
This issue presents:

- The Nurse Practitioner endorsement process.
- An update on work in progress including the report of the Nurse Practitioner Implementation Advisory Committee (NPIAC), the development of a Therapeutic Medication Management education module, and the demonstration projects.
- Further findings from Phase 1 including a summary of the work of a number of Nurse Practitioner models.
- Proposed future activities including planning for limited scholarships for nurses wishing to undertake specific subjects leading to Nurse Practitioner endorsement and the development of generic and specific education modules.

### Endorsement Process

The framework for Nurse Practitioner endorsement is now in place. The final report of the Taskforce, launched by the Minister for Health in July 2000, forms the basis for role implementation in Victoria. Applications for Nurse Practitioner endorsement may now be lodged with the Nurses Board of Victoria (NBV). *The Pre-Implementation Report, the Nurse Practitioner* (2001) is available on its website: www.nbv.org.au. A sample application form may be found on pp. 33-37.

Over 150 applications kits have been sent out to interested parties and seven applications for endorsement have been submitted to the NBV. In addition to this, two categories of Nurse Practitioner and their corresponding lists of drugs have been submitted for inclusion in the regulations.

As outlined in the October 2001 Bulletin, the Nurses (Amendment) Act 2000 allows for suitably prepared Nurse Practitioners to gain limited prescribing rights. A list of drugs must first be included in the regulations to be made under the Drugs Poisons and Controlled Substances Act (DPCS Act) for each category of Nurse Practitioner with prescribing rights. Any professional body, health service or other stakeholder may propose a Nurse Practitioner category and corresponding clinical practice guidelines incorporating a list of medications for inclusion in the regulations.

A schematic representation of the process for the establishment of categories of Nurse Practitioner and a list of drugs in regulation along with the process for nurses seeking endorsement as Nurse Practitioners with prescribing rights are detailed on the following page.
Endorsement Process

NBV receives submissions from professional associations, the Department of Human Services, the Ministerial Nurse Practitioner Implementation Advisory Committee, and key stakeholders, proposing categories of Nurse Practitioner along with the clinical practice guidelines, associated list of drugs (including substances and schedule level as per National Drugs and Poisons Schedule), and educational requirements.

NBV formalises links with Nurse Policy Branch and Drugs and Poisons Unit, Department of Human Services.

NBV convenes the NPAC (with membership meeting the requirements of Section 79(4) of the Nurses (Amendment) Act 2000) and examines the Nurse Practitioner categories, curriculum content, clinical practice guidelines and list of drugs associated with the category as per Section 79(3) of the Nurses (Amendment) Act 2000.

NPAC assesses clinical practice guidelines, educational provision and clinical experience of proposed category of nurse practitioner and makes recommendation to NBV to proceed with prescribing rights for category(s) of nurse practitioner.

NBV makes submission to the Minister for Health detailing NPAC processes and expertise, and requesting category of nurse practitioner and list of drugs be placed in regulation under DPCS Act.

NBV notifies in the Government Gazette and in any relevant publication circulating among nurses generally categories of nurse practitioner recognised by NBV as per Section 8B(6) of the Nurses (Amendment) Act 2000.

Secretary of the Department of Human Services refers NBV submission to PAC for advice on whether NBV process meets requirements of legislation. PAC examines NBV submission and recommends the Department proceed with regulations.

Yes

No

Category and List of Drugs in Regulation

Figure 1: Process for the establishment of Nurse Practitioner categories and associated list of drugs

Registered Nurse applies to NBV for nurse practitioner endorsement.

Nurse practitioner category has list of drugs in regulation?

Yes

No

NBV refers application to NPAC for assessment of qualifications and clinical experience.

See separate flowchart (Figure 1).

Qualifications and experience adequate.

Yes

No

NBV accepts recommendation of NPAC to endorse nurse as nurse practitioner with rights to prescribe a specified list of drugs.

NBV advises nurse of further educational/clinical experience required.

Yes

No

NBV advises nurse of endorsement and conditions/limitations/ restrictions on endorsement (ie list of drugs).

NBV specifies reasons for non-acceptance on NPAC recommendation.

