

## Nurse practitioner standards for practice

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**Effective date** 1 March 2021

### Orientating statements

Nurse practitioners (NPs) provide high levels of clinically focused, autonomous nursing care in a variety of contexts within Australia. NPs care for people and