



HEALTH DEPARTMENT
OF WESTERNAUSTRALIA

Remote Area Nurse Practitioner

Project Report 2000



Remote Area Nurse Practitioner Project (Western Australia)

Project Report - April 2000

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MINISTER FOR HEALTH

From the Minister

I am pleased to present the Remote Area Nurse Practitioner Project Report developed by the Steering Committee under the chairmanship of Her Honour Judge Antoinette Kennedy.

The Government is committed to providing access to quality health care for all people living in remote areas of Western Australia. The Committee has developed an operational framework for the proposed introduction of remote area nurse practitioners in designated remote areas of Western Australia.

The report contains recommendations to support the introduction, including:

- employment of the remote area nurse practitioner;
- registration of the remote area nurse practitioner;
- education, competence and practice;
- the accreditation of an appropriate education course;
- legislative changes;
- clinical protocols; and
- implementation and evaluation.

The emergence of the remote area nurse practitioner recognises and formalises the extended role that nurses in remote areas fill.

The beneficiaries of this initiative will be the residents of the remote areas of Western Australia, who may not have ready access to local health care services. These people will be assured of quality health care delivered by remote area nurse practitioners with advanced training and skills, designed to meet the daily challenges of living in remote communities.

I also take this opportunity to thank the members of the Steering Committee and everyone who has been involved in the Remote Area Nurse Practitioner Project to date.

I look forward to the next stage of the project.

A handwritten signature in black ink that reads 'John Day'.

JOHN DAY
Minister for Health

STEERING COMMITTEE REPORT

FOR PHASE ONE

OF THE

REMOTE AREA NURSE PRACTITIONER

PROJECT

2000



Mr Alan Bansemer
Commissioner of Health
Health Department of Western Australia
189 Royal Street
EAST PERTH WA 6004

Dear Mr Bansemer

On behalf of the Remote Area Nurse Practitioner Steering Committee I am pleased to present the report of the Remote Area Nurse Practitioner Project that you established in July 1997.

The Committee was very conscious of its responsibility to you in the preparation of this report and was also aware of the interest with which its recommendations would be met, not only by the nursing profession but also by the whole health industry of Western Australia.

It was recognised early in the process that the task of looking at the implementation of the role of the remote area nurse practitioner in Western Australia was extensive and indeed a complex one.

Whilst some of the recommendations require definite legislative changes or approval by yourself, some are in the power of the nursing profession and the rural and remote health services.

On behalf of the Steering Committee Members I am happy to commend the Report to you.

Yours sincerely



Judge Antoinette Kennedy
Chairperson

February 2000

acknowledgements

The members of the Remote Area Nurse Practitioner Steering Committee wish to acknowledge, with gratitude, the many people who have contributed to the information for this report.

Representatives of the various organisations on the Steering Committee have all displayed considerable knowledge, willingness and expertise in the Committee's deliberations. This commitment has allowed this comprehensive report to be endorsed by all Committee Members. Their time, work and effort is acknowledged and appreciated.

The Committee acknowledges the work done by New South Wales Health Department in this area and the results of the New South Wales Nurse Practitioner Project (December 1995) have been used as a benchmark by this Committee, when considering the implementation of the role of the nurse practitioner in Western Australia.

The Committee wishes to record and acknowledge the work of the Nursing Project Officers who have assisted and guided the project. Ms Jeanette Robertson, who initially assisted in the formation and early development of the project and Ms Cathie Gallagher, who has assisted the Committee in completing their requirements. The work of the following people is acknowledged; Ms Susanne Williams, Ms Penny Brown and Mr Phillip Della for providing nursing direction for the committee.

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terms of reference

The terms of reference for the Remote Area Nurse Practitioner Steering Committee were:

1. To determine an operational framework for the implementation of the remote area nurse practitioner including but not limited to aspects such as legislation, registration, clinical protocols and education requirements.
2. To establish project teams to address aspects of the project requiring knowledge outside the expertise of the Committee.
3. To advise and support the project teams.
4. To determine and implement valid mechanisms to evaluate the outcome/s of the role implementation.
5. To report the outcomes and develop the final report, making recommendations for consideration by the Commissioner of Health.

representation on the steering committee

Chairperson, Her Honour Judge Antoinette Kennedy of the District Court of
Western Australia

Australian Medical Association

Australian Nursing Federation (Western Australia)

Council of Remote Area Nurses of Australia (Inc)

Health Consumers' Council Western Australia (Inc)

Health Department of Western Australia

- Chief Medical Officer
- Legal Services
- Principal Nursing Adviser
- Project Officer Nursing
- Rural Health Development Unit

Nurses Board of Western Australia

Royal College of Nursing, Australia (Western Australia Chapter)

Rural Doctors Association of Western Australia

(refer to Appendix A)

executive summary and recommendations

In the remote and rural communities of Western Australia nurses have long provided health services, often the only service, and in this context they have been forced by sheer necessity to function outside the customary and legislative boundaries of their scope of practice. The emergence of the role of the remote area nurse practitioner is a recognition and formalisation of the extended role that these nurses already fulfil. The purpose of formalising the role of the remote area nurse practitioner is to legitimise the advanced scope of practice.

In July 1997 the Commissioner of Health, Alan Barsemer, endorsed a proposal, seeking to formally implement the role of the remote area nurse practitioner in Western Australia. A Steering Committee chaired by Judge Antoinette Kennedy, and consisting of representatives from the Health Department of Western Australia and relevant professional groups was established on 24 February 1998.

The Steering Committee initially reviewed the results of a study completed by the Health Department of New South Wales on the role of the Nurse Practitioner (1995). The New South Wales study was used as the benchmark to review the implementation of the role of the nurse practitioner in Western Australia. It was noted by the Steering Committee that Queensland and South Australia had also referenced this study. The Western Australian implementation of the nurse practitioner role is however focused on the designated remote area sites.

The Steering Committee was assisted in its review by four project teams consisting of the legal project team, the education project team, the funding and evaluation project team and the scope of practice project team. The work of these project teams was considered by the Steering Committee and incorporated into the policy, education tender and proposed legislative changes.

It is envisaged that the beneficiaries of this initiative will be the residents of the remote areas of Western Australia, who may not have ready access to local health care services. These people will be assured of quality health care delivered by remote area nurse practitioners with advanced education and skills, designated to meet the daily challenges offered by remote communities.

The recommendations of the Steering Committee are the result of discussion and negotiation between the members of the committee.

RECOMMENDATION 1: EMPLOYMENT OF THE REMOTE AREA NURSE PRACTITIONER

It is recommended:

- 1.1 that the remote area nurse practitioner be recognised as a legitimate provider of health care in the designated remote area sites of Western Australia;
- 1.2 that the remote area nurse practitioner is a nurse who practices in designated remote area sites of Western Australia (refer to Appendix E for map of designated remote area sites in Western Australia); and
- 1.3 that the remote area nurse practitioner works in partnership with the patient and his/her area general practitioner, and in collaboration with other key health care professional.

RECOMMENDATION 2: REGISTRATION OF THE REMOTE AREA NURSE PRACTITIONER

It is recommended :

- 2.1 that the responsibility for registration of the remote area nurse practitioner be vested with the Nurses Board of Western Australia; and
- 2.2 that the remote area nurse practitioner must maintain annual registration with the Nurses Board of Western Australia and have practised as a remote area nurse practitioner within the last three years.

RECOMMENDATION 3: EDUCATION, COMPETENCE AND PRACTICE

It is recommended:

- 3.1 that the remote area nurse practitioner will be required to complete an appropriate postgraduate diploma which has been accredited by the Nurses Board of Western Australia;
- 3.2 that the recognition of prior learning and practice skills are used to assess level of credits that can be applied towards completion of the accredited postgraduate diploma;
- 3.3 that the remote area nurse practitioner practices within the specified scope of practice, specific policies and practice guidelines relevant to the role;
- 3.4 that the remote area nurse practitioner be responsible for maintaining their clinical competencies in conjunction with their employer; and
- 3.5 that the remote area nurse practitioner acknowledges, understands and is sensitive to the differing cultures and cultural practices of the remote area communities of Western Australia.

RECOMMENDATION 4: ACCREDITATION OF EDUCATION COURSE

It is recommended:

- 4.1 that the remote area nurse practitioner has completed a postgraduate diploma that has been accredited by the Nurses Board of Western Australia;

RECOMMENDATION 5: LEGISLATIVE CHANGES

It is recommended:

- 5.1 that amendment of relevant Acts be made to legitimise the advanced and diverse practice of the remote area nurse practitioner;
- 5.2 that the recommended Legislative changes be made to the:
 - Nurses Act 1992
 - Nurses Rules 1993
 - Poisons Act (1964)
 - Poisons Regulations (1965)
 - Pharmacy Act (1964)
 - Misuse of Drugs Act (1981)
 - Radiation Safety Act (1975);
 - and
- 5.3 that the Nurses Board of Western Australia has the discretionary power to require a remote area nurse practitioner applicant, to take out appropriate professional indemnity insurance cover, as a precondition to registration as a nurse practitioner, if they are not covered by their employer.

