



Government of **Western Australia**  
Department of **Health**  
Chief Nursing and Midwifery Office

# Western Australia Nurse Practitioner Workforce Innovation Strategy

2023–2028



### **Suggested citation**

Chief Nursing and Midwifery Office, Department of Health WA. (2023).  
Western Australia Nurse Practitioner Workforce Innovation Strategy 2023 to 2028. Perth, Australia.

# Contents

Foreword	4
Executive summary	5
Introduction	8
Background	9
Strategy context	10
Why the strategy is needed	11
Vision and aims	13
Overview of strategic themes and objectives	13
Future directions	27
Appendix A: Strategy development	28
Appendix B: <i>NMBA: Nurse Practitioner Standards for Practice</i>	30
Appendix C: Strategy implementation objectives and priorities	31
Appendix D: List of abbreviations and acronyms	32
References	33

# Foreword

## WA Chief Nursing and Midwifery Officer

It gives me great pleasure to present the *Western Australia Nurse Practitioner Workforce Innovation Strategy 2023 to 2028* (the strategy), which offers a clear direction to build and strengthen the nurse practitioner workforce across Western Australia (WA).

Nurse practitioners were first registered to practice in Australia in response to the need for transformational healthcare reform and the urgent requirement to address healthcare inequity, access and cost. Throughout Australia, nurse practitioners are legislatively authorised to undertake diagnostic assessment, treat, prescribe and refer patients within their scope of practice. The *Sustainable Health Review: Final report to the Western Australian Government* (SHR) recognises the importance of nurse practitioner-led services as an innovative solution to current healthcare challenges. The global COVID-19 pandemic further highlighted the need to fully utilise the diverse skills from all professional levels of nursing and midwifery to improve patient access and equity to healthcare services.

Shaping this strategy is a shared vision that has been developed following a 2 year scoping review and extensive stakeholder consultation led by the WA Chief Nursing and Midwifery Office (CNMO). The scoping review uncovered multiple complex barriers to nurse practitioner practice and systemwide under utilisation of this workforce. These issues have resulted in a steady decline in nurse practitioner growth and pose a significant risk to the future of this workforce.

In strong alignment with the SHR, an overarching WA nurse practitioner workforce innovation project (the project) will engage the strategy to address community need by expanding a contemporary, strategically driven and sustainable workforce enabled to practice to its full scope. State and National Nurse Practitioner Workforce Innovation Advisory Committees have been established to provide strategic advice and direction to the project, and I sincerely thank all committee members for their valuable contribution.

With the release of the strategy, the CNMO demonstrates an ongoing commitment to lead nurse practitioner workforce reform, and to achieve WA Health's vision to deliver safe, high-quality and sustainable health care to all Western Australians.



A handwritten signature in black ink, appearing to read 'Robina Redknap', with a small 'A' at the end.

**Dr Robina Redknap,**  
**WA Chief Nursing and Midwifery Officer**

# Executive summary

Western Australia continues to experience significant healthcare workforce pressures, a situation reflected worldwide. WA public and primary healthcare systems are also being tested as a result of the global COVID-19 pandemic, together with escalating pressures of chronic disease, mental ill-health, an ageing population, growing healthcare disparity and rising treatment-related costs. Healthcare services and workforce models that are innovative, equitable and resilient are critical to target and meet consumer and community needs.

Western Australian nurses and midwives consistently demonstrate their capacity and capability to lead and deliver adaptive and sustainable models of care (MoC). Nurse practitioners as an untapped workforce hold the potential to actively contribute to health system reform to address workforce pressures, and consumer and community need in collaboration with multidisciplinary teams. The Australian Government Department of Health and Aged Care is developing the Plan *Increasing access to health and aged care: a strategic plan for the nurse practitioner workforce*, which prioritises the need to build a capable and resilient nurse practitioner workforce that will address health care needs in primary care and those of vulnerable and disadvantaged populations.<sup>1</sup>

In 2004, the first nurse practitioner was registered to practice in WA following legislative, regulative and clinical practice change.<sup>2</sup> Almost 20 years later, the WA nurse practitioner workforce has experienced growth stagnation and underutilisation slowed by systemwide misconceptions of the nurse practitioner role and their defined scope of practice. Complex barriers to practice impede the evolution and future potential of this valuable and highly skilled group.

Nurse practitioners are nationally and internationally recognised as clinical and professional leaders, and are legislatively authorised to undertake diagnostic assessments, treat, prescribe and refer patients within their scope of practice. Throughout Australia, nurse practitioner MoC, with a collaborative and multidisciplinary approach, provide high-value health care and consistently demonstrate an ongoing commitment to achieve positive outcomes for patients, organisations and healthcare systems.<sup>3</sup> A recent Australian cost benefit analysis of nurse practitioner-led MoC demonstrated the significant improved access to health care for patients when collaborative nurse practitioner models are fit for purpose and sustainably implemented while providing substantial economic benefits to the healthcare system.<sup>4, 5</sup>

The WA CNMO is committed to leading the national, interjurisdictional Nurse Practitioner Workforce Innovation Project (the project) to drive workforce innovation to support health system reform. A person-centered nurse practitioner workforce will be responsive to the contemporary healthcare environment to address community and consumer need. The Nurse Practitioner workforce will be implemented where known health service gaps exist in critical areas of need including aged care, primary care, chronic disease and mental health. Service delivery in rural and remote areas remains challenging and is a key priority. Expected project outputs align with SHR enduring strategy 7, culture and workforce to support new models of care.<sup>6</sup>

1 Australian Government Department of Health and Aged Care [www.health.gov.au/topics/nurses-and-midwives/what-we-do#nurse-practitioner-10year-plan](https://www.health.gov.au/topics/nurses-and-midwives/what-we-do#nurse-practitioner-10year-plan), 31/01/2023

2 Chief Nursing and Midwifery Office WA, 2004

3 Carryer and Adams, 2017

4 KPMG, 2018

5 Centre for International Economics, 2013

6 Department of Health WA – *Sustainable Health Review Final Report*, 2019



The project will engage the Western Australia Nurse Practitioner Workforce Innovation Strategy (the strategy). Development of the strategy has been informed by evidence and comprehensive consultation (appendix A). The State and National Nurse Practitioner Workforce Innovation Advisory Committees actively contributed to the strategy throughout the consultation process. This ensured the development of a shared vision to effectively utilise the highly educated and skilled nurse practitioner workforce to ultimately improve the health and wellbeing of patients and the community – equitably and sustainably within a multidisciplinary health care environment.

The strategy articulates a clear vision to build and strengthen a nurse practitioner workforce that will contribute to the overall sustainability of the WA healthcare system, with the nurse practitioner of practice expected to progress and expand over time from increased recognition, experience, knowledge and education. A strengthened and strategically shaped nurse practitioner workforce, in collaboration with the multidisciplinary team, is therefore well positioned to deliver a comprehensive level of engagement and service across the public, private and community healthcare systems.

The strategy identifies 4 themes and objectives underpinned by 9 key priorities with supporting actions that describe the essential structural elements to achieve workforce reform.

### Strategic theme 1: consumer-driven partnerships

Priority 1: partnering with consumers, nurse practitioner-led services are co-developed and co-designed to deliver the right care, at the right place, the right time and by the right provider.

Priority 2: strengthened models of care and innovative nurse practitioner-led services address the needs of diverse and vulnerable patient populations.



### Strategic theme 2: high value, high performance

Priority 3: systemwide culture enables nurse practitioners to practice to their full scope and ensures value-driven, evidence and outcome-based services.

Priority 4: an evidence and research-driven environment enables nurse practitioners to lead, support or inform research and innovation projects.

Priority 5: pathways and opportunities to support a culture of lifelong learning and a commitment to evidence-based best practice is enhanced.



### Strategic theme 3: collaboration across systems

Priority 6: optimised interprofessional and transboundary collaboration improves healthcare access, equity and safe patient outcomes.

Priority 7: a sustainable and agile nurse practitioner workforce is built to be responsive to the contemporary healthcare environment.



### Strategic theme 4: future-focused leadership

Priority 8: nurse practitioners are enabled to strategically influence healthcare sustainability, policy and practice.

Priority 9: services are promoted and supported to enable nurse practitioner leadership in driving improvements to consumer, organization and system outcomes.



