

## Public consultation paper

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1 March 2024

### Guidelines for privately practising nurses

#### You are invited to provide feedback

The Nursing and Midwifery Board of Australia (NMBA) is releasing the attached paper on the proposed *Guidelines for privately practising nurse* (the guidelines) for public consultation and invites comments and feedback from interested parties.

#### Making a submission

The NMBA is seeking your feedback on the public consultation paper, especially regarding specific questions. You can participate by emailing your comments **in a word document**<sup>1</sup> to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au) by **close of business on 12 April 2024** or complete the [online survey](#).

#### How your submission is treated

We publish submissions at our discretion. We generally publish submissions on our website to encourage discussion and inform the community and stakeholders about consultation responses. Please let us know if you do not want your submission published. We will not place on our website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the subject of the consultation.

Before publication, we may remove personally identifying information from submissions, including contact details. We can accept 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 These submissions will not be published on the website or elsewhere.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. A request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

Please let us know if you do not want us to publish your submission or if you want us to treat all or part of it as confidential. **Published submissions will include the names of the individuals and/or the organisations that made the submission unless confidentiality is expressly requested.**

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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](#)

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## Executive summary

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. The NMBA regulates the professions 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.

These documents form the professional practice framework (PPF) to support both enrolled nurses and registered nurses who work as privately practising nurses (PPNs) to practise safely in Australia. In addition, the NMBA has developed the proposed *Guidelines for privately practising nurses* (the guidelines) for current, evolving and emerging PPNs to complement the PPF. The proposed guidelines will support PPNs to understand their regulatory obligations and expectations when providing private services. The guidelines provide information that is current and reflective of the changing environment to meet the health needs of the community for nurses working privately outside of a health service setting.

Based on regulatory evidence and current practice expectations, the NMBA is proposing the guidelines include information on:

- who must comply with the requirements,
- description of a PPN,
- the NMBA's professional practice framework (PPF),
- regulatory obligations of PPNs,
- clinical governance, patient safety and quality improvement,
- corporate governance,
- the contexts of practice to reflect contemporary models of PPN practice, and
- relevant resources.

Further details regarding reasons for the development of these guidelines are contained in this consultation paper.

This consultation is open until **12 April 2024**.

## Purpose of this consultation

Public consultation enables the NMBA to test any new or proposed changes to regulatory requirements and associated documents before they are finalised. It also provides an opportunity to engage with the public and registrants transparently and improve regulation. This will help us to identify any unintended consequences or implementation problems before they arise and ensures we are communicating with you in an open, timely and transparent manner.

## Background

Under section 35 of the National Law, a core function of the NMBA is to develop or approve standards, codes and guidelines for the nursing profession. This includes the development and review of regulatory documents such as guidelines.

The NMBA has recently undertaken reviews of registration standards and guidelines for nurses and midwives who practise in private health settings. It was identified during these reviews that there an increasing number of nurses have transitioned to providing private practice services in clinical or non-clinical roles who are neither a nurse practitioner nor non-surgical cosmetic nurse. The NMBA has specific existing regulatory documents in place for nurse practitioners and non-surgical cosmetic nurses, to support safe and quality nursing practice.

The NMBA has recognised the importance of enabling a flexible and dynamic nursing workforce to address the health needs of the community that is supported by a regulatory framework to guide a PPNs safe, professional practice in a private setting. As the number of nurses who elect to work in private practice settings increases, it is important for the NMBA to support this change in healthcare delivery to ensure PPN's are accountable for service quality and governance. Like health service settings that have governance systems in place, PPNs need to have in place systems and processes that enable safe quality healthcare to be delivered to protect the public.

The introduction of the *Guidelines for privately practising nurses* is a new initiative. The guidelines have been developed to be more responsive to the current healthcare environment, meet public expectations and capture current regulatory, safety and quality requirements. Additionally, they must be clear to maximise visibility, understanding and compliance for public safety. When implemented, people accessing the services of a PPN can be confident that the nurse is practising in accordance with their regulatory requirements and is committed and accountable for continuously improving the safety and quality of their practice.

The NMBA has developed the guidelines to align with available evidence, clarify processes and support the healthcare services provided by PPNs in private practice settings.

## Summary of issue

### Options statement

The NMBA has considered two options in developing this proposal.

#### Option 1 – Status quo

There are currently no guidelines available for PPNs while the policy landscape in which they operate continues to evolve. Health service delivery is complex and has inherent risks with ongoing changes in health consumer needs and demand for health services. Maintaining the status quo would be a missed opportunity for the NMBA to provide a relevant and effective regulatory document to support PPNs and protect the public. It also increases the risk of ineffective regulation by the NMBA due to a lack of regulatory control mechanisms which may lead to unsafe practice by PPNs and cause potential harm to the public.

#### Option 2 – Proposed changes

Developing guidelines will ensure a regulatory approach that is contemporary, based on available evidence and fit for purpose. This option will enable the NMBA to provide information for PPNs that is relevant, current, and proportionate to the risks, issues and/or gaps identified.

In providing an opportunity to develop guidelines, this option ensures the NMBA can provide clear information and guidance to assist PPNs with the interpretation and application of the requirements. It also provides the NMBA an opportunity to consult with PPNs, external stakeholders and the public to better understand how we can improve and enhance this approach.

The proposed draft guidelines are based on the following high-level principles:

- clear and easy to understand for PPNs, other health practitioners and the public, based on the available evidence,
- apply an effective balance between public protection, regulatory efficiency and flexibility for PPNs, and
- compliance requirements of the proposed revisions are clear and proportional to the level of risk identified.

