



Government of **Western Australia**
Department of **Health**

Sub-Committee Inquiry into Rural Health Services in Tasmania: the WA Experience of the Nurse Practitioner- Led Model of Care (Rural)

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Chief Nursing and Midwifery Office
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1. Introduction

On the 6 May 2022 correspondence was received from the Legislative Council Government Administration Committee 'A' sub-committee (**the Committee**) regarding an inquiry into rural health services in Tasmania.

The sub-committee was appointed to conduct this inquiry on 21 January 2021, being advertised on Saturday 30 January 2021 with 75 submissions being received. The inquiry has held several public hearings and is nearing the end of its evidence gathering phase.

The Committee has received substantial evidence relating to the benefits of nurse practitioner-led model of care, particularly in marginalised, rural or vulnerable communities, and is interested to learn about the progress of a nurse-led model of health care in other jurisdictions.

The Secretariat confirmed the Committee are interested to know more about nurse practitioner (**NP**) models in rural areas and understand Western Australia (**WA**) is one of the states with a more progressed model. The WA Chief Nursing and Midwifery Officer (**CNMO**) took the lead with WA Country Health Services (**WACHS**) to produce this submission for the inquiry.

The Terms of Reference for the inquiry has an over-arching aim '*to inquire into and report on health outcomes and access to community health and hospital services for Tasmanians living in rural and remote Tasmania*', with particular regard to:

- Health outcomes, including comparative health outcomes;
- Availability and timeliness of health services;
- Barriers to access to relevant services;
- Planning systems, projections and outcomes measures used to determine provision of community health and hospital services;
- Staffing of community health and hospital services;
- Capital and recurrent health expenditure;
- Referral to tertiary care including;
- Availability, functionality and use of telehealth services; *and*
- Any other matters incidental thereto.

It is widely accepted that development of the nurse practitioner role has been in part in response to the need for widespread, innovative healthcare reform and to address the increasing costs of healthcare, a shortage of medical practitioners (particularly in rural areas) and the increased specialisation, expertise and educational preparation of nurses.¹

The Department of Health WA has a clear vision to deliver a safe, high quality and sustainable health system within an increasingly complex environment, including delivering health services that are patient-centred, evidence-based, and within a culture of continuous quality improvement. The CNMO and WACHS are pleased to be able to share information on the ongoing developments of the NP role, particularly in rural WA.

¹ MacLellan, L., Higgins, I. & Levett-Jones, T. A game of snakes and ladders: negotiating the 'ups and downs' of endorsement as a nurse practitioner in Australia. Contemporary Nurse.2015; 50(2),139-148.

2. Relevant Background

2.1 The Nurse Practitioner Role - Overview

NPs have been providing nursing care to all sectors of the Australian community for over 20 years. A NP is a highly experienced registered nurse who has completed additional university study at Master's degree level and has been endorsed as a NP by the Nursing and Midwifery Board of Australia (**NMBA**). An NP practices within their scope under the legislatively protected title 'Nurse Practitioner' under the National Law. NPs have the expertise and legal authority to provide preventative care as well as diagnose and treat people of all ages with a variety of acute and/or chronic health conditions. NPs can independently prescribe medicines, request and/or interpret diagnostic imaging and pathology tests and refer to medical and allied health specialists.

NPs provide high levels of clinically focused, autonomous nursing care in a variety of contexts within Australia. NPs practice at an advanced clinical level and care for people and communities with problems of varying complexity. They undertake research, provide education and leadership and work collaboratively with multi-professional teams.

It has been demonstrated, nationally and internationally, that NPs provide innovative, cost effective care, patient-focused solutions when caring for local communities and marginalised groups

2.2 The Sustainable Health Review

Amongst a number of reviews over the years, the *Sustainable Health Review: Final Report to the Western Australian Government (April 2019)* identified 8 enduring strategies, with 30 key recommendations to facilitate health care reform in WA.

The Sustainable Health Review (**SHR**) highlighted the need for transformational change to the State's health system to manage the current and future impacts of an aging demographic, increases in chronic disease burden, and disparities in health-related outcomes. The SHR clearly outlined the current opportunity to explore workforce models that better utilised professions to their full scope of practice and further emphasised the need for reform to be driven by patient-centred need rather than led by health profession or discipline.

