

History and legislation related to the title of Nurse Practitioner

The role of the nurse practitioner became important as the unavailability of sufficient numbers of physicians was realized. This was a problem especially in the rural areas where the number of primary care physicians was not enough to provide healthcare services to all. At that time, the nurses and physician assistants were not qualified enough to make any healthcare decisions on their own and a number of patients suffered due to lack of available resources in terms of knowledge and manpower.¹

Addressing this issue in the US in the 1960s, Dr. Henry Silver and Dr. Loretta Ford conceptualized a program aimed at educating and preparing nurses to fill in for primary care physicians where the need arose. One of the first programs of this nature that was started for the nurses was the pediatric practitioner program at the University of Colorado. This program enabled the nurses to be able to make diagnoses after detailed analysis of the symptoms and provide care within the constraints of the nursing model. Admission to this program required a nursing license and experience in caring for patients. Upon the inception of this program, there was a lot of skepticism expressed on the changing roles and duties of the nurse practitioner, but as the roles were more clearly defined, the trend picked up and spread across the nation.¹

Over the past 4 decades, the scope of the duties performed by a nurse practitioner has grown immensely. A number of new programs have been initiated to expand the areas in which a nurse practitioner can function, for example anesthetics, geriatrics and obstetrics. A number of laws have been passed allowing nurse practitioners completing these programs to work independently in rural areas. Different states have different requirements for a nurse practitioners qualifications; however, most states have a proper system in place for training a nurse practitioner to perform important duties such as perform diagnoses and prescribe medications.²

The creation of structured nurse practitioner programs in the US led to the development of similar courses in other countries too and most notably in the UK. However, it was not until the 1990s that a significant need for nurse practitioners came to light. In 1988, Barbara Stilwell first introduced the concept of a nurse practitioner taking up leadership roles in the field of healthcare. It was only after her groundbreaking ideas were published that the importance of redefining a nurse practitioner's roles

became a priority in UK.³ Another notable member in the history of the emergence of new roles of the nurse practitioner is Barbara Burke-Masters. In 1986, she worked as a nurse practitioner in a voluntary organization and provided care to single and homeless men in London. The nature of her job lay the groundwork for the duties of a nurse practitioner.⁴

The initial programs for advanced training of a nurse practitioner were commenced at the Royal College of Nursing and they included topics such as consultancy, physical examination and diagnoses, management of chronic diseases and minor injuries, and counselling. Courses for advanced nursing abilities were incorporated in all major institutions all over the country – first at the diploma level, then at the undergraduate level, and finally at the master's level. Today, a master's program is a prerequisite for being a nurse practitioner in the UK. To ensure that the same standards of education are maintained all over the country, in the early 2000s, the Association of Advanced Nursing Practice Educators was established, which has over 40 UK universities as members who collaborate and consult over nursing courses and their curricula.³

In Australia, the role of nurse practitioner was introduced in 1990 and New South Wales was the first state to consider and accept it. In 1997, the Minister for Health formally implemented the process of education and appointment of a nurse practitioner and in 2001, the first nurse practitioner was appointed in New South Wales. The trend slowly spread across the states and the past decade saw a great increase in the number of nurse practitioners in Australia. Over the years, a number of laws have been passed with respect to the functions and entitlements of a nurse practitioner in Australia.⁵

There are a number of policies laid down by the Australian Nursing and Midwifery Federation pertaining to the role of a nurse practitioner. According to these policies, a nurse practitioner is endorsed under the Health Practitioner Regulation National Law Act 2009 in accordance with the NMBA Registration Standard for Nurse Practitioner Endorsement. Under this Act, nurse practitioners are allowed to practice in urban and rural areas of Australia and in both, the private and public sectors. A nurse practitioner is given sufficient recognition in all nursing awards and programs.⁶ The Australian Nursing and Midwifery Federation also allows a nurse practitioner to suggest diagnostic tests, prescribe certain classes of medications and to provide limited referrals.⁷

The Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010 allows a nurse practitioner to access benefits as per the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) provided he/she has a collaborative arrangement in accordance with the National Health (Collaborative Arrangements for Nurse Practitioners) Determination 2010.⁸ As per the MBS, a nurse practitioner can make a referral to a specialist to avail benefits under the MBS. They can also initiate certain diagnostic testing services for their patients under this scheme.⁸ Similarly, an authorized nurse practitioner can write prescriptions under the PBS providing benefits to eligible patients. The classes of medications that can be prescribed by nurse practitioners include emergency drug supplies and palliative care items.⁹

In order to access the benefits under the MBS, a participating nurse practitioner needs to apply for a Medicare provider number. Using this number, a nurse practitioner can refer their patients to specialists as necessary and suggest tests within their scope of work and competency. The diagnostic tests that fall within this category include ultrasound and x-ray examination of different parts of the body. The nurse practitioner needs to demonstrate the absolute necessity for the test. A nurse practitioner should understand that services are not payable under MBS if they are not personally performed by him/her and if the consultation is carried out over the phone or in a group. Also, MBS will not cover any accessories associated with care such as dressings or bandages.¹⁰

The PBS scheme allows nurse practitioners to prescribe up to 3563 medications using the PBS prescriber number. The medications prescribed by nurse practitioners should be within their scope of practice and in accordance with the State or Territory Legislation. The classes of medications that a nurse practitioner can prescribe under the PBS include emergency drug supplies, general schedule drugs, S100 opiate dependence drugs, and palliative care medications. If the patient is eligible for special pharmaceutical benefits, those can also be provided by the nurse practitioner.¹⁰

The role and functions of a nurse practitioner has gained importance over the last few years in response to insufficient numbers of physicians and vast numbers of patients. It was slowly becoming apparent that the healthcare workers were unable to take care of patients in all locations and hence, the need of a designation which would allow the person to take care of any health concern that did not

require a physician's immediate attention. The concept was first born in the US and then spread to other countries such as the UK and Australia. Each country now has its own set of laws and regulation for uniformity of educational requirements and defined functions. Nurse practitioners can perform a wide range of duties including suggesting diagnostic tests and prescribing medications. The inception of this idea has seen greatly improved levels of patient satisfaction in terms of healthcare.

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