SECTION 1

Understanding the role

1. Overview

To address structural pressures on the health system and to better meet changing health care needs of the population, the National Health Workforce Strategic Framework identified a clear requirement to develop new and innovative models of care for health care service delivery recognising that:

- the accepted limits of existing professional roles may need to evolve
- opportunities exist to explore the flexibility of the workforce, including innovative approaches to skill mix and new workforce roles, and changes to scope of practice (AHMC, 2004).

Nurse practitioners have existed in some countries for more than 40 years and there is consistent published evidence that this role is a positive innovation in health workforce reform. The nurse practitioner role is ideally suited to meet the challenges of an ageing population and the increasing prevalence of chronic disease and preventable illnesses requiring lifelong health care.

Despite this, implementation of the nurse practitioner role in Australia has been a protracted process. In particular, lack of understanding about the nurse practitioner role is a recurrent theme and a persistent barrier to full implementation and utilisation of the role.

The purpose of this section is to explain the nurse practitioner role, differentiating the practice of nurse practitioners from advanced practice nurses, medical practitioners and other health professionals. In addition, this section identifies the critical success factors that are essential to realising the full potential of nurse practitioners.
2. Guideline

Figure 2 outlines the critical success factors that are essential to realising the full potential of nurse practitioner models of care.

Figure 2: Critical success factors for the nurse practitioner role

2.1 Definitions

Respect and recognition
A supportive environment is required which respects and recognises nurse practitioners as one of the most highly qualified and experienced registered nurses within the health care system who are:

- competent, capable and authorised by law to make informed and autonomous decisions about preventative, diagnostic and therapeutic care
- individually liable and accountable, under professional regulation and civil and criminal law, for their decisions and actions.

Innovation
Access to health services can be improved by integrating innovative and flexible patient-centred models of nurse practitioner care across the full continuum of health care, providing a seamless transition for patients as they move across health service settings.

Role clarity
The clinical parameters of each nurse practitioner model of care must be clearly defined and articulated to assist health consumers, nurses, medical practitioners, pharmacists, health care administrators and other health professionals to understand the nurse practitioner role.

Autonomy
To achieve their full potential, nurse practitioners require the autonomy to exercise their professional judgement within the parameters of evidence-based care in the clinical specialty in which they are educated, competent and authorised to practise.

Collaboration
The relationship between all health care professionals involved in the care of the patient must be underpinned by mutual respect. Clear communication in which the different disciplines pool their specialised knowledge and expertise, and engage in collective action to optimise health outcomes.

Safety and quality
A robust framework is required to protect the health and safety of the patient and the community by ensuring only competent nurse practitioners provide extended clinical services, and that these services are provided within environments that support safe service delivery.
3. What is a nurse practitioner?

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations (ANMC, 2006).

Nurse practitioners are clinical leaders who influence and progress clinical care, policy and collaboration through all levels of health service. They provide innovative and flexible health care delivery that complements other health care providers.

Nurse practitioners were formally introduced in Queensland in 2006 and are now well integrated statewide across public and private sectors in a range of metropolitan, regional, rural and remote health services, and clinical settings including:

- emergency care (adult/paediatric)
- acute pain management (adult/paediatric)
- mental health (adult)
- respiratory disease (adult)
- wound management
- neonatal services
- cystic fibrosis (adult/paediatric)
- chronic heart failure
- heart transplant recipients
- inflammatory bowel disease (adult)
- palliative care (adult/paediatric)
- aged care (altered cognition)
- type 1 and type 2 diabetes mellitus
- sexual and reproductive health
- chronic kidney disease (including dialysis)
- urology services (adult)
- primary health care
- cancer services (adult/paediatric)
- rural and remote
- substance use disorders.

3.1 First and foremost a nurse

A nurse practitioner is first and foremost a registered nurse, with expert skills in the assessment, diagnosis and management of a person’s health needs within a particular population group, or a specialist field of nursing practice.

Nurse practitioners support patients and their families across the full continuum of health care to integrate the best strategies for the promotion and restoration of health, prevention of illness, and care of the ill, disabled and the dying person.

