

Public consultation paper

October 2014

Endorsement as a nurse practitioner registration standard and supporting documentation

The Nursing and Midwifery Board of Australia (NMBA or National Board) is releasing the attached consultation papers on the review of the *Endorsement as a nurse practitioner registration standard*, *Safety and quality guideline for nurse practitioners* and *Guideline for registered nurses applying for endorsement as a nurse practitioner*.

Making a submission

Please provide feedback in a word document (or equivalent)¹ to nmbafeedback@ahpra.gov.au by **4pm on Friday 19 December 2014**.

Address submissions by post to the Executive Officer, Nursing and Midwifery Board of Australia, AHPRA, GPO Box 9958, Melbourne, 3001.

How your submission will be treated

Submissions will generally be published unless you request otherwise. The National Board publishes submissions on its website to encourage discussion and inform the community and stakeholders.

However, the National Board will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the NMBA may remove personally-identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them and their publication does not imply any acceptance of, or agreement with, these views by the National Board.

The National Board also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined 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 the National Board know if you do not want your submission published, or want all or part of it treated as confidential.

¹ 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 at www.ahpra.gov.au/About-AHPRA/Accessibility.aspx.

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Review of *Endorsement as a nurse practitioner registration standard*

Summary of issue

Purpose of the proposal

The National Board has powers under section 38 of the *Health Practitioner Regulation National Law Act (2009)* (National Law) to develop, consult on and recommend registration standards to the Australian Health Workforce Ministerial Council (AHWMC).

Registration standards are relevant to the:

- eligibility of individuals for registration in the nursing and midwifery profession, or
- suitability of individuals to competently and safely practise the profession.

Since the introduction of the National Scheme in 2010, the National Board has established a systematic process to review, consult on and develop all registration standards.

Nurse practitioners are regulated through the National Scheme under the authority of the National Board, under sections 38 and 95 of the National Law.

In 2010 the National Board approved the registration standard *Endorsement as a nurse practitioner*. This standard enables nurse practitioners to prescribe scheduled medicines and eligibility to access the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme. The standard was developed under sections 38 and 95 of the *Health Practitioner National Law Act* and approved by AHWMC. Since November 2010 nurses have been able to apply to the NMBA for endorsement as a nurse practitioner if they met the requirements of the endorsement standard.

The *Endorsement as a nurse practitioner registration standard* describes the required qualification and experience that a registered nurse must demonstrate when applying for endorsement as a nurse practitioner. The AHWMC approved this registration standard in 2011 and it is now due for review.

Options statement

The revised *Endorsement as a nurse practitioner registration standard* is noted in (Attachment 1).

The National Board considers that the standard is effective in regulating nurse practitioners. For this reason, the National Board is proposing to continue with the standard inclusive of minor amendments reflecting the current [Nurse practitioner standards for practice - effective 1 January 2014](#) and feedback received from stakeholders.

The standard lists the requirements that the NMBA considers in deciding whether a registered nurse can be endorsed as a nurse practitioner. The *Safety and quality guideline for nurse practitioners* (Attachment 2) provides a strong regulatory framework for nurses endorsed as a nurse practitioner and the *Guideline for nurses applying for endorsement as a nurse practitioner* (Attachment 3) provides guidance for registered nurses and supports the standard.

In March 2014 the National Board conducted a forum with stakeholders to evaluate the standard and obtain stakeholder feedback on its effectiveness. Representatives from state and federal government, nurse practitioners, the nursing profession, medical professionals and education providers attended the forum and gave feedback on each criteria.

In July 2014 the National Board sought additional preliminary feedback on the criteria and guidelines which has been incorporated within Table 1 below.

Table 1

Criteria	Feedback
Current general registration as a registered nurse with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct	Feedback showed strong support for applicants to continue meeting the criteria of general registration, with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct.
Criteria	Feedback
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	<p>Feedback supported the continued quantifiable measure for advanced practice.</p> <p>The National Board notes Patricia Benner's research findings on novice to expert². Benner notes that in the acquisition and development of a skill, a nurse passes through five levels of proficiency: novice, advanced beginner, competent, proficient, and expert. The theory states that over time, nurses develop skills and knowledge through sound education and experience. Benner poses that developing nursing skills through situational experience is a prerequisite for expertise (Nursing Theories, 2011). Dreyfus & Dreyfus (1980)³ model of skill acquisition notes the level of proficient /expert is achieved after 5 years.</p> <p>Further contemporary evidenced studies are being considered by the Board.</p>
Successful completion of a Board-approved nurse practitioner qualification at Master's level or Masters level education equivalence as determined by the National Board	Feedback strongly supported entry level qualification continues at Masters level, as well as clarification around specific units for those applying under Masters equivalence.
Compliance with the National Board's Nurse practitioner standards for practice available on the National Board website	Feedback acknowledged the title change to reflect the change to the new standards for practice released and applicable from the 1 January 2014.
Compliance with the National Board's <i>Continuing professional development registration standard</i> available on the National Board website	Feedback from all forums noted strong support in the provision of evidence of continuing professional development (CPD) for the previous renewal period and reference to the recency of practice standard.
Additional criteria for re-endorsement every three years	Feedback did not support additional requirement to be re-endorsed every three years.

