing and Midwifery Officer. This group will advise on relevant NP policy and strategy issues through broad nursing stakeholder representation.
- National Nursing and Midwifery Education Advisory Network, chaired by the Commonwealth Chief Nursing and Midwifery Officer. This group will advise on planning and coordinating education, employment and immigration for NPs.
- Australian and New Zealand Council of Chief Nursing and Midwifery Officers. This group considers issues of national interest for NP service provision.

Working together

None of the initiatives in this Plan can be successfully and comprehensively implemented without collaboration. Action must be driven and owned by the sector.

Active participation and increased engagement will be needed to change and improve the systems in which they operate to make positive changes in their professional lives and to the health outcomes of their communities. It is the responsibility of governments, peak bodies and education bodies to support and lead this process.

Implementation partners will include all organisations that affect NP workforce, operating at local, state, territory and national levels. Depending on the priority and action, partners may work in direct collaboration or in parallel.

Monitoring and Evaluation Framework

It is important to monitor progress to ensure the Plan remains on track in achieving its aims. This is the purpose of the monitoring and evaluation framework (MEF).

The MEF will allow the governance body overseeing the implementation of the Plan to effectively monitor its progress. It will promote accountability across organisations. It will inform remedial strategies if the actions in the Plan are not being implemented as intended or are not having the desired effect. The MEF outlines the methods and time periods at which data will be collected, collated and analysed. Conclusions about the success of the Plan can then be drawn.

The MEF is a vital component to implementing the Plan. Without it, decision making may be ill-informed, learning opportunities missed, and the implementation process less efficient and effective than its potential. Using a MEF, monitoring and evaluation can be carried out over defined time intervals. Knowledge and insights gained from this process can also be disseminated for wider learning among stakeholders.



Appendix 1:

National Workforce Planning

Australia needs a robust health workforce to provide Australians with high-quality, efficient and equitable health and aged care.

In charting the way forward for the health workforce, the Australian Government Department of Health and Aged Care is developing plans and strategies that contribute to achieving five system-level health workforce outcomes.



In these system level outcomes, the term ‘right’ is used aspirationally. ‘Right’ should reflect activities that are fit for purpose and appropriate for the setting. It does not suggest that there is a single answer, response or ideal situation – ‘right’ will vary based on the needs and realities of communities.

The Plan will help deliver these high-level health workforce outcomes.

Related strategies

Nursing workforce planning in Australia is complex and multifaceted, with accountabilities split between various workforce planning stakeholders. The nature of federation means that decision making is distributed and reflects the different priorities of the Commonwealth and individual states and territories. While recognising and respecting these differences, there is considerable value in working together towards a shared vision and goals where possible and practical.

This Plan is a key component of the National Nursing Workforce Strategy being developed. The NP landscape and workforce may be influenced with the implementation of the following strategies.



Related strategies

The **Strengthening Medicare Taskforce Report** identifies where government needs to invest now to rebuild primary care as the vibrant core of an effective, modern health system.³³

In the **Royal Commission into Aged Care Quality and Safety**, the Commission focused on attracting and retaining registered nurses to the aged care sector.³⁴

All Australian governments are working with Aboriginal and Torres Strait Islander people, their communities, organisations and businesses to implement the new **National Agreement on Closing the Gap** at the national, state and territory, and local levels.³⁵

The **National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan 2021–2031** focuses on increasing representation of First Nations people (including in leadership positions) in health care and health care education, cultural safety, data and information transparency, and the development of clear workforce pathway options.³⁶

The **National Aboriginal and Torres Strait Islander Health Plan 2021–2031** represents governments' ongoing commitment to lead the systemic change needed to improve health outcomes for Aboriginal and Torres Strait Islander people.³⁷

The **'gettin em n keepin em n growin em'** 2022 report by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives outlines strategies for Aboriginal and Torres Strait Islander nursing and midwifery education reform, to eradicate racism and to apply and maintain Cultural Safety across all aspects of the health and education system.³⁸

Educating the Nurse of the Future report looks to support greater use of NP generalists in primary health care.³⁹

A **National Mental Health Workforce Strategy** is being developed for Australia, and will consider the quality, supply, distribution and structure of the mental health workforce.⁴⁰

The **National Mental Health and Suicide Prevention Plan** aims to reform the mental health and suicide prevention system.⁴¹

The **National Roadmap for Improving the Health of People with Intellectual Disability** highlights an opportunity to incorporate nurse coordinators (which may be NPs) to support people with intellectual disability and coordinate multidisciplinary care.⁴²

The **National Dementia Action Plan 2023–2033** is being developed for Australia in collaboration with state and territory governments, and looks to support increasing the dementia capability of the health and aged care workforce.⁴³

The **National Preventive Health Strategy 2021–2030** aims to support and integrate primary health care professionals and make primary health care more person-focused using an 'equity lens'.⁴⁴

Australia's Primary Health Care 10 Year Plan recommends a single integrated health care 'system' and 'destination', and whole-of-population care by shifting from episodic care to longitudinal, preventative, and multidisciplinary care. It highlights the need for nurses and NPs to operate at their full scope of practice.⁴⁵

The **Australian Cancer Plan** is a 10 year plan for national action, including national priorities and goals.⁴⁶

The **Stronger Rural Health Strategy** aims to support nurses to work in rural GP clinics through incentives.⁴⁷

The **National Action Plan for the health of children and young people 2020–2030** aims to improve the health of all children and young people in Australia, noting challenges of disparity and inequity in health outcomes between individuals, areas and different sections of the population.⁴⁸

The **National Medical Workforce Strategy 2021–2031** identifies achievable, practical actions to build a sustainable highly trained medical workforce.⁴⁹

The **National Nursing and Midwifery Digital Health Capability Framework** aims to define the digital health knowledge, skills and attitudes required for professional practice.⁵⁰