Nurse practitioners are not medical substitutes. Although they use some skills from medicine and other health professions (such as dietetics and physiotherapy), their role is firmly grounded in the nursing profession’s values, knowledge, theories and practice.
3.2 Extended practice

The practice of nurse practitioners is an extension of ‘advanced practice’ nursing.

Nurses practising at an advanced level may be educationally prepared at post-graduate level and may work in a specialist or generalist capacity. However, the basis for recognition of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes, through critical analysis, problem-solving and accurate decision-making (ANMC 2006).

Nurse practitioners are educationally prepared at post-graduate level and have specialist knowledge and skills with authority to use extended practice privileges to make informed and autonomous decisions about preventative, diagnostic and therapeutic management. In Australia, this is underpinned by professional regulation which protects the title of ‘nurse practitioner’ and through state legislation, authorising nurse practitioners to prescribe, use plain film diagnostic radiography and issue Workers’ Compensation certificates.

The nurse practitioner is a leader in all dimensions of nursing practice, and provides health service leadership from the perspective of a senior clinician. The nurse practitioner leads through any number of roles, including researcher, clinical teacher, case co-ordinator and spokesperson, and in this capacity may take responsibility for assisting the public, policy-makers and other health care professionals to understand the nurse practitioner role to influence care delivery systems (ANMC, 2006).

3.3 National nurse practitioner competency framework

The Australian Nursing and Midwifery Council’s (2006) National Competency Standards for the Nurse Practitioner identify the parameters of nurse practitioner practice. These standards are outlined here.

Standard 1

Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations

Competency 1.1 Conducts advanced, comprehensive and holistic health assessment relevant to the specialist field of nursing practice

Competency 1.2 Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidence-based and informed by specialist knowledge

Competency 1.3 Has the capacity to use the knowledge and skills of extended practice competencies in complex and unfamiliar environments

Competency 1.4 Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others
Standard 2
Professional efficacy whereby practice is structured in a nursing model enhanced by autonomy and accountability

Competency 2.1 Applies extended practice competencies within a nursing model of practice

Competency 2.2 Establishes therapeutic links with the patient/client/community that recognises and respects cultural identity and lifestyle choices

Competency 2.3 Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice

Standard 3
Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service

Competency 3.1 Engages in and leads clinical collaboration that optimises outcomes for patients/clients/communities

Competency 3.2 Engages in and leads informed critique and influence at the systems level of health care

3.4 Working autonomously and collaboratively

To achieve their full potential, nurse practitioners require the freedom to exercise professional judgement within the parameters of evidence-based care and the scope of their extended competence.

This does not mean that nurse practitioners function in isolation. Collaboration is integral to their practice. It is fundamental good practice for nurse practitioners to make the care of the patient their primary concern, communicating effectively with other health care professionals caring for the patient, acknowledging and respecting the contribution of all health care providers.

Successful collaboration in a multidisciplinary environment requires that:
- nurse practitioners actively participate as senior members and/or team leaders of the relevant multidisciplinary team
- the different disciplines share patient information with each other and engage in planning and prioritising patient care through collective action, by pooling their specialised knowledge and expertise to achieve a common goal.

The National Health (Collaborative arrangements for nurse practitioners) Determination 2010 outlines the kinds of collaborative arrangements that may be established by eligible nurse practitioners for patients to claim rebates under the national health scheme.

3.5 Is a practice nurse the same as a nurse practitioner?

No. A ‘practice nurse’ is a registered nurse or an enrolled nurse who is employed by, or whose services are otherwise retained by, a general medical practice to provide a range of primary health care services as the delegate, or on behalf, of a medical practitioner. This includes the:
- Generalist Practice Nurse Model — a clinical support role in which the practice nurse undertakes clinical duties as the delegate of a medical practitioner
• **Advanced Practice Nurse Model** — providing clinics and other health services on behalf of a medical practitioner in diabetes, asthma, women’s health (including Pap smears, breast checks and family planning advice) and health promotion, including immunisation, smoking cessation and weight loss. The medical practitioner, under whose supervision the clinic or health service is provided, retains responsibility for the health, safety and clinical outcomes of the patient.

In both cases, the medical practitioner retains overall responsibility for coordination of patient care.

