

ACNP Response to N&MBA paper 'Endorsement as a nurse practitioner registration standard and supporting documentation' October 2014

1) Definition of Advanced Practice Nursing: Paragraph 1 Page 9 of consultation

"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."

It is preferable use the term "advanced nursing practice." Advanced nursing practice requires at least a Master's degree.

2) Definition of Qualification: Paragraph 6 Page 9 of consultation

"Qualification means a Master's 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."

Suggestion: "Qualification means a Master's degree, consistent with the Australian Qualifications Framework, approved by the National Board under section 49..."

The rationale for this clarity is that it will ensure consistency for international applicants for applying the standard of what a Master's program is abroad versus what is expected in Australia. It could be that this is implied?

3) Scope of Practice: Page 11 of consultation

The board is discerning between *changing* a scope of practice versus *expanding* a scope of practice; however they have not provided guidelines as to what a change in scope versus an expansion of scope looks like. This may seem a nuance, but has big implications as far as ongoing education and training are concerned.

An example from Nurse Practitioner, Anne Moehead:

I am a nurse practitioner working as a generalist in primary health care with ages 2 and up. I currently provide care for acute (minor illnesses, injuries, etc) and chronic disease (heart failure, depression, COPD, diabetes, hypertension, etc) states, perform surgical procedures (toenail removals, implantation insertions, surgical excisions of skin cancers, etc) and provide preventative care activities. I also take care of pregnant mothers. I am currently in the process of *expanding* my practice to all ages using the Decision-Making Tools Framework as the type of care I am providing is not changing. I am simply including a different age group which has different requirements for assessment, diagnosis and treatment. Some might say, such as midwives, that I am actually changing my scope and need to become a midwife in order to care for infants. I disagree with this, mostly because I had midwifery (mostly obstetrics training) training during my NP program. However, I didn't get training with infants. Which is why I'm currently training clinically and taking CPD with my GPs to provide this care.

In addition, the definition of "scope of nurse practitioner" on page 9 (paragraph 8) is vague and doesn't include the definition that scope of practice is also determined from context of practice. This definition on page 9 needs clarification and as a suggestion should read:

"Scope of nurse practitioner [practice] means that nurses seeking endorsement as nurse practitioners are expected to only practice in a specific area and **context of practice**, in accordance with the Safety and quality guideline as published..."

The definition of “area” can be misinterpreted - is it meant to be specialty area? The concept of context of **practice** and **scope of practice** in the current document appear to mean practically the same thing. Is it the intention of the board to say that a scope of practice is defined by the context of practice, which is supported by national and local legislative frameworks?

A further comment....“it is therefore incumbent on any employer to ensure that, should a NP be required to expand or change his or her scope...” This does not cover the emerging numbers of NPs who are *self-employed in private practice*? If NP’s are professionals who are accountable for their own practice, this should be considered and the clause should read “it is therefore **incumbent on any endorsed nurse practitioner, as well as employers, to ensure that...**”

4) Context of Practice, Page 11 of consultation

Suggest a rewording as follows:

- characteristics of patients or clients (such as health status, age, learning needs)
 - the board should be walking away from “patients” and “clients” and use what the healthcare consumers want us to use: “ **characteristics of healthcare consumers (such as health status, age, sex, learning needs, culture)**”
- complexity of practice
 - this is ill-defined and NPs would all be working within complex presentations, otherwise an RN could deliver the care. **Suggest provide a clearer definition or remove.**
- degree to which practice is autonomous
 - NPs, by definition, work autonomously. If they aren’t working autonomously, they are not practicing as an NP. **Suggest remove or provide examples.**

Suggest the following inclusion: 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, **order diagnostic imaging, and perform surgical procedures.** This would give recognition to the other issues around advanced, independent (and collaborative) practice.

5) Last paragraph Page 12: “Nurse practitioners have a higher accountability for, and authority in the management of, their patient group.”

Suggest: “NPs hold accountability for and authority in the management of, their patient group. In order to fulfil this accountability, the NP is required to be endorsed by the National Board to prescribe medicines, order diagnostics and make referrals

6) End of Page 14: Co-Regulatory requirements of Medicare and the National Board

Point of clarification on 2nd paragraph. Should read:

“As a **participating** nurse practitioner...”

7) Last paragraph Page 14: Endorsement as an NP does not give automatic access to the MBS and PBS

Access to PBS is available to Nurse Practitioners employed in public hospitals. NPs will prescribe from their formulary and within their ScOP, medications for non-admitted patients.



Nurse Practitioners who care for patients in a **community setting** are eligible to apply to participate in the PBS/RPBS regardless of public sector employment. The community setting for this purpose is defined as outside the inpatient, emergency or outpatients setting.

8) last paragraph Page 15: 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, participating 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 a PBS prescriber number if they are practising privately **or employed in the public sector and deliver care in the community setting** will have further requirements for collaboration as described in sections 5–7 of the *National Health (Collaborative Arrangements for Nurse Practitioners) Determination, 2010* (Cth).

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On behalf of the Australian College of Nurse Practitioners