Figure 2. Endorsement Process for a nurse seeking endorsement as Nurse Practitioner with prescribing rights
The Report of the Nurse Practitioner Implementation Advisory Committee (NPIAC)
The report of the NPIAC was finalised in December 2001 but is yet to be endorsed by the Minister for Health. The report proposes a framework for the development of clinical practice guidelines to support the extended practices of the Nurse Practitioner role; suggests priority areas of clinical nursing practice for initial implementation; and sets out guidelines for the obtaining of admitting privileges by Nurse Practitioners in Victoria. The report also proposes that a feasibility study be undertaken to explore funding options for the reimbursement of consumers of Nurse Practitioner services for a limited number of pathology, radiology and pharmaceutical items. The report is awaiting Departmental Divisional endorsement before it is forwarded to the Minister for Health.

Accreditation of Courses
Currently, there are no accredited courses leading to Nurse Practitioner endorsement in Victoria. This, however, does not preclude nurses from applying for, and gaining, Nurse Practitioner endorsement, since recognition of prior learning and extensive clinical nursing experience form key components of the endorsement process. The NBV will examine courses and/or units of study and determine if additional learning is required. An applicant may be endorsed as a Nurse Practitioner with conditions placed upon her/his endorsement.

Core Therapeutic Medication Management Education Module
A contract for the development of a core therapeutic medication management education module has been negotiated by the Department of Human Services (DHS) with the University of Melbourne. It is expected that this education module will be accredited by the Nurses Board of Victoria at the end of 2002 and form the core therapeutic medication management component required for Nurse Practitioner endorsement. Once this module is accredited by the NBV, a limited number of scholarships will be offered by the Department of Human Services for nurses wishing to undertake it as part of their endorsement.

Development of National Competencies/Standards for Nurse Practitioners
The need to develop standards in order to demonstrate public accountability for practice is well recognised. Funding sources for the development of national competencies/standards for Nurse Practitioners are currently being explored. A proposal has been developed in relation to this for consideration by key stakeholders in all States.

Nurse Practitioner Models of Practice (Demonstration Projects)
In order to inform the ongoing role implementation process, eight Nurse Practitioner models of practice were funded in the first phase of the project with an additional 3 participating in the external evaluation process. Eighteen models of practice were funded as part of the second phase of the project (with 2 having since withdrawn from the process). A variety of models are yet to be developed and evaluated. Five further models have recently been selected for funding. These models are largely in Aged Care and will be identified in the next issue of the Victorian Nurse Practitioner Project Bulletin.

Of the projects funded in Phase 1:

- **Two** models (which only participated in the external evaluation process) are participating in Phase 2 of the Project:
  - RDNS Homeless Persons Nurse Practitioner model
  - The Royal Women’s Hospital, Women’s Health Nurse Practitioner model
- **Four** models applied and received further funding to refine their models of practice and to
finalise their clinical practice guidelines incorporating the extended practices. The key nurses in these projects should be ready to seek Nurse Practitioner endorsement and the corresponding health service is expected to have gone some way in developing structures to facilitate the employment of these potential Nurse Practitioners.

- Warrnambool and District Base Hospital, Wound Management Nurse Practitioner
- Peter MacCallum Cancer Institute, Haematology Oncology Nurse Practitioner
- Monash Medical Centre, Emergency Nurse Practitioner
- Loch Sport, Central Gippsland Health Service, Rural Emergency and Primary Health Care Nurse Practitioner.

- Five models of practice have not continued for a variety or reasons:
  - The key nurse in one of the models (Paediatric Eczema Nurse Practitioner model) has been on maternity leave.
  - Two of the models concluded that they were not functioning or were not adequately prepared to function at the Nurse Practitioner level (Perioperative Nurse Practitioner model, Neonatal Nurse Practitioner model).
  - One of the models did not receive management support (Southern Health, Community Well Women’s Health Nurse Practitioner model).
  - One of the models did not see a need for continuing funding (Consultation Liaison Psychiatric Nurse Practitioner model). This model concluded that it was functioning efficiently in the hospital setting and was not seeking prescribing rights.

Of the 18 demonstration projects funded in Phase 2:
- 16 are continuing to develop and evaluate their models of practice and are expected to complete their final reports later this year.
- The key nurse involved in one of the projects resigned. As a result, this model withdrew from the Project. (Stawell District Hospital, Occupational Health and Medical Screening Nurse Practitioner model).
- One of the project teams funded was not successful in obtaining ethics approval from the health service’s ethics committee for its research component of the project thereby withdrawing from the overall Project. (Dandenong Hospital, Dandenong Area Mental Health Service, Crisis Assessment and Treatment Team Nurse Practitioner model).