RECOMMENDATION 6: CLINICAL PROTOCOLS

It is recommended:

- 6.1 that standing orders and practice guidelines be developed and updated by the area general practitioner, the clinical nurse specialist for the health district and the health service manager;
- 6.2 that when an area general practitioner is not available, the remote area nurse practitioner may order routine diagnostic imaging tests, routine pathology or prescribe certain medication as determined by the Chief Medical Officer, to assist in treatment of the patient; and
- 6.3 that the remote area nurse practitioner will appropriately refer to the Royal Flying Doctor Service or to the area general practitioner after assessing and treating the patient on site.

RECOMMENDATION 7: IMPLEMENTATION AND EVALUATION

It is recommended:

- 7.1 that the implementation and evaluation of the role of the remote area nurse practitioner, be overseen by a Statewide Committee including representatives of the; Australian Medical Association, Australian Nursing Federation (Western Australia), Council of Remote Area Nurses of Australia (Inc), Health Department of Western Australia, Nurses Board of Western Australia, Remote Area Nurse Practitioners, Royal College of Nursing, Australia (Western Australian Chapter), Rural Doctors Association of Western Australia, consumer groups and other organisations as appropriate.



part one

background

The Health Department of Western Australia has employed nurses to provide a comprehensive 24 hour nursing service in remote locations since the early 1970s. These locations are isolated from other health services, hospitals and medical practitioners. While these nurses have long provided nursing care to remote and rural communities, they have by sheer necessity needed to function outside the customary and legislative boundaries of the scope of practice of mainstream of nurses.

The emergent role of the nurse practitioner in Australia more recently has been initiated by the results of research completed by the New South Wales Health Department in December 1995. The results of this study indicated that better health outcomes, cost savings and greater consumer satisfaction with health care services are achievable goals of the implementation of the nurse practitioner role. Research undertaken by the New South Wales Steering Committee in a variety of primary health care settings clearly demonstrates the ability of nurse practitioners to deliver safe, appropriate cost effective care. The research has confirmed the findings of similar studies undertaken in North America where the Nurse Practitioner role is both well established and recognised.

The Commissioner of Health in July 1997 considered recommendations made in a discussion paper on the role of the nurse practitioner in Western Australia (Miller, 1997). The Commissioner endorsed the recommendation to establish a Steering Committee to determine an operational framework for the implementation of the role of the remote area nurse practitioner in designated remote area sites of Western Australia.

Judge Antoinette Kennedy was invited to chair the Steering Committee and representatives from the following were sought:

- Australian Medical Association
- Australian Nursing Federation (Western Australia)
- Council of Remote Area Nurses of Australia (Inc)
- Health Consumers' Council Western Australia (Inc)
- Health Department of Western Australia - Chief Medical Officer
- Health Department of Western Australia - Legal Services
- Health Department of Western Australia - Principal Nursing Adviser
- Health Department of Western Australia - Rural Health Development Unit
- Nurses Board of Western Australia
- Royal College of Nursing, Australia (Western Australia Chapter)
- Rural Doctors Association of Western Australia

Representation on the Steering Committee is outlined on page (vi) and detailed in Appendix A.

The first meeting of the Remote Area Nurse Practitioner Steering Committee was held in February 1998 and the committee met on eleven occasions and was assisted by four project teams.

The scope of practice project team reviewed the role of the remote area nurse practitioner in Western Australia and the clinical protocols associated. It also determined a process for referral to general practitioners and other health service providers and to determine lines of reporting responsibility and accountability.

The legal project team reviewed the required relevant legislation and acts, and recommended changes to the Nurses Act 1992, Nurses Rules 1993, Poisons Act (1964), Poisons Regulations (1965), Pharmacy Act (1964), Misuse of Drugs Act (1981) and the Radiation Safety Act 1975 (refer to Appendix H).


The education project team reviewed the education requirements for the remote area nurse practitioner and developed the request for quotation for the proposed education program. (refer to Appendix C).

A funding and service evaluation project team was established to resource requirements for the Steering Committee.

A copy of the New South Wales Nurse Practitioner Project Stage 3 Final Report (1995) and a discussion paper prepared by the Health Department of Western Australia Principal Nursing Advisers' Office titled "Implementation of the nurse practitioner role in selected health care settings in Western Australia" (Robertson, 1998) were used as background information and a reference point.

The Steering Committee initially examined both of these documents to establish a framework to review the implementation of the remote area nurse practitioner in Western Australia. This included the areas of legislative requirements, education requirements, clinical protocols and policy.

The beneficiaries of this initiative will be the residents of the remote areas of Western Australia who may not have ready access to local health care services. These people will be assured of quality health care delivered by nurses with advanced educational preparation and skills, designed to meet the daily challenges offered by remote communities.



The current Designated Remote Area Nursing Posts in Western Australia are listed in Appendix D. There are a number of health care centres managed by the Silver Chain Nursing Association and the Aboriginal Medical Services where nurses are employed. In the absence of an area medical practitioner these nurses may be called upon to give care which does not fall within the traditional nursing role. Currently decisions to implement specific treatments are made in (remote) consultation with medical staff following assessment of the patient. The current Health Department of Western Australia Remote Area Emergency Nursing Guidelines and the relevant health service policies and standing orders are available to guide these nurses.

The amendment to the Western Australian Poisons Act in June 1994 and the operationalisation of these amendments in 1997 was regarded as a significant step in legitimising the advanced level of practice currently undertaken by remote area nurses (refer to Appendix G). These changes allow nurses working in areas designated as remote to supply certain Schedule 4 poisons under specific conditions. The ability to treat patients on the basis of their need is vital, as the early implementation of appropriate interventions has been shown to result in significantly better outcomes for the patient (refer to Appendix F).

Access to skilled remote area nurse practitioners in these remote areas of Western Australia would provide the members of these communities with health promotion, disease prevention, health maintenance and support, and this care would be provided in a culturally secure and appropriate manner.

part two

development of policy statements and guidelines

Introduction

The policy statement and guidelines were developed by the Steering Committee after much discussion and serious consideration of all the important issues regarding the implementation of the role of the remote area nurse practitioner.

The most important issue was to determine the scope of practice of the remote area nurse practitioner. The scope of practice project team consulted widely with key groups including nurses and doctors working in remote areas to develop several draft papers. These were presented to the members of the committee, and their comments were encouraged.


Following consultation a paper to be considered by the committee was developed based on the following principles.

The Western Australian remote area nurse practitioner would:

- be community based;
- have the clinical and academic competencies to work in remote areas;
- work as part of a team, but frequently in the absence of other team members;
- know what should be done in the absence of a doctor and what should be done following medical intervention; and
- be mindful of the need for collaboration with area general practitioners prior to the referral of patients to other health care agencies.

This final draft was circulated to members of the project team before being presented to the Steering Committee in March 1999.

The Steering Committee agreed that the remote area nurse practitioner would work in partnership with the area general practitioner and that decisions of tertiary referral to a specialist should be made in conjunction with the general practitioner of the area. It was agreed that the scope of practice would be part of a document that would guide the practice of the remote area nurse practitioner. The chairperson recommended that an in-house project team produce a document that would link all areas such as scope of practice, policy statements, guidelines for practice and the regulations that would influence the implementation of the role of the remote area nurse practitioner.



The following is the scope of practice that was finally agreed and accepted by the Steering Committee.

Scope of practice

The remote area nurse practitioner possesses advanced level skills which support the provision of primary health care for individuals and communities. The remote area nurse practitioner establishes collaborative relationships with other health personnel and in particular with one or more general practitioners, in order to ensure that an appropriate range and quality of services is available to consumers in a community or geographical area.

In Western Australia, the title “Remote Area Nurse Practitioner” is reserved for a remote area nurse who is registered as a nurse practitioner with the Nurses Board of Western Australia on the basis of education and competence. Registration entitles the holder to request such investigations as to be able to reach a diagnosis and to prescribe such medications as determined by the Chief Medical Officer, to treat the common conditions in that community or geographical area or to assist in establishing the need to evacuate a patient to another facility. Remote area nurse practitioners have access to sufficient infrastructure to enable them to provide primary health care.

