Teamwork in primary care
a guide to roles, responsibilities and accountabilities

Nurse Practitioner
Registered Nurse
Enrolled Nurse
Midwife
Aboriginal and Torres Strait Islander Health Practitioner
Australian Medicare Local Alliance

Australian Medicare Local Alliance (AML Alliance) is a national, government funded not-for-profit company which spearheads the development of the primary health care system across the country through a network of 61 primary health care organizations called Medicare Locals (MLs). Together with Local Hospital Networks, MLs form a critical part of health care governance arrangements at a local level.

Further information on the role of AML Alliance or Medicare Locals can be found at:

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Telephone: 02 6228 0800
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Jill Griffiths  General Practice Nurse, Springs Medical Centre
Kate Callahan  General Practice Nurse, Point Lonsdale Medical Group
Dr Andrew Cox  GP, Point Lonsdale Medical Group
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Dr Simon Horne  GP, Point Lonsdale Medical Group
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Introduction

Nurses, midwives and other health workers seeking employment in primary health care and general practice settings may present with a range of qualifications, professional experience and scopes of practice. Ensuring that the right person is selected for a specific position requires an understanding of roles, responsibilities and accountabilities.

The purpose of this resource is to demystify the hierarchy of nursing and midwifery roles, to explain the role and scope of Aboriginal and Torres Strait Islander Health Practitioners and to clarify terminology relating to the various titles.

The resource is intended to be used by health professionals, clerical staff and others working with nurses, midwives and Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers in the full range of primary health care settings.

Using the resource

The resource kit is set out as a series of fact sheets which explain the status of nursing and midwifery classifications, explains their accountabilities and responsibilities, provides links to primary and other sources of useful information, and includes scenarios which assist in illustrating how the various professionals may work in the primary health care and general practice setting. A similar fact sheet illustrates the roles and responsibilities of Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers.

Colour is used throughout the resource to differentiate regulated requirements or statements (in green) from professional or other statements (in light blue). Examples and case histories appear in dark blue.

A diagrammatic representation of the relationships and dependencies which exist between nursing roles is displayed in Figure 3. It is suggested that this could be displayed in poster form in workplaces to familiarise employers and staff with the information. A similar diagram (Figure 4) explains how contexts and locations of practice will define the accountabilities, responsibilities and working relationships for Aboriginal and Torres Strait Islander Health Practitioners.

A word of caution

The resource is intended to clarify in general terms, the roles, responsibilities and accountabilities of nurses, midwives and Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers. When considering what individual skill sets or scopes of practice may be required for a specific position, it is vital to ensure that the latest information is obtained from the relevant professional National Board. Professional standards and requirements are constantly being updated, and may impact on which health professional best meets the needs of the employer.
# Acronyms and Useful Contacts

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full title</th>
<th>Description and Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACM</td>
<td>Australian College of Midwives</td>
<td>The ACM is the national professional organisation for midwives in Australia. See: <a href="http://www.midwives.org.au">www.midwives.org.au</a></td>
</tr>
<tr>
<td>ACN</td>
<td>Australian College of Nursing</td>
<td>ACN began operations on 1 July 2012 and builds on the strength of its two predecessor organisations Royal College of Nursing, Australia and The College of Nursing both of whom have represented the nursing profession since 1949. ACN is a key national professional nursing organisation open to nurses in all settings and at every stage of their careers. It is also an authorised higher education provider and registered training organisation and the Australian member of the International Council of Nurses. See <a href="http://www.acn.edu.au">www.acn.edu.au</a></td>
</tr>
<tr>
<td>ACNP</td>
<td>Australian College of Nurse Practitioners</td>
<td>ACNP is the national peak organisation for nurse practitioners advancing nursing practice and access to health care. See <a href="http://www.acnp.org.au">www.acnp.org.au</a></td>
</tr>
<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
<td>The Australian Health Practitioner Regulation Agency is the organisation responsible for the implementation of the National Registration and Accreditation Scheme across Australia by working with the 14 national boards. See <a href="http://www.ahpra.gov.au">www.ahpra.gov.au</a></td>
</tr>
<tr>
<td>ANMAC</td>
<td>Australian Nursing and Midwifery Accreditation Council</td>
<td>ANMAC sets standards for and accredits nursing and midwifery programs under the National Registration and Accreditation Scheme and accredits courses and programs taught by education providers to register nurses and midwives and endorse nurse practitioners and eligible midwives. It also assesses the skills of internationally qualified nurses and midwives, as well as students studying in Australia who have gained registration. See <a href="http://www.anmac.org.au">www.anmac.org.au</a></td>
</tr>
<tr>
<td>ANMC</td>
<td>Australian Nursing and Midwifery Council</td>
<td>The ANMC provided the national voice for nursing and midwifery regulation prior to the introduction of national registration in 2010. Many of the current national standards such as the competency standards for RNs, ENs, NPs and Midwives, and the National DMF were developed by the ANMC and endorsed by the new NMBA in 2010. The ANMC no longer exists.</td>
</tr>
<tr>
<td>ANMF</td>
<td>Australian Nursing and Midwifery Federation</td>
<td>The Australian Nursing and Midwifery Federation is the union for registered nurses, enrolled nurses, midwives, and assistants in nursing doing nursing work in every state and territory throughout Australia. See <a href="http://www.anmf.org.au">www.anmf.org.au</a></td>
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<tr>
<td>AML Alliance</td>
<td>Australian Medicare Local Alliance</td>
<td>Australian Medicare Local Alliance is a new national, government funded not-for-profit company which has been established to spearhead an organised system for primary health care across the country through a network of 61 primary health care organisations called Medicare Locals (MLs). See <a href="http://www.amlalliance.com.au">www.amlalliance.com.au</a></td>
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<td>Acronym</td>
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<td>Notes</td>
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<tr>
<td>APNA</td>
<td>Australian Primary Health Care Nurses Association Incorporated</td>
<td>Previously the Australian Practice Nurses Association. See below. See <a href="http://www.apna.asn.au">www.apna.asn.au</a></td>
</tr>
<tr>
<td>APNA</td>
<td>Australian Practice Nurses Association</td>
<td>The peak professional association supporting nurses working in primary health care. In May 2013, the Board agreed to change the name of the organisation to the Australian Primary Health Care Nurses Association Incorporated. See <a href="http://www.apna.asn.au">www.apna.asn.au</a></td>
</tr>
<tr>
<td>ATSIHP</td>
<td>Aboriginal and Torres Strait Islander Health Practitioners</td>
<td>Information relating to regulatory requirements can be found at <a href="http://www.atsihealthpracticeboard.gov.au">www.atsihealthpracticeboard.gov.au</a></td>
</tr>
<tr>
<td>CoNNO</td>
<td>Coalition of National Nursing Organisations</td>
<td>The Coalition of National Nursing Organisations is made up of more than 50 national nursing organisations in an alliance to work collectively to advance the nursing profession to improve health care. See <a href="http://www.conno.org.au">www.conno.org.au</a></td>
</tr>
<tr>
<td>DMF</td>
<td>National Decision Making Framework</td>
<td>National decision making tools were produced by the ANMC in 2007 to assist nurses and midwives to make decisions relating to their scopes of practice. These were adopted as part of the national standards and guidelines endorsed by the NMBA. See <a href="http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework">www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework</a></td>
</tr>
<tr>
<td>HWA</td>
<td>Health Workforce Australia</td>
<td>Health Workforce Australia is a Commonwealth statutory authority that delivers a national, coordinated approach to health workforce reform. See <a href="http://www.hwa.gov.au">www.hwa.gov.au</a></td>
</tr>
<tr>
<td>NATSIHWA</td>
<td>National Aboriginal and Torres Strait Islander Health Worker Association</td>
<td>Professional association formed to strengthen the Aboriginal and Torres Strait Islander health workforce as part of its ‘Closing the Gap’ initiatives. See <a href="http://www.natsihwa.org.au">www.natsihwa.org.au</a></td>
</tr>
<tr>
<td>NENA</td>
<td>National Enrolled Nurses Association</td>
<td>The peak professional body for enrolled nurses. See <a href="http://www.nena.org.au">www.nena.org.au</a></td>
</tr>
<tr>
<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
<td>The national board which registers nursing and midwifery practitioners and students, develops standards, codes and guidelines for the nursing and midwifery professions, handles notifications and complaints, holds investigations and disciplinary hearings, assesses overseas trained practitioners who wish to practise in Australia and approves accreditation standards and accredited courses of study. See <a href="http://www.nursingmidwiferyboard.gov.au">www.nursingmidwiferyboard.gov.au</a></td>
</tr>
</tbody>
</table>
Glossary of terms