### Guidelines for privately practicing nurses ([Appendix A](#))

The proposed guidelines provide clarity to PPNs, relevant stakeholders and regulatory authorities about what is required to practise safely in Australia in a private practice setting. All the information has been developed to ensure that the policy intent and expected compliance requirements are met.

The guidelines seek to optimise the safe and professional practice of PPNs without imposing onerous or unnecessary burdens. The guidelines also ensure that the regulatory obligations of PPNs are consistent with current quality and safety thresholds and public expectations of healthcare delivered in a private practice setting.

The guidelines have been based on best practice and where available, current evidence. The impacts on PPNs and other stakeholders arising from the proposed guidelines are expected to be minimal. However, new, or unforeseen impacts that may be identified will be closely considered by the NMBA before progressing to publication.

Based on regulatory evidence and current practice expectations, the NMBA is proposing the guidelines include information on:

Public consultation on draft Guidelines for privately practising nurses

- who must comply with the requirements,
- description of a PPN,
- the NMBA's professional practice framework (PPF),
- regulatory obligations of PPNs,
- clinical governance, patient safety and quality improvement,
- corporate governance,
- the contexts of practice to reflect contemporary models of PPN, and
- relevant resources.

### Preferred option

The preferred option of the NMBA is Option 2. The NMBA supports that the development of guidelines will generate the greatest net benefit for PPNs, the profession and the public.

### Potential benefits and costs of the proposal

#### Benefits

The benefits of the preferred option are that the proposed draft guidelines improve the clarity and usefulness of the regulatory information and incorporate proposals that provide more certainty to PPNs, relevant stakeholders, regulatory authorities, and the community about what is required to provide quality and safe health services as a PPN and what to expect when receiving PPN services in Australia.

The information has been strategically developed to ensure that the policy intent and expected compliance requirements are maintained to protect the public. The proposed draft guidelines optimise the safe and professional practice of PPNs without imposing onerous or unnecessary burdens. The proposed draft guidelines also ensure that PPNs regulatory obligations are consistent with current quality and safety thresholds and public expectations.

The proposed draft guidelines have been based on best practice and where available, current evidence, the impacts on PPNs and other stakeholders arising from the updates proposed are expected to be minimal. However, new, or unforeseen impacts that may be identified because of this consultation will be closely considered by the NMBA before progressing to final approval.

#### Costs

It is estimated there will be minimal compliance costs associated with the implementation and application of the draft proposed guidelines for PPNs. Where PPNs already meet the requirements of the proposed draft guidelines, there will be no additional costs. Subject to stakeholder feedback on the proposed draft guidelines, the benefits of having clear guidelines for PPNs on the principles that underpin safe practice outweigh any minimal compliance costs related to PPNs and other stakeholders required to apply the guidelines, if approved.

## Questions for feedback – The guidelines

The NMBA is inviting feedback on the following questions.

The NMBA is inviting general comment on the proposed draft guidelines as well as feedback to the specific questions contained below.

You can email your responses in a Word document<sup>2</sup> to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au) or complete the [online survey](#).

Feedback is required by close of business on **12 April 2024**.

- 1. Is the content of the proposed Guidelines for privately practising nurses helpful, clear and relevant? If no, please explain why.**
- 2. Is there any content that needs to be changed, removed or added in the proposed Guidelines for privately practising nurses? If yes, please provide details.**
- 3. Would the proposed guidelines result in any potential negative or unintended effects for consumers, clients or patients including vulnerable members of the community who may choose to access PPN services? If yes, please explain why.**
- 4. Would the proposed guidelines result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.**
- 5. Would the proposed guidelines result in any potential negative or unintended effects for PPNs? If yes, please explain why.**
- 6. Are there any other potential regulatory impacts that the NMBA should consider? (refer to the NMBA statement of assessment at Appendix B) If yes, please explain why.**
- 7. Do you have any other feedback on the proposed Guidelines for privately practising nurses?**

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## Appendices

**Appendix A:** Draft proposed Guidelines for privately practising nurses

**Appendix B:** Statement of assessment against Ahpra's procedures for the development of registration standards, codes and guidelines

**Appendix C:** Patient health and safety impact statement

## Making a submission

The NMBA seeks feedback to the proposed *Guidelines for privately practising nurses*.

You can participate by:

- completing the questions and providing feedback via an [online survey](#) (please note there is an option to save a copy of your online survey responses for your records) or
- emailing your responses in a **Word document**<sup>[1]</sup> with the subject line 'Guidelines privately practising nurses' to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au)

Feedback is required by close of business on **Friday 12 April 2024**

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## Guidelines

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### Privately practising nurses

Effective from XX Month 2024

#### Introduction

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law (the National Law), as in force in each state and territory. 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.

#### Purpose of the Guidelines for privately practising nurses

The *Guidelines for privately practising nurses* (the guidelines) provide best practice for nursing services delivered in private practice settings. They protect the public by providing privately practising nurses (PPNs) with current, evidence-informed regulatory information to ensure nursing practice in this setting is delivered safely and in accordance with the NMBA's standards, codes and guidelines. When implemented, people accessing the services of a PPN can be confident that the nurse is practising in accordance with their regulatory requirements and is committed to continuously improving the safety and quality of their practice.

