

Nurse practitioners in the ACT

Frequently Asked Questions for employers

These FAQs are written for nurse practitioner (NP) employers in the Australian Capital Territory (ACT). It's recommended you review the FAQs designed for nurse practitioners and health consumers for further information.

The ACT Office of the Chief Nursing and Midwifery Officer (ACT OCNMO) will update this information from time to time, as legislation and/or policy evolves in the ACT.

What is a nurse practitioner (NP)?

Nurse practitioners are expert registered nurses (RN) that are endorsed by the national nursing regulator, the [Nursing and Midwifery Board of Australia](#) (NMBA). The title 'nurse practitioner' is protected by law and signifies the RN has extensive clinical experience and education. They can work independently within their roles to:

- assess and diagnose medical conditions
- prescribe medicines
- request and interpret tests (e.g. imaging tests such as X-rays and ultrasounds, as well as blood tests)
- make referrals to a medical and/or allied health specialists.

You are able to identify whether your NP holds the NMBA endorsement by checking the [national register](#). To find or request more information about NPs, we recommend you visit [ACT Health's webpage](#) or contact the [Australian College of Nurse Practitioners](#).

What does an NP do?

Nurse practitioners work in many different areas, including specialty care (e.g. diabetes, palliative care, wound care, and mental health) to generalist care (e.g. walk-in centre, aged care, or primary healthcare NP). They may work as individual health providers with their own stand-alone clinics, or work within larger healthcare teams. They work in both the public and private health sectors.

Each NP has skills and expertise that are unique, and supplement those skills by collaborating with other health professionals to ensure you get the best possible care. For example, some can perform procedures like skin checks and suturing, whereas others are excellent at case management and the care of long-term health conditions. If you're unsure if your NP can do something for you – just ask them! They will be more than happy to provide you with helpful advice.

What do I need to know about hiring an NP?

There are over 50 different specialty areas in which NPs practice¹. Data published by the NMBA indicate there are just over 2100 NPs nation-wide², and emergency NPs are the most common specialty³. Approximately 75 per cent of endorsed NPs currently work in the public sector. You may be fortunate and find a candidate immediately. However, many employers find their applicant pool is insufficient, or advertised positions generate interest from highly capable NPs in differing specialty areas who want to expand their roles into a new area of practice. Therefore, to attract the right candidate, we recommend you consider (as appropriate) the following:

- Include a statement in job advertisements that “experience in [a specific specialty area] is highly desirable, but not required for the right candidate who is willing to expand their practice through mentoring and a supportive work environment”, or
- Grow your own NP by supporting existing registered nursing staff into the NP role.

If a candidate does not have experience in the advertised area of practice, you need to carefully review the NP’s **capability** and the **time** required to expand their practice to meet job requirements. You will also need to consider how applicable credentialing processes will be used to protect the public and facilitate the NP’s growth into the role. Generally, this process can take anywhere from three months to one year, depending on the requirements of the role and the NP’s existing scope of practice. You should therefore decide if you have enough support in the workplace to help the candidate successfully transition.

NPs are able to independently expand their knowledge and skills into new areas, using the NMBA’s [Decision-Making Framework for Nursing and Midwifery](#). A good way of expanding the NP’s practice is by starting them in their scope of practice comfort zone, with a mutually-agreed upon plan, milestones and timelines for expanding practice into different facets of their new practice area. This plan should include appropriate review and oversight by the employer and an experienced clinician mentor, who should be a medical practitioner or nurse practitioner.

Potential candidates can be screened for their NP endorsement on the [register of practitioners](#), which is maintained by the Australian Health Practitioner Regulation Agency (AHPRA). It’s important to note the NMBA no longer issues physical registration and endorsement certificates. The online register is the single point of truth relating to whether nurses are registered and/or are endorsed with the NMBA, and whether they have conditions or undertakings on their practice.

¹ Helms, C., Gardner, A., & McInnes, E. (2017). Consensus on an Australian Nurse practitioner specialty framework using Delphi methodology: results from the CLLEVER 2 study. *J Adv Nurs*, 73(2), 433-447. <https://doi.org/10.1111/jan.13109>

² Nursing and Midwifery Board of Australia. (2021). *Statistics*. <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

³ Middleton, S., Gardner, A., Gardner, G., & Della, P. R. (2011). The status of Australian nurse practitioners: the second national census. *Aust Health Rev*, 35(4), 448-454. <https://doi.org/10.1071/AH10987>

What key skills should NPs have after endorsement?

All newly-endorsed NPs should be able to independently perform the following key skills within their scope of practice:

- completing and documenting a comprehensive history and physical assessment
- formulating a differential diagnosis
- autonomously prescribing medicines using principles aligning with the [Quality Use of Medicines](#)
- autonomously and [judiciously](#) requesting and interpreting reports arising from diagnostic examinations
- independently determining the limits of their competence
- collaborating with other health professionals through written referral and appropriate communication.

In addition, many NPs will have advanced specialty knowledge within a specific area of practise. As with other health professionals, there may be a transition period of up to six to 12 months while the newly-endorsed NP enters clinical practice.

