

NURSES AMENDMENT BILL 2002

Introduction and First Reading

Bill introduced, on motion by Mr R.C. Kucera (Minister for Health), and read a first time.

Second Reading

MR R.C. KUCERA (Yokine - Minister for Health) [12.20 pm]: I move -

That the Bill be now read a second time.

The Bill contains the legislative amendments necessary to provide an operational framework for nurse practitioners in Western Australia. The development of the nurse practitioner role is one of the most innovative and exciting enhancements to nursing ever seen in this State. Implementation of nurse practitioners in our health system will improve our capacity to deliver high quality, efficient and cost-effective care to the people of Western Australia.

In Australia and across the globe, the role of nurse practitioners has been developed over the past 30 years. Nurse practitioners are already operating successfully in the United States, the United Kingdom, Ireland and New Zealand. On my recent visit to the United Kingdom and Ireland, I saw first-hand the incredible value of nurse practitioners working in emergency departments in public hospitals. In both countries nurse practitioners work in close collaboration with medical officers and allied health professionals.

In Ireland, the nurse practitioner in emergency sees approximately 25 per cent of triage patients with less serious conditions. These patients are assessed, treated and discharged by the nurse practitioner. Evaluation of the role of the nurse practitioner in Ireland has shown a positive health outcome for patients attending the emergency department, with the reduction of waiting times for treatment and the more effective care by the medical team of patients presenting with serious injury and life threatening illnesses.

In Australia, the Senate Community Affairs Committee presented its report on its Inquiry into Nursing in June 2002 and recommended that Commonwealth and State Governments promote and support the development and introduction of nurse practitioners across Australia as a viable component of health care services. New South Wales and Victoria both have made amendments to their Nurses Acts to establish a legislative framework for nurse practitioners to carry out advanced level practice and to recognise and protect the title of "nurse practitioner". In New South Wales there are currently 12 nurse practitioners employed with other positions identified and approved in principle. In Victoria, models of practice have been funded to refine and evaluate the role of nurse practitioners within the legislative framework before nurse practitioners are more widely used. South Australia, Queensland and Tasmania are all investigating the application of nurse practitioners and other advanced practice nursing roles in their health systems. In Western Australia an advanced role for nurses in certain remote area nursing posts has been recognised since June 1994. Nurses operating in those areas work independently and frequently provide advanced level services.

Nurses in designated remote areas have had limited rights under the Poisons Act 1964 and the Poisons Regulations 1965 to initiate and supply certain medications from an approved formula. The establishment of a nurse practitioner role in Western Australia commenced in 1998. In that year, the Department of Health established a steering committee to conduct a review of the role of nurse practitioners, particularly in remote areas, and to develop a framework to implement nurse practitioners in Western Australia. The steering committee was chaired by Her Honour Justice Antoinette Kennedy of the District Court of Western Australia and included representatives from the Australian Medical Association, Rural Doctors Association of WA, Nurses Board of Western Australia, Health Consumers' Council WA, Council of Remote Area Nurses of Australia, Royal College of Nursing Australia (WA Chapter) and the Australian Nursing Federation (WA Branch) as well as the Department of Health. The steering committee provided the "Remote Area Nurse Practitioner Project Report 2000" and recommended legislative changes to recognise and expand on the role that nurses have played in "designated remote areas" in Western Australia.

This Bill is a demonstration of the Government's commitment not only to nurse practitioners in "designated remote areas" but also in other areas where there is a demonstrated benefit to the community. The Bill will enable registered nurses who have attained further qualifications as a nurse practitioner to practise at an advanced level in designated areas within Western Australia.

Nurse practitioners will be health care providers practising in designated ambulatory, acute and long-term care settings. Nurse practitioners will practise autonomously but in collaboration and partnership with other health care professionals to diagnose, treat and manage patient's health problems. Services provided by nurse practitioners will include ordering and conducting routine diagnostic and laboratory tests, and prescription of pharmacological agents to an agreed protocol for each specific designated area. In addition to diagnosing and managing acute episodes and chronic illness, nurse practitioners will promote health and disease prevention.

