Western Australia Nurse Practitioner Candidacy and Integration (NPCI) Framework

2023

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The CNMO acknowledges: The WA and National Nurse Practitioner Workforce Innovation Committees. Thank you.

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Contents

Introduction

A nurse practitioner is an advanced practice nurse, endorsed by the Nursing and Midwifery Board of Australia (NMBA), to provide nursing care within their defined scope, under the legislatively protected title of 'Nurse Practitioner'.[1] The nurse practitioner role was developed and implemented in response to the need for transformational healthcare reform with the intention to improve access to healthcare for Australian communities.

To meet the growing needs of a diverse ageing population, the increasing cost of health care, and the shortage of medical practitioners particularly in rural, regional, and remote areas, it is vital healthcare service provision is supported by innovative, cost-effective, and sustainable services and solutions.[2] Nurse practitioners are well positioned to deliver this in most clinical specialties and geographical locations.

Nurse practitioners function independently, practice at a clinically advanced level and collaborate with the multidisciplinary team to provide authorised complete episodes of person-centred care. The nurse practitioner role creates an opportunity to address the mounting demands of complex care and provides greater access to high quality care for consumers, their families and carers.

Theoretical Underpinnings

Nurse practitioners provide a cost-effective service along the continuum of person-centred care using high level leadership, effective management, and critical thinking and decision-making skills.[3] As the available pool of nurse practitioners in Western Australia (WA) increases so too will the demand to recruit nurse practitioners into health services. Where the recruitment of a suitably qualified nurse practitioner is not possible, health services are encouraged to consider the provision of nurse practitioner candidacy and newly endorsed nurse practitioner roles to facilitate the development of a new level of service that will fill identified service gaps and add value.[4] This can be achieved through a well-designed candidacy and integration programme that facilitates the transition of a nurse practitioner candidate (NPC) or newly endorsed nurse practitioner (NENP) (hereby referred to as 'the candidate') into an independent and confident nurse practitioner.[5]

Understanding how to develop and support the candidate is critical to ensuring these individuals become autonomous nurse practitioners capable of working to their full scope of practice avoiding under-utilisation and job dissatisfaction. To assist this transition, it is vital a structured and well-defined role and job position, indicating how the candidate can meet organisational needs, is created prior to their introduction. Avoiding role ambiguity and addressing issues related to acceptance of the role by members of the multidisciplinary team, can be achieved by promoting and sharing the defined scope of practice.[6]

The creation of a supportive working environment with designated mentors and/or preceptors who provide opportunities to the candidate for training and professional growth and development is paramount to the success and the integration of the role into the multidisciplinary team. Additionally, regular multi-faceted evaluation will ensure ongoing development, success, and funding of the candidate role.

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1   Nursing and Midwifery Board of Australia, 2016
2   MacLellan et. al, 2015
3   Kerr et al, 2020
4   Plath et al, 2019
5   Whitehead et al, 2021
6   Faraz, 2015

Background

The Sustainable Health Review (SHR): final report to the Western Australian (WA) Government (2019)[7] *Recommendation 25*, articulates the need to implement contemporary workforce roles and scope of practice, prioritising community health needs and interdisciplinary models of care. Healthcare system challenges, exacerbated by the COVID-19 pandemic, have emphasised the need to fully utilise the varied skills from all health professional groups to improve consumer access and equity to healthcare services.

In 2019 the WA Chief Nursing and Midwifery (CNM) Office committed to leading the interjurisdictional Nurse Practitioner Workforce Innovation Project (the project) to drive workforce innovation to support health system reform. The CNM Office also began extensive research for the Western Australia Nurse Practitioner Workforce Innovation Strategy 2023-2028.[8]

Further to this, in 2020, the WA CNM Office completed a workforce review which uncovered a significant nurse practitioner workforce risk. The review highlighted opportunities for workforce growth as well as identifying systemwide underutilisation of nurse practitioners with multifaceted, complex workforce-related barriers, and lack of understanding of the nurse practitioner role that had no clear rationale or consistency. Data further demonstrated:

- an aging workforce and negligible succession planning strategies
- difficulties in nurse practitioners securing employment
- a 5-year declining growth in nurse practitioner graduate numbers and endorsements
- inconsistent and negligible mentoring opportunities both during nurse practitioner training and post endorsement

These bodies of work led to the WA CNM Office commissioning The School of Nursing and Midwifery at Edith Cowan University (ECU) to undertake a review and develop an evidence-based nurse practitioner candidacy framework *'A Framework for the Development and Evaluation of a Nurse Practitioner Candidate'* [9]. The corresponding 'Factors influencing the development and implementation of nurse practitioner candidacy programs: A scoping review'[10] was published in the International Journal of Nursing Studies. Both pieces of research provide the context and evidence that informs this document.

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7 Department of Health WA – Sustainable Health Review Final Report, 2019
8 WA Chief Nursing and Midwifery Office, 2023
9 Twigg et al, 2020
10 Whitehead et al, 2021

Current Context

The vision of the WA Department of Health is to deliver safe, high quality and sustainable services that support and improve the health of Western Australians.[11] This includes the delivery of health services that are person-centred and evidence-based within a culture of continuous quality improvement.[12]

Sustainable change will be dependent on contemporary change within the resources available. Nurse practitioners remain an untapped workforce with potential to positively contribute to the transformation of the current healthcare landscape. Reform, however, relies on the systematic removal of regulatory and legislative barriers to enable this workforce to realise its full potential.[13]

A recognised barrier to the implementation of the nurse practitioner role is the time and resources required to prepare an advanced practice nurse (APN) to transition into an independent and collaboratively practicing nurse practitioner. Supporting this transition through a considered and strategic approach within an accommodating multidisciplinary environment will assist in the development and sustainability of the nurse practitioner workforce.