Conversely, a nurse practitioner employed by, or whose services are otherwise retained by a general medical practice, retains overall responsibility for their patient’s care. As such, the nurse practitioner is free to exercise autonomy in clinical decision-making within the parameters of evidence-based care, the limits of their clinical competence, and in collaboration with the patient’s nominated medical practitioner and other health professionals involved in the care of the patient.

### 4. Professional regulation

#### 4.1 Protection of title

The title of ‘nurse practitioner’ is protected by an endorsement under Section 95 of the *Health Practitioner Regulation National Law Act 2009* (Qld) (the national law).

It is an offence for a nurse, midwife or any other person to hold themselves out as a nurse practitioner unless they hold a current endorsement from the Nursing and Midwifery Board of Australia (NMBA).

It is not appropriate for a registered nurse with endorsement to practise as a nurse practitioner, or to use the authority and title of this endorsement, if this is beyond the scope of the position in which the nurse is employed.

#### 4.2 Eligibility

To be eligible for endorsement to practise as a nurse practitioner, the NMBA National *Registration standard for endorsement of nurse practitioners* (2010) requires that a registered nurse must be able to demonstrate all of the following:

(a) general registration as a registered nurse with no restrictions on practice  
(b) advanced nursing practice in a clinical leadership role in the area of practice in which he or she intends to practise as a nurse practitioner, within the past five years, complemented by research, education and management  
(c) competence in the Australian Nursing and Midwifery Council’s (2006) *National Competency Standards for the Nurse Practitioner*  
(d) completion of the requisite Master’s qualification approved by the NMBA.

Additional registration standards relevant to the nurse practitioner include:

• Nursing and Midwifery Criminal History Registration Standard  
• Nursing and Midwifery Recency of Practice Registration Standard
• Nursing and Midwifery Professional Indemnity Insurance Registration Standard
• Nursing and Midwifery Continuing Professional Development Registration Standard

To ensure the ‘good standing’ of the nursing profession, nursing practice is also governed by professional codes endorsed by NMBA, including:

(a) Code of professional conduct for nurses in Australia (2008), ANMC
(b) Code of ethics for nurses in Australia (2008), ANMC

The NMBA is responsible for the regulation of professional nursing practice and protection of the public, ensuring nurses demonstrate acceptable standards of practice. Links to relevant codes and standards can be found at www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

Section 1 Understanding the role
1. Overview

Innovation in the nurse practitioner role lies in the reconstruction of traditional professional identities and autonomous practice boundaries. The nature of nurse practitioner work involves a combination of nursing care, diagnostic activities and intervention-based treatments, including the use of medicines. Some of these activities have traditionally been limited to the realm of medical practice (Gardner, Gardner & O’Connell, 2010).

These innovations have led to recurrent confusion over the role, responsibility, accountability, scope of clinical practice and professional boundaries of nurse practitioners. There is also limited awareness that extensions to practice are supported by legislation. A significant underlying cause is that there is no single nurse practitioner model of care.

Models of care are tailored to the specific context of the health care service and unique consumer populations, with extended practice privileges linked to the role and position of the particular clinical specialty in which the nurse practitioner is educated and competent. It is essential that the practice scope of each nurse practitioner model of care is well defined with clarity about the clinical parameters of the position.

2. Guideline

The scope of clinical practice of each position and the service capability of the health service setting, in which a nurse practitioner is engaged, that is, the practice scope, must be defined and clearly articulated. This serves to inform health consumers, nurses, medical practitioners, pharmacists, health care administrators and other health professionals about the nurse practitioner’s role, and should not to be confused with the individual’s scope of practice.
3. The model of care

3.1 Consultation

The impetus to establish a nurse practitioner position may come from one of a number of sources, including a nurse clinician, medical officer or health service administrator.

Regardless of the initial source, a consultative and collaborative approach is vital to realising the full potential of the nurse practitioner role and ensuring sustainability.

For a health service to incorporate a nurse practitioner role into a service delivery model, there must be consideration of key health service planning principles, supported by clinical and executive champions. A service-based working group should be formed, including, at least, a medical specialist, registered nurse and a pharmacist, to facilitate the establishment of the role.