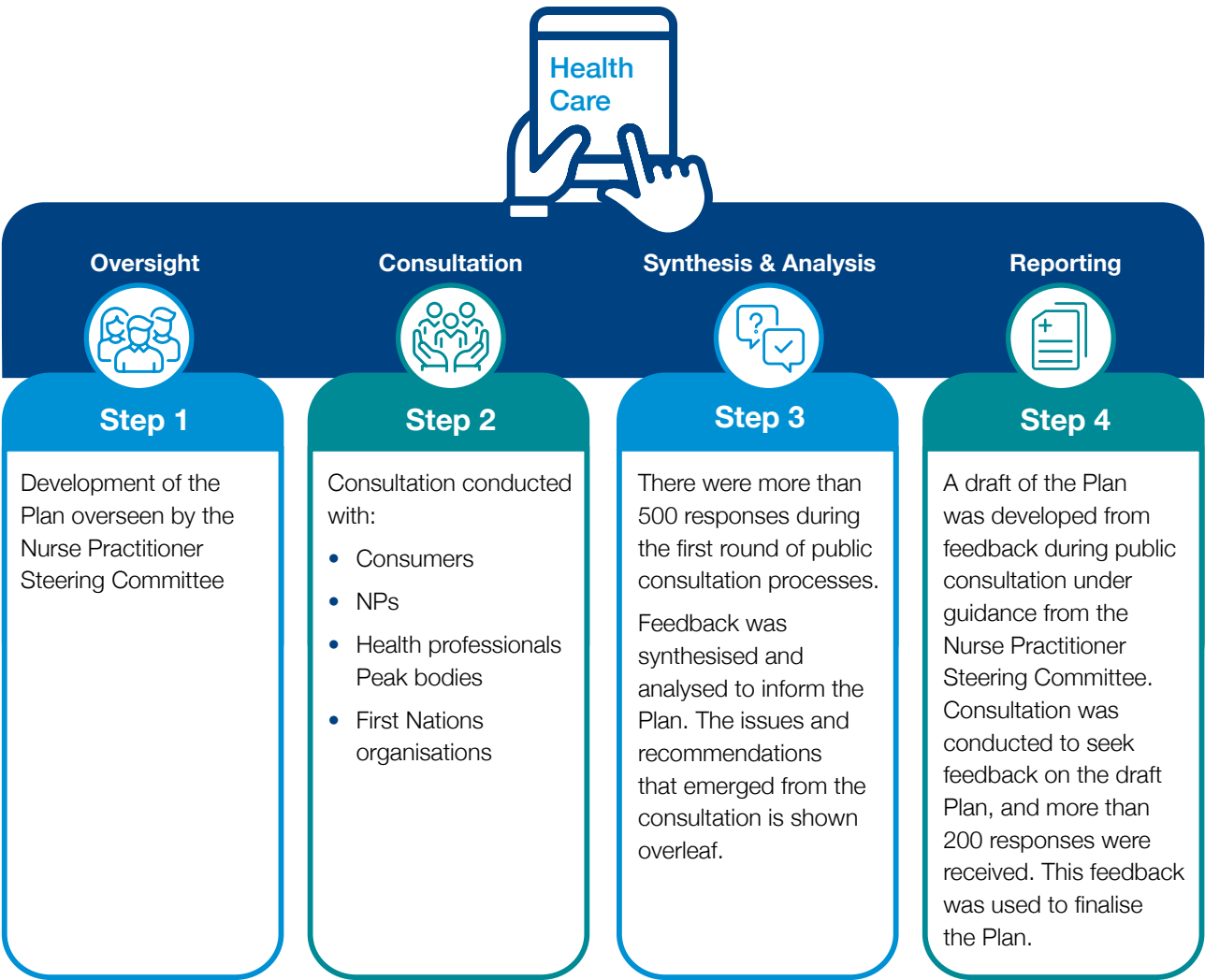
The **National Palliative Care Strategy** aims to guide the improvement of palliative care across Australia so that people affected by life-limiting illnesses get the care they need to live well.⁵¹

Appendix 2:

How the Plan was developed

This Plan was developed in consultation with consumers, NPs, health professionals, relevant jurisdictional and Commonwealth agencies, representatives from First Nations organisations and other interested parties. Its development was overseen by a steering committee.

The Department of Health and Aged Care sought views and experiences of the public on the benefits and barriers to NP care and NP workforce solutions. Almost 500 responses were received from around Australia from health care professionals, consumers, peak bodies and health organisations. The issues and recommendations that emerged from the consultation are overleaf.





Public Consultation Feedback

Education

Financially support and fund education and clinical learning components. Develop specific initiatives to support rural education and ongoing development. Encourage greater flexibility and access to courses.

Recruitment and retention

Promote the NP role. Grow the workforce and target specific health sectors such as primary health care, aged care, mental health, First Nations health and disability care. Create incentives to support recruitment and retention. Develop initiatives to support transition to clinical practice and ongoing mentorship.

Models of care

Introduce integrated governance models to link different parts of the health system. Develop service models for new clinical areas and communities with demonstrated needs or with poor access or at risk of poor health outcomes. Carry out the Royal Commission into Aged Care recommendations about NPs and palliative care specialists.

Funding

Explore alternative funding models such as Primary Health Network funding, block and outcomes funding, practice-based funding models (such as the Workforce incentive program) and blended funding models.

Legislation and policy

Create a nationally consistent framework for NP practice including governance and prescribing arrangements. Review legislative barriers. Set up consistent and effective referral pathways and clinical handover requirements. Incentivise NPs to use My Health Record.

Medicare Benefits Schedule and prescribing

Assist NP access to MBS provider numbers, allow NPs access to request and refer, expand the number of items for NPs, and increase rebate rates. Set up a nationally consistent prescribing framework.

Growing the First Nations workforce

Provide educational support. Grow the RN population to provide future pool to continue NP roles. Support innovative recruitment initiatives, especially from Aboriginal Community Controlled Health Organisations.

Increase cultural safety

Strengthen cultural safety competency through education and ongoing professional development. Support cultural mentorship.

Leadership

Build connections through communities of practice. Set up more NP leadership roles to improve visibility and voice of NPs.

Data and workforce planning

Develop strategies for data collection and NP workforce planning.

Membership of the Nurse Practitioner Steering Committee

The Nurse Practitioner Steering Committee was established to help develop the Nurse Practitioner Workforce Plan and facilitate collaboration between relevant stakeholders.

