

## Public consultation paper

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13 July 2020

### Proposed revised Nurse practitioner standards for practice

#### You are invited to provide feedback

The Nursing and Midwifery Board of Australia (NMBA) is consulting on its proposed revised *Nurse practitioner standards for practice* and invites comments and feedback from interested parties.

The NMBA seeks feedback to the proposed revised *Nurse practitioner standards for practice* consultation paper and is interested in feedback to specific questions.

#### Preliminary consultation

In February 2020, the NMBA undertook preliminary consultation with key stakeholders. This allowed the NMBA to test its proposals and refine them before proceeding to public consultation. It also provided an opportunity for feedback to improve the clarity of the consultation documents.

A range of stakeholders submitted written responses, including professional associations, Commonwealth states and territories health departments and co-regulators.

The NMBA is now releasing this consultation paper for public feedback.

#### Providing feedback

Feedback can be provided by completing the [online survey](#) on the NMBA website.

If you are unable to complete the survey online you can email your responses in a Word document<sup>1</sup> with the subject line 'Nurse practitioner standards for practice' to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au)

Feedback is required by close of business on **Monday 31 August 2020**.

#### Publication of submissions

The NMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the NMBA will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication of submissions, the NMBA may remove personally-identifying information including contact details. The views expressed in the submissions are those of the submitting individual or organisation and publication does not imply any acceptance of, or agreement with, these views by the NMBA.

The NMBA accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined

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<sup>1</sup> You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, Ahpra and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available on the [Ahpra website](#)

in accordance with the *Freedom of Information Act 1982* (Commonwealth), which has provisions designed to protect personal information and information given in confidence.

**Please let the NMBA know if you do not want your submission published or want all or part of it treated as confidential.**

All survey information collected will be treated confidentially and anonymity preserved in internal and published reports of survey results. Data collected will only be used for the purposes described above. **Please note that where survey information indicates there is a risk to the public, NMBA may use the information to assist further investigation and for use and disclosure as required or permitted by law.**

Your participation is entirely voluntary.

In completing the survey, we ask that you do not provide responses that identify you or other individuals.

If you have any questions, you can contact the NMBA at [nbmafeedback@ahpra.gov.au](mailto:nbmafeedback@ahpra.gov.au)

### Your privacy

The NMBA is subject to the [Privacy Act 1988](#) (Cth) (**Privacy Act**) and is committed to protecting your personal information. The Australian Health Practitioner Regulation Agency's (Ahpra) [Privacy Policy](#) provides information on accessing and correcting your personal information and the Ahpra complaints process for any privacy breach.

Ahpra uses **Qualtrics** to conduct surveys on behalf of the NMBA. Qualtrics and its third-party storage provider are subject to the Privacy Act in the storage and handling of any stored data. Information collected is stored and handled securely in Australia. If you have any queries about your privacy, please contact the National Information Release Unit at [niru@ahpra.gov.au](mailto:niru@ahpra.gov.au).

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## Overview of consultation

1. The NMBA undertakes functions as set by the Health Practitioner Regulation National Law Act, as in force in each state and territory (the National Law). While the National Law recognises nursing and midwifery as two distinct professions, the NMBA regulates the practice of both the nursing profession and the midwifery profession 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 both nurses and midwives in Australia.
2. The NMBA is reviewing the *Nurse practitioner standards for practice* (the standards) to ensure that the standards are based on current evidence, are up to date and reflect nurse practitioner practice
3. The proposed amendments to the standards are minor in nature, serve as an update to current thinking and policy, and do not affect the structure or logic of the existing document.

## Nurse practitioner standards for practice in the National Scheme

4. As part of its functions under the National Law (s39), the NMBA may develop codes and guidelines (this includes standards for practice) to provide guidance to the health practitioners it registers.
5. The standards came into effect 1 January 2014 following a review of the *National competency standards for nurse practitioners* in 2012-13. The development of the 2014 standards involved wide-ranging consultation, an extensive literature review, a survey of nurse practitioners (NPs), interviews with NPs, consumers and other key stakeholders and observations of NPs in practice.
6. In keeping with its five-year plan, the NMBA is reviewing the standards. This is with a view to considering any new evidence in the area of regulation and standards for NP practice, emerging since 2012. As the standards content align with the more recently consulted on *Registered nurse standards for practice* (June 2016) and the *Midwife standards for practice* (October 2018) it was anticipated that the current standards would only require minor revisions.