What do I need to know to help an RN become an NP?

Whether you're helping an RN develop into an NP role, or helping an NP expand their practice into your desired role, there are a few key things you should know:

Developing RNs into the NP Role

An RN must demonstrate 5000 hours working at an advanced level of practice in the previous six years, and have successfully completed a Master's degree from an accredited Australian university before they are able to demonstrate the [registration standard](#) required for endorsement by the NMBA. In order to gain entry to an [Australian Master of Nurse Practitioner](#) program the RN must demonstrate the following:

- current registration as a RN
- a postgraduate qualification (Graduate Certificate or Graduate Diploma) in a clinical field relevant to the RN's intended clinical field
- a minimum of two years' full time equivalent (FTE) as an RN in a specified clinical field
- a minimum of two years' FTE working at an *advanced level of practice* in that same clinical field

The determination of an advanced level of practice does not relate solely to, or require the ability to undertake technical procedural skills (e.g. suturing, plastering, insertion of contraceptive devices, etc.).

The demonstration of advanced practice requires the nurse demonstrate a high level of nursing practice across five domains: clinical care, optimising health systems, education, research and leadership. The [ADVANCE Tool](#) can assist nurses and employers determine if the RN is working at an advanced level of practice. If not, it highlights areas for future professional development. Once enrolled in a Master of Nurse Practitioner course, the student should expect to graduate in 2-3 years, depending on the program and their progress.

Supporting existing NPs into a new role

NPs who are endorsed by the NMBA may use the [Decision-Making Framework for Nursing and Midwifery](#) to help make practice decisions relating to their intended scope of practice. In addition, the [Nurse Practitioner Clinical Learning and Teaching Framework](#) uses the concept of “metaspecialties”⁴ to help guide the development of clinical learning and teaching goals for NPs wanting to expand into different areas of clinical practice. Ultimately, scope of practice is jointly determined by the NP, their employer, and the intended requirements of the role. An NP going into a different area of practice must determine, in collaboration with their employer, what additional education, training, and clinical governance will be required to safely expand their clinical scope of practice.

What funding models support NP positions?

There are two primary funding models that support NP positions: public or private funding. Both funding models benefit from a [needs assessment](#), development of a relevant business case, and consideration of supporting [outcomes measures](#) that will promote growth and long-term sustainability of NP roles.

Public sector

It's highly recommended public health services explore the advantages and disadvantages of 'Block Funding' vs 'Activity Based Funding' (ABF) using [Tier 2 Non-Admitted Services](#) for NP roles. Currently, the use of ABF funding to support NP roles in outpatient clinics would appear to better support the growth and sustainability of the NP workforce in the public sector.

Public sector NPs are not eligible for a Medicare provider number. This may create unique issues for NPs in the ACT public sector, as employers will need to identify funding mechanisms that enable NPs to freely undertake core activities required of their roles. These core activities include: requesting diagnostic pathology and imaging, prescribing medicines, and referring to medical specialist and allied health services to their full scope of practice. It is critical public employers identify how these core activities will be funded and facilitated, to appropriately enable their NP workforce.

⁴ Gardner, A., Helms, C., Gardner, G., Coyer, F., & Gosby, H. (2020). Development of nurse practitioner metaspecialty clinical practice standards: A national sequential mixed methods study. *Journal of Advanced Nursing*, 77(3), 1453-1464. <https://doi.org/10.1111/jan.14690>

Private sector

[Eligible NPs](#) working in the private sector may obtain a [Medicare provider number](#) and use the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) to help subsidise the cost of care provision. The MBS and PBS work to subsidise the costs of performing the core activities discussed above. Importantly, to be eligible for MBS and PBS support the NP is required to demonstrate [one of four types of collaborative arrangements](#). Nurse practitioners working in the private sector, who do not use MBS or PBS subsidies in their clinical practice, are not required to demonstrate a collaborative arrangement.

Occasionally there are additional funding pools in the primary healthcare sector, including through [non-governmental organisations](#) and [primary health networks](#) when there are demonstrable gaps in service provision.

What clinical governance supports are needed for NP practice?

Generally, the clinical governance requirements for NPs are no different than for medical practitioners or other regulated health practitioners. If you are working with a new NP, or an NP expanding their practice into a new area, they will likely need more mentorship and/or supervision than an experienced NP. However, there are a few key governance considerations that may be relevant, depending on the NP's intended scope and context of practice:

- How can credentialing be used to not only protect the public, but assure the NP can work to their full scope of practice with minimal inefficiency?
- How does ACT legislation uniquely impact upon the NP's practice authority and their employed role?
- What referral and consultation pathways can patients and health professionals use to access the NP's services and vice versa?
- How will care escalation occur, and how might this be different from other regulated health practitioners within the health service?
- How will peer review occur and what nurse-sensitive outcomes measures should be used to measure performance?
- What level of private indemnity insurance does the NP require given the requirements of the employed role?

What is the standard NP salary?

