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To whom this may concern

Re: Review of Endorsement as a nurse practitioner registration standard

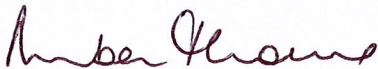
Australian College of Nursing (ACN) welcomes the opportunity to provide a response to the Nursing and Midwifery Board of Australia's (the National Board) public consultation paper October 2014 on the *Endorsement as a nurse practitioner registration standard and supporting documentation*.

ACN is in support of the National Board undertaking a revision of the *Endorsement as a nurse practitioner registration standard*. The reconfigured suite of documents to regulate the endorsement of nurse practitioners, once revised, should provide clearer guidance for the use and application of the standards. ACN stresses however that the intent and structure of the draft *Safety and quality guideline for nurse practitioners* require significant revision to more effectively convey the regulatory context and professional obligations of the nurse practitioner. The documents also require additional proof-reading and editing prior to publication.

Please find attached ACN's feedback on the consultation documents. We look forward to the outcomes of the consultation.

Please do not hesitate to contact me for further discussion of ACN's feedback.

Yours sincerely



Adjunct Professor Debra Thoms FACN (DLF)
Chief Executive Officer

12 December 2014

Public consultation paper

Endorsement as a nurse practitioner registration standard

General comments

ACN supports the assessment made within the *Consultation paper* that the standard regulating nurse practitioner endorsement is effective and only requires minor amendments as part of this review. It is noted however that the *Consultation paper* should have specifically indicated which minor amendments were required and why. Table 1 (page 4) provides a breakdown of the endorsement criteria but does not demonstrate which, if any, changes are made to each criterion nor does it break down the changes made to the supporting documents. Including tracked changes and rationale for all amended content would have improved the accessibility and transparency of the consultation process. Alternatively the National Board could present the pages on which content was changed and the changes made in a table to provide readers with an effective overview.

The following comments provide feedback on each section of the *Consultation paper*.

1. Introduction: *Review of Endorsement as a nurse practitioner registration standard*

- In reference to the second criterion presented in Table 1 (page 4) '*The equivalence of three (3) years full-time experience in the advanced practice nursing role, within the past six (6) years from the date when the complete application seeking endorsement as a nurse practitioner is received by the National Board*', ACN acknowledges the support for the continued quantifiable measure for advanced practice. It is noted that the term 'advanced practice nursing' is still inconsistently applied in Australia to describe and assess nursing roles. There are also few widely used objective assessment tools to determine whether or not a candidate is practicing at an advanced level. In the absence of an agreed national definition of advanced practice nursing, a consistent approach to the assessment of advanced practice nursing roles is difficult to achieve. It is anticipated that current research seeking to describe advanced practice in nursing will provide a conclusive definition. A nationally endorsed definition of advanced practice nursing would support more definitive and consistent application of the term. It would also facilitate the ability to assess performance at that level and potentially enable focus on the applicants' practice and not be reliant on their 'role'.
- ACN suggests that the inclusion of a cross reference between criterion (b) of the *Endorsement as a nurse practitioner registration standard* (page 7 of the *Consultation paper*) and the evidence required to demonstrate 'advanced practice nursing' listed in the *Guideline for nurses applying for endorsement as a nurse practitioner's Evidence Model* (on pages 17 and 18 of the *Consultation paper*) may be useful for applicants.
- ACN queries the origin of the final criterion in Table 1 (page 4) '*Additional criteria for re-endorsement every three years*' and the corresponding statement that '*feedback did not support additional requirement to be re-endorsed every three years*'. Unlike the other five criteria, this is not a current

criterion and its brief mention is incongruous in the context of the consultation paper. Background information should be made available to stakeholders to enable their reasonable consideration of this issue.

2. Attachment 1: *Endorsement as a nurse practitioner registration standard*

- Feedback from ACN members suggests that the revised registration standard is easy to read and clearly identifies expectations and requirements for endorsement as a nurse practitioner. Concerns were raised however that there is inconsistency in how the concept of ‘advanced practice nursing’ is being interpreted and applied.
- ACN questions the accuracy of the statement under the heading *Safety and quality guideline* (page 8): ‘*The Safety and quality guideline provides a strong regulatory framework for endorsed nurses who have access to Medicare and Pharmaceutical benefits providing clarity and support to practise in their role as a nurse practitioner*’.

There are three issues of concern with this statement.