#### Who do the guidelines apply to?

The guidelines apply to all registered nurses (RNs), and enrolled nurses (ENs) practising privately in Australia. Nurses can practise privately when they are:

- self-employed, sole trader (may or may not employ staff),
- self-employed, partner in a partnership (may or may not employ staff),
- independent contractor who works for their own business and provides services to other businesses, and/or
- providing a health service via social media (paid or unpaid).

Nurses working in the area of non-surgical cosmetic medical procedure services should refer to the NMBA's [Position statement: Nurses and cosmetic medical procedures](#) for further information. Nurse practitioners in private practice should refer to the NMBA's [Guidelines for nurse practitioners](#).

Nurses who are an *employee* of a private practice, business or health service are not considered privately practising nurses for the purposes of these guidelines.

#### What do the guidelines cover?

The guidelines describe the regulatory requirements, practice expectations, and local systems and processes that are needed to deliver safe, high-quality and professional health services by nurses in private practice. There are four areas in these guidelines that cover:

1. NMBA professional practice framework (PPF),
2. Regulatory obligations,
3. Clinical governance, patient safety and quality improvement, and
4. Corporate governance



## Responsibilities of privately practising nurses

PPNs practise within a variety of clinical and non-clinical areas with numerous professional responsibilities. This practice is often independent of the support offered by an established health service that may have clear governance structures, multidisciplinary teams and embedded safety and quality frameworks. Some of the responsibilities of private practice may extend beyond the skills and capabilities articulated in the NMBA's [standards for practice](#), for example, advertising, marketing and business administration.

The regulatory responsibility to uphold each element of the NMBA's professional practice framework is not restricted to the provision of direct clinical care, and extends to all behaviour and conduct, in all practice settings, across Australia. In private practice, PPNs are accountable for the care and services the practice provides regardless of the operational structure, type of remuneration or services provided. This includes practice via social media platforms, engaging in business transactions and when building professional business relationships.

The [National Safety and Quality Primary and Community Healthcare Standards](#) outline the expectations for clinical governance, partnering with people and clinical safety of healthcare settings for nurse business owners based in the community.

Nurse business owners (such as privately practising nurses who are self-employed sole traders or partners in a partnership) are responsible for ensuring the service they operate is well run and delivers safe, high-quality health care. They do this by establishing a strong safety culture through an effective clinical governance system, satisfying themselves that this system operates effectively, and ensuring there is an ongoing focus on quality improvement. They are responsible for ensuring that the system that supports their service is well designed and performing effectively. Critically, they are also responsible for the safety and quality of their own professional practice.

*National Safety and Quality Primary and Community Healthcare Standards 2021*

PPNs also need to consider the context of practice and relevant standards that would inform the private practice such as the [RACGP's Standards for general practices](#) or [NDIS practice standards](#).

An enrolled nurse must ensure indirect supervision arrangements by a registered nurse are in place for the provision of health services provided in the private practice.

## Guidelines for privately practising nurses

The information and table below, sets out the minimum requirements for nurses practising in a private capacity. When implemented, people accessing the services of a PPN can be confident that the nurse is practising in accordance with the regulatory requirements and is committed to continuously improving the safety and quality of the service.

### NMBA Professional practice framework (PPF)

The NMBA's standards, codes and guidelines set the regulatory requirements within which PPNs must comply, to ensure ongoing competence and safe practice. This includes but is not limited to:

- [Code of conduct for nurses](#)
- [Code of ethics](#)
- [Decision-making framework for nursing and midwifery](#)

The registration standards

- [Continuing professional development](#)
- [Professional indemnity insurance arrangements](#)
- [Recency of practice](#)

The standards for practice

- [Enrolled nurse standards for practice](#)
- [Registered nurse standards for practice](#)

**Table 1: Guidelines for privately practising nurses**

1. Regulatory obligations		
1.1	Advertising	<p>PPNs advertising regulated health services must ensure the advertising does not include false, misleading or deceptive information, does not use testimonials, and does not create an unreasonable expectation of beneficial treatment. Advertising which encourages the indiscriminate or unnecessary use of regulated health services is also prohibited. Breaching the advertising requirements may result in financial penalties of up to \$60,000. When advertising PPNs must also comply with other applicable legislation such as Therapeutic Goods Administration. (TGA)</p> <p>For example, advertising IV infusion treatments and claiming that general improvements in health, wellness or appearance are attainable where there is no diagnosed clinical need may be in breach of the National Law as at the time of writing, there is little or no accepted evidence to support such generalised claims.</p> <p>For further information on advertising obligations, please see the Australian Health Practitioner Regulation Agency (Ahpra) <a href="#">advertising hub</a>.</p>
1.2	Annual declaration of compliance	<p>PPNs must provide a declaration that they comply with the NMBA's registration standards when they apply to renew registration with the NMBA each year. This is completed through the NMBA's annual renewal process in May.</p> <p>For further information on the registration standards, please see the NMBA's online <a href="#">registration standards</a> page.</p>
1.3	Auditing	<p>The NMBA and Ahpra have developed a nationally consistent approach to auditing health practitioners' compliance with the mandatory registration standards. It is an important part of protecting the public to assure the community of the standard and quality of health services provided. PPNs randomly chosen for audit will be required to provide further information to support renewal of registration declarations when selected.</p> <p>For further information on the NMBA's audit process, please see the NMBA's online <a href="#">audit</a> page.</p>
1.4	Cultural Safety	<p>PPNs are obligated under the National Law and the NMBA's regulatory framework to promote and protect the Cultural Safety of Aboriginal and Torres Strait Islander peoples, including the Cultural Safety of other health practitioners and students regardless of the context of practice. Advancing Cultural Safety for Aboriginal and Torres Strait Islanders and eliminating racism across the health system is a priority for all health practitioners, including PPNs.</p>
1.5	Mandatory reporting	<p>PPNs must comply with the regulatory mandatory notification obligations. There are four concerns that may trigger a mandatory notification. The four concerns are:</p> <ul style="list-style-type: none"> <li>• impairment</li> <li>• intoxication while practising</li> <li>• significant departure from accepted professional standards</li> <li>• sexual misconduct.</li> </ul> <p>To understand more about regulatory mandatory notification requirements including when to make a mandatory notification, PPNs should refer to the <a href="#">Guidelines: Mandatory notifications about registered health practitioners</a>.</p>
1.6	Scope of practice	<p>PPNs are responsible for making professional judgements about when an activity is within their scope of practice and, when it is not, for initiating consultation and collaboration with, or referral to, other health practitioners.</p> <p>For further information on nurses' (including PPNs) scope of practice requirements, please see the NMBA's <a href="#">standards for practice</a> relevant to the registered or enrolled nurse, <a href="#">Fact sheet: Scope of practice and capabilities for nurses</a> and the <a href="#">Decision-making framework for nursing and midwifery</a>.</p>