Accountability means that nurses and midwives must be prepared to answer to others, such as health care consumers, their nursing regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The registered nurse and midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.1

Collaborate refers to a cooperative arrangement in which two or more parties work jointly towards a common goal.2

Context of practice refers to the conditions that define an individual’s nursing or midwifery practice. These include the type of practice setting (such as healthcare agency, education organisation, private practice); the location of the practice setting (such as urban, rural, remote); the characteristics of patients or clients (such as health status, age, learning needs); the focus of nursing and midwifery activities (such as health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals.3

Delegation. A delegation relationship exists when one member of the multidisciplinary health care team delegates aspects of consumer care, which they are competent to perform and which they would normally perform themselves, to another member of the health care team from a different discipline, or to a less experienced member of the same discipline. Delegations are made to meet consumers’ needs and to ensure access to health care services — that is, the right person is available at the right time to provide the right service to a consumer. The delegator retains accountability for the decision to delegate and for monitoring outcomes.4

Interdependently refers to the way employees interact and relate with each other, drawing from each person’s contribution so that a greater goal is reached. As individuals working either dependently or independently, workers would not be able to accomplish the goals of the organization as successfully because of the imbalance created from not utilizing everyone’s skill sets appropriately.5

Primary health care. Primary health care is socially appropriate, universally accessible, scientifically sound first level care provided by health services and systems with a suitably trained workforce comprised of multidisciplinary teams supported by integrated referral systems in a way that: gives priority to those most in need and addresses: health inequalities; maximises community and individual self-reliance, participation and control; and involves collaboration and partnership with other sectors to promote public health. Comprehensive primary health care includes health promotion, illness prevention treatment and care of the sick, community development and advocacy and rehabilitation.6

Scope of Practice

Scope of practice of a profession
A profession’s scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making

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2 http://www.businessdictionary.com/definition/collaboration.html#ixzz2ZZidPqrd
3 Australian Nursing and Midwifery Council (2009). Continuing Competence Framework for Nursing and Midwives
5 http://woman.thenest.com/definition-interdependence-workplace-14910.html
capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups. The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

**Scope of practice of an individual**

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform. The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. To practise within the full scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence. Decisions about both the individual’s and the profession’s practice can be guided by the use of decision-making tools. When making these decisions, nurses and midwives need to consider their individual and their respective profession’s scope of practice.7

**Supervision**

*Direct supervision* is when the supervisor is actually present and personally observes, works with, guides and directs the person who is being supervised.

*Indirect supervision* is when the supervisor works in the same facility or organisation as the supervised person, but does not constantly observe their activities. The supervisor must be available for reasonable access. What is reasonable will depend on the context, the needs of the consumer and the needs of the person who is being supervised.8

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7 NMBA (2007). *A national framework for the development of decision making tools for nursing and midwifery practice.*

8 Ibid
Definition of nursing

The International Council of Nursing (ICN) definition of nursing states that:

Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education are also key nursing roles.¹

Regulation of nursing

In Australia, the Nursing and Midwifery Board of Australia (NMBA) regulates the nursing workforce under the Health Practitioner Regulation National Law (2009) [The National Law]². Nurses are either registered nurses (RNs) or enrolled nurses (ENs). Nurse practitioners (NPs) are registered nurses who have been endorsed. Further information about nurse practitioners can be found in Fact Sheet 5.

Nursing is also defined through a range of professional standards including separate competency standards for the enrolled nurse, registered nurse and nurse practitioner, and the code of conduct and code of ethics for nurses in Australia.⁴ Additionally, there are various guidelines which assist nurses to practise safely, to identify their scopes of practice and to meet their continuing professional development requirements.

Following the introduction of national registration in 2010, some previous state based categories of registration have been removed, and potential employers should be aware that some registered nurses may have notations on their registration which limit their practice to a specific specialty. Currently these notations are: solely qualified in the area of mental health nursing; solely qualified in the area of paediatric nursing, or solely qualified in the area of disability nursing. Enrolled nurses may have a notation which states: practises only in the area of mothercraft nursing.

Anyone can check the registration status of a nurse or other regulated health professionals by visiting the AHPRA website at www.ahpra.gov.au

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What is a registered nurse?