² Refers to Patricia Benner's article 'From novice to expert: Excellence and power in clinical nursing practice' (1984)

³ The Dreyfus model of skill acquisition (Dreyfus & Dreyfus 1980) is a model of how students acquire skills through formal instruction and practicing.

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Changes to guidelines

Feedback from the preliminary consultation has seen the separation of the *Safety and quality guideline for endorsement as a nurse practitioner* from the initial *Guidelines on endorsement as a nurse practitioner* to ensure clarity and consistency and the development of an additional *Guideline for nurses applying for endorsement as a nurse practitioner* has been developed.

In addition, evidence required for nurse practitioner applications pathway 1 and 2 have been incorporated within the *Guideline for registered nurses applying for endorsement* so as to consolidate information for applicants.

Issues for discussion

Potential benefits and costs of the proposal

Consultation feedback to date has indicated that the criteria contained in the Standard and Guidelines are appropriate.

Information for the public and practitioners

As part of this review, National Board will consider what further information should be developed and published for the public and practitioners about the endorsement. For example, this could include more information for the public and registered nurses about how the National Board assesses applications for endorsement as a nurse practitioner and material to remind nurse practitioners about their obligations under the National Law.

Attachments

The proposed revised *Endorsement as a nurse practitioner registration standard* is at [Attachment 1](#).

The proposed National Board *Safety and quality guideline for nurse practitioners* is at [Attachment 2](#)

The proposed National *Guideline for nurses applying for endorsement as a nurse practitioner* is at Attachment 3.

The Board's draft *Statement of assessment against AHPRA's Procedures for development of registration standards and COAG principles for best practice regulation* is at [Attachment 4](#).

Useful background information

Section 38 of the National Law requires each National Board to develop and recommend to the Australian Health Workforce Ministerial Council five core registration standards. These include registration standards on matters about english language, criminal history, recency of practice, professional indemnity insurance arrangements and continuing professional development.

There are 14 National Boards that regulate 14 professions under the National Registration and Accreditation Scheme (National Scheme).

Ten professions were regulated by National Boards under the National Scheme from 1 July 2010, and a further four professions became nationally regulated from 2012:

- Aboriginal and Torres Strait Islander Health Practice Board of Australia (from 1 July 2012)
- Chinese Medicine Board of Australia (from 1 July 2012)
- Chiropractic Board of Australia
- Dental Board of Australia
- Medical Board of Australia
- Nursing and Midwifery Board of Australia
- Medical Radiation Practice Board of Australia (from 1 July 2012)
- Occupational Therapy Board of Australia (from 1 July 2012)
- Optometry Board of Australia
- Osteopathy Board of Australia

- Pharmacy Board of Australia
- Physiotherapy Board of Australia
- Podiatry Board of Australia, and
- Psychology Board of Australia.

The Australian Health Practitioner Regulation Agency (AHPRA) works in partnership with the National Boards to implement the requirements of the National Scheme, which has public safety at its heart. Further information is available at www.ahpra.gov.au.

Attachment 1

Endorsement as a nurse practitioner registration standard

Effective from:

Review date: September 2014

This registration standard sets out the Nursing and Midwifery Board of Australia's (National Board) requirements for endorsement of nurse practitioner.

What must I do?

To be endorsed as a nurse practitioner, a nurse must be able to demonstrate, all of the following:

- (a) current general registration as a registered nurse in Australia with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct
- (b) the equivalence of three (3) years' (5000 hours) 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
- (c) successful completion of a Board-approved nurse practitioner qualification at Master's level or Masters equivalence including Masters units in advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research, however titled.
- (d) compliance with the Board-approved *Nurse practitioner standards for practice*, available on National Board website at www.nursingandmidwiferyboard.gov.au under *Codes and guidelines*, and
- (e) compliance with the National Board's *Recency of practice* and *Continuing professional development registration standards*.

Ongoing eligibility

Ongoing endorsement by the National Board is conditional on the nurse practitioner complying with:

- a) The NMBA registration standards; and
- b) Safety and quality guideline and Guideline for nurses applying for endorsement as a nurse practitioner.

What does this mean for me?

At renewal of registration

When you apply to renew your registration, you are required to declare whether you comply with this registration standard.

