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RE: Feedback to the NMBA proposed revised nurse practitioner standards of practice

Thank you for the opportunity to provide feedback on the proposed revised nurse practitioner standards of practice. I offer the following response for consideration.

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

1. No. The proposed revised nurse practitioner standards of practice do not address one of the main challenges facing the nurse practitioner workforce in Australia, that the skills, knowledge and attributes of nurse practitioners are not transparent, and scopes of practice are highly individualised. Absence of consistency in scope of practice means nurse practitioner services are difficult to describe, predict and understand, which stands in the way of developing sustainable nurse practitioner services in areas of national priority. For example, the lack of clarity of nurse practitioner scope of practice is a significant barrier to gaining broader access to the Medicare Benefits Schedule.

2. This year we have a significant opportunity to reconsider the educational preparation of nurse practitioners through our review of the nurse practitioner registration (endorsement) standard, the Australian Nursing and Midwifery Accreditation Council accreditation standards and the Nursing and Midwifery Board of Australia review of the nurse practitioner standards of practice.

3. The potential of nurse practitioner roles to increase access to care for Australian communities is yet to be realised. There are only 2017 nurse practitioners endorsed in Australia, practising in well over 50 different specialty areas. If nurse practitioners in Australia are to form a robust part of the solution to the ever-increasing demand for health care, then educational preparation must change to be more transparent, prescriptive and less individualised, with a focus on aligning nurse practitioners with a generalist skill set and capability that aligns with national health priorities. This could be achieved by identifying a minimum explicit compote of skills, knowledge and attributes within the nurse practitioner standards of practice.

Do you agree with the way that ‘Support of systems’ has been included in the document? If no, how could it be improved?

4. No. Nurse practitioner services are clinically focused and the expectation that nurse practitioners should be critiquing healthcare policies (4.2.5) or influencing health, disability, and aged-care policy (4.2.6) is perhaps unrealistic. The standard also tends to be very nurse practitioner centric in the way the focus is on nurse practitioners contribution to health systems rather than supporting the development of health systems as a whole. I believe it is important to clarify the standard so that it is measurable, for example, how often are nurse

practitioners required to implement research-based innovations (4.1.6) or contribute to research that addresses identified gaps in the provision of care/services (4.1.7)?

5. In the 'Orientating Statements' research is defined as including '...leading processes to support reflective practice, evidence based care and quality management.' The conduct of research has some very specific stages, and reflection and quality management are not forms of research. I recommend using the National Health and Medical Research Council's definition of research.

Do you agree with the changes made to the Nurse practitioners standard framework (Figure 1, on page 2 of the Standards for practice document)? If no, how could it be improved?

6. No. Nurse practitioners practice as standalone practitioners and as part of clinical teams and in either context we practice in collaboration with others. I understand the spirit of using the term 'independent' to reflect the authority of nurse practitioners to refer for investigations and prescribe medications. I believe the term autonomous covers the authorities of nurse practitioner practice very clearly. Using the term independent is likely to be inflammatory to other health professionals and perhaps not particularly reassuring to the general public, who may potentially misinterpret the use of the word independence for working in isolation. I recommend deleting the word independent and its definition.

Do you have any other comments on the proposed revised standards?

7. The Public Consultation Paper states that a systematic review of national and international literature on the regulation and standards of nurse practitioner practice was undertaken and the findings were used to support the development of the proposed standards of practice. What were the specific findings of this review and can they be made publicly available?

8. In what way do the proposed revised nurse practitioner standards respond to the findings of the Independent Review of Nursing Education in Australia?

9. Whilst I understand the intent of keeping the nurse practitioner standards of practice broad, I believe this approach no longer serves the nurse practitioner workforce, nor Australian communities. Nurse practitioners provide an extraordinary quality of service and are yet to realise their potential as health care providers in Australia. We are doing Australia a disservice by not growing and developing nurse practitioner services. To do so will require a more prescriptive approach to nurse practitioner education, a shift away from 'time served' (5,000 hours of advanced practice) towards measurable, transparent outcomes that explicitly identify what nurse practitioners are able to do. It will also require dialogue between universities, state and territory health departments, and community and rural and remote health care services. This will enable greater workforce planning and the development of sustainable nurse practitioner services. If we continue as we are, then I am deeply concerned that the nurse practitioner role will not reach its full potential. Thank you for the opportunity to provide a response.