Name	Organisation
Adjunct Professor (Practice) Alison J McMillan PSM (Co-Chair)	Australian Government Department of Health and Aged Care
Mr Matthew Williams (Co-Chair)	Australian Government Department of Health and Aged Care
Dr Robina Redknap	Australian and New Zealand Council of Chief Nursing and Midwifery Officers
Ms Leanne Boase	Australian College of Nurse Practitioners
Dr Chris Helms	Australian College of Nurse Practitioners
Mr Chris O'Donnell	Australian College of Nursing
Dr Dan Halliday	Australian College of Rural and Remote Medicine
Dr Simon Torvaldsen (09/22 – 04/23) Dr Richard Kidd (07/21 - 09/22)	Australian Medical Association
Ms Annie Butler	Australian Nursing and Midwifery Federation
Ms Karen Booth	Australian Primary Health Care Nurses Association
Dr Ali Drummond (01/23 – 04/23) Professor Roianne West (07/21 – 01/23)	Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
Ms Roslyn Chataway	Consumers Health Forum
Ms Katherine Isbister	CRANAPlus
Ms Tanya Vogt	Nursing and Midwifery Board of Australia
Associate Professor Rashmi Sharma OAM	Royal Australian College of General Practitioners
Dr Sarah Hayton	The National Aboriginal Community Controlled Health Organisation

Appendix 3: Data

The data in this profile is drawn from the National Health Workforce Data Set (NHWDS) which includes demographic and employment information for registered health professionals. The data is collected through

the annual registration process administered by the Australian Health Practitioner Regulation Agency together with data from a workforce survey that is voluntarily completed at the time of registration.

Figure 1. Numbers and employment status of nurse practitioners 2021

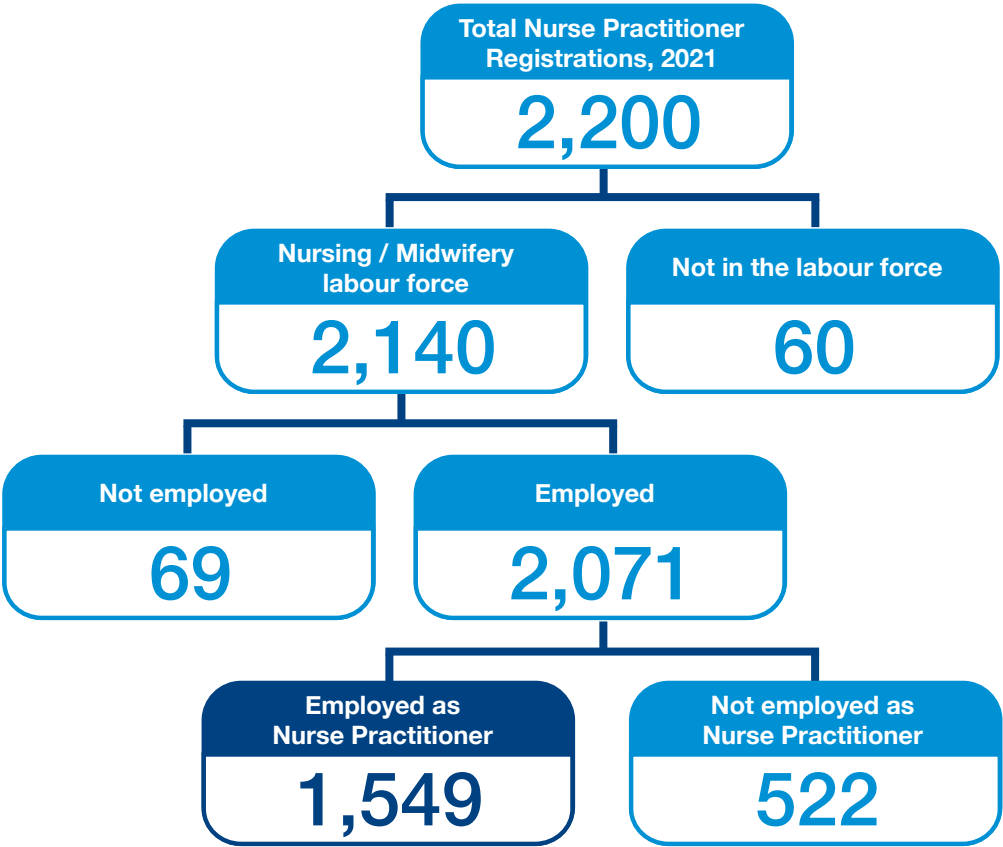


Table 1. Employed as nurse practitioner principal work setting 2021

For those employed as an NP in 2021 (N=1,549), the principal work setting was a hospital (N=607 or 39.2%), followed by a community health care service (N=248 or 16.0%) and an outpatient service (N=208 or 13.4%).

	2021	
	Headcount	Average total weekly hours
Hospital	607	38.2
Community health care service	248	38.4
Outpatient service	208	38.9
Other private practice	93	36.7
General practitioner (GP) practice	88	36.8
Residential health care facility	73	39.3
Other	64	38.7
Independent private practice	60	39.7
Correctional service	32	38.3
Aboriginal Community Controlled health service	25	35.5
Tertiary educational facility	18	37.2
Other government department or agency	9	40
Commercial/business service	8	35.9
Hospice	7	42
Defence forces	NA	40.2
Other Aboriginal health service	NA	26.5
Other educational facility	NA	24
Total	1,549	38.8

National Health Workforce Data Set (NHWDS) Nursing and Midwifery, 2021

NA: Not Available. Confidentiality rules have been applied to reduce the risk of identifying individuals.

Table 2. Nurse practitioner area of practice 2021

For those employed as an NP in 2021 (N=1,549), the principal area of practise was in emergency (N=310 or 20.0%), followed by primary care (N=200 or 12.9%).

	2021	
	Headcount	Average nurse weekly hours
Emergency	310	37
Primary care	200	38.2
Other	168	38.2
Mental health	126	39.9
Medical	121	38.9
Aged care	109	39.9
Community nursing	96	37.7
Palliative care	80	37.5
Cancer care	52	39.9
Paediatrics	48	39.2
Neonatal care	46	37.8
Drug and Alcohol	36	37.2
Critical care	35	35.3
Surgical	32	38.5
Peri-operative	24	41.4
Mixed medical/surgical	17	39.9
Teaching/education	14	42.8
Health promotion	8	33.4
Rehabilitation	7	32
Research	6	41.7
Maternal, child and family health	6	23
Management	NA	39
Policy	NA	34.5
Administration	NA	39
Total	1,549	38.8

NHWDS Nursing and Midwifery, 2021

NA: Not Available. Confidentiality rules have been applied to reduce the risk of identifying individuals.