During the registration period

Your compliance with this registration standard may be audited from time to time and may also be checked if the National Board receives a notification about you.

Evidence

You should retain records as evidence that you meet the requirements of this standard in case you are audited.

What happens if I don't meet this standard?

The National Law establishes possible consequences if you do not meet the *ongoing* requirements in this standard, including that:

- the National Board can impose conditions on your registration or refuse renewal of registration (sections 82 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct for the nursing and midwifery professions (section 41 of the National Law).

Safety and quality guideline

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.

Guideline for registered nurses applying for endorsement as a nurse practitioner

The *Guideline for nurses applying for endorsement as a nurse practitioner* provide guidance about how to meet the requirements of the registration standard.

You are expected to apply these guidelines together with the registration standard in your application.

Authority

This registration standard was approved by the Australian Health Workforce Ministerial Council on <<date>>.

Registration standards are developed under section 38 of the National Law and are subject to wide ranging consultation.

Definitions

Advanced practice nursing is the term used to define a level of nursing practice that uses comprehensive skills, experience and knowledge in nursing care.

The basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship in order to achieve optimal outcomes through critical analysis, problem solving and accurate decision making.

Standards for Practice are those standards outlined in the *Nurse practitioner standards for practice* (2014), available under *Codes and guidelines* on the National Board website at www.nursingandmidwiferyboard.gov.au.

General registration as a nurse means a person whose name is entered on the Register of Nurses in the division of registered nurses in the general category

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*.

Qualification means a Masters degree approved by the National Board under section 49 of the National Law and included in the Board-approved list of programs of study for endorsement as nurse practitioners.

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*.

Scope of nurse practitioner means that nurses seeking endorsement as nurse practitioners are expected to only practise in a specific area of practice and in accordance with the *Safety and quality guideline* (SQG) as published under *Codes and guidelines* on the *National Board website*.

Review

This registration standard will be reviewed from time to time as required. This will generally be at least every five years.

Last reviewed: <insert month yyyy>

This standard replaces the previously published registration standard from 4 April 2011.

Attachment 2

Safety and quality guideline for nurse practitioners

The National Registration and Accreditation Scheme ([the National Scheme](#)) for health professionals in Australia started on 1 July 2010 (18 October 2010 in Western Australia) under the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

Under the National Law, the Nursing and Midwifery Board of Australia (National Board or NMBA) is responsible for regulating midwives, registered nurses and enrolled nurses and is supported in this role by the Australian Health Practitioner Regulation Agency (AHPRA).

The National Board approves registration standards, professional codes, guidelines, competency standards and standards for practice which together form the NMBA Professional practice framework (PPF) for nurses designed to guide professional, safe practice and ensure protection of the public.

The National Board has undertaken a review of its current Guidelines for endorsement as a nurse practitioner which encompasses the legislative and regulatory requirements for safe and professional nurse practitioner practice. Through its governance approach of providing evidence based structures, systems and process reviews, the National Board continues its quality improvement work to ensure its accountability and protection of the public.

About this safety and quality guideline

The National Board has developed a separate *Safety and quality guideline* (SQG) to provide a strong regulatory framework, and make sure that nurse practitioners who have access to the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme also have clarity and support to practise in their roles with safety and quality. 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.

Elements of the SQG are:

Professional Practice Framework for registered nurses:

- scope of practice
- codes of professional conduct and ethics
- national standards for practice
- annual declaration
- Board audit process
- mandatory reporting
- notification and management of performance, conduct or health matters
- professional indemnity insurance.

Professional Practice Framework for nurse practitioners:

- co-regulatory requirements of Medicare and the National Board
- prescribing authority and compliance with state and territory legislation and
- collaborative arrangements.

The following section explains these elements of the SQG further.

Scope of practice

Scope of nurse practitioner practice means that nurse practitioners are expected to only practise in a specific area of practice and in accordance with the *Safety and quality guideline* (SQG) as published under *Codes and guidelines* on the [National Board website](#).

Changes to scope of practice

If a nurse practitioner decides to expand or change their scope of practice to meet the needs of their client group, then the nurse practitioner would need to undertake further education and skill development to meet those needs. If a complete change in scope of practice is planned the modules of education should be undertaken at Masters level.

Nurse practitioners planning to change scope are required to use the Board-approved *National framework for the development of decision-making tools for nursing and midwifery practice* published under *Codes and guidelines*; this will ensure that they are competent in their proposed expanded or new scope of practice. It is therefore incumbent on any employer to ensure that, should a nurse practitioner be required to expand or change his or her scope of practice to meet the needs of a client group, that the nurse practitioner has undertaken relevant education and skill development to be able to do so.

The scope of practice is also determined by the context of practice.