In the WA health system, there are obvious opportunities for the NP workforce to be innovative leaders in this transformational change. This workforce had the potential to meet many of the goals of the SHR, inclusive but not limited to, improved patient outcomes, cost effective approaches to care and sustainability of the WA health system.

2.3 The Current Profile of the Nurse Practitioner Workforce 2020²

The first two NPs in Australia were endorsed in December 2000. In the last 10 years, the NP workforce has grown.

² National Health Workforce Dataset (NHWDS)

Table 1 provides a high-level snapshot of NPs by State and Territory.

	2015	2016	2017	2018	2019	2020
ACT	33	35	43	38	46	53
NSW	251	301	338	371	402	433
NT	19	25	20	26	21	28
QLD	317	357	389	431	477	488
SA	105	118	123	130	149	155
TAS	24	27	32	39	41	45
VIC	225	260	288	345	388	444
WA	200	216	228	233	240	235
Total	1,175	1,341	1,462	1,614	1,767	1,881

Table 1: Nurse Practitioners – distribution by State and Territory

2.4 The Nurse Practitioner Model in WA

In 2004, the first NP was registered to practice in WA following legislative, regulatory, and clinical practice change.³ NPs are employed over vast geographical distances and diverse sectors.

Change occurred in 2009/2010, allowing NPs to have access to the Medicare Benefits Schedule (**MBS**) and Pharmaceutical Benefits Scheme (**PBS**). NPs are legislatively authorised to undertake diagnostic assessments, treat, prescribe and refer patients within their scope of practice.

Historically, to comply with regulation 11A of the *Poisons Regulations 1965* for the purposes of section 23(2)(e) of the *Poisons Act 1964*, NPs were restricted to practice within a Designated Area, approval which was sought from the Chief Executive Officer (**CEO**) of Health or Delegate on the advice of the CNMO. To be designated the following conditions were required to be met:

- The NP worked under clinical protocols for the purposes of defining their scope of practice; *and*
- On request by CNMO, information in relation to the operation of the Designated Area and the practice of NPs practicing in the area was to be provided.

From 2005 to 2017 there was steady growth in requests for Designation of Areas for NPs from all WA health domains, including privately practicing NPs seeking to be designated.

Following the enactment of *Medicines and Poisons Regulations 2016*, the requirement for NP Area Designation by the CEO of Health or Delegate no longer exists. Since January 2017, the clinical governance for all NPs lies solely with the employer and the NP themselves via credentialing processes.

From 2018 – 2020, the WA CNMO undertook a review of the NP workforce with the primary aim to describe and review the current context of the NP role in WA, to identify workforce challenges, to evaluate and highlight current areas of opportunity and to identify and recommend strategies to promote an innovative and sustainable model of

³ Chief Nursing and Midwifery Office

NP care. The review also highlighted a significant NP workforce risk in WA with data demonstrating an ageing workforce, a five-year declining growth in NP graduate numbers and endorsements, difficulty in securing employment, system-wide underutilisation and negligible mentoring and succession planning strategies.

2.5 NP Credentialing

Endorsed NPs working within WA Health must be credentialed to practice. Credentialing is a formal process performed by a Health Service Provider (**HSP**) Credentialing Committee and is managed through the WA Health credentialing facilitation system - CredWA.

Initial credentialing consists of:

- Verification of credentials - initial review and verification of qualifications, skills, experience and competencies; *and*
- Defining the scope of clinical practice for an NP within a specific health care facility.

Re-credentialing (Renewal) is formal review of credentials and scope of clinical practice to confirm that a NP has maintained or improved their qualifications, skills, and competencies and that the health care facility still requires, and is able to support, the defined scope of clinical practice. Renewal of credentials and scope of practice must occur at a maximum of five-year intervals.