The associated actions strongly advocate for consumer involvement from service design conception through to collaborative, multidisciplinary healthcare delivery. They consider the identification of legislative and regulatory barriers to the delivery of nurse practitioner-led practice and how these can be addressed, including the requirement for Medicare Benefits Schedule (MBS) reform. Endorsement and implementation of the key priorities and actions together with systemwide investment in innovative and alternative MoC, will provide consumers and communities with a nurse practitioner workforce that is:

- consumer-focused and person-centred, offering equitable access and consumer choice
- delivering high-value, collaborative multidisciplinary safe patient care to WA Health and the wider public, private and primary health care sectors
- responsive to the need for improved high-value, collaborative multidisciplinary healthcare in vulnerable and disadvantaged communities
- contemporary, sustainable and strategically driven
- autonomous and enabled to work to full scope of practice
- clinically excellent and research-driven in collaboration with the interdisciplinary team.

This robust workforce will embed a MoC that delivers multidisciplinary health care across the vast geography of WA increasing access to currently underserved populations, improving waiting and treatment times. Nurse Practitioner MoC are cost effective, can reduce emergency department visits and hospitalisations, and have the potential to deliver a positive return on investment.

# Introduction

A nurse practitioner is an advanced practice nurse, endorsed by the Nursing and Midwifery Board of Australia (NMBA) to provide nursing care within their regulated scope, under the legislatively protected title of 'nurse practitioner'. Nurse Practitioners provide a clinically focused service, with an extended scope of practice that includes patient assessment and autonomous decision-making encompassing diagnosis, treatment, provision of interventions, referral and discharge as required – all within their approved scope of practice and in collaboration with the interprofessional team.<sup>7</sup>

The nurse practitioner role was developed in response to the need for transformational healthcare reform. The initiative was also intended to address the increasing cost of health care, the shortage of medical practitioners (particularly in rural and remote areas) and the increased specialisation, expertise and educational preparation of registered nurses.<sup>8</sup> The nurse practitioner workforce offers genuine healthcare alternatives which support the quadruple aims in health care to:

1. improve the patient experience
2. improve population health
3. reduce healthcare costs
4. improve healthcare workforce experience and wellbeing.<sup>9</sup>

The first WA nurse practitioner was registered to practice in 2004 following legislative, regulatory and clinical practice change.<sup>4</sup> Nurse practitioners are currently employed over vast geographical distances and diverse sectors. Nurse Practitioners work in strong collaboration with the interprofessional team and have significant ability to influence and improve the safe delivery of high-quality healthcare services to the WA community. However, the role remains underutilised by the health system, with workforce data indicating that WA is at critical risk of losing this workforce.<sup>10</sup> Enabling nurse practitioners to develop, expand and lead patient-centric models of care requires genuine innovation in our thinking, planning and execution.

---

7 Nursing and Midwifery Board of Australia, 2016

8 MacLellan et. al, 2015

9 Bodenheimer and Sinsky, 2014

10 Australian Institute of Health and Welfare – National Health Workforce Dataset, 2020



# Background

Between 2018 and 2020, the CNMO undertook a scoping review of the nurse practitioner workforce, with a series of 4 reference papers completed. The key objectives were to:

- describe and review the current context of the nurse practitioner role in WA
- identify existing workforce challenges
- evaluate and highlight current areas of opportunity
- identify and recommend strategies to promote an innovative and sustainable model of nurse practitioner care.

The review highlighted numerous opportunities for workforce growth. It also revealed multifaceted and complex workforce-related barriers, often with no clear rationale or consistency across jurisdictions.<sup>11</sup> The COVID-19 pandemic has further consolidated the requirement to progress alternative workforce models and to ensure all health professionals, including nurse practitioners, are enabled to work to their full scope of practice.

Workforce reform will rely on transparent collaboration and open dialogue across jurisdictions and professions to realise effective and sustainable change.

## Workforce overview

The scoping review uncovered a significant nurse practitioner workforce risk in WA. Data demonstrates an aging workforce, a 5 year declining growth in nurse practitioner graduate numbers and endorsements, difficulties in securing employment, systemwide underutilisation and negligible mentoring and succession planning strategies.

## Opportunities and barriers

Following the scoping review, the CNMO sought comprehensive and inter-jurisdictional engagement with key stakeholders to better understand and define the barriers to practice, and to inform the development of a nurse practitioner workforce strategy (appendix A). Despite the identified challenges, national and state healthcare reform strategies have provided significant opportunity to explore models of care to better engage and utilise this valuable workforce.

The CNMO will continue to lead the inter-jurisdictional and collaborative work required to address cultural, organisational, regulatory and legislative barriers to enable and strengthen this workforce in its contribution to a stronger healthcare future. All work will remain strongly aligned with the national and state healthcare reform strategies.

---

<sup>11</sup> Chief Nursing and Midwifery Office WA, 2021

## Strategy context

Strategy delivery is supported by the following documents:

- *Sustainable Health Review: Final Report to the Western Australian Government* (2019)
- *WA Health Digital Strategy 2020–2030*
- *WA Nursing and Midwifery Digital Health Strategy: Fit for a digital future, every nurse's and midwife's business* (2020)
- *Nursing and Midwifery Board of Australia (NMBA): Nurse practitioner standards for practice* (2021)
- *WA Health Aboriginal Workforce Strategy 2014–2024*
- *WA Health Leadership Strategic Intent 2019–2029*
- *WA Mental Health, Alcohol and Other Drug Services Plan 2015–2025*
- *Royal Commission into Aged Care Quality and Safety – Final Report: Care, dignity and respect* (2021)

## Why the strategy is needed

WA continues to experience significant health workforce pressures, a situation reflected both nationally and internationally. Australian workforce projections estimate a national nursing shortage of 85,000 by 2025.<sup>12</sup> The nurse practitioner MoC is recognised as a role integral to the development and sustainability of the Australian healthcare system yet nurse practitioners comprise less than 1 per cent of the total WA registered nurse workforce with trend data indicating a stagnation of newly endorsed nurse practitioners and a reduction in nurse practitioner Masters' graduates since 2016. Data also reflects a metropolitan-centric model of nurse practitioner service delivery with only 29 per cent of nurse practitioners employed in regional and rural WA.<sup>12</sup>

The CNMO is committed to the central objective of achieving equitable choice and access to high-value and sustainable health care for all Western Australians. The SHR highlights the need for transformational change to WA'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 outlines the opportunity to explore workforce models that utilise professions to their full scope of practice.<sup>6</sup> As such, nurse practitioners remain an untapped workforce that hold the potential to actively contribute to health system reform. The successful co-design and implementation of nurse practitioner models that are fit for purpose will be determined by ongoing interprofessional collaboration and meaningful consumer and community partnerships.

Evidence supports that a greater consumer focus on service co-design along with authentic consumer partnerships built on mutual trust, respect and knowledge-sharing, enhance patient outcomes and experience. Nurse practitioner positive patient encounters with patient-focused solutions, as a result of participation in comprehensive care partnerships, improve patient safety, quality and overall performance of health services.<sup>13</sup>

Studies assessing nurse practitioner care indicate equivalent or better outcomes for patients compared with doctor encounters, along with improved consumer satisfaction. A strengthened and strategically shaped nurse practitioner workforce is well positioned to deliver timely and equitable access to nurse practitioner-led services across the public, private and primary healthcare sectors in local, rural and remote communities and marginalised groups.

The strategy outlines a methodical pathway to enable the nurse practitioner workforce to achieve optimum scope of practice and to adapt and respond to the evolving healthcare environment. In many areas of health care, consumers experience real benefits from seeing a nurse practitioner.