Nurse Practitioners are expected to be funded systemically, through the established funding formulae of health care services. The key considerations for sustainable Nurse Practitioner models of practice have been identified as follows:

- Multidisciplinary, employer and management support of the model of practice
- Commitment to role implementation
- Multidisciplinary collaboration and cooperation
- Clearly identified roles and responsibilities of each multidisciplinary team member
- Efficiencies (eg. flexible, adaptable and responsive service, fast-tracking, cost-savings, improved outcomes)
- Adequate funding arrangements.

Further Findings from Phase 1

The October 2001 edition of the Victorian Nurse Practitioner Project Bulletin provided a summary of the Phase 1 external evaluation and a summary of the Wound Management Nurse Practitioner model. In this edition, summaries of the Haematology Oncology, Emergency, Paediatric Eczema, and Rural Emergency and Primary Health Care Nurse Practitioner demonstration projects are presented.
## Haematology Oncology Nurse Practitioner Model

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<tr>
<th>MODEL TYPE</th>
<th>Haematology Oncology</th>
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<tbody>
<tr>
<td>Practice setting</td>
<td>Metropolitan, hospital based (Peter MacCallum Cancer Institute)</td>
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<tr>
<td>Aim</td>
<td>To demonstrate that an advanced practice nursing role, the Haematology Nurse Practitioner is feasible and sustainable.</td>
</tr>
<tr>
<td>Scope</td>
<td>The Haematology Nurse Practitioner candidate performs as a core member of the Haematology Unit's Interdisciplinary Team, and her practice field spans the entire care continuum and involves the complete range of patients referred to the Haematology Unit, with a particular focus on the Autologous Blood and Marrow Transplant Service. The focus is on physical assessments, standard and routine investigations, and the management of common and uncomplicated haematological conditions and or clinical problems.</td>
</tr>
<tr>
<td>Development of Role</td>
<td>A specific education programme was developed. The programme was designed to facilitate further development of the clinical knowledge, skills and attitudes relevant to the specialist areas of haematology and autologous transplantation and necessary for an advanced and expanded nursing role. Core subjects included physical assessment, pharmacology, diagnostic pathology, diagnostic imaging, rehabilitation, advanced counselling skills, advanced nursing practice, transfusion medicine, microbiology and infectious diseases. In addition clinical protocols were developed and tested to ensure safe and best practice as the Haematology Nurse Practitioner candidate’s scope of practice was advanced and extended from that of a Haematology Clinical Nurse Consultant. Areas in which formal clinical protocols were developed included Bone marrow biopsy; Diagnostic imaging; Diagnostic pathology; Pharmacology; and Transfusion medicine. A limited formulary of common supportive medications used in the management of haematology patients was created. The Haematology Nurse Practitioner may select and order medications from this list. For the life of the project, authorisation for the prescription of drugs was obtained from a medical officer immediately, either face to face or via telephone. The medication order was signed by the Haematology Nurse Practitioner candidate and was counter signed by a medical officer within a twenty-four hour period. The Haematology Nurse Practitioner identification stamp assisted in this procedure. Essentially the process was one of nurse initiated medication ordering.</td>
</tr>
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</table>
| Description of role and service | The role involves:  
• Co-ordination of all aspects of health care services for haematology patients and their families.  
• Provision of comprehensive physical and psychosocial assessments. The Haematology Nurse Practitioner candidate requests selected pathology and radiological investigations; interprets results and selects appropriate interventions.  
• Obtaining consent for specific procedures.  
• Initiation of pharmacological therapy - selecting from a limited formulary and ordering blood products.  
• Integration of education, psychosocial support, consultation, research and leadership into the clinical role. |
| Findings | As the Haematology Nurse Practitioner candidate was essentially in training for the duration of the project, a limited evaluation (with the exception of patients) demonstrated high levels of stakeholder satisfaction and an overwhelming positive response to the role. The Haematology Nurse Practitioner candidate was assessed as being able to perform at a safe and effective practice level. |
Upon completion of Phase 1 of the project, agreement was received from all major Peter MacCallum Cancer Institute stakeholders for continuation of a fully funded role after the life of the project. Currently, the Haematology Nurse Practitioner candidate continues in a funded position and throughout Phase 2. The role continues to be further evaluated, particularly in the areas of clinical decision making and client satisfaction. At present the Haematology Nurse Practitioner candidate is developing a portfolio for application for endorsement as a Nurse Practitioner.