Other health professionals who may be a part of the health service where the nurse practitioner role is being implemented, including radiology, pathology services and allied health, should be included where possible.

The scope and function of a working party or steering committee consisting of key stakeholders will:

• provide professional guidance to enable implementation of the nurse practitioner role, in accordance with legislation and professional regulation

• monitor the implementation phase and progress of the nurse practitioner role

• ensure clinical safety and quality outcomes for the nurse practitioner role to inform future service development.

3.2 Clarifying the service need

The following triggers will assist in identifying the opportunities to improve access to healthcare and service delivery:

• Is there a change in the demographic profile of the consumer population? Examples include:
  – population growth
  – increase in the elderly population in the community
  – increase in young families in the community
  – increase in service demand (e.g. chronic illnesses, primary health care).

• Are there increased waiting times or waiting lists for service in:
  – clinics
  – outpatients
  – community services
  – emergency services.

• Are there marginalised community groups that do not access traditional health services, for example, clients with health problems related to:
  – mental health
  – sexual health
  – substance abuse disorders
  – homeless individuals or groups.
• Is there a gap in the current health service, for example:
  – rural and remote communities
  – outreach of services to community centres
  – preventative and maintenance services for chronic illness
  – hospital/community interface services
  – specialty fields with scarce medical resources.

• Are there organisational quality or performance indicators that need to be met that the nurse practitioner could assist the service to achieve?
  – ACHS indicators
  – State performance indicators
  – National clinical benchmarks and standards.

Identifying one or more of these opportunities in the current health service will provide the foundation and focus for service improvement, and inform the features of the proposed nurse practitioner model.

3.3 Clarifying the clinical nursing role

Having identified the service improvement model, it is useful at this point to consider if a nurse practitioner is the most appropriate nursing role to address the changing needs of the service.

In certain situations, for example, an advanced practice nurse may be more likely than a nurse practitioner to achieve specific goals of service improvement.

An advanced practice nurse demonstrates highly developed practice as either a generalist or within a specialist field, whereas a nurse practitioner is an advanced practice specialist nurse, educated and authorised to practise nursing in a way that is different from other advanced practice nursing roles. See figure 3, page 18.

The extended practices of nurse practitioners include, but are not limited to, advanced and comprehensive health assessment, diagnostics, prescribing, and direct referral of patients to other health professionals.

Advanced practice nursing provides the necessary preparation for the nurse practitioner role, and provides a foundation to progress to the next step in the clinical career pathway as a nurse practitioner.
## Figure 3: Comparison across nursing roles

<table>
<thead>
<tr>
<th>Registered Nurse</th>
<th>Advanced Practice Nurse</th>
<th>Nurse Practitioner</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legislation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Title protected</td>
<td>Title not protected</td>
<td>Title protected</td>
</tr>
<tr>
<td>General registration as a nurse</td>
<td>No specialist registration for nursing</td>
<td>Endorsement under s.95 national law</td>
</tr>
<tr>
<td><strong>Nomenclature</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Registered nurse</td>
<td>Wide variety of nomenclature</td>
<td>Nurse practitioner</td>
</tr>
<tr>
<td></td>
<td>• clinical nurse specialist</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• clinical nurse consultant</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• advanced practice nurse</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• practice nurse</td>
<td></td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bachelor of Nursing</td>
<td>Bachelor of Nursing</td>
<td>Bachelor of Nursing</td>
</tr>
<tr>
<td></td>
<td>While not essential, a postgraduate qualification in a clinical nursing specialty is recommended</td>
<td>Postgraduate qualification in a clinical nursing specialty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Approved Masters degree in nurse practitioner studies</td>
</tr>
<tr>
<td><strong>Clinical experience</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Career usually commenced in a graduate nurse program</td>
<td>2 to 4 years post-registration</td>
<td>10 to 12 years post-registration</td>
</tr>
<tr>
<td>General or specialist experience</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Scope of practice</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General and specialist clinical activities in direct patient care</td>
<td>Advanced clinical activities in area of clinical nursing specialty</td>
<td>Advanced nursing practice in area of clinical nursing specialty plus expanded clinical activities including:</td>
</tr>
<tr>
<td>Administration of medication</td>
<td>Limited initiation and supply of medications under protocol</td>
<td>• advanced patient assessment</td>
</tr>
<tr>
<td></td>
<td>Initiation of requests for plain film diagnostic radiography (Does not include interpretation of films)</td>
<td>• ordering and interpretation of diagnostic investigations and pathology</td>
</tr>
<tr>
<td></td>
<td>All driven by protocols</td>
<td>• differentiating a diagnosis</td>
</tr>
<tr>
<td><strong>Model of care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited autonomy</td>
<td>Increased autonomy in area of clinical nursing specialty</td>
<td>Highest level of autonomy in area of clinical nursing specialty</td>
</tr>
<tr>
<td>Collaboratively supports the therapeutic interventions of other health team members</td>
<td>Collaboratively supports the therapeutic interventions of other health team members</td>
<td>Freedom to exercise professional judgement within parameters of evidence-based and collaborative care in clinical nursing specialty in which they are educated, competent and authorised</td>
</tr>
</tbody>
</table>

