

NSW Health

# Rural Nurse Practitioners

A framework for service and training in NSW Health



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The NSW Ministry for Health acknowledges the traditional custodians of the lands across NSW. We acknowledge that we live and work on Aboriginal lands. We pay our respects to Elders past and present and to all Aboriginal people.

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## Executive summary

NSW Health recognises the vital role nurse practitioners (NP) play within the health system. NPs work within a broader scope of practice than a registered nurse (RN) and in most circumstances can independently manage entire episodes of care. This enables earlier access to care and reduces delays to treatment particularly in areas of small or dispersed populations. Nurse practitioner models provide an adaptable and integrated approach to meet health care demand and address service gaps.

This document describes two service models and a training and development pathway for rural generalist NPs. NPs working in rural areas need to be able to manage a broad range of acute and chronic presentations across the lifespan, that addresses the needs of patients, communities and priority populations. The models and pathway focus on the delivery of accessible, person-centred care in rural settings where there is limited medical cover or those reliant on Virtual Care.

### 1. Site Specific Model

Located in small rural facilities (e.g. Multipurpose Services (MPS)), the NP works across the site and collaborates with other clinicians such as nurses, GP VMOs, specialist medical practitioners, locum medical officers or Virtual Care teams to support integrated care.

### 2. Hub and Spoke Model

Rural or regional referral centres support a Hub based generalist NP service. These may be centralised to a Local Health District (LHD) or within a cluster to provide outreach support. The NP functions within or across services to support smaller sites and communities (e.g. Emergency NP, Aged Care NP).

A pathway supports the training and development of rural generalist nurses. The pathway describes the Professional, Education and Governance requirements that enable RN progression towards NP endorsement.

### 1. Professional

Describes the professional practice, experience and postgraduate qualifications leading to endorsement as a NP.

### 2. Education

Outlines the education and training required for rural generalist nursing practice. Experiences need to include rotations through various services and healthcare locations.

### 3. Governance

Describes the responsibilities and accountabilities of the LHD and NP/Transitional NP (TNP) within the framework for service and training. These include clinical supervision and scope of practice requirements.

Evaluation of NP services is an opportunity to identify benefits and challenges in service delivery. Practice review and monitoring service outcomes are key requirements for successful implementation of rural generalist NP models and training pathways.

## Introduction

In May 2022, the NSW Parliament published its report *Health outcomes and access to health and hospital services in rural, regional and remote New South Wales* (1). Key findings from this inquiry noted residents of rural, regional and remote New South Wales have poorer health outcomes and inferior access to health and hospital services, and face significant financial challenges in accessing these services, compared to their metropolitan counterparts. The report also noted there is a critical shortage of health professionals across rural, regional and remote communities resulting in staffing deficiencies in hospitals and health services.

To help address these inequities, recommendation 17 includes wider implementation of Nurse Practitioner (NP) models of care particularly in facilities without 24/7 doctor coverage, or that utilise virtual medical coverage.

## Purpose

This document describes a NP service and training framework for rural NSW Health settings. The framework outlines several service models and a training pathway suitable for nurses to train and work as rural generalist NPs. The document assists with local service planning and implementation of rural generalist NP roles. The framework complements current NP practice, regulatory, professional and educational requirements as outlined by Nursing and Midwifery Board of Australia (NMBA) and NSW Health policy (2, 3).

## Background and Context

Approximately one third of the NSW population lives in regional areas outside Greater Sydney, Newcastle and Wollongong (4).

Rural practitioners identify that community spirit and cultural context are important in the delivery of sustainable health care (5). However, there are many challenges when living and working in rural settings including distance, cultural or social isolation, transport, financial burden, climatic or environmental constraints, workplace health and safety, and limitations to communication, resources and infrastructure (1). Rural populations tend to experience higher levels of socio-economic disadvantage, lower

rates of literacy, physical activity and nutrition. Rural areas are expected to experience a dual challenge of declining population and an increasingly ageing population (1).

Significant workforce challenges make it difficult for primary health practitioners to provide services to small rural and remote towns. People living in rural locations find it harder to access doctors, where it may take longer and can be more expensive to seek services. It is common for health services in large regional centres to act as a hub for those in outer-regional and remote areas, requiring people to travel extensive distances to receive health care (6).

Nursing in rural areas is a unique and rewarding experience. Teams are smaller and nurses often need to use their full range of skills to undertake an expanded RN scope of practice when caring for patients with diverse needs (4, 7). In many small sites the RN is the first point of care. Rural communities need nurses to be prepared as multi-skilled advanced generalists able to manage a wide range of health presentations. However, the broad range and sporadic nature of health presentations represent challenges in maintaining skills and confidence (8). Nurses face geographical, professional, and social challenges when working in rural settings. Workforce distribution, recruitment and retention are also significant challenges (4).

All registered nurses are trained as generalists through undergraduate Bachelor of Nursing programs. Training and education to become a rural generalist nurse has not been well described. The absence of a NSW organisational framework and professional development pathway to guide nurses and managers has been a contributing factor. This has been further compounded by limited postgraduate education programs preparing nurses for rural generalist practice (1, 9). Recognition of rural generalist practice as a distinct specialty may provide clearer education and career pathways for nurses (10).

NSW Health recognises the vital role NPs play within the health system. NPs work within a broader scope of practice than RNs and in most circumstances can independently manage entire episodes of care. NPs enable access to care particularly in areas of small or dispersed populations by providing an adaptable and integrated approach to meet health care demand and address service gaps (4).

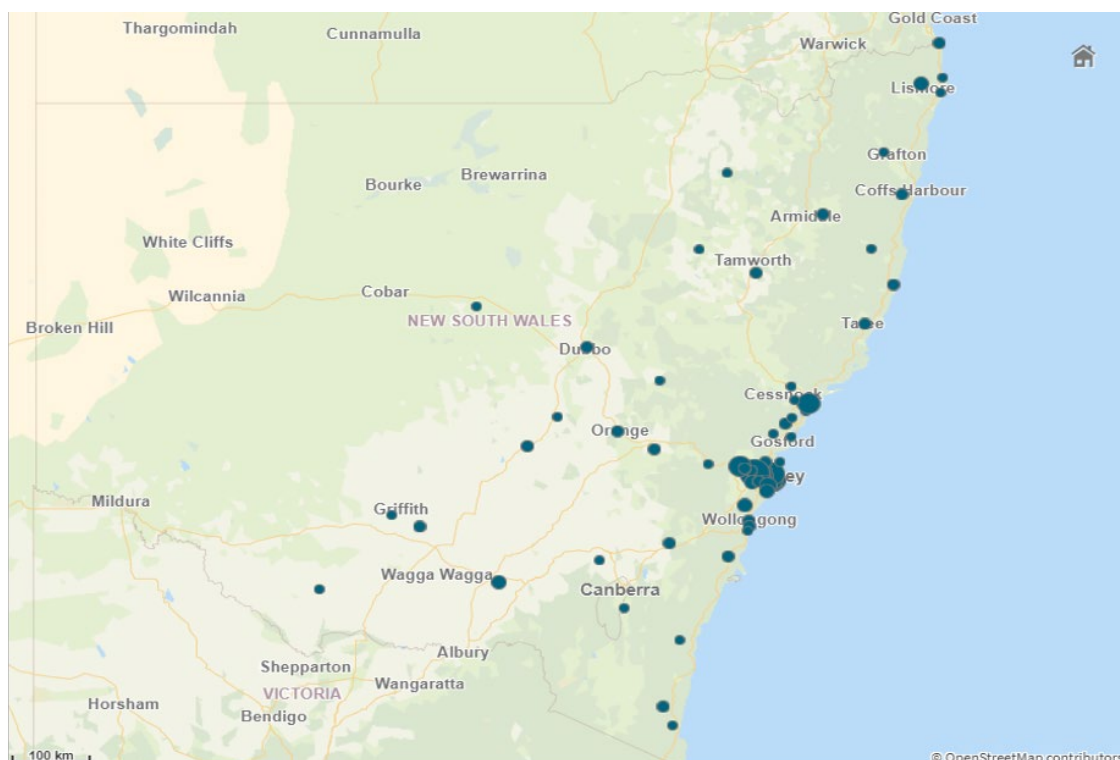
Employing NPs in rural settings maximises the sustainability of services by enhancing access to assessment, diagnosis and treatment (11). NPs are well placed to keep people healthier through effective prevention and management of chronic conditions. Integrating NPs into rural health settings may help to reduce demand on acute hospital services (4). NPs are able to address the needs of priority populations including Aboriginal and Torres Strait Islander people, those from refugee and asylum seeking backgrounds, people living with a disability, people experiencing homelessness or on low incomes, older people and culturally and linguistically diverse (CALD) groups (12).