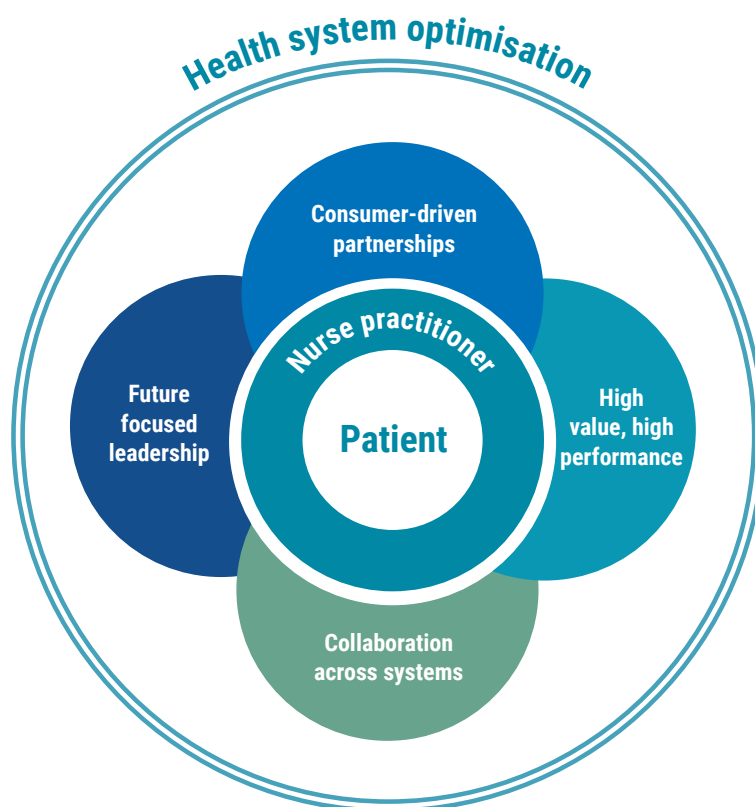


Figure 1: Nurse practitioner workforce model

<sup>12</sup> Health Workforce Australia, 2014

<sup>13</sup> Australian Commission on Safety and Quality in Health Care – *National Safety and Quality Health Service Standards*, 2017

Nurse practitioners have professional autonomy and add value to the workplace. They take pride in working as significant members of high value, high performing teams and work collaboratively with nursing peers, medical specialists, general practitioners and allied health professionals to provide person-centred care that is coordinated, safe, evidence based, efficient and holistic.<sup>14</sup> A multidisciplinary team-based approach to accomplish shared consumer goals through collaborative care, that includes a nurse practitioner, provides multiple benefits for the consumer, their family, carers and the community.

Nurse practitioners, with their advanced skill set and extended scope of practice, have the skills, experience and qualifications to:

- diagnose and treat a variety of health conditions
- construct and implement therapeutic regimens for patients, carers and families
- initiate and receive referrals from other health professionals
- order and interpret most tests to assist in diagnosis and management
- prescribe appropriate and necessary medications.

The strategy articulates a structured approach that supports the stages of nurse practitioner development, and sustainable career progression to build a responsive workforce. The nurse practitioner scope of practice is expected to progress and expand over time, with increased recognition, experience, knowledge and education.<sup>15</sup> Barriers to nurse practitioners working to their full scope of practice are identified with methods to overcome these addressed in the strategy.

The strategy highlights the need for a future-focused nurse practitioner workforce that is equipped to influence policy reform, and the leadership ability required to adopt and advocate for nurse practitioner-led models of care, where benefits are evidenced. This includes the provision of workforce development to promote engagement with translational research and to foster the use and leadership of digital health technologies.

Implementation of the strategy seeks to strengthen and build on the skills, education and experiences of the current nurse practitioner workforce. Clear articulation and understanding of these skills and abilities is essential to maximise workforce utilisation and to address current and future community need and service demand. This is particularly critical for the priority areas of aged care, primary care, chronic disease, mental health and within rural and remote settings.

---

<sup>14</sup> Australian College of Nurse Practitioners – Nurse practitioners adding value to your workplace, [www.acnp.org.au/client\\_images/219720.pdf](http://www.acnp.org.au/client_images/219720.pdf), 2023

<sup>15</sup> Cashin et. al, 2015

# Vision and aims

The key purpose of the strategy is articulated by the vision and its 2 principal aims. The strategy commits to the development of a shared vision and investment to achieve the primary objective of an integrated nurse practitioner workforce which is fit for the future.



## Vision

**To build and strengthen an integrated and sustainable nurse practitioner workforce that is optimised for the future.**

## Aims



- To establish a patient-facing nurse practitioner workforce that is enabled to practice to its full scope and is responsive to the contemporary healthcare environment.
- To expand a strategically driven and sustainable nurse practitioner workforce, which addresses community need, and is embedded where nursing leadership and governance will drive healthcare reform.

## Overview of strategic themes and objectives

Four themes and objectives are key to the delivery of the strategic vision and constitute the fundamental building blocks for future nurse practitioner service and workforce planning.

### Strategic theme 1: consumer-driven partnerships

Objective: innovative models of care and nurse practitioner-led services are strengthened and co-developed in genuine partnership with consumers.



### Strategic theme 2: high value, high performance

Objective: clinical excellence in the nurse practitioner workforce is promoted and supported to achieve improved patient, organisation and system outcomes.



### Strategic theme 3: collaboration across systems

Objective: organisational structures enable nurse practitioners to deliver sustainable and integrated safe patient health care through systemwide collaboration and partnerships.



### Strategic theme 4: future-focused leadership

Objective: nurse practitioner leadership is visible, engaged and aligned with contemporary health policy that responds and adapts to the evolving healthcare environment.





## Strategic theme 1: consumer-driven partnerships

Innovative models of care and nurse practitioner-led services are strengthened and co-developed in genuine partnerships with consumers.

### Priority 1

Nurse practitioner-led services are co-developed and co-designed in partnership with consumers to deliver the right care, at the right place, the right time and by the right provider.

#### Actions

1. Partnering with consumers (National Safety and Quality Health Service Standards Standard 2) ensure authentic, purposeful, collaborative and inclusive consumer engagement in the co-design of Nurse practitioner-led services that adhere to value-based healthcare principles that support and manage immediate and chronic healthcare needs of the population.<sup>16</sup>
2. High-level advocacy of the MBS/NP funding model reform to ensure consumers are able to access affordable nurse practitioner services and interventions.

### Priority 2

Strengthened models of care and innovative nurse practitioner-led services address the needs of diverse and vulnerable patient populations.

#### Actions

1. Develop and strengthen nurse practitioner-led services that understand the unique needs of diverse and disadvantaged populations, assist in the removal of barriers to healthcare access, and provide culturally safe and effective care to all populations.
2. Explore opportunities where mobilisation and flexibility of existing nurse practitioner services enable greater healthcare access and equity for diverse and vulnerable populations.

<sup>16</sup> Australian Commission on Safety and Quality in Health Care – *National Safety and Quality Health Service Standards*, 2017





**'Consumer partnerships should be meaningful and not tokenistic. To maximise the**

**contribution of partnerships, consumers need to be seen and treated as people with expert skills and knowledge.'**

**National Safety and Quality Health Service Standards, 2017**

Positive patient outcomes are influenced by authentic partnerships and effective communication with healthcare providers, and when supported by healthy organisational environments.

Strategic theme 1 addresses the central requirement and critical need to actively involve, enable and partner with consumers and carers to choose the extent to which they actively participate and drive their own health care.<sup>17</sup> Purpose-driven nurse practitioner-led services will be strengthened, and health outcomes improved, when co-designed and developed in genuine partnerships with consumers.

Workforce modelling should be determined by consumer and community health need to include the implementation of multi-disciplinary workforce strategies that provide access to, and deliver safe patient care closer to home, ensuring consumers are better supported to manage long-term health.<sup>18</sup>

Consumers today have unprecedented access to information in the contemporary environment. Evidence demonstrates that low-level health literacy is associated with higher rates of hospitalisation and emergency department presentations, indicating poor management of health conditions outside the hospital system.<sup>19</sup> With improved health literacy, informed and empowered consumers possess the ability to actively participate in the maintenance of their own health care needs.

As such, it is imperative that nurse practitioner services promote choice, opportunity and participation through consumer engagement and partnership in the planning, design, delivery, and evaluation of health systems and services.<sup>20</sup>



**'Empowered health consumers, who take greater ownership of their journey, achieve better health outcomes.'**

**PwC Australia, 2020**

As clinical leaders and integrated members of the multidisciplinary team, nurse practitioners are ideally placed to lead and implement co-designed healthcare services to ensure equal partnerships between those teams delivering healthcare services, and those consumers using them.<sup>21</sup>

Consumer co-designed approaches to health care will steer cultural change within our healthcare system to cultivate consumer empowerment and autonomy when underpinned by strong nursing frameworks and authentic interprofessional and consumer collaboration. These approaches will offer genuine healthcare alternatives with timely and equitable access of care which expand and support consumer choice.