Table 3. Employed as a nurse practitioner, distribution by Modified Monash Model (2019), 2021

The Modified Monash Model 2019 (MMM) classifies metropolitan, regional, rural and remote areas according to geographical remoteness, as defined by the Australian Bureau of Statistics, and town size. Under the MMM classification, the majority of NPs work in a metropolitan area (N=1,083 or 69.9%).

	2021	
	Headcount	Average nurse weekly hours
MM1 – Metropolitan	1,083	38.4
MM2 – Regional centres	162	37.9
MM3 – Large rural towns	147	36.4
MM4 – Medium rural towns	59	37.8
MM5 – Small rural towns	49	38.1
MM6 – Remote communities	19	39.6
MM7 – Very remote communities	30	42.4
Total	1,549	38.8

NHWDS Nursing and Midwifery, 2021

Table 4. Employed as a nurse practitioner by Indigenous background, 2021

In 2021, there were 18 NPs who identified as being of Aboriginal and/or Torres Strait Islander background. This represents 1.2% of all people employed as an NP.

	2021	
	Headcount	%
Indigenous	18	1.2%
Total	1,549	

NHWDS Nursing and Midwifery, 2021

Table 5. Numbers of nurse practitioners 2012-2022

The number of NPs has increased steadily over the past years, from 590 NP endorsements in 2012 to 2,425 in 2022.

Year	March 2012	June 2013	June 2014	June 2015	June 2016	June 2017	June 2018	June 2019	June 2020	June 2021	June 2022
Number of nurse practitioners	590	926	1,087	1,248	1,418	1,559	1,729	1,883	2,069	2,251	2,425

Nursing and Midwifery Board of Australia statistics.

Accessed 1 March 2023 at: <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

Appendix 4:

Evidence for actions

Evidence to support the selected actions has been drawn from peer reviewed and grey literature, stakeholder consultations and review of policies and strategies. A summary of the supporting evidence for each theme is below.

1. Education and lifelong learning

1.1 Actions to encourage provision and uptake of NP education and the NP endorsement pathway, including to encourage the growth of First Nations NPs

NPs are well placed to address Australia's health needs of an ageing population and an increased prevalence in chronic conditions.^{52, 53, 54, 55} To allow NPs to best address these health needs, research highlights the need for Australian NP education to pivot toward a more generalist focus.⁵⁶ This allows a broader scope of practice rather than a narrow and specialised skillset.⁵⁷ Greater opportunities for NPs to enhance their skills across priority areas were supported by NPs during the first round of public consultation for the Plan.

Government funded education programs have demonstrated success in encouraging nursing uptake of study in areas of population health needs. The Australian Government responded quickly to the potential nursing workforce demand from of the COVID-19 pandemic. It established the Specialised Upskilling and Registered Nurse Growth through Education (SURGE) in Critical Care project. This project saw 20,000 government funded online education places to upskill registered nurses in critical care nursing. The SURGE program evaluation explored the impacts to the nursing workforce, capability and quality of care for consumers. One impact to the workforce included willingness of nurses to explore a career in critical care in the future. Nursing capability increased through upskilling in critical care. Improved practice and quality of care also resulted from increased knowledge and confidence from completing the education program.⁵⁸

In 2021, 14 Australian universities offered an NMBA-approved master's degree to become endorsed as an NP. NPs have increased nearly four-fold in number from 590 in 2012 to 2,251 in 2021.⁵⁹ There are still less than 10 NPs per 100,000 population in Australia.⁶⁰ In the United States there are close to 60 NPs per 100,000 population.⁶¹ The growth of the NP workforce in the United States is a result of an investment in, and expansion of, NP education programs that encourage new and younger nurses into NP education.⁶² The New Zealand Government also invests into NP education, having established a government-funded, nationally coordinated education program with partner universities across the country. Students apply for the program through a centrally administered system. Funding is available for up to 500 clinical release hours and a clinical supervision allowance.^{63, 64} Up to 12 study days and 60 credits of course fees, plus travel and accommodation costs for study days and placement experience are also covered.^{65, 66} Addressing barriers such as inadequate funding for NP postgraduate education and inadequate supervision is key to encourage uptake of NP study.^{67, 68} There is scope to accelerate the growth of NP education positions in Australia. Stakeholders have highlighted that to encourage course uptake, focus also needs to be on growing NP employment opportunities including well supported rural and remote NP placements.

Greater numbers of First Nations peoples in the health workforce can result in greater uptake of health care services by First Nations peoples. The target set by the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework and Implementation Plan to contribute to the goal of First Nations Australians is 3.43% of the national health workforce.⁶⁹ Supporting education is essential with some barriers to study for First Nations students include a lack of support, the precedence of family obligations, and inadequate preparation. Others include cultural insensitivity, racism in education and health services, limited relevant health content in courses, prejudice, and stereotypes. Tailored education curricula that allow professional experience placements at ACCHOs incorporate principles of First Nations learning.^{70, 71} Involving elders to organise learning

of First Nations students helps achieve better student outcomes, job satisfaction and retention among First Nations health care workers.^{72, 73} Flexible study and work arrangements around family and other cultural commitments also support better study and work outcomes.⁷⁴ The 2022 ‘gettin em n keepin em n growin em’ report sets out a plan for the education sector to support the participation of First Nations peoples in nursing and midwifery. Culturally Safe clinical placements for First Nations nursing and midwifery students and identifying clinical mentors for First Nations nursing and midwifery students are critical factors leading to student success.⁷⁵

2. Recruitment and retention

2.1 Actions to strengthen incentives to increase recruitment and retention of NPs

Public consultation highlighted the importance of financial incentives to encourage the recruitment and retention of NPs. To support NPs in rural and remote settings, financial incentives in the form of relocation costs, housing, and study leave support were proposed. Rural and remote NPs providing primary health care are eligible for the Health Workforce Scholarship Program (HWSP). The HWSP is an initiative of the Australian Department of Health and Aged Care and administered as a consortium by the Rural Workforce Agencies. The HWSP provides financial support to rural health professionals to complete postgraduate courses and other forms of professional development.⁷⁶ Other state government initiatives such as Queensland Department of Health’s support for remote nurses and midwives also encourage recruitment and retention of nurses. Free or subsidised accommodation at selected hospitals is provided, plus professional development allowances, relocation costs, family fly-in-fly-out support, and bonus payments for each year of service.⁷⁷