The Western Australia Nurse Practitioner Workforce Innovation Strategy 2023-2028 (the strategy) articulates a clear vision to build and strengthen an integrated and sustainable nurse practitioner workforce that is optimised for the future (Figure 1). Strategic theme 2 of the strategy, *high value, high performance*, identifies in Priority 3, the action for system investment in the development and implementation on an evidence-based nurse practitioner candidacy framework to support and sustain the transition from novice to autonomous practitioner.[14]
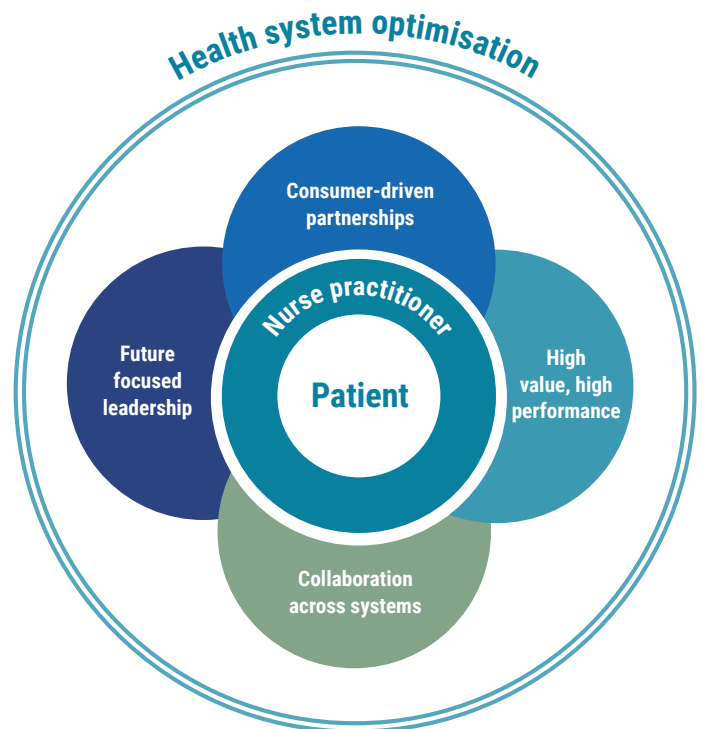

Figure 1: Nurse practitioner workforce model

A nurse practitioner candidacy and integration (NPCI) framework provides guidance on how to prepare for and establish a NPCI program for candidates in their first 12-18 months of autonomous practice. The framework will assist health sectors identify the specific clinical skills and competencies required by the candidate to meet the unique health care needs of the local population within which they are serving.

With the overarching goal to improve the delivery and quality of consumer outcomes and healthcare provision where and when it is needed, it is imperative any NPCI program is aligned with the principles of value-based healthcare and adheres to the National Safety and Quality Health Service Standards.[15] Success of a program can be predicted if nurse practitioner models of care are aligned with relevant existing organisational priorities, workforce plans and state-wide service models. Additionally, a NPCI program designed using the NPCI framework, with a whole of health approach where candidates have across health experience in a range of multidisciplinary settings, will assist to ensure a workforce that is industry ready.

It is noted that a NPCI program is not a requirement for independent practice, however the employment of a sole novice practitioner without adequate supports or succession planning strategies jeopardises the impact and sustainability of the nurse practitioner workforce model.

11 WA Department of Health, 2023
12 WA Department of Health, 2015
13 WA Chief Nursing and Midwifery Office, 2021
14 WA Chief Nursing and Midwifery Office, 2023
15 Australian Commission on Safety and Quality in Health Care – *National Safety and Quality Health Service Standards, 2017*

Purpose of the Nurse Practitioner Candidacy and Integration Framework

Key objectives

1. Provide a structured approach to support the stages of nurse practitioner development and autonomous role progression to full scope of practice.

2. Assist in the recognition and articulation of a nurse practitioner scope of practice which is expected to progress and expand with increasing experience and time.

3. Provide a pathway that addresses nurse practitioner workforce barriers related to recruitment, retention, and succession planning.

4. Provide a sustainable strategy to 'grow your own' workforce that focuses on attracting, developing, and retaining a local nurse practitioner workforce pipeline.

5. Add nurse practitioner experience and leadership skills into multidisciplinary teams.

6. Promote transboundary collaboration that ensures person-centred care is integrated across healthcare settings and sectors.

7. Build a sustainable nurse practitioner workforce that meets contemporary consumer needs by providing health system solutions where high service demand, service gaps and workforce shortages are experienced.

Key intentions

1. Be generic, acknowledging that candidates and health service organisations have unique requirements, objectives, and resource availability. As such, this document offers a framework for the application of the essential elements to guide the development of a site-specific NPCI program.

2. Provide an overview of the roles and responsibilities of the health service and those of the candidate that need to be considered.

3. Provide options for a structured approach to support the stages of nurse practitioner development and transition.

4. Provide options for a recruitment pathway for employment into future nurse practitioner positions.

The Nurse Practitioner Candidacy and Integration Framework

The NPCI Framework covers a continuum of time from the perspective of the candidate and the health service organisation. It incorporates the stages of nurse practitioner development from the commencement of the master's program of study through to the completion of the first year as an endorsed nurse practitioner.