## **What success looks like**

- ✓ Nurse practitioner services are co-designed and co-developed in authentic partnership with consumers.
- ✓ Informed consumers are empowered to have ownership of their own healthcare journey.
- ✓ Nurse practitioner services are co-designed and delivered to best meet the needs of the target population.
- ✓ Nurse practitioner services are understood, promoted and maximally utilised by consumers.
- ✓ Barriers that prevent consumer access to nurse practitioner services are removed.

<sup>17</sup> Australian Commission on Safety and Quality in Health Care, 2017

<sup>18</sup> Department of Health WA – *Sustainable Health Review Final Report*, 2019

<sup>19</sup> Australian Institute of Health and Welfare, 2018

<sup>20</sup> Australian Commission on Safety and Quality in Health Care, 2017

<sup>21</sup> Ward et. al, 2018

## Consumer-driven partnerships: example of working model in WA

### Andrea Rieusset – Emergency Department (ED) and Primary Health Care Nurse Practitioner

#### The service

Located at the Dongara Health Service in WA.

Nurse practitioners provide clinical ED leadership in close collaboration with rotating medical locums.

Andrea was previously located at the Fitzroy Crossing Hospital where she was credentialled at all ED sites throughout the Kimberley region.

#### The nurse practitioner

As a rural and remote nurse practitioner, Andrea provides therapeutic interventions to the 3,500 strong Dongara Community population and its surrounds.

The role addresses issues of health disparity by providing continuity of care and much-needed stability within an environment of high medical and nursing rotation and workforce shortages.

Andrea has an extended and autonomous scope of practice. She is credentialled to assess, diagnose and manage triage category 3 to 5 paediatric and adult patients that present to the ED, and to facilitate Royal Flying Doctor Service transfers.

Andrea was awarded the 2019 WA Nursing and Midwifery Awards Nurse of the Year and was the recipient of the Excellence in Aboriginal Health award.

#### Success factors

Andrea is an integral and respected clinician who actively participates in strategic decision-making, influencing health-related outcomes for the Kimberley and Dongara region communities. In 2015, Andrea undertook a detailed audit of family and domestic violence presentations at the Broome Hospital ED. Recommendations from this audit were launched by WA Country Health Service (WACHS) in September 2018 and informed the development of a comprehensive regional family and domestic violence program implemented across the Kimberley.

Andrea's comprehensive knowledge and engagement with the community has provided insight into complex social and family structures and has facilitated the respect and trust required to administer therapeutic interventions that are culturally sensitive.

Supported by the Regional Director and Regional Medical Director, Andrea's leadership capability is demonstrated by her membership position on the WA Clinical Senate, to ensure a remote and rural perspective to balance metro-centric debates.

Andrea has established numerous regional inter-agency relationships, including with the regional Western Australia Police Force, Department of Communities and various women's resource agencies to facilitate the wrap-around services required to manage family and domestic violence ED presentations.

These professional and community relationships have contributed to the implementation of a regional social workforce strategy and social worker allocation at each of the Kimberley's peripheral hospitals.



## Strategic theme 2: high value, high performance

Clinical excellence in the nurse practitioner workforce is promoted and supported to achieve improved patient organisation and system outcomes.

### Priority 3

Systemwide culture enables nurse practitioners to practice to their full scope and ensures value-driven, evidence and outcome-based services.

#### Actions

1. Systematically identify multidisciplinary champions who adopt and advocate for nurse practitioner roles to meet healthcare service demand, and address legislative, regulatory and policy barriers that restrict the full scope of nurse practitioner practice.
2. System investment in the development and implementation of an evidence-based nurse practitioner:
  - a. evaluation framework to enable consistent measurement of nurse practitioner-led services
  - b. candidacy framework to support and sustain the transition from novice to autonomous practitioner.

### Priority 4

An evidence and research-driven environment enables nurse practitioners to lead, support or inform research and innovation projects.

#### Actions

1. Identify opportunities to support and resource nurse practitioner-led research, enquiries, evaluation projects and evidence-based improvements for consumer, organisation and system outcomes.
2. Partner with government and non-government organisations to drive research and evaluation projects where common goals have been identified.

## Priority 5

Pathways and opportunities are enhanced to support a culture of lifelong learning and a commitment to evidence-based best practice.

### Actions

1. System investment in the development, implementation and promotion of an evidence-based continuing professional development framework to support informed and contemporary practice development and lifelong learning with access to nursing scholarships, grants, clinical placements, supervision and mentorship programs.
2. Create sustainable nursing career pathways and structures for registered nurses to pursue a nurse practitioner master's degree providing the opportunity to share clinical expert knowledge that will benefit the broader workforce and promote understanding of the nurse practitioner role.

The development of workplace systems to support the full scope of nurse practitioner practice are essential to the realisation of strategic theme 2. The systematic identification and removal of barriers which limit the clinical potential of the nurse practitioner workforce is required to achieve this goal.

Organisational culture is an essential factor in the provision of quality health care.<sup>22</sup> Facilitating a culture where patients are truly at the centre of care requires genuine commitment to fully embrace models which align with and support the principles of value-based health care. Workforce transformation will require healthcare leaders, clinicians, policymakers and consumers to develop a deep and shared understanding of the nurse practitioner role, function and extended scope of practice, which in turn will drive workforce utilisation and demand.

A systemwide and consistent approach to investment in clinical excellence for the nurse practitioner workforce must be informed by evidence and contemporary healthcare policy to develop and harness the full potential of the nurse practitioner workforce to achieve genuine benefit to patients, organisations and health systems.<sup>23</sup>

Nurse practitioners provide clinical care, advice and education, and possess the knowledge and skills to critically translate and integrate evidence-based knowledge into practice.<sup>24</sup>

“Value-based health care presents a ‘whole-of-system’ paradigm that incentivises all practitioners within the system to deliver the outcomes that matter to patients in the most efficient manner.”  
Australian College of Nursing (ACN), 2020

“Adoption of new innovative nurse-led models of care have the potential to positively impact all Australians and ensure the sustainability of Australia’s health and aged care systems into the future.”  
ACN, 2020

The NMBA *Nurse Practitioner Standards for Practice* build on the *Registered Nurse Standards for Practice* (2016).<sup>25</sup> They identify the domains of practice essential for meeting the regulatory and professional requirements of the nurse practitioner extended scope of practice (appendix B).

<sup>22</sup> Mannion and Davies, 2018

<sup>23</sup> Carryer and Adams, 2017

<sup>24</sup> Nursing and Midwifery Board of Australia, 2021

<sup>25</sup> Nursing and Midwifery Board of Australia, 2021

Opportunity and access to continuing professional development and ongoing learning is a vital aspect to the ongoing development of nurse practitioner-led services.<sup>26</sup> The provision of formalised education, mentoring support and supervision programs will be critical in supporting the growth of the nurse practitioner through all stages of career progression, and will serve as important strategies in workforce recruitment, retention and succession-planning initiatives.

### **What success looks like**

- ✓ Clear community and systemwide understanding of the nurse practitioner role.
- ✓ Investment in the nurse practitioner workforce is purposeful, directed and supported.
- ✓ Nurse practitioner scope of practice is maximised and supported by legislation, regulation and policy.
- ✓ An embedded nurse practitioner candidacy model supports the transition from novice to autonomous practitioner and maintains workforce sustainability.
- ✓ Nurse practitioner services are evaluated against consistent and transparent measures and metrics.
- ✓ A culture that supports pathways to ensure lifelong learning and evidence-based best practice.

---

<sup>26</sup> Whitehead et. al, 2022

## High value, high performance: example of working model in WA

### Christine Henneker – Rural Cancer Nurse Practitioner

#### The service

Christine provides organisation-wide cancer nurse practitioner services to patients which include a comprehensive telehealth and telechemotherapy service. Christine is credentialed to practice at all regional WACHS cancer sites.

#### The nurse practitioner

Commencing in 2016, Christine was WA's first WACHS-employed cancer nurse practitioner.

The cancer nurse practitioner role influences patient, community and organisational outcomes by encompassing clinical service and strategic development across 7 WACHS regions.

Christine provides specialist nursing advice to the WACHS executive, with a clinical leadership and quality and safety governance role across cancer services.