(For details of the Policy Statement and Guidelines please refer to Appendix I).

part three

development of recommendations

RECOMMENDATION 1: EMPLOYMENT OF THE REMOTE AREA NURSE PRACTITIONER

It is recommended:

- 1.1 that the remote area nurse practitioner be recognised as a legitimate provider of health care in designated remote area sites of Western Australia;**
- 1.2 that the remote area nurse practitioner is a nurse who practices in designated remote area sites of Western Australia (see Appendix E for map of designated remote area sites in Western Australia); and**
- 1.3 that the remote area nurse practitioner works in partnership with the patient and his/her area general practitioner, and in collaboration with other key professional health workers.**

There was much discussion by the Committee about the boundaries of where the remote area nurse practitioner would practice. Eventually, there was consensus that the role of the remote area nurse practitioner would be restricted to the designated remote area sites of Western Australia.

It was also agreed that:

- the focus of the remote area nurse practitioner would be on health maintenance, disease prevention and patient and community education in remote areas;
- the remote area nurse practitioner would attend to medical emergencies and would assess, diagnose, treat, refer or arrange evacuation of the patient as required;
- referral to Royal Flying Doctor Services and specialists would occur in liaison with the area general practitioner;
- the remote area nurse practitioner would acknowledge, understand and be sensitive to the differing cultural practices of community members in the remote areas and would work in partnership with health workers.

RECOMMENDATION 2: REGISTRATION OF THE REMOTE AREA NURSE PRACTITIONER

It is recommended:

- 2.1 that the responsibility for registration of the remote area nurse practitioner be vested with the Nurses Board of Western Australia; and**
- 2.2 that the remote area nurse practitioner must maintain annual registration with the Nurses Board of Western Australia and have practised as a remote area nurse practitioner within the last three years.**

There was considerable discussion on this important issue and where the responsibility for registration should be. It was agreed that demonstrated competence to practice and formal recognition of such competence will be integral to the successful implementation of the role of the remote area nurse practitioner.

The Nurses Board of Western Australia has agreed to coordinate and manage the registration process for the remote area nurse practitioner. The Nurses Act 1992 will be amended to allow remote area nurse practitioners to be registered with the Nurses Board of Western Australia.

It was noted by the Nurses Board of Western Australia that remote area nurse practitioners would always remain accountable for their own practice and would be liable to discipline by the Nurses Board for breaches of the Nurses Act 1992, regardless of additional endorsement or registration.

It was agreed that the regulating Legislation (Western Australian Nurses Act 1992) should be amended to make the title “Nurse Practitioner” a protected title under the Act.

The following amendments to Nurses Act 1992 were recommended by the legal project team:

Section 22A Insert after Section 22 Registration of natural persons:

- (1) Any person who is registered or entitled to be registered as a nurse may apply to the Board for registration to practice as a nurse practitioner.
- (2) The Board may register a person to practice as a nurse practitioner only if the Board is satisfied that the person holds an approved educational qualification to be entitled to be registered to practice as a nurse practitioner.

Section 26 Provisional registration, Section 27 Temporary registration , Section 28 Provisions relating to sections 26 and 27 and Section 30 Effect of registration should be amended or a new provision should be inserted to provide for the nurse practitioner.

Section 33 The register

Nurse practitioners can only practice as a nurse practitioner at a designated remote area nursing post. Where the nurse practitioner is or will be employed, at the date of registration or renewal of registration, will need to be recorded in the register.

Section 41 Removal of name of nurse who has not practiced, or trained, for 5 years.

A new provision should be inserted after section 41, Section 41A Recency of practice - nurse practitioner, to provide for the removal of the name of a nurse practitioner from the register if they have not practised as a nurse practitioner for the past 3 years or completed a qualification or a refresher course in nursing approved by the Board.

Section 48 Pretending to be registered

Section 48A Unregistered persons not to hold themselves out as a nurse practitioner to be inserted after section 48.

A person must not:

- (a) claim to be or hold himself or herself out as being a nurse practitioner or entitled to practise as a nurse practitioner; or
- (b) take or use any name, initials, word, title, addition, symbol or description which, having regard to the circumstances in which it is taken or used:
 - (i) indicates, or
 - (ii) is capable of being understood to indicate, or
 - (iii) is likely to lead persons to infer,that the person is a nurse practitioner or entitled to practice as a nurse practitioner, unless the person is registered by the Board to practise as a nurse practitioner.

Penalty applicable to this section:

- (a) for a first offence, \$2500
- (b) for a second or subsequent offence, \$5000

The following information was also noted:

- the Nurses Board of Western Australia is to set fees for application for registration;
- registration is to be renewed on an annual basis;
- a nurse practitioner will be registered in Division 1 of the register;
- a nurse practitioner will only be able to practise at a remote site designated by the Commissioner of Health. Therefore a person who applies to be registered as a nurse practitioner will have to establish that they are or will be employed at a designated remote area site. It is an important part of the definition of a nurse practitioner that a nurse practitioner can only practice as a nurse practitioner at a designated site;
- under regulation 11 of the Poisons Regulations 1965 the Commissioner of Health is empowered to designate a remote area site to be a remote area nursing post. The current remote area sites are designated as remote sites for the purpose of nurse practitioners.

Several amendments of Nurses Rules 1993 were also recommended by the Legal project team:

Rule 4 Evidence for registration of natural persons

As nurse practitioners will only be able to practise at a designated remote area nursing post, where the applicant is or will be employed will be necessary information for registration and should be provided for under rule 4.

Rule 13 Application for renewal of registration

This rule needs to be amended to reflect that:

- (a) a nurse practitioner at the time of renewal of registration must have practiced as a nurse practitioner within the immediate past 3 years;
- (b) as nurse practitioners will only be able to practice at a designated remote area nursing post, where the nurse practitioner is or will be employed is necessary information for registration and should be provided for under rule 4 (refer to Appendix H).

RECOMMENDATION 3: EDUCATION, COMPETENCE AND PRACTICE

It is recommended:

- 3.1 that the remote area nurse practitioner will be required to complete an appropriate postgraduate diploma which has been accredited by the Nurses Board of Western Australia;**
- 3.2 that the recognition of prior learning and practice skills are used to assess level of credits that can be applied towards completion of the accredited postgraduate diploma;**
- 3.3 that the remote area nurse practitioner practices within the specified scope of practice, specific policies and practice guidelines relevant to the role;**
- 3.4 that the remote area nurse practitioner be responsible for maintaining their clinical competencies in conjunction with their employer; and**
- 3.5 that the remote area nurse practitioner acknowledges, understands and is sensitive to the differing cultures and cultural practices of the remote area communities of Western Australia.**

The education project team met to discuss the many issues regarding the education requirements for the remote area nurse practitioner.

The outcome of these discussions is outlined below.

Educational requirements of existing and future remote area nurse practitioners

It was agreed that the educational requirements of remote area nurse practitioners be considered in conjunction with the Scope of Practice and the Remote Area Nurse (RAN) Competencies (1999). Furthermore it was considered that the competencies required by the remote area nurse practitioner would provide the basis of the legislation changes.

Proposed level of the program

The committee recommended that registered nurses, without experience seeking to qualify as remote area nurse practitioners, should undertake a one year preparation at postgraduate diploma level. It was suggested that a research unit be included in the program, should the students wish to articulate their studies with a (generic) Master degree in nursing.

It was pointed out that entry to postgraduate studies normally required an undergraduate degree and that many existing Remote Area Nurses (RANs) do not have such a degree. It was therefore agreed to make provision for the direct entry of RANs in this category to a course similar in structure to the executive certificate courses conducted by some universities. Successful completion of such a program could provide advanced standing for entry into the postgraduate diploma.

Theoretical content

It was noted by the Committee that all existing courses for RANs were based on a primary health care framework and there was little variation in their content.

It was recommended that:

- public health
- physical assessment
- pharmacology/pharmacokinetics
- indications for referral
- diagnostic tests
- cross cultural nursing/cultural security (refer to Appendix B)

be the basis of a curriculum, designed to prepare remote area nurse practitioners. Furthermore, it was suggested that the content of existing programs be used as a guide during course development and that the RAN Competencies be considered when writing the content.

Practical component

A practical component was deemed to be an essential part of a remote area nurse practitioner course. Issues regarding the clinical component discussed by the group included:

- the need to produce a nurse at the end of the course who was a life long learner, flexible and adaptable enough to practise in a remote setting;
- the need for the nurse to acquire competencies for remote area nursing, rather than a set of specific skills to practise in a single location;
- the need to provide experience in an Aboriginal community;
- the need for the nurse to have experience in accident and emergency nursing;
- the desirability of the nurse rotating through a variety of clinical placements, while undertaking practical work;
- the need to provide opportunities for experienced RANs to challenge this aspect of the program.