1.7	Social media	<p>PPNs must comply with the NMBA's social media requirements by:</p> <ul style="list-style-type: none"> <li>• complying with <i>Health Practitioner Regulation National Law</i> (the National Law), the <i>Code of ethics</i>, the <i>Code of conduct</i> and the <i>Guidelines for advertising regulated health services</i>.</li> <li>• complying with confidentiality and privacy obligations</li> <li>• maintaining professional boundaries</li> <li>• communicating professionally and respectfully with or about patients, colleagues and employers, and</li> <li>• not presenting information that is false, misleading or deceptive, including only advertising claims that are supported by acceptable evidence.</li> </ul> <p>PPNs practising via social media must ensure they meet all components of the professional practice framework, including holding appropriate PII for this component of their practice.</p> <p>For further information on nurses' (including PPNs) social media obligations, please see <a href="#">Social media: How to meet your obligations under the National Law</a>.</p>
1.8	Supervision for enrolled nurses	<p>Enrolled nurses require indirect or direct supervision by a registered nurse in accordance with the NMBA enrolled nurse standards of practice. This process must be documented by enrolled nurses who operate as PPNs and should include details of all aspects of the supervision arrangements (including insurance). The process also needs to describe how the registered nurse will be available for reasonable access to ensure effective timely direction and supervision to the enrolled nurse.</p>
1.9	Telehealth	<p>When providing telehealth services, it is expected that the PPN will practise at the same standard as when delivering services face-to-face health services in accordance with the PPF and relevant legislation.</p> <p>For further information, please see <a href="#">Telehealth guidance for practitioners</a></p>
<b>2. Clinical governance, patient safety and quality improvement</b>		
2.1	Clinical documentation	<p>PPNs must document all episodes of care and relevant interactions contemporaneously within designated clinical notes and/or pro forma documents, whether electronically or by hand. Documentation must be stored in an identifiable and complete health record.</p> <p>Health records / clinical notes are maintained and stored securely in a way that preserves the integrity of the record and client confidentiality in accordance with relevant Commonwealth, state and territory legislation.</p>
2.2	Complaint Management	<p>PPNs are to ensure a documented policy/ process for complaint management system enabling people to have access to information about the processes for making a complaint (for example, to the NMBA <a href="#">information on how to raise a concern about a health practitioner</a> or <a href="#">healthcare complaints commission</a> in the relevant state or territory)</p>
2.3	Emergency management	<p>PPNs are skilled and current in emergency management skills relevant to the context of practice and risk assessment including but not limited to adult basic life support, paediatric life support (if practising with children) or mental health first aid</p> <p>Systems are in place and appropriate medical equipment based on the PPN health services risk assessment available to recognise and respond to serious deterioration in persons accessing the service and escalate healthcare appropriately.</p>

2.4	Evidence-based practice	<p>PPNs are to provide safe, evidence-based care for the health and wellbeing of the persons accessing the service. They understand and apply the principles of primary and public health using the best available evidence in making practice decisions. PPNs can do this by accessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings into practice.</p> <p>Anecdotal evidence is not acceptable evidence for the purposes of substantiating claims about the potential benefits of health services. This type of advice or advertising can encourage indiscriminate or unnecessary use of regulated health services which is unlawful under the National Law.</p>
2.5	Information management	<p>PPNs understand and comply with relevant <a href="#">state and territory privacy legislation</a> and <a href="#">administrative record keeping guidelines for health professionals</a>. This includes upholding privacy requirements when accessing, storing or sharing health information with other health practitioners and/or health services and destroying patient information when required. PPNs must review the processes for documenting and storing healthcare records, including confidentiality and privacy of patient information, to ensure they are appropriate.</p> <p>Non-health related patient information i.e. demographic or administrative data is collected, used, stored, and disclosed professionally, ethically and lawfully in accordance with relevant Commonwealth, state and territory legislation.</p> <p>Ensure cyber security practices are in place to protect digital health assets and individuals' health information against cyber threats. Consider, if available, access and updating to <a href="#">My Health Record</a> digital health records health information.</p>
2.6	Incident management	<p>Incident management can improve safety, improve care processes, improve risk management and raise awareness of good practice. A well-designed incident management system will assist persons accessing the service and the PPN to identify, report, manage and learn from incidents. An incident that results, or could have resulted, in harm to a patient or consumer is a type of adverse event.</p> <p>PPNs are expected to hold, maintain and comply with a documented incident management policy and/or process that is consistent with the Australian Commission on Safety and Quality in Health Care's <a href="#">Incident Management Guide 2021</a> that includes obligations to report a sentinel event to the state or territory agency.</p> <p>Documented incident management policies/processes are tailored to the service context, risk profile and relevant state and territory health departments and/or safety and quality agencies incident reporting requirements and associated legislative frameworks.</p>
2.7	Infection prevention and control	<p>PPNs use evidence-based processes as described in the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a> to prevent and control infections in their workplace where relevant. This includes understanding and complying with Therapeutic Goods Administration statutory requirements, implementing standard precautions such as hand hygiene, sharps management and disposal, disinfection and decontamination of equipment, routine environmental cleaning and safe waste management. If providing direct clinical care, a context specific policy and procedure should be in place.</p>
2.8	Legislation	<p>PPNs must understand and comply with relevant local council, state, territory and Commonwealth requirements as state and territory differences are common. This includes but is not limited to Drugs and Poisons Controlled substances, mandatory reporting, storage of dangerous goods and infection prevention and control.</p>
2.9	Interactive professional development activities	<p>PPNs ensure regular engagement in interactive, structured, professional development opportunities to share and receive information, resources, experiences, feedback and advice to enable professional practice growth and development.</p>