Christine is the State Chair for the peak cancer nursing organisation in Australia – Cancer Nurses Society of Australia.

#### Success factors

Christine provides leadership and significant clinical contribution in achieving the 4 key directions of the *WA Cancer Plan 2020–2025* which include:

- improved access to cancer prevention and screening
- provision of evidence-based cancer treatment at the right time, in the right place and by the right team of skilled health professionals
- development of a skilled country cancer workforce
- increased innovation, technology and partnerships aimed at bringing care closer to home for country patients.

Christine has led numerous quality and safety projects to improve consent processes, patient and carer education tools, toxicity assessment and documentation, validation of prescriptions and management of oral treatments.

Since the role was established the use of an endorsed 'systemic anti-cancer therapy protocol' has increased from 45 per cent to 98 per cent significantly improving the safety of treatment provision for country patients.

Christine has an integral role in the deployment and rapid expansion of technology-enabled care and online learning to improve equity and health-related outcomes in WACHS regions. The uptake and utilisation of technologies provide enhanced access to evolving treatments, procedures and interventions.

Christine influenced financial workforce sustainability by ensuring all cancer outpatient services are aligned with the activity-based funding model providing organisational reimbursement for nursing and medical and allied health service events.

In 2021, as an outcome of Christine's high-level advocacy, a cancer nurse practitioner position is now attached to each of the 7 WACHS regions.





## Strategic theme 3: **collaboration across systems**

Organisational structures enable nurse practitioners to deliver sustainable and integrated safe patient health care through systemwide collaboration and partnerships.

### Priority 6

Optimised interprofessional and transboundary collaboration improves healthcare access, equity and safe patient outcomes.

#### Actions

1. Engage and promote an authentically collaborative and interprofessional team approach to reduce fragmentation of care, duplication of services and system inefficiencies.
2. Strengthen interprofessional collaboration with practitioners and organisations to promote a positive culture in which to co-develop contemporary and person-centred MoC utilising nurse practitioner roles and services to meet workforce pressures in areas of high service demand.

### Priority 7

A sustainable and agile nurse practitioner workforce is built to be responsive to the contemporary healthcare environment.

#### Actions

1. Identify opportunities to define, articulate and advocate for the nurse practitioner role and the benefits to the community, organisation and the healthcare system, and address barriers that influence nurse practitioner role creation and workforce reform.
2. Design and support agile nurse practitioner roles used across services to ensure:
  - availability of expert clinical nursing leadership and support to address service gaps, and in areas of increased service demand
  - sustainable service delivery and role continuity through systemwide strategies to monitor and report on nurse practitioner workforce metrics enabling targeted recruitment, retention and succession planning to meet current and projected workforce demand.

Key to embedding nurse practitioners in the WA healthcare landscape is the development of a responsive, collaborative and agile workforce where roles and services are widely understood by both healthcare consumers and healthcare providers.

Strategic theme 3 identifies the need to create a systemwide culture that fosters strong partnerships across multidisciplinary healthcare professions, jurisdictions and public, private and primary health care sectors to embed nurse practitioner roles, and enable the delivery of coordinated, integrated and sustainable nurse practitioner services.

These interprofessional partnerships are essential in shaping a system whereby nurse practitioners are enabled to autonomously deliver and lead new solutions in care delivery that actively contribute to improved healthcare access, choice and outcomes for consumers.

The impact and growth of the nurse practitioner role is enhanced when authentic interprofessional and transboundary clinical partnerships and networks are established and maintained across the healthcare system.

Collaboration promotes the opportunity to co-develop consumer-centred models of care that are mapped to meet health service demand and address workforce pressures, while reducing duplication and system inefficiencies. To sustain a resilient and agile nurse practitioner workforce, service mapping must be strongly aligned with organisational objectives and healthcare reform priorities.

“ Governments have sought to constrain growth in health spending, particularly in high-cost hospital and residential care, by emphasising the prevention, support and management of chronic disease in primary care, home and community settings.’

Grattan Institute, 2018

## What success looks like

- ✓ A transboundary nurse practitioner workforce is strategically aligned with and adapts to the needs of the contemporary healthcare environment.
- ✓ Established interprofessional collaboration and partnerships across jurisdictions and public, private and primary health sectors benefit healthcare access and outcomes for consumers.
- ✓ Embedded systemwide workforce monitoring and evaluation reduces siloed approaches, and influences and informs strategic forecasting, planning, coordination and policy.
- ✓ Clearly articulated and promoted nurse practitioner extended scope of practice roles and services are understood by the consumer, the community, organisations, the multidisciplinary team and the healthcare system.
- ✓ Workforce sustainability measures ensure nurse practitioner role continuity through recruitment, retention and succession planning strategies.
- ✓ Utilisation of autonomous nurse practitioner roles ensure expert clinical leadership in areas of service demand.

## Collaboration across systems: example of working model in WA

### Ray Obrero and Jo Rigby: Nurse Practitioners Residential Care Line (RCL) Outreach Service

#### The service

Located at Sir Charles Gairdner Hospital, the nurse practitioner-led RCL is a specialised aged care outreach service designed to provide 'in-place' clinical nursing services to residential aged care facilities (RACFs).

The RCL operates 7 days a week, with an incorporated telephone triage service, delivering metropolitan-wide complex clinical interventions to more than 210 RACFs.

#### The nurse practitioner

Ray and Jo's leadership, clinical expertise and commitment in supporting RACFs is driven by a genuine desire to improve the quality of life for older Western Australians.

The nurse practitioners hold clinical governance of the RCL outreach service, and the role has been critical in establishing a sustainable and collaborative transboundary practice model.

#### Success factors

The RCL nurse practitioner outreach service interfaces across multiple health sectors, significantly influencing how the health system delivers care to older Australians. Ray and Jo are respected clinicians and are frequently consulted at a state and national level to provide strategic leadership and expert aged care advice. Throughout their extensive nursing careers, they have established a comprehensive clinical network that bridges the gap between RACFs and the acute, primary and community healthcare settings.

As strong advocates and mentors, Ray and Jo provide education to upskill RACF staff in the identification of declining health conditions in the older person, the recognition and early management of acute deterioration, management of behavioural and psychological symptoms of dementia, and management of palliative patients and those at end-of-life. This evaluated education model has contributed to the delivery of safe 'in-place' care and to the minimisation of avoidable hospital presentations and admissions.

The strong evidence of patient, organisation and system improvements has enabled Ray and Jo to advocate for the expansion of the RCL service which currently employs 12 clinical nurses and clinical nurse consultants, 2 nurse practitioners and one nurse practitioner candidate.



## Strategic theme 4: future-focused leadership

Nurse practitioner leadership is visible, engaged and aligned with contemporary health policy that responds and adapts to the evolving healthcare environment.

### Priority 8

Nurse practitioners are enabled to strategically influence healthcare sustainability, policy and practice.

#### Actions

1. Healthcare policy is strategically influenced through removal of cultural, regulatory and legislative barriers to enable the uptake of nurse practitioner-led services that support WA's transition to value-based health care.
2. Develop resources and increase nurse practitioner leadership visibility and influence on policy and planning groups that assist health service providers articulate where the nurse practitioner workforce will effectively meet current and future service needs.

### Priority 9

Services are promoted and supported to enable nurse practitioner leadership in driving improvements to consumer, organisation and system outcomes.

#### Actions

1. Promote systemwide investment, support and evaluation of sustainable nurse practitioner-led models of care that strategically align with and respond to the contemporary healthcare environment.
2. Invest in digital health strategies to enable nurse practitioners to lead digital health initiatives and drive digital innovation in patient care to enhance real-time communication of patient information to ensure equitable access to care regardless of location, health status or personal situation.

Strategic theme 4 describes the need to build a nurse practitioner workforce that is equipped and enabled to lead innovation and successfully influence healthcare delivery and policy reform.

Transformational leadership is required to inform the strategic direction of the healthcare system and to guide systemwide organisational change. Nurse practitioner leadership must be visible, engaged and aligned with health reform priorities to shape a workforce that is equipped and enabled to influence system transformation.

