

Safety and quality guidelines for nurse practitioners

Updated November 2024

Introduction

The Nursing and Midwifery Board of Australia (NMBA) carries out functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

About the safety and quality guidelines

The NMBA has developed the *Safety and quality guidelines for nurse practitioners* (the guidelines) to outline the regulatory requirements within which nurse practitioners (NPs) must practise, to ensure ongoing competence and safe practice.

Target audience

The target audience for the guidelines include:

- NPs
- registered nurses (RNs) seeking endorsement as an NP
- education providers offering programs for NPs
- assessors of NP applications, and
- employers of NPs.

Elements of the safety and quality guidelines

The elements of the guidelines are:

1. Scope of practice

The NP scope of practice is built on the foundation of the RN scope of practice and must meet Australian regulatory and professional requirements including the NMBA, [Nurse practitioner standards for practice](#), the [Code of conduct for nurses](#) and International Council of Nurses' [Code of ethics for nurses](#).

Changes to scope of practice

The scope of practice for an NP may change over time. If an NP decides to expand or change their scope of practice to meet the needs of their client group, then the NP must make sure they have the appropriate skills, knowledge and education to ensure they remain safe and competent to practise at the advanced practice level. This may include further postgraduate education and skill development.

NPs planning to change scope are required to use the NMBA's [Decision-making framework for nursing and midwifery](#). This will ensure that NPs are competent in their proposed expanded or new scope of practice. It is the responsibility of the NP, and where employed, an employer, to ensure that, should an NP be required to expand or change their scope of practice to meet the needs of a client group, they are educated, authorised and competent to perform their role.

2. Context of practice

Context of practice refers to the conditions that define an individual's nursing practice. These include the:

- type of practice setting (such as healthcare agency, educational organisation and/or private practice)
- location of the practice setting (such as urban, rural and/or remote)
- characteristics of healthcare consumers (such as health status, age, gender, learning needs and culture)
- focus of nursing activities (such as health promotion, research and/or management)
- degree to which practice is autonomous, and
- resources that are available, including access to other healthcare professionals.

3. Codes of conduct and ethics

The [Code of conduct for nurses](#) sets the minimum standards that the NMBA expects all nurses to uphold. The International Council of Nurses [Code of ethics for nurses](#) provides guidance to all nurses relating to expected ethical conduct.

The NMBA expects NPs to practise in a manner consistent with these codes and other relevant professional standards. These documents provide NPs with a framework for legally and professionally accountable and responsible practice in Australia.

4. Standards for practice

NPs must meet the NMBA [Nurse practitioner standards for practice](#) (2021).

The *Nurse practitioner standards for practice* are the core practice standards by which performance is assessed in order to obtain and retain the right to practise as an NP in Australia. They form an integral part of the regulatory framework designed to assist NPs to deliver safe and competent care and are used by the NMBA to:

- communicate to the general public the standards that can be expected of NPs
- determine the eligibility for endorsement of nurses who have completed a program of study leading to endorsement as an NP in Australia
- determine the eligibility for endorsement of nurses who wish to practise as an NP in Australia but have completed courses elsewhere
- assess NPs who wish to return to work after being out of the workforce for a defined period, and
- assess NPs who need to show that they are competent to practise.

5. Annual declaration

Each year as part of the renewal of registration process, NPs are required to make a declaration that they have (or have not) met the registration standards for the profession. The annual declaration is a written statement that NPs submit and declare to be true.

6. NMBA audit process

The NMBA and the Australian Health Practitioner Regulation Agency (Ahpra) have developed a nationally consistent approach to auditing health practitioners' compliance through mandatory registration standards. If chosen for audit, an NP will be required to provide further information to support the annual declaration made each year as part of their renewal of registration.

The NMBA and Ahpra operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in undertaking audit activities should they arise.

7. Mandatory reporting

Section 140 of the National Law requires health practitioners, employers and education providers to report **notifiable conduct** to Ahpra to prevent placing the public at risk of harm. For more information refer to the [Guidelines for mandatory notifications](#) developed by the NMBA and Ahpra.

8. Notification and management of performance, conduct or health matters

NPs may come under direct scrutiny when the NMBA receives a report relating to an NP's practice.

Sections 156(1) and 157 of the National Law outline the NMBA's responsibilities with regard to conduct, performance and health matters related to NPs. The NMBA has a range of powers to protect the public, including the power to take immediate action.

The NMBA and Ahpra operate in a co-regulatory model in some jurisdictions and may not be the only entities involved in completing assessment related to a notification.

9. Professional indemnity insurance

NPs must have appropriate professional indemnity insurance (PII) for practice to meet the requirements of section 129(1) of the National Law. This provision states:

A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

The NMBA's [Registration standard: Professional indemnity insurance arrangements](#) details the requirements relating to PII arrangements for NPs.