### ANMC (2005) National Competency Standards for the Registered Nurse
- General and specialist clinical activities in direct patient care
- Administration of medication

### ANF (2005) Competency Standards for the Advanced Registered Nurse
- Advanced clinical activities in area of clinical nursing specialty
- Limited initiation and supply of medications under protocol
- Initiation of requests for plain film diagnostic radiography (Does not include interpretation of films)
  - All driven by protocols

### ANMC (2006) National Competency Standards for the Nurse Practitioner
- Advanced nursing practice in area of clinical nursing specialty plus expanded clinical activities including:
  - advanced patient assessment
  - ordering and interpretation of diagnostic investigations and pathology
  - differentiating a diagnosis
  - establishing management plan
  - direct referral to other health professionals
  - selecting and prescribing appropriate medication
Mandatory requirement

The Drug Therapy Protocol for Nurse Practitioners states the circumstances in which, and the conditions under which a nurse practitioner may prescribe, give a written or oral instruction, supply and administer a stated controlled or restricted drug or poison under the Health (Drugs and Poisons) Regulation 1996. The practice scope is a condition of the Drug Therapy Protocol for Nurse Practitioners.

4. Defining the practice scope of the nurse practitioner

A new Drug Therapy Protocol for Nurse Practitioners took effect in Queensland from the 31 January 2011. This protocol outlines new conditions under which a nurse practitioner may prescribe, give a written or oral instruction, and supply and administer a stated controlled or restricted drug or poison.

In order for nurse practitioners to prescribe and act under the new protocol in Queensland, a Practice Scope of the Nurse Practitioner (practice scope) must be completed and approved.

4.1 Describing the practice environment, clinical service and clinical service measures

The practice scope of the nurse practitioner position must be well defined and documented with clarity about the:

(a) health service setting
(b) service capability of the health service setting or accreditation standard
(c) clinical specialty of the nurse practitioner model of care
(d) scope of clinical practice of the nurse practitioner position (clinical parameters within which the nurse practitioner may use their extended practice privileges to make informed and autonomous preventive, diagnostic and therapeutic decisions).

Figure four outlines the following information which must be included in the practice scope for each nurse practitioner position. The practice scope is a condition under the Health (Drugs and Poisons) Regulations 1996 (Sections 67(4), 175(5) & 263(5) and the Drug Therapy Protocol for Nurse Practitioners.

More than one nurse practitioner may be included in the practice scope document.
The following provides an example of suggested information to be included in the Practice Scope of the Nurse Practitioner:

The Practice Scope of the Nurse Practitioner is a condition of the Drug Therapy Protocol for Nurse Practitioners in Queensland. The Practice Scope refers to the Position in which the nurse practitioner is employed (not the individual nurse practitioner). As such, more than one nurse practitioner may practice within the defined Practice Scope. The Drug Therapy protocol applies to all registered nurses who:

— hold a current endorsement as a nurse practitioner under the Health Practitioner Regulation Law Act 2009; and
— are engaged in practice as a nurse practitioner in Queensland.