Feedback from the first round of public consultation aligned with literature and supported the need for sustainable funding for NPs in primary health care.^{78, 79, 80, 81, 82} Reviewing NP funding models such as the Medicare Benefit Schedule arrangements will support NPs to provide care to the community. Revising the structure and breadth of NP MBS items will also support sustainability of the NP workforce in community and primary health care.^{83, 84, 85} Alternative funding models

are also being considered under the national Long-Term Health Reforms Roadmap.⁸⁶ This type of broader reform will help reduce duplication and fragmentation of health services.⁸⁷ Fragmentation results in part from multiple funding sources and programs across different levels of Government.⁸⁸

2.2 Actions to support the NP workforce community

Greater professional development opportunities including mentoring and education were supported by NPs during public consultation. Mentoring promotes a positive work environment, fosters learning and job satisfaction.⁸⁹ The mentor-mentee relationship facilitates knowledge, skills and confidence development of newly endorsed NPs, particularly when first transitioning into the role of an NP. More research suggests that mentoring enhances leadership skills in novice NPs – an essential skill in clinical practice and required for endorsement.⁹⁰ Experienced NPs in the mentor role benefit by remaining up to date with the latest evidenced-based clinical skills and knowledge.⁹¹ Distance-based mentorship programs may be suitable for NPs located in rural or remote areas, however requires structure to ensure sustainability and clarity on objectives.⁹² The increasing diversity of NP roles and demand for new skills indicates the need for greater professional development opportunities such as educational training. Enhancing these opportunities support NPs to remain competitive in the workplace and can help NPs if switching between different models of care.⁹³

A New Zealand study identified several facilitating factors for NP recruitment. These include:

- GP commitment to NP training and supervision
- guaranteed employment at the end of study
- employers that allow NPs to work to their scope of practice
- mentoring from NP colleagues or lecturers.⁹⁴

Strong professional relationships between NPs and other health professionals and administrative staff can create better NP job satisfaction and retention. Ensuring the NP skill set is well-understood by colleagues is recommended to support acceptance of the NP role among other health professionals.⁹⁵

3. Models of care actions

3.1 Actions to facilitate sustainable models of NP care that meet community needs

The first phase of public consultation called for greater NP presence across a broad range of areas. These include primary health care, aged care, disability care, mental health and care for First Nations people, and culturally and linguistically diverse communities. Responses suggested the potential cost savings with an increase of NPs in these areas. KPMG's cost-benefit analysis in 2018 was performed on several case studies with different NP models of care. These included emergency departments, rural primary health clinics, multidisciplinary teams (including women and children's health), private practice, a specialist dementia NP, an ACCHO-led NP, and an NP in an outreach specialist team. The cost benefit ratio was greater than one in all but a single case study where the cost benefit ratio could not be calculated. This suggests that the benefits of an NP in many existing care models to the community outweigh the cost of employing an NP.⁹⁶

NPs in existing aged care models have demonstrated improvements to consumers' quality of care through better preventative health care, education and regular health assessments.⁹⁷ Models include residential aged care homes, independent services, general practitioner clinics, NP clinics and state government-based services. As part of KPMG's cost-benefit analysis, potential savings were shown for NPs in aged care. Expanding 10 NP roles in aged care at a cost of \$1.5 million a year can yield 5,000 annual avoided emergency department visits, saving \$5.7 million. This expansion also improved access to care for 10,000 people.⁹⁸

A critical initiative of the Primary Health Care 10 Year Plan is for MBS telehealth provisions for GPs, NPs, allied health providers and specialists to continue. Telehealth could be used to strengthen support of safe, effective, and sustainable NP services.⁹⁹

Another model of care that has demonstrated consumer and service provider benefits include NP led after-hours clinics. A qualitative study on a rural Victorian after-hours clinic saw GPs, hospital managers, nurses and paramedics express value for NP-led after-hours care. In this study NPs improved consumer access to after-hours care and reduced the workload of medical staff.¹⁰⁰

3.2 Actions to ensure continuity of care for consumers accessing the health and aged care system

When NPs are unable to provide complete episodes of care, consumers are impacted by a disrupted continuity of care, extra costs, and inconvenience.¹⁰¹ As heard in public consultation and evidenced in literature, the existing MBS parameters influence the financial viability of private practicing NPs.^{102, 103} While many NPs and medical practitioners are satisfied with collaborative arrangements and believe it benefits consumers, existing arrangements have also resulted in negative outcomes. For example, confusion on role delineation, patient liability, MBS billing and resistance to engaging NPs.^{104, 105} The Australian Government commissioned an independent review of collaborative arrangements to assess the efficacy and appropriateness of collaborative arrangements on patient care, business administration and the broader health system.¹⁰⁶

In Australia, for newly endorsed NPs and their employer's confusion often arises as to what determines the scope of their practice.¹⁰⁷ KPMG's cost-benefit analysis of NP models of care also supported the delineation of the NP role and other health professionals.¹⁰⁸ The findings suggest this will ensure efficacy of health care services and will prevent duplication.¹⁰⁹

4. Health workforce planning

4.1 Actions to build system enablers, support national consistency of practice and enable NPs to work to their full scope of practice

Commonwealth and state and territory legislation were highlighted during public consultation as barriers to NP care. There is support for policy and legislative reform to be more descriptive than prescriptive. There is also support for these to align with the Health Practitioner Regulation National Law Act 2009 (the National Law). This would support a flexible scope of practice that is responsive to changing models of care and ensure that practice and registration standards are upheld.¹¹⁰

Legislative review to clarify and strengthen the NP role in health systems has been undertaken internationally. Countries include New Zealand and Canada, and in jurisdictions in Australia. In 2014 the New Zealand Government passed legislation amending several Acts which changed ‘medical practitioner’ references to ‘health practitioner’. The amendment reflects the evolution of technology, treatments and education of health practitioners. This has benefited consumers through an increased access to NPs, who are qualified and recognised to give care.¹¹¹ In Canada, many jurisdictions have adopted a legislated umbrella framework that sets out several controlled health care items. One or more health professionals can be authorised to deliver a specific service. This means that in some cases scope of practice between health professionals can overlap. This approach aims to promote better multidisciplinary care while also ensuring the appropriate health professionals are delivering the care. A main benefit of the Canadian model is that the framework supports workforce innovation according to local needs. It also offers flexibility to consumers and care providers through overlapping of scopes of practice.¹¹²