Impact of Telenursing

It was suggested that telephone triage and other relevant elements of the Telenursing program should be considered for inclusion in the course. It was pointed out that while triage could be included, the infrastructure for Telenursing was not yet available in all remote areas and that the issue of indemnity was yet to be addressed.

Course applicants

It was suggested that approximately 20 applicants, with a wide range of experience, could be expected to undertake the course each year. It was noted that financial assistance through scholarships may encourage nurses to enrol.

Recognition of Prior Learning

Members acknowledged that there needed to be alternative pathways to acquiring remote area nurse practitioner status for experienced RANs. It was agreed that opportunities to attain this status be made available to this group through the provision of challenge assessments, or combinations of coursework and challenge assessments (ie. at Executive Certificate Level). In view of previous experience in the area, it was agreed that the universities were well placed to manage the issues related to the recognition of prior learning.

Process of recognition

Attainment of competency to practise in remote areas - rather than theoretical knowledge, was reported to be the priority of the Nurses Board of Western Australia.

A list of competency based criteria for recognition as a remote area nurse practitioner will need to be developed. Existing RANs could then apply for recognition on the basis of their competence and previous experience. It was recognised that some nurses could be immediately eligible for the executive certificate (or similar standing), by satisfying credential reviewers that they meet the designated competencies. The majority of nurses, however, would need to complete study programs tailored to meet their learning needs.

Lengthy discussion ensued as to what the competencies should be. Ultimately it was agreed:

- that the program providers consider the National RAN Competencies and the Western Australian Scope of Practice for the remote area nurse practitioner when developing the education program;
- that any program devised for the education of remote area nurse practitioners should aim to produce a nurse who meets the national competencies;
- that the Remote Area Nurse Practitioner Steering Committee or similar group should review the final course competencies to assess their relevance to Western Australia's needs as the National RAN competencies do not cover all aspects of remote area nurse practitioner practice; and
- that the remote area nurse practitioner scope of practice is likely to increase as the role develops and that additional competencies will subsequently be required.

Other issues of concern by the project team were:

- that the postgraduate diploma should not be available to new graduates;
- that the development of the curriculum is not within the scope of the project team;
- that the program be available in flexible mode;
- that the remote area nurse practitioner Steering Committee reconvene the Education project team or similar group to review the tenders and the education content of the course.

A "Request for quotation for development of an education program for remote area nurse practitioners" - Tender Document has been developed by the Steering Committee (refer to Appendix C).

RECOMMENDATION 4: ACCREDITATION OF EDUCATION COURSE

It is recommended:

- 4.1 that the remote area nurse practitioner has completed a postgraduate diploma that has been accredited by the Nurses Board of Western Australia.**

The Nurses Board of Western Australia have agreed to review and approve the education course that will lead to registered nurses being registered as remote area nurse practitioners in Western Australia.

RECOMMENDATION 5: LEGISLATIVE CHANGES

It is recommended:

- 5.1 that amendment of relevant Acts be made to legitimise the advanced and diverse practice of the remote area nurse practitioner;**

- 5.2 that the recommended Legislative changes be made to the:**
Nurses Act 1992
Nurses Rules 1993
Poisons Act (1964)
Poisons Regulations (1965)
Pharmacy Act (1964)
Misuse of Drugs Act (1981)
Radiation Safety Act (1975); and
- 5.3 that the Nurses Board of Western Australia has the discretionary power to require a remote area nurse practitioner applicant to take out appropriate professional indemnity insurance cover, as a precondition to registration as a nurse practitioner, if they are not covered by their employer.**

The Legal project team met to:

- identify elements of health care legislation which are relevant to advanced practice
- determine those elements of advanced nursing practice which may be in conflict with current legislation
- work to attain congruency between practice and legislation.

As a result of these discussions, seven Western Australian Acts of Parliament have been identified as requiring changes. A “Drafting instructions - Nurses Act Amendment Bill” was developed which identified the potential changes. This was distributed to the members of the Steering Committee for comment (refer to Appendix H).

The recommendation from the legal project team was that the Nurses Act 1992 requires changes to:

- allow the Nurses Board of Western Australia to authorise certain registered nurses to practise as nurse practitioners;
- prevent an unauthorised person from using the title “Nurse Practitioner” or otherwise holding himself or herself out to be a nurse practitioner;
- allow the Chief Medical Officer of the Health Department of Western Australia to approve guidelines relating to the functions of nurse practitioners, and to allow such guidelines to make provision for the possession, use, supply and prescription of certain substances by nurse practitioners.

Final agreement was reached on these matters after further consultation occurred with representatives from the Nurses Board of Western Australia and the Health Department of Western Australia. The Health Department of Western Australia representatives were the Chief Medical Officer, Legal Services representative and the Principal Nursing Adviser.

The legal project team also recommended that the remote area nurse practitioner be required to notify the Nurses Board of Western Australia if their practice situation changes.

Professional Indemnity Insurance

The legal project team produced a discussion paper on the issue of Professional Indemnity Insurance cover for the remote area nurse practitioner. This paper was distributed to members of the Steering Committee for comment and consequently, extensive discussion by the Steering Committee took place.

The main points of this discussion paper included:

- If employed in the public sector the nurse would be covered by Riskcover, the Government's insurer;
- If employed by a private sector organisation generally the nurse would be covered by the employer's vicarious liability. However, there is no legal requirement on the part of the employer to be insured;
- If the nurse is self employed then again there is no legal requirement for him/her to carry personal indemnity insurance.

Concerns were raised by members of the Steering Committee that some professionals were legally obliged to take out professional indemnity insurance eg. lawyers. However, the government has not to date mandated that health professionals carry similar insurance. Issues such as protection of consumers and other members of the health area and the role of the Nurses Board of Western Australia in "exercising discretion" regarding personal indemnity insurance for nurses who are self-employed were discussed in depth. The important point was raised that in the main nurses working as remote area nurse practitioners would be employed in the public sector or by a private organisation such as the Silver Chain Nursing Association or Aboriginal Medical Services.

The recommendation on this issue from the legal project team was that, consistent with the position in the template legislation, the Osteopaths Act 1997, the Nurses Board of Western Australia have the discretionary power to require a remote area nurse practitioner applicant to take out appropriate professional indemnity insurance cover, as a precondition to registration as a nurse practitioner. It is anticipated that this discretion would be exercised in circumstances where the nurse practitioner is not covered by the professional indemnity cover of her employer or principal, but is to be self-employed.

The following amendment to section 32 of the Nurses Act 1992 was recommended:

That section 32A Occupational Liability Insurance be inserted after section 32.

Section 32A

- (1) The Board may impose as a condition of registration, or renewal of registration, of a person that the person is required to hold insurance against civil liability arising (in tort, contract or otherwise) directly or vicariously from anything done or omitted by that person acting in the performance of nursing as a nurse practitioner.
- (2) The Board may set standards with which the insurer must comply.

The following information was also noted:

- that this provision is adopted from the provision in the Osteopaths Act 1997;
- that the provision is to only apply to nurse practitioners and not nurses;
- that if the Board decides to impose, as a condition, the requirement that the practitioner hold occupational liability insurance, it should also be made clear that if the practitioner is employed this requirement is satisfied if the practitioner is indemnified by their employer.

RECOMMENDATION 6: CLINICAL PROTOCOLS

It is recommended:

- 6.1 that standing orders and practice guidelines will be developed and updated by the area general practitioner, the clinical nurse specialist for the health district and the health service manager;**
- 6.2 that when an area general practitioner is not available, the remote area nurse practitioner may order routine diagnostic imaging tests, routine pathology or prescribe certain medication as determined by the Chief Medical Officer to assist in treatment of the patient; and**
- 6.3 that the remote area nurse practitioner will appropriately refer to the Royal Flying Doctor Service or to the area general practitioner after assessing and treating the patient on site.**

Discussion by the Steering Committee on this issue determined that the content of these protocols would:

- be developed in accordance with local needs;
- be developed with reference to the current Health Department of Western Australia Remote Area Emergency Nursing Guidelines and other relevant documentation; and
- reflect the working relationship between health care team members.

It was agreed that the above information would be considered when developing the practice protocols for the remote area nurse practitioner.

The legal project team recommended that amendments to Section 82 of the Nurses Act 1992 be made regarding the guidelines for remote area nurse practitioners.

Section 82A Guidelines relating to functions of nurse practitioner to be inserted after section 82.