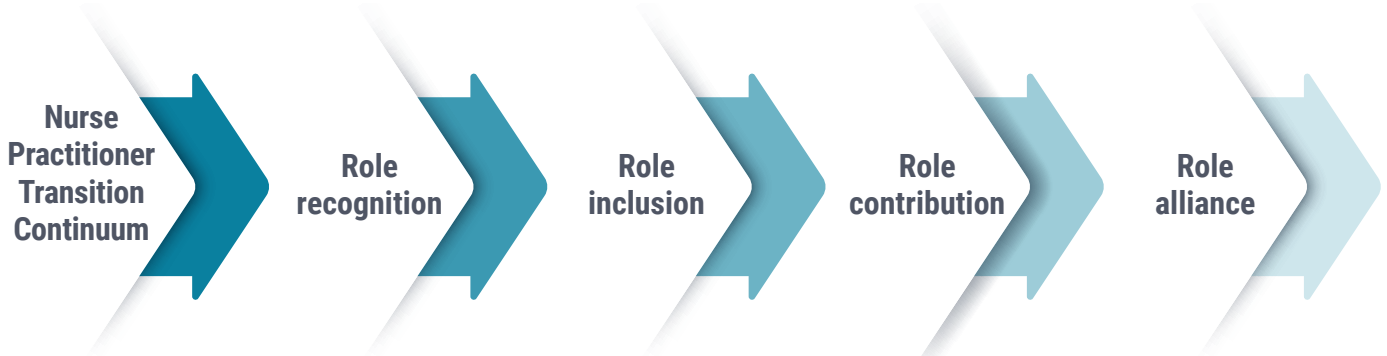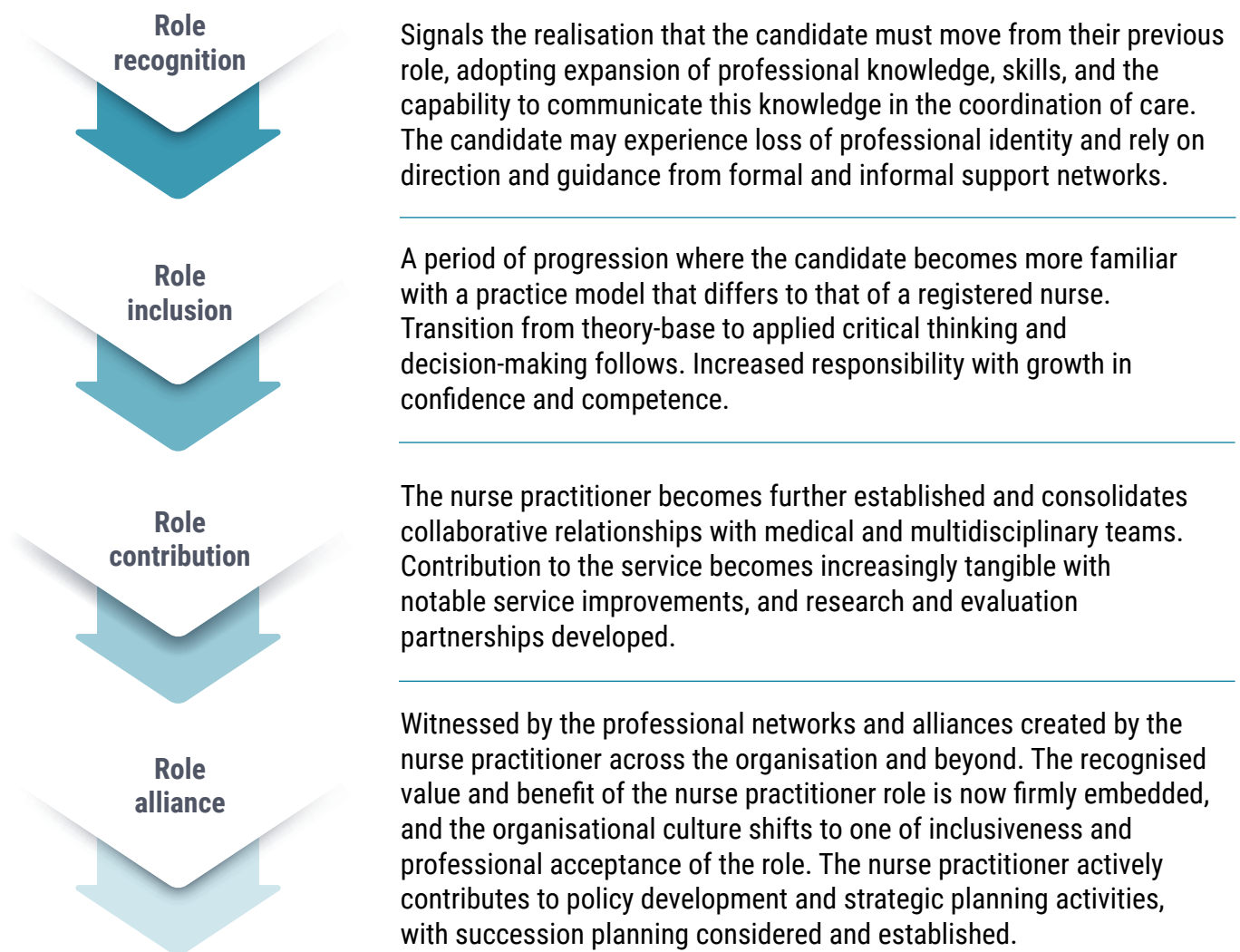| Nurse Practitioner Transition Continuum | Role recognition | Role inclusion | Role contribution | Role alliance |

Figure 2a – Nurse Practitioner Transition Continuum

The phases of the nurse practitioner's growth transition occur in a continuum (Figure 2a and 2b) which the candidate will progress through as they study and develop into an independent and collaboratively practicing nurse practitioner. Successful role transition and professional identity formation can be achieved through effective support of the candidate by all members of the multidisciplinary team of an organisation. This is a key contributing factor to workplace resilience, satisfaction, and retention.[16]

Role recognition

Signals the realisation that the candidate must move from their previous role, adopting expansion of professional knowledge, skills, and the capability to communicate this knowledge in the coordination of care. The candidate may experience loss of professional identity and rely on direction and guidance from formal and informal support networks.

Role inclusion

A period of progression where the candidate becomes more familiar with a practice model that differs to that of a registered nurse. Transition from theory-base to applied critical thinking and decision-making follows. Increased responsibility with growth in confidence and competence.

Role contribution

The nurse practitioner becomes further established and consolidates collaborative relationships with medical and multidisciplinary teams. Contribution to the service becomes increasingly tangible with notable service improvements, and research and evaluation partnerships developed.

Role alliance

Witnessed by the professional networks and alliances created by the nurse practitioner across the organisation and beyond. The recognised value and benefit of the nurse practitioner role is now firmly embedded, and the organisational culture shifts to one of inclusiveness and professional acceptance of the role. The nurse practitioner actively contributes to policy development and strategic planning activities, with succession planning considered and established.