Respondents during public consultation supported standardising NP supplementary activities across jurisdictions. Inability to complete supplementary activities makes it difficult for NPs to complete full episodes of care for consumers. Supplementary activities include signing death certificates, worker’s compensation certificates and driver’s license medicals. Consumers are negatively impacted and health system expenditure increases when NPs are unable to give complete episodes of care. The Australian Capital Territory is investigating the potential for legislative changes that

promote a ‘right touch’ regulatory approach for NPs. The revisions would seek to allow NPs to perform core and supplementary activities that directly relate to their roles.¹¹³

4.2 Actions to build understanding of the role and contribution of NPs, including for consumers, other health professionals and health workforce planners

Respondents during public consultation highlighted the need for greater understanding of the NP role among funding bodies, employers, health professionals, consumers and the public. Similar findings are reported in Australian research exploring NP role awareness among consumers.^{114, 115} An Australian paper also investigated the impact of consumer education on the role, skillset and knowledge of NPs. It found that after education, over 90% of the study participants reported willingness to receive care from an NP.¹¹⁶ This suggests that greater NP role awareness may lead to greater consumer acceptance and demand for NP care.

Research also indicates a lack of understanding of the NP role among medical, allied health, administrative staff and other nursing colleagues. This may lead to resistance to NPs, poor relationships, unmet expectations, low NP job satisfaction and in some cases resignation of NPs.^{117, 118} There remains confusion between newly endorsed NPs and their employers as to NP scope of practice in Australia.¹¹⁹ This indicates there is scope for building further awareness to, and acceptance of, the NP role. Education of health colleagues on NP skillset, competencies and regulatory context can support acceptance of the NP role.¹²⁰

In 2018 the Australian Government commissioned the Australian College of Nurse Practitioners to design and carry out the Transforming Health Care campaign. The aim of the campaign was to increase consumer awareness of NPs. It also aimed to promote quality and patient centred care delivered by NPs, and to increase visibility of NPs across healthcare providers and organisations.¹²¹ The United States has carried out similar awareness campaigns. The American Association of Nurse Practitioners awareness campaign used television advertisements, radio, and digital content, and an NP finder website for consumers.¹²²

4.3 Actions to bolster data infrastructure and planning processes that include NPs in workforce planning

Standardisation and regularly collecting health workforce data ensures policy, legislation and other programs are informed by reliable and valid data.¹²³ The Australian Government collects data as part of the National Health Workforce Data Set. While it collects some NP workforce data, there is no national minimum dataset for NPs.

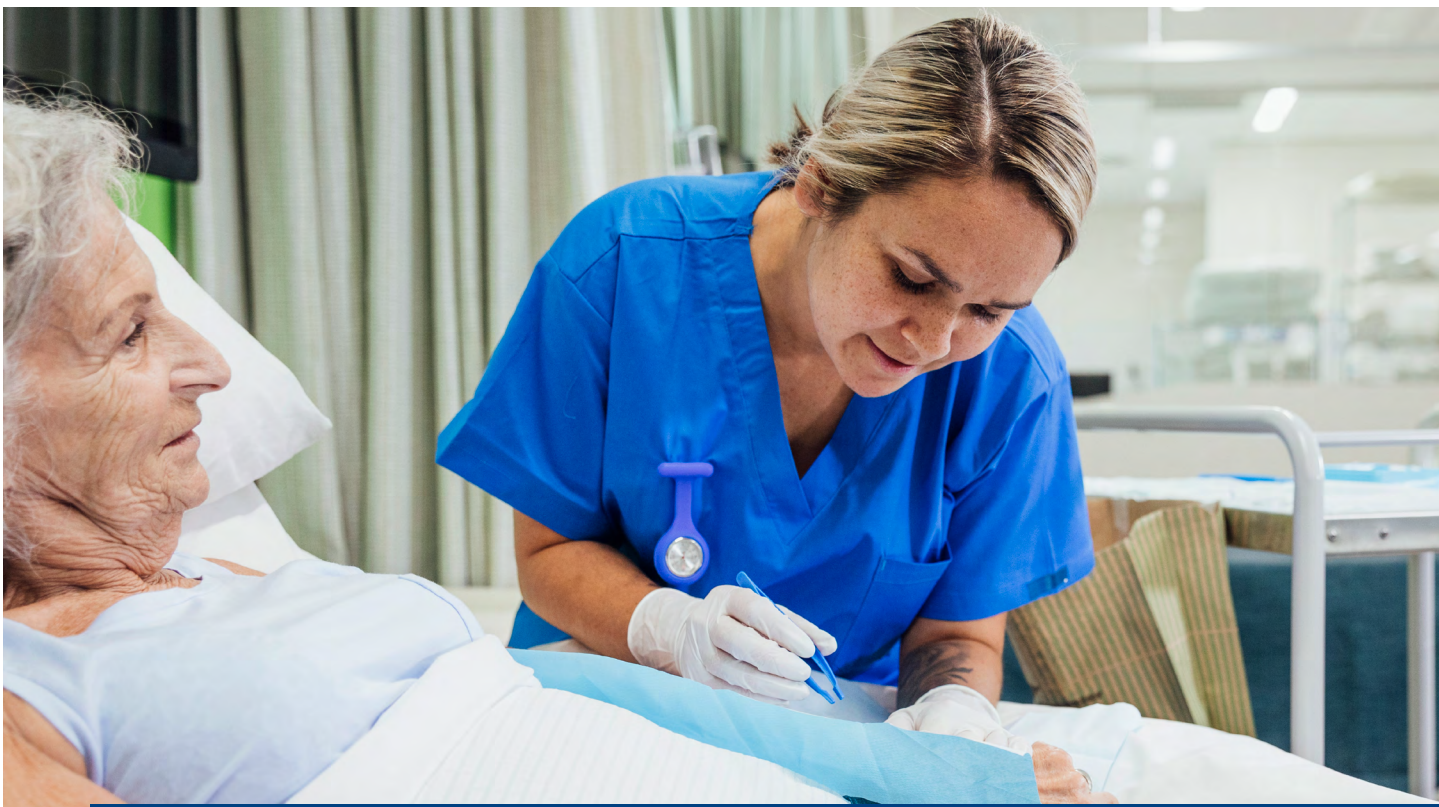
Methods and instruments of NP-specific data collection for Australia have been detailed and used in research. These have not been established as a routine national data collection and used in national NP workforce planning.^{124, 125}

A review of existing workforce planning methods and availability of workforce-related data concluded that coordinated and long-term reform is required across multiple sectors to maintain a sustainable and cost-effective workforce in the future.¹²⁶ To achieve this, multi-sector efforts should focus on innovation and reform, immigration, education capacity and efficiency, and workforce distribution.¹²⁷ Universities Australia (2021) highlighted the importance of looking at the whole care workforce in workforce planning efforts.