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, national board standards and codes, educational preparation, relevant legislation and context of care (ANMC 2006).¹

A registered nurse (RN) must have successfully completed an approved Bachelor degree (or, where relevant, an approved post graduate qualification). The minimum duration of the course of study must be equivalent to six semesters of full time study.² A newly qualified (or ‘entry to practice’) registered nurse is expected to be able to practise independently and to take responsibility and accountability for the care they provide. They are also expected to take responsibility for the delegation³ of care to enrolled nurses (ENs) and other health care workers. Delegation by the RN includes taking into consideration the education, level of training and individual scope of practice of the EN or other health care worker, and the context of care.

Registered nurses working in clinical settings are educated to assess, plan, implement and evaluate nursing care provided to patients and clients across age, cultural and social spectrums. Their work may be undertaken independently or more commonly in collaboration with individuals and the multidisciplinary health care team in order to achieve goals and health outcomes.

Registered nurses, like other regulated health professionals, are required to undertake mandatory continuing professional development in order to maintain their competence to practice. Latest requirements by the NMBA can be found at:


An individual RN’s scope of practice is determined by a number of factors, such as their level of education, seniority, time in a specific role or specialty, and individual competence levels. The scope of practice of an individual RN is likely to be more specific than the scope of the profession.

Nurses and others working with nurses should familiarise themselves with the NMBA National Decision Making Framework (DMF). This includes template tools which promote a consistent approach to decisions about nursing practice across all areas of practice. The template tools are most relevant for the clinical practice setting, but may be modified or adapted for decision-making in other areas of nursing practice such as education, research and management. The DMF tools and framework can be found at http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework

² Prior to 1995 registered nurse training in Australia was hospital based. Some practising nurses who trained prior to 1995 may not hold a university degree – although many have undertaken conversion courses since a Bachelor degree became mandatory
³ See definition of delegation in Glossary
The role of a registered nurse in primary health care and/or general practice settings

Whilst every registered nurse must be able to demonstrate competence as described in the NMBA Competency Standards for the Registered Nurse (2006), competency standards for nurses in general practice describe the specialist skills and attributes which a nurse working in the general practice setting should be able to demonstrate after a reasonable period of time working in the general practice setting. Many of these skills and attributes are also relevant in many other primary health settings such as clinics and schools. Key roles which nurses working in primary health care and general practice may participate in include:

• triage, treatment and care of sick people
• health promotion
• illness prevention
• team care coordination
• antenatal and postnatal support
• mental health
• coordinating aged care
• implementing government initiatives such as the DVA Coordinated Veterans Care Program
• rehabilitation and palliation
• community development
• population and public health
• education, quality improvement and research
• policy development and advocacy

Whilst these roles are not specific to registered nurses, the RN will practice within his/her scope, which is likely to include providing leadership within the relevant health care setting and delegating, where appropriate, to others or referring to other health professionals, such as midwives, in the provision of antenatal and postnatal care.

Specialist or generalist?

There is some debate about whether nurses working in primary health/general practice settings should be considered ‘specialists’ or ‘generalists’ (ie. capable of providing a broad range of clinical interventions). The Coalition of National Nursing Organisations define specialist practice as following and building on a base of generalist practice and focussed on a specific area of nursing. It is directed towards a defined population or a defined activity and is reflective of depth of knowledge and relevant skills. The debate may be of significance for employers seeking to employ an RN for a specific role in a practice, such as diabetes education or immunisation. Position descriptions and selection criteria should clearly articulate the requirements of the position.

6 Ibid
7 Australian Practice Nurses Association (2012). Definition of Primary Health Care. www.apna.asn.au
Accountability means that nurses must be prepared to answer to others, such as health care consumers, their nursing regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The registered nurse who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.

Example 1
The Murrumbidgee Medicare Local has employed a Parkinson's Disease Nurse who works alongside staff in the Murrumbidgee Local Health District in NSW in delivering a Parkinson's Disease Clinic as well as supporting people in the community with Parkinson's disease and their carers.

Example 2
A nurse working in general practice with an interest in chronic disease management can contribute to the care of patients in the practice by:

- Assessing patients’ health needs and ability to manage self-care
- Collecting and managing data of the practice population and mapping patients’ current care and status
- Preparing care plans in consultation with the GP and patient, and arrange new referrals as required
- Collaborating with the GP and with other health professionals involved in the patients' care, collecting and collating information from referral appointments and incorporating information into patients' care/review care plan
- Reassessing and/or reviewing the patients to measure outcomes
- Offering support including CDM, and presenting reports to the GP.
Examples of chronic disease management include:

- Asthma care: monitoring, education, health maintenance and planning
- Chronic obstructive pulmonary disease: monitoring, education, health maintenance and planning
- Diabetes care: monitoring, education, health maintenance, and planning
- Wound advice, management and care.

**Example 3** A nurse undertaking a placement with the Remote Area Health Corps describes how remote area nurses contribute to the improved health and wellbeing of Indigenous children, young people and families. 'My most rewarding moments were making a difference to young girls, especially in terms of their sexual health. When one of the girls brought in her sisters so we could talk about their health too, I felt privileged that I was trusted to speak to the family and satisfied with my achievement.'


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**Further information**

- For information relating to the scope of practice, the NMBA has a decision making framework that guides nurses when making decision about expanding their scope of practice see [http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework](http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework)
- For information relating to the scope of practice of RNs in primary health or general practice settings see online resource (only available to members) at [www.apna.asn.au](http://www.apna.asn.au)
- For information, including definitions about specialist organisations see the Coalition of National Nursing Organisations website. [http://www.conno.org.au/publications](http://www.conno.org.au/publications)

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**The Enrolled Nurse**

**What is an enrolled nurse?**

An enrolled nurse (EN) has completed an NMBA approved educational program in order to practice. Current minimum approved standards for enrolled nurses in Australia, requires completion of a Certificate IV based accredited program up until 1 July 2014. After this date, the entry to practice standard will be at the Diploma level. In addition, individuals must demonstrate the ability to meet the standards laid down for ENs by the Nursing and Midwifery Board of Australia (NMBA). The NMBA describes the EN as:

> ‘an associate to the registered nurse who demonstrates competence in the provision of patient-centred care as specified by the registering authority’s license to practise, educational preparation and context of care. Core enrolled nursing practice requires the enrolled nurse to work under the direction and supervision of the registered nurse as stipulated by the relevant nurse registering authority. At all times, the enrolled nurse retains responsibility for his/her actions and remains accountable1 in providing delegated nursing care’.2

*It should be noted that the EN competency standards are under review, due for completion in 2014.*