As of October 2022, there was a total of 324 NPs and transitional nurse practitioner (TNPs) employed in NSW Health (278 NPs and 46 TNPs) (Figure 1). In rural Local Health Districts<sup>1</sup> there was a total of 84 NPs and TNPs (75 NPs, 9 TNPs) equating to 26% of the state total. Most NSW Health NPs have been trained to provide specialised care for specific diagnostic groups or conditions. Whilst there are NPs working in rural NSW, few are trained as generalists able to work across diverse healthcare populations and settings.

Nurse practitioner rural generalist programs require contextual design to meet Australian health care demands (13). The development and training of NPs is supported by an evidenced-based Australian framework termed 'metaspecialties' (14). There are 6 NP metaspecialties (Figure 4) that broadly outline the skills, knowledge and expertise required for clinical practice. Rural generalist NPs need lifelong training and education covering all metaspecialties to meet the healthcare needs of diverse population groups across a range of contexts and settings (15).

Developing a framework for rural generalist NP service and training supports health services by integrating NP care within the wider health system (4). NP service models aim to deliver safe, reliable care for better patient outcomes and experiences (16). Nurse practitioners working to their full scope of practice provide a person-centred approach that promotes and supports equity and inclusion in the design and delivery of value-based care.

**Figure 1: NSW Nurse Practitioners and Transitional Nurse Practitioners**



As of 10 October 2022, based on employment post code in Stafflink

1 NSW Rural Local Health Districts include Far West LHD, Hunter New England LHD, Southern NSW LHD, Mid North Coast LHD, Murrumbidgee LHD, Northern NSW LHD, Western NSW LHD

## Principles

The principles of the rural generalist NP framework for service and training are as outlined:

- Service models are to focus on the delivery of accessible, person-centred care in rural settings particularly where there is limited medical cover or those reliant on Virtual Care (1)
- Adhere to existing governance and policy requirements for NPs/TNPs in NSW (2)
- Agreements between LHDs and services are to enable NP/TNP practice (2)
- Practice is supported by Virtual Care (1)
- Positions create culturally safe partnerships to address priority populations including the following communities: Aboriginal and Torres Strait Islander people, those from refugee and asylum seeking backgrounds, people living with a disability, people experiencing homelessness or on low incomes, older people and culturally and linguistically diverse (CALD) groups (17)
- Positions are supported by a nurse manager with defined roles and responsibilities (2)
- TNP/NP positions are extraneous to the existing nursing workforce (2)
- Education is flexible, accessible and affordable (7)
- Programs develop generalist NP capabilities enabling nurses to manage care across the NP metaspecialties (18)
  - emergency and acute care
  - ageing and palliative care
  - primary health care
  - chronic and complex care
  - mental health care
  - child and family health care (see footnote<sup>2</sup>)
- Practice and learning experiences need to include clinical rotations through large and small facilities, across a range of services (Emergency Department (ED), inpatient, residential aged care (RAC), Virtual Care, retrieval services and associated community settings (16))
- LHDs enable arrangements to facilitate clinical rotations, learning experiences and care delivery (including accommodation, backfill, flexible rostering, on call arrangements, travel support and study leave) (16)

- TNP clinical practice is appropriately supervised (2)
- Mentoring networks are available and supported by LHDs
- A flexible approach is needed when balancing the service model requirements with the ability to attract and retain staff (16)
- Districts engage with early identification and development of talent consistent with *NSW Talent Strategy 2022-2032* and the *NSW Health Workforce Plan 2022-2032* (16, 19)
- Organisations are to periodically evaluate NP services in terms of quality, safety, effectiveness, appropriateness, consumer participation, access and efficiency (2).

## Key Stakeholders and Consultation

In mid-2022, the Rural NP framework for service and training was informed by a project plan. NSW Rural Local Health Districts were identified as key stakeholders and included:

- Far West NSW Local Health District
- Hunter New England Local Health District
- Mid North Coast Local Health District
- Murrumbidgee Local Health District
- Northern NSW Local Health District
- Southern NSW Local Health District
- Western NSW Local Health District

A NSW Rural Nurse Practitioner Advisory Group was established with representation including Local Health District Directors of Nursing and Midwifery, Senior Nurse Managers, Nurse Practitioners and the Nursing and Midwifery Office of NSW (NaMO).

Selected site visits and interviews were conducted during June, July and August 2022 by NaMO with local support and facilitation. Other Australian jurisdictions and networks were consulted during this period to identify relevant information. Feedback from stakeholders informed the development of the rural NP framework for service and training.

<sup>2</sup> Child and family health care definition used in the context of Nurse Practitioner training may differ to that of the NSW understanding of Child and Family Health. For NPs, this includes education and practice across the spectrum of childhood from neonates to young adulthood (14)

## Model Descriptions – Rural Generalist

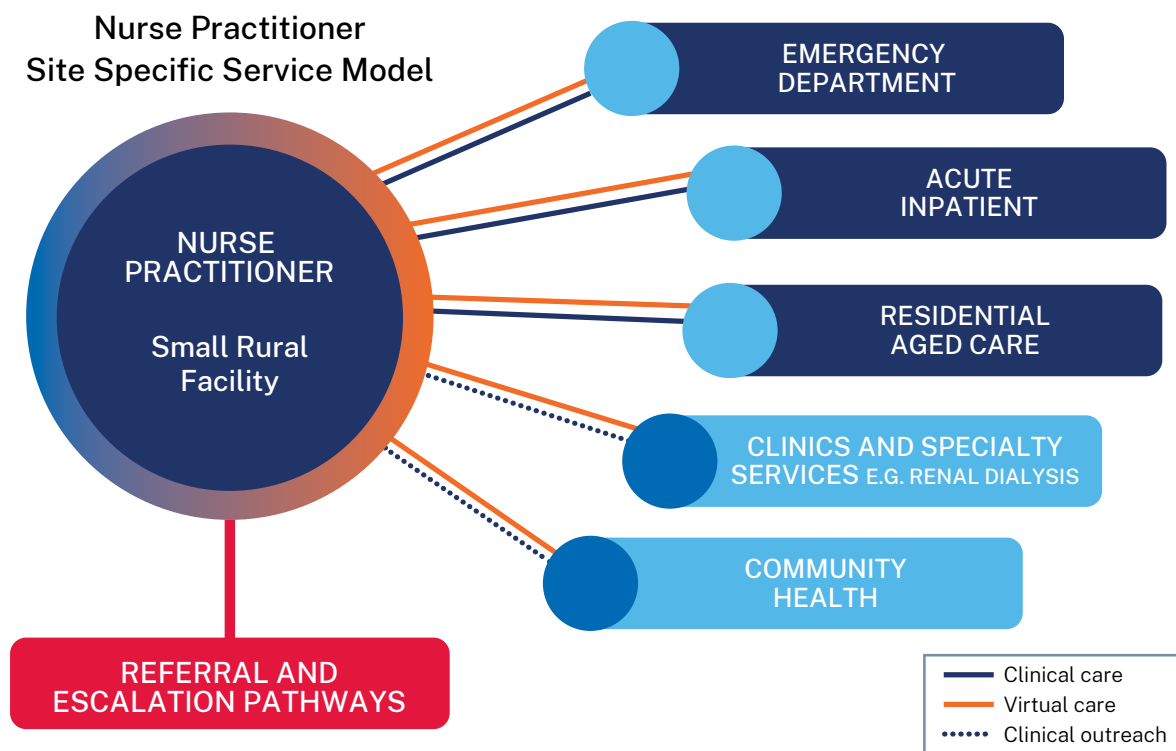
The following models guide Local Health Districts when designing and implementing rural NP services. These should be based on sound business and service planning to meet community needs. The models are intended to be flexible and locally adaptable rather than prescriptive.

### Service Model 1 – Site Specific Model

This model can be used in small rural hospitals or Multipurpose Services (MPS) (Figure 2). The NP is employed at a designated facility to meet local service needs. The NP works with other clinicians such as GP VMOs, specialist or locum medical officers or Virtual Care to support integrated care. The NP can make or accept referrals from linked health facilities, the Primary Health Network (PHN) or specialty teams through agreed LHD referral pathways/ protocols. Referrals and clinical care may be supported by Virtual Care services.

The NP functions across a range of clinical units within the facility including the emergency department (ED), admitted patients and/or residential aged care (RAC). Some facilities may have co-located clinics or specialist services, such as renal dialysis, where the NP may be able to provide support. The site-specific NP typically assists with Clinical Escalations (CERs) and may also have admitting rights (PD2019\_056) for these facilities. This model is best suited to experienced clinicians able to safely function with limited supervision.