- (1) The Chief Medical Officer may from time to time approve guidelines relating to the functions of nurse practitioners;
- (2) The guidelines may make provision for the possession, use, supply or prescription by a nurse practitioner of any poison, including by specifying:
 - (a) the poisons (if any) that may be possessed, used, supplied or prescribed by the nurse practitioner, and
 - (b) the circumstances (if any) in which a poison may be so possessed, used, supplied or prescribed;
- (3) The guidelines may include such other matters relating to the functions of nurse practitioners as the Chief Medical Officer considers appropriate;
- (4) A contravention by a nurse practitioner of the approved guidelines does not give rise to an offence but may constitute a disciplinary matter;
- (5) In this section poison has the same meaning as in the Poisons Act 1964.

It was agreed by the committee that the remote area nurse practitioner may order routine diagnostic imaging tests, routine pathology or prescribe certain medication as determined by the Chief Medical Officer to assist in treatment of the patient when an area general practitioner is not available. Therefore the following amendments to the relevant acts need to be made.

The legal project team recommended amendment of section 20 of the Poisons Act 1964, that section 20A be inserted after section 20.

Section 20A Chief Medical Officer may authorise the nurse practitioner to possess, use, prescribe or supply substances

- (1) The Chief Medical Officer may, by means of a written authorisation, authorise a nurse practitioner, or class of nurse practitioners, to possess, use, supply or prescribe any poison for the purposes of the practice of a nurse practitioners profession.
- (2) Such an authority is to be given only if the Chief Medical Officer approves guidelines, under section 82A of the Nurses Act 1992, that provide for the possession, use, supply or prescription of poisons by nurse practitioners and is to be given in accordance with those guidelines.
- (3) The Chief Medical Officer may amend or revoke any authorisation given under this section.

It is important to note that:

- the nurse practitioners are only to possess, use, supply or prescribe poisons provided for under Schedules 1 and 4 and not drugs of addiction;
- under the Poisons Act 1964 a registered nurse at a designated remote area nursing post may supply certain poisons;
- the remote sites are designated by the Commissioner of Health (refer to Appendix D);
- supply is only relevant to Schedule 4 poisons specifically listed in the standing orders and excludes psychoactive poisons;
- supply must be for the treatment of an acute medical condition specified in the standing orders;
- supply must comply with the written standing orders signed by a medical practitioner and approved in writing by the Commissioner of Health (refer to Appendix F and G).

Radiation Safety Act 1975

It was agreed by the committee that when an area general practitioner is not available, the remote area nurse practitioner may order routine diagnostic imaging tests, so therefore amendment to the Radiation Act is recommended.

(Refer to: Appendix H for amendments to the Poisons Act (1964), Poisons Regulations (1965), Pharmacy Act (1964), Misuse Drugs Act (1981) and the Radiation Safety Act (1975). Appendix F for Supply of Schedule 4 Poisons at Designated Remote Area Nursing Posts. Appendix G for Standing Orders for Designated Remote Area Nursing Posts).

Recommendation 7: Implementation and Evaluation

It is recommended:

- 7.1 that the implementation and evaluation of the role of the remote area nurse practitioner, be overseen by a Statewide Committee including representatives of the: Australian Medical Association, Australian Nursing Federation (Western Australia), Council of Remote Area Nurses of Australia (Inc), Health Department of Western Australia, Nurses Board of Western Australia, Remote Area Nurse Practitioners, Royal College of Nursing, Australia (Western Australian Chapter), Rural Doctors Association of Western Australia, consumer groups and other organisations as appropriate.**

It is anticipated that the tasks for this Statewide Committee will be:

- to determine performance indicators / health outputs which may be used to evaluate the appropriateness and quality of the service;
- to determine the time frame for evaluation of the service provided by the remote area nurse practitioner;
- to ascertain the cost of providing the service;
- to evaluate the service at predetermined intervals following the implementation of the role;
- to determine arrangements for the funding of current positions;
- to ascertain possibility of access to general funds and special funding programs by health services;
- to determine remuneration scales for salaried, sessional or contracted remote area nurse practitioners;
- to consider industrial relations issues regarding Enterprise Bargaining Award/ Work Place Agreements;
- to explore the issues relating to refunds for services provided by remote area nurse practitioners by health funds.





part four conclusion

The role of the remote area nurse practitioner will make a valuable contribution to health care services by providing a highly skilled and advanced nursing service that works collaboratively with the medical profession and other key health professionals in the designated remote area sites of Western Australia.

Some nurses in Western Australia already function in advanced practice roles. In some situations, particularly in rural or remote settings, they have been required to function outside the legal and customary parameters.

The implementation of the role of the remote area nurse practitioner will enable the provision of cost effective health outcomes, greater consumer satisfaction and will offer recognition and support to the expanded scope of practice.

Remote area nurse practitioners also need to acknowledge, understand and be sensitive to the differing cultures and cultural practices of the remote areas in Western Australia, for example, an understanding of Aboriginal people, families, lifestyle, and the strong kinship relation to everyone in the community is integral to achieving health gains in Indigenous communities.

As the Health Department of Western Australia is committed to providing access to quality health care for all West Australians, the implementation of the role of the remote area nurse practitioner will assist in the delivery of these services to the communities in the designated remote area sites of Western Australia.

part five

list of appendices

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**STEERING COMMITTEE REPRESENTATIVES AND DATES OF
MEETINGS ATTENDED**

Chairperson	Meetings attended
Judge Antoinette Kennedy District Court of Western Australia	20/03/98 08/05/98 03/07/98 04/09/98 25/10/98 11/12/98 19/03/99 23/07/99 10/09/99 10/12/99
Australian Medical Association	
Dr Julie Copeman	08/05/98 03/07/98 04/09/98 25/10/98 11/12/98 19/03/99 23/07/99 10/09/99 10/12/99
Australian Nurses Federation (Western Australia)	
Ms Marea Vidovich Research & Resource Officer	24/02/98 20/03/98 08/05/98 03/07/98 04/09/98 11/12/98 19/03/99
Mr James Taylor Professional Development Officer	23/07/99 10/09/99 10/12/99

Council of Remote Area Nurses of Australia (Inc)	
Ms Isabelle Ellis Remote Area Nurse	24/02/98
	08/05/98
	25/10/98
	10/09/99
	10/12/99
Ms Leslie Czuslowski	03/07/98
Ms Sue Lenthall	23/07/99
Health Consumers' Council Western Australia (Inc)	
Ms Maxine Drake	20/03/98
	04/09/98
	25/10/98
	19/03/99
Ms Michele Kosky	08/05/98 10/09/99
Ms Margot Boetcher	03/07/98 11/12/98 23/07/99 10/12/99
Health Department of Western Australia	
Dr Bryant Stokes Chief Medical Officer (*Chairperson)	*24/02/98
	20/03/98
	08/05/98
	25/10/98
	11/12/98
	09/03/99
	10/09/99
10/12/99	
Ms Penny Brown A/Principal Nursing Adviser	08/05/98
	04/09/98
	25/10/98
	11/12/98
	19/03/99
23/07/99	
Ms Susanne Williams Chief Nursing Officer	24/02/98
	20/03/98
Dr Kathy Innes GP Liaison Officer	04/09/98



Ms Jenny Pickworth Legal Services	24/02/98 20/03/98 08/05/98 03/07/98 11/12/98 19/03/99 23/07/99 10/09/99 10/12/99
Ms Lisa Briggs Legal Services	04/09/98
Mr Phillip Della Principal Nursing Adviser	23/07/99 10/09/99 10/12/99
Ms Jeanette Robertson Project Officer, Nursing	24/02/98 20/03/98 08/05/98 03/07/99 04/09/98 25/10/98
Cathie Gallagher Project Officer, Nursing	19/03/99 10/09/99 10/12/99
Ms Gloria Sutherland Nurse Adviser, Marketing	23/07/99
Ms Melissa Vernon Rural Health Development Unit	24/02/98 20/03/98 23/07/99
Ms Una Hobday Rural Health Development Unit	08/05/98 03/07/98 04/09/98 25/10/98 19/03/99
National Remote Area Nurse Project	
Ms Tracey Ashton Project Officer	25/10/98
Nurses Board of Western Australia	
Ms Beryl Cosgrove	24/02/98

Ms Rhea Hitchins Chief Executive Officer	20/03/98 08/05/98 04/09/98 25/10/98 11/12/98 19/03/99
Ms Gillian Evans Manager – Professional Services	23/07/99 10/09/99 10/12/99
Royal College of Nursing, Australia (Western Australian Chapter)	
Ms Bronwyn Jones President	24/02/98 08/05/98 25/10/98
Dr Rycki Maltby	20/03/98 03/07/98
Ms Jennie Sharp	23/07/99 10/09/99 10/12/99
Rural Doctors Association of Western Australia	
Dr David Mildenhall President	24/02/98 20/03/98 08/05/98 03/07/98 04/09/98 25/10/98 11/12/98 19/03/99 23/07/99 10/09/99
Dr Mike Butcher	24/02/98 20/03/98 04/09/98 25/10/98 19/03/99 23/07/99 10/12/99



GLOSSARY AND ACRONYMS

Accreditation

“Is the process by which an educational program is evaluated and then recognised as having met certain predetermined standards of education”
(Romaine-Davis, A. 1997. p. 30).