Context of practice

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

- type of practice setting (such as healthcare agency, educational organisation, private practice)
- location of the practice setting (such as urban, rural, remote)
- characteristics of patients or clients (such as health status, age, learning needs)
- focus of nursing activities (such as health promotion, research, management)
- complexity of practice
- degree to which practice is autonomous, and
- resources that are available, including access to other healthcare professionals.

As a nurse practitioner, the requirement to practise within a scope of practice is particularly important because the nurse practitioner will have the authority to administer, supply and/or prescribe scheduled medications. This authority is conferred under the relevant drugs and poisons legislation for the state or territory in which nurse practitioners practise. The conditions of each authority will depend on requirements of the specific legislation.

Advanced practice nursing

Advanced Practice Nursing (APN) is the term used to define a level of nursing practice that uses comprehensive skills, experience and knowledge in nursing care.

The Nursing and Midwifery Board of Australia (National Board) has published on its website *Guideline for nurses applying for endorsement as a nurse practitioner* that define APN as the application of advanced levels of knowledge, skill and experience by the nurse to the nurse-patient/client relationship.

The basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship in order to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making.

The National Board supports the view that nurses practising at this level are educationally prepared at Masters level and may work in a specialist or generalist capacity.

This definition comes from the best available research, at the time and the following are related useful readings from the [Journal of Advanced Nursing](#):

- *Advanced practice nursing role development: factor analysis of a modified role delineation tool* (2011)
- *A Delphi study to validate an advanced practice nursing tool* (2010)
- *Making nursing work: breaking through the role confusion of advanced practice nursing* (2006)

The target audience on advanced practice nursing is as follows:

- applicants to the National Board for nurse practitioner endorsement
- education providers offering programs for nurse practitioners
- assessors of nurse practitioner applications, and
- employers

What nurses need to know about advanced practice nursing

The related reading from the *Journal of Advanced Nursing* demonstrates that the following practice domains constitute the levels of APN:

- direct and comprehensive care
- support of systems
- education
- research
- publication, and
- professional leadership.

These domains are applied in the Australian context and appear to be consistent with the diversity of roles and categorisation for advanced practice.

In the case of nurse practitioners, the National Board gives clear guidance for three years full time equivalent (5,000) hours of advanced practice nursing as demonstration of required clinical focus.

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.

Relationship between the nurse practitioner and advanced practice nursing

The role of the nurse practitioner is highly clinically focused and is tightly regulated by the National Board. In contrast, the APN role has a wider domain of practice and is not regulated.

In Australia, applicants for nurse practitioner endorsement must first be eligible for general registration as a nurse. This means that nurse practitioners are also able to practise as registered nurses. However, endorsement as a nurse practitioner requires the applicant to demonstrate that they meet the Board's *Nurse practitioner standards for practice*, which the National Board reviews periodically.

The National Board *Guideline for nurses applying for endorsement as a nurse practitioner* states: *'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 health care 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'*.

The intention for introducing the nurse practitioner role in Australia was to recognise a clinically focused, highly skilled nursing role that allowed nurse practitioners to function autonomously (in collaborative relationships with other health professionals).

Nurse practitioners have a higher accountability for, and authority in the management of, their patient group than other registered nurses. In order to fulfil this accountability, the nurse practitioner is required to be endorsed by the National Board to prescribe medicines, order diagnostics and make referrals.

Assessment of advanced practice for nurse practitioner endorsement

Advanced practice nursing, while potentially remaining clinical to some extent, may not purely be confined to clinical work. The nurse practitioner role is expected to be predominantly clinically focused.

When assessing individuals who have applied for nurse practitioner endorsement, the National Board recognises that three years of full time advanced practice nursing demonstrates a corresponding level of clinical focus required. In hours, the National Board recognises a minimum of 5,000 hours of clinical focus and the applicant may demonstrate this clinical focus across primary to tertiary clinical care.

Relationship between the registered nurse and advanced practice nursing

Specific competencies define the role and scope of practice for registered nurses. These competencies define the registered nurses role at all levels of nurse practice – from that of a clinically prepared new graduate to advanced practice nursing.

The scope of practice necessitates the registered nurse to reflect on their level of expertise, the complexity of the clinical situation in which they find themselves, and the level of supervision.

The National Board's *Decision making framework* and the use of the relevant *Code of ethics and Code of conduct* outline the requirements for registered nurses to achieve higher levels of competence and expertise.

Registered nurses may work at levels of advanced practice nursing– where the work is of high complexity and level of supervision may be lower than that of beginner registered nurses. It is essential that the registered nurses are clinically and educationally prepared to perform at those levels.

Codes of professional conduct and ethics

The National Board has a [Code of professional conduct for nurses in Australia](#) and a [Code of ethics for nurses in Australia](#). These codes are components of the safety and quality guideline with which nurse practitioners must comply.