Enrolled nurses, like other regulated health professionals, are required to undertake mandatory continuing professional development in order to maintain their competence to practice. Latest requirements by the NMBA can be found at http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

**Supervision.** The meaning and scope of the terms ‘direct supervision’ and ‘indirect supervision’ in relation to the requirement for RNs to supervise ENs is often questioned. Whilst direct supervision involves the RN being present in the work place with the EN and available to provide immediate support and advice, indirect supervision is less specific. The Australian Primary Health Care Nurses Association has an online forum relating to this topic. The introductory information states that:

> ‘The EN must be supervised directly or indirectly by an RN. Indirect supervision is when the RN is easily contactable but does not directly observe the activities of the EN. The RN may be offsite but must be available for regular, direct communication with the EN. The absence of proximity requires robust processes to be in place for the direction, guidance, support and monitoring of the EN’s activities. While an EN is responsible for their actions, the RN is accountable [for the delegation].’3

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1. See Fact Sheet 2 and Glossary for definition of ‘accountable’
Medication administration. Enrolled nurses must only administer medicines if they have completed the relevant medicine administration education units in a Board-approved educational program. Graduates from Board-approved enrolled nurse courses from 2008 onwards have completed relevant medicine administration units which are included in the curriculum. Enrolled nurses who completed their course prior to 2008 and have not undertaken further study in medication administration will have notations on their registration stating: *Does not hold Board-approved qualification in administration of medicines*. In such cases, employers must not allow the EN to administer medications under any circumstances.

Advanced practice enrolled nurses. Some enrolled nurses choose to undertake additional study in their chosen specialty role, or for career development. In some workplaces, the title ‘Advanced practice EN’ is used to describe these nurses with additional knowledge and skills. This is discussed in more detail in Fact Sheet 4, The Advanced Practice Nurse.

The role of an enrolled nurse in primary health care and/or general practice settings

Enrolled nurses have the opportunity to work in most of the areas of practice also open to RNs (see RN Fact Sheet). The opportunities open to ENs are only limited by the individual scope of practice of the EN, and state or territory legislation which may restrict practice, for example, administration of some medications. An EN who has undertaken additional specialist training may be in an excellent position to assist an RN or other members of the healthcare team in providing a range of primary care services to the local community.

Accountabilities

As noted above, the enrolled nurse retains responsibility for his/her actions and remains accountable in providing delegated nursing care. When an RN delegates a task to an EN, it is the responsibility of the EN to either accept or reject the delegation depending on the individual circumstances, the EN’s scope of practice, the policies or procedures of the employer, legislation or other determining factors.

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The following example of an EN’s description of her role in a rural general practice provides evidence of the opportunities which may exist for ENs in primary health roles, and the benefits that employment of an EN may have for a general practice.

Example

Example Further information

My role is varied and includes coordination of chronic care and support of patients’ self-management of their chronic disease, managing all things to do with immunisations and vaccines, dressings, ECGs and the other usual suspects of treatment room, mole scanning, venipuncture, spirometry and as with most Practice Nurse roles, the list goes on!

I enjoy the varied role as PN and am passionate about chronic disease management. I completed the Flinders Model of Chronic Self-Management in 2008 and later that year participated in the Australian Primary Care Collaboratives. These two projects gave me the knowledge and confidence to become coordinator of chronic care at the practice.

Some of you may be surprised that an Enrolled Nurse can have such a high profile in General Practice! I work with a great clinical team and within my scope of practice. My role is supported and valued within the practice and my small community.

More stories of nurses working in primary health care settings can be found at http://www.amlalliance.com.au/medicare-local-support/nigp/resources

Further information

• For information about the regulation of ENs including professional standards, codes and guidelines and scope of practice decision making tools see http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx

• For information relating to the role of general practice nurses and nurses working in primary health settings see www.apna.asn.au and http://www.amlalliance.com.au/medicare-local-support/nigp/resources

• For information relating to the competency standards for nurses in general practice see http://anf.org.au/pages/competency-standards

• For information relating to the scope of practice of ENs in primary health or general practice settings see online resource (only available to members) at www.apna.asn.au

• For general information about enrolled nurses, see the National Enrolled Nurses Association of Australia website at http://www.nena.org.au/

What is an Advanced Practice Nurse?

As noted in the RN Fact Sheet, specific competencies and standards which are endorsed by the Nursing and Midwifery Board of Australia (NMBA) define the registered nurse’s role at all levels of practice extending across a career from the time of entry into the profession. All RNs, regardless of their level of experience must be able to meet these standards in order to register for practice each year.

Nurses who progress through their career and gain additional qualifications, experience and expertise in their chosen area of practice may be recognised as practising at an advanced level – and in some work places this is formally recognised by the use of the term ‘advanced practice nursing’ (APN). The title APN is not a regulated title under the Health Practitioner National Law, but in order to become a nurse practitioner (NP), the NMBA requires a nurse to be able to demonstrate that he/she practises at an advanced level.

In order to identify the characteristics of an advanced practice nurse, in 2005 the Australian Nursing Federation (ANF) produced competency standards for the advanced registered nurse. These standards have assisted education providers in developing curricula for post graduate courses, assisted employers to recognise the attributes of nurses practising at an advanced level, and provided nurses with clear guidance relating to the professional expectations for practising at an advanced level.

Whilst much of the literature discusses advanced practice nursing from a clinical perspective, it is agreed that the term also covers nurses working at an advanced level in other areas such as education, managerial or research roles.

Advanced practice nursing (APN) is the term used to define a level of nursing practice that uses comprehensive skills, experience and knowledge in nursing care...APN can be defined as the application of advanced levels of knowledge, skill and experience by the nurse to the nurse-patient/client relationship.

Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity.

The basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship in order to achieve optimal outcomes through critical analysis, problem solving and accurate decision making. (adapted from NMBA 2013).\(^1\)

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The role of the advanced practice nurse in primary health care and/or general practice settings

Whilst there is limited reference to primary health care nurses working at advanced levels in the Australian literature, the skills and attributes of an RN practising at an advanced level can be widely used in the primary health and general practice settings. Both overseas and in Australia, APNs are reported to have taken leading roles in practice management, sexual health roles, aged care community programs, school health programs, mens health to name but a few.

The Advanced Practice Enrolled Nurse

Enrolled nurses have the opportunity to undertake further study, and may be able to work in extended roles as dictated by the employer. In some workplaces they may be called advance practice enrolled nurses. However, the requirement to be supervised either directly or indirectly by an RN remains. In 2005, the ANF produced 'Competency standards for the advanced enrolled nurse', which provides guidance to employers on the roles which ENs with advanced skills may fulfill.

