ANMC
AUSTRALIAN NURSING & MIDWIFERY COUNCIL

National Competency Standards for the Nurse Practitioner

Introduction

The Australian Nursing and Midwifery Council Incorporated (ANMC) is a peak national nursing and midwifery organisation established in 1992 with the purpose of developing a national approach to nursing and midwifery regulation. The ANMC works in conjunction with the state and territory nursing and midwifery regulatory authorities (NMRAs) to produce national standards which are an integral component of the regulatory framework to assist nurses and midwives to deliver safe and competent care.

The standards include the national competency standards for the registered nurse, which were first adopted by the ANMC in the early 1990s, and have been reviewed and revised regularly since then. Other standards developed by the ANMC for implementation by NMRAs include competency standards for enrolled nurses and midwives, codes of professional conduct and ethics, and a range of position statements and guidelines. The full list of standards, position papers and guidelines produced by the ANMC can be viewed on the website.

In 2004 the ANMC, with contributions from the Nursing Council of New Zealand, commissioned a project to investigate the scope and role of nurse practitioners and develop national standards for practice. The resulting standards are reproduced in this booklet together with the supporting performance indicators.

What are the standards used for?

The national competency standards for the nurse practitioner build on the core competency standards for registered nurses and midwives, and the advanced nursing practice competency standards. The competency standards, which have been endorsed by all NMRAs are those by which your performance is assessed to obtain and retain your license to practice as a nurse practitioner in Australia.

As a nurse practitioner, these competency standards provide you with the framework for assessing your competence, and are used by your state/territory NMRA to assess competence as part of the annual renewal of license process and to assess nurse practitioners educated overseas seeking to work in Australia. They are also used to assess nurse practitioners involved in professional conduct matters. The NMRAs may also apply the competency standards in order to communicate to consumers the standards that they can expect from nurse practitioners.

Universities also use the standards when developing nursing curricula, and to assess student performance.

These are YOUR standards — developed using the best possible evidence, and using information and feedback provided by nurse practitioners in a variety of settings. Included also are the principles of assessment which will assist you in understanding how these standards may be used to assess performance. We believe you will find them easy to understand, and user friendly.

ANMC would like to thank nurse practitioners around Australia and New Zealand for their willing input to the development of these standards.

Definition of the Nurse Practitioner

A nurse practitioner is a registered nurse educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management of clients using nursing knowledge and skills and may include but is not limited to the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The nurse practitioner role is grounded in the nursing profession's values, knowledge, theories and practise and provides innovative and flexible health care delivery that complements other health care providers. The scope of practice of the nurse practitioner is determined by the context in which the nurse practitioner is authorised to practise.

Nurse Practitioner Competency Standards

Three generic standards that define the parameters of nurse practitioner practice have been identified. These standards are defined by nine competencies each with specific performance indicators.

The three standards are:

STANDARD 1
Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations

Dynamic practice has several core components, at the core of which are highly developed clinical practice skills focused on a particular population group or area of specialty practice. Key elements of dynamic practice are comprehensive assessment ability including advanced physical assessment and an analysis of the person context. This is based on advanced knowledge of pathophysiology and the range of human sciences integral to nursing. Dynamic practice incorporates the ability to prescribe and to order investigative procedures according to health assessment information in addressing need. Finally, dynamic practice includes the need to address currency of practice as a continuous process.

STANDARD 2
Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability

Professional efficacy describes the level of knowledge and skill, and the approach to using that knowledge. It captures the sense of professional identity and authority which supports delivering extended skills based in patient/client need and delivering them from a sound base of nursing. The nurse practitioner identifies as first and foremost a nurse and this identity determines the nature of practice. The nurse practitioner applies critical reasoning to negotiate evidence and adapt care to the lived realities of clients in vastly different contexts and achieves this by establishing a climate of mutual trust and partnership with patients and clients, and whole communities where relevant. The critical component of professional efficacy is the ability to respect the right of people to determine their own journey through a health/illness episode while ensuring that people have accurate and appropriately interpreted information on which to base their decisions.

Professional efficacy also means that the nurse practitioner participates as a senior member of any multidisciplinary team, recognising nursing autonomy and giving and accepting referrals as appropriate. To do this they implicitly understand their own accountability but also work collaboratively with other clinicians to secure the best care of each patient or client.

STANDARD 3
Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service

The nurse practitioner is a leader in all dimensions of nursing practice. This is not only the most senior clinical role, but a nurse practitioner also provides health service leadership from the perspective of a senior clinician. Key elements of clinical leadership are the need to guide and influence care delivery systems through engagement in policy development either directly at local organisation and local government level or though active engagement in the policy work of their professional organisation. The nurse practitioner leads through any of a number of roles including researcher, clinical teacher, case co-ordinator, and spokesperson, and in this capacity may take responsibility for assisting the public, policy makers and other health care professionals to understand the nurse practitioner role. In so doing they draw from the relevant evidence base to influence the quality and nature of services provided.