National standards for practice

Nurse practitioners must meet the *national Nurse practitioner standards for practice* that came into effect on 1 January 2014. These standards, in relation to the SQG, make particular reference to pharmacological treatment options and collaborative care.

Annual declaration

Each year as part of renewal, nurse practitioners are required to make a declaration that they have (or not) met the registration standards for the profession. The annual declaration is a written statement that nurse practitioners make and declares it to be true.

Under the National Law, a nurse practitioner will be found guilty of an offence if they wilfully make a false statement in a declaration. The National Board may require a nurse practitioner to verify by a statutory declaration the information or documents provided in the application for re-registration.

Board audit process

The National Board and AHPRA have developed a nationally consistent approach to auditing health practitioners' compliance with mandatory registration standards. The audit requests that a nurse practitioner, if chosen for audit provide further information to support the annual declaration that is made each year as part of the re-registration as a nurse practitioner. Nurse practitioners may come under direct scrutiny of the National Board:

- on initial application for endorsement as a nurse practitioner
- at renewal of registration, in relation to the annual declaration
- during the National Board's audit process, or
- on application for return to the [national register](#), if previously endorsed as a nurse practitioner.

Other government agencies also conduct audits in relation to prescribing, supplying and administering medicines.

Mandatory reporting

Section 140 of the National Law requires health practitioners, employers and education providers to report **notifiable conduct** to AHPRA to prevent placing the public at risk of harm.

Under section 39 of the National Law, the National Board has developed [Guidelines for mandatory notifications](#) available under Codes and guidelines on the National Board website at www.nursingmidwiferyboard.gov.au.

Notification and management of performance, conduct or health matters

Nurse practitioners may come under direct scrutiny when the National Board receives a report relating to a nurse practitioner's practice.

The National Board has a responsibility to oversee all notifications related to performance, conduct and impairment.

Sections 156(1) and 157 of the National Law outline the National Board's responsibilities with regard to conduct, performance and health matters related to nurse practitioners. The National Board has a range of powers to protect the public, including the power to take immediate action.

Professional Indemnity Insurance

Nurse practitioners must have appropriate professional indemnity insurance (PII) for practice to meet the requirements of section 129 (1) of the National Law. This provision states:

A registered health practitioner must not practise the health profession in which the practitioner is registered unless appropriate professional indemnity insurance arrangements are in force in relation to the practitioner's practice of the profession.

Section 5 of the National Law defines appropriate professional indemnity insurance arrangements, in relation to a registered health practitioner, as:

... professional indemnity insurance arrangements that comply with an approved registration standard for the health profession in which the practitioner is registered.

The National Board has developed a number of registration standards under section 38 of the National Law, including the *Professional indemnity insurance arrangements registration standard* which details the requirements relating to PII arrangements which is available under Codes and guidelines on the National Board website at www.nursingmidwiferyboard.gov.au.

Co-regulatory requirements of Medicare and the National Board

As a nurse practitioner with the National Board, nurse practitioners are eligible to apply for approval by the Health Minister as a 'participating nurse practitioner' under section 7(3)(1) of the *Health Legislation Amendment (Midwives and Nurse Practitioners) 2010 (Cth)*.

As a nurse practitioner, they have access to the Australian Government Medicare Benefits Schedule (MBS) and access to the Pharmaceutical Benefits Scheme (PBS)

If a nurse practitioner has approved MBS and/or PBS arrangements, then patients can access certain MBS rebates and PBS prescriptions. <http://www.medicareaustralia.gov.au>

Important notes

Endorsement as a nurse practitioner does not give automatic access to the MBS and PBS

The discretion to authorise access to the MBS and PBS remains with Medicare Australia. The process of authorisation through Medicare is a process additional to your registration by the National Board to practise as a nurse practitioner, and the process is separately managed by agencies other than the National Board. Access to MBS and PBS is only available to nurse practitioner in private practice.

Co-regulatory requirement for notification

A co-regulatory arrangement between the National Board and Medicare Australia requires either regulatory body to notify the other of any issues related to conduct, performance or health that may affect the performance of an individual nurse practitioner, as a prescriber or provider of Medicare services or medicines. For example, if Medicare Australia has cause to investigate a particular provider, they will notify the National Board of that investigation, and vice versa.

From a co-regulatory perspective, Medicare Australia continues its important monitoring and review role. This is designed to make sure that the services and medicines provided by any health professional with access to the MBS and PBS are effective, efficient, appropriate and within benchmarking limits. If the National Board receives notification of an issue relating to performance, health or conduct of a nurse practitioner, as the professional regulatory authority the National Board will oversee the assessment of that notification and any subsequent investigation or disciplinary action.