Figure 2: Site Specific Model





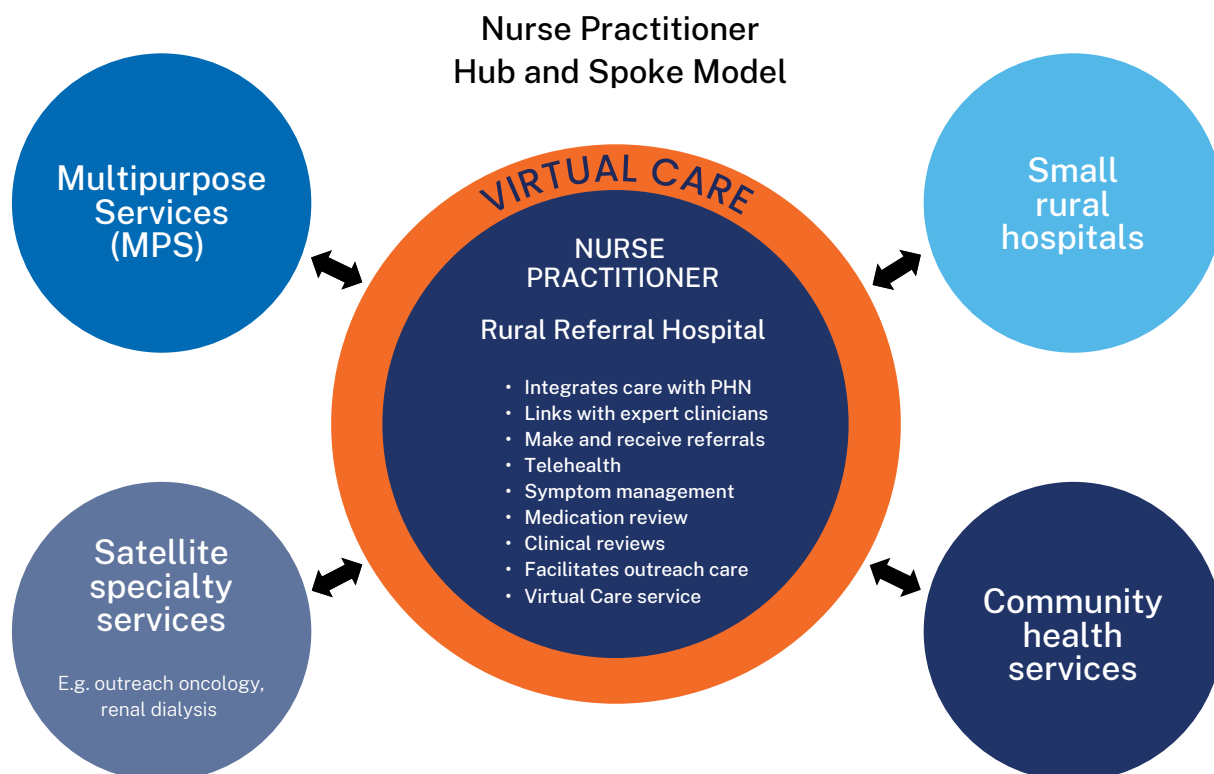
## Service Model 2 – Hub and Spoke Model

A hub facility is typically a rural or regional referral centre which offers a range of acute, inpatient, outpatient and some specialist services. Hub based generalist NP roles may be centralised to a Local Health District (LHD) or within a cluster to provide outreach support to small spoke facilities (20). The aim of hub and spoke models of care is to keep health services closer to a patient's home (21).

Rural generalist NPs need to be able to manage a broad range of acute and chronic presentations across the lifespan to address patient and community needs. The NP functions within or across services. In some positions the volume and diversity of work may be sufficient to locate their entire practice at a single location but may also provide support to peripheral sites and communities. Other positions may rotate through various sites to meet service needs (Figure 3).

In a hub and spoke model the rural generalist NP is ideally placed to receive and make referrals to facilitate integrated care across disciplines or teams (22). This model can support step-up or step-down care that builds on existing infrastructure and can link specialist services and clinicians over geographical distances (23). This model is ideally suited to support TNP clinical training with access to expert clinicians (NPs and specialist medical practitioners).

Figure 3: Hub and Spoke Model



The NP model can enhance care delivery through:

- Assessment and treatment
- Telemonitoring of signs and symptoms
- Telehealth services
- Providing outreach to spoke services and clinics
- Symptom and medication management
- Discharge follow up and education
- Health promotion and prevention
- Support for patient/clinician enquiries aimed at reducing re-presentations and increasing patient satisfaction (24).

A hub based generalist NP may for example, provide in-reach to residential aged care facilities for early intervention, hospital avoidance and clinical or educational support to local staff, particularly in the absence of GP availability.

The hub based rural generalist NP may be able to provide clinical support and advice to other TNPs or NPs at spoke sites or backfill with appropriate planning. The NP could be rostered for limited periods to provide Virtual Care to support service delivery in the LHD.

Scopes of practice and service agreements need to reflect the ability of the NP to deliver holistic, timely care that is flexible and responsive to the broader health needs of the patient and the health service. In hub and spoke models of care, the rural generalist NP may have a broader role in making and receiving referrals to coordinate care that includes face-to-face and telehealth consultations.

## Virtual Care Support

Virtual Care refers to the delivery of health services by connecting clinicians, patients and carers across multiple locations or distance by using technology (e.g., phone, video conferencing or remote patient monitoring). Virtual Care enables timely access to care in rural and remote locations where medical availability is limited (1). Cultural and digital contexts need to be considered. Virtual Care can address some of the challenges of rural isolation and reduced local medical cover by enabling access to specialist services and support (25-27).

Virtual Care may be organised differently across LHDs. Protocols may include connection to referral hospital services and specialty teams, centralised digital platforms, contracted arrangements, GP VMOs, retrieval and critical care services or other agencies such as Royal Flying Doctor Service (RFDS). Reliable technology and ease of access are important considerations that support the use of Virtual Care (4). Nurses require training in the use of digital technology to effectively communicate using Virtual Care in rural sites (4, 28). The NP/TNP should train within Virtual Care services to optimise their skills required to provide safe care (29).

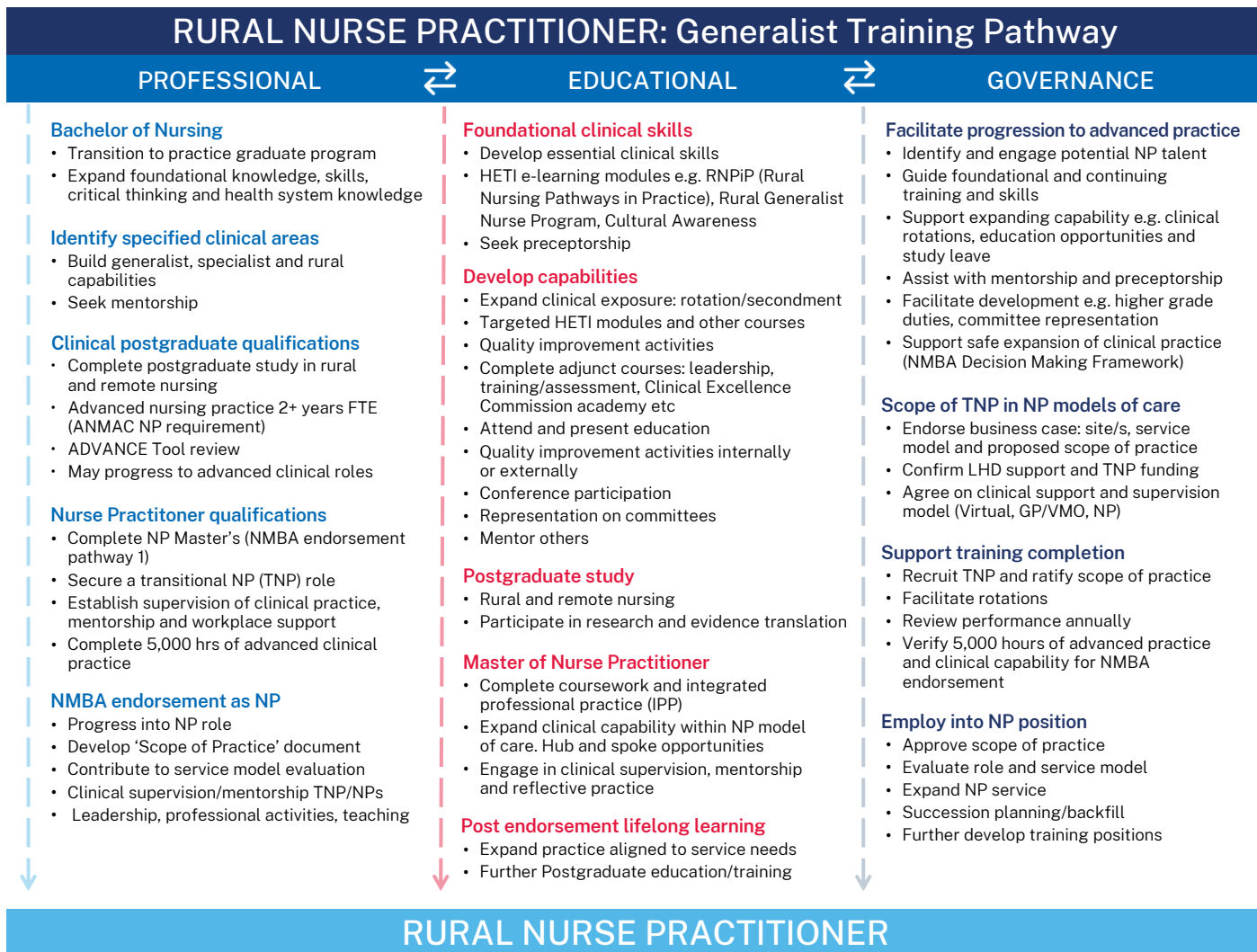
Virtual Care can also enhance professional and educational development through Virtual Simulated Learning Environments (VSLE), local clinical educators and shared resources.