10. Recency of practice

The NMBA's [Registration standard: Recency of practice](#) requires that an NP must be able to demonstrate that they have maintained adequate connection with the profession, and recent practice, since qualifying or obtaining registration.

NPs must maintain and demonstrate recency of practice relevant to their specific area and context of NP practice at the advanced practice nursing level to the equivalent of 450 hours over the past five years. This practise must be direct clinical contact.

11. Continuing professional development

Continuing professional development (CPD) is the means by which members of the nursing profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives.

The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities.

The NMBA's [Registration standard: Continuing professional development](#) (CPD) specifies the annual requirement of CPD for NPs per registration year.

NPs are required to complete an additional 10 hours of specified CPD per year, in addition to the 20 hours of CPD required for general registration. This CPD must be relevant to the NP's context of practice and where appropriate, address:

- prescribing and administration of medicines
- diagnostic investigations, and
- consultation and referral.

12. Medicare Australia and Pharmaceutical Benefits Scheme arrangements

NPs are eligible to apply to the Commonwealth Health Minister as a 'participating NP' under section 16 (a) and 16(b) of the *Health Insurance Act 1973* (Cth), which allows access to the Australian Government Medicare Benefits Schedule (MBS).

NPs are also eligible to apply for access the Pharmaceutical Benefits Scheme (PBS).

These arrangements enable patients of NPs who are authorised for MBS and/or PBS, to access certain MBS rebates and PBS prescriptions respectively.

Important notes

Endorsement as an NP does not give automatic access to the MBS and PBS. The discretion to authorise access to the MBS and PBS remains with Medicare Australia and is in addition to endorsement by the NMBA to practise as an NP.

An arrangement between the NMBA and Medicare Australia requires either regulatory body to notify the other of any issues. This can relate to conduct, performance or health that may affect the performance of an individual NP, as a prescriber or provider of Medicare services or medicines. For example, if Medicare Australia has cause to investigate a particular provider, they will notify the NMBA of that investigation, and vice versa.

Medicare Australia continues its important monitoring and review role. This is designed to make sure that the services and medicines provided by any health professional with access to the MBS and PBS are effective, efficient, appropriate and within benchmarking limits. If the NMBA receives notification of an issue relating to performance, health or conduct of an NP, as the professional regulatory authority the NMBA will oversee the assessment of that notification and any subsequent investigation or disciplinary action.

13. Prescribing authority and compliance with state or territory legislation

Prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the NP practises. The conditions under which each authority is granted and the scope of that authority depend on the requirements of the specific legislation in each state or territory. These may range from a blanket authority limited by the NP's scope of practice to a prescribing authority based on a formulary or protocol, or related to a specific context of practice.

NPs must work within the relevant drugs and poisons legislation in their state or territory.

For more information

- [Registration standard: Endorsement as a nurse practitioner](#)
- [Guidelines: For nurses applying for endorsement as a nurse practitioner](#)
- [Nurse practitioner standards for practice](#)
- [Audit](#) information on the NMBA website
- Visit www.nursingmidwiferyboard.gov.au under *Contact us* to lodge an online enquiry form
- For registration enquiries: 1300 419 495 (within Australia) +61 3 9275 9009 (overseas callers)

Definitions

Advanced practice is where registered nurses incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements.

Advanced practice in nursing is demonstrated by a level of practice and not by a job title or level of remuneration.

Advanced practice for the purpose of the nurse practitioner endorsement requires 5,000 hours clinically-based advanced practice in the past six years.

Competence is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

Nurse practitioner (NP) is a registered nurse endorsed as an NP by the NMBA. The NP practises at a clinical advanced level, meets and complies with the *Nurse practitioner standards for practice*, is able to practice independently and has direct clinical contact. NPs practise collaboratively in multi-professional environments. The NP practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.

Scope of practice is the full spectrum of roles, functions, responsibilities, activities and decision-making 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.

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 contemporary 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 using the Decision-making framework (DMF). When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

Standards for practice are the expectations of the NPs practice in all contexts. They inform the education accreditation standards for NPs, the regulation of NPs and the determination of NPs capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience.

Document history

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Does this policy amend or update an existing policy? **Y v1.2**
Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
November 2024	v1.3	Removal of 'collaborative arrangements' references as this is no longer a requirement for nurse practitioners to access PBS from 1 November 2024.
March 2021	v1.2	Inclusion of 'Definitions' section
July 2020	v1.1	New document template and updated regulatory document titles
February 2016	v1.0	Initial publication – date of effect 1 June 2016