They will serve as patient advocates, health care researchers, and will provide teaching and counselling to individuals, families and groups. The autonomous nature of the nurse practitioner's advanced clinical practice requires accountability for health care outcomes.

Ensuring the highest quality of care, the nurse practitioner will have undertaken a postgraduate diploma that prepares experienced nurses with specialised knowledge and clinical competency to exercise higher levels of judgment, discretion and decision making in the clinical setting. Nurse practitioners will be registered with the Nurses Board of Western Australia and practise within the Nurses Code of Practice 2000, a new nurse practitioner code of practice, and within specific policies and clinical protocols that apply to the designated area of practice.

The Nurses Board of Western Australia will play an important role in registering nurse practitioners and approving the additional postgraduate education that will be a requirement of registration. The Nurses Board will also be responsible for disciplinary functions in relation to nurse practitioners and for issuing a code of practice for nurse practitioners. The Department of Health has been working with the Nurses Board to have education available that will satisfy the requirements for accreditation. I am pleased to say that the Department of Health has accepted a tender from the School of Nursing and Midwifery at Curtin University to provide a postgraduate diploma course for nurse practitioners. The Department of Health will fund up to 20 full-time nurse practitioner students per year for the first three years of the operation of the nurse practitioner course. The course is 12 months full-time and includes units in diagnostics, pharmacology, therapeutics, health research, leadership and professional foundations, as well as an internship designed to provide individualised advanced instruction in a practical setting.

Nurse practitioners will be authorised to provide advanced services to patients only in areas that have been specifically designated and where there is a demonstrated need for, and proper support and supervision for the nurse practitioner.

Applications for an area to be designated for the purpose of employing a nurse practitioner will be made to the Department of Health and designation will be by the Director General of the Department of Health in consultation with the Chief Nursing Officer. The requirements to be met before an area will be designated will be administrative rather than legislative requirements. This will give the flexibility to tailor the role of the nurse practitioner to the needs of a particular community, while still maintaining oversight to ensure that proper controls and support will be in place.

A guiding framework will be provided by the Department of Health to assist employers in applying for an area to be designated. The health service or organisation wishing to employ a nurse practitioner will be required to -

- provide a business plan supporting the need for and role of the nurse practitioner in the area;
- show how patients will benefit from the service provided by the nurse practitioner;
- have a clear understanding of the legislative framework governing nurse practitioners;
- accept the legal responsibility that the employer will have for the nurse practitioner;
- develop clinical protocols in consultation with the chief nursing officer that will provide the framework within which nurse practitioners in the area will operate;
- demonstrate that the service to be provided by the nurse practitioner is consistent with the philosophy of the health service or organisation and has the support of the organisation;
- define the role of the nurse practitioner within the context of the proposed clinical practice, including the responsibility, authority and accountability of the nurse practitioner and his or her relationship with medical practitioners and other key health workers within the area; and
- identify the resources that will be provided to ensure that the nurse practitioner is able to operate effectively and efficiently.

I now turn to a more detailed examination of the Acts that will be amended by the Bill. Amendments to the Nurses Act 1992 will provide for the Nurses Board of Western Australia to register nurse practitioners and for the title of "nurse practitioner" to be recognised and protected. To be eligible for registration as a nurse practitioner, an applicant must already be a registered nurse - that is, he or she must be registered in Division 1 of the Register of Nurses - and have completed a course of education that has been approved by the Nurses Board. A nurse practitioner can practise as a nurse practitioner on registration, but only while carrying on duties as a nurse practitioner in an area designated under the Poisons Act 1964 by the Commissioner of Health. Amendments also include provisions to allow temporary and provisional registration of nurse practitioners, and for the disciplinary function of the Nurses Board to extend to nurse practitioners. The amendments include offence provisions for the improper use of the title of nurse practitioner.