Prescribing authority and compliance with state or territory legislation

Prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the nurse practitioner practises. The conditions under which each authority is granted and the scope of that authority depends on the requirements of the specific legislation in each state or territory. These may range from a blanket authority limited by the nurse practitioner's scope of practice to a prescribing authority based on a formulary or protocol, or related to a specific context of practice, the prescribing requirements are related to a nurse practitioner's employment conditions and the relevant drugs and poisons legislation within each jurisdiction.

Failure of a nurse practitioner to practise and prescribe within this scope of practice may result in the National Board taking disciplinary action.

Collaborative arrangements

All nurse practitioners are required to engage in clinical collaboration in compliance with the *Nurse Practitioner Standards of Practice, effective 1 January 2014*. In addition, nurse practitioners who are authorised under the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010* (Cth), and who are assigned a Medicare provider number or PBS prescriber number and if they are practising privately will have further requirements for collaboration as described in sections 5–7 of the *National Health (Collaborative Arrangements for Nurse Practitioners) Determination, 2010* (Cth).

These specific collaborative arrangements are available online from the Commonwealth of Australia Law website <http://www.comlaw.gov.au/comlaw/legislation/>

Attachment 3

Guideline for nurses applying for endorsement as a nurse practitioner

Introduction

The National Registration and Accreditation Scheme (the National Scheme) for health professionals in Australia commenced on 1 July 2010 under the *Health Practitioner Regulation National Law Act* (the National Law)¹ as in force in each state and territory.

Under the National Law, the Nursing and Midwifery Board of Australia (the Board) is responsible for the regulation of the nursing and midwifery professions and is supported in this role by the Australian Health Practitioner Regulation Agency (AHPRA). The Board has approved registration standards, codes and guidelines and competency standards which together form a safety and quality guideline (SQG) that defines the requirements and Board expectations guiding the professional practice of nurse practitioners in Australia.

Nurse practitioners are regulated through the National Scheme under the authority of the Board. Under section 38 of the National Law, the Board has developed the registration standard on endorsement of nurse practitioners. This registration standard describes the requisite qualification and experience required for endorsement as a nurse practitioner.

To support the registration standard, a *Guideline for nurses applying for endorsement as a nurse practitioner* has been developed under section 39 of the National Law to provide direction and information relevant to:

- registered nurses seeking endorsement as a nurse practitioner
- nurse practitioners who are currently endorsed
- government bodies
- employers of nurse practitioners
- other health practitioners
- education providers and
- the public.

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 health care 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 (Australian Nursing and Midwifery Council (ANMC), 2006).

The registration standard on endorsement as a nurse practitioner states that an applicant seeking endorsement as a nurse practitioner must be able to demonstrate:

- a) current general registration as a registered nurse in Australia with no conditions on registration relating to unsatisfactory professional performance or unprofessional conduct
- b) the equivalence of three (3) years' (5000 hours) 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

- c) successful completion of a Board-approved nurse practitioner qualification at Master's level or Masters equivalence including Masters units in advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research, however titled.
- d) compliance with the Board-approved *Nurse practitioner standards for practice*, available on National Board website at www.nursingandmidwiferyboard.gov.au under *Codes and guidelines*, and
- e) compliance with the National Board's *Recency of practice* and *Continuing professional development registration standards*

Evidence Model for registered nurses applying for endorsement as a nurse practitioner:

Requirement	Evidence
<p>Current general registration as a registered nurse with no conditions on the registration relating to unsatisfactory professional performance or unprofessional conduct.</p>	<p>An applicant who is currently registered with the National Board in the general category of 'registered nurse' and whose registration does not have any conditions imposed on his or her registration in relation to unsatisfactory professional performance or unprofessional conduct has satisfied this requirement. An applicant who is not currently registered with the National Board in the general category of 'registered nurse' will first need to apply for registration. The applicant may be one of following:</p> <ol style="list-style-type: none"> 1. an applicant, including an internationally-qualified applicant, who has not previously held general registration as a registered nurse in Australia and is applying for initial registration in the general category of 'registered nurse' or 2. an applicant, including an internationally-qualified applicant, who has previously held general registration as a registered nurse in Australia and is applying to enter the register again. <p>Evidence would be a current registration certificate as a registered nurse with no conditions on the registration relating to unsatisfactory professional performance or unprofessional conduct issued by the Nursing and Midwifery Board of Australia.</p>
<p>The equivalent of three (3) years' (5000 hours) full-time experience in an advanced practice nursing role within the previous six (6) years from date of lodgement of application.</p>	<p><i>Advanced Nursing Practice</i> defines a level of nursing practice that utilises extended and expanded skills, experience and knowledge in the assessment, planning, implementation, diagnosis and evaluation of [nursing] care required.</p> <p><i>Nurses practising at this level are educationally prepared at Masters 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 applied in the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making</i></p> <p>Nurses applying for endorsement need to submit evidence of:</p>

