

A HISTORY OF THE EARLY DEVELOPMENT
OF THE NURSE PRACTITIONER ROLE IN
NEW SOUTH WALES, AUSTRALIA

Jann P. Foster

Submitted to the University of Technology, Sydney
in fulfilment of requirements for the degree of

DOCTOR OF PHILOSOPHY

Faculty of Nursing, Midwifery & Health

2010

Certificate of Authorship and Originality

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

I also certify that the thesis has been written by me. Any help that I have received in my research work and the preparation of the thesis itself has been acknowledged. In addition, I certify that all information and literature used are indicated in this thesis.

Signature of Candidate

Acknowledgements

To Professor Mary Chiarella, my principal supervisor, thank you for the wisdom, advice and depth of understanding that underpinned your feedback. Mary, I can't thank you enough as I would not have completed this mammoth task without your support. Thank you to Professor Sue Nagy, who has supported me throughout this project. Sue, your feedback, insight and support are very much appreciated. You knew that for me, this thesis has not been only about the outcome, but also the journey. I have learnt so much throughout this journey from both of my supervisors. I cannot thank them enough for their belief in me especially when I needed it.

Thank you to my family, and in particular, to my sister, Tania Dexter, you have been such a patient 'sounding board', and also for proof reading this thesis. Your support has helped me stay positive throughout this long academic journey. Thank you to my niece, Laura Dexter, for your lovely sense of humour and your help in collecting and collating information. Thank you also to my brother, Garry Foster, for your support and help in navigating my way through the legislative processes relating to the NP role.

To my friends and colleagues, thank you for your ongoing support, encouragement and for patiently enduring my seemingly endless periods of withdrawal from the world. I would like to especially thank Jacqui Guy, Lyn Stewart, Sandie Bredemeyer, Shelley Reid and my dear friend since childhood, Susan Millington. You have all been amazing.

To Dr John Bidewell, a friend and colleague, I would like to acknowledge your contribution through your support and also for your assistance in editing this thesis. Thank you to Associate Professor David Osborn, my employer, for your support and acknowledgement of the importance of this project.

I would also like to thank Professor Doug Elliott, and also the University of Technology, Sydney for taking on this thesis.

I acknowledge the support of the Nurses and Midwives Board of NSW for awarding me a scholarship to help undertake this project.

Thank you to the pioneer NPs and other stakeholders for participating in this research.

Finally, a very special thank you to the brave NPs, nurse leaders and other stakeholders who persevered through considerable adversity to make the NP role a reality.

Glossary

Advanced practice refers to a level of practice that utilises extended and expanded skills, experience and knowledge in assessment, diagnosis, planning, implementation and evaluation of the care required (Royal College of Nursing, Australia, 2006).

Clinical nurse consultants are specialist nurses who fulfil a cross-hospital or cross-area or regional role, and who are principally involved in clinical consultancy, review, assessment and research.

Clinical nurse specialists are nurses who function as resource personnel and sources of expert nursing knowledge within their unit and speciality.

Innovative role is a non-traditional role or one taking responsibility for aspects of care previously provided by another group of health professionals such as doctors.

Local agreed need is seen as an essential step prior to developing a service including nurse practitioners.

Nurse practitioners are registered nurses educated to function autonomously and collaboratively in an advanced and extended clinical role. The NP role includes assessment and management of clients using nursing knowledge and skills, and may include but is not limited to the direct referral of patients to other health professionals, prescribing medications and ordering diagnostic investigations.

Practice nurses are registered nurses or enrolled nurses who are employed by, or whose services are otherwise retained by, a general medical practice (known as general practice).

Primary care refers to a span or an assembly of first-contact health care services directly accessible to the public.