2.6 Collaborative Arrangement

To allow NPs to practice in a clinical setting they must enter into a *Determination of Collaborative Arrangement* with a medical practitioner. Collaborative arrangements can be demonstrated by:

- The NP being employed or engaged by one or more specified medical practitioners, or by an entity (HSP) that employs or engages one or more specified medical practitioners;
- A patient is referred in writing to the NP for treatment by a specified medical practitioner;
- An arrangement is made between an eligible NP and one or more specified medical practitioners; *and*
- An arrangement recorded in the NP written records.

2.7 Medicare Benefits Scheme (MBS)

NPs are eligible to participate under the Medicare Benefits Scheme and can render a Medicare rebateable service. To access Medicare arrangements a NP is required to:

- Have a Medicare provider number with a separate provider number required for each location an NP practices;
- Be working in a private practice;
- Have professional indemnity insurance; *and*
- Have collaborative arrangements in place with a medical practitioner(s) specified in the regulations.

Eligible NPs can request certain pathology and diagnostic imaging services for their patients and refer patients to specialist and consultant physicians as required under

Medicare arrangements. NP reimbursement remains comparatively low for MBS items at 85% of the schedule fee. There are more than 5,700 MBS items which provide benefits to patients for a comprehensive range of health services, of these eligible NPs have very limited MBS rebateable items within their scope of practice.

NPs employed in the public hospital sector, or working in a publicly funded NP role, are unable to obtain a Medicare provider number, prohibiting them from referring patients privately for MBS items such as radiology, pathology or specialist review (exceptions to this apply to organisations with a *Section 19(2) exemption*). This restricts the service provided to patients and dictates that the NP must get assistance from a medical practitioner to enable them to refer or request outside the health service when required. Publicly practicing NPs are further required to have on-site arrangements with their radiology providers to enable them to request radiological investigations.

2.8 Evaluating the NP Role

HSPs in WA are encouraged to have robust scopes of clinical practice evaluation to ensure appropriate recruitment to an NP role as matching service need and not to an individual.

Through ongoing evaluation of scope of clinical practice, it is anticipated that the value NPs add in care will be clearly articulated.

The *Credentialing and Defining the Scope of Clinical Practice Policy* and the *Credentialing and Defining Scope of Clinical Practice for Nursing and Midwifery Standard* have been developed to ensure that WA Health employs are appropriately skilled and qualified NPs, although a need for standardisation has been articulated.

2.9 Rural and Remote Area NPs

Literature supports the idea that NPs offer significant value in rural and remote areas by improving access to care.^{4 5}

More than half NPs in WACHS are endorsed as emergency department (ED) NPs.

Refer to Appendix 1 for WACHS NP location and model of care.

3. WA Country Health Service at a Glance

The WACHS team of 10,000 staff, most of whom live and work in country communities, support the operation of a diverse range of services. Across the State, WACHS has:

- six large regional hospitals, 15 medium-sized district hospitals, 48 small hospitals and 31 health centres and nursing posts;
- four dedicated mental health inpatient units;
- 24 dedicated mental health services, which also provide outreach services to more remote locations;
- more than 170 other facilities where population health teams are based; and

⁴ Western Australia Department of Health. Nurse Practitioner Business Models and Arrangements.2011; Nursing and Midwifery Office.

⁵ Harvey, C. Legislative hegemony and nurse practitioner practice in rural and remote Australia. Health Sociology Review. 2011; 20(3) 269-280.

- Karlarra House and 38 multi-purpose sites provide residential aged care to our older population, in addition to the community-based offered.

WACHS' services span across an area of more than 2.5 million square kilometres, from Kalumburu in the Kimberley to Albany in the Great Southern providing:

- Emergency and hospital services
- Population, public and primary healthcare
- Aboriginal health services
- Mental health services
- Drug and alcohol services
- Child, community and school healthcare
- Telehealth services
- Residential and community aged care services

According to the latest available Australian Bureau of Statistics Estimated Resident Population (**ERP**) data (2017), the population of WACHS's catchment area is 531,510 people. Almost 11 per cent of these people (57,716) identify as Aboriginal.

The population which WACHS service is diverse and expansive and as a result has widely varying health needs. People living in rural and remote areas experience poorer general health than those in metropolitan areas and Aboriginal health and life expectancy, in particular, is significantly less than that of non-Aboriginal people.