16 Owens, R.A., 2019

Figure 2b – Nurse Practitioner Transition Continuum

The NPCI Framework consists of three (3) key domains: Structure – preparation and planning, Process – implementation, and Outcomes – evaluation (Figure 3). The framework is intended to be generic to allow it to be applied and adapted across public, private, primary and community clinical services or settings, for candidates integrating into the workforce. The adaptability of the framework design allows it to be modified at site-level to align with the organisation's specific needs, circumstances, and requirements for implementation and evaluation of a program depending on target populations.

The NPCI Framework describes the underpinning principles required to create a structured and supportive NPCI environment. The framework is guided by the Donabedian model which comprises Structure, Process and Outcomes.[17] The Donabedian model emphasises the primary importance of *Structure* or organisational factors that relate to the initial phase of the framework: *preparation and planning* for the nurse practitioner and newly endorsed nurse practitioner candidacy (Table 1). The second phase of the framework, *Process* factors, underpins the *implementation* of the NPCI model (Table 2), and the last phase of the framework, *Outcome* factors, supports the *evaluation* of the NPCI program (Table 3). Tables 1, 2 and 3, provide extensive information and examples for consideration and inclusion.
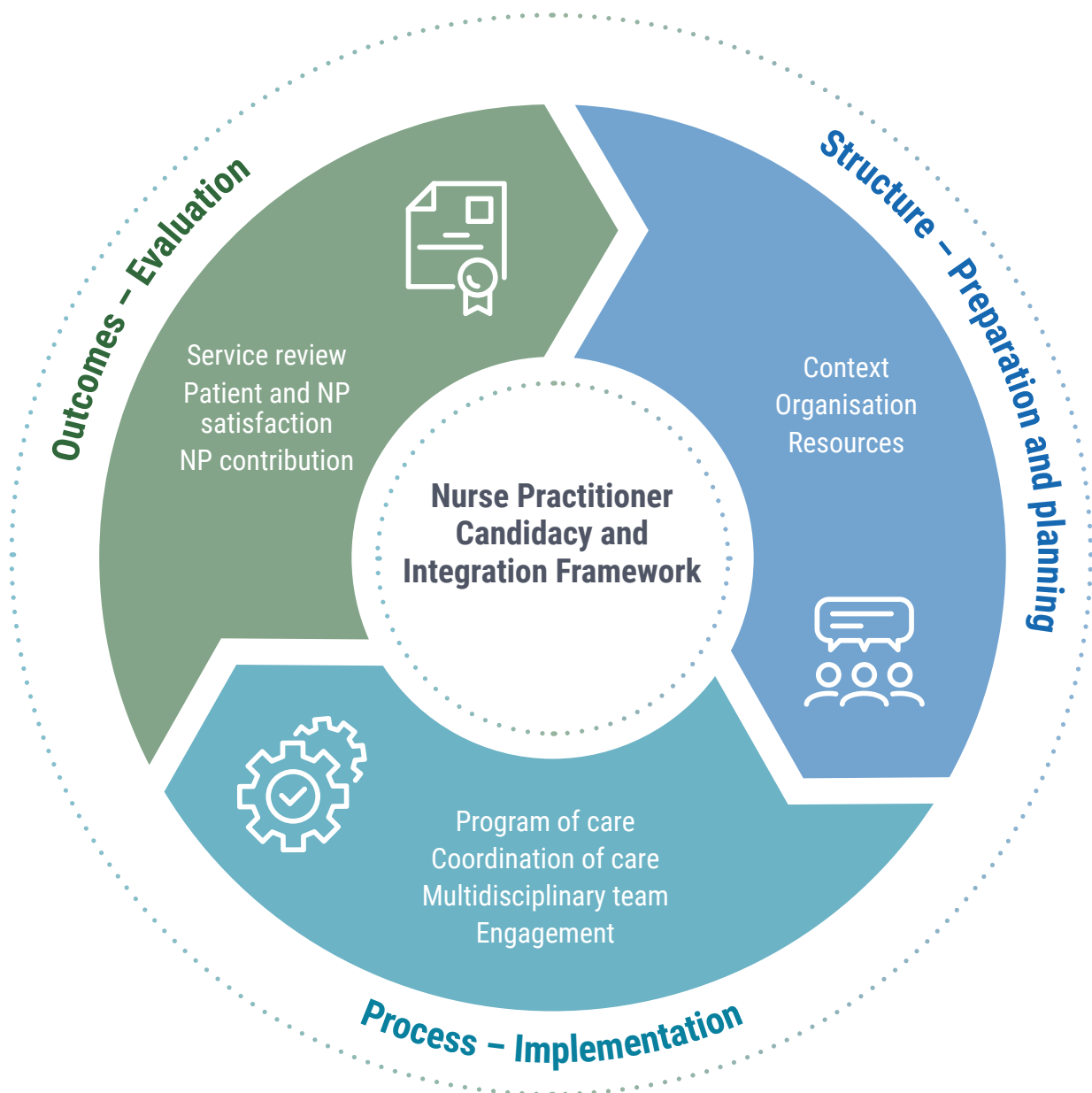

Figure 3 Nurse Practitioner Candidacy and Integration Framework

17 Ervin & Kulbok, 2018

Domain 1: **structure**

The context in which care is delivered.

Structure Factors contextualise the preparation and planning phase of initiating a NPCI program in relation to set up, organisation and support for the proposed candidates. Service preparation and planning is guided by the principles of collaboration, evaluation and succession planning within a multidisciplinary environment and includes the consideration of the following steps as outlined in Figure 4.

Preparation and Planning

1. Assessing target population health needs (service/organisation context, service model and organisational structure) including a gap and risk benefit analysis to inform where nurse practitioner roles and services can extend capacity of services to have the greatest impact.

2. Engaging and collaborating with key stakeholders internal and external to the organisation who will influence and support the candidacy roles and determine how these interface with the multidisciplinary team and fit into existing teams.

3. Designing the candidacy roles including job description, reporting relationships, stakeholders, and mentorship/preceptorship provision.

4. Financial costings and business case development to establish and support candidates, including cost benefit analysis.

