

Submission by the Australian Nursing and Midwifery Federation

**Nursing and Midwifery Board of
Australia public consultation on the
draft revised Registration standard:
Endorsement as a nurse
practitioner and Guidelines for
nurse practitioners**

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Introduction

The Australian Nursing and Midwifery Federation (ANMF) is Australia's largest national union and professional nursing and midwifery organisation. In collaboration with the ANMF's eight state and territory branches, we represent the professional, industrial, and political interests of more than 326,000 nurses, midwives, and carers across the country.

Our members work in the public and private health, aged care, and disability sectors across a wide variety of urban, rural, and remote locations. We work with them to improve their ability to deliver safe and best practice care in each and every one of these settings, fulfil their professional goals and achieve a healthy work/life balance.

Our strong and growing membership and integrated role as both a professional and industrial organisation provide us with a complete understanding of all aspects of the nursing and midwifery professions and see us uniquely placed to defend and advance our professions.

Through our work with members, we aim to strengthen the contribution of nursing and midwifery to improving Australia's health and aged care systems, and the health of our national and global communities.

The ANMF appreciates the opportunity to provide feedback to the Nursing and Midwifery Board of Australia (NMBA) for the public consultation on the draft revised *Registration Standard: Endorsement as a nurse practitioner* and the draft revised *Guidelines for nurse practitioners*.

The ANMF has been a lead organisation in the conception and development of the nurse practitioner (NP) role in Australia. The majority of the 2,688 NPs in this country are ANMF members.¹ We are a staunch advocate for this peak clinical role for registered nurses, which is integral to improving access for people to evidence-based, safe, and effective health and aged care. There remains much to be done to ensure there is a substantial increase in the numbers of registered nurses electing to undertake the pathway to NP endorsement. Regular review of the NP regulatory framework is essential to ensuring there are no unnecessary barriers for registered nurses choosing to pursue the NP pathway. Revising the registration standard, guidelines and accreditation standards concurrently is commended as it is important to consider the NP regulatory framework as a whole when considering whether it is fit for purpose and to meet the objective of improving flexibility.



The ANMF seeks clarification as to how the required 5,000 hours of clinical advanced practice necessary for endorsement has been determined and suggest that research be undertaken to establish if there is evidence to support this number of advanced practice clinical hours, or whether it can be reduced to lessen this barrier to uptake of the role of nurse practitioner in Australia.

The ANMF offers the following feedback in response to the consultation questions.

Consultation questions for feedback – The endorsement

Registration standard: Endorsement as a nurse practitioner

- 1. Is the updated content of the proposed revised endorsement helpful, clear, and relevant? If no, please explain why.**

The updated content is well written and understandable. The revised endorsement is clear, helpful, and relevant. The definition of advanced practice adopted by the NMBA in 2019 is clearer but makes no reference to direct comprehensive care (or clinical practice) as one of the five domains of the Strong Model of advanced practice.² Although this is included in the definition as a requirement for nurse practitioner endorsement, it is also a core element of advanced practice.

- 2. Is there any content that needs to be changed, removed, or added in the proposed revised endorsement? If yes, please provide details.**

It would be helpful to include a footnote that explains that clinical advanced practice level hours undertaken during postgraduate programs of study and the Masters of Nurse Practitioner program can all be counted towards the equivalent of three years full-time experience (5,000 hours) over the past six years. This better explains the lesser clinical advanced practice hour's requirement for entry into the Masters of Nurse Practitioner programs of study in the ANMAC *Nurse Practitioner Accreditation Standards* and ensures consistency of understanding across the regulatory standards documents.

- 3. Do you support the new wording to clarify that practitioners who hold sole qualification in mental health nursing, paediatric nursing, or disability nursing '*must only practise as an NP within the area of their foundational nursing education/qualification*'? If no, please explain why.**

The new wording is clear and is supported. It is helpful to clarify for practitioners with a sole qualification in mental health, paediatric, and disability nursing that they must only practice as an NP within the area of their foundational nursing education/ qualification and to detail in the associated guidelines, the steps required should they wish to change their scope of practice.