Credentialling

“Credentialling is the means by which the profession ensures the quality and safety of care provided by nurse. The term refers to the ways in which professional competence is ensured and maintained”
(Romaine-Davis, A. 1997. p. 30).

Cultural security

“The concept of cultural security embraces the uniqueness of Aboriginality. It is based on the principles of self-determination to empower the local Aboriginal communities to maintain, protect and practise traditional knowledge around beliefs, values, customs and heritage”
(HDWA. Indigenous Cultural Security Health Policy. 1999. p. 6).

Primary Health Care

“Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determination. It is the first level of contact of individuals, the family and community, with national health systems, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process”

Interpretation of this for remote and rural areas includes at least the following eight principles:

“education concerning prevailing health problems and the methods of preventing and controlling them; promotion of food supply and proper nutrition; an adequate supply of safe water and basic sanitation; maternal and child health care, including family planning; immunisation against the major infectious diseases; prevention and control of locally endemic diseases; appropriate treatment of common disease and injuries; and provision of essential drugs”

(World Health Organisation. Alma-Ata. (1978). p. 198).

“Registered” nurse

Means registered under Part 3 of Western Australian Nurses Act 1992

It is an offence under Section 47 that

“a person shall not use the title “registered nurse” unless the person’s name is entered in division 1 of the register”

(Western Australian Nurses Act 1992. p. 32).

Remote area nurse practitioner

“In Western Australia, the title “remote area nurse practitioner” is reserved for a remote area nurse who is registered as a nurse practitioner on the basis of education and competence. Registration entitles the holder to request such investigations as to be able to reach a diagnosis and to prescribe such medications as determined by the Chief Medical Officer, to treat the common conditions in that community or geographical area or assist in establishing the need to evacuate a patient to another facility.

The remote area nurse practitioners have access to sufficient infrastructure to enable them to provide primary health care”
(HDWA. 2000. Remote Area Nurse Practitioner Project Report. p. 48).

Scope of practice

“The remote area nurse practitioner possesses advanced level skills, which support the provision of primary health care for individuals and communities.

The remote area nurse practitioner establishes collaborative relationships with other health personnel, and in particular with one or more general practitioners, in order to ensure that an appropriate range and quality of services is available to consumers in a community or geographical area”

(HDWA. 2000. Remote Area Nurse Practitioner Project Report. p. 48).

Acronyms

AHW	Aboriginal Health Worker
AMA	Australian Medical Association
CRANA	Council of Remote Area Nurses of Australia
CSD	Clinical Services Directorate
CMO	Chief Medical Officer
HDWA	Health Department of Western Australia
PHC	Primary Health Care
RAN	Remote Area Nurse
RANs	Remote Area Nurses

A Request for Quotation for the Development of an Educational Program for remote area nurse practitioners has been developed by the Steering Committee.

The Health Department of Western Australia will be seeking quotations from suitably qualified consultant/educators to provide this education program through:

- determining the competencies required by nurses fulfilling the role of the remote area nurse practitioner;
- collaboration with relevant organisations, to identify additional skills and knowledge;
- examining the educational programs, either currently offered or under development by the education and service sectors for remote area nurses in Australia, to determine the congruency of these programs with competencies identified as being essential to ensure safe practice;
- exploring the possibility of upgrading existing programs so that they provide the opportunity to attain competency in the essential skills;
- determining the entry requirements (including formal education and experience) for nurses assuming the role of the remote area nurse practitioner;
- recommending strategies for recognition of prior learning/experience in respect to the above;
- recommending strategies for the provision for the preceptorship of nurses undertaking remote area nurse practitioner education;
- recommending strategies for the ongoing education/maintenance of competencies of the remote area nurse practitioner
- recommending strategies for the provision of a re-registration program for the remote area nurse practitioner.

POISONS ACT 1964

POISONS REGULATIONS 1965

(Regulation 11)

DESIGNATION OF REMOTE AREA NURSING POSTS

I, Alan Bansemer, Commissioner of Health, acting pursuant to regulation 11 of the *Poisons Regulations 1965* hereby designate the remote area sites specified in the Schedule to this instrument to be “**remote area nursing posts**” for the purposes of that regulation.

SCHEDULE
Remote Area Sites

Balgo Hills (Wirrimanu)	Mount Barnett (Kupungarri)
Billiluna	Mount Elizabeth
Bremer Bay	Mount House
Cervantes	Mulan
Coonana	Noonkanbah (Yungngora)
Doduan	Nullagine
Gibb River Station	One Arm Point (Bardi)
Imintji	Oombulgurri
Jigalong	Parngurr (Cotton Creek)
Kalumburu	Punmu
Kunawarritji (Well33)	Tjuntjunjarra (Paupiyala Tjarutja)
Lake Varley	Wangkatjungka
Lombadina	Warmun
Looma	Yandeyarra

DESIGNATED REMOTE AREA NURSING POSTS AS OF 23 DECEMBER 1998

Update list as provided by Murray Patterson,
Chief Pharmacist, Public Health Service,
Health Department of Western Australia

Abrolhos Island

Balgo Hills (Wirrimanu)

Billiluna

Bremer Bay

Cervantes

Coonana

Dodnun

Gibb River Station

Imintji

Jigalong has been removed from the list

Kalumburu

Kunawarritji (Well 33)

Lake Varley

Lombadina

Looma

Marble Bar

Mount Barnett (Kupungarri)

Mount Elizabeth

Mount House

Mulan

Nookenhah (Yungngora)

Nullagine

One Arm Point (Bardi)

Oombulgurri

Mount Barnett (Kupungarri)

Mount Elizabeth

Mount House

Mulan

Nookenhah (Yungngora)

Nullagine

One Arm Point (Bardi)

Oombulgurriarnngurr (Cotton Creek)

Punmu

Strelley Station

Tjuntjunjarra (Paupiyale Tjarutja)

Warralong

Wangkatjungka

Warmun

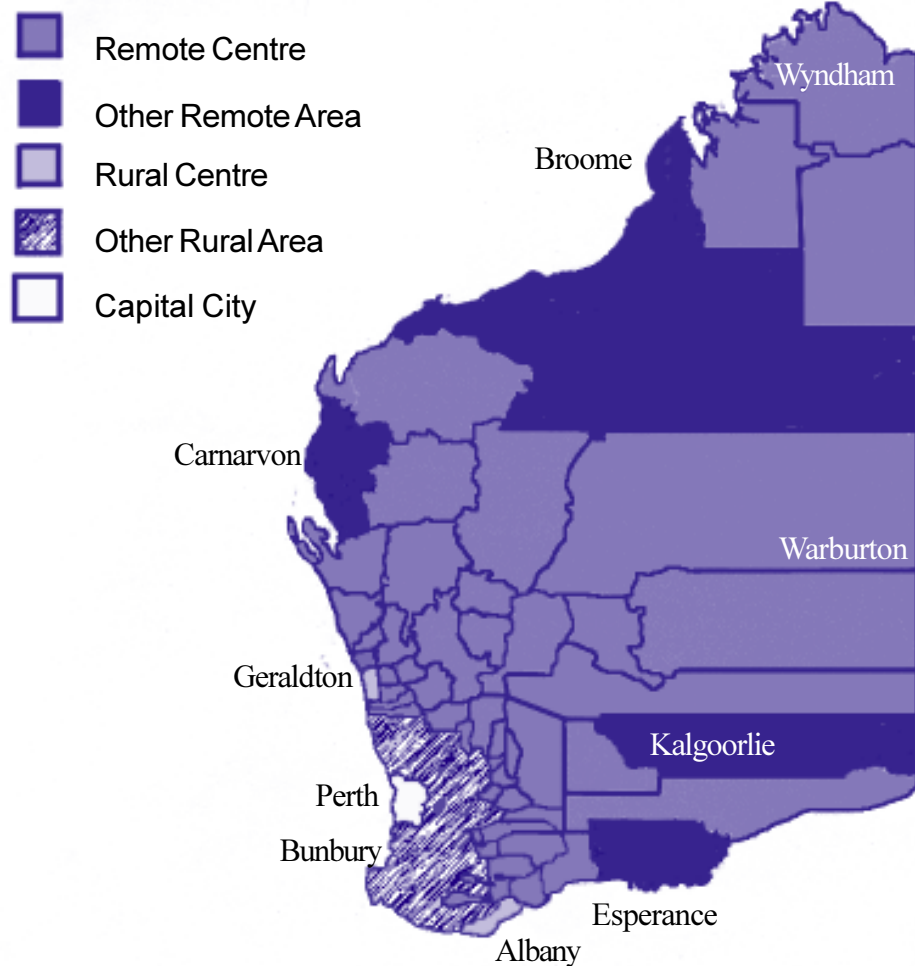
Yandeyarra

Ngaanyatjarra Communities:

(WA communities administered by NT Health Service)

- Blackstone (Papulankutja)
- Cosmo Newberry
- Jamieson (Mantamaru)
- Kiwirrkurra
- Patjarr
- Tjukurla
- Tjirrkarli
- Warakurna
- Wararn
- Warburton
- Wingellina





Rural, Remote and Metropolitan Areas (RRMA) Classification

(Department of Primary Industries and Energy - Department of Human Services and Health, 1994)

Capital City

State and territory capital city statistical divisions.