Requirement	Evidence
	<p>(a) Curriculum Vitae detailing:</p> <ul style="list-style-type: none"> ○ evidence of employment clearly noting title and description of all advanced practice roles with dates (dd/mm/yyyy) and hours per week ○ details of your education including certified copy of relevant Masters transcripts including transcript list of all units and a results key ○ Evidence of professional activities such as involvement in associations, forums, conferences, related groups, research/publications or quality improvement activities ○ Evidence of professional indemnity insurance (PII) certificate (on official letterhead) or letter (on official letterhead) from your employer noting PII cover ○ The CV is signed as a 'true and accurate' record. <p>(b) Certified copies of a minimum of two letters of support from direct line manager, NP supervisor/mentor or senior clinical supervisor within the context of practice.</p> <p>These letters need to be on:</p> <ul style="list-style-type: none"> ○ official letterhead and written no more than three months prior to submission ○ provide details of relationship to applicant ○ provide details supporting advanced practice: that is details how the applicant demonstrates autonomous practice, including areas such as advanced systems assessment, informed therapeutic management decisions, including pharmacology knowledge, differential diagnosis, ordering and interpretation of diagnostic tests, diagnostic reasoning, formation and evaluation of management plans, prescribing (or de-prescribing etc) within their intended scope of practice. <p>(c) Certified copy of statements of service which supporting the applicants 5000 hours of advanced practice within the previous six (6) years.</p> <p>The statement of service is required to:</p> <ul style="list-style-type: none"> ○ be on your employer's letterhead, dated and signed by a manager (e.g. Director of Nursing, Unit Manager or HR Manager), and ○ detail the title of your advanced practice role(s), dates of employment and hours.
<p>Completion of a Board-approved nurse practitioner program of study at Master's level or Masters equivalent as determined by the Board.</p>	<p>The National Board has two pathways that fulfil the education requirements for endorsement as a nurse practitioner.</p> <p>They are:</p> <p>Pathway 1</p> <p>Evidence of successful completion of an Australian Nursing and Midwifery Accreditation Council (ANMAC)-accredited and Board-approved nurse practitioner program of study at Master's level.</p>

Requirement	Evidence
	<p>Board-approved programs of study are listed on the Board's website.</p> <p>Pathway 2 Evidence of successful completion of:</p> <ol style="list-style-type: none"> 1. a program of study at Master's level that is clinically relevant to the applicant's context of advanced practice nursing for which they are seeking endorsement as a nurse practitioner; and 2. evidence of completion of Masters level Units in advanced health assessment, pharmacology and therapeutics and diagnostics and research, however titled. 3. mapping of Masters level units against the <i>Nurse Practitioner Standards for Practice</i>. <p>The Nurse Practitioner Standards for Practice are listed on the Board's website under Codes and Guidelines.</p>
<p>Compliance with the <i>Nurse practitioner standards for practice</i>.</p>	<p>The <i>Nurse practitioner standards for practice</i> is one of a suite of standards developed as part of a Safety and Quality Guideline approved by the Board.</p> <p>An applicant who has successfully completed a Board-approved nurse practitioner program of study at Master's level is not required to provide further evidence of compliance with the <i>Nurse practitioner standards for practice</i>.</p> <p>An applicant who has not completed a Board-approved nurse practitioner program of study at Master's level will be required to provide evidence of compliance with the <i>Nurse practitioner standards for practice</i> (see <i>Pathway 2</i> above).</p> <p>These competency standards are listed on the Board's website under Codes and Guidelines.</p>
<p>Compliance with the National Board's registration standard on Recency of practice and Continuing professional development.</p>	<p>An applicant will be required to provide evidence to:</p> <ul style="list-style-type: none"> ○ demonstrate recency of practice (as noted above in CV/SOS) and ○ provide evidence for the year prior to application submission, a minimum of 20 hours of continuing professional development relevant to their context of practice.

Requirements for ongoing endorsement as a nurse practitioner

Ongoing endorsement as a nurse practitioner is contingent upon the nurse practitioner meeting the National Board's requirements for renewal of registration annually. Nurse practitioners are required to make an annual declaration that they have met requirements under section 109 of the National Law, including meeting the recency of practice requirements and completion of the required continuing professional development.

Recency of practice

The registration standard on recency of practice, developed in accordance with section 38(1)(e) of the National Law, requires nurse practitioners to have undertaken sufficient practice within the preceding five (5) years to maintain competence.

Continuing professional development

Continuing professional development (CPD) is the means by which members of the nursing profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities (ANMAC, 2009).