 **‘Nurse leadership will be needed to inform the strategic direction of Australia’s health system and help drive the necessary changes within organisations.’**

ACN, 2015

Nurse practitioners are recognised as clinical and professional nursing leaders who are well-positioned to steer reform. Strong interprofessional and cross-sector collaboration is required to create an environment where nurse practitioners are enabled to deliver comprehensive, autonomous and research-driven nursing care. Without clear articulation and understanding of the extended scope of the nurse practitioner, these skills and abilities will be underutilised and the benefits to patients, the healthcare workforce, healthcare providers and the larger health system can be lost.<sup>27</sup>

When enabled to practice to the full extent of their knowledge and skills, nurse practitioners have huge potential in shaping the design and delivery of healthcare services that will drive improvements to patient and population health outcomes. To achieve this, strategic leadership capability needs to be cultivated within the nurse practitioner workforce to promote and enhance leadership confidence and political astuteness.

 **‘We are moving towards a rapid translation of data, research and innovation into systemwide practice, with many nurses and midwives driving the change.’**  
WA CNMO, 2020

It is crucial that nurse practitioners are visibly engaged to proactively contribute to health system debate and policy formation. The COVID-19 global pandemic has accelerated the need for health systems to adopt digital technologies as consumer-friendly modes of care delivery. Nurse practitioners as clinical care providers, educators and leaders need to embrace and contribute to a culture where digital transformation continues to mature and improve the way health care is delivered to all Western Australians.<sup>28, 29</sup>

## What success looks like

- ✓ Engaged nurse practitioners influence and inform healthcare policy and clinical service design and delivery at all system levels.
- ✓ Active support and investment in leadership capability is demonstrated by quarantined time for targeted continuing professional development, mentorship and clinical supervision activities.
- ✓ Nurse practitioners are utilised by the interprofessional team as clinical specialists, educators and leaders.
- ✓ Nurse practitioner-led digital health strategies drive delivery of innovative healthcare services

<sup>27</sup> Lamb et. al, 2018

<sup>28</sup> Chief Nursing and Midwifery Office WA, 2020

<sup>29</sup> Chief Nursing and Midwifery Office WA – *WA Nursing and Midwifery Digital and Innovation Strategy*, 2021

## Future-focused leadership: example of working model in WA

### Sharon Thomson – Mental Health and Community Alcohol and Drug Service Nurse Practitioner

#### The service

Located in WA's Midwest community setting, this service provides an outpatient mental health clinic in Geraldton, Meekatharra and Carnarvon.

The multidisciplinary clinic engages a triage system to allow consumer choice of consultation in person (at the clinic, in the consumer's home or other community setting) or via telehealth.

#### The nurse practitioner

As a mental health and community alcohol and drug service nurse practitioner, Sharon provides multidisciplinary assessment, treatment and advice to consumers with moderate to severe mental health and/or drug and alcohol issues.

This level of support extends to carers, local health services and other agencies that work with people experiencing mental health and/or drug and alcohol issues.

Having recently accepted the Regional Manager position at the Midwest Mental Health and Community Alcohol and Drug Service, Sharon describes an 'overwhelming need' to drive activities which support the long term sustainability of the service, including a focus on career pathway creation for local healthcare professionals..

#### Success factors

The Midwest mental health and community alcohol and drug nurse practitioner provides collaborative, consumer-focused and recovery-oriented services that are flexible and responsive to consumer needs across all ages, cultures and locations.

As a respected leader, Sharon has developed a clear strategic direction to drive future sustainability of mental health services in the region. Her position as regional manager will enable her to lead the development and expansion of services which meet the increasing demand for comprehensive regional mental health services.

Sharon is currently focused on building a peer support workforce into the team to enable recovery-centred, trauma-informed care, stigma reduction, and the opportunity to empower people to share their learning, knowledge and insights into their own journey to help others.

Recent legislative changes allowed Sharon to expand her scope of practice into sexual health, through her completion of the Highly Specialised Drugs Program (s100) for prescribing hepatitis B and C and HIV treatments. This has improved treatment access and availability for vulnerable populations.



## Future directions

Immediate investment in the current nurse practitioner workforce provides opportunity to build and strengthen a sustainable workforce that is innovative, cost-effective and equipped to meet patient and community health needs. The driving force behind the strategy is the substantial body of national and international evidence. The evidence establishes that the nurse practitioner workforce provides safe, effective and high-quality care to consumers, while reducing system fragmentation and addressing unmet workforce demands.

The complex barriers impacting nurse practitioners' ability to work to their full scope of practice requires a collaborative, systematic and inter-jurisdictional approach to realise transformational change. The strategy provides a methodical pathway to address these barriers, and to influence, impact and lead change in identified priority reform areas. Without supported investment and structured planning, the nurse practitioner workforce remains at risk of ongoing underutilisation and significant future threat.

To achieve the objectives of the strategy, an implementation plan will be developed by the CNMO. The CNMO will continue with the consultative approach used to develop the strategy. Ongoing collaboration with the State and National Nurse Practitioner Workforce Innovation Advisory Committees, as subject matter experts, and with other key stakeholders will continue to be enhanced.

The strategy's priorities and actions are concurrent, and many will continue to evolve throughout and beyond the 5 year timeline (appendix C). Many of the actions outlined require immediate attention to meet current workforce needs and to achieve systemwide reform at the most critical time.

Progress will be monitored through a determined project methodology to ensure outcomes are delivered, measured and evaluated against agreed measures to be determined in the implementation plan.

# Appendix A: Strategy development

## 2018–2019 – CNMO scoping review of the WA nurse practitioner workforce

**Aim:** the scoping review sought to achieve the following:

- review and describe the current context of the nurse practitioner role in WA
- identify existing challenges preventing nurse practitioners working to their full scope of practice
- evaluate and highlight current areas of opportunity
- identify and recommend strategies to promote an innovative and sustainable nurse practitioner MoC
- examine the SHR and its significance for the nurse practitioner workforce.

**Deliverables:** 4 reference papers and 1 addendum paper.

## October 2019 – CNMO forum with WACHS and the South Australian and Northern Territory CNMOs

**Aim:** to explore nurse practitioner models in rural and remote country health settings with similar jurisdictions.

**Deliverables:** the primary outcome from this collaboration was the identified critical need to seek comprehensive and inter-jurisdictional engagement with broader key stakeholders to articulate barriers to practice, and to develop a strategic plan for the nurse practitioner workforce across all sectors.

## December 2019 – nurse practitioner strategic development workshop and report

**Aim:** broad consultation with key stakeholders, across all jurisdictions, to develop a comprehensive and collaborative vision of the nurse practitioner role in Australia, clearly articulating the why, what and how of workforce reform.

**Deliverables:** nurse practitioner strategic development workshop report:

- The CNMO scoping review and collaborative workshop highlighted a significant workforce risk, reflected in most states and territories of Australia.
- The forum facilitated an understanding of stakeholder opinion, experience and knowledge of the nurse practitioner role in Australia. Responses identified existing disparity in the perception of the role, which varied across sectors, jurisdictions and among individual participants.
- Feedback reflected the findings from the literature when examining barriers to practice, and emphasised an inconsistent approach to planning, service mapping, implementation and evaluation of nurse practitioner models across many Australian jurisdictions.
- Strategic health priorities in each state and territory of Australia provide opportunities to build the workforce when strategies are aligned with population health trends and healthcare reform objectives.
- Substantial opportunity for a coordinated and collaborative approach to workforce model innovation and action to build capacity with a standardised framework that establishes a more sustainable nurse practitioner workforce and healthcare reform was identified.

## **September 2020 – development of a 10 year WA nurse practitioner workforce project plan**

**Aim:** the 10-year nurse practitioner workforce project plan identified 2 strategic objectives:

1. To address community need, a sustainable nurse practitioner workforce must be established and enabled to work to full scope of practice. The nurse practitioner workforce must be person-centred, and responsive to the contemporary healthcare environment..
2. To expand a strategically driven and sustainable nurse practitioner workforce, implemented where known health service gaps exist, and embedded where nursing leadership and governance will drive healthcare reform.

**Deliverables:** WA Nurse Practitioner Workforce Innovation Project – endorsed 11 September 2020.

## **May 2021 – establishment of WA Nurse Practitioner Workforce Innovation Advisory Committee**

**Aim:** to provide statewide strategic advice, direction and leadership to the project and to advocate for and support the project to achieve its objectives.