# Rural Nurse Practitioner Generalist Pathway

Professional development of NPs builds on the foundational training of Registered Nurses consistent with NMBA recommendations. There are 3 components that support the training and development of rural generalist NPs; Professional, Education and Governance (Table 1).

Table 1: Rural NP – Generalist Training Pathway



## Professional NP Pathway

Registered nurses begin their professional development after NMBA registration. This usually involves a transition to practice program to further develop and consolidate foundational knowledge and skills. Nurses expand their clinical training through exposure to different clinical specialties and contexts. This can be complemented informally through in-service education and training, or through formal courses (30). The NSW Health Education and Training Institute (HETI) provides a broad range of e-learning modules to support rural and generalist practice. Nurses may progress to senior clinical roles such as Clinical Nurse Specialist (CNS/ CNS2) or Clinical Nurse Consultant (CNC) with LHD support. The collaborative nature of healthcare teams and patient-centred models of care provide ideal contexts for interprofessional practice and learning.

The pathway to NP endorsement requires nurses to identify advanced practice within a specified clinical field (3, 31). Postgraduate education in a specified clinical field must be at Australian Qualification Framework (AQF) level 8 (Graduate Certificate or Graduate Diploma) (31). Whilst professional development in **rural and remote nursing** would be beneficial (1, 10), there are many clinical fields relevant to rural generalist practice (e.g. aged care, emergency, primary care).

The LHD is required to verify advanced practice in the specified clinical field as a pre-requisite to enrolment in a NP Master's degree (2). The Australian Advanced Practice Nursing Self-Appraisal (ADVANCE) tool can be used by the RN and the LHD to assess readiness to enrol in a NP Master's course (32). Once enrolled in a NP Master's program, a nurse must complete all course requirements in addition to a total of 5000 hours in advanced clinical nursing practice within the past six years (3). Upon completion of NMBA requirements, nurses are eligible to apply for endorsement as a NP. NMBA endorsement details can be found [here](#).

## Education Pathway

Registered nurses build on their foundational knowledge through clinical experience and participation in courses and education. A mixture of broad-based education and targeted skills training is required for rural and remote nurses. Education and training needs to be flexible, accessible and affordable to facilitate career progression (4, 16).

Practice and learning experiences need to include diverse clinical settings to expand capabilities and skills as rural generalists.

Completion of a clinical postgraduate nursing qualification is required for entry into a NP Master's degree. Postgraduate education courses are offered in distance mode across several Australian universities. A nurse must have a minimum of two years full-time equivalent (FTE) as a registered nurse in a specified clinical field (e.g. rural and remote nursing) and two years FTE of current advanced nursing practice in this same clinical field (31).

NP Master's based education and training should be broad and cover the NP metaspecialties (Figure 4)(15). Rural generalist NP training needs to include emergency and acute care, ageing and palliative care, primary health care, chronic and complex care, mental health care, and child and family health care (inclusive of neonatal, paediatric and young persons – see footnote <sup>3</sup>).

NP work is often mapped across more than one metaspecialty. The speciality skills, knowledge and expertise of most NPs extends across at least two or more metaspecialties and care is delivered in very diverse contexts. The metaspecialties are intended to complement each other, rather than be applied as mutually exclusive constructs (14, 15). Rural generalist NPs need training and education across the metaspecialties to meet the healthcare needs of diverse population groups in a range of contexts and settings (Appendix 2).

Advanced assessment, diagnostic reasoning, prescribing and the quality use of medicines are the essential education components of all Australian NP Master's courses. The timeframe to complete the course is generally over a 2-to-5 year period depending on the nurse's prior learning, experience and hours of employment (FTE). Progression of nurses towards NP endorsement requires LHDs to facilitate learning opportunities and clinical rotations. Interprofessional education and the development of networks also enhance collaborative practice (33, 34).

<sup>3</sup> Child and family health definition used in the context of Nurse Practitioner training may differ to that of the NSW understanding of Child and Family Health. For NPs, this includes education and practice across the spectrum of childhood from neonates to young adulthood (14)

Figure 4: Australian Nurse Practitioner Metaspecialties

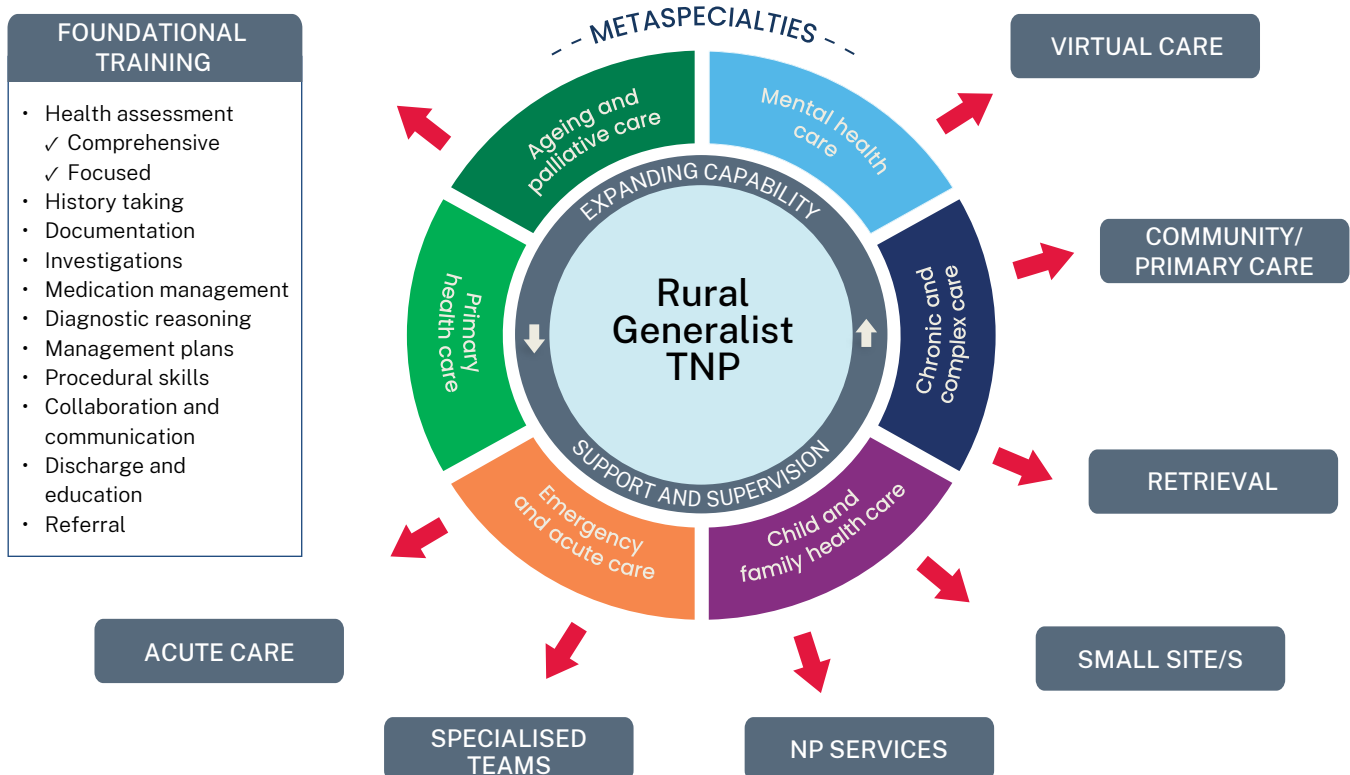


Helms C, Gardner A, McInnes E. Consensus on an Australian nurse practitioner specialty framework using Delphi methodology: results from the CLLEVER 2 study. *Journal of advanced nursing*. 2017 Feb;73(2):433-47.