Government funding and industry investment over recent years have brought about a transformation of country health care through major and minor capital works. More towns now have contemporary health campuses, expanded hospitals, greater emergency service capacity and modern facilities and equipment. Coupled with technological and service innovations such as Telehealth, WACHS is now delivering health care closer to home for more country Western Australians than ever before.



Diagram 1: WA Country Health Service Regions

In 2020-21, WACHS teams across the state of WA:



4. The WA (Rural) NP Experience – Progress, Achievements, Opportunities and Future Challenges

4.1 Evidence Demonstrating Progress and Achievements in WACHS

WACHS (and the broader WA Health System) continues to address the challenges and limitations to be in a position to demonstrate the positive impact of the NP role. In the absence of a state-wide evaluation framework for the NP role, health regions and individual health service providers apply a level of evaluation via the NP's credentialing and professional development. Along with this, there are KPIs in terms of efficiency and effectiveness that are reported, however, the impact that the introduction of a NP role in WA in terms of service delivery remains in its formative stages.

4.1.1 Progress and Achievements in Summary

Overall, the introduction of the NP role is realising significant benefits with further work on more formal evaluations being introduced to validate same, viz:

- High quality, cost-effective care;
- Care closer to home and the ability to remain 'on country';
- Improved access to care in the absence of a medical practitioner;
- Aversion of ED and hospital admissions;
- Decreased waiting times for specialty clinics;
- Reduction in deteriorating health outcomes with continued and consistent/planned monitoring;
- Improvements in patient knowledge regarding care and medications;
- Increasing impact of the NP role in the primary care setting;
- Improvement in interprofessional communication and collaboration in rural settings with hospital and community-based services;
- Increase in choice for consumers; *and*
- Anecdotally, the role is cost-effective and sustainable.

4.1.2 Progress and Achievements in Detail

Throughout WACHS, there are ongoing difficulties with attracting medical staff, particularly the remote areas and in the case of medical specialists. In instances there are country towns without a regular GP who now have access to a NP with an expanded scope of practice. This supports equity of access to timely care and assessment.

With the advent of Telehealth in WACHS ([WA Country Health Service - Telehealth](#)) there are opportunities for WACHS NPs located in EDs, to leverage the partnership with the medical staff in the WACHS Central Command Centre, leading to an improvement in the timeliness of access and management of certain health conditions. The WACHS Command Centre has incorporated NPs as part of the clinical team, particularly in the emergency telehealth service (**ETS**).

The WACHS Command Centre brings together new and existing services in a 24/7 'virtual' clinical hub. Using videoconferencing and high-tech information technologies, the WACHS Command Centre provides a one-stop shop for country doctors and nurses to access a range of clinical expertise via virtual technologies, supporting acute

emergency and inpatient care, including access to mental health specialists, and facilitating and coordinating safe, timely and efficient patient transport to and from country and metropolitan hospitals for country patients.

The NPs that work in the EDs in WACHS:

- Support fast track in the ED for Australasian Triage Scale (**ATS**) 3, 4 and 5 presentations;
- Provide clinical expertise for Triage 1 and 2 supporting the resuscitation bays. Skilled in ventilated patients;
- Perform nerve blocks, plastering and relocating dislocations, suturing; *and*
- Working closely with the registrar or resident in the ED.

The ED NP roles add value and improve health outcomes by seeing Triage 4 and 5 in a timely manner, reducing ED waiting time for patients. Apart from providing treatments and ordering investigations within their scope of practice, ED NPs also refer patients to other services such as aged care and other social support services, resulting in long-term better outcome for the patients. NPs in Fitzroy Crossing are also included in the on call roster.

As a positive step forward with an evaluation framework, a recent four-year pilot, a mental health emergency department diversion program in a regional hospital which has employed a NP to take on a lead role. This will be formally evaluated in terms of the achievements of KPIs (e.g. reduction in emergency department presentations, reduction in patient transfers to Perth for consumers requiring access to acute psychiatric services and increased capacity to provide clinical support and satellite mental health services in more remote areas) as well as the overall impact of the NP.