**Deliverables:** terms of reference – endorsed 17 May 2021 (convene 8 weekly).

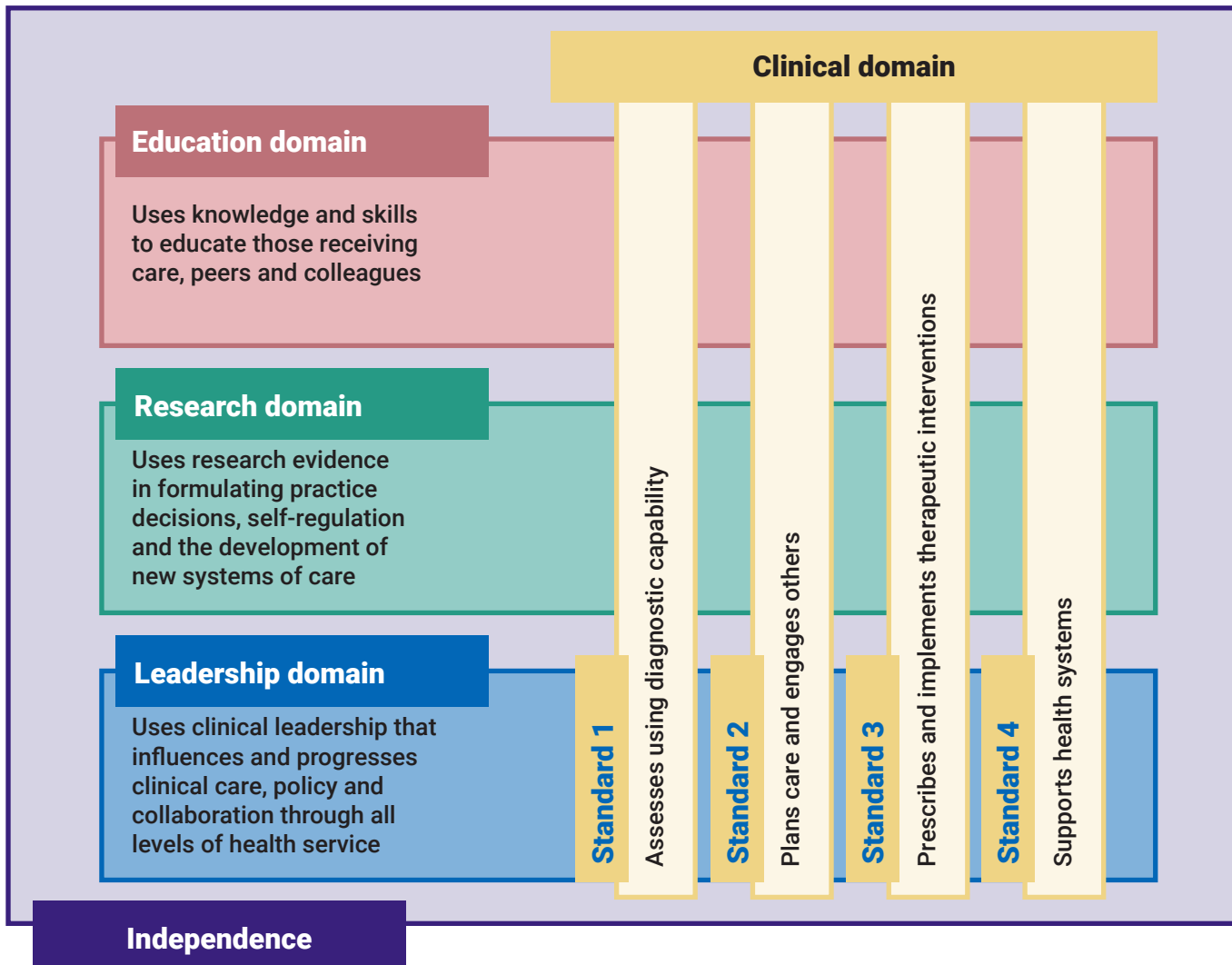
## **June 2021 – National Nurse Practitioner Workforce Innovation Advisory Committee**

**Aim:** to provide national strategic advice, direction and leadership to the project and to advocate for and support the project to achieve its objectives.





**Deliverables:** terms of reference – endorsed 16 July 2021 (convene 3 monthly).

# Appendix B: NMBA Nurse Practitioner Standards for Practice

(Published on 1 March 2021)



# Appendix C: Strategy implementation objectives and priorities

 <p><b>Consumer-driven partnerships</b></p>	 <p><b>High value, high performance</b></p>	 <p><b>Collaboration across systems</b></p>	 <p><b>Future focused leadership</b></p>
Objective	Objective	Objective	Objective
<p>Innovative models of care and nurse practitioner-led services are strengthened and co-developed in genuine partnerships with consumers.</p>	<p>Clinical excellence in the nurse practitioner workforce is promoted and supported to achieve improved patient organisation and system outcomes.</p>	<p>Organisational structures enable nurse practitioners to deliver sustainable and integrated safe patient health care through systemwide collaboration and partnerships.</p>	<p>Nurse practitioner leadership is visible, engaged and aligned with contemporary health policy that responds and adapts to the evolving healthcare environment.</p>
Priority	Priority	Priority	Priority
<p><b>P1.</b> Nurse practitioner-led services are co-developed and co-designed in partnership with consumers to deliver the right care, at the right place, the right time and by the right provider.</p>	<p><b>P3.</b> Systemwide culture enables nurse practitioners to practice to their full scope and ensures value-driven, evidence and outcome-based services.</p>	<p><b>P6.</b> Optimised interprofessional and transboundary collaboration improves healthcare access, equity and safe patient outcomes.</p>	<p><b>P8.</b> Nurse practitioners are enabled to strategically influence healthcare sustainability, policy and practice.</p>
<p><b>P2.</b> Strengthened models of care and innovative nurse practitioner-led services address the needs of diverse and vulnerable patient populations.</p>	<p><b>P4.</b> An evidence and research-driven environment enables nurse practitioners to lead, support or inform research and innovation projects.</p>	<p><b>P7.</b> A sustainable and agile nurse practitioner workforce is built to be responsive to the contemporary healthcare environment.</p>	<p><b>P9.</b> Services are promoted and supported to enable nurse practitioner leadership in driving improvements to consumer, organisation and system outcomes.</p>
	<p><b>P5.</b> Pathways and opportunities are enhanced to support a culture of lifelong learning and a commitment to evidence-based best practice.</p>		