The practice of the nurse practitioner will be regulated by a nurse practitioner code of practice issued by the Nurses Board under section 9 of the Nurses Act 1992. The Director General of the Department of Health is to recommend to the Nurses Board all material that is to be included in the nurse practitioner code of practice. The nurse practitioner code of practice will be a document to which section 42 of the Interpretation Act applies, so the code of practice will be tabled in both Houses of Parliament and may be disallowed by either House. Breaches of the nurse practitioner code of practice may be taken into account in any disciplinary proceedings against nurse practitioners.

Amendments to the Medical Act 1894 will provide exceptions for nurse practitioners for requirements that only medical practitioners can provide certain services. The exception applies only in circumstances in which a nurse practitioner is practising in a designated area. There are already similar exceptions in the Medical Act for dietitians and chiropractors providing dietetic or chiropractic services.

The Bill provides for consequential amendments to be made to the Misuse of Drugs Act 1981. The defence that a prohibited drug was prescribed for the person is amended to recognise that the drug may have been prescribed by a nurse practitioner. The offence of obtaining prohibited drugs by fraudulent behaviour is extended to cover the obtaining of prohibited drugs from a nurse practitioner by fraudulent behaviour.

Amendments to the Pharmacy Act 1964 will allow a pharmacist to supply a drug on the prescription of a nurse practitioner and allow a nurse practitioner, acting in the course of that profession, to dispense medicine or drugs. Amendments to the Poisons Act 1964 will allow a person lawfully practising as a nurse practitioner to prescribe or supply schedule 1 and schedule 4 poisons in accordance with the regulations made under that Act. Currently schedule 1 poisons are poisons of plant origin that are of such danger to health that they warrant being available only from medical practitioners, pharmaceutical chemists or veterinary surgeons. Schedule 4 poisons are those that should, in the public interest, be restricted to medical, dental or veterinary prescription.

Provision is made for regulations that allow the Director General of the Department of Health to designate an area for the purposes of the Act. Amendments to the Poisons Regulations 1965 allow the Director General of the Department of Health to designate areas in which a nurse practitioner may possess, use, supply or prescribe poisons in accordance with the requirements of the Poisons Act. The amendments also allow formal administrative provisions such as labelling, the form of prescription and allowing the substitution of one brand name for another to apply to nurse practitioners. The regulations are also amended to allow a nurse practitioner to procure schedule 4 poisons to the extent that this is required for his or her employment.

Amendments to the Radiation Safety Act 1975 will allow a nurse practitioner to request a holder of a licence under the Act to undertake diagnosis or therapy. The amendments do not permit a nurse practitioner to conduct X-rays or other diagnosis or therapy unless he or she has also undergone the appropriate training and holds the appropriate licence. These amendments will apply only to nurse practitioners working in the public health system, as nurse practitioners employed in private agencies will not have access to Medicare provider numbers and so will not be able to order pathology tests or X-rays.

The Bill provides for consequential amendments to be made to the Road Traffic Act 1974 to provide that the defence that a drug was prescribed for a person includes prescription of the drug by a nurse practitioner. The Bill includes savings and transitional provisions that allow a nurse who has carried out functions similar to those of a nurse practitioner and is employed in a designated remote area post to continue to carry out those functions while an application for registration as a nurse practitioner is considered. It also allows for the registration of nurses who apply under the transitional arrangements to be registered on the basis that the Nurses Board is satisfied that they have the required level of knowledge and practical expertise, but do not hold formal qualifications. This applies for a six-month period from the commencement day. Nurse practitioners will provide an alternative pathway for experienced nurses who wish to stay in clinical practice and, therefore, encourage retention of clinical experts and promote the recruitment of nurses into the profession.

A draft of the Bill was distributed to interested parties and submissions were sought on the form of the Bill. There was wide support for the Bill and for the role that nurse practitioners will play from consumers, nurses, general practitioners and other service providers. I acknowledge the role that the previous Government played in the early stages of the development of this project, and look forward to the support of all members for this important legislation. As the entire community of Western Australia accesses health care and will thus benefit from the introduction of nurse practitioners, it gives me great pleasure to commend this Bill to the House.

Debate adjourned, on motion by Mr A.D. Marshall.