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## Review Paper

# Nurse practitioner prescribing in Australia: A comprehensive literature review



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## ABSTRACT

**Background:** In Australia, the nurse practitioner (NP) obtained prescriptive authority in some jurisdictions in 2001. One of the key aspects in which the scope of NPs differs from Registered Nurses (RNs) relates to the legal privilege to prescribe medications. Although NPs have had prescriptive authority in Australia since 2001, with access to the Commonwealth subsidy scheme (PBS) since 2010, little is known about NPs prescriptive patterns or outcomes of prescriptive practice.

**Aim:** The aim of this scoping review was to examine the extent, range and nature of research conducted in relation to NP prescribing in the Australian health context as well as identify gaps in the existing literature. Whilst considerable research has been undertaken on medical prescribing, to date there is no published review of studies regarding NP prescribing in the Australian context.

**Method:** A structured search of the literature was undertaken using permutations of the following key words 'nurse practitioner prescribing Australia', 'nurse practitioner and prescribing', 'advanced practice nurse and prescribing', 'nurse practitioner and Australia'. Databases where searched from January 2000 to January 2016. Databases searched include PsycInfo, Pubmed, CINAHL and Medline.

**Findings:** There are a number of distinguishing features of NP prescribing practices in the Australian context. Little is known about the prescribing behaviours of critical care NPs in both the international and Australian context. Key themes identified were: barriers to prescribing, attitudes to NP prescribing, frequency of prescribing, types of medications prescribed, prescribing practice behaviours and confidence in prescribing.

**Conclusion:** The impact of legislative changes on Australian NPs clinical practice and service delivery is still evolving. This review should create impetus for further research to determine the outcomes of NP prescribing on both patient and health service outcomes in the Australian healthcare context including critical care settings.

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## 1. Introduction

The International Council of Nurses defines NPs as Registered Nurses (RNs), who, through experience and formal education (typically Master's level) have acquired an expert knowledge base, complex decision-making skills, and the necessary clinical competencies for expanded practice.<sup>1</sup> The characteristics of this 'expanded practice' are shaped by the context and specific in-country regulatory requirements in which the NP practices. NP

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roles were first introduced in the United States in the 1960s as a way of meeting demand for health services in the community.<sup>2</sup> Since then, the NP role has been introduced in a number of other countries, including Australia, New Zealand, and Canada.<sup>3</sup> In Australia, NPs are educationally prepared at master's degree level and defined as an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia (NMBA—National Board) to practice within their scope under the legislatively protected title 'nurse practitioner'.<sup>4</sup>

One of the key aspects in which the scope of NPs differs from RNs relates to the legal privilege and authority to prescribe medicines. It is important to note that prescribing is a more complex process than the simple act of writing a prescription. Prescribing has been defined as an iterative process involving the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of medicines.<sup>5</sup> A prescriber is defined as a health practitioner authorised to undertake prescribing within the scope of their practice.<sup>6,7</sup> Prescribing by a limited range of non-medical health professionals is already occurring in Australia.<sup>8</sup> Non-medical practitioners that are currently eligible to prescribe in Australia include podiatrists, veterinary practitioners, dentists, optometrists and eligible midwives usually within a limited scope of medicines.<sup>9</sup>

In countries such as the United States of America (US), United Kingdom (UK), and Australia, NPs, are legislatively permitted to autonomously prescribe medications.<sup>10</sup> However, the legislation regarding NPs' legal authority to commence, titrate, and cease medications varies across and within countries. For instance, in the US, NPs have the authority to prescribe medications. This however is conditioned by individual state legislation that differs in regards to whether the NP is licensed to prescribe independently, or whether they may only prescribe if engaged in a form of collaborative relationship with another health professional or health team.<sup>10</sup> In contrast, in the UK, NP is not a legislatively protected title although registered independent nurse prescribers have had access to the British National Formulary (BNF) since 2006. Access to the BNF enables registered nurses (RN), to prescribe within the RN scope of practice.<sup>11</sup> It is important to clarify that UK nurse prescribers are not NPs as defined in Australia, but rather registered nurses who are specially trained to prescribe licensed and unlicensed drugs within their clinical competence within the RN scope.<sup>11</sup> NPs in the UK ideally undertake a Royal College of Nursing approved advanced nursing practice program although the program is not mandatory and does not give the NP a Masters' degree qualifications on completion in comparison to Australian NPs.<sup>12</sup>