Emergency Nurse Practitioner Model of Practice

The Emergency Nurse Practitioner Model at Monash Medical Centre has been tailored to ensure both the needs of the Emergency Department, and the targeted clients with minor injuries can be met. This has been instrumental in ensuring the viability of the service. The challenges encountered throughout the project have been no different than those cited repeatedly in related literature: ie, ‘turf’ issues, nurse-initiated x-ray and pathology, and general resistance to change. The level of commitment shown by all committee members to the successful outcome of the project has enabled these barriers to be overcome. Recognition of each professions’ unique contribution to the health care delivery service has resulted in a model of inter-professional collaborative practice being implemented at Monash Medical Centre of the Southern Health Care Network.

The Emergency Nurse Practitioner candidates have received additional training and education to enable the provision of health care to a range of clients with minor injuries, in accordance with defined protocols and practice guidelines. They provide care to a broader range of clients in the form of rapid assessment and initiation of interventions and manage acute health problems, with a holistic approach to ensuring the clients return to optimal levels of health function. Collaboration with their clients and other health care professionals ensures realistic goals of care are established, with appropriate referrals as required.
# Emergency Nurse Practitioner Model of Practice

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<tr>
<th>MODEL TYPE</th>
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<tbody>
<tr>
<td>Practice setting</td>
<td>Metropolitan, public hospital based. Monash Medical Centre. Aim to impact upon the delivery of service to clients of all age groups with minor injuries by reducing waiting and service provision times thus improving client satisfaction.</td>
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</tbody>
</table>
| Scope | Management of minor injuries including superficial lacerations, minor burns, probable sprain or strain, and non-displaced fractures. The service also provides rapid assessment and 'fast tracking' of interventions for clients with a range of common clinical conditions, and more complex injuries. This includes the initiation of x-ray, pathology and analgesia. The most common activities during the life of the project included:  
- The provision of care to clients with muscular-skeletal injuries - 43%  
- The initiation of pathology - 31%  
- The closure of superficial lacerations - 16%. |
| Development of Role | The role was supernumerary, with the service operating from Thursday through Monday during evening shift hours. The service was available for a total of 252 days over the 15-month time period. Six nurses achieved competency levels.  
- Protocols and practice guidelines based on 'best practice' principles have been established.  
- Education and initial training of nurses completed.  
A 100-page manual has been completed. |
| Findings | One thousand eight hundred (1,800) clients received services from the Nurse Practitioner candidate in the Emergency Department. Of these;  
- 814 clients were managed autonomously by the Nurse Practitioner candidate throughout their stay, utilising protocols and practice guidelines. Consultation with a senior Doctor was mandatory at least once throughout the client's episode of care.  
- 786 clients received some form of treatment/intervention, in accordance with rapid assessment protocols. Once clients received care provided by the Nurse Practitioner candidate, they were referred back to the medical pathway for continued management.  
- 200 clients received an intervention (task) performed by the Nurse Practitioner candidate at the request of a medical officer.  

There was a reduction in waiting times and length of departmental stay for clients with minor injuries cared for by the Nurse Practitioner candidate. Analysis of randomised days without the service suggests that clients with minor injuries waited an average of almost three hours, with departmental length of stay on average exceeding six hours.  

The findings also indicate that initiation of pathology by the Nurse Practitioner candidate for certain common clinical conditions reduced overall treatment times and length of stay in the Emergency Department. A specific population shown to benefit from this intervention was women with bleeding during pregnancy.  

Measurement of satisfaction via randomised surveying of those clients with minor injury indicates high levels of satisfaction with all aspects of care. Commonly, clients reported the most satisfaction with timeliness of assessment, diagnosis, and discharge from the Emergency Department. The findings in relationship to caring, professionalism and discharge planning aspects also demonstrate significantly high levels of satisfaction.  