		As some PPNs may practise independently without the direct support of a multidisciplinary healthcare team or direct reporting relationships / line managers, ensuring continual learning and development through interactive professional development can improve knowledge, skills, abilities and attributes, foster success in career transition and improve health outcomes PPNs may consider participation in and contribution to mentoring relationships, coaching opportunities, a professional practice review program (PPRP) or clinical reflective supervision if indicated through a risk management assessment and mitigation strategies of the service. Enrolled nurses may consider utilising the indirect supervision arrangement with a registered nurse to enable their professional practice growth and development.
2.10	Open disclosure	PPNs understand and use the <a href="#">Australian Open Disclosure Framework</a> to communicate openly with people they have provided services for when their healthcare has not gone to plan.
2.11	Work, health, and safety (WHS)	PPNs must be aware of their obligations to maintain a safe and healthy workplace for workers and those who may be affected by their acts or omissions, pursuant to legislation.  This includes undertaking appropriate risk identification and assessment, maintaining an appropriate risk register, maintaining and implementing health and safety and risk management policies and implementing controls, monitoring conditions in places where work is undertaken.
2.12	Practice environment	PPNs ensure the environment in which their services are delivered enables safe, high-quality and hygienic healthcare to be delivered and a safe workplace for themselves and others. This includes infection controls, daily cleaning or more often of frequently touched surfaces, cleaning shared clinical equipment between uses, appropriate use of disinfectants and sterilisation techniques and appropriate handling of waste and linen.  PPNs are to ensure design and layout of the service environment promotes the ability to maintain privacy and confidentiality of information upon disclosure by the person accessing the service.
2.13	Quality improvement and reporting	PPNs contemporaneously document, collect and submit required data regarding episodes of care, relevant interaction and/or outcomes for people in their care as per state and territory data collection requirements. PPNs have local processes in place to collect, analyse and reflect on their own data (and practice) to facilitate early identification of trends and issues, enable structured peer review / feedback and ensure continuous improvement. This may include but is not limited to audit measures.
2.14	Referral pathways	PPNs hold, maintain and comply with a documented referral pathway/s to support timely and appropriate consultation and/or referral to people accessing the service.  Documented referral pathways are designed to reflect the PPNs' service context, risk profile and referral pathways/resources reasonably available.
2.15	Risk management	PPNs have a documented policy and/or process for identifying, assessing, treating, monitoring and evaluating clinical and environmental risks such as information sharing, or infection control practices associated with their private practice that are regularly reviewed.  Developing a tailored risk management policy and risk management processes relevant to the nurse's service context and risk profile supports the early identification and prevention of circumstances that put people at risk of harm.
<b>3. Corporate governance</b>		
3.1	Business administration	PPNs may need to consider business administration activities relevant to their practice including registering their business name, relevant licences and registrations for their business type such as acquiring a tax file number (TFN), Australian business number (ABN), goods and services tax (GST), fee schedules/payment provision and payment of superannuation.



3.2	Industrial relations	PPN's need to be aware of the relevant legislation and appropriate pay and conditions in accordance with the Fair Work Act and relevant awards. PPN's who employ more than one employee may negotiate an enterprise agreement to reflect industry standards. Where only one employee is employed, conditions can reflect their type of workplace and sector of the industry.
3.3	Other insurances	PPNs must not practise the profession in which they are registered unless they hold appropriate professional indemnity insurance (PII) arrangements in relation to the practice. PPNs who own and operate a business should consider whether other insurance products are relevant for their practice in addition to PII. These may include, but are not limited to, public liability, product liability and property insurance policies.
3.4	Practice/ business insurance	PPNs who own and operate a business should consider whether broader medical indemnity insurances for the <i>practice</i> or <i>business</i> is required. This type of insurance can cover healthcare businesses for medical indemnity claims that may be made against them and may also cover the liability of their employees.
3.5	Wellness and integrative medicine	PPNs must only deliver evidence-based services (Refer 2.4) which considers previous treatments and responses to therapies (whether prescribed or non-prescribed).  In keeping with the <i>Quality Use of Medicines</i> principles 1, PPNs are to follow a systematic evaluation process when considering, recommending or prescribing evidenced based medicines, therapies and services. <sup>3i</sup> PPNs must also comply with the relevant state and territory drugs, poisons and controlled substances. (Refer 2.7)  PPNs who provide indiscriminate or unnecessary regulated health services i.e. intravenous (IV) infusion services for general improvements in health, 'wellness' or appearance, must, uphold the standards for practice relevant to their profession and their obligations under the <i>Code of conduct for nurses</i> .

