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25 November 2014

Executive Officer
Nursing and Midwifery Board of Australia
AHPRA
GPO Box 9958
Melbourne VIC 3001

Feedback to Public consultation paper (October 2014) re: endorsement as a nurse practitioner registration standard and supporting documentation

Thank you for the opportunity to give feedback re: the above document. I was endorsed as a nurse practitioner in 2007 and work [REDACTED]. I also teach [REDACTED]. These comments and observations are my personal opinions only.

Overall I support the proposed changes. I request consideration to the following issues:

1. *Terminology of advanced nursing practice vs advanced practice nursing.*

In the glossary of the NMBA 2014 *Nurse practitioner standards for practice*, there is a clear differentiation between advanced nursing practice (ANP) and advanced practice nursing (APN). In particular it identifies APN with the additional legislative functions of an endorsed nurse practitioner. I found this to be a welcome clarification of the historically imprecise usage in Australia and hope that with time this usage will become general.

Page 9/23 of the public consultation paper gives a different definition of APN and the throughout the document the term advanced practice nursing is used in the context of registered nurses who are applying for endorsement. To be consistent across National Board documents (if the NP standards for practice definition is accepted) the applicant for NP endorsement can only demonstrate 5000 hours advanced nursing practice experience as they have not been endorsed and working in an NP role.

I recommend that the definitions in the two documents are reviewed and for clarity and consistency one common usage is adopted by the National Board. In line with international terminology it is preferable that the term Advanced Practice Nurse/Nursing be reserved for registered nurses with additional endorsement.

2. *Qualification leading to endorsement.*

In general I am supportive of the completion of a Board-approved Masters as the minimum qualification and do not understand the rationale for continuing Pathway 2, except possibly for applicants with international APN qualifications.

I note the appearance of pre-registration Master of Nursing Studies programs and caution the focus should be on achieving advanced nursing practice knowledge and skills rather than on the title of the degree.

3. *Correction to page 14/23 re: access to MBS and PBS*

The statement at the bottom of page 14 that “access to MBS and PBS is only available to nurse practitioner in private practice” is not correct.

The specific arrangements vary according to the individual Commonwealth-State funding agreement. In Queensland many public hospitals are party to the PBS for outpatient pharmaceutical prescriptions. In that setting, endorsed nurse practitioners who fulfil the (many) requirements of Commonwealth, State and their Hospital & Health Service do have PBS prescriber numbers and can write PBS prescriptions according to their scope of practice & PBS guidelines. I have used a PBS prescriber number since 2011.

At this time, nurse practitioners who are employed by state government agencies do not need to use the MBS for billing as they are paid by their employer.

I understand the Australian College of Nurse Practitioners is lobbying for public hospital NPs to have access to “Refer and Request Only” MBS provider numbers to enable referrals to private practitioners e.g. pathology and radiology as well as the growing number of bulk-billing clinics in the public hospital system. This category of MBS provider number already exists for medical practitioners and the current inflexible arrangement causes inconvenience to patients and unnecessary duplication and rework.

Thank you for the opportunity to comment. I look forward to the final document.

Yours sincerely,

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Nurse Practitioner