### Transitional NP Rural Generalist Training

In NSW, a Transitional Nurse Practitioner (TNP) is a NP training role aligned with NP Masters education. The TNP is employed into a NP position to gain clinical experience in a supported, supervised learning environment whilst undertaking the NP Masters course.

Figure 5: Rural Generalist Training Model



The rural generalist TNP requires a broad, adaptable skill set to meet the complexity of community health priorities. This includes identifying current clinical training needs, future learning priorities and considered planning of clinical rotations across a range of services (Figure 6). Opportunities for the TNP to work with diverse health teams enables training, preceptorship and professional connection across different clinical experiences (2, 35, 36). The nature of clinical rotations depends on individual prior learning, the needs and capacity of the service and availability of supervision. Rotations are intended to expand capability in meeting service and geographical needs of local communities.

Key factors for successful preparation of TNPs into capable, independent NPs in the Australian context include (9):

- Identification of a service model
- Developing and promoting a clear role for the TNP
- Integration into a multi-disciplinary team
- Strong mentorship/preceptorship support
- Continuing professional development
- Evaluation of the training program

Figure 6: Nurse Practitioner Rural Educational Planning



Modified from Muirhead S, Birks M. Roles of rural and remote registered nurses in Australia: an integrative review. *The Australian Journal of Advanced Nursing*. 2019;37(1):21-33

The clinical learning and development plan (CLDP) needs to prioritise the key metaspécialties in relation to the NP model of care. In rural settings, TNP training should initially target 3 metaspécialties such as **emergency and acute care, ageing and palliative care and primary health care** to provide strong foundational learning. The nurse does not need to be skilled in all aspects of each metaspécialty. However, training should address gaps in knowledge or skills to meet the needs of the rural service and mapped against the NP metaspécialties, standards and activities (Appendix 2) (18).

Regardless of the location, service or unit, the TNP and LHD must be actively engaged and accountable for the CLDP. This can be achieved through close collaboration with clinical support teams, supervisors of clinical practice, university course coordinators and mentors.

Rural generalist TNPs are expected to build generalist and some specialist capabilities that address service needs and priority populations, for example, renal dialysis, point-of-care ultrasound or immunisation programs.

The LHD can assist by enabling NP mentors and clinical supervisors to undertake site visits or shadowing

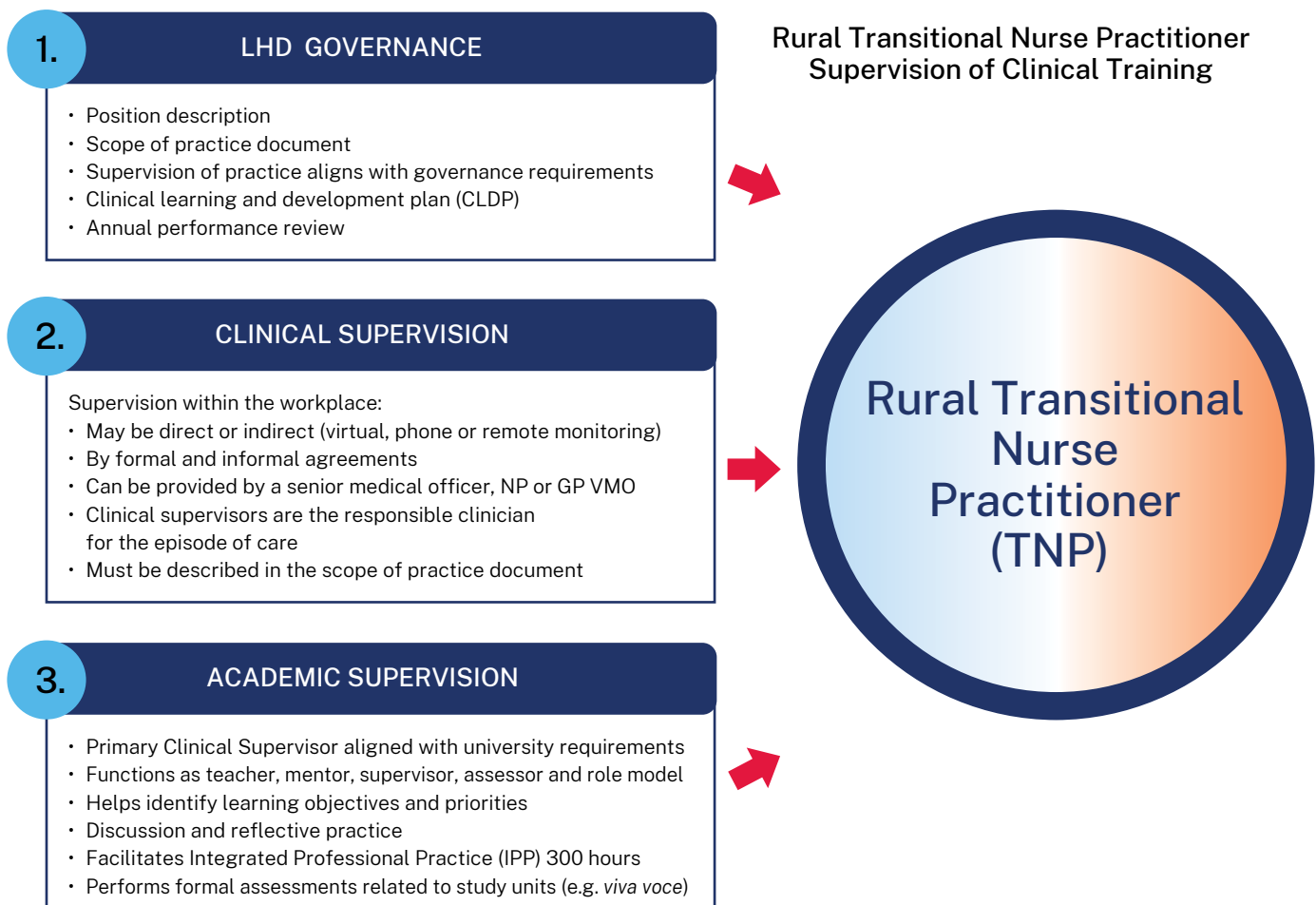
opportunities with TNPs. Mentor support in the local service of the TNP can help address professional isolation (1). Additional mentorship from nominated NPs and other senior clinicians is recommended to enhance development and connection within a professional network. The TNP should monitor their performance, actively seek feedback, address gaps in knowledge and participate in performance review.

## Supervision of Clinical Training

### Workplace supervision

NSW LHDs are required to have a Nurse Practitioner Governance Committee (2, 37). The Committee is responsible for approving scopes of practice for NPs and TNPs. The Committee is to ensure scopes of practice and supervision of TNPs align with organisational and clinical governance requirements (Figure 7). This includes how supervision occurs in different clinical contexts and locations.

Figure 7: Supervision of Clinical Training for TNPs



The Governance Committee needs to be satisfied that TNP clinical practice is supervised by senior clinicians (MO/NP) who are:

- Appropriately qualified and experienced
- Accessible and available to guide care (including Virtual Care and clinical escalation)
- Able to provide learning opportunities
- Aware that the TNP is a trainee

TNPs may facilitate care by using approved protocols and standing orders. Clinical practice that extends beyond locally approved protocols and standing orders must be supervised. TNPs are accountable to the responsible clinician (medical practitioner or NP) for each episode of care and this should be reflected in the patient record (38).

## Academic Supervision

On commencing a NP Master's course, universities require nomination of a Primary Clinical Supervisor (NP or senior medical officer). This supervisor has the responsibility to act as a mentor, teacher and clinical assessor while the TNP undertakes the required clinical components of the course, including 300 hours of Integrated Professional Practice (IPP). The Primary Clinical Supervisor also evaluates the clinical performance as specified by the university and for the final *viva voce* assessment. The nominated Primary Clinical Supervisor may or may not be an employee of the LHD and is not to be confused with normal clinical business and escalation processes.