The authorising legislation for the Drug Therapy Protocol is the Health (Drugs and Poisons) Regulation 1996

The approved practice scope will be published on the Queensland Health internet site.
Section 2  Developing a model of care

Clinical service audit (annual requirement)
Evidence that the nurse practitioners clinical practice and the use of medicines is audited annually by an interdisciplinary team.
Clinical audit activities

- Evidence of review of practice and demonstration that use of medicines is evidence based including: audit/compliance with PBS requirements, case reviews, data abstraction tools or instruments, patient satisfaction surveys.

Prescribing arrangements (eligibility for PBS)

<table>
<thead>
<tr>
<th>&lt;p&gt;Prescribing should be based on quality use of medicines principles, with consideration to high-risk prescribing groups and specific guidelines, including List of Approved Medicines, PBS restrictions for nurse practitioners&lt;/p&gt;</th>
</tr>
</thead>
</table>

Exclusions: A nurse practitioner must not prescribe, give a written or oral instruction or supply or administer medicines (1) that have not been approved by the Therapeutic Goods Administration (2) outside the terms of the manufacturer’s product information (‘off label’) unless sufficient evidence to demonstrate safety.

Prescribing blood and/or blood products

- <p>Prescription of whole blood and/or blood components is a requirement of the position and the target population</p>

Included  Excluded

Procedural activities required for the clinical service

- Procedural activities to be undertaken by the nurse practitioner for the designated clinical service

Key clinical practice guidelines utilised by the nurse practitioner

- Evidence-based guidelines that guide prescribing, and may cover the assessment, management and follow-up of patients, including the recommended drug therapy

Queensland Health

Note: Refer to the complete three-page Practice Scope of the Nurse Practitioner templates in the appendices.
The public and private sector Practice Scope templates are also available at www.health.qld.gov.au/ocno/nurseprac.asp
4.2 Practice scope approval

Save and complete the practice scope template online, and print the completed document for sign-off by the approving entity. Once approved, the document will need to be submitted to the Office of the Chief Nursing Officer (OCNO), Queensland Health, for publication, in accordance with the conditions outlined in the Drug Therapy Protocol for Nurse Practitioners. Should any additional information be required before publishing the document, a representative from OCNO will advise accordingly.

The practice scope must be approved by ‘the approving entity’, which is dependent on the health service context, outlined below.

— Public sector health service

Where the nurse practitioner is engaged in a public sector health service operated by Queensland Health — the chief executive officer of the health service district, local hospital network or statewide health service under the Health Services Act 1991, in which the nurse practitioner is engaged is the ‘approving entity’.

— Licensed private health facility

Where the nurse practitioner is engaged by a private hospital or day surgery licensed under the Private Health Facilities Act 1999 — the chief executive of the private health facility in which the nurse practitioner is engaged is the ‘approving entity’.

— Employment in private practice

Where a nurse practitioner is otherwise employed under a contract of employment or a contract for services — a health practitioner who is the employer, or a delegate of the employer, and holds current registration under the Health Practitioner Regulation National Law Act 2009 with no conditions or undertakings is the ‘approving entity’.

— Self employed practice

In all other cases, an interdisciplinary team including at least a registered nurse, a medical practitioner and a pharmacist, who each hold current registration under the Health Practitioner Regulation National Law Act 2009 with no conditions or undertakings is the ‘approving entity’.

Further information about this process is available on the Queensland Health website or by contacting OCNO, Queensland Health.

4.3 Publication

A copy of each approved practice scope must be submitted to Queensland Health, OCNO for publishing, within 10 business days of the first approval and each re-approval.

This should coincide with scheduled meeting dates for the Queensland Nurse Practitioner Advisory Committee (QNPAC).

A nurse practitioner is not permitted to act under the Drug Therapy Protocol for Nurse Practitioners until OCNO, Queensland Health, acknowledges receipt of the approved practice scope.
The approved practice scope document will be published on the Queensland Health website, in accordance with the conditions of the Drug Therapy Protocol for Nurse Practitioners.

A copy of each approved practice scope must be made available to any person immediately upon request.

4.4 Review

The practice scope for each nurse practitioner position must be reviewed and re-approved by the approving entity at least every three years, or when new clinical services, procedures or other interventions are being introduced into the nurse practitioner position.