ASSUMPTIONS

The following assumptions underpin use of the competency framework:

1. The nurse practitioner is a registered nurse whose practice must first meet the following regulatory and professional requirements for Australia and New Zealand and then demonstrate the additional requirements of the nurse practitioner:

- National Competency Standards for the Registered Nurse
- Code of Ethics for Nurses
- Code of Professional Conduct for Nurses

These assumed requirements serve as the foundation for the nurse practitioner competency framework and are not repeated in the nurse practitioner framework.

2. The nurse practitioner standards build upon the existing Advanced Nursing Practice Competency Standards used respectively in New Zealand and Australia. These standards are not repeated in the nurse practitioner framework.

3. The nurse practitioner standards are based on the findings from the Nurse Practitioner Standards Research Project. They are developed to ensure safe nurse practitioner practice that relates to a specific field of health care.

4. The nurse practitioner standards are core standards that are common to all models of nurse practitioner practice. They can accommodate specialty competencies that are designed to meet the unique health care needs of specific client/patient populations.

5. The nurse practitioner standards will be used by nurse practitioner education providers to develop the content and process requirements for a nurse practitioner education program.

6. The nurse practitioner standards will be used by regulatory authorities to determine the eligibility of nurse practitioners seeking authorisation as nurse practitioner in Australia and New Zealand.

Nurse Practitioner Competency Framework

STANDARD 1
Dynamic practice that incorporates application of high-level knowledge and skills in extended practice across stable, unpredictable and complex situations

Competency 1.1 Conducts advanced, comprehensive and holistic health assessment relevant to a specialist field of nursing practice

Performance indicators

- Demonstrates advanced knowledge of human sciences and extended skills in diagnostic reasoning
- Differentiates between normal, variation of normal and abnormal findings in clinical assessment
- Rapidly assesses a patient's unstable and complex health care problem through synthesis and prioritisation of historical and available data
- Makes decisions about use of investigative options that are judicious, patient focused and informed by clinical findings
- Demonstrates confidence in own ability to synthesise and interpret assessment information including client/patient history, physical findings and diagnostic data to identify normal and abnormal states of health and differential diagnoses
- Makes informed and autonomous decisions about preventive, diagnostic and therapeutic responses and interventions that are based on clinical judgment, scientific evidence, and patient determined outcomes

Competency 1.2 Demonstrates a high level of confidence and clinical proficiency in carrying out a range of procedures, treatments and interventions that are evidence based and informed by specialist knowledge

Performance indicators

- Consistently demonstrates a thoughtful and innovative approach to effective clinical management planning in collaboration with the patient/client
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to a specific field of clinical practice
- Selects/prescribes appropriate medication, including dosage, routes and frequency pattern, based upon accurate knowledge of patient characteristics and concurrent therapies
- Is knowledgeable and creative in selection and integration of both pharmacological and non-pharmacological treatment interventions into the management plan in consultation with the patient/client
- Rapidly and continuously evaluates the patient/client/'s condition and response to therapy and modifies the management plan when necessary to achieve desired patient/client outcomes
- Is an expert clinician in the use of therapeutic interventions specific to, and based upon, their expert knowledge of specialty practice
- Collaborates effectively with other health professionals and agencies and makes and accepts referrals as appropriate to specific model of practice
- Evaluates treatment/intervention regimes on completion of the episode of care, in accordance with patient/client-determined outcomes

Competency 1.3 Has the capacity to use the knowledge and skills of extended practice competencies in complex and unfamiliar environments

Performance indicators

- Actively engages community/public health assessment information to inform interventions, referrals and coordination of care
- Demonstrates confidence and self-efficacy in accommodating uncertainty and managing risk in complex patient care situations
- Demonstrates professional integrity, probity and ethical conduct in response to industry marketing strategies when prescribing drugs and other product.
- Uses critical judgment to vary practice according to contextual and cultural influences
- Confidently integrates scientific knowledge and expert judgment to assess and intervene to assist the person in complex and unpredictable situations

Competency 1.4 Demonstrates skills in accessing established and evolving knowledge in clinical and social sciences, and the application of this knowledge to patient care and the education of others

Performance indicators

- Critically appraises and integrates relevant research findings in decision making about health care management and patient interventions
- Demonstrates the capacity to conduct research/quality audits as deemed necessary in the practice environment
- Demonstrates an open-minded and analytical approach to acquiring new knowledge
- Demonstrates the skills and values of lifelong learning and relates this to the demands of extended clinical practice

STANDARD 2
Professional efficacy whereby practice is structured in a nursing model and enhanced by autonomy and accountability

Competency 2.1 Applies extended practice competencies within a nursing model of practice