The advanced enrolled nurse in general practice uses post enrolment education and broad experience in general practice to provide a high level of patient care and health promotion. The advanced enrolled nurse can undertake a greater scope of delegated responsibility and can practice with more indirect registered nurse supervision. The advanced enrolled nurse acts as a leader for other enrolled nurses and a valuable resource for other members of the general practice team.

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1 Ed: multidisciplinary collaboration
4 ADVANCE project (2012) Annotated bibliography – understanding enablers to participation in advanced training and advanced roles for Primary Care Nurses project. http://www.thesandsingpframework.com/about.htm
Accountabilities

APNs are accountable for their own practice in the same way as any RN. The individual scope of practice of an APN will be determined, as with any nurse, according to their level of seniority, educational preparation, skill, the context of practice and other factors such as state/territory legislation, policies and practices of the employer, and regulatory standards.

An EN practising at an advanced level remains accountable for accepting a delegation from an RN, and accountable for their actions.

Examples

Working as an APN comes in many different guises. The following describes what one nurse leader in general practice has achieved:

Example 1  ‘In my role I demonstrate the patient’s clinical needs, the projects and funding opportunities that can best meet patients’ needs, [and] proactively recruit staff who are opportunistic, positive and genuinely interested in making a difference and willing to take on challenging roles. I provide pathways for staff to embrace programs with flowcharts. I have developed a nurse leader for each team in each centre so there is a local go to nurse leader for the nurses, GPs and reception staff.’

Kathy Godwin RN, Strategic Manager: Clinical and Business Development, Shoalhaven Family Medical Centres

Example 2  ‘We have vascular patients, and they range in complexity with multiple problems, [such as] diabetes. They’ve got other teams of doctors as well [so] I coordinate a collaborative approach in care for these patients. … using physios and pharmacists, doctors, nurses, diabetic educators …. so we work in a collaborative approach to actually deliver our care’

Nurses and others working with nurses should familiarise themselves with the NMBA National Decision Making Framework (DMF). This includes template tools which promote a consistent approach to decisions about nursing practice across all areas of practice. The template tools are most relevant for the clinical practice setting, but may be modified or adapted for decision-making in other areas of nursing practice such as education, research and management. The DMF tools and framework can be found at http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework

The following scenario describes one of the key characteristics of an APN – the ability to integrate knowledge from different disciplines and health care teams, to effectively meet the needs of individual clients.

Example 2  ‘We have vascular patients, and they range in complexity with multiple problems, [such as] diabetes. They’ve got other teams of doctors as well [so] I coordinate a collaborative approach in care for these patients. … using physios and pharmacists, doctors, nurses, diabetic educators …. so we work in a collaborative approach to actually deliver our care’

More stories of nurses working in primary health care settings can be found at http://www.amlalliance.com.au/medicare-local-support/nigp/resources

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Further information

- For information relating to the advanced competency standards for registered nurses see http://anf.org.au/pages/competency-standards
- For information relating to the advanced competency standards for enrolled nurses: see http://anf.org.au/pages/competency-standards
- For information relating to the Supporting advanced nursing and development in general practice project see www.thesandsingpframework.com/about.htm
What is a Nurse Practitioner?

The nurse practitioner (NP) is a nurse with advanced practice and specialist skills working in a defined area of clinical practice. The role of the NP can be differentiated from an APN or generalist RN by their ‘extended practice in the areas of advanced clinical assessment, prescribing, referral and diagnostics and their ability to deal in unconventional and innovative ways with complexity and novelty in the delivery of effective health care’. The scope of practice of the nurse practitioner will vary depending on the context in which the nurse practitioner practices.

Nurse practitioner means a nurse whose registration has been endorsed by the Board as a nurse practitioner under section 95 of the National Law. A nurse practitioner is a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic tests. The role is grounded in the nursing profession’s values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers (National Competency Standards for the Nursing Practitioner, ANMC 2006).

NPs must practice according to their own scope of practice in the same way any registered nurse is required to do so. This is particularly important because ‘they will, in all probability, have the authority to administer, supply and/or prescribe scheduled medications. This authority is conferred under the relevant drugs and poisons legislation for the state or territory in which nurse practitioners practise. The conditions of each authority will depend on the requirements of the specific legislation.’

Since November 2010, eligible Midwives and Nurse Practitioners have access to the Medicare arrangements which include providing Medicare rebateable services, referrals to medical specialists and requesting certain diagnostic and pathology services.

Differentiation between the NP role and advanced practice role

Whilst NPs are advanced practice nurses, the NP role most notably differs from the advanced practice role as NPs are endorsed by the NMBA to practice autonomously and collaboratively at an advanced level. This includes prescribing medications and ordering diagnostic tests. This differs from advanced practice roles where an APN may have delegated authority to initiate a medication approved and ordered by another health professional according to a pre-approved standing order, but does not have the authority to prescribe unless specified under some state and territory legislation. In addition, unlike APNs, who are not necessarily working in a specifically defined clinical setting, NPs usually have clearly defined contexts of practice.

4 Poisons Acts vary from state to state, and should be checked for up to date information about legislation relating to prescribers.
Requirements to become an NP

The registration standard on endorsement as a nurse practitioner states that an applicant seeking endorsement as a nurse practitioner must be able to demonstrate:

- Current general registration as a registered nurse with no conditions on the registration relating to unsatisfactory professional performance or unprofessional conduct.
- The equivalent of three (3) years’ full-time experience in an advanced practice nursing role within the previous six (6) years from date of lodgement of application.
- Completion of a Board-approved nurse practitioner program of study at Master’s level or equivalent as determined by the Board.
- Compliance with the National Competency Standards for the Nurse Practitioner.
- Compliance with the Board’s registration standard on continuing professional development as a registered nurse.5

Note: The National Competency Standards for the Nurse Practitioner are currently under review (June 2013).

Nurse Practitioners, like other regulated health professionals, are required to undertake mandatory continuing professional development in order to maintain their competence to practice. Latest requirements by the NMBA can be found at http://www.nursingmidwiferyboard.gov.au/Registration-Standards.aspx

Figure 1: The academic path to becoming an NP:

Registered Nurse
3 year Bachelor degree
endorsed by NMBA

Advanced practice role for at least 3 years
may include further study such as
Grad. Diploma

Masters Degree
approved by NMBA

Nurse Practitioner

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The role of the NP in primary health care and/or general practice settings

It is believed that there are at least 30 NPs working in primary health care settings in Australia. These range from NPs working in general practice, sexual health outreach clinics, in wound care, diabetes education and renal settings.