- Firstly, endorsed nurses do not access ‘Medicare and Pharmaceutical benefits’, rather, they are eligible to provide MBS and PBS rebateable services.
- Secondly, the wording should be revised to refer specifically to the Medicare Benefits Schedule and Pharmaceutical Benefits Scheme.
- Thirdly, it is queried whether it is more appropriate to advise that the *Safety and quality guideline* outlines the regulatory arrangements rather than stating the guideline ‘provides a strong regulatory framework’. The National Board states on page 10 of *Attachment 2: Safety and quality guideline for nurse practitioners* that ‘*The primary purpose of the SQG is to ensure the protection of the public. The SQG does this by outlining those standards, codes and legislative requirements within which nurse practitioners must practise, ensuring ongoing competence and safe practice for nurse practitioners*’. This issue is discussed in more detail in section 3 below.

- ACN recommends that the following two definitions presented on page 9 be revised to improve wording and to promote consistency with other National Board documents:

1) **Nurse practitioner**

Nurse practitioner is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia (National Board) who has direct clinical contact to practice within their scope under the legislatively protected title ‘nurse practitioner’ under the Health Practitioner Regulation National Law Act 2009.

The underlined section of the proposed definition of ‘nurse practitioner’ above is unclear and should be revised.

It is noted that ‘nurse practitioner’ is inconsistently defined in the revised standard and its supporting documents as well as across other National Board documents. In contrast to the definition above, the *Nurse practitioner standards for practice – Effective from 1 January 2014* uses the following definition of nurse practitioner: **Nurse Practitioner:** *A nurse practitioner is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia (National Board) to practise within their scope under the legislatively protected title ‘nurse practitioner’.*

Furthermore, the current *Endorsement as a nurse practitioner registration standard* uses a more extensive definition of nurse practitioner.¹ ACN stresses the importance of having consistent definitions particularly of definitions used and applied in regulation. Poorly worded or inconsistent definitions can be misleading and effectively undermine regulatory arrangements.

2) Education equivalence as determined by the National Board

Education equivalence as determined by the National Board means that registered nurses, who have completed a program of study successfully at Masters level that is relevant, clinically, to the context of their advanced practice nursing, for which they are seeking endorsement as a nurse practitioner, and who have undertaken appropriate supplementary education, including advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research, however titled. Applicants will be required to map evidence for assessment against the Nurse practitioner standards for practice.

The wording of this definition is unwieldy and should be revised to improve its clarity. ACN assumes that the detail required to determine equivalence mirrors the educational elements of a Master’s degree which is Board-approved.

3. Attachment 2: Safety and quality guideline for nurse practitioners

Overarching comments on Attachment 2

ACN supports separating the *Safety and quality guideline* (SQG) from the initial *Guidelines on endorsement as a nurse practitioner*. However ACN is of the view that the proposed draft SQG requires significant revision for the reasons given below.

3.1 The draft SQG does not adequately explain its purpose and does not lay out its ‘elements’ in a logical manner. Furthermore, the SQG does not thoroughly describe how its elements combine to form a regulatory context for ensuring nurse practitioners’ ongoing competence and safe practice. The document would benefit from a concise introduction that describes what it is and how it will provide guidance. Clearly marked

¹ **Nurse practitioner** means a nurse whose registration has been endorsed by the Board as a nurse practitioner under section 95 of the National Law. A nurse practitioner is a registered nurse who is educated and endorsed to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other healthcare professionals, prescribing medications and ordering diagnostic investigations. The role is grounded in the nursing profession’s values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers (National Competency Standards for the Nursing Practitioner, ANMC 2006).

or numbered headings and sub-headings would improve the content layout and flow between sections. Numbering the elements being discussed would better enable the reader to draw linkages between the various sections.

3.2 The inclusion of the content on ‘advanced practice nursing’ introduces some confusion regarding the purpose of the SQG because this section is ill focussed, including issues that relate more to nurse practitioner endorsement than to nurse practitioners’ safe practice (for example content on the lower half of page 12 and top half of page 13). The National Board may consider removing this content. It is unclear why the National Board has selected to reference ‘useful’ articles published in the *Journal of Advanced Nursing* on page 12 of the public consultation paper. If a literature review has been undertaken the findings should be presented in a way that demonstrates a critical analysis has been undertaken.