In the more remote WACHS sites, NPs sites provide chronic disease and primary health care support to patients. An example at Burringurrah (Midwest Health Region), where one of the NPs who has post graduate qualifications in Child Health and Mental Health, has allowed the extension of the service to meet the needs of the population in these areas. Similarly, the expertise of the NP in Coral Bay allows women access to pap smears.

In the mental health NP role, there are a number of activities across WACHS which are considered a positive contribution to the service outcomes, viz:

- High level support completing metabolic screening, assessment, ordering and interpretation of clinical investigations;
- Establishing diagnoses;
- Selecting therapeutic interventions and prescribing medications, inclusive of HIV medication prescribing to meet a particular need of expansion throughout the Midwest Region;
- Establishing and implementing care, treatment of high-risk clients, and referral; *and*
- Follow up care for patients discharged from ED.

Paediatric and child health NP positions also have a positive impact, particularly in remote areas working with indigenous populations (e.g. the Kimberley Health Region).

Aged care NP positions in WACHS have been in place in the more recent times, providing assessment and management of residential care clients within the WACHS multipurpose sites. The NP assesses and reviews community clients being referred into the system and establishes follow up care. NPs assist to manage the aged care placement waitlist, facilitating local referral that would otherwise need referral to the metropolitan area and /or result in increased time waiting for placement or long periods of time to be seen by the visiting specialist.

Cancer and palliative care NPs are positioned throughout WACHS and are starting to have an impact against a backdrop of the:

- Development and implementation of the WACHS Cancer Strategy 2017-2022;
- Establishment of the TeleChemotherapy service;
- Development of the WACHS Cancer Nursing Model; *and*
- Development of the Cancer NP Service Model.

The NP in the Goldfields (located at the regional hospital) has been deployed throughout the region to support clinical staff and ensure clinical risk/governance is managed. In addition, the NP has been deployed to scope clinical needs for COVID outbreak situations in remote communities. Moreover, two NPs in the Goldfields have mentored nursing staff who are studying Advanced Clinical Nursing (Nurse Practitioner) students and potential candidacy.

Successful partnerships have been developed with visiting Medical Oncologists and Haematologists, representing a framework for future working collaborations.

5. Future Challenges and Issues

The WA CNMO is committed to continue leading interjurisdictional and collaborative work required to address cultural, organisational, regulatory and legislative barriers to enable and strengthen the NP workforce and achieve transformation change in the Australian health system. A component of this work has been the development of the WA NP Workforce Strategy (the Strategy). The Strategy is now complete, and once endorsed, will be available on the WA CNMO website. Other jurisdictions are welcome to refer to the Strategy, as the themes addressed are relevant to all.

Establishing a more formal framework for evaluation for WA Health with respect to the impact of the NP role has been a priority and is required in order to demonstrate positive outcomes. These include lower mortality, fewer readmissions, shorter length of stay, higher patient satisfaction, and lower health care spending. The literature demonstrates that registered nurses in hospitals with more NPs had significantly lower job-related burnout, higher job satisfaction, and are more likely to say they intend to remain in their jobs.⁶ In WA, this needs to be more accurately evaluated.

In 2020, the CNMO has completed an evidence-based evaluation framework, with additional work undertaken to develop an evaluation tool for the NP role. A project is currently underway to validate the evaluation tool. This work is due for completion in early 2023. Once validated, the tool will be used to evaluate the NP role in a range of areas, including WACHS.

⁶ Aiken L, Sloane D, Brom H, Todd B, Barnes H, Cimiotti J, Cunningham R, and McHugh M (2021). Value of Nurse Practitioner Inpatient Hospital Staffing. Medical Care Volume 59, Number 10

5.1 Workforce Sustainability

It is clear that the development of new workforce models to address service gaps, the creation of a workplace environment that enables full use of all roles and a skill mix that meets local needs are key strategies in the development of a sustainable and responsive health workforce.

Whilst numbers of NPs relative to the whole nursing workforce are small, they are growing. This growth in the NP population is not restricted to Australia.