Accountabilities

As NPs are registered nurses, they are accountable for their practice as described in the RN Fact Sheet. In addition, Standard 2 of the National Competency Standards for the NP\textsuperscript{6} state that: the NP ‘demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions.... Professional efficacy also means that the nurse practitioner participates as a senior member of any multidisciplinary team, recognising nursing autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client’.

Example

The following scenario is one of several examples detailed in the AML Alliance publication entitled ‘Nurse Practitioners in Primary Care. Benefits for your practice’ (2012).\textsuperscript{7}

For seven years Meredith has worked in a large urban general practice in Tasmania. After four years of employment as a general practice nurse she presented the nurse practitioner role to her employers and asked if it would be suitable for their practice. “I wanted to develop my career... they were very supportive and allocated some of my time to do the clinical component of the nurse practitioner training and one GP gave me time as a clinical mentor.” Meredith was endorsed as a nurse practitioner in 2011 and remains in the same practice setting. Her scope of practice is diverse and includes care for acute minor illnesses, diabetes management, immunisation, women’s health, wound care, workplace medical exams and residents’ reviews at aged care facilities. There was some role confusion early on, especially for the reception staff, who were unsure which patients Meredith could see and what medicines she could prescribe. “I made it part of my responsibility to ensure that the GPs and reception staff were aware of my role.” Meredith’s transition from general practice nurse to NP was facilitated by her longstanding role within the practice, in which part of the time she had been nurse manager. “The staff respected me and understood my work ethic, and they [GPs] supported my decision to become a NP.”

Nurses and others working with nurses should familiarise themselves with the NMBA National Decision Making Framework (DMF). This includes template tools which promote a consistent approach to decisions about nursing practice across all areas of practice. The template tools are most relevant for the clinical practice setting, but may be modified or adapted for decision-making in other areas of nursing practice such as education, research and management. The DMF tools and framework can be found at http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework

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More stories of nurses working in primary health care settings can be found at http://www.amlalliance.com.au/medicare-local-support/nigp/resources
Further information


- For further information about NPs nationally and by state, see the Australian College of Nurse Practitioners website at [http://www.acnp.org.au/content/acnp-governance.html](http://www.acnp.org.au/content/acnp-governance.html)


The Midwife

What is a Midwife?

A midwife is a health professional who has completed an approved program of study, such as a Bachelor of Midwifery, or a post graduate diploma or Masters degree in midwifery, and is registered as a midwife with the Nursing and Midwifery Board of Australia. The overarching framework within which midwives in Australia work, is woman centred care. This recognises the right of a woman to self-determination, takes a holistic approach to her individual needs and supports her through the various phases of pregnancy, birth and the first 6 weeks of the postnatal period.

In Australia, midwives work in a number of settings including hospitals, birthing centres, community centres, rural and remote health services, general practice and women’s homes. They may be employed by health services or organisations, or self-employed as privately practising midwives. All midwives are expected to work within a defined scope of practice and conform to ongoing regulatory requirements that ensure they are safe and autonomous practitioners.¹

The following description of a midwife is provided in the National Competency Standards for the Midwife (2006):

The midwife is recognised as a responsible and accountable professional who works in partnership with women to give the necessary support, care and advice during pregnancy, labour and the postpartum period, to conduct births on the midwife’s own responsibility and to provide care for the newborn and the infant. This care includes preventative measures, the promotion of normal birth, the detection of complications in mother and child, the accessing of medical care or other appropriate assistance and the carrying out of emergency measures.

The midwife has an important task in health counselling and education, not only for the woman, but also within the family and the community. This work should involve antenatal education and preparation for parenthood and may extend to women’s health, sexual or reproductive health and child care. A midwife may practise in any setting including the home, community, hospitals, clinics or health units. (ICM 2005)

The midwife will be able to demonstrate competence in the provision of midwifery care as specified in the National Board National competency standards for the midwife.²

The role of a midwife in primary health care and/or general practice settings

Every midwife must be able to demonstrate competence as described in the NMBA Competency Standards for the Midwife (2006). These standards emphasise the role of the midwife from a primary health care perspective.

The graduate midwife practises within a woman centred, primary health care framework and is committed to seeing midwifery as a public health strategy that encompasses a broad social context. The graduate midwife has an important advocacy role in protecting the rights of women, families and communities whilst respecting and supporting their right to self-determination. A graduate midwife has a commitment to cultural safety within all aspects of her practice and acts in ways that enhance the dignity and integrity of others.

Midwifery practice involves informing and preparing the woman and her family for pregnancy, birth, breastfeeding and parenthood and includes certain aspects of women’s health, family planning and infant well-being. The graduate midwife has a role in public health that includes wellness promotion for the woman, her family and the community.

Key roles which midwives working in primary health care and general practice may participate in include:
- Midwifery, antenatal and postnatal care
- Lactation education and support
- Family planning
- Health promotion
- Triage, treatment and care of women and families
- Illness prevention in women, families and communities
- Team care coordination of women and families
- Community development
- Population and public health
- Education, quality improvement and research
- Policy development and advocacy

Accountabilities

As noted in the description of a midwife detailed above, the midwife is recognised as a responsible and accountable professional who works in partnership with each woman to give the necessary support, care and advice during pregnancy, birthing and the postpartum period, to conduct births and to provide care for the newborn and infant.

Accountability means that midwives must be prepared to answer to others, such as health care consumers, their midwifery regulatory authority, employers and the public for their decisions, actions, behaviours and the responsibilities that are inherent in their roles. Accountability cannot be delegated. The midwife who delegates an activity to another person is accountable, not only for their delegation decision, but also for monitoring the standard of performance of the activity by the other person, and for evaluating the outcomes of the delegation.

4 Ibid
5 Ibid
• A midwife is accountable for the care and/or actions which he or she provides.

• A midwife is accountable for the decision to delegate care to another health professional such as an RN or EN. However, the delegatee is responsible for accepting the delegation, and for the actions they may take as a result of that delegation. (See Fact Sheet 3 – The Enrolled Nurse).

• Midwives are accountable for making professional judgements about when an activity is beyond their own capacity or scope of practice and for initiating consultation with, or referral to, other members of the health care team.7

Midwives who meet the required National Board standards, may apply for notation as an Eligible Midwife. This notation enables midwives to offer associated services and order diagnostic investigations required for midwifery practice, in accordance with relevant State and Territory legislation.8 Midwives may also be endorsed to prescribe scheduled medicines when they successfully complete a Board-approved program of study for prescribing midwifery medicines.