3.3 ACN also questions the premise that the SQG has been developed to ‘...provide a strong regulatory framework...’ (page 10). The SQG seeks to outline and explain the standards, codes and legislative requirements within which nurse practitioners must practice, however, the document does not in itself provide a strong regulatory framework. The majority of the regulatory framework exists in the absence of the SQG, the SQG acts to further support the regulatory framework.

3.4 ACN also questions the appropriateness of the statement that the draft SQG outlines: *those standards, codes and legislative requirements within which nurse practitioners must practice, ensuring ongoing competence and safe practice for nurse practitioners*’ (page 10). In ACN’s view the SQG contributes to ensuring ongoing competence and safe practice, rather than bringing about this outcome by itself. A range of legislation and regulation, such as the *Drugs and Poisons Acts* in the various jurisdictions contribute to ensuring nurse practitioners’ competence and safe practice.

Specific comments on Attachment 2

- There is awkward transitioning between some of the six sections under the first element *Scope of practice*. For example,
 - The second paragraph raises issues to do with changes to scope of practice before scope of practice has been fully explained. It is recommended that the content under *Changes to scope of practice* be moved to the end of the *Context of practice* section.
 - Under the heading *Advanced practice nursing* (page 11) an introductory reason should be given for including a discussion on advanced practice nursing in the SQG.
 - At the top of page 12, it is unclear what is meant by ‘*The target audience on advanced practice nursing is as follows: ...*’, additional information is required to explain or contextualise this content. While it is recognised that the document should aim for brevity, it is important to ensure the content has meaning.
- The fourth paragraph under the heading *What nurses need to know about advanced practice nursing* is somewhat disjointed and confusingly attempts to cover a broad range of issues. It is questioned whether it is appropriate to raise the following underlined issues within the SQG:

In the Australian context, APN remains less well understood, and APN roles are inadequately defined or supported. It is, therefore, crucial that employers make sure that registered nurses working at advanced practice levels (i.e. in situations of high clinical work complexity) are clinically and educationally competent through continuing professional development (CPD) within the scope of advanced practice nursing. However, it is for the applicant to make the case that their practice meets the definition of advanced practice nursing. Neither they nor the assessor ought to rely solely on an industrial award position as the definition of advanced practice nursing. There may be applicants who are not able to obtain a position that awards the appropriate level of remuneration for the APN work they do and these people ought not to be deterred from attempting to make their case.

- The issue of APN roles being inadequately supported is not canvassed within the SQG and is therefore somewhat out of context in the paragraph above.
 - It is unclear whether the second sentence in the paragraph above is raising the expectation that employers should monitor the competency and scope of practice of nurses working at advanced practice levels or if they should be providing access to CPD, or both.
 - Additionally there is no need in the same sentence to explain what working at advanced practice levels means, this has already been established within the SQG.
 - The final sentence introduces an issue relating to industrial awards that is out of place in the context of the SQG.
- ACN questions the accuracy of the following statement under the section heading *Relationship between the nurse practitioner and advanced practice nursing*, ‘*In contrast, the APN role has a wider domain of practice and is not regulated*’. It could be argued that the practice of nurses in APN roles is regulated by the Professional Practice Framework for registered nurses.
 - ACN member feedback indicates that more detail may be required under the *Scope of practice* section on page 11. This section outlines that further education is required to support an extension to or change in scope of practice and refers nurse practitioners to use the *National framework for the development of decision-making tools for nursing and midwifery practice*. There may be benefit in providing more detailed guidance on what comprises expanded or a complete change in the scope of one’s practice. Consideration should be given to using short examples or vignettes within the SQG to assist nurses determine whether a change in their practise requires further education.
 - To promote clarity, it is suggested that the second paragraph under the heading *Co-regulatory requirements of Medicare and the National Board* on page 14 be amended as follows, ‘*As a Participating nurse practitioners ~~they~~ have access to the Australian Government Medicare Benefits Schedule (MBS)...*’. The current sentence could be read as meaning that all nurse practitioners have access to the MBS and PBS not just those authorized by Medicare Australia as participating nurse practitioners.

4. Attachment 3: Guideline for nurses applying for endorsement as a nurse practitioner

- The Curriculum Vitae (CV) requirements on page 18 should clearly state who is to sign the CV as a ‘true and accurate’ record.

- In the last 'Evidence' box on page 19, it is recommended that acronyms for CV and SOS be avoided, as the acronyms are not specifically noted in a previous section.
- There may be value in developing an accompanying flowchart to provide a step-by-step overview of the process for applying for endorsement.