Performance indicators

- Readily identifies the values intrinsic to nursing that inform nurse practitioner practice and an holistic approach to patient/client/community care
- Communicates a calm, confident and knowing approach to patient care that brings comfort and emotional support to the client and their family
- Demonstrates the ability and confidence to apply extended practice competencies within a scope of practice that is autonomous and collaborative
- Creates a climate that supports mutual engagement and establishes partnerships with patients/carer/family
- Readily articulates a coherent and clearly defined nurse practitioner scope of practice that is characterised by extensions and parameters

Competency 2.2 Establishes therapeutic links with the patient/client/community that recognise and respect cultural identity and lifestyle choices

Performance indicators

- Demonstrates respect for the rights of people to determine their own journey through a health/illness episode while ensuring access to accurate and appropriately interpreted information on which to base decisions
- Demonstrates cultural competence by incorporating cultural beliefs and practices into all interactions and plans for direct and referred care
- Demonstrates respect for differences in cultural and social responses to health and illness and incorporates health beliefs of the individual/community into treatment and management modalities

Competency 2.3 Is proactive in conducting clinical service that is enhanced and extended by autonomous and accountable practice

Performance indicators

- Establishes effective, collegial relationships with other health professionals that reflect confidence in the contribution that nursing makes to client outcomes
- Readily uses creative solutions and processes to meet patient/client /community defined health care outcomes within a frame of autonomous practice
- Demonstrates accountability in considering access, clinical efficacy and quality when making patient-care decisions
- Incorporates the impact of the nurse practitioner service within local and national jurisdictions into the scope of practice
- Advocates for expansion to the nurse practitioner model of service that will improve access to quality, cost-effective health care for specific populations

STANDARD 3
Clinical leadership that influences and progresses clinical care, policy and collaboration through all levels of health service

Competency 3.1 Engages in and leads clinical collaboration that optimise outcomes for patients/clients/communities

Performance indicators

- Actively participates as a senior member and/or leader of relevant multidisciplinary teams
- Establishes effective communication strategies that promote positive multidisciplinary clinical partnerships
- Articulates and promotes the nurse practitioner role in clinical, political and professional contexts
- Monitors their own practice as well as participating in intra- and inter-disciplinary peer supervision and review

Competency 3.2 Engages in and leads informed critique and influence at the systems level of health care

Performance indicators

- Critiques the implication of emerging health policy on the nurse practitioner role and the client population
- Evaluates the impact of social factors (such as literacy, poverty, domestic violence and racial attitudes) on the health of individuals and communities and acts to moderate the influence of these factors on the specific population/individual
- Maintains current knowledge of financing of the health care system as it affects delivery of care
- Influences health care policy and practice through leadership and active participation in workplace and professional organisations and at state and national government levels
- Actively contributes to and advocates for the development of specialist, local and national, health service policy that enhances nurse practitioner practice and the health of the community

Glossary of Terms

Advanced practice: Advanced practice nursing defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience that is applied within the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision making.

Advanced practice nursing forms the basis for the role of nurse practitioner. The nurse practitioner role is an expanded form of advanced practice nursing which is specifically regulated by legislation and by professional regulation. Legislation may allow prescribing and referral, in addition to admitting privileges to health care facilities. (RCNA Position Statement 2000. Under review).

Authorisation: The process through which the NMRA sanctions the practice of nurse practitioners within their jurisdiction. The authorisation process invests legal authority and responsibilities on the person so authorised. Once an applicant is authorised, he or she will be registered, that is, have his or her details entered on a written record, and the NMRA will endorse, that is, openly approve, of his or her practice as a nurse practitioner.

Autonomy: Having a sense of one's own identity and an ability to act independently and to exert control over one's environment, including a sense of task mastery, internal locus of control, and self-efficacy.

Client: A person or persons who engage(s) or is/are served by the professional advice or services of another. May refer to an individual, family or community. Use acknowledges that a significant part of nursing's services are delivered to people who are well and proactively engaging in health care, however in this study, 'client' and 'patient' are used synonymously to acknowledge that the same services may be used for both clients and patients.

Extended practice: Defines the level of nursing that draws upon advanced nursing practice knowledge and skill in conjunction with legislative provisions that enable the nurse to deliver a health service that encompasses a complete episode of care to clients/patients. This nursing care is autonomous and collaborative and determined by the health-service needs of clients in specific populations.

Jurisdiction: The limits within which a power or control can be exercised.

NP: Nurse practitioner

Nursing and midwifery regulatory authority (NMRA): The legally constituted body in each jurisdiction charged with the regulation of nursing and midwifery professional practice. The primary role of the NMRAs is to protect the public through ensuring nurses and midwives demonstrate an acceptable standard of practice.

Patient: See 'client'. Use acknowledges that nursing provides some of its services to people who are sick and, in the true Latin meaning, are 'suffering'. 'Patient' and 'client' are used synonymously to acknowledge that the same services may, at times, be delivered for both clients and patients.

Program: A collection of courses/papers/units of study that lead to an academic qualification.