COUNCIL OF DEANS
OF NURSING AND MIDWIFERY
(Australia & New Zealand)

Submission

Nursing and Midwifery Board of Australia Consultation

Proposed nurse practitioner standards for practice

August 2020

The Executive Committee of the Council of Deans of Nursing and Midwifery note that this document is a collation of comments submitted by individual Council members and does not represent the consensus of either the Council in its entirety or the Executive Committee. Council members were invited to make their own submission to the consultation or to provide comments for submission within this document. Considered feedback was received by two Council members and informed this document.

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Background

The Council of Deans of Nursing and Midwifery (Australia & New Zealand) (CDNM) (or the 'Council'), formerly known as the Australian Council of Deans of Nursing (ACDN), is the peak organisation that represents the Deans and Heads of the Schools of Nursing in universities that offer undergraduate and postgraduate programmes in nursing and midwifery throughout Australia and New Zealand. Its aims are to ensure the maintenance of quality standards of university education for nurses and midwives, to be the voice of tertiary education for nurses and midwives, to lead and represent those who provide tertiary education to nurses and midwives and to promote the public image of nursing and midwifery.

Q1. Do you agree that the structure and content of the proposed standards has improved from the previous iteration?

Respondent A

Strongly agree

Although the changes to the standards are minor, they are an improvement on to the existing standards by the inclusion of the key definitions for advanced practice and nurse practitioner. The removal of the word heading "cues" will make it much clearer for those applying for endorsement to identify what is required to demonstrate the standard. Numbering the practice expectations (formally cues) will also improve mapping against the standards for NP endorsement applicants, NP students and NP course educators.

Adding these small changes will not impact this document.

Respondent B

Neither agree or disagree as the changes are not significant.

Q2. Do you agree with the way that 'Support of systems' has been included in the document?

Reflecting on your previous response, how could the way that 'Support of systems' has been used be improved?

Respondent A

Strongly agree

The concise terminology of "support of systems" works well for both statement 4.1 and 4.2 and emphasises to NP role in supporting health.

Respondent B

The language reflects an NP centric approach and not a systems approach. Aspects are more about the NPs own practice, and the link to how this supports health systems is not always made. The definition does not indicate the contribution or role of nurses in the design and evaluation of health systems more than NP services. The definition includes 'advocate the role of the nurse' but not really any indication of why or to achieve what? For example - perhaps it could say advocate the role and contribution of nurses in the provision of safe and quality care. Nurse practitioners (and nurses more broadly) need to not only contribute from the perspective of safe and quality care but also so that systems are efficient and effective. As an example, 4.2.5 seems to indicate that the critique is mainly in terms of the NP role and populations served by NPs. However, as expert clinicians, it should be expected that NPs can lift above their role and comment from a broader system perspective gained by practising as an NP. Also, 4.2.6 is a little limiting – other opportunities to contribute through open consultation processes, for example, could be undertaken as an individual.

Q3. The Nurse practitioner standards framework has been amended to denote the clinical independence of nurse practitioners.

Do you agree with the changes made to the Nurse practitioner standards framework (Figure 1, on page 2 of the Standards for practice document)?

Respondent A

Yes

One of the things that denote NP's from other advanced nursing roles is the ability to be independent practitioners. Using this stronger terminology will hopefully give more impetus the important role of the NP in the community and in facilitating NP led clinics and practice.

Respondent B

No

It is unclear how the box around the existing diagram labelled ‘independence’ creates impact and clarity regarding what this change is trying to illustrate.

Reasons why some stakeholders would want this addition can be understood; however, there is no apparent underlying reasoning outlining what this change will or hopes to achieve. It seems that to some extent, this is almost 'splitting hairs'. Proper understanding, explanation and use of the term autonomous practice seems to be the real issue - adding independent is very unlikely to solve any confusion within with some professions (including nursing) and may indeed make it worse.

The definition provided (final line) refers to the fact that NPs do not need oversight from other health practitioners. While this is true, it should be highlighted earlier in the definition or could even be added into the autonomous practice definition, which in effect already says this.

As it is rare that any health practitioners practice in a completely independent way and with the definition itself, highlighting that the NP works in a team, this addition invites the potential for increasing confusion.

Q4. The glossary has been revised to include updates to the key definitions of ‘advanced practice’ and ‘nurse practitioner’. New definitions of ‘autonomous’ and ‘independence’ have been added as well as current NMBA definitions for ‘cultural safety’ and ‘standards for practice’.

Are there any other terms that are used in the document that you feel should be included in the glossary to provide greater clarity?

Respondent A

Nil

Respondent B

The advanced practice definition should be reworded. As it is currently written, the statement does not read well.

For reasons stated previously, it is suggested that the definition of ‘independence’ is superfluous.

Is there anything that you have not already mentioned that needs to be added or changed in the proposed revised practice standards?

Respondent A

The changes are small but timely and ensure that the document is current. There will be little impact to students enrolled in Master of Nursing Nurse Practitioner course who are developing their portfolios and to Universities offering the Master of Nursing Nurse Practitioner course. The terminology and definition changes should improve understanding of the standards and assist those applying for NP endorsement.

Respondent B

This revision of the standards seems to be a missed opportunity to really take a step back and consider if the approach to NP education and endorsement is fit for purpose. The improvements to the advanced practice definition are welcome. Given that NPs are not endorsed in a specialty area (which is appropriate), the standards are correctly stated for a broad generalist practise base. There could be some additional guidance providing some specific aspects of clinical competencies that could be included that would provide some clarity for both NPs, students, employers and other health practitioners around what it is precisely that NPs can 'do'. While this can be seen as reductionist, as a profession, we have not been good at describing the 'scope' of an NP. While this is in part because the NP is an individual, we should be able to describe better the broad scope that underpins the practice of every NP and upon which their specialist practice sits. This inability and lack of explicitness in documents have impacted on the ability to achieve some significant gains for NPs in areas such as MBS and also in the development of roles within services. It seems that given the standards are under review, and it would be expected that the course accreditation standards will follow. This is an opportunity to take a more in-depth review and analysis in order to take the role forward and ensure it is prepared to support health care delivery into the future. The statement that the systematic review indicated that the Australian standards were more advanced than others and has posed less regulatory challenges and restrictions it could be argued is limited. It would be expected that this evidence would be available for review. This country has seen a virtual 'stall' in advancing the utilisation of NP roles, and some analysis of the barriers to this would have added to the analysis. While it may well be true that the NMBA approach has not directly limited NPs/NP roles through direct statements or standards, some of what is not included in the standards has perhaps limited the growth, utilisation and ultimate benefit that this role could bring to Australian health care.