As the Nurse Practitioner candidates’ competency increased, so too did the range of interventions and care provided. |
**MODEL TYPE** | **Paediatric Eczema Nurse Practitioner**
---|---
**Practice setting** | Metropolitan, public hospital based (Royal Children’s Hospital)
**Aim** | To decrease the severity of childhood atopic eczema resulting in a reduction of hospital admissions and to increase the knowledge of general practitioners and maternal child health nurses in Victoria resulting in improved management of atopic eczema in the community.
**Scope** | The Paediatric Eczema Nurse Practitioner model involves assessment, diagnosis, management and education of children with atopic eczema. The model also incorporates hospital workshops for parents and children and outreach workshops for general practitioners, community nurses and other relevant community health care providers.
**Development of Role** | The Paediatric Eczema Nurse Practitioner role was an expansion of the pre-existing Eczema Support Nurse. The development of the role included:
- The formalisation of protocols and competencies.
- Organisational and professional recognition of the capacity of the Paediatric Eczema NP candidate to diagnose atopic eczema and to define and prescribe clinical management.
- The development and implementation of educational outpatient clinics.
- The development, coordination and implementation of the information workshops.
- Changes in internal prescriptive authority; pathology request policy; and internal and external referral procedures.
**Description of role and service** | The Paediatric Eczema Nurse Practitioner role involved:
- Co-ordinating the Dermatology Unit
- Managing four outpatient clinics per week: two with consultant dermatologists and two as an individual practitioner with support from the Eczema Support Nurse.
- Hospital workshops.
- 30 to 40 minute consultations with clients incorporating a comprehensive clinical assessment, education and development of a clinical management plan.
**Findings** | - The lack of Medicare Provider Number was identified as a limitation in relation to Paediatric Eczema Nurse Practitioner candidate authorising pathology for skin swab tests. Current practice involves requests for pathology being signed by a medical officer which may result in duplication of assessment. Similar limitations were encountered in relation to referrals to specialist consultants.
- There was an increase in the level of satisfaction and knowledge and coping ability of parents and children following their outpatient attendance (pre-surveys n=20, post surveys n=10).
- Improvements in quality of life indicators for parents and their children were reported.
- There was an increase in outpatient activity, a stable admission rate, a decreased readmission rate, and reduced average length of stay for children with atopic eczema reported.
- There was strong support for the Paediatric Eczema Nurse Practitioner role reported from other health professionals (n=28).
- 14 Hospital workshops were conducted with high levels of satisfaction reported.
- 2 Outreach workshops were conducted with 86 general practitioners and nurses with participants reporting new knowledge gained and changes in practice anticipated.
- Reductions in eczema severity and improvements in sleeping patterns amongst children were also reported.
Photo of Emma King at work – Paediatric Eczema Nurse Practitioner Model of Practice, Royal Children’s Hospital.
## Rural Emergency and Primary Health Care Nurse Practitioner Model

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<thead>
<tr>
<th>MODEL TYPE</th>
<th>Rural Emergency and Primary Health Care</th>
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<tbody>
<tr>
<td>Practice setting</td>
<td>Central Gippsland Health Service providing health care for first line emergency events and urgent health issues to a small and geographically isolated rural community in Loch Sport in collaboration and consultation with local general practitioners and the Emergency Department. A medical service is provided by a semi-retired general practitioner two morning sessions per week to the community.</td>
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<tr>
<td>Aim</td>
<td>To enhance health service provision to the community of Loch Sport. Loch Sport is 62 kilometres from the nearest acute service setting and Emergency Department at Central Gippsland Health Service in Sale.</td>
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<tr>
<td>Scope</td>
<td>The role and function of the Nurse Practitioner provides the community of Loch Sport first line health management for emergencies, and assessment and initiation of treatment for urgent conditions (in collaboration and consultation with a general practitioner). It also provides clinical counselling and primary health care activities.</td>
</tr>
<tr>
<td>Development of Role</td>
<td>Study undertaken by the Nurse Practitioner candidates during the course of the project included: Advanced Life Support Skills; Intravenous cannulation; Advanced patients assessment skills; Penthrane administration; Defibrillation competency; Wound assessment and suturing; Eye assessment. Competencies for the Nurse Practitioners in this model of practice were developed in line with the National Remote Area Nurse Competency Standards (February 1999). Clinical and non-clinical guidelines have been developed, guided by best practice principles, accepted professional standards and practice, and current legislative frameworks.</td>
</tr>
<tr>
<td>Description of role and service</td>
<td>The community now has access to first line emergency management of an emergency condition and does not have to rely on the ambulance (30 – 40 minutes) arriving before health care management can be commenced. At times this provision of first line management may be life saving.</td>
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<td>Findings</td>
<td>In the time between October 1999 and July 2000 the Loch Sport Community Health Centre saw 1524 clients. Of these, 75 were deemed to be requiring advanced nursing skills and were seen by the Nurse Practitioner candidates. Common reasons for presentation to the Nurse Practitioner candidate were chest pain, wounds and lacerations, eye conditions and abdominal pain. Forty-seven clients had their treatment initiated by the Nurse Practitioner candidate in Loch Sport. Eighty-one percent of these indicated that they were more comfortable living at Loch Sport knowing that there was a Nurse Practitioner available. The role was well accepted by the community and health care practitioners and there were no complaints made regarding the role. Clinical management of clients tended to be conservative, but involved better management than that undertaken by less clinically advanced nurses. A list of medications for Nurse Practitioner prescribing and the processes for administering these were finalised. Pathology investigations were difficult to instigate mainly due to the problem of transporting specimens to the laboratory 62 kilometres away. Referrals were limited to the local general practitioners and the Emergency Department of Central Gippsland Health Service.</td>
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</table>
The Rural Emergency and Primary Health Care Nurse Practitioner model provides for an enhanced health service to the people of Loch Sport. Health care for first line emergency events and urgent health issues is provided in collaboration and consultation with local general practitioners and the Emergency Department at Central Gippsland Health Service’s Sale campus via telephone.

