

Nursing and Midwifery Board of Australia (NMBA)
G.P.O. Box 9958
Melbourne VIC3001

By email: nmbafeedback@ahpra.gov.au

To whom it may concern

Re: Guidelines for privately practising nurses

The Australian College of Nursing (ACN) would like to thank NMBA for the opportunity to provide feedback on the *Guidelines for privately practising nurses* (the guidelines).

ACN welcomes the development of the guidelines and commends the Nursing and Midwifery Board of Australia on their work. We have distributed the consultation within ACN and received feedback from our members to help inform our response. ACN's collated response can be found on the following pages.

We look forward to seeing the implementation of the guidelines in the forthcoming period.

If you have further enquiries about this matter, please do not hesitate to contact us at

Yours sincerely,

Karen Grace, MACN
National Director- Professional Practice
Australian College of Nursing

12 April 2024



1. Is the content of the proposed Guidelines for privately practising nurses helpful, clear and relevant? If no, please explain why.

The proposed guidelines are clear and relevant as they highlight the distinctive features privately practicing nurses (PPNs) must comply with when working in a private practice setting and which differ to working for a health service or private organisation. The guidelines clearly articulate professional obligations, clinical governance, patient safety, and corporate governance and state the extra skills that may be required beyond the NMBA's [standards for practice](#).

ACN welcomes the hyperlinks incorporated into the guidelines to ensure nurses have ready and easy access to seminal documents that dictate the regulatory requirements under which PPNs must work.

2. Is there any content that needs to be changed, removed or added in the proposed Guidelines for privately practising nurses? If yes, please provide details.

All the information in the proposed guidelines is relevant. The guidelines adequately and appropriately cover best practice principles for services provided in private practice settings.

Item 1.4 refers to obligations of PPNs to promote and protect Cultural Safety of Aboriginal and Torres Strait Islander peoples. A link to relevant training and education programs required by PPNs would be useful and would ensure a defined level of cultural awareness. ACN acknowledges a definition of 'Cultural Safety' appears in the Glossary.

Item 1.8 refers to ENs. Provide a link to the NMBA [standards for practice](#).

Item 2.1 relates to storage of health records. It would be useful to provide a link within the document to information about documentation as it stands in states, territories and within the Commonwealth jurisdiction. Information about accessing guidance about record storage to enable any PPN to update their knowledge on the requirements they must follow.

Item 2.5 speaks of health information storage. Suggest it might be appropriate to recommend training in the basics of data management to ensure patient and client safety is maintained.

Item 2.8. A recommendation for PPNs to maintain an up-to-date register of the relevant legislation for ready access. Review annually.

Item 2.9 suggests professional development activities, but these should be written to ensure that PPNs comply with a set number of hours annually of interactive professional development.



Item 2.11 covers WHS requirements. Given that the PPN will be welcoming patients and clients onto their premises, the WHS requirements must be stated with more rigor. Some PPNs will have employees. There is a requirement that all people within the workplace have an understanding of their obligations to keeping the workplace and their colleagues safe.

Item 2.11. Suggest that the PPN develops a plan to detail the cleaning regime for their workplace.

Items 3.3 and 3.4 cover insurance. Suggest that the insurance documents are accessible in the practice and should be available to any client who requests to see them.

It might be helpful for PPNs to have ready access to other similar guidelines to which they must comply to allow easy comparison and to ensure they comply with all guidelines relevant to them. For example, those PPNs who are also providing non-surgical cosmetic services should know which guidelines are appropriate for their workplace and should recognise which specific items refer to their workplace (Guidelines for nurses who perform non-surgical cosmetic procedures (nurses practice guidelines), Guidelines for registered health practitioners who perform non-surgical cosmetic procedures (shared practice guidelines) and Guidelines for registered health practitioners who advertise non-surgical cosmetic procedures (advertising guidelines)). These guidelines are yet to be released.

3. Would the proposed guidelines result in any potential negative or unintended effects for consumers, clients or patients including vulnerable members of the community who may choose to access PPN services? If yes, please explain why.

It is recommended that the guidelines (item 2.3) emphasise the importance for PPNs to prepare guidance on emergency preparedness and response for use in their own setting. Guidelines for handling medical emergencies or natural disasters within their own businesses.

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

ACN is awaiting a response to this question from our First Nations faculty. We cannot comment without guidance from the faculty.

ACN recognise that NMBA has taken into account the cultural practices and values of Aboriginal and Torres Strait Islander Peoples while developing these guidelines and has engaged Aboriginal and Torres Strait Islander Peoples in the development process.



5. Would the proposed guidelines result in any potential negative or unintended effects for PPNs? If yes, please explain why.

Owning and running a business can be onerous. The guidelines should ensure that all the administrative, safety, financial and regulatory factors that make up a business have been adopted and complied with by the PPN. This ensures care for clients and the PPNs. The work needed to meet the business requirements may feel as if it is overly burdensome, but the safety of the client is paramount.

6. Are there any other potential regulatory impacts that the NMBA should consider? (refer to the NMBA statement of assessment at Appendix B) If yes, please explain why.

ACN recommend adding the link to the [advertising regulations](#) to the guidelines. This may mean that the webpage requires a stable URL, but it would be most helpful in the longer term. It is also suggested to specify the anticipated standards and fundamentals for overseeing registered nurses, particularly with regards to record-keeping and insurance agreements. Providing supplementary materials pertaining to business administration, industrial relations, and insurance prerequisites for privately practicing nurses, with a particular focus on those who possess and manage their own enterprises would help to have a better understanding of any consequences for non-compliance.

7. Do you have any other feedback on the proposed Guidelines for privately practising nurses?

Regular review and updates are necessary to align with evolving healthcare practices. Giving priority to patient safety and quality of care is essential, ensuring the guidelines improve outcomes and protect patient rights. ACN also proposes to offer comprehensive assistance and access to various resources for nurses who are undergoing the transition to private practice which may includes offering direction on effectively handling regulatory obligations, starting a practice, and effectively managing any business aspects.

ACN welcomes the addition of the **Glossary** in the guidelines. We fully support adding [Clinical \(reflective\) supervision](#)¹ to the items defined in the Glossary. ACN fully supports access to paid clinical supervision for all nurses.² Enabling access to paid clinical supervision to PPNs working alone would be highly beneficial to their mental health and wellbeing particularly when they have been subjected to stressful consultations. Our position statement cites evidence that clinical supervision positively impacts the

¹ Australian Nursing & Midwifery Federation (2023) [Clinical \(reflective\) supervision for nurses and midwives: position statement](#)

² Australian College of Midwives, Australian College of Nurses & Australian College of Mental Health Nurses (2019) [Clinical Supervision for Nurses & Midwives](#)



health and wellbeing of nurses. As sole operators, PPNs may have to develop an alliance with a trusted mentor who can provide them with the clinical supervision as required.

ACN notes that Direct supervision is an item defined in the Glossary. Clinical supervision is not the same as Direct supervision: it is important to have both terms listed in the Glossary.