5. Funding generated by the candidate.

Figure 4 Preparation and Planning

Barriers to practice

Structure factors highlight enablers of and barriers to the development of the candidacy role. The scoping review evidenced barriers that negatively impact the implementation and sustainability of the nurse practitioner role. The articulation of these barriers allows a more comprehensive understanding of how they can be recognised and addressed. Barriers can be broadly categorised in to three groups: role, team and individual (Figure 5).
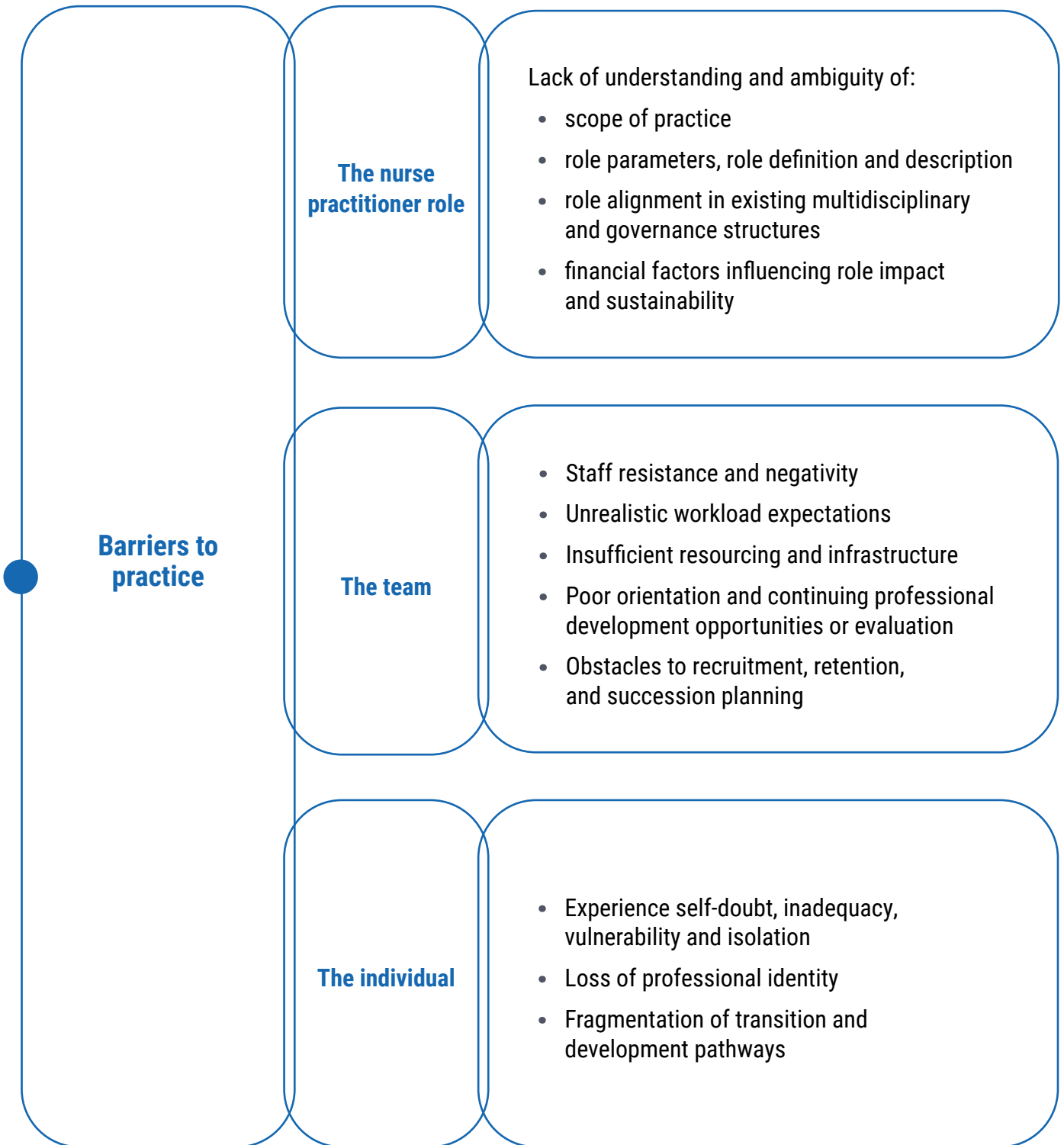
Barriers to practice

The nurse practitioner role

Lack of understanding and ambiguity of:

- scope of practice
- role parameters, role definition and description
- role alignment in existing multidisciplinary and governance structures
- financial factors influencing role impact and sustainability

The team

- Staff resistance and negativity
- Unrealistic workload expectations
- Insufficient resourcing and infrastructure
- Poor orientation and continuing professional development opportunities or evaluation
- Obstacles to recruitment, retention, and succession planning

The individual

- Experience self-doubt, inadequacy, vulnerability and isolation
- Loss of professional identity
- Fragmentation of transition and development pathways

Figure 5 Barriers to Practice

Structure factors		
	Key considerations	**Sources of information**
1.1 Service/organisation context		

• Define the clinical population and their health needs
• Identify the current and/or proposed model of care
• Prioritise current and potential future service needs
• Identify modifications required to existing model of care to address current and future service needs
• Identify the population health needs the nurse practitioner and candidate role can meet
	• Geographic location
	• Affiliations and agreements
	• Population served including level of socio-economic advantage/disadvantage
	• Number of admissions, separations, and Length of Stay
	• Incidence of admission following discharge within identified and agreed Key Performance Indicators (KPIs)
	• Incidence of sentinel health care events
	• Timeliness of care according to the targets set
		• Administrative data
		  • Australian Bureau of Statistics (ABS) Socioeconomic Index for Areas (SEIFA)
		  • ABS Index of Relative Socioeconomic Advantage
		  • ABS Core Data
		  • ABS Additional Standard Data for indicators for Cultural and Linguistic Diversity
		• Health Department WA data sets: TOPAS/webPAS/PSOLIS/NAPAWL/ BOSSnet/MOSAIQ/EDIS/Emergency Department data/Clinical Incident Management Systems
		• For information:
		  • No. admissions and separations
		  • Incidence of re-admission following discharge
		  • Timeliness of care
		  • Length of stay
		  • Leaving ED without care
		• Clinical incidents and/or sentinel events ranked SAC 1,2 and 3