- 4. Do you support the creation of a pathway for NPs who are no longer practising clinically but otherwise meet all other requirements of the endorsement to be eligible to apply for a condition ‘not in clinical practice’ on their endorsement to indicate they are an NP who is not in clinical practice? If no, please explain why.**

Yes, as the nurse practitioner role requires direct clinical contact, the ANMF supports the creation of a pathway for NPs who are no longer practicing clinically to apply for a condition in order to continue to use the protected title. However, the information provided under ‘At renewal of registration’ should indicate that to demonstrate recency of practice to retain endorsement requires 450 hours at the clinical advanced practice level in the last 5 years. The statement under ‘What happens if I don’t meet this standard?’ should be:

‘Nurse practitioners who have met and maintained the requirements of the endorsement except that they are no longer practising clinically within the last 5 years are eligible to apply for a condition on their endorsement to indicate they are a nurse practitioner who is not in clinical practice.’

To ensure NPs can readily return to clinical practice should their circumstances change, it should be clear that this condition should only be applied after NPs no longer have recency of clinical practice.

- 5. NPs who hold the proposed condition on their registration to indicate they are an NP who is not in clinical practice will need to apply to the NMBA to have the condition removed if they wish to return to clinical practice as an NP. In your view, what regulatory requirements should be applied to NPs with the proposed condition ‘not in clinical practice’ who do not meet the *Registration standard: Recency of practice for clinical practice before the condition is removed?***

It is the view of the ANMF that return to practice, usually clinical practice, for nurses and midwives is time consuming, expensive, and overly onerous. Our members’ experiences in such circumstances are never straightforward. This should not be the case for NPs who have elected to adopt the condition of ‘not in clinical practice’ and wish to return to clinical practice as an NP. In the first instance, the condition should only apply to NPs who no longer have recency of clinical practice. Then, return to clinical practice should be individually assessed with consideration given to the length of time out of clinical practice, the experience, or years of practice of the NP, and their continued connection with the profession. A brief period of provisional registration should precede re-endorsement.



- 6. Would the proposed updates result in any potential negative or unintended effects for people requiring healthcare, including vulnerable members of the community who may choose to access NP services? If yes, please explain why.**

For NPs electing to adopt the condition to indicate that they are ‘not in clinical practice’ but wish to return to clinical practice, the length of time and cost of the process must be considered. If this pathway is drawn out and expensive, access to care will be impacted. To ensure NPs can readily return to clinical practice, there must be a clear and easily accessible pathway.

- 7. Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.**

As for question 6.

- 8. Would the proposed updates result in any potential negative or unintended effects for NPs? If yes, please explain why.**

As for question 6.

- 9. Are there any other potential regulatory impacts that the National Board should consider? (Refer to the Board’s statement of assessment at Appendix D). If yes, please provide details.**

No.

- 10. Do you have any other feedback on the proposed revised endorsement?**

The definition of conditions in the revised registration standard should include reference to the condition that would apply to a nurse practitioner who has elected to accept a condition stipulating ‘not in clinical practice’ to be applied to their endorsement. The definition should state:

‘Conditions can also be placed on a practitioner’s registration or endorsement for reasons that are not disciplinary, such as for a practitioner who is returning to practice after a break or a practitioner who has not completed the required 450 hours of advanced clinical practice in the last 5 years and wishes to retain the title of nurse practitioner with the condition of ‘not in clinical practice’ on their endorsement.’



Consultation questions for feedback – The guidelines:

Guidelines for nurse practitioners

11. Is the updated content of the proposed revised guidelines helpful, clear, and relevant? If no, please explain why.

Yes, the content of the revised guidelines is helpful. The ANMF agree that they are more responsive to the current healthcare environment and are clear, concise, and relevant. They will assist those considering or applying for NP endorsement to understand their personal, academic, and professional practice obligations.

12. Is there any content that needs to be changed, removed, or added in the proposed revised guidelines? If yes, please provide details.

Overall, the revised guidelines are very comprehensive. As these guidelines will be used by employers as well as registered nurses considering the pathway to endorsement as an NP, the ANMF suggests that under 'Context of practice' on p.15 that walk-in clinics, community centres, correctional services, women's and men's health clinics, schools and remote health practice are added to primary healthcare settings where care may be provided by NPs. In section 2.7 titled non-surgical cosmetic medical procedures on p.17, the dot points detail specific clinical practice and certification requirements. It is unclear why this detailed information is included in the guidelines. Whilst education to support scope of practice is essential to NP practice, specific clinical practice and certification requirements for other contexts of practice are not stipulated. In the section on the Practice environment on p.21, the abbreviation provided for the Australian Commission on Safety and Quality in Health Care (ACSQHC) is incomplete (missing the last C).