### Practice contrary to the guidelines

These guidelines provide best practice for nursing services delivered in private practice settings. When implemented, people accessing the services of a PPN can be confident that the nurse is practising in accordance with the regulatory requirements and is committed to continuously improving the safety and quality of the service.

Failure to comply with requirements of registration with the NMBA (see [NMBA Professional practice framework](#) and [Regulatory obligations](#)) may result in disciplinary action by the NMBA. The National Law establishes possible consequences if nurses, including PPNs, don't meet their regulatory obligations. These include the imposition of a condition or conditions on their registration/endorsement or the refusal of an application for registration/endorsement or renewal of registration (sections 82, 83 and 112 of the National Law).

Other sections of these guidelines include best practice for the safe delivery of high-quality healthcare in the private settings. Registration standards, codes or guidelines may be used in disciplinary proceedings against nurses as evidence of what constitutes appropriate practice or conduct for nurses, including for PPNs (section 41 of the National Law).

### Review of the guidelines

The guidelines will be reviewed as required. This will generally be at least every five years. The guidelines were approved by the NMBA in XX 2024.

<sup>3</sup> [Australian Commission on Safety and Quality in Health Care. Medication without harm – WHO Global Patient Safety Challenge. Australia's response. Sydney: ACSQHC; 2020. Available from https://www.safetyandquality.gov.au/publications-and-resources/resource-library/medicationwithout-harm-who-global-patient-safety-challenge-australias-response](https://www.safetyandquality.gov.au/publications-and-resources/resource-library/medicationwithout-harm-who-global-patient-safety-challenge-australias-response)

## Glossary

**Adverse event** means an incident that results, or could have resulted, in harm to a patient or consumer.

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

- 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.

**Cultural Safety** concept was developed in a First Nations' context and is the preferred term for nursing and midwifery. Cultural Safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the "presence or absence of Cultural Safety is determined by the recipient of care; it is not defined by the caregiver" (CATSINaM, 2014, p.9<sup>4</sup>). Cultural Safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how people are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health. Cultural Safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of peoples' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care. In relation to Aboriginal and Torres Strait Islander health, Cultural Safety provides a de-colonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017b, p.11<sup>5</sup>). In focusing on clinical interactions, particularly power inequity between patient and health professional, Cultural Safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare. Cultural Safety is also relevant to Aboriginal and Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and Torres Strait Islander colleagues (CATSINaM, 2017a<sup>6</sup>).

**Direct clinical care** is when the nurse is directly involved in providing clinical care or providing oversight and/or supervision of other nurses during the provision of clinical care to people and their families.

**Direct supervision** is when the supervisor is physically present at all times to observe the supervisee. The supervisor takes direct and principal responsibility for all individual patients receiving care from the supervisee. The supervisee must consult with and follow the directions of the supervisor about the management of each patient, including the process of assessment, before care is given. The care provided must be directly observed by the supervisor who is physically present with the supervisee at all times.

**Health service** includes the following services, whether provided as public or private services

- a) hospital services;
- b) mental health services;
- c) pharmaceutical services;
- d) ambulance services;
- e) community health services;
- f) health education services;
- g) welfare services necessary to implement any services referred to in paragraphs (a) to (f)
- h) services provided by a registered health practitioner (as defined in the National Law).

**Health service provider** means a person who provides a health service (as defined in the National Law).

**Incident** means an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a person, their family or consumer; or a complaint, loss or damage. An incident may

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<sup>4</sup> CATSINaM, 2014, *Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*, CATSINaM, Canberra.

<sup>5</sup> CATSINaM, 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra.

<sup>6</sup> CATSINaM, 2017a, *Position statement: Embedding cultural safety across Australian nursing and midwifery*, CATSINaM, Canberra.

be a near miss. Incidents may also be associated with omissions where persons and their families are not provided with a medical intervention from which they would have likely benefited.

**Indirect supervision** can form one of three types of supervision.

1. The supervisor is physically present at the workplace (present)
2. The supervisor is accessible by phone or other means and available to physically attend the workplace (accessible)
3. The supervisor is not present at the workplace (remote).

Please refer to Ahpra's [Supervised practice framework](#) for further information on indirect supervision.

**Medicare Benefits Schedule (MBS)** is a component of the Australian Medicare program that (as of 1 August 2020) lists more than 6,000 eligible health care services for which subsidies are provided to health consumers. For more information see [Medicare Benefits Schedule](#)

**National Law** means the Health Practitioner Regulation National Law, as in force in all Australian states and territories.

**Nursing and Midwifery Board of Australia (NMBA)** means the national body responsible for the regulation of nurses and midwives in Australia.

**Open disclosure** is the open discussion of adverse events that results in harm while receiving healthcare. The elements of open disclosure are:

- an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'
- a factual explanation of what happened
- an opportunity for the client, their family and carers to relate their experience
- discussion of the potential consequences of the adverse event
- an explanation of the steps being taken to manage the adverse event and prevent recurrence.