This would model a mix of skills under many scenarios such as pandemics, changes in technology and changes to scopes of practice. Modelling should also consider how high-touch areas, like nursing, can use automation and artificial intelligence and how this affects workforce planning and distribution.¹²⁸

Canada, Ireland, the Netherlands and the United States either partially or completely include NPs in workforce projections and planning models. Canadian NP workforce planning employs a needs-based approach and does not integrate this with other health professionals. Limited data is available using this NP modelling approach, however preliminary findings suggest NPs improve productivity capacity in primary health care. Integrated workforce planning, inclusive of NPs in the Netherlands and United States has demonstrated ability to capture more specific workforce related data. For example, the quantified impact of NPs on GP workload and ability to address GP shortages.

Integrating NPs into workforce planning is important to understand the impact of skill-mix changes, changes in the division of work between different health professionals, and demand for specific health professionals.^{129, 130}



Appendix 5:

NP Regulation and Standards for Practice in Australia

This appendix is a snapshot of the regulation and standards that apply to professional practice of NPs to support delivery of safe and quality care around Australia.

The Nursing and Midwifery Board of Australia (NMBA) carries out the regulatory functions set out in the Health Practitioner Regulation National Law (the National Law). One of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice. These together form the requirements for the professional and safe practice of nurses and midwives in Australia.^{131, 132, 133}

Education and registration standards

There are regulatory requirements for endorsement and practice as an NP, established by the NMBA and the Australian Nursing and Midwifery Accreditation Council (ANMAC).

ANMAC develops and monitors the *Nurse practitioner accreditation standards* that set the educational requirements for education programs that lead to endorsement as an NP.¹³⁴ The NP programs of study are master's degree (Level 9) qualifications and prepare registered nurses to practice as an NP. NMBA embeds its *Nurse practitioner standards for practice*¹³⁵ in the *Nurse practitioner accreditation standards*. NPs graduate with advanced clinical assessment and diagnostics skills, with a person-centred approach underpinned by clinical research and practice improvement methods.¹³⁶

The NMBA's *Nurse practitioner standards for practice* and the *Safety and quality guidelines for nurse practitioners*, form the foundational and ongoing regulatory requirements for NPs to practice safely in Australia. It regularly reviews all regulatory documents (standards and guidelines) to ensure they are contemporary.^{137, 138}

NPs practice in a nursing framework at the advanced practice level. The NMBA defines this as: where nurses incorporate professional leadership, education, research, and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and are responsible and accountable in managing people who have complex healthcare requirements.^{139, 140, 141}

All applicants for endorsement as an NP are assessed against this definition of advanced practice.

Education, qualifications and experience

Under the ANMAC NP accreditation standards, to be eligible for admission to an NP program of study, a registered nurse must have:

- current general registration as a registered nurse with the NMBA
- a minimum of two years full time equivalent (FTE) as a registered nurse in a specified clinical field and two years FTE of current advanced nursing practice in the same clinical field
- a postgraduate qualification at Australian Qualifications Framework Level 8 in a clinical field.¹⁴²

Endorsement

The NMBA Registration standard – endorsement as an NP – establishes the requirements for endorsement. An NP individual must be able to demonstrate the following:

- The equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level.
- A NMBA-approved program of study leading to endorsement as an NP. Programs leading to endorsement as an NP must be at the Australian Qualifications Framework National Registry for the award of Master's degree (Level 9) as a minimum or equivalent.

- Current general registration as a registered nurse in Australia with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct.

Compliance with the NMBA's Nurse practitioner standards for practice.¹⁴³

Standards for practice

The NP standards for practice are regularly reviewed by the NMBA to ensure they are contemporary and based on the most up-to-date evidence.¹⁴⁴ The standards for practice build on the practice standards required of a registered nurse and set the expectations of NP practice in all contexts.

The standards inform the NP education accreditation standards, the regulation of NPs, as well as determining an NP's capability for practice. The standards are used to guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience.^{145, 146}

To retain registration as a RN and endorsement as an NP, practitioners must meet the NMBA-approved:

- *Continuing professional development registration standard*¹⁴⁷
- *Recency of practice registration standard*¹⁴⁸
- *Criminal history registration standard*¹⁴⁹
- *Professional indemnity insurance arrangements registration standard*¹⁵⁰
- *Safety and quality guidelines for nurse practitioners*¹⁵¹
- *any other applicable codes and guidelines approved by the NMBA.*

Each year as part of the renewal of registration process, NPs are required to make a declaration that they have (or have not) met the registration standards for the profession. The annual declaration is a written statement that NPs submit and declare to be true. NPs can be audited and required by the NMBA to provide further information to support their annual declaration.¹⁵²

Scope of practice

All health practitioners, including NPs, must practice within the scope of health care delivery in which they have been educated and deemed competent.¹⁵³

The NP scope of practice builds on the platform of the registered nurse scope of practice and must meet the regulatory and professional requirements for Australia, including the NMBA *Registered nurse standards for practice*,¹⁵⁴ *Nurse practitioner standards for practice*,¹⁵⁵ *Safety and quality guidelines for nurse practitioners*,¹⁵⁶ *Code of conduct for nurses*¹⁵⁷ and the *International Council of Nurses' Code of ethics for nurses*.¹⁵⁸

The NP scope of practice expands upon the existing scope of a registered nurse and includes, but is not limited to:

- advanced health assessment
- diagnosis and management
- medicines prescribing
- requesting and interpretation of diagnostic investigations
- formulation and assessment of responses to treatment plans, and
- referring to other health professionals.