In the interests of person-centred care, reference in the guidelines and the associated glossary to the term 'patient' or 'client' should be amended. The ANMF supports the use of the term 'person' or 'people' rather than 'patient', 'client' or 'consumer' throughout the guidelines. These terms can be used to refer to both a person receiving healthcare services and a person who has used or may use a healthcare service. The term patient infers a passive, 'sick' role, and 'client' or 'consumer' one who is purchasing a service. In all contexts of practice, a person-centred approach and language is essential. Person-centred language puts people first and respects the dignity, worth, qualities and strengths of every individual. This term should be used for all NMBA's standards and guidance. As identified in feedback provided on the registration standard (detailed in the response to question 1), the definition



of advanced practice in the guidelines makes no reference to direct comprehensive care (or clinical practice) as one of the five domains of advanced practice.

The language used throughout Table 1 of the guidelines is inconsistent. Some sections state the NP must or should, others state that NPs do. A thorough revision of the table should be undertaken to ensure that the language used throughout is consistent.

13. Would the proposed updates result in any potential negative or unintended effects for people requiring healthcare, including vulnerable members of the community who may choose to access NP services? If yes, please explain why.

No. It is the view of the ANMF that the proposed updates would not result in any potential negative or unintended effects for people requiring healthcare. The information is clear and public safety is central to the guidance.

14. Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.

No. It is the view of the ANMF that the proposed updates would not result in any potential negative or unintended effects for Aboriginal and Torres Strait Islander Peoples.

15. Would the proposed updates result in any potential negative or unintended effects for NPs? If yes, please explain why.

Yes. The proposed updates may result in a potentially negative effect for NPs. As previously stated in response to the questions for the *Registration standard: endorsement as a nurse practitioner*, for NPs electing to adopt the condition to indicate that they are 'not in clinical practice' but wish to return to clinical practice, the length of time and cost of the process must be considered. If this pathway is drawn out and expensive, access to care will be impacted. In the first instance, the condition should only apply to NPs who no longer have recency of clinical practice. To ensure NPs can readily return to clinical practice, there must be a clear and easily accessible pathway to return to clinical practice.

It is also the view of the ANMF that the requirement to complete 5,000 advanced clinical practice in the last 6 years creates a gender bias and unfairly disadvantages women who may have had time away from work for a range of family and carer responsibilities.



16. Do you have any other feedback on the proposed revised guidelines?

The amendments to the proposed revised guidelines are positive. The changes to allow RNs to accumulate the 5000 hours of clinical advanced practice whilst they complete educational qualifications to become an NP is welcomed.

The definition of conditions in the revised guidelines glossary should include reference to the condition that would apply to a nurse practitioner who has elected to accept a condition stipulating 'not in clinical practice' to be applied to their endorsement. The definition should state:

'Conditions can also be placed on a practitioner's registration or endorsement for reasons that are not disciplinary, such as for a practitioner who is returning to practice after a break or a practitioner who has not completed the required 450 hours of advanced clinical practice in the last 5 years and wishes to retain the title of nurse practitioner with the condition of 'not in clinical practice' on their endorsement.'

Conclusion

Thank you for this opportunity to provide feedback to the public consultation on the draft revised *Registration standard: Endorsement as a nurse practitioner* and draft revised *Guidelines for nurse practitioners*. A clear and accessible pathway to advanced clinical practice and the qualifications necessary for endorsement are essential to supporting registered nurses to consider and take on this challenging role and to subsequently grow the NP workforce for the benefit of people needing and receiving health and aged care. The proposed revised registration standard and guidelines are helpful, clear, and relevant. Although supportive of the initiative to offer the opportunity to NPs who are no longer in clinical practice to apply for a condition of 'not in clinical practice' to allow them to continue to use the protected title, the ANMF believe this should only be offered to NPs that no longer have recency of clinical advanced practice (450 hours in the last 5 years). This will ensure that NPs are not inadvertently faced with an arduous process to remove the condition should their circumstances change, and they wish to return to clinical practice.

References

¹ Nursing and Midwifery Board of Australia. (2023). Registrant Data – Reporting period: 01 July 2023 to 30 September 2023. Available at: <https://www.nursingmidwiferyboard.gov.au/About/Statistics.aspx>

² Chief Nursing and Midwifery Officers Australia. (2020). Advanced Nursing Practice – Guidelines for the Australian Context. Available at: <https://www.health.gov.au/sites/default/files/documents/2020/10/advanced-nursing-practice-guidelines-for-the-australian-context.pdf>