Loch Sport is sixty-two kilometres from the nearest acute service provider and emergency department. It is a community where there is no twenty-four hour per day access to a health service. Emergency care is dependent on the ambulance service based in Sale (62 km away). In a 1999 survey of the Loch Sport community, sixty percent of respondents indicated that they were very concerned or concerned about the amount of time it took an ambulance to travel to Loch Sport. For less acute events, community members must find their own transport to Sale as there is no public transport. Eighty–three percent of respondents to the survey indicated that the distance travelled to access medical care was a major barrier to accessing health care.

The nurses who work at Loch Sport in the community health team have trained as community health nurses. Their previous postgraduate education has been in community and maternal and child health care. Their ongoing education has encompassed areas including immunisation programs, health promotion programs (SunSmart and QUIT programs), needle exchange training, domestic violence training, incontinence care and mammacheck programs. They have attended some acute care courses including cardiopulmonary resuscitation, electrocardiograph interpretation and cardiac emergencies.

Following the collection of baseline information about the existing service, a further community survey was conducted in June 2000. This survey and indicated that there were very few difficulties contacting the Nurse Practitioner through the new phone system or out of hours. Ninety percent of respondents who indicated that they had treatment for their presenting condition had this treatment initiated by the Nurse Practitioner at Loch Sport.
Proposed Future Activities

Core Therapeutic Medication Management Education Module
As mentioned above, once the core Therapeutic Medication Management education module is accredited by the NBV, a limited number of scholarships will be offered by the Department of Human Services for nurses wishing to undertake this module as part of their Nurse Practitioner endorsement.

Development of Generic and Specific Education modules
It is expected that Universities and health services will submit generic and specific education modules for accreditation by the Nurses Board of Victoria. Once these are accredited by the Nurses Board, a limited number of scholarships will be offered by the Department of Human Services for nurses wishing to undertake these modules as part of their Nurse Practitioner endorsement.

Further funding for continuing Phase 2 models
Depending on the evaluation findings of each of the Nurse Practitioner models of practice, it is expected that limited funding will be made available to some project teams requiring refinement of their model of practice. A proposal with an itemised budget setting out requirements for ongoing work should be submitted with the final report.

Funding to develop further context-specific clinical practice guidelines
It is expected that funding will also be available to professional organisations for the further refinement of context-specific clinical practice guidelines based on the work conducted by the funded models of practice. This will also depend on the evaluation findings of the specific Nurse Practitioner models of practice.

Feedback
Please direct comments or feedback on the Victorian Nurse Practitioner Project to:
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About the Bulletin
The Victorian Nurse Practitioner Project Bulletin aims to promote consultation and aid participation in the Nurse Practitioner Project by disseminating information on project developments, models of practice, current issues under consideration, and by reporting on policy development.