This depends on whether the NP is employed in the public or private health sectors. The public sector has [Enterprise Agreements](#) that determine an employed NP's salary and work conditions in the ACT. Minimum work conditions for nurses employed in the private sector have been established by the Fair Work Commission through the [Nurses Award 2010](#).

Employers should note salary rates listed in the Award are far below that of public sector enterprise agreements. NPs in the private sector must determine their own salaries in negotiation with employers.

Can NPs write medical certificates in the ACT?

Medical certificates and sick certificates are two different documents.

NPs in the ACT must issue a sick certificate for employees who are unwell and cannot attend their workplace. A sick certificate serves the purpose of a [statutory declaration](#) for the patient's employer. The reason why NPs cannot provide a medical certificate is because the law requires that 'medical certificates' only be written by registered medical practitioners. There is no limit on the number of days an NP can write a sick certificate, but depends on the patient's illness and any relevant policies for your organisation.

Can NPs fill out workers' compensation, Comcare or driver's license medical paperwork?

NPs can assess, diagnose, and treat work-related injuries within their individual abilities and employed roles. However, under ACT law, NPs workers' compensation and Comcare certificates must be authorised by a medical practitioner.

NPs working within their individual abilities and employed roles can assess a person's fitness to drive. However, under ACT law, driver's license medical forms must be authorised by a medical practitioner.

Can NPs prescribe medicines subsidised by the government?

Many medicines are subsidised by the government through public hospitals or the [Pharmaceutical Benefits Scheme \(PBS\)](#). Generally, inpatient medicines and those supplied by public hospitals upon discharge are subsidised by the ACT government. Many medicines that are dispensed in community pharmacies are subsidised by the PBS.

Private sector

NPs [meeting requirements](#) in the private sector, who are working within their abilities and employed roles, can obtain a prescriber number and write prescriptions that attract a PBS subsidy for [specific medicines](#). Generally, any medicine listed on the PBS website will attract a subsidy if prescribed by a medical practitioner. The Commonwealth has determined that if a medicine prescribed by an NP does not attract a PBS subsidy, patients will need to pay the full private cost of that medicine. The cost of privately-prescribed medicines will not contribute to a patient's safety net threshold.

Public sector

NPs working in community-based settings can obtain a prescriber number and write prescriptions for specific medicines that are covered by the PBS. NPs working in ACT public hospitals or in co-located outpatient departments cannot write prescriptions for medicines covered by the PBS. Prescriptions written by an NP working in public hospitals or co-located outpatient departments that are filled in community-based pharmacies will be required to pay the full, private costs of those medicines. Medicines prescribed by public sector NPs for inpatients or supplied in community-based clinics (e.g. walk-in centres) in public hospitals are subsidised by ACT Government.

Can NPs request tests that are subsidised by the government?

Many diagnostic pathology and imaging tests requested by NPs are subsidised by the government through hospitals or the Medicare Benefits Schedule (MBS). Generally, inpatient testing and those investigations performed by public hospitals are subsidised by ACT Government. Most tests that are performed in community-based laboratories or imaging services are subsidised by the Commonwealth through the MBS.

Private sector

NPs meeting requirements in the private sector, who are working within their abilities and employed roles, can apply for a provider number and request diagnostic tests that attract a MBS subsidy. Generally, any pathology testing that attracts a subsidy when requested by a medical practitioner will be subsidised when requested by an NP. In addition, NPs in the private sector are able to perform a small selection of simple basic point-of-care tests for which patients receive an MBS subsidy.

However, not all imaging tests requested by an NP in the private sector will be subsidised by the MBS. Currently, an NP requesting these imaging tests will attract an MBS subsidy. If the patient chooses to see an NP for any other imaging tests they will be required to pay the full private cost of those imaging tests, even if within the scope of practice for that NP or subsidised when requested by a medical practitioner. The costs of privately-requested imaging tests will not contribute to the patient's safety net threshold.

Public sector

Imaging and pathology tests that are requested by publicly employed NPs, that are completed in ACT public hospitals, outpatients, or community health centres, must be subsidised through funding pools allocated by ACT Government. As NPs are not allocated Medicare provider numbers in the public sector, and because no additional funds may be raised for patients seeking care in the public sector, they are unable to request pathology or imaging tests in the private sector.

Who do I contact if I have a concern about the care my NP has provided?

Nurse Practitioners, like other regulated health practitioners, are responsible for the care they provide. They adhere to [national standards and guidelines](#). If you have a concern about the care your NP has provided, it is always best to first raise your concerns with the NP involved and follow organisational policy. If you do not feel comfortable doing so, then the following may assist:

1. [ACT Human Rights Commission](#)
2. [Australian Health Practitioner Regulation Agency](#)

ACKNOWLEDGEMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

ACCESSIBILITY

If you have difficulty reading a standard printed document and would like an alternative format, please phone 13 22 81.



If English is not your first language and you need the Translating and Interpreting Service (TIS), please call 13 14 50.

For further accessibility information, visit: www.health.act.gov.au/accessibility

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