Figure 2 provides a summary of the requirements as detailed on the Nursing and Midwifery Board website. More information about the requirements to become an Eligible Midwife can be found at http://www.nursingmidwiferyboard.gov.au/Search.aspx?q=eligible%20midwives

Eligible midwives may provide Medicare rebateable services by entering into formal collaborative arrangements with GPs in the primary health care setting. GPs may refer women for midwifery care or midwives may refer women to GPs or obstetricians for further care if required.9

Figure 2: Academic and professional requirements to become an Endorsed Midwife

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Examples

Midwives may work in a multitude of primary health care settings, including community clinics, general practice, public and private health services and as private practising midwives. Midwives also play vital roles working with specific communities such as rural or remote communities, indigenous communities and those with specific health needs. Some innovative programs in which midwives have played important roles include:

Example 1 Providing culturally sensitive woman centred maternity care in a new Koori maternity clinic in Victoria which aims to improve health outcomes for mums and babies by offering midwife-led antenatal care with multidisciplinary support. The clinic includes antenatal and postnatal care including home visits by the Koori maternity team. The clinic ensures new mums have access to informative and culturally sensitive childbirth education during their sessions with a midwife and also received guidance from an Aboriginal health worker.

Example 2 Midwives were identified as playing a part in a primary health care program in the Lower Murray Medicare Local to improve prevention, diagnosis and management of otitis media by expanding on a locally available and developed model for education about otitis media and by delivering education sessions to general practices and ACCHOs on otitis media prevention, diagnosis and management. A Special Interest Group included Midwives as well as Aboriginal Health Workers, Maternal and Child Health Nurses, Practice Nurses and GPs from the Lower Murray Medicare Local ‘Closing the Gap’ Champion Clinics.

Example 3 A recent study has also identified the important role that midwives may play in closing the gap in smoking rates for pregnant indigenous women. The paper published in the Medical Journal of Australia\(^\text{10}\) notes that ‘in cases where midwives provide much of the care, the close relationship and frequent contact allows ongoing support. Aboriginal Health Workers cultural knowledge and strong links with local families will enhance implementation of cessation support. In a survey of Indigenous women, over 70% of women felt that support from these professionals was likely to be helpful.’

Further information


For information about the regulation of midwives including professional standards, codes and guidelines and scope of practice decision making tools see http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements.aspx

For information relating to the scope of practice, the NMBA has a decision making framework that guides midwives when making decision about expanding their scope of practice see http://www.nursingmidwiferyboard.gov.au/ Codes-Guidelines-Statements/Codes-Guidelines.aspx#decisionmakingframework

For more information about the profession of midwifery see www.midwives.org.au


Aboriginal and Torres Strait Islander Health Practitioners

What is an Aboriginal and Torres Strait Islander Health Practitioner?

The history of the Aboriginal and Torres Strait Islander Health Worker workforce began over five decades ago and grew from the need to provide health services to Aboriginal and Torres Strait Islander people whose health needs were not being met by mainstream services. The role is specific to the Aboriginal and Torres Strait Islander population with workers providing care exclusively to these target groups.

In 2012, Aboriginal and Torres Strait Islander Health Practitioners and Aboriginal Health Workers were included as a new regulated profession under the Australian Health Practitioners Regulatory Agency. Prior to that time, The Northern Territory was the only jurisdiction which regulated Aboriginal and Torres Strait Islander health workers, with their titles, roles and scopes of practice varying from jurisdiction to jurisdiction. Since 2012, and for the purposes of national registration, the protected title under the National Law (2009) is Aboriginal and Torres Strait Islander Health Practitioner (ATSIHP).

All practitioners who were registered with the Aboriginal Health Workers Board of the Northern Territory (NT) were automatically transferred to the National Scheme on 1 July 2012. Practitioners who were not registered in the NT but who held a Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice) have been eligible to apply for registration as an Aboriginal and Torres Strait Islander health practitioner. There have also been grandparenting provisions enabling others to apply for registration up until 1 July 2015.

There are a number of educational pathways from Certificate II through to Diploma and Advanced Diploma level qualifications for ATSIHPs to enter the profession – however, the Aboriginal and Torres Strait Islander Health Practice Board of Australia has set the minimum qualification for application for national registration as the Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care (Practice).

The National Board notes that only those people who are working as an Aboriginal and Torres Strait Islander Health Practitioner and are required by their employer to use the title “Aboriginal and Torres Strait Islander Health Practitioner”, “Aboriginal Health Practitioner” or “Torres Strait Islander Health Practitioner”, are required to register. Those who are not required by their employer to use the title “Aboriginal and Torres Strait Islander Health Practitioner”, “Aboriginal Health Practitioner” or “Torres Strait Islander Health Practitioner”, are not required to be registered, and can continue to work using their current titles (for example, “Aboriginal Health Worker”, “Drug and Alcohol Worker” and “Mental Health Worker”)

The differentiation between those required to use the title Aboriginal and Torres Strait Islander Health Practitioner and those not required to use the title relates to the nature of their roles and whether they are required to perform invasive clinical procedures. The Board notes that:

- if an Aboriginal and Torres Strait Islander health worker’s job involves direct clinical care of patients, the Board highly recommends that they apply for registration in the interest of public safety. Registration is a way of ensuring that only health practitioners who are suitably trained and qualified to practise in a competent and ethical manner are registered.

The role of the Aboriginal and Torres Strait Islander Health Practitioner in primary health care and/or general practice settings

The ATSIHP workforce may be found working in a variety of primary health care environments such as Aboriginal Community Controlled Health Organisations or in the public health system. Many also work in general practices, acute hospitals and non-government organisations.²

The National Aboriginal and Torres Strait Islander Health Workers Association (NATSIHWA) states that:

‘Aboriginal and Torres Strait Islander Health Workers (ATSIHWs) play a vital role in the primary health workforce. They provide clinical and primary health care for individuals, families and community groups. They deal with patients, clients and visitors to hospitals and health clinics. They also assist in arranging, coordinating and providing health care in Aboriginal and Torres Strait Islander community health clinics’.³

ATSIHWs perform a broad range of tasks for Aboriginal and Torres Strait Islander communities which may include:

- the treatment of disease or injuries
- maintaining health records and statistics
- acting as communicator and interpreter on behalf of clients and other health workers
- taking part in case management and follow up, either independently or with other health care providers
- providing health education to individual clients and health staff
- providing cultural education to people outside the cultural community
- providing life skills education, counselling and referral for crisis intervention in the community they serve
- providing input into the planning, development, implementation, monitoring and evaluation of all health programs in the community, and
- carrying out administrative duties including budgeting and correspondence.⁴

ATSIHWs also act as advocates, including referral to culturally appropriate and affordable services to assist people to manage their wellbeing or manage their chronic conditions. ATSIHWs also source for bulk billing specialists, allied health services, and transport services. They work with their Medicare Local Closing the Gap Teams to support patients to access the Coordinated Care and Supplementary Program as part of the CTG initiative.⁵

³ Ibid
⁵ Information provided by Nina Cheyne RN, Aboriginal Health Life Coach and Counsellor
Accountabilities

The relationships between Aboriginal and Torres Strait Islander health workers and nurses vary according to context. They may work autonomously or be accountable to a registered nurse for activities the registered nurse has delegated to them. They may also work directly under the supervision of another health professional.

Due to the diversity of roles, practice setting, scopes of practice and levels of educational attainment, the ATSIHW Professional Practice Framework (2012)6 has been developed to provide guidance for ATSIHPs regarding their professional and ethical accountabilities and responsibilities. The Framework also considers and differentiates between the various levels of experience of ATSIHPs.

The Framework, which includes 4 domains, requires that all ATSIHPs are responsible and accountable for:

1. Providing culturally safe health care
2. Delivering health care in a holistic way
3. Caring for the Community
4. Leading and developing self and others.

Within these four domains, responsibilities and accountabilities are articulated dependent on whether the practitioner is practising as ‘new’ to the profession, experienced or practising at an advanced level. Importantly, from the perspective of other health professionals working in the primary health care setting, the fourth domain emphasises collaboration and communication with other health professionals. It should also be noted that Aboriginal and Torres Strait Islander health workers frequently work in settings where they are the only health workers. Collaboration in this context will often involve working closely with community leaders.

Examples

Example 1  Gwenda has worked in Aboriginal health since the mid 1980s, and is currently the Clinic Coordinator for a Health Service in Katherine, Northern Territory. Gwenda is very passionate about working in Aboriginal health and feels she can be a voice for her community. She explains:

‘All these years later, I still like it and it still feels like I am achieving something’. I enjoy middle management as it allows me to become aware about the political side of Aboriginal health. I also like to be involved in education and resources, especially as a mentor and senior registered Aboriginal Health Worker. I am still loving being able to do clinical screening as it gives me contact with our people. I have seen a few generations within family structures over the years which I have enjoyed seeing develop. I enjoy both levels of my position; administration and clinical primary health care.

As a Supervisor and the Clinic Coordinator, it has been an experience and adventure to nurture, mentor and teach young staff to develop into mature, competent registered Aboriginal Health Workers and this does not happen straight away. With support and encouragement, the young become respectable health workers for the future and our next leaders.’

When asked if there was one thing she would like to do to improve the health of her community, Gwenda stated: ‘Help people to look at health/sickness in a holistic way – you do not have to be sick to come into the clinic to have a check-up, so come in and have a check-up at any time. I think that one of the messages is “Education plays a part in any community and community education is needed so that our people can be aware of the help/support that is available at all times during working hours”.

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Example 2  A recent publication by the Australasian Society for HIV Medicine entitled *Aboriginal Health Workers and Blood Borne Viruses* (2013) provides an in-depth description of roles which ATSIHPs may play in preventing, promoting, educating and creating awareness about blood borne viruses. The document can be found at: http://www.ashm.org.au/default2.asp?active_page_id=133

Example 3  Two ATSIHPs on the NSW South Coast work in very different roles – highlighting the variety of work which ATSIHPs may undertake. One works at the Medicare Local as the Aboriginal Outreach Worker. She follows up reminder calls and arranges transport for her Koori clients who often are unable to attend health appointments due to transport difficulties, costs or family problems, whereas the second is an Outreach worker for the South Coast Aboriginal Medical Service.

**Further information**

For information about Aboriginal and Torres Strait Islander Health Practitioners’ regulatory requirements or professional standards see http://www.atsihealthpracticeboard.gov.au/

For information about the Aboriginal and Torres Strait Islander Health Worker Professional Practice Framework (2012) see http://www.natsihwa.org.au/information-publications/

For general information about Aboriginal and Torres Strait Islander Health Practitioners see http://www.natsihwa.org.au/the-profession/


For a case history about the path taken by someone to become an Aboriginal and Torres Strait Islander Health Worker, see *Full circle: a journey through primary healthcare*. This and other case histories can be found at [http://www.amlalliance.com.au/medicare-local-support/nigp/resources](http://www.amlalliance.com.au/medicare-local-support/nigp/resources).
Enrolled nurses work under the supervision (either direct or indirect) of a registered nurse. ENs may undertake additional education which provides them with skills to practice at an advanced enrolled nursing level within a given specialty – but the RN supervisory requirement remains. At all times, the EN retains responsibility for his/her actions and remains accountable in providing delegated nursing care.

Advanced practice nursing defines a level of nursing practice that uses extended and expanded skills, experience and knowledge. Registered nurses are educationally prepared at post graduate level, and may work, for example in clinical, management or education roles in generalist or specialist settings. Unlike Nurse Practitioners (NPs), the APN role is not endorsed. An APN wishing to become a NP will be required to successfully complete an approved NP Masters program. ENs may also practice at an advanced level within their SOP.

The registered nurse demonstrates competence in the provision of nursing care as specified by registration requirements, National Board standards and codes, educational preparation (at a Bachelor degree level), relevant legislation and context of care. The registered nurse practises independently and interdependently, assuming accountability and responsibility for their own actions and the delegation of care to ENs and health care workers.

A Nurse practitioner is a nurse whose registration has been endorsed by the NMBA as a nurse practitioner under section 95 of the National Law. A nurse practitioner is a registered nurse who is educated at Masters level and endorsed to function autonomously and collaboratively in an advanced and extended clinical role.

Figure 3: Diagram to summarise the roles and responsibilities of nurses (*green text denotes regulated roles)
Diagram illustrates the vital role that Aboriginal and Torres Strait Islander health practitioners play in providing the link between health services and the ATSI community. The way this occurs will depend on the context (for example, where an ATSIHP may provide specialist care to a particular client group under the direction of others such as in a renal unit) or location of practice (in a remote location ATSIPs are likely to practice autonomously).

**Context/location of practice**