## Proposed revised *Nurse practitioner standards for practice*

7. In May 2019 the Ahpra Research Unit completed a systematic review of national and international literature on the regulation and standards of nurse practitioner practice. An internal review of the standards supplemented the findings.
8. The key findings are outlined below:
  - the standards for practice for nurse practitioners in Australia are more advanced than other countries and that the approach taken by the NMBA has posed less regulatory challenges or restrictions to nurse practitioner practice when compared internationally
  - the content of the NMBA standards, which are capability based, cover all but one (change management) of 17 common competency domains for nurse practitioners/advanced practice nurses
  - that the four-pillar model, represented as the domains of clinical, education, research and leadership in the standards is still relevant for contemporary practice
9. Subsequent to the literature and content reviews, the following changes were adopted and tested with key stakeholders in preliminary consultation:
  - an update to key definitions including 'advanced practice' and 'nurse practitioner'
  - the inclusion of 'support of systems' to the orientating statements
  - renaming of Standard 4 to 'support of systems'
  - inclusion of 'independence' to the Nurse practitioner practice framework (Figure 1)
  - the inclusion of 'culturally safe and respectful practice'
  - adding 'cultural safety' and 'standards for practice' to the glossary

## Feedback from preliminary consultation

10. Submissions were strongly supportive and agreed that the content and structure of the proposed revised standards was improved. Recommendations for minor changes were made.
11. As a result of the analysis of the preliminary consultation feedback, an initial tranche of enhancements has been identified and includes the following:
  - including a link to the International Council of Nurses' (ICN) *Code of ethics*
  - referencing NPs as a cohort rather than the singular 'the nurse practitioner'
  - aligning the presentation of the standards to the *Registered nurse standards for practice* and the *Midwife standards for practice* specifically:
    - replacing the heading of 'cues' with 'the nurse practitioner' to clearly identify the criteria by which the standard is demonstrated by a NP
    - numbering the practice expectations (previously known as cues)
    - inclusion of lead statements under each standard
  - reframing the title of Standard 4 to align with the active language of the other standards
  - adding 'autonomous' and 'independence' to the glossary, and
  - using the most current definitions in the glossary for commonly used terms.

## Options statement

### Option one – Status quo (continue with current standards)

12. Option one would not require any additional regulatory action or legislative change. However, the standards would not be current or reflect the changes that have occurred in NP practice in Australia since 2014.

### Option two – Proposed revised *Nurse practitioner standards for practice*

13. Option two would involve minor amendments to the standards, without any significant change to the existing structure or integrity of the document. This option recognises the continued development of nursing standards over time. The proposed amendments form part of the NMBAs routine policy framework of periodic review and updating.

### Preferred option

14. The NMBA prefers Option two.

## Issues for discussion

### Benefits

15. The benefits of the preferred option (Option two) are as follows:
  - That as a living document, the standards remain up-to-date and relevant to contemporary healthcare practices.
  - Recent developments in the theory and practice of NPs (including the clarification of key concepts and definitions) will be incorporated into the document.
  - Culturally safe and respectful practice and the importance of Aboriginal and Torres Strait Islander healthcare will be included.
  - It carefully considers the impacts the standards could have on people's health and safety, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples.

**Costs**

16. The costs of the preferred option are that registrants, employers, education providers and other stakeholders will need to become familiar with the new standards.

**Estimated impacts of the proposed revised standards**

17. The NMBA anticipates that the impact of the changes proposed in the revised standards on practitioners, education providers, employers and other stakeholders will be minor. The changes proposed are minimal and focus on providing further explanation and clarification of the existing standards.

**Relevant sections of the National Law**

18. Sections 38–41 of the National Law contains provisions regarding registration standards, codes and guidelines. Section 95 sets out the conditions for endorsement in relation to nurse practitioners.
19. Division 10 of the National Law sets out the title and practice protections of protected titles including the title of Nurse Practitioner

## Questions for consideration

The NMBA is inviting feedback to questions to

An [online survey](#) is available to provide your responses to the questions below.