Large Rural Centre

Statistical Local Areas where most of the population reside in urban centres of 25 000 or more.

Small Rural Centre

Statistical Local Areas in rural zones containing urban centres of population between 10 000 and 24 999.

Other rural area

Remaining Statistical Local Areas within the rural zone containing population less than 10 000.

Remote centre

Statistical Local Areas in the remote zone containing populations of 5000 or more.

Other remote area

All remaining Statistical Local Areas within the remote zone containing urban centres of population less than 5000.

**HEALTH DEPARTMENT OF WESTERN AUSTRALIA
OPERATIONAL INSTRUCTION**

Enquiries to: Susanne Williams (08) 9222.4075 **Number:** OP 0934/97
Murray Patterson (08) 9388 4980 **Date:** 8 July 1997
Supersedes: **File No:**97-01360

**Subject: SUPPLY OF SCHEDULE 4 POISONS AT DESIGNATED
REMOTE AREA NURSING POSTS**

Supply of Schedule 4 Poisons

The Poisons Regulations 1965 [the Regulations] have been amended to authorize a registered nurse working at a designated remote area nursing post (refer to attached list) to supply certain Schedule 4 poisons under specific conditions. The specific Schedule 4 poisons are contained in the attached standing orders which also indicate the acute medical condition for which that poison may be supplied. A registered nurse supplying a poison pursuant to the standing orders must have completed the Departmental Remote Area Nursing Course Module on pharmacology.

Pursuant to Sub-Regulation 36(1)(d)(ii):

- The site is to be designated by the Commissioner of Health as a remote area nursing post;
- supply is only relevant to Schedule 4 poisons specifically listed in the standing orders and excludes psychoactive poisons;
- supply must be by a registered nurse working at a designated remote area nursing post;
- supply must be for the treatment of an acute medical condition specified in the standing orders; and
- supply must comply with written standing orders signed by a medical practitioner and approved in writing by the Commissioner of Health.

Sub-Regulation 36(4) requires the supply to be recorded in the client record cards of the remote area nursing post which must be kept for a minimum of 2 years following the last entry in those records. In addition, any poison Supplied in accordance with the standing orders must be labelled in compliance with Sub-Regulation 21 (1)(a) or 21 (1)(b). The requirements include labelling specifying:

- keep out of reach of children;
- name and strength of the preparation;
- name of patient; and
- name and address of remote area nursing post from where the poison is supplied.

The medication and dosage supplied must comply with accepted clinical practice as set out in standards such as the Antibiotic Guidelines. Particular note should be taken of the section 'Central and Northern Australian and Other Remote Areas'.

If there is any doubt concerning the appropriate use of a poison the registered nurse should contact a medical practitioner.

Review of the Standing Orders

A medical practitioner or registered nurse working at a remote area nursing post(s) may request the addition, amendment or deletion of any poison or acute medical condition from the standing orders.

The request should include:

- the name of the relevant remote area nursing post;
- the reason/s why the Schedule 4 poison or acute medical condition should be added, amended or deleted from the standing orders; and
- where the submission concerns a poison, the generic name of that poison.

The request should be forwarded to the Clinical Services Directorate [CSD] and will be reviewed in consultation with the relevant local doctor. The CSD is responsible for reviewing the standing orders every 12 months. This will be done in conjunction with a "Remote Practitioner Reference Group". The review process will provide for the addition, amendment or deletion of poisons or acute medical conditions.

Where a poison or acute medical condition is added, amended or deleted, the standing orders must be signed by a medical practitioner and authorized in writing by the Commissioner of Health to be legally valid.

Application for designation of a remote area nursing post

A medical practitioner or registered nurse working at a remote area site may request that site be designated as a remote area nursing post for the purposes of the Regulations.

The request must include:

- * the name and location of the remote area site; and
- * the reason/s why the site should be designated a remote area nursing post.

The request should be forwarded to the Commissioner of Health.

Alan Bansemer
Commissioner of Health

POISONS ACT 1964

POISONS REGULATIONS 1965

Regulation 36(1)(d)(ii)

STANDING ORDERS FOR [DESIGNATED] REMOTE
AREA NURSING POSTS

1. These STANDING ORDERS are issued for the purposes of regulation 36(1)(d)(ii) of the *Poisons regulations 1965*.
2. Subject to standing orders 4 and 21 which provide for a single dose, a registered nurse who meets the criteria outlined in Operational Instruction “Supply of Schedule 4 Poisons at Designated Remote Area Nursing Posts” and who is working at [designated] remote area nursing posts(s) may supply a poison referred to in an item in the Schedule for the treatment of a person with an acute medical condition referred to in that item.
3. The poison referred to in item 4 in the Schedule can only be supplied as a single dose prior to evacuation of the person for the purpose of medical treatment or prior to consultation with a medical practitioner.

SCHEDULE

ITEM	POISON	PERSON WITH ACUTE MEDICAL CONDITION
1	AMOXYCILLIN	A person with - <ul style="list-style-type: none"> • Tooth abscess • Bronchitis • Otitis media • Upper respiratory tract infection
2	AZITHROMYCIN combined with AUGMENTIN AND PROBENICID AS “ZAPACK”	A person with - <ul style="list-style-type: none"> • urethritis/cervicitis or a sexual contact of such a person
3	CEFACLOR	A child with - <ul style="list-style-type: none"> • Acute middle ear infection A person with- <ul style="list-style-type: none"> • Upper and lower respiratory tract infection

ITEM	POISON	PERSON WITH ACUTE MEDICAL CONDITION
4	CEFTRIAZONE	A person with - · Severe life threatening infection. (Single dose)
5	CEPHALEXIN	A person with - · Urinary tract infection · Infected skin
6	CHLORAMPHENICOL EYE PREPARATIONS · OINTMENT · DROPS	A person with - · Bacterial conjunctivitis · Corneal scratches/ulcers
7	CO-TRIMOXAZOLE · SYRUP ONLY	A child with - · Upper respiratory tract infection · Urinary tract infection
8	DOXYCYCLINE	A person over 8 years of age with - · Respiratory tract infection · Chlamydia
9	IRON POLYMALTOSE COMPLEX (FERRUM H) Intramuscular	A person with - · Iron deficiency anaemia
10	FLUCLOXACILLIN	A person with - · Skin infections · Mastitis
11	FRAMYCETIN/ DEXAMETHAZONE/ GRAMICIDIN	A person with - · Otitis externa · Chronic suppurative otitis media
12	GLYCERYL TRINITRATE & ISOSORBIDE DINITRATE	A person with - · Angina
13	HYOSCINE BUTYLBROMIDE	A person with - · Biliary colic · Renal colic
14	LIGNOCAINE HYDROCHLORIDE 1% (PLAIN)	A person with - · A condition that requires local anaesthetic of the skin.
15	METROCLOPRAMIDE	An adult with - · Nausea · Vomiting
16	METRONIDAZOLE · ORAL	A person with - · Giardia · Trichomonas
17	NAPROXEN · SUPPOSITORIES	A adult with - · Musculo-skeletal pain
18	PARACETAMOL /CODEINE	An adult with - · Severe pain
19	PHENOXYMETHYL-PENICILLIN PENICILLIN V	A person with - · Tonsillitis · Tooth or gum infection

ITEM	POISON	PERSON WITH ACUTE MEDICAL CONDITION
20	PROCAINE PENICILLIN/ BENZAPINE PENICILLIN	A person with - · Chest infection · Cellulitis · Skin infection · Mouth infection
21	PREDNISOLONE	A person with - · Moderate to severe asthma (Single Dose)
22	PROMETHAZINE HYDROCHLORIDE · INJECTION	A person with - · Hives · Rash · Allergic reaction
23	ROXITHROMYCIN	A person with - · Respiratory infection · Skin infection
24	SALBUTAMOL · ROTOCAPS · DISKS · SOLUTION · NEBULES	A person with - · Asthma · Bronchitis
25	TETRACYCLINE · EYE DROPS	A person with - · Trachoma
26	TINIZADOLE	A person with - · Giardia
27	TRIAMCINOLONE ACETONIDE/ NYSTATIN/ GRAMICIDIN	A person with - · Fungal ear infection
28	TRIMETHOPRIM	A person with - · Urinary tract infection

I, Alan Bansemer, Commissioner of Health, acting pursuant to regulation 36(1)(d)(ii) of the *Poisons Regulations 1965* hereby approve of the above **STANDING ORDERS**.