1.2 Service Model		
	• Health condition focus • Target population • Type of service e.g., community practice, outpatient, telehealth, home care, outreach, hospital in the home, acute care • Health Care Provider (HCP) mix of staff within the service	• Administrative data (as above) • Interviews with organisation's management • Interviews with service stakeholders
1.3 Organisational structure		
	• Overview of the organisation/reporting relationships	• Administrative data (as above) • Interviews with organisation's management
2. Collaboration within the organisation		
• Identify pre-existing collaborations and where further collaborations need developed • Identify where and how the nurse practitioner and candidate can build collaborations	• Existing collaborations between internal and external staff and HCPs • Existing collaborative arrangements with medical practitioners, allied health • Potential collaborations between nurse practitioner and candidate and further internal and external HCPs • Assess the need for collaborative arrangements to be established	• Interviews with organisation's management • Interviews with service stakeholders • Existing collaborative arrangements (being phased out) • Nurse practitioner Business plan (to include nurse practitioner and candidate)

Table 1 NPCI Framework Structure Factors

Structure factors		
	Key considerations	**Sources of information**
3.1 Support within the organisational structure		
• Identify key stakeholders to collaborate with the candidate and have oversight of their progress • Mentorship/preceptorship	• Designate line management responsibilities for the candidate • Plan staff supervisory arrangements for the candidate • Develop an advisory group/working group to provide oversight of implementation of the candidate role • Nominate a lead individual to provide oversight of the advisory group/working group • Setup mentoring/preceptorship and a support program for the candidate	• NPC job description • NENP job description • Organisational structure chart • Nurse practitioner Business Plan amended to include candidates
3.2 Description of the NPC/NENP role		
	• Clinical and non-clinical functions within the organisation including organisational responsibilities and reporting relationships • Role autonomy and flexibility • Allocation of clinical and non-clinical time to support study/research aligned within the domains of education, research, and leadership	• NPC candidate job description • NENP job description
3.3 NPC/NENP employment and funding model		

	• Full time, part-time
	• Self-employed, government funded, not-for-profit
	• Funding received for the candidate via funding models
	• Funding generated by the candidate
	  • Private health insurance payments
	  • Private practice
	  • Consumer payment/co-payment (gap passed onto consumer)
	  • Public funding
	  • State-funded
		• Administrative data (as above)

3.4 Establishment costs and operating costs		
	• Training/education of candidate including costs of supervision • Administrative support • Accommodation for the candidate (remote areas) • Travel to establish related activities • Development of service/clinical protocols • Office/clinical space including computers and software • Clinical equipment	• Administrative data (as above) • Interviews with organisation's management

Table 1 NPCI Framework Structure Factors (cont.)
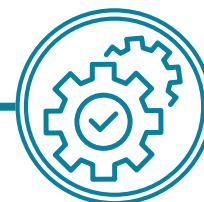
Domain 2: **process**

Implementation processes

Process Factors involved in the implementation of the NPCI program are underpinned by leadership, support, and role modelling for the candidate. It is recommended support for candidates comes from esteemed leaders established within a healthcare organisation. These selected leaders can hold any role within the multidisciplinary team. Provision of support to candidates will enhance the co-ordination, delivery, and activities of the proposed program of care.

It is also recommended that candidates receive one to one support from a mentor and/or preceptor in addition to role modelling from team members. Adequate support and role modelling from a leader will facilitate role transition of the candidate, promote opportunities for professional development and oversight, reinforce inclusion of the candidate's role within the multidisciplinary team, and enhance engagement and integration with other health professionals.

The success of the implementation process of the nurse practitioner role can be demonstrated by acceptance and embedment of the candidate across the participating health service. Organisational communication that articulates and promotes the value of the role of the candidate is recommended to assist in eliciting recognition and support.

Key to the successful implementation of the nurse practitioner role is the development of a formalised support team who can implement and guide the NPCI program. This should be given strong consideration. Formal and informal opportunities exist to support the candidate through the stages of nurse practitioner development (Figure 6).

Implementation
Formal support recommendations
Lead facilitator, mentor(s) and preceptor(s) to provide oversight, role modelling and encourage personal reflection to enhance professional learning, skill development, confidence, and resilience.
Informal support recommendations
• Executive nursing sponsor • Nurse practitioner and medical practitioner colleagues • Professional colleagues and informal networks of NPCs • Nurse practitioners internal and external to the health service organisation.

Figure 6 – Support recommendations

Process factors		
	Key considerations	**Sources of information**
4. Leadership and support		

• Support role transition and experience and professional development during candidacy	• Where possible the lead facilitator will be a NP and based in the same practice/service.
	• The lead facilitator:
	  • Has knowledge of the candidate's role description
	  • Has oversight of the goals/outcomes and timelines for implementation
	  • Reviews and confirms infrastructure and support requirements are in place including the costs of attendance at professional development sessions (staff replacement, travel, accommodation, training costs) and the cost of mentorship and convening the advisory panel
	  • Develops a process to monitor and evaluate the implementation objectives achieved in relation to the NP Standards
	• The lead facilitator works with and is guided and supported by the NP Candidacy Implementation Support Group to develop a strategy to monitor and evaluate candidate role implementation and the challenges to role development.
	• The mentor should be a nurse practitioner, ideally working in the same organisation. The mentor will:
	  • Be available for regular scheduled meetings to discuss issues directed by the candidate
	  • Ensure the relationship remains confidential and does not involve line management
	• The preceptor will be based in the same service and ideally be a nurse practitioner but otherwise a medical practitioner. The preceptor will:
	  • Work with the nurse practitioner candidate to establish a supportive environment
	  • Work with the candidate to identify professional development needs and a plan to achieve these in line with role expectations
	  • Utilise forward planning where learning needs are identified prior to program placement and/or the candidate identifies opportunities for development at the start of the placement
	  • Work with the candidate and clinical team to facilitate a positive and collaborative practice environment through clear role definition prior to the nurse practitioner candidate commencing in the area
	• Promotion and marketing of the candidate role within the setting to raise awareness among multidisciplinary members and nursing staff of the candidacy model and candidate.
		• A lead facilitator is appointed to provide oversight and support the candidate
		• The candidacy Implementation Support Group meet before, during and post candidacy period to support the candidacy program
		• A mentor and a preceptor are appointed to support the candidate