1. The presentation of the proposed revised standards has been aligned to the presentation of the *Registered nurse standards for practice* and the *Midwifery standards for practice*.

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

2. 'Support of systems' is a key component of advanced practice. Support of systems is embedded in the NP orientating statements and is more evident with the renaming of Standard 4 to 'Supporting health systems'.

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

3. 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 practitioners standard framework (Figure 1, on page 2 of the Standards for practice document)? If no, how could it be improved?**

4. 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?**

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

## Next steps

After public consultation closes, the NMBA will review and consider all feedback from this consultation before making decisions about the implementation of the revised standard and guidelines.

## National Boards' Patient and consumer health and safety impact statement

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July 2020

### Statement purpose

The National Boards' Patient and consumer health and safety impact statement (the statement)<sup>2</sup> explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the proposed revisions to the *Nurse practitioner standards for practice* (the standards) on the health and safety of people and particularly vulnerable members of the community including approaches to mitigate any potential negative or unintended effects
2. The potential impact of the proposed revisions to the standards on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects
3. Engagement with people particularly vulnerable members of the community about the proposal
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

This statement aligns with the [National Scheme's Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) the *NRAS engagement Strategy 2020-25*, the *NRAS Strategy 2020-25* (pending approval) and reflect key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

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<sup>2</sup> This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires Ahpra to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

**Below is our initial assessment of the potential impact of the proposed revision to the standards on the health and safety of people, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.**

**1. How will this proposal impact on people's health and safety, particularly vulnerable members of the community? Will the impact be different for vulnerable members compared to the general public?**

The NMBA has carefully considered the impacts the proposed revised standards could have on people's health and safety, particularly vulnerable members of the community in order to put forward what we think is the best option for consultation. The proposed revised standards are based on best available evidence, best practice approaches /and from monitoring the current proposal. The proposed revised standards provide clarification of key concepts and definitions and reflect the contemporary role of nurse practitioners. Our engagement through consultation will help us to better understand the proposed revised standards possible impacts and how to meet our responsibilities to protect people's safety and health care quality.

**2. How will consultation engage with people, particularly vulnerable members of the community?**

In line with our **consultation processes** the NMBA is undertaking wide-ranging consultation. We will engage with people, peak bodies, communities and other relevant organisations to get input and views from vulnerable members of the community. Feedback from internal (e.g. National Boards and Ahpra staff) and external (e.g. patient safety and consumer groups, professional associations, practitioners, etc.) stakeholders will be sought and used to inform the review.

A full list of stakeholders who respond to the public consultation will be published [here](#) when the consultation has closed.

**3. What might be the unintended impacts for people particularly vulnerable members of the community? How will these be addressed?**

The NMBA has carefully considered what unintended impacts of the proposed revised standards might be, as the **consultation paper** explains. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for people that may be raised during consultation particularly for vulnerable members of the community.

**4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?**

The NMBA has carefully considered any potential impact of the proposed revised standards on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander Peoples might be different in order to put forward the proposed option for feedback as outlined in the **consultation paper**. The inclusion of cultural safety specific content and definition reflects the NMBA's consideration and inclusivity for Aboriginal and Torres Strait Islander Peoples care. Our engagement through consultation will help us to identify any other potential impacts and meet our responsibilities to protect the safety of and health care quality for Aboriginal and Torres Strait Islander Peoples.

**5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?**

The NMBA is committed to the National Scheme's [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and **cultural safety**.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We are continuing to engage with Aboriginal and Torres

Strait Islander organisations and stakeholders including the professional specific Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM).

**6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? how will these be addressed?**

The NMBA has carefully considered what might be any unintended impacts for the proposed revised standards, as identified in the **consultation paper**. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take actions to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

**7 How will the impact of this proposal be actively monitored and evaluated?**

Part of the NMBAs work in keeping the public safe is ensuring that all NMBA standards, codes and guidelines are regularly reviewed.

In developing the proposed revised standards, and in keeping with this, the NMBA will regularly review the standards to check it is working as intended.