Drafting instructions – Nurses Amendment Bill have been prepared and are included in a separate document.

It is recommended that Legislative changes be made to the Nurses Act 1992, Nurses Rules 1993, Poisons Act (1964), Poisons Regulations (1995), Pharmacy Act (1964), Misuse of Drugs Act (1981) and Radiation Safety Act (1975).

It is recommended that The Nurses Act 1992 requires amendment:

- to allow the Nurses Board of Western Australia to register persons as nurse practitioners. A nurse practitioner will only be able to practise at a remote site designated by the Commissioner of Health. Therefore a person who applies to be registered as a nurse practitioner will have to establish that they are or will be employed at a designated remote area site in Western Australia;
- to prevent an unregistered person using the title “nurse practitioner” or otherwise holding himself or herself out to be a nurse practitioner; and
- to allow the Chief Medical Officer of the Health Department of Western Australia to approve guidelines to make provision for the possession, use, supply and prescription of certain substances by nurse practitioners.

The majority of the steering committee members agreed that the use of the title “nurse practitioner” should be used, as it is a less cumbersome title and it is quite clear that this project is focused on the nurse practitioner working in designated remote area sites of Western Australia only. It was noted that two members of the Steering Committee did not agree with this recommendation and preferred that the title “Remote Area Nurse Practitioner” be used.

**REMOTE AREA NURSE PRACTITIONER PROJECT
POLICY STATEMENT AND GUIDELINES
JANUARY 2000**

The Health Department of Western Australia is committed to providing access to quality health care for all West Australians living in designated remote area sites and recommends that appropriately qualified remote area nurse practitioners will help provide this care by working within an agreed scope of practice.

POLICY STATEMENT

Introduction

This policy statement and guidelines are to support the implementation of the role of the remote area nurse practitioner and to be used in conjunction with the area standing orders and the current Health Department of Western Australia Remote Area Emergency Nursing Guidelines. This will enable remote area nurse practitioners to provide consistent competent practice that indicates the diversity of their specialised advanced skills in nursing.


The nurse practitioner role in remote communities is widely supported across Australia and many nurses already function in such a role, but do not benefit from the professional and community recognition or legal cover such a role demands.

The Commonwealth Government has acknowledged the development of the nurse practitioner role in remote areas and has supported three major projects to assist with developing the role. These are:

- the development of an education curriculum for remote area practice;
- exploration and determination of remote area nurse competencies;
- a mapping exercise of the variance in the remote area nurse role across the States and Territories.

The current Designated Remote Area Nursing Posts in Western Australia are listed in Appendix D. There are a number of health care centres managed by the Silver Chain Nursing Association and the Aboriginal Medical Services where nurses are employed. In the absence of an area general practitioner, these nurses are the sole / key primary health care providers for the community (refer to Appendix D).

Within health service centres and remote area nursing posts, cultural diversity is recognised and acknowledged. Remote area nurse practitioners will be sensitive to the differing cultures and cultural practices of the communities of the remote areas and such diversity will influence their everyday work.



The acknowledgment of the advanced role and diverse range of practice, which is so characteristic of the role of remote area nurse practitioner, has only come recently. The amendments to the West Australian Poisons Act in June 1994 and the implementation of these amendments in 1997, was regarded as a significant step, as it allows nurses working in remote areas to supply certain Schedule 4 poisons under specific conditions. It recognises the need for medication distribution from a community perspective and the need for legal coverage of this practice. The purpose of formalising the role of the remote area nurse practitioner, is to legitimise the advanced scope of practice currently undertaken by these nurses.

The implementation of the role will ensure that remote area nurse practitioners have undertaken an accredited postgraduate diploma and are registered with the Nurses Board of Western Australia. This registration will be maintained annually and they will have practiced as a remote area nurse practitioner within the last three years. This process will ensure ongoing education and continued competence.

Scope of practice

The remote area nurse practitioner possesses advanced level skills, which support the provision of primary health care for individuals and communities. The remote area nurse practitioner establishes collaborative relationships with other health personnel, and in particular with one or more general practitioners in order to ensure that an appropriate range and quality of services is available to consumers in a community or geographical area.

In Western Australia, the title “remote area nurse practitioner” is reserved for a remote area nurse who is registered as a nurse practitioner on the basis of education and competence. Registration entitles the holder to request such investigations as to be able to reach a diagnosis and to prescribe such medications as determined by the Chief Medical Officer, to treat the common conditions in that community or geographical area or to assist in establishing the need to evacuate a patient to another facility.

Remote area nurse practitioners have access to sufficient infrastructure to enable them to provide primary health care.

GUIDELINES

Employment

The remote area nurse practitioner is a nurse who practices in designated remote area sites of Western Australia, providing high quality, cost effective, individualised and culturally secure health care services to the remote population. The role of the remote area nurse practitioner makes a valuable contribution to the health care services provided in remote areas of Western Australia (refer to Appendix E for map of remote areas).

- The remote area nurse practitioner works in collaboration with a variety of key health care professionals, in particular, Aboriginal health workers, general practitioners and allied health workers. The remote area nurse practitioner will acknowledge, understand and be sensitive to the differing cultural practices of remote areas.
- The remote area nurse practitioner focuses on health maintenance, disease prevention and patient and community education in remote areas. The remote area nurse practitioner also attends to medical emergencies and assesses, diagnoses, treats, refers or arranges evacuation of the patient as required.
- The remote area nurse practitioner works in partnership with the patient and his/her area general practitioner.
- Referral to Royal Flying Doctor Service and specialists occurs in liaison with the area general practitioner.

Education, Competence and Practice

Appropriate preparation, education and demonstrated competence to practice and formal recognition of such competence is integral to the success of the role of the remote area nurse practitioner.

- The responsibility for registration of the remote area nurse practitioner is vested in the Nurses Board of Western Australia.
- The remote area nurse practitioner is required to complete an appropriate accredited postgraduate diploma. The course will provide culturally appropriate communication and human resource training in liaison with Aboriginal health educators.



- Recognition of prior learning and practice skills are used to assess level of credits that can be applied towards completion of the accredited postgraduate diploma.
- The remote area nurse practitioner practices within the scope of practice, specific policies and practice guidelines relevant to the remote area nurse practitioner role, including the current Health Department of Western Australia Remote Area Emergency Nursing Guidelines.
- The remote area nurse practitioner is responsible for maintaining their clinical competencies in conjunction with their employer.

Legal liability / personal indemnity insurance/ accountability

- Consistent with the position in the template legislation, the Osteopaths Act 1997, The Nurses Board of Western Australia have the discretionary power to require a remote area nurse practitioner applicant to take out appropriate professional indemnity insurance cover, as a precondition to registration as a nurse practitioner. (It is anticipated that this discretion would be exercised in circumstances where the nurse practitioner is not covered by the professional indemnity cover of his/her employer or principal, but is to be self-employed).
- The remote area nurse practitioner is required to notify the Nurses Board of Western Australia if his/her practice situation changes.

Medications, *Diagnostic imaging* and pathology

- When an area general practitioner is not available, the remote area nurse practitioner may order routine diagnostic imaging tests, routine pathology or prescribe certain medication as determined by the Chief Medical Officer to assist in treatment of the patient.
- Standing orders and practice guidelines will be developed and updated by the area general practitioner, the clinical nurse specialist for the health district and the health service manager.
- The remote area nurse practitioner will appropriately refer to the Royal Flying Doctor Service or to the area general practitioner after assessing and treating the patient on site.

Conclusion

The role of the remote area nurse practitioner makes a valuable contribution to health care services provided in remote areas of Western Australia. It also provides a valuable career path for nurses. The remote area nurse practitioner also needs to acknowledge, understand and be sensitive to the differing cultures and cultural practices of the remote area communities of Western Australia.

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