

23 November 2009

Ms Anne Copeland
Chair
Nursing and Midwifery Board of Australia' to
By email: natboards@dhs.vic.gov.au

Dear Ms Copeland

Re: National registration and accreditation consultation

The ACNP represents the interest of all Nurse Practitioners (NPs) across Australia as we interface with the health care system; there are now over 300 NPs practising in Australia. The College continues to be a proactive voice in helping to shape healthcare delivery and welcomes the opportunity to comment on the development of the national registration and accreditation scheme. The following specific and general comments are provided for consideration.

Specific Comments

A. Registration Standards and Related Matters

2.1 Criminal history

- *whether the types of criminal history information listed should be specified in the standard to be considered in descending order of relevance, or whether the standard would be more flexible if it merely referred to: convictions, findings of guilt, pending charges and non-conviction charges, that is charges that have been resolved otherwise than a conviction or finding of guilt without suggesting that there is a descending order of relevance*

ACNP suggests that a contemporary approach, that does not prescribe a descending order of relevance for the listed criminal history information, provides greater flexibility for application to the context and consideration of specific circumstances surrounding an individual situation.

- *whether the words 'or client' should be inserted wherever there is a reference to patients, on the basis that nurses and midwives work with clients who are not necessarily patients.*

To ensure interpretation of the standard is clear it is suggested that the words "or client" need to be included either in the standard or,

alternatively, be explicitly stated under the definitions as an all inclusive meaning for “patient”.

2.2 English language skills

- *whether the definition of ‘international student’ is adequate and whether this standard should apply to entry-to-practice students and postgraduate students*

English language skills need to be sufficient to ensure good understanding and to facilitate effective communication between and with health professionals, patients/clients and other workers who are involved in the planning, management and delivery of health care services.

Subject to the exemptions listed in the draft standard, and to protect the safety of patients, definitions need to be inclusive of all persons including entry-to-practice and postgraduate students.

Whether the references under 1(a) should be amended to:

- *clarify the secondary education to ensure that English is the medium of instruction*
- *remove the list of countries.*

The proposal to amend wording under 1(a) would assist to minimize any ambiguity in interpretation.

The list of prescribed countries is unnecessarily restrictive. The countries listed could be provided as examples or, alternatively, removed.

3.1 Requirements for nurse practitioners

Advanced nursing practice is a term used interchangeably in many different contexts. Is a definition required to assist consistency in interpretation and/or should this be cross referenced to the ANMC Nurse Practitioner Accreditation Project document?

It is also noted that this standard is linked to the (pending) “*Nursing and Midwifery Board of Australia (2010): Guidelines for endorsement as a Nurse Practitioner*” document. Please also see general comments.

B. Accreditation Standards

Please see general comments

General Comments

The Australian College of Nurse Practitioners supports the establishment of a national registration and accreditation scheme, in particular, the opportunity to standardise regulation of Australian healthcare professions. National registration will also facilitate portability and improved flexibility of the healthcare workforce and enable greatest use of the available healthcare professionals.

ACNP suggests that the following issues, as they relate to Nurse Practitioners, require consideration.

Registration of eligible nurse practitioners

1. Nurse Practitioners applying for initial registration should be subjected to the same processes as other nurses and midwives.
2. The processes for annual registration of nurse practitioners should be equivalent and consistent with those for registered nurses, enrolled nurses and midwives.
3. There needs to be provision for a seamless transition for nurse practitioners, currently registered with their state or territory nursing and midwifery boards, to automatically transfer to the national register and be authorised to practice as registered nurse practitioners at the commencement of the National Registration Scheme in 2010.

Clinical practice governance for nurse practitioners

1. The scope of practice for nurse practitioners should be guided by established Australian Nursing and Midwifery Council (ANMC) Competency Standards, the organisational requirements of the nurse practitioner's clinical setting and be founded in the principles of evidence based practice.
2. Nurse Practitioner scope of practice, including the diagnostic investigations and the medications prescribed and managed, need to be determined on an individual basis, by the clinical setting in which the nurse practitioner

is working, the context of patient/client needs, the healthcare service and in compliance with the relevant laws and policies.

3. Like other health professionals the nurse practitioner's practice is based on sound clinical judgement using best practice guidelines and the best evidence available.
4. Nurse Practitioner Scope of Practice should be articulated in relevant job documentation. Prescriptive nurse practitioner specific clinical practice guidelines (however named), areas/categories of practice or formularies are restrictive, potentially unsafe and are not supported by ACNP.

Education

1. The minimum educational preparation for endorsement/authority to practice as a registered nurse practitioner is a Master of Nurse Practitioner.
2. The term used for a registered nurse enrolled in such a course is '*nurse practitioner candidate*'.
3. A condition of entry into a Master of Nurse Practitioner program is a Graduate Diploma in a relevant clinical area and advanced practice standing, with at least one year FTE clinical experience in that clinical area post graduation from the Diploma.
4. Consistent with international trends ACNP supports considering, in the future, the possible articulation of the Master of Nurse Practitioner qualification into a Clinical Doctorate.

University preparation and course structure

1. The Master of Nurse Practitioner program is offered only at universities and with the program comprising at least 12 units, (including advanced standing for Graduate Diploma), with a minimum 8 units which are specific to the Nurse Practitioner programme.

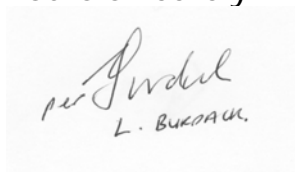
2. The Masters preparation must be supported by a clinical *internship* program.

Accreditation of nurse practitioner education programs

1. An independent nursing body, responsible for administering standards for accreditation of nurse practitioner programs, be set up to accredit Master (or future Doctorate) Nurse Practitioner programs with ACNP being actively involved and consulted.
2. ANMC National Competency Standards for the Nurse Practitioner, and consultation with ANCP, inform curriculum design and form the basis of the above mentioned nurse practitioner programs.
3. ACNP supports the principles surrounding the 'Modern learning and supported workforce' recommendations outlined in 'A Healthier Future For All Australians Final Report June 2009'.

Thank you for the opportunity to provide input into the development of the National Registration and Accreditation Scheme.

Yours sincerely



per Andrew
L. BURDACK

Andrew Cashin
A/g President