In Australia, the NP role was first introduced into the health care context in 1998, with prescriptive authority commencing in some jurisdictions in 2001.<sup>13</sup> The NP role is title protected by legislation and the NP scope of practice is built on the platform of the RN scope of practice, and must meet the regulatory and professional requirements for Australia including the *National Standards for Practice as a Nurse Practitioner, Code of Ethics and Code of Professional Conduct*.<sup>4,14</sup> Endorsed NPs in Australia are authorised to prescribe medications relevant to their scope of practice<sup>8,15</sup> and as of 1st November, 2010, legislated privilege includes access, to prescribing medicines on the Pharmaceutical Benefits Scheme (PBS). The PBS is Australia's universal coverage scheme for specified prescription medicines.<sup>16,17</sup> It is noteworthy however, that PBS prescribing is conditioned by a nurse practitioner's scope of practice, and individual state and territory poisons legislation. Although NPs have had prescribing authority in Australia since 2001, with access to PBS listed medicines since 2010, little is known about Australian NPs prescribing behaviours or related outcomes. While there are multiple published research related to medical prescribing there is not any published research regarding NP prescribing outcomes in the Australian context.<sup>18–22</sup> This evidence gap potentially limits

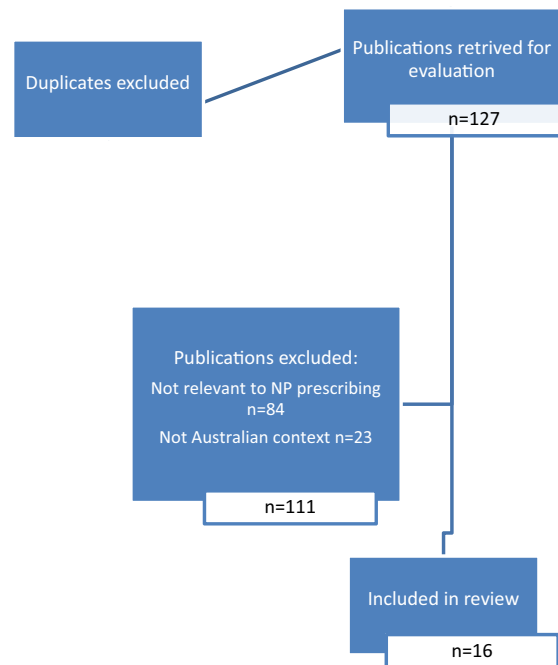


Fig. 1. Search strategy schematic.

future health service planning, policy formation and future research directions.

In recent years, the Australian government has taken considerable interest in non-medical prescribing (prescribing by health professionals who are not medical practitioners), with a particular focus on the possibility of developing a standardised national pathway to ensure that non-medical prescribers are adequately prepared for their roles.<sup>5,23</sup> The aim of this scoping review was to examine the extent, range and nature of research conducted in relation to NP prescribing in the Australian health care context as well as identify gaps in the existing literature.<sup>24</sup>

## 2. Methods

Arskey and O'Malley<sup>25</sup> made reference to the five steps which guide the review: Step (1) clarification of the purpose and search question, Step (2) identification of the relevant studies, Step (3) selecting the studies (discussed further in search results), Step (4) presenting the data as a table (Table 1) and qualitative themes (see findings) and Step (5) data collection, and writing a report. A structured search of the literature was undertaken using permutations of the following key words 'nurse practitioner prescribing Australia'; 'nurse practitioner and prescribing'; 'advanced practice nurse and prescribing'; 'nurse practitioner and Australia Databases' where searched from January 2000 to January 2016. The year 2000 was chosen as NPs were first introduced in Australia and given prescribing rights in 2001 and thus pertained to the most relevant and up to date research. Databases searched were PsycInfo; Pubmed; CINAHL and Medline.

### 2.1. Search results

After initial screening the authors evaluated citations for eligibility based on study titles and abstracts yielding a total of 127 potentially eligible articles (see Fig. 1). From this sample, publications were excluded if the study was not conducted in the Australian context, did not relate to NP prescribing practice or was published before January 2000. A total of sixteen publications were included that reported on aspects of NP prescribing practice in the

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