**Pharmaceutical Benefits Scheme (PBS)** is an Australian Government program that creates a schedule of all the medicines available to be dispensed to health consumers at a government-subsidised price. Nurses endorsed by the NMBA as a nurse practitioner can apply for approval as PBS prescribers and may also be referred to as 'authorised nurse practitioners', that is, they are authorised to prescribe PBS subsidised medications. For more information see [Pharmaceutical Benefits Scheme](#).

**Practice** means any role, whether remunerated or not, in which the nurse uses their skills and knowledge as a nurse.

**Private capacity** means, without being exhaustive, practising the nursing profession either in sole practice, as a partner in a partnership, or as an associate in an association with other practitioners i.e. as a director of a company or as an employee or contracted nurse of one of the aforementioned parties.

**Privately practising nurse (PPN)** is a nurse who practises the profession in a private capacity.

**Professional practice review program (PPRP)** means a formal peer or case review that may include morbidity and mortality meetings, quality assurance and clinical audit or other meetings dealing with issues of practice review or clinical risk management.

**Regulated health service** means a service provided by, or usually provided by, a health practitioner (as defined in 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 NMBA's [Decision-making framework](#)



[for nursing and midwifery](#). When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

**Sentinel event** is a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient. They are the most serious incidents reported through state and territory incident reporting system.

**Social media** describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook, Instagram and LinkedIn, blogs (personal, professional and those published anonymously), business search and review sites such as Word of Mouth and True Local, microblogs such as Twitter, content-sharing websites such as YouTube and TikTok, and discussion forums and message boards. For the purposes of this guideline, practice is not restricted to the provision of direct clinical care. For more information see [Social media: How to meet your obligations under the National Law](#).

**Technology-based consultations** are consultations that use any form of technology, including, but not restricted to videoconferencing, internet and telephone, as an alternative to face-to-face consultations.

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## Document history

**Approved by:** Nursing and Midwifery Board of Australia

**Date approved:** xx 2024

**Date to commence:** xx 2024

**Next review due:** xx 2029

**Policy history:** Is this a new policy? **Y**  
Does this policy amend or update an existing policy? **N**  
Does this policy replace another policy with a different title? **N**

Approval date	Version	Reason for change
xx 2024	v1.0	Initial publication - date of effect day month 2024

## Statement of assessment against Ahpra's Procedures for the development of registration standards, codes and guidelines

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### Draft Guidelines: Privately practising nurses

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: [www.ahpra.gov.au/Resources/Procedures.aspx](http://www.ahpra.gov.au/Resources/Procedures.aspx)

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Nursing and Midwifery Board of Australia's (NMBA) assessment of their proposal for the draft *Guidelines: Privately practising nurses* (the guidelines) against the three elements outlined in the Ahpra procedures.

Privately practising nurses (PPNs) are an increasingly evolving area of service delivery in the provision of a range of clinical and non-clinical health services to the Australian community. Traditionally, nursing services were provided by established accredited health service services with governance systems in place to protect the public. The NMBA has identified the need for guidelines to enable PPNs to provide private healthcare services at a high professional standard that protects the public and instils confidence to support access to a range of safe quality health services. The NMBA does not expect that this proposal will have more than a minor impact and will result in a positive impact for PPNs and the public. The draft guidelines do not impose any additional requirements on PPNs and assembles into the one document, the requirements that nurses need to be aware of when working in private practice.

1. The proposal takes into account the objectives and guiding principles in the National Law (sections 3 and 3A) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

### National Board assessment

The NMBA considers that the proposed draft guidelines meet the objectives and guiding principles of the National Law and support the NMBA's key role to protect the public. One way the NMBA does this is by ensuring that only nurses who are suitably qualified and competent to practise are registered. The proposed guidelines take into account the National Scheme's key objective of protecting the public by enabling the continuous development of a flexible, responsive safe Australian nursing workforce by describing the regulatory and public expectations to support PPNs working outside established accredited health services to address community health needs.

The proposed draft guidelines also support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. The proposal provides clear guidance on the National Law requirements and the NMBA's expectations for the practice of a nurse in private practice. It also takes account of the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners.

The NMBA has drawn from the available current evidence to inform the review. The NMBA has reviewed national and international evidence on privately practising nurses, regulation, expected standards of practice and policy documents.

2. [Steps have been taken to achieve greater consistency within the National Scheme \(for example, by adopting any available template, guidance or good practice approaches used by National Scheme bodies\), and the consultation requirements of the National Law are met](#)

### **National Board assessment**

The consultation paper is consistent with the templates and approaches used by other National Boards.

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest. Targeted consultation with key stakeholders was the first step in the consultation process and public consultation will ensure that the consultation requirements are met.

The NMBA conducted targeted consultation on the draft guidelines from 26 September to 17 November 2023. Responses were received from 14 key stakeholder groups. The NMBA refined the proposal based on this feedback. There was support from all respondents to the draft proposed guidelines and general agreement that the proposal provided appropriate guidance for PPNs.

The NMBA will now ensure that there is the opportunity for broader public comment via public consultation for a period of six (6) weeks. This includes publishing the consultation paper on the NMBA and Ahpra websites and informing health practitioners and the community of the review via the NMBA's electronic newsletter.

3. [The proposal takes into account the principles set out in the Ahpra procedures](#)

- A. [Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public](#)

### **National Board assessment**

The NMBA considers that this proposal is the best option for achieving public safety, high quality and professional practice and regulatory effectiveness. The proposed draft guidelines provide comprehensive information for PPNs to operate at a safe level and provide an informed standard of service provision to ensure protection of the public.