## Endorsed NPs who are changing or expanding their scope of practice

Some endorsed NPs may need additional training and education to support expanding their scope of practice to work as a rural generalist. In these circumstances, training should address gaps in knowledge or skills to meet the needs of the rural service and mapped against the NP metaspecialties, standards and activities (Appendix 2) (18).

The NMBA *Safety and quality guidelines for nurse practitioners* notes:

*“It is the responsibility of the NP, and where employed, an employer, to ensure that, should a NP be required to expand or change their scope of practice to meet the needs of a client group, they are educated, authorised and competent to perform their role.”*

*NMBA, Safety and quality guidelines for nurse practitioners, March 2021*

Further postgraduate training may equip NPs with additional clinical knowledge and skills required to practice (e.g. [CRANaplus](#), [ACRRM](#)).

## Governance

LHDs are responsible for the governance of NP's and TNPs as described in the NSW Health Policy (PD2022\_057) (2).

Key elements for establishing rural generalist NP positions include:

- Ensure a responsible manager to co-ordinate and report on the governance of NP/TNP positions and services
- Plan strategically to create a flexible and sustainable 'pipeline' of rural generalists through development opportunities and succession planning
- Design and or adapt models to meet local community and service needs
- Approve Scopes of Practice as outlined in the NP Policy
- Provide organisational support for TNP training to maximise opportunities to develop clinical acumen (TNP/NP positions are extraneous to the existing nursing workforce)
- Undertake risk assessments and formulate management strategies related to the NP/TNP role e.g. variable or inconsistent GP engagement, barriers to practice that affect patient access or care, limited referral pathways, conflicting role delineation within the RN workforce or stress related to workload
- Evaluate and refine TNP training programs
- Negotiate local agreements across sites and services that support practice and education (e.g., radiology and pathology)
- Consider the ethical and workplace safety aspects required to support isolated roles (e.g. when family or staff members seek treatment) (39, 40)
- Provide clinical development opportunities through a range of services, specialties and sites
- Ensure mentorship and supervision throughout career advancement
- Provide support for postgraduate education and short courses relevant to rural generalist practice
- Recognise talent early and consider accelerated or tailored development pathways (including Aboriginal and Torres Strait Islander clinicians)

LHDs may elect to increase the level of indirect (non-clinical) time assigned to TNPs to accommodate



opportunities that support training and administrative requirements (2). LHD's may need to consider incentives (such as transport assistance or accommodation) where travel may be challenging to meet training requirements (41).

After completion of the NP Master's, the LHD is required to verify 5000 hours of advanced practice and the clinical capabilities of the TNP to apply for NP endorsement with the NMBA.

## Recruitment and Retention

Successful recruitment and retention of NP positions requires a collective understanding of health care and the social context of living in rural and remote locations. Local workforce, models of care and service requirements need to be considered within the community context. Organisational factors that impact on NP workforce recruitment and retention need careful assessment and management (42, 43).

A 'grow your own' model may have some advantages by establishing a training pipeline that develops advanced practice among local nurses to meet service needs. However, a longer lead time may be required from the facility or LHD in this approach (1). Some NPs or TNPs may need an extended period of orientation or scope expansion. Relocation incentives may also need to be considered (1, 41).

Some of the issues affecting retention of RNs in rural settings include professional isolation, 'burn-out' and limitations to scope of practice (44). These issues have also been identified as impediments to the sustainability of TNP and NP roles. Access to ongoing education, workload and workforce shortages are challenges to succession planning.

Strategies that may reduce retention risks include (42, 45):

- Minimising NP/TNP backfill for RN positions
- Remuneration that recognises on-call responsibilities
- Enabling the NP/TNP to work to their full scope of practice (independent practice and support)
- Backfill arrangements to enable leave entitlements
- Support for professional development and training programs (including scholarships)
- Enabling mentorship and professional networks
- Facilitating interprofessional collaboration (e.g. relationships with clinicians and nursing executives)
- Early succession planning of NP roles
- Enhancing professional visibility

## Evaluation

Several factors are key to successful implementation of NP models:

- Planned and structured quality and safety review processes
- Organisational support, including sustainable funding
- Executive strategic advocacy and reporting
- Evaluation of unintended consequences
- Robust recruitment processes
- Strong interprofessional relationships
- Well defined NP models of care
- Sound clinical governance
- Adequate mentoring and support (45)

Evaluation of NP services is an opportunity to identify benefits and challenges in service delivery. This information may assist in recruitment and retention of rural generalist nurses into NP positions. Practice review and monitoring of service outcomes are key requirements to successful implementation of rural generalist NP service and training models.

# Scenarios and Case Examples

## Example 1 – Site Specific Model

Kelly is an experienced rural RN with a Graduate Diploma in emergency nursing working in the local Multipurpose Service for the last 10 years. She is familiar with common Emergency Department (ED), inpatient and residential aged care presentations. Recently, it has been difficult for the community to access primary care, resulting in a growing reliance on the MPS. Kelly and the Local Health District (LHD) are confident that an NP service would help meet some of the service gaps and would like to develop a Transitional Nurse Practitioner (TNP) position.

Kelly has a solid understanding of the local service, population and community needs. She has established good relationships with nursing and allied health staff, GP Visiting Medical Officer, locum medical officers and Virtual Care and understands the related workflows, tasks and responsibilities. Skills and training to manage primary health care, emergency/acute care and ageing/palliative care have been identified as essential to the position. Medical support from local and virtual clinicians is required to supervise TNP clinical practice.

The LHD recognises training and supervision as a TNP at a small site may be challenging. Whilst some of this training can occur in the MPS, the TNP will benefit from rotations through a larger hub facility to develop some foundational NP skills, exposure to a broad range of presentations and those less frequently encountered in the MPS. There may also be opportunities to work alongside experienced NPs and link with mentors at the hub facility. Rotations through the Virtual Care service will assist in refining assessment and communication skills needed to work as a TNP in the MPS.

Kelly is keen to apply for the position and plans to enrol in a NP Master's program.

## Example 2 – Hub and Spoke Model

Alex is a Registered Nurse who has worked for 7 years primarily in a regional Emergency Department. He has experience working with adults but limited exposure to paediatrics and mental health presentations. He has a Graduate Diploma in acute care nursing and has been successfully recruited into a Transitional Nurse Practitioner (TNP) position. The Local Health District is supporting Alex to become a rural generalist Nurse Practitioner (NP) with a view to working in a hub and spoke model from the referral facility.

While Alex has significant nursing experience in acute care, the rural generalist NP position requires skills to manage a broad range of acute and chronic presentations across the lifespan. Alex requires training in comprehensive physical assessment, systems review, documentation, investigation and interpretation of results, differential diagnosis, prescribing and procedural skills. Additional training in developing management plans, referral pathways, admissions, inpatient reviews and discharge planning are also required. These skills are ideally developed in a rural referral hub where supervision and local expertise is available to support him. NP mentorship may be more accessible in these settings.

Rotations through small facilities may complement and consolidate rural training experiences. Training through Virtual Care services may benefit skill development for the role. Alex's NP Master's can be completed in parallel with the required clinical training. The LHD needs to support his professional development through enabling flexible and dynamic training experiences.

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## Appendix 1: Implementation Guide for Rural Nurse Practitioners