Acronyms

Australian College of Nurse Practitioners (ACNPs)

Area health service (AHS)

Clinical nurse consultant (CNC)

Clinical nurse specialist (CNS)

Director of nursing (DON)

General practitioner (GP)

Key stakeholder (KS)

Medicare benefits scheme (MBS)

Nurse practitioner (NP)

Nurses Registration Board of NSW (NRB)

Pharmaceutical benefits scheme (PBS)

Practice incentives program (PIP)

Table of Contents

	<i>Page</i>
Certificate of Authorship and Originality.....	ii
Acknowledgements	iii
Glossary.....	iv
Acronyms	v
Table of Contents	vi
List of Tables.....	xiv
List of Figures.....	xv
Abstract.....	xvi
Chapter 1 – Introduction.....	19
1.1 Background to the study.....	19
1.2 Purpose of the study	20
1.3 Method summary.....	20
1.3.1 Research questions	21
1.4 The researcher	21
1.5 Organisation of this thesis	23
1.5.1 Conclusion.....	26
Chapter 2 – Literature Review	27
2.1 Origin of the Nurse Practitioner Role: NPs in the US.....	27
2.1.1 Advanced practice nursing in the US	27
2.1.2 Visions for the NP role in the US	28
2.1.3 Legislation and regulation of NPs in the US	29
2.1.3.1 Lack of legislation and regulation in the US	29

2.1.3.2	NP-physician collaboration in the US	29
2.1.4	Move towards NP legislation and regulation in the US.....	30
2.1.4.1	Variation between US jurisdictions.....	30
2.1.4.2	Under regulation to over regulation of NP practice in the US	30
2.1.5	Blurring of traditional practice boundaries in the US.....	32
2.1.5.1	NP prescribing in the US.....	32
2.1.5.2	Reimbursement for NP Services in the US	33
2.1.5.3	Malpractice insurance in the US.....	36
2.1.6	Education of NPs in the US	37
2.1.7	Professional and political growth of NPs in the US	38
2.1.8	The pioneer NPs and growth of NP numbers in the US	39
2.1.9	Summary of NP role developments: Lessons from the US	39
2.2	The NP role in Canada	40
2.2.1	Antecedents to the Canadian NP role	40
2.2.2	Legislation and regulation of NPs in Canada	41
2.2.2.1	Variation between Canadian jurisdictions.....	41
2.2.2.2	Toward a national legislative and regulatory approach in Canada.....	41
2.2.2.3	Education of NPs in Canada.....	42
2.2.2.4	Numbers of NPs in Canada	42
2.2.3	Summary of NP developments in Canada: Lessons from Canada	43
2.3	The NP role in the UK.....	43
2.3.1	Antecedents to the NP role in the UK	43
2.3.2	Legislation and regulation of NPs in the UK.....	44
2.3.2.1	Nurses' prescribing rights in the UK.....	45
2.3.2.2	Education of NPs in the UK	45
2.3.2.3	Number of NPs in the UK	46
2.3.3	Summary of NP role developments: Lessons from the UK.....	46
2.4	The NP role in Australia.....	46
2.5	Summary of NP role development in the US, Canada, UK and Australia.....	48
2.6	Evidence of positive and negative influences on the NP role.....	49
2.6.1	Perceived ambiguity of the NP role.....	49
2.6.2	The NP role and working relationships	51
2.6.2.1	NP-doctor collaboration	52
2.6.2.2	Implementing the NP role and workplace compatibility.....	53

2.6.3	Support and resources to help implement the NP role.....	54
2.6.4	Summary of influences on the NP role.....	55
2.7	Evaluations of NP practice.....	56
2.7.1	Clinical effectiveness of NPs.....	57
2.7.2	Access to patient care	59
2.7.3	Acceptability and patient satisfaction	59
2.7.4	Cost-effectiveness of NPs.....	60
2.7.4.1	NP-physician collaborative practice model.....	60
2.7.5	Summary of NP evaluations.....	61
2.8	The Australian health care system	61
2.8.1	Health care expenditure in Australia	62
2.8.1.1	The Medicare Benefits Scheme.....	62
2.8.1.2	Medicare and the Australian GP.....	63
2.8.1.3	Practice Incentives Program and the Australian GP.....	64
2.8.1.4	Practice nurses and the Australian GP.....	64
2.8.1.5	The Pharmaceutical Benefits Scheme	65
2.8.1.6	Private health insurance.....	66
2.8.1.7	Health care in New South Wales.....	66
2.8.2	Changing nature of health care in Australia	67
2.8.3	Changing health workforce demographics in Australia	69
2.8.4	Efficiency and effectiveness of health care	71
2.8.4.1	Cost-shifting between Commonwealth and state governments.....	73
2.8.5	Workforce reforms: Changing roles and responsibilities	74
2.8.5.1	New clinical career paths for nurses in NSW.....	74
2.8.5.2	Confusion surrounding role differentiation in nursing	75
2.9	Summary of Chapter 2	77
Chapter 3 – Method.....		79
3.1	Research Questions	79
3.2	The nature of historical research	80
3.2.1	Using historical descriptive research to explore the NP role.....	81
3.3	Research design.....	85
3.4	Ethical considerations	85
3.4.1	Selection of the participants.....	86