The training, experience and qualifications of NPs, along with meeting the requirements of the RN and NP professional practice framework (inclusive of the above), prepare them to independently determine what is outside of their scope of practice, and refer patients to other health professionals as appropriate.^{159, 160}

Safety and quality guidelines

It is the responsibility of the NP, and where applicable their employer, to ensure they are educated, authorised and competent to perform their role. Safe, effective and collaborative practice is a core requirement of professional practice for all RNs, NPs and Midwives in Australia. This is set out for NPs in the 'Code of conduct for nurses', NPs have a professional responsibility to work collaboratively with other professions and to practice in partnership to optimise delivery between the person, their family and other health practitioners. These responsibilities place an obligation for compliance on nurses through their registration with the NMBA.¹⁶¹

This also applies if the NP wishes to expand or change their individual scope of practice to meet the needs of a client group. The NMBA *Safety and quality guidelines for nurse practitioners*¹⁶² provide the requisite guidance and the *Decision-making framework for nursing and midwifery*.¹⁶³

There are additional safety and quality mechanisms to protect the public from harm and improve the quality of health care delivered. This includes the National Safety and Quality Primary and Community Healthcare Standards that are for services that deliver health care in a primary or community setting, including NP services.¹⁶⁴

National Health (Collaborative arrangements for NPs) Determination 2010

Collaborative arrangements for NPs were introduced in 2010 through the National Health (Collaborative arrangements for nurse practitioners) Determination 2010, as a prerequisite to an NP providing health care services subsidised by the MBS and PBS.¹⁶⁵

NPs and participating midwives are the only health professionals legally mandated to establish a collaborative arrangement to access the MBS and PBS. A collaborative arrangement is an arrangement between an eligible NP and a specified medical practitioner or an entity that employs medical practitioners that must provide for consultation, referral and transfer of care as clinically relevant.

Health Insurance Act 1973 and National Health Act 1953

NPs are eligible to apply to the Commonwealth Health Minister as a 'participating NP' under section 16(a) and 16(b) of the *Health Insurance Act 1973* (Cth), which allows access to the MBS.

NPs are also eligible to apply for approval as PBS prescribers (Authorised NPs). These arrangements enable patients of NPs who are authorised for MBS and/or PBS, to access certain MBS rebates and PBS prescriptions respectively.¹⁶⁶

Endorsement as an NP does not give automatic approval to prescribe PBS/RPBS medicines. PBS prescribing is limited by an NPs scope of practice, and state and territory prescribing rights. Prescribing of PBS medicines is also contingent on a prescriber being an authorised NP and having collaborative arrangements in place, as required by the *National Health Act 1953*.

The Pharmaceutical Benefits Advisory Committee (PBAC) is responsible for making recommendations to the Minister for Health regarding medicines for prescribing by authorised NPs.



Glossary

Australian Nursing and Midwifery Accreditation Council (ANMAC)	<p>The Australian Nursing and Midwifery Accreditation Council assesses and accredits nursing and midwifery programs that lead to eligibility to apply for registration or endorsement with the NMBA, including the program that leads to NP endorsement.</p>
Collaborative Arrangements	<p>A collaborative arrangement is an arrangement between an eligible midwife/eligible nurse practitioner with a medical practitioner that must provide for:</p> <ul style="list-style-type: none"> • consultation with a specified medical practitioner; • referral of a patient to a specified medical practitioner; and • transfer of the patient's care to a specified medical practitioner, as clinically relevant, to ensure safe, high quality health care. <p>A collaborative arrangement for a participating nurse practitioner can be with all kinds of medical practitioners.</p> <p>Collaborative arrangements are a statutory requirement for nurse practitioners and participating midwives to provide some services through the Medicare Benefits Schedule (MBS) and prescribe some medications under the Pharmaceuticals Benefit Scheme (PBS).</p> <p>The legislation regarding collaborative arrangements includes the <i>National Health (Collaborative arrangements for nurse practitioners) Determination 2010</i>. NP access to certain PBS listed medications was introduced in the <i>National Health Act 1953</i> (Subsection 84 (1) definition of 'authorised nurse practitioner'), NP access to the MBS was introduced through the <i>Health Insurance Act 1973</i> (Section 3 definition of participating nurse practitioner).</p>
Medicare Benefits Schedule (MBS)	<p>The MBS is a list of health professional services that the Australian Government subsidises. MBS items provide patient benefits for a wide range of health services including consultations, diagnostic tests and operations. Some services provided by NPs can be claimed under the MBS.</p>
Models of care	<p>Model of care refers to the way in which a health service is delivered. It may refer to the process of care as well as which health care professionals or skills are required.</p>
Nursing and Midwifery Board of Australia	<p>The Nursing and Midwifery Board of Australia (NMBA) carries out the regulatory functions set out in the Health Practitioner Regulation National Law (the National Law), with one of its key roles being to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.</p> <p>The NMBA sets the requirements for endorsement as an NP through the Registration Standard: Endorsement as a Nurse Practitioner document, as well as endorses NPs for practice.</p>

Nurse practitioner (NP)	An NP is a highly experienced RN who has completed additional university study at master's degree level and has been endorsed as an NP by the Nursing and Midwifery Board of Australia. An NP practices within their scope under the legislatively protected title 'nurse practitioner' under the Health Practitioner Regulation National Law. NPs have the skills, knowledge, expertise and legal authority to provide preventative care as well as diagnose and treat people of all ages with a variety of acute and chronic health conditions. NPs can provide prescriptions for a restricted range of Pharmaceutical Benefits Scheme (PBS) medicines (identified by 'NP' in the PBS Schedule), request and/or interpret diagnostic imaging and pathology tests and refer to medical and allied health specialists.
Pharmaceutical Benefits Scheme (PBS)	The Schedule of Pharmaceutical Benefits is the main mechanism by which drugs may be prescribed and dispensed to patients with subsidisation.
Pharmaceutical Benefits Advisory Committee (PBAC)	The PBAC is an independent expert body comprising doctors, health professionals, health economists and consumer representatives. Its primary role is to advise the Minister for Health and Aged Care about medicines and medicinal preparations that should be included on PBS and vaccines in the National Immunisation Program. Note that a similar function is performed by the Repatriation Pharmaceutical Reference Committee in respect of the RPBS.
Scope of practice	The range of activities a professional can undertake. This is based on the education, experience and competence of the individual and the capability and context of the service or facility within which they are practicing.
Workforce Incentive Program (WIP)	WIP is an incentive scheme administered by the Australian Government that provides incentives to doctors to work and hire nursing and allied health staff, in metropolitan, regional, rural and remote areas.

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