## Appendix D: List of abbreviations and acronyms

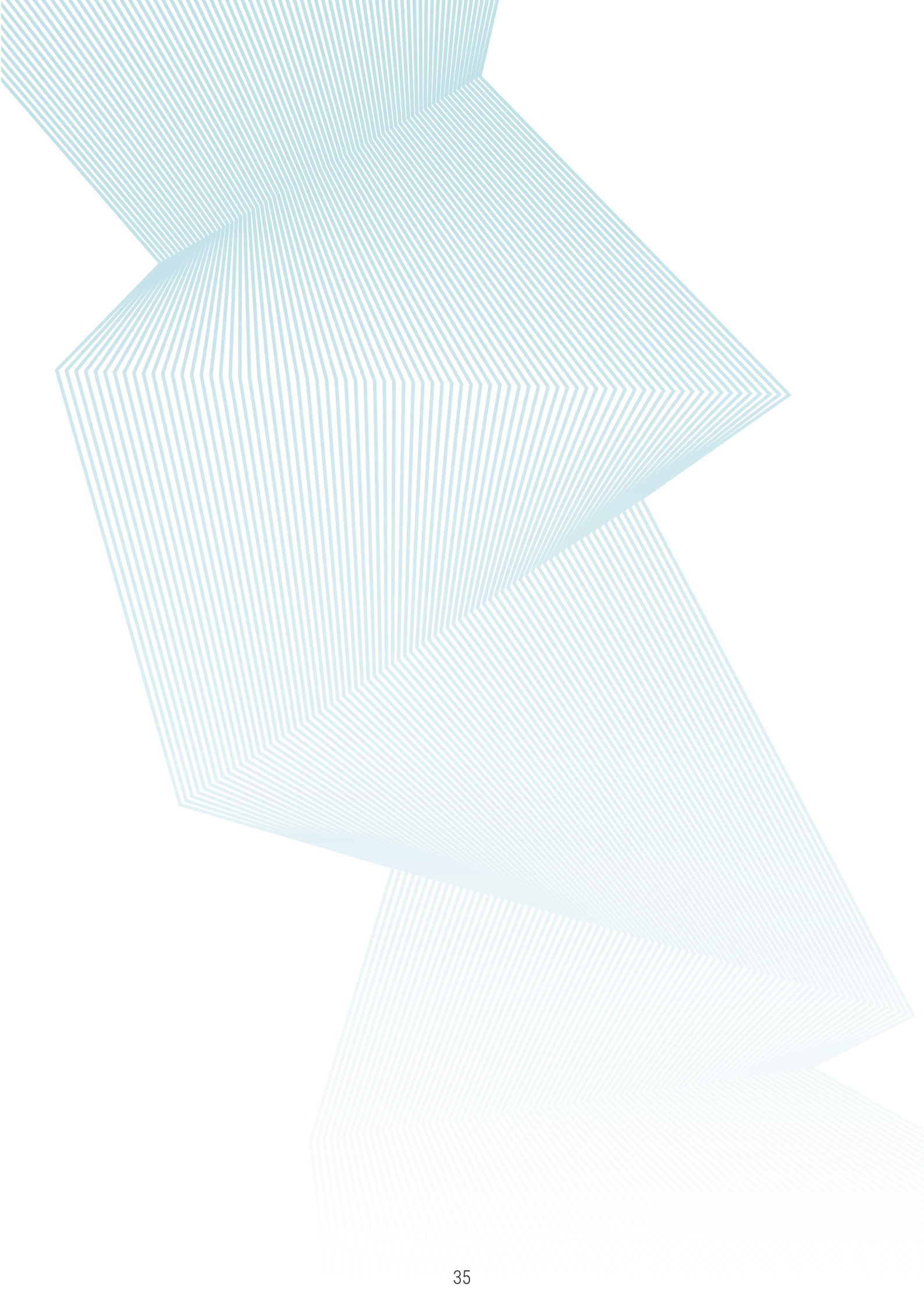
<b>ACN</b>	Australian College of Nursing
<b>CNMO</b>	Chief Nursing and Midwifery Office
<b>ED</b>	Emergency Department
<b>MBS</b>	Medicare Benefits Schedule
<b>MoCs</b>	Models of care
<b>NP</b>	Nurse practitioner
<b>NMBA</b>	Nursing and Midwifery Board of Australia
<b>NSQHS</b>	<i>National Safety and Quality Health Service Standards</i>
<b>PBS</b>	Pharmaceutical Benefits Scheme
<b>RACF</b>	Residential Aged Cared Facility
<b>SHR</b>	<i>Sustainable Health Review</i>
<b>The project</b>	WA Nurse Practitioner Workforce Innovation Project
<b>The strategy</b>	WA Nurse Practitioner Workforce Innovation Strategy
<b>WA</b>	Western Australia



# References

- Australian College of Nursing. (2015). *Nurse Leadership – A White Paper*. Canberra, Australia.
- Australian College of Nursing. (2020). 'Value-Based Health Care through Nursing Leadership – A White Paper by ACN 2020'. Canberra, Australia.
- Australian Commission on Safety and Quality in Health Care. (2017). *National Safety and Quality Health Service Standards*. 2nd ed. Sydney, Australia.
- Australian Government. (2021). *Royal Commission into Aged Care Quality and Safety – Final Report: Care, dignity and respect*. Canberra, Australia.
- Australian Institute of Health and Welfare. (2018). *Australia's Health 2018: 'Chapter 4: Determinants of Health – 4.3 Health literacy'*, 183-185. Canberra, Australia.
- Australian Institute of Health and Welfare (2020) National Health Workforce Dataset. Canberra, Australia.
- Bodenheimer, T., and Sinsky, C. (2014). 'From triple to quadruple aim: Care of the patient requires care of the provider'. *Annals of Family Medicine*, 12(6): 573-576.
- Carrier, J., and Adams, S. (2017). 'Nurse practitioners as a solution to transformative and sustainable health services in primary health care: A qualitative exploratory study'. *Collegian*, 24(6): 525-531.
- Cashin, A., Buckley, T., Donoghue, J., Heartfield, M., Bryce, J., Cox, D., Waters, D., Gosby, H., Kelly, J., and Dunn, S. V. (2015). 'Development of the Nurse Practitioner Standards for Practice Australia'. *Policy, Politics, & Nursing Practice*, 16(1-2): 27-37.
- Centre for International Economics. (2013). *Responsive Patient Centred Care: The economic value and potential of nurse practitioners in Australia – Final Report*. Canberra, Australia.
- Chief Nursing and Midwifery Office, Department of Health WA. (2004). *The Nurse Practitioner Series Vol 1; No. 1*. Perth, Australia.
- Chief Nursing and Midwifery Office, Department of Health WA. (2020). *Western Australia Nursing and Midwifery Digital Health Strategy: Fit for a digital future, every nurse's and midwife's business*. Perth, Australia.
- Chief Nursing and Midwifery Office, Department of Health WA. (2021). *Nursing and Midwifery in Western Australia: A Discussion Paper*. Perth, Australia.
- Chief Nursing and Midwifery Office, Department of Health WA. (2021). *WA Nursing and Midwifery Research and Innovation Strategy*. Perth, Australia.
- Department of Health WA. (2014). *WA Health Aboriginal Workforce Strategy 2014–2024*. Perth, Australia.
- Department of Health WA. (2019). *Sustainable Health Review: Final report to the Western Australian Government*. Canberra, Australia.
- Department of Health WA. (2019). *WA Health Leadership Strategic Intent 2019–2029*. Perth, Australia.
- Department of Health WA. (2020). *WA Health Digital Strategy 2020–2030*. Perth, Australia.
- Grattan Institute. (2018). *Mapping Primary Care in Australia*. Victoria, Australia.
- Hurst, L., Mahtani, K., Pluddemann, A., Lewis, S., Harvey, K., Briggs, A., Boylan, A-M., Bajwa, R., Haire, K., Entwistle, A., Handa, A., and Heneghan, C. (2019). *Defining Value-based Healthcare in the NHS*. London, United Kingdom.
- KPMG. (2018). *Cost Benefit Analysis of Nurse Practitioner Models of Care (Department of Health): Report*. Sydney, Australia.

- Lamb, A., Martin-Misener, R., Bryant-Lukosius, D., and Latimer, M. (2018). 'Describing the leadership capabilities of advanced practice nurses using a qualitative descriptive study'. *Nursing Open*, 5(3): 400-413.
- MacLellan, L., Higgins, I. & Levett-Jones, T. (2015). A game of snakes and ladders: negotiating the 'ups and downs' of endorsement as a nurse practitioner in Australia. *Contemporary Nurse*, 50(2): 139-148.
- Mannion, R., and Davies, H. (2018). 'Understanding organisational culture for healthcare quality improvement'. *The BMJ*, 363: k4907.
- Mental Health Commission, Department of Health WA. (2018). *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025: Plan update 2018*. Perth, Western Australia.
- Nursing and Midwifery Board of Australia. (2016). *Registration Standard: Endorsement as a nurse practitioner*. Melbourne, Australia.
- Nursing and Midwifery Board of Australia. (2021). *Nursing and Midwifery Board of Australia: Nurse practitioner standards for practice*. Melbourne, Australia.
- PwC Australia. (2020). 'The Future of Health in Australia: The time to act is now'. *Health Matters*. Sydney, Australia.
- Ward, M. E., De Brún, A., Beirne, D., Conway, C., Cunningham, U., English, A., Fitzsimons, J., Furlong, E., Kane, Y., Kelly, A., McDonnell, S., McGinley, S., Monaghan, B., Myler, A., Nolan, E., O'Donovan, R., O'Shea, M., Shuhaiber, A., and McAuliffe, E. (2018). 'Using co-design to develop a collective leadership intervention for healthcare teams to improve safety culture'. *International Journal of Environmental Research and Public Health*, 15(6): 1182.
- Whitehead, L., Twigg, D. E., Carman, R., Glass, C., Halton, H., and Duffield, C. (2022). 'Factors influencing the development and implementation of nurse practitioner candidacy programs: A scoping review'. *International Journal of Nursing Studies*, 125: 104133.





This document can be made available in alternative formats.

© Department of Health 2023

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.

[health.wa.gov.au](https://health.wa.gov.au)