Table 2 NPCI Framework Process Factors

Process factors		
	Key considerations	**Sources of information**
5. Role Modelling		
• Support role transition and experience and professional development during candidacy	• Consumer care provided is: • Dignified, respectful, compassionate, personalised, coordinated, and continuous • Consumer care enables choice, decision making and promotes self-management • Communication style • Interpersonal relationships between team members and with consumers, their families, and carers • Empowerment • Inclusiveness • Availability of interpreter and advocate services • Consumer health information is shared with other health professions • Consumer care is coordinated and integrated across other health professions • Model of care is delivered in accordance with the guidelines by all members of the service/organisation team • Community awareness and understanding of the role	• Lead facilitator (nurse practitioner or medical director) to provide oversight and reinforce as necessary that health care is: • person-centred • culturally safe for Aboriginal and Torres Strait Islanders and Culturally and Linguistically Diverse populations • coordinated • consistent • accessible within the community through awareness and understanding of the role

Table 2 NPCI Framework Process Factors (cont.)

Domain 3: **outcomes**

Effects on consumer or population

Outcome Factors relate to the evaluation of the NPCI program and how this has contributed towards the achievements and accomplishments of the program of care provided to consumers, their families, and carers. The approach to evaluation is flexible, should be reflective of the length of time the candidate has been in the role, and observe the aims of the health service. The suggested areas for evaluation are detailed as service review, to include perceived changes in physical and mental health of those who have received care from the candidates, and satisfaction with the nurse practitioner model of care from the perspective of the candidate, the organisation, and the consumers of the health service.

As a quality improvement process, formal evaluation of a NPCI program will provide qualitative and quantitative benchmarks that inform future directions. Evaluation allows the health service to capture the impact of the candidate role against agreed service outcomes and overall program satisfaction.

It is recommended that at each stage of the nurse practitioner's development the NPCI program evaluates a consistent base line that can be measured centrally for the success of the framework. Consideration should be given to the submission of two independent evaluation reports, one from the perspective of the health service and the other from the candidate. Possible factors for inclusion are detailed in Figure 7.

Evaluation

Health service perspective

- Overview of NPCI program to date in line with agreed outcomes including successes and challenges
- Impact of NPC/NENP role on care delivery including successes and challenges
- Consumer experience and satisfaction with the service delivery
- Safety and quality
- NPCI program Support Team experience and satisfaction with the program
- Overview of the uptake of the nurse practitioner service model
- Identification of how the candidate role can be expanded or built upon including succession planning
- Identification of actions that address identified challenges or barriers

Nurse Practitioner/Newly Endorsed Nurse Practitioner Candidate (the candidate) perspective

- Satisfaction with the NCPI program including successes and challenges of the role and model of service delivery
- Candidate satisfaction with the clinical and professional support received through the NPCI program
- Overview of progress in line with the NMBA nurse practitioner standards of practice leading to endorsement
- Identification of how the candidate role can be expanded or built upon
- Identification of actions that could be taken to address identified challenges and/or barriers

Figure 7 Evaluation of NPCI program reports

Outcome factors		
	Key considerations	**Sources of information**
6.1 Service Review		
• Overview of NPCI program to date • Overview of progress of NPC in line with the NMBA nurse practitioner standards of practice leading to endorsement • Overview of uptake of nurse practitioner service model in line with agreed outcomes including success and challenges	• Interview with candidate • Interviews with organisation's management/executive team • Interviews with service stakeholders • Evaluation of the mentorship and preceptorship roles • Evaluation of the NPCI program • Evaluation of safety and quality improvements made	• Identify successes, barriers and challenges experienced in the implementation of the model of care • Identify the impact of the candidate role, identifying barriers and challenges to delivery of care • Actions to address identified barriers and challenges • Identify how Nurse Practitioner role can be expanded or built upon
6.2 Satisfaction with the Nurse Practitioner/Newly Endorsed Nurse Practitioner candidate (candidate) model of care		

	• Interviews with candidates
	• Survey and/or interview with service and/or organisation's management and stakeholders
	• Potential areas to explore within each group:
	• Effectiveness and safety of care
	  • Effectiveness and safety of consumer care
	  • Communication style
	  • Involvement in decision making for consumer care
	  • Respectfulness of consumer care
	  • Perception of the timeliness of consultation/care
	  • Overall satisfaction
	  • Relevance of consumer care
	• Understanding of the consumer care required
		• Candidate satisfaction with the role and model of care including successes and challenges
		• Candidate satisfaction with clinical and professional support provided
		• Consumer, service and organisation's experience and satisfaction with candidate role
		• Consumer satisfaction with candidate model of care
		• Evidence of contribution to service and/or organisation outcomes consistent with time in role and candidate status

Table 3 NPCI Framework Outcome Factors

Summary

Nurse practitioners working to their full scope of practice are a valuable asset to public, private and primary healthcare services. As a key member of the multidisciplinary team, the inclusion of nurse practitioners into the model of care increases the total capacity of the multidisciplinary team to provide improved access to health care for, and ultimately improves the health outcomes of, the communities served.

Growing the nurse practitioner workforce requires foresight from health service providers to establish designated positions into which advanced practice nurses, as nurse practitioner candidates and newly endorsed nurse practitioner candidates, can be employed whilst working towards endorsement and autonomous practice. These specialised positions are positively received and supported when there is an identified service gap that promotes a clear role for the candidate. A well-designed NPCI program developed using a NPCI framework can facilitate this and pave the way for service providers to use candidates to respond to consumer and service needs.

The NPCI framework is a comprehensive generic tool designed to provide guidance to candidates and health sector organisations. It articulates considerations on how to approach, prepare for, and establish a contemporary site-specific NPCI program and provides direction on the structured implementation and formal evaluation of candidate roles.