- B. [Whether the proposal results in an unnecessary restriction of competition among health practitioners](#)

### **National Board assessment**

The proposal is unlikely to restrict competition as the proposed draft guidelines would apply to all nurses in private practice in Australia if approved, and does not impose additional requirements. One of the aims of the proposal is to support greater flexibility in the models of health services provided to the community that will be achieved through increasing the type, access and range of health services available to the community. Another, is for nurses in private practice to provide care at a standard expected, as described in the proposed draft guidelines. The community, who usually engage with established accredited health service employment models of service that have governance systems in place, would expect the same level of governance applied to protect them when receiving health services.

[Whether the proposal results in an unnecessary restriction of consumer choice](#)

### **National Board assessment**

The proposal is unlikely to result in any restriction of consumer choice as it is expected to provide a more flexible approach to accessing a greater range of health services for the community to choose from. The proposed draft guidelines also have the potential to improve a consumer's confidence that nurses in private practice are held to the same ethical and professional standards as all registered health practitioners who provide a private health service.

- C. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

#### **National Board assessment**

The NMBA has closely considered the potential costs associated with the proposal and concluded that there may be some compliance costs in some circumstances. However, these are expected to be minimal and would be mitigated through a communications strategy to ensure that PPNs know when the guidelines will come into effect (if approved), and have an opportunity to understand what is expected before the commencement date. Subject to stakeholder feedback on the proposed draft guidelines, the benefits of having clear guidelines for PPNs on the principles that underpin safe practice outweigh any minimal compliance costs related to PPNs and other stakeholders being required to apply the guidelines, if approved.

- D. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

#### **National Board assessment**

The NMBA has used a plain English approach in preparing the consultation material to help health practitioners and the public understand and consider the proposed requirements of the proposed draft guidelines.

- E. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

#### **National Board assessment**

The NMBA has procedures in place to support a review of the proposed draft guidelines at least every five years. If approved, the Board may choose to review the guidelines earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

## Patient health and safety impact statement

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### Statement purpose

March 2024

The Nursing and Midwifery Board of Australia's (NMBA) *Patient and consumer health and safety impact statement* (the statement)<sup>7</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 guidelines on the health and safety of people and their families, particularly vulnerable members of the community. This includes approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed guidelines 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 and their families particularly vulnerable members of the community about the proposal.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposal.

The NMBA's *Patient and consumer health and safety impact statement* aligns with the National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#), [National Scheme engagement strategy 2020-2025](#), [the National Scheme Strategy 2020-25](#) 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>7</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 the NMBA's initial assessment of the potential impact of the proposed guidelines on the health and safety of people who may access privately practising nurse (PPN) care, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.**

**1. How will the proposed guidelines impact the health and safety of people accessing PPN care, particularly vulnerable members of the community? Will the impact be different for vulnerable people compared to the general public?**

The NMBA has carefully considered the impacts of the proposed guidelines to people accessing PPN care, particularly vulnerable members of the community to put forward what we think is the best option for consultation.

The proposed guidelines are based on the best available evidence and best practice regulatory approaches to ensure the safety of people accessing PPN services is at the centre of the regulation. The guidelines have been proposed to ensure the regulation remains contemporary and fit for purpose. This means the proposed guidelines are expected to maintain the standard of care provided by PPNs. They do not introduce new or untested requirements. This means people accessing PPN services, including vulnerable members of the community can expect continued consistency in the high standard of PPN care enabled through this regulation.

Through this consultation, our engagement will help us to better understand possible outcomes and meet our responsibilities to protect public safety and healthcare quality.

**2. How will consultation engage with people accessing PPN care, particularly vulnerable people who may be currenting or thinking of accessing PPN services?**

In line with our established consultation processes, the NMBA is undertaking public consultation. We will engage with people accessing PPN services, professional associations and peak bodies, consumer representative bodies and many other relevant organisations to gain input and views from vulnerable members of the community. To do this, we will engage directly with these people and groups through a public consultation process. We will achieve this through multiple communication channels including direct emails, website updates, social media and the NMBA newsletter.

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

The NMBA has carefully considered what the unintended impacts of the proposed guidelines might look like. 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 members of the community that may be raised during consultation.

**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?**

In proposing the guidelines, the NMBA has carefully considered any potential impact on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander people might be different. Through this consultation, our engagement will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare 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 doing this by proactively consulting with Aboriginal and Torres Strait Islander health policy leaders, peak Aboriginal and Torres Strait Islander professional



bodies and the national leadership body for Aboriginal and Torres Strait Islander health in Australia. We will continue to engage with Aboriginal and Torres Strait Islander organisations and stakeholders throughout the consultation.

**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 from the proposed guidelines. 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 action 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?**

In partnership with Ahpra, the NMBA will continually monitor compliance with the proposed guidelines. Engagement with audit is a mandatory requirement for all health practitioners registered under the National Scheme, including PPNs. The audit provides assurance to the NMBA that the level of regulation offered by the proposed guidelines is appropriate and proportionate, that compliance with the requirements is met and that the regulation is achieving its public safety objectives. It also provides feedback to the NMBA about the operation, effect, and impact of the regulation for continuous improvement.

Part of the NMBA's work in keeping the public safe is ensuring that all NMBA standards, codes and guidelines are regularly reviewed. This generally occurs every five (5) years or earlier if required. In future the NMBA will review the guidelines to ensure that they are working as intended.

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