Strategy	Tasks
<b>Planning &amp; Business Case</b>	<p><b>Planning</b></p> <ul style="list-style-type: none"> <li>▪ Nursing Executive to identify NP service aligns with Local Health District strategic and operational plans</li> <li>▪ Consider NSW Health Guideline <i>Improving Access to Primary Care in Rural and Remote Areas (s19(2) Exemptions) Initiative (GL2017_005)</i></li> <li>▪ Engage with stakeholders (e.g. Clinicians, Finance, Human Resources, General Manager, Executives)</li> <li>▪ Positions are supported by a nurse manager with defined roles and responsibilities (e.g. NP Coordinator)</li> <li>▪ Assess and evaluate readiness</li> <li>▪ Review RN staffing profile to identify talent</li> </ul> <p><b>Business Case</b></p> <ul style="list-style-type: none"> <li>▪ Work with key stakeholders to develop a business case <ul style="list-style-type: none"> <li>– a gap and risk benefit analysis</li> <li>– cost analysis</li> <li>– recurrent funding required for the service</li> <li>– alternative options to the model</li> </ul> </li> <li>▪ Include clinical and human resource data</li> <li>▪ Develop a position description</li> <li>▪ Positions are in addition to current staffing profile</li> <li>▪ Executive Director to review/approve</li> </ul>
<b>Implement</b>	<ul style="list-style-type: none"> <li>▪ Develop change management, marketing strategy and communication plan</li> <li>▪ Include internal/external stakeholders and community members</li> <li>▪ Consult with HR regarding recruitment and advertising <ul style="list-style-type: none"> <li>– Consider Rural Health Workforce Incentive Scheme Policy Directive <a href="#">PD2022_025</a></li> <li>– Consider Commonwealth <i>HELP for Rural Doctors and Nurse Practitioners Initiative</i></li> </ul> </li> <li>▪ Recruit and On-board NP/TNP (enabling electronic access, Stafflink etc)</li> <li>▪ Communicate the commencement of the NP service model with the LHD</li> <li>▪ Inform the NP governance committee <ul style="list-style-type: none"> <li>– Authorise scope of practice (aligned to position description &amp; service plan)</li> <li>– Describe supervision and clinical governance arrangements</li> <li>– Help define evaluation measures</li> </ul> </li> <li>▪ Consult with NP Co-ordinator to facilitate networking</li> <li>▪ Orientate and immerse NP position within the service</li> <li>▪ Identify and address any unplanned risks as they emerge</li> </ul>
<b>Evaluate</b>	<p><b>Review Implementation with Governance Committee</b></p> <ul style="list-style-type: none"> <li>▪ Review service feedback and evaluation</li> <li>▪ Check alignment of the position with service plan</li> <li>▪ Review the Scope of Practice</li> <li>▪ Assess education and training needs</li> <li>▪ Identify strategies for succession planning, backfill and expansion of service</li> </ul>
<b>Action</b>	<ul style="list-style-type: none"> <li>▪ Annual Performance Development Review with line manager</li> <li>▪ Implement service evaluation changes</li> <li>▪ Adjust service plan or position (if needed)</li> <li>▪ Adjust or expand scope of practice (if needed)</li> <li>▪ Enable further education and training needs</li> <li>▪ Provide opportunities for RNs to relieve and experience the role</li> </ul>

# Appendix 2: Nurse Practitioner Metaspecialty Standard Statements

METASPECIALTIES					
Chronic and Complex Care	Ageing and Palliative Care	Primary Care	Child and Family Health Care	Mental Health Care	Emergency and Acute Care
<p><b>1</b> Undertakes a comprehensive and expert assessment of complex illness with chronic and potential for self-management</p> <p><b>2</b> Demonstrates advanced understanding of variation in physiology and pathophysiology and can adapt care in population groups at high risk of specific chronic diseases</p> <p><b>3</b> Orders/completes and interprets results from appropriate diagnostic tests for person with long term and complex care needs</p> <p><b>4</b> In collaboration with person/carer, formulates plan for care and rehabilitation that addresses the whole person including facilitation of avenues for expression of grief regarding lost opportunities where needed and support to maintain maximum potential for independent living</p> <p><b>5</b> Ensures provision of timely and appropriate access to treatment for the person with chronic or complex illness, demonstrating high level of clinical confidence and proficiency</p> <p><b>6</b> Demonstrates autonomy and expertise to deliver complex diagnostic tests in specialist or specialist through use of outpatient and outreach facilities</p> <p><b>7</b> Anticipates, identifies and expertly manages specific complications and adverse events specific to people with long term conditions</p> <p><b>8</b> Undertakes complex medication titration for chronic and complex illnesses in partnership with the person</p> <p><b>9</b> Builds and works in partnership to develop expertise of the person to manage their own health</p> <p><b>10</b> Demonstrates advanced ability to convey complex health issues to individuals with education about chronic disease including where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p><b>11</b> Identifies and refers when needed to healthcare team with other expertise including potential for telehealth and videoconferencing with the multidisciplinary team</p> <p><b>12</b> Models the role of the nurse practitioner as leader of the multidisciplinary team in management of person requiring long term and complex care</p> <p><b>13</b> Demonstrates strategies to maintain follow-up for chronic and complex illness including for specific populations at high risk of loss to follow-up</p> <p><b>14</b> Advocates as a clinical leader for improved access to specialist care for people with chronic disease with a particular focus on vulnerable or marginalised populations</p>	<p>Performs an expert and comprehensive physical, social and psychological assessment of the person, including identification of areas of risk or need, including identification of potential differential diagnoses, for people nearing or surpassing anticipated life expectancy</p> <p>Conducts complex assessment of cognition, screening and assessment tools specific to this population</p> <p>Conducts advanced symptom-led assessment that is comprehensive and appropriate for facilitating supportive or end of life care</p> <p>Orders/completes appropriate diagnostic tests for person nearing or surpassing anticipated life expectancy and interprets results</p> <p>Demonstrates advanced knowledge of effects of ageing on response to medications</p> <p>Demonstrates specific communication skills that enable a discussion about quality of life and death with people and their families</p> <p>Develops lifestyle and/or shared treatment plan, including for advance care directives, for the person nearing or surpassing anticipated life expectancy that balances prevention, resuscitation or palliation</p> <p>Initiates treatments to provide expert preventative and/or supportive ageing and palliative care, based on findings from comprehensive assessment, interpretation of diagnostic tests and treatment plan</p> <p>Anticipates, identifies and expertly manages complications and adverse events specific to people nearing or surpassing anticipated life expectancy</p> <p>Influences healthcare system processes to ensure person with life limiting illness has early and appropriate access to palliative care and palliative care</p> <p>Educates person and carers about the correct use of opioids and other medications in ageing and palliative care</p> <p>Demonstrates advanced ability to convey complex health issues and provide comprehensive, individualised health education about life limiting factors including where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p>Demonstrates ability to refer to other health disciplines with a focus on coordination of failed health care provision</p> <p>Demonstrates expert, compassionate judgment and leadership in the care of people with end-of-life care for person and family</p>	<p>Conducts advanced primary health care assessment of the person, including social and cultural history, screening and lifestyle, taking account of the social determinants of health, community and economic resources</p> <p>Demonstrates advanced understanding of variation in physiology and pathophysiology across the lifespan and varied population groups</p> <p>Orders/completes and interprets appropriate diagnostic tests for person in the community care context</p> <p>Demonstrates expert ability to modify management strategies in response to a range of cultural contexts and vulnerable groups using a primary health care framework</p> <p>Develops and executes a comprehensive plan of primary health care in collaboration with person whilst demonstrating high level of confidence and expertise</p> <p>Prescribes pharmacological and non-pharmacological treatments for primary health care setting appropriate to the person's domestic, community and self or carer capacity for treatment in the home</p> <p>Collaborates with person to manage their immunisation status based on best evidence and the person's lifestyle</p> <p>Demonstrates ability to refer widely and appropriately to other health disciplines and agencies</p> <p>Anticipates and expertly manages complications and adverse events specific to delivery of care in the primary health care setting</p> <p>Provides primary and secondary comprehensive, individualised health education to persons of all ages within the scope of NP expertise and where appropriate to person</p> <p>Demonstrates advanced ability to convey primary health care issues and promote health literacy including where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p>Takes a leadership and care coordination role for the person under the care of the primary health care multidisciplinary team</p> <p>Collates and analyses assessment and treatment management plan and initiates primary health care management and treatment plan that reflects person's lifestyle and social context</p>	<p>Conducts holistic and advanced assessment of the child and family across to the child including social and cultural history using in-depth knowledge of child development</p> <p>Demonstrates advanced understanding of variation in physiology and pathophysiology, particularly related to neonatal, paediatric and adolescent milestones</p> <p>Demonstrates expert knowledge and a high level of confidence and clinical proficiency in management of the child with pain</p> <p>Rapidly diagnoses and manages common childhood presentations that require prompt treatment</p> <p>Develops a comprehensive plan of care for the child in collaboration with family/carer, based on advanced assessment and diagnostics</p> <p>Prescribes and initiates medications at doses and using appropriate to child age and family/carer circumstances</p> <p>Expertly delivers age-specific treatment to child and involves family/carer where appropriate</p> <p>Anticipates and expertly manages complications and adverse events specific to children</p> <p>Provides comprehensive, individualised education for family/child/carer that is appropriate and context specific for all</p> <p>Demonstrates a high level of ability to convey complex health issues to child/family/carer including where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p>Takes leadership role to ensure multidisciplinary approach to care of child and family/carer where appropriate</p> <p>Identifies and initiates care when child and family/carer require follow-up beyond treatment for acute presentation, including consideration of economic and environmental determinants of health</p>	<p>Undertakes expert and comprehensive assessment related to the psychological and physical well-being of person</p> <p>Conducts advanced assessment of lifestyle factors, social and cultural history relevant to mental health care of person</p> <p>Engages in high level clinical reasoning to organise and interpret comprehensive assessments relevant to mental health care of person</p> <p>Develops person centred, comprehensive care plan with person requiring mental health care and their carer where appropriate</p> <p>Delivers expert treatment and support for person with mental health problems</p> <p>Demonstrates a high level of confidence and clinical proficiency in response to people with both physical and mental illness, including referral when needed</p> <p>Demonstrates advanced application of psychopharmacology in collaboration with person and other members of the multidisciplinary health care team</p> <p>Provides expert support for person and family where there is actual or potential conflict arising from mental health care needs, including advocacy, negotiation and de-escalation</p> <p>Anticipates and expertly manages complications and adverse events specific to people requiring mental health care</p> <p>Demonstrates expert ability to convey complex health issues to people requiring mental health care including where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p>Initiates long term or discharge management plan that includes ongoing monitoring of the Recovery Journey</p>	<p>Conducts advanced physical assessment of person with emergency presentations or acute admissions</p> <p>Conducts advanced physical assessments in person who is acutely unwell or rapidly deteriorating</p> <p>Assesses risk and initiates pharmacological and non-pharmacological preventative therapies for sequelae of immobilisation</p> <p>Synthesises and utilises best evidence in response and treatment decision for person in acute and urgent situation</p> <p>Delivers advanced resuscitation and post resuscitation care, including the ability to work independently or as part of the support algorithm and leading or caring in an urgent response/medical emergency team</p> <p>Anticipates and expertly manages complications and adverse events specific to acute and emergency care situations</p> <p>Recognises and appropriately manages subtle and/or rapid changes in status of acutely and critically ill persons to promote stabilisation and prevent deterioration where possible</p> <p>Demonstrates advanced ability to express complex health issues and provide comprehensive, individualised health education including life threatening conditions, where there are linguistic, literacy, comprehension or other barriers to understanding</p> <p>Takes a leadership role in follow-up or transfer of care of persons following acute and emergency admissions.</p>