3.4.1.1 NP participants	86
3.4.1.2 Key stakeholder participants	87
3.5 Data Collection.....	88
3.6 Credibility of the data.....	89
3.6.1 Triangulation of the data.....	89
3.6.1.1 Researcher credibility.....	92
3.6.2 Individual Interviews	93
3.6.2.1 Nurse practitioner interviews	94
3.6.2.2 Key stakeholder interviews	95
3.6.3 Collection of documents	95
3.6.3.1 Types of documents.....	95
3.6.4 Interview transcription.....	96
3.7 Data Analysis	97
3.7.1 Managing the data	97
3.7.2 Thematic coding of the interview data	99
3.7.3 Ordering and thematic coding of the documents	101
3.8 Summary of Chapter 3	102
Chapter 4 – Findings: Key Events in the Early Development of the NP in NSW (1990-2005)	104
4.1 Antecedents to the NP role in NSW	105
4.2 Stages 1 to 3 in the development of the NP role	106
4.2.1 Stage 1	106
4.2.1.1 The Discussion paper	107
4.2.2 Stage 2	108
4.2.2.1 Key Issues identified in The Review	110
4.2.2.2 Recommendations from The Review	111
4.2.3 Stage 3	112
4.2.3.1 Stage 3 Nurse Practitioner Steering Committee	113
4.2.3.2 The Nurse Practitioner Pilot Research Projects.....	114
4.2.3.3 The “Final Report”	118
4.2.3.4 Overall findings from the NP Pilot Projects.....	118
4.2.3.5 Limitations of the Pilot Projects	119
4.2.3.6 Understanding NP role: Role confusion.....	120
4.2.3.7 Interprofessional collaboration.....	120

4.2.3.8	Development of clinical practice guidelines	121
4.2.3.9	Overview of Stage 3 NP Steering Committee Recommendations	121
4.2.3.10	Education of nurse practitioners	122
4.2.3.11	Accreditation of nurse practitioners	122
4.3	Process for Establishing Nurse Practitioner Services	123
4.3.1	Establishing a local agreed need.....	123
4.3.1.1	Obtaining consensus.....	124
4.3.2	Initiation of diagnostic imaging and diagnostic pathology.....	124
4.3.2.1	Funding for processing investigations.....	125
4.3.3	Initiation of medications.....	126
4.3.3.1	Funding for medications.....	126
4.3.4	Initiation of referrals to medical practitioners and other service providers	127
4.3.5	Professional indemnity insurance	128
4.4	Framework for the implementation of NPs into the NSW health care system	128
4.4.1	NP legislation	130
4.4.1.1	Clinical practice guidelines	130
4.4.2	NP authorisation	131
4.4.2.1	Pathway 1	131
4.4.2.2	Pathway 2	131
4.4.2.3	The Portfolio.....	132
4.4.2.4	The clinical viva	133
4.4.2.5	First NPs Authorised	133
4.4.2.6	Review of the process for NP authorisation	133
4.4.3	NP positions.....	133
4.4.3.1	NP positions into metropolitan NSW	134
4.4.4	Education of NPs	134
4.5	Other landmark events for the NP role in NSW.....	135
4.5.1	Nurse Practitioners included in public sector salary award	135
4.5.2	Australian Nurse Practitioner Association (ANPA) established	135
4.5.3	Midwife practitioner legislation	137
4.5.4	National competency standards for NPs in Australia	137
4.5.5	First NP working in private practice.....	138
4.6	Summary of Chapter 4	138