When applied as recommended, the NPCI framework will assist in the recruitment, expansion, and sustainability of the nurse practitioner workforce and serve as a model to improve the experience of employers and candidates. The NPCI framework will encourage candidates to succeed in a supported, collaborative multidisciplinary environment that will empower them to work towards the full extent of their professional scope of practice and maximise the associated benefits to the consumers, their families, carers and communities.

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Appendix A

Stages of Nurse Practitioner Development

Nurse Practitioner Candidate

NMBA Endorsement

Newly Endorsed Nurse Practitioner

Established Nurse Practitioner

Nurse Practitioner Candidate

- An advanced practice registered nurse
- Commenced an approved nurse practitioner master's program
- Working towards 5000 hours for NMBA endorsement
- Orientated to organisation as a nurse practitioner candidate
- Nurse practitioner candidate support principles:
  - Established partnerships with the NPCI program support team
  - Established governance, including management and reporting lines
  - Clear role description
  - Identified clinical competencies required
  - Supported study leave and supernumerary clinical hours (300-350 hours)

Newly Endorsed Nurse Practitioner

- Completion of an approved program of study to become a newly endorsed nurse practitioner
- Legislatively authorised to practice independently and work collaboratively
- Benefits from a period of structured and supported practice to consolidate knowledge and establish full scope of practice including:
  - Assessment
  - Diagnostics
  - Prescribing
  - Referring
- Introduced to organisation as a newly endorsed nurse practitioner
- Increased organisational profile
- Medical, nurse practitioner and other health professional mentors established
- Building, consolidating, and expanding professional network

Established Nurse Practitioner

- An independent and collaboratively practicing nurse practitioner, working to full scope of practice
- Meeting all NMBA nurse practitioner practice standards
- Meeting ACSQH standards for credentialing
- Culture and systems level thinking
- Embedded mentors and professional collaborations
- Role and service sustainability
- Strong commitment to research and developing the profession
- Professional and clinical role model, preceptor, and mentor
- Mentor next nurse practitioner candidate and newly endorsed nurse practitioner
- Seek continuing professional development opportunities

Key definitions and terminology

Term	Definition
Advanced Practice Nurse (APN)	A Registered Nurse (RN) practicing at an advance practice level who incorporates professional leadership, education, research, and support of systems into their practice. Advanced practice in nursing is demonstrated by a level of practice and is not a job title or level of renumeration.[18]
Approved Program of Study	An accredited master's degree approved by the Nursing and Midwifery Board of Australia (NMBA).[19] This approved program of study leads to a Master of Nurse Practitioner that is required to gain endorsement as a NP with the NMBA.
Candidate	For the purpose of the document, Candidate refers to the novice Nurse Practitioner Candidate and/or the Newly Endorsed Nurse Practitioner completing a Nurse Practitioner Candidacy and Integration program.
Endorsement	All nurse practitioners in Australia are endorsed to practice by the NMBA as an extension to standard NMBA registration. Endorsement is separate to gaining employment as a nurse practitioner. The following must be demonstrated to achieve endorsement: 1. Current general registration as a RN in Australia with no conditions or undertakings relating to unsatisfactory professional performance or unprofessional conduct. 2. The equivalent of three years full-time experience (5,000 hours) at the clinical APN level, within the past six years, from the date when the complete application seeking endorsement as a nurse practitioner is received by the NMBA. 3. Successful completion of: i. a NMBA-approved program of study leading to endorsement as a nurse practitioner, or ii. a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA. 4. Compliance with the NMBA's Nurse Practitioner Standards for Practice.[20]
Health Consumer	A health consumer is anyone who has used, currently uses, or may potentially use health care services, or is a carer for a consumer using health services. Consumers should be supported to be active partners in the design, delivery, and evaluation of health care.[21]
Mentor	An experienced individual who provides advice, guidance, and support to promote personal and professional growth, goal development and achievement, and job satisfaction. The relationship benefits from a personal and confidential structure.

18   Nursing and Midwifery Board of Australia, 2020
19   Australian Nursing and Midwifery Accreditation Council, 2015
20   Australian Commission on Safety and Quality in Health Care, 2023
21   Nursing and Midwifery Board of Australia, 2021

Term	Definition
Newly Endorsed Nurse Practitioner (NENP)	A nurse practitioner newly endorsed by the NMBA and undertaking the integration component of a Nurse Practitioner Candidacy and Integration Program within the health sector. The NENP is legislatively authorised to undertake diagnostic assessments, treat, prescribe, and refer consumers within their scope of practice. Organisational support and formal mentorship are required for skill and confidence consolidation, and to establish acceptance by other professionals within and external to the organisation. A NP integration period of 12-24 months is recommended to support this transition.
Nurse Practitioner (NP)	An APN endorsed by the NMBA who has direct clinical contact and practices within their scope under the legislatively protected title 'Nurse Practitioner' under the National Law (Nursing and Midwifery Board of Australia, 2016). Nurse practitioners provide a clinically focused service, with a scope of practice that includes consumer assessment, and autonomous decision-making that includes ordering and interpretation of diagnostic interventions, prescribing, treatment, provision of interventions, referral and discharge as required.[22]
Nurse Practitioner Candidacy and Integration Program (NPCI program)	A specific Candidacy and Integration Program which incorporates the essential elements of the NPCI Framework. The NPCI program will create a supportive and structured environment to assist the APN progress through the master's level qualification to achieve endorsement and consolidate knowledge and skills through a supported integration program.
NPCI Support Team	A formalised support team, consisting of a facilitator, mentors, preceptors, and other informal supports who participate to implement and guide the NPCI program.
Nurse Practitioner Candidate (NPC)	An APN employed in a designated position within the health sector working towards NP endorsement via the NMBA and formally supported to participate in a NPCI program. NPCs **do not** have the legislative authority to diagnose, treat, prescribe, or independently manage full episodes of care until endorsement.
Preceptor	An experienced and competent nurse formally assigned to guide the professional journey of the candidate providing transitional role support and effective clinical learning.

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22   Nursing and Midwifery Board of Australia, 2016

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