NP candidacy is a key strategy to building a sustainable NP workforce across WA to address current and future sustainable health care demand. The CNMO is committed to developing a robust NP candidacy model and is currently supporting WACHS with NP candidacy.

The CNMO's work is guided specifically by the *Sustainable Health Review: Final Report to the Western Australian Government (April 2019) Strategy 7, Recommendation 25*: Implement contemporary workforce roles and scope of practice where there is a proven record of supporting better health outcomes and sustainability.

5.2 Consumer Experience

A cross-sectional national survey found that the general public are overwhelmingly accepting of the NP model of care as a means of increasing access to health services and described high levels of willingness to be seen and treated by a NP across all areas in the health system.⁷

Despite high levels of satisfaction, research has found that more awareness of the scope of the NP role is required, and that greater community awareness of the role may help maximise their positive contribution to health care in Australia.⁸

5.3 Scope of Practice

Governance of NP scope of practice is robust. It is well defined by the Nursing and Midwifery Board of Australia (NMBA) within the NP standards for practice. It is also addressed locally by the credentialing process. All NPs working for WA health in WACHS are credentialed for a scope of practice consistent with health service capability (refer to section 2.5).

However, lack of understanding of the scope of practice can act as a barrier to NPs working to their full scope. Scope of practice is an area requiring further consideration and is cited as an area to be addressed in the WA CNMO NP workforce project.

5.4 Career Pathways and Specialisation

The 2021 National Health Workforce Data Set shows that NPs work in over 21 areas of practice. Key issues under consideration by the WA CNMO include, but are not limited to, attracting nurses to specialities as part of their career pathway and ensuring the NP role has been established according to need and not solely because it is an area of interest for the nurse.

⁷ Dwyer T, Craswell A and Browne M (2021). Predictive factors of the general public's willingness to be seen and seek treatment from a nurse practitioner in Australia: a cross-sectional national survey. *Human Resources for Health* Volume 19 (21).

⁸ Allnutt J, Allnutt N, McMaster R, O'Connell J, Middleton S, Hillege S, Della P, Gardner G and Gardner A (2010). Clients' understanding of the role of nurse practitioners. *Australian Health Review* Volume 34 (1).

A cost benefit analysis of NP models of care undertaken by KPMG provided evidence of the benefit of NPs in aged care and primary health care, finding that continued expansion of NP models could deliver substantial cost savings to the healthcare system and improved access to care for thousands of Australians.⁹

5.5 Regional, Rural and Remote Workforce Challenges

Significant consideration is currently being afforded to workforce challenges in the rural and remote regions of WA. NPs are providing services to the majority of WA country, especially in rural and remote locations where there are workforce and skills shortages. Literature demonstrates that although the NP model was initially introduced as a potential way to address health service gaps in rural and remote areas, there may be barriers to achieving this, inclusive of local health service policy and budget constraints, workload, lack of role clarity, lack of jobs and national policy and regulatory systems.¹⁰

Workforce shortages have revealed the true value in employing NPs. The barrier of demarcation and loss of income for medical staff has not been an issue in difficult to recruit sites so has in many ways allowed these positions to flourish.

5.6 Meeting the Needs of Aboriginal and/or Torres Strait Islander Peoples

Decades of research provide compelling evidence that a culturally safe holistic model of health care works best for Aboriginal and/or Torres Strait Islander peoples. The evidence also demonstrates that this population are more likely to access care from Aboriginal and/or Torres Strait Islander health professionals.

A key principle of the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016-2023 is centrality of culture and recognising that Aboriginal and/or Torres Strait Islander health workforce participation is an essential element within all health workforce initiatives, settings and strategies.

6. Conclusion

Since its inception the NP role has evolved to be pivotal in the provision of sustainable care across all areas of health. Significant evidence has demonstrated the value of the NP in disadvantaged, vulnerable and rural remote communities ensuring equitable access and positive health outcomes.

The importance of being future focused, with the courage to implement alternative workforce models to deliver health care across all communities, has been recognised in the SHR.

WA Health and the CNMO remain committed to growing the NP workforce, enabling them to work to their full scope of practice so they are positioned to deliver the care that is required for the WA community. This is evidenced by the current commitment by WACHs to further expand this critical workforce allowing the rural and remote communities to receive care closer to home and remain on country.