The registration standard on continuing professional development was developed in accordance with section 38(1)(c) of the National Law and sets an annual requirement of 20 hours of CPD to be undertaken by all registered and enrolled nurses.

Nurse practitioners are required to undertake an additional 10 hours of specified CPD per year, in addition to the 20 hours of CPD required for general registration. This CPD must be relevant to the nurse practitioner's context of practice and where appropriate, address:

- prescribing and administration of medicines
- diagnostic investigations, and
- consultation and referral.

The registration standard on continuing professional development explains how to keep records of CPD activities as well as the type of CPD activities that will be recognised as meeting the additional CPD hours required.

Professional indemnity insurance

The registration standard on professional indemnity insurance, developed in accordance with section 38(1)(a) of the National Law, requires nurse practitioners to only practise their profession if they are covered in the conduct of their practice by appropriate professional indemnity insurance (PII) arrangements.

Attachment 4

Board's statement of assessment against AHPRA's *Procedures for development of registration standards and COAG principles for best practice regulation*

The Australian Health Practitioner Regulation Agency (AHPRA) has *Procedures for the Development of Registration Standards* which are available at: www.ahpra.gov.au

These procedures have been developed by AHPRA in accordance with section 25 of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law) which requires AHPRA to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme operates in accordance with good regulatory practice.

Below is the Nursing and Midwifery Board of Australia's (National Board) assessment of their proposal for a revised Endorsement as a nurse practitioner registration standard against the three elements outlined in the AHPRA procedures.

1. The proposal takes into account the National Scheme's objectives and guiding principles set out in section 3 of the National Law

Board assessment

The National Board considers that the revised draft endorsement as a nurse practitioner registration standard meets the objectives and guiding principles of the National Law.

The revised draft registration standard will continue to provide for the protection of the public by ensuring that applicants have the necessary advanced practice skills to be suitable for endorsement in the profession. The revised draft standard will facilitate access to services, by providing more options for applicants to demonstrate that they have the necessary advanced practice skills for endorsement as a nurse practitioner.

The revised draft registration standard also supports the National Scheme to operate in a transparent, accountable, efficient, effective and fair way.

2. The consultation requirements of the National Law are met

Board assessment

The National Law requires wide-ranging consultation on proposed registration standards. The National Law also requires a Board to consult other boards on matters of shared interest.

The National Board will ensure that there is public exposure of their proposal and there is the opportunity for public comment by undertaking an eight week public consultation process. This process includes the publication of the consultation paper (and attachments) on their websites.

The National Board has drawn this paper to the attention of key stakeholders.

The National Board will take into account the feedback they receive when finalising their proposals for submission to the Ministerial Council for approval.

3. The proposal takes into account the COAG Principles for Best Practice Regulation

Board assessment

In developing the revised draft registration standard for consultation, the National Board has taken into account the Council of Australian Governments (COAG) *Principles for Best Practice Regulation*.

As an overall statement, the National Board has taken care not to propose unnecessary regulatory burdens that would create unjustified costs for the profession or the community.

The National Board makes the following assessment specific to each of the COAG principles expressed in the AHPRA procedures.

COAG Principles

A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

Board assessment

The National Board considers that the proposal is the best option for achieving the stated purpose. As the proposal creates more options to meet the required Endorsement as a nurse practitioner standard, the impact of the proposal is equal to the existing registration standard.

The revised draft registration standard will reduce costs and better balance the protection of the public with the burden on applicants.

The National Board considers that the revised draft standard would have a low impact on the professions. This low impact is significantly outweighed by the benefits of protecting the public and providing clearer, simpler requirements, in the public interest.

B. Whether the proposal results in an unnecessary restriction of competition among health practitioners

Board assessment

The National Board has considered whether their proposal could result in an unnecessary restriction of competition among health practitioners. The proposal is unlikely to significantly change the current levels of competition among health practitioners.

C. Whether the proposal results in an unnecessary restriction of consumer choice

Board assessment

The National Board considers that consumer choice will not be affected by the revised registration standard. The revised registration standard continues to support consumer choice.

D. 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

Board assessment

The National Board considers that the overall costs of continuing the existing registration standard to members of the public, registrants and governments and concluded that the likely costs are appropriate when offset against the benefits that this revised standard contributes to the National Scheme.

The proposed standard does not change the current regulatory burdens from the currently approved standard.

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

Board assessment

The National Board considers the revised draft registration standard has been written in plain English that will enable practitioners to understand the requirements of the standard. The National Board has changed the structure of the standard and reviewed the wording to make the standard easier to understand.

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

Board assessment

If approved, the National Board will review the revised registration standard at least every five years, including an assessment against the objectives and guiding principles in the National Law and the COAG principles for best practice regulation.

However, the National Board may choose to review the standard earlier, if it is necessary to ensure the standard's continued relevance and workability.