**STANDARDS AND STATEMENTS**

Modified from Helms C, Gardner A, McInnes E. Consensus on an Australian nurse practitioner specialty framework using Delphi methodology: results from the CLLEVER 2 study. Journal of advanced nursing. 2017 Feb;73(2):433-47.

## Glossary

Term	Description
<b>Advanced practice</b>	<p>Advanced practice is a 'level' of practice rather than a particular role or specialist area. Nurses working at an advanced level within a generalist or specialist context will have achieved extensive, relevant clinical practice experience and completed postgraduate education. Advanced practice is demonstrated across five domains (clinical care, support of systems, education, research and professional leadership). Associated elements need to be demonstrated within the nurse's current role to meet the description of advanced practice. The acquisition of technical skills alone does not constitute advanced practice.</p> <p><a href="https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf">https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf</a></p>
<b>Australian Advanced Practice Nursing Self-Appraisal (ADVANCE) tool</b>	<p>The ADVANCE tool provides a standardised understanding of advanced practice. The tool includes the five domains of nursing practice. For each domain there is a definition and description of the activities relating to that domain. RNs can use the tool to demonstrate achievement of practice and managers can use in service planning.</p> <p><a href="https://eprints.qut.edu.au/105518/1/The%20Aust%20APN%20Self-Appraisal%20toolkit.pdf">https://eprints.qut.edu.au/105518/1/The%20Aust%20APN%20Self-Appraisal%20toolkit.pdf</a></p>
<b>Australian Qualifications Framework (AQF)</b>	<p>The national policy for regulated qualifications in Australian education and training. The AQF defines the essential characteristics, including the required learning outcomes, of the different types of qualifications issued across the senior secondary education, vocational education and training (VET) and higher education systems in Australia.</p> <p><a href="https://www.aqf.edu.au/">https://www.aqf.edu.au/</a></p>
<b>Endorsement</b>	<p>The endorsement of registration by NMBA identifies registered nurses (and midwives) with additional qualifications and specific expertise who meet the requirements of the relevant registration standard. NP endorsement authorises the individual to practice within their scope under the legislatively protected title 'nurse practitioner' under the National Law. NP endorsement includes prescribing scheduled medicines. The NMBA has two pathways that fulfil the education requirements for endorsement as a nurse practitioner:</p> <p><i>Endorsement Pathway 1</i></p> <p>Evidence of successful completion of an <a href="#">NMBA-approved nurse practitioner program of study</a> at Master's level.</p> <p><i>Endorsement Pathway 2</i></p> <p>Evidence of successful completion of a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA:</p> <ul style="list-style-type: none"> <li>▪ a postgraduate nursing <b>Master's degree</b> that is clinically relevant to the applicant's context of advanced practice nursing for which they are seeking endorsement as a nurse practitioner</li> <li>▪ evidence of completion of <b>Master's level</b> units in advanced health assessment, pharmacology and therapeutics and diagnostics and research, however titled, and mapping of completed Master's level units against the <a href="#">Nurse practitioner standards for practice</a>.</li> </ul> <p><a href="https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-on-endorsement-as-a-nurse-practitioner.aspx">https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Guidelines-on-endorsement-as-a-nurse-practitioner.aspx</a></p>
<b>Metaspecialty</b>	<p>Broad clinical practice areas for the Australian context that groups specialties with similar skill-sets, knowledge and/or expertise, which comprehensively reflect the diverse healthcare needs of population groups. They are not intended to be mutually exclusive (14, 15)</p>
<b>Modified Monash Model (MMM)</b>	<p>A classification that defines whether a location is a city, rural, remote or very remote according to geographical remoteness and town size. It is used to help distribute the health workforce in rural and remote areas.</p> <p><a href="https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm">https://www.health.gov.au/health-topics/rural-health-workforce/classifications/mmm</a></p>

Term	Description
<b>Nurse Practitioner (NP)</b>	<p>A nurse practitioner is a registered nurse endorsed as a NP by the Nursing and Midwifery Board of Australia NMBA. The NP practises at a clinical advanced level, meets and complies with the nurse practitioner standards for practice, is able to practice independently and has direct clinical contact. Independence is the defining characteristic of NP practice that recognises the educational and advanced practice attributes beyond the registered nurse standards for practice.</p> <p><a href="https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx">https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx</a></p>
<b>Nurse Practitioner Standards for Practice</b>	<p><a href="https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx">https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx</a></p>
<b>Peer group hospital classification</b>	<p>Identifies hospitals with similar characteristics including major, district, multipurpose service (MPS) and community.</p> <p><a href="https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_013.pdf">https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/IB2016_013.pdf</a></p>
<b>Rural generalist nurse practitioner</b>	<p>A nurse practitioner who can undertake primary, secondary and tertiary healthcare, health promotion and disease prevention across a wide range of acute and chronic health conditions across the lifespan.</p>
<b>Scope of practice</b>	<p>Scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals are educated, competent and authorised to perform. The scope of practice is influenced by the context in which the nurse practises, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider.</p> <p>Context of practice refers to the conditions that define an individual's nursing practice and includes the:</p> <ul style="list-style-type: none"> <li>▪ type of practice setting (such as healthcare agency, educational organisation and/or private practice)</li> <li>▪ location of the practice setting (such as urban, rural and/or remote)</li> <li>▪ characteristics of healthcare consumers (such as health status, age, gender, learning needs and culture)</li> <li>▪ focus of nursing activities (such as health promotion, research and/or management)</li> <li>▪ degree to which practice is autonomous, and</li> <li>▪ resources that are available, including access to other healthcare professionals</li> </ul> <p>Core clinical practice activities unique to the NP role include the ability to independently:</p> <ul style="list-style-type: none"> <li>▪ assess, diagnose and treat patients</li> <li>▪ prescribe medicines and therapies</li> <li>▪ request and interpret diagnostic imaging and pathology</li> <li>▪ refer to medical and other allied health practitioners</li> </ul> <p><a href="https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx">https://www.nursingmidwiferyboard.gov.au/codes-guidelines-statements/professional-standards/nurse-practitioner-standards-of-practice.aspx</a></p> <p><a href="https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Safety-and-quality-guidelines-for-nurse-practitioners.aspx">https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines/Safety-and-quality-guidelines-for-nurse-practitioners.aspx</a></p>
<b>Transitional Nurse Practitioner (TNP)</b>	<p>A transitional nurse practitioner is a registered nurse employed into a nurse practitioner position and working towards NMBA endorsement. Transitional nurse practitioners do not have the same legislative permissions for independent practice as endorsed nurse practitioners and require supervision and clinical oversight (including prescribing, diagnostics and referrals) for the care they provide.</p> <p><a href="https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_057">https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_057</a></p>

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