⁹ KPMG (2018). Cost Benefit Analysis of Nurse Practitioner Models of Care.

¹⁰ Smith T, McNeil K, Mitchell R, Boyle B and Ries N (2019). A study of macro-, meso- and micro-barriers and enablers affecting extended scopes of practice: the case of rural nurse practitioners in Australia. BMC Nursing, 18(14).

Appendix 1: Summary of Current Nurse Practitioner Roles In WACHS^

^WA Country Health Services

NURSE PRACTITIONER POSITIONS	<p>➤ GEOGRAPHICAL AREA AND SPECIALTY COVERED</p> <p>➤ MODEL OF CARE</p>
KIMBERLEY REGION	
Paediatrics (specialist) x 1	Indigenous focus, child developmental delay – located in Derby
NP with broad scope of practice/paediatric focus x 1	Maternity, birthing, general ED - travels to Derby, Fitzroy Crossing and Kununurra
NP with broad scope of practice/paediatric focus x 1	Neonates, undertakes retrievals/transfers, on-call for hospital work – travels to Port Hedland Regional Hospital and other areas of the Pilbara
NP with broad scope of practice x 2	ED – Fitzroy Crossing Hospital
Specialist (cancer services) x 1	Cancer Services-Kimberley region wide role (currently vacant)
MIDWEST REGION	
NP with broad scope of practice x Emergency Department 2.4 FTE	ED (resus. and fast-track) – Geraldton Hospital
NP with broad scope of practice x Rural and Remote 1 FTE per site	Nursing Post and -based MPS based – Coral Bay, Burringurrah, Mt Magnet, Exmouth, Dongara
Specialist x 1	Mental Health – Geraldton Community based
Specialist x 2 (current 4-year pilot)	Mental health – Geraldton Hospital ED mental health diversion program, Exmouth
Specialist x 1	Aged care – works with geriatrician from Perth. Midwest-wide role, community and RAC based

NURSE PRACTITIONER POSITIONS	➤ GEOGRAPHICAL AREA AND SPECIALTY COVERED
	➤ MODEL OF CARE
Specialist (cancer services) x 1	Cancer Services-Midwest region wide role (currently vacant)
GOLDFIELDS REGION	
NP with broad scope of practice x 1	ED – Kalgoorlie Regional Hospital
NP with broad scope of practice x 1	ED – Esperance Hospital
Specialist (cancer services) x 1	Cancer Services-Goldfields region wide role (currently vacant)
PILBARA REGION	
Specialist (cancer services) x 1	Cancer Services-Pilbara region wide role. Currently vacant
WHEATBELT REGION	
NP with broad scope of practice x 3	Emergency Department - Northam Narrogin and Merridin Hospitals
Specialist (cancer services) x 1	
GREAT SOUTHERN	
NP with broad scope of practice x2	ED Albany Health Campus
NP with broad scope of practice x 1	ED Katanning Hospital may be requested to work at Kojonup and Gnowangerup
NP with broad scope of practice x 1	ED Denmark may also be requested to work in Mount Barker (Plantagenet Health Service)
Specialist (cancer services) x 1	Cancer Services-Great Southern region wide role currently filled
SOUTH WEST	
<u>Specialist NP</u>	Emergency Care/Primary Health – Northcliffe Nursing Post.

NURSE PRACTITIONER POSITIONS	➤ GEOGRAPHICAL AREA AND SPECIALTY COVERED ➤ MODEL OF CARE
<u>Specialist NP</u>	Emergency Care – Warren, Donnybrook, Margaret River, Augusta; Collie; Bunbury; Busselton Timely access to ED for Bunbury and Busselton
<u>Specialist NP</u>	Wound Care – currently being created; Bunbury Hospital
Specialist (cancer services) x 1	Cancer Services-South West region wide role (currently vacant)
WACHS-WIDE	
Generalist x 2	WACHS Command Centre
Specialist (cancer services) x 1 Specialist (palliative care) x 1	Cancer Services: WACHS-wide role Palliative Care Services – Country-wide role

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