Chapter 5 – Findings - Entering uncharted waters: Pioneering the NP role in NSW.....	141
5.1 Entering uncharted waters: Taking up the challenge	143
5.1.1 Vision for better health care	143
5.1.2 Professional drivers to pioneer the NP role	146
5.1.3 The NPs’ personal journeys.....	149
5.2 Pioneering the NP role: The challenge of uncertainty	155
5.2.1 The authorisation process	156
5.2.1.1 Authorisation process: the portfolio	157
5.2.1.2 Authorisation process: The clinical viva	161
5.2.2 Gaining an NP position.....	163
5.2.3 Developing clinical practice guidelines.....	164
5.3 Recognition, rewards and opportunities.....	168
5.4 The legacy of the pioneers to the NP movement in Australia.....	172
 Chapter 6 – Findings: Navigating uncharted waters: Recognising advanced practice in nursing.....	 176
6.1 Getting to know advanced practice	177
6.1.1 The language of nursing	178
6.1.2 The concept of advanced practice.....	179
6.1.2.1 NP perceptions of advanced practice	181
6.1.2.2 Articulating advanced practice	182
6.1.2.3 Influences on managers recognising advanced practice.....	186
6.1.2.4 Public and media perceptions of advanced practice.....	192
6.2 The NP role: Collaborative, autonomous or independent?	194
6.2.1 Collaborative practice.....	194
6.3 Traditions in health care: Good old days or plagued by the past?	202
6.3.1 Traditional medicine grieving for the return of traditional nursing.....	202
6.3.2 Status and the doctor.....	205
6.3.2.1 Status and the doctor-nurse power disparity.....	207
6.3.3 The legacy of tradition in nursing.....	209
6.4 Summary of Chapter 6	212
 Chapter 7 – Findings – Riding the waves to change: Visions, voices and vested interests ...	 214
7.1 Visions for the NP role.....	216

7.1.1	Visions for the NP role: A “sense of gain”	216
7.1.1.1	The vision to improve health care in NSW	217
7.1.1.2	Benefits to the nursing profession	221
7.1.2	Visions for the NP role: A “sense of loss and fear”	223
7.1.2.1	NP role and blurring of traditional role boundaries.....	223
7.1.3	Maintaining the status quo: Competing voices and vested interests.....	229
7.1.3.1	The counter balance to the sense of loss and fear.....	231
7.2	Developing and implementing the NP role: Negotiation and compromise	234
7.2.1	Negotiation and compromise: Maintaining the vision.....	234
7.2.2	The NP role and nursing’s political growth.....	242
7.3	Collaboration: Co-operation or control?	247
7.3.1	Changing relationships: Rocking the boat.....	253
7.4	Summary of Chapter 7	260
Chapter 8 – Discussion		263
8.1	The political development of nursing in the politics of health care	263
8.1.1	Nature of action	265
8.1.2	Language	266
8.1.3	Advanced practice	268
8.1.4	Collaboration	270
8.1.5	Coalition building.....	272
8.1.6	Nurses as policy shapers.....	273
8.1.7	Building relationships.....	276
8.2	Preparing for new roles in the health workforce	280
8.2.1	Preparing the NPs	281
8.2.1.1	Clinical practice guidelines: Flexibility versus certainty	284
8.2.1.2	Resources and funding	286
8.2.2	Preparing health care organisations.....	287
8.2.2.1	Change management	289
8.3	Pragmatism in the politics of health care	295
Chapter 9 – Conclusion		303

References	311
Appendix A: Ethics information and consent	349
Appendix B: Framework for NP services: Process for accreditation of NPs in NSW	354
Appendix C: Principles for the development of clinical guidelines for NP practice by health services	355
Appendix D: Flowchart for the development of clinical guidelines for NPs by health services	356
Appendix E: Required legislative amendments and recommendations to enable NP practice	357
Appendix F: Assessment criteria chart for NP accreditation	358
Appendix G: Media Documents	359
Appendix H: I'll tell you a lovely story	374
Appendix I: Key events in the development of the NP role 1990-2010	375

List of Tables

	<i>Page</i>
Table 1	APN legislation: Legal authority for scope of practice in the US31
Table 2	APN legislation: Prescribing authority in the US33
Table 3	Chronology of major efforts leading to provider status of nurse practitioners in the US35
Table 4	Private general practitioners 2006-2007: Total number by state or territory and remoteness70
Table 5	Enrolled and registered nurses 2005: Ratio per 100,000 population by state or territory and remoteness71
Table 6	Description of key stakeholder participants.....88
Table 7	Example of thematic analysis.....100
Table 8	Outline of findings topics in Chapters 4, 5, 6, and 7104
Table 9	Overview of Stages 1 to 3.....106
Table 10	Overview of Stages 1, 2 and 3, and the Framework for NP Implementation129
Table 11	The progress of nursing through four stages of political development264

List of Figures

	<i>Page</i>
Figure 1	115
Figure 2	115
Figure 3	116
Figure 4	136
Figure 5	136
Figure 6	224
Figure 7	249

Abstract

Changes in the health care environment have required concomitant changes in approaches to health care, and the roles and functions of health care professionals worldwide. The nurse practitioner (NP) role was first introduced in the United States of America (US) in the 1960s to help address critical health care needs that were designed to improve access to health services. The NP role has continued to evolve in the US and other countries including Canada and the United Kingdom (UK) across a range of health care settings.

In Australia, New South Wales (NSW) was the first state to consider the potential for the NP role in 1990 (NSW Department of Health, 1992). The purpose of this research was to trace and document the early development and implementation of the NP role in NSW.

This study adds to the nursing literature by documenting historical events in the inception of the NP role, particularly factors that affected the development and its implementation of the NP role in the NSW health care system. In addition the study preserves the oral histories of figures who were instrumental in the introduction of this new clinical career pathway for nurses, and a new model of care into the Australian health care system. This thesis constitutes original historical research into the development of the NP role in NSW. An historical, descriptive design was used that included recorded interviews with 10 pioneer nurse practitioners and 17 key stakeholders involved in the development of the NP role. Documents were collected that were central to the key historical events, and these documentary accounts were compared and contrasted with the information provided through the interviews. The data was analysed using qualitative thematic analysis.

The development of the NP role began at a nursing conference in 1990 because a nurse asked the NSW Health Minister whether he supported the NP role. This one question triggered a cascade of events. Between 1990 and 1998 the NP role was legislated and the title of the NP protected through the *Nurses Amendment (Nurse Practitioners) Act 1998* (NSW). During this time four committees were formed, four reports had been generated and 10 pilot projects undertaken. In 1997, the NSW Minister for Health established an implementation process for NP authorisation, education and regulation. On May 11, 2001 the NSW Minister for Health announced the first NP to be appointed into a position in remote NSW and in September 2002, NPs were introduced into metropolitan areas of NSW.

Disparate visions and vested interests in relation to the NP role inevitably affected the development of the role and the way it was enacted. Stakeholders who had a ‘sense of gain’ and supported the NP role saw its benefits for the health care system, and for nursing. Those who fought to maintain the status quo were ultimately driven by a sense of ‘loss and fear.’ There was considerable fear about the effect of the NP role on the roles of other health care professionals. There was much interplay between those trying to maintain the status quo and those who were trying to counterbalance the sense of loss and fear. The development and implementation of the NP role became an arduous process of negotiation and compromise.

Further complexities arose in understanding tradition’s historical legacy on the NP role. The findings illuminated that some doctors were not only resistant to the NP role but had not adapted to the professional status of nursing. Similarly, the findings indicate that there are still many nurses who have not adapted to the advancement of nursing. As a consequence, they also hanker for the supposedly good old days, and strongly opposed new developments such as the introduction of NPs.

The findings attest to significant disruption to professional-working relationships with some health care professionals torn between their personal, professional and organisational commitments. Long-term professional relationships between the NPs, nurses, doctors and managers were challenged.

The study’s findings demonstrate the need to assess an organisation’s readiness when introducing a new nursing role and an assessment of the environmental conditions to support role implementation.

The findings also revealed the importance and influence of language in introducing a new nursing role such as that of the NP. There was confusion surrounding the use of certain terms (e.g., advanced practice) within and beyond nursing.

The NPs found the authorisation process particularly challenging. The findings show that, with any newly introduced process, there needs to be detailed guidance and an assessment that candidates are able to meet the requirements set by the regulatory body.

Only because of the resilience and perseverance of the nurse leaders, the NPs and others who supported the role, has the NP movement been able to gain momentum. One of the principal

findings of this study has been the political maturation of the nurse leaders during the development of the NP role that, in turn, has benefited nursing.

There was considerable resistance to the NP role by some powerful medical organisations and the findings show that it is important to engage the media and educate the public about the NP role and its value, to help garner support early on in the development of the role. In addition, because of the political nature of the role, NPs require education in using and managing the media and also education about managing themselves in the politics of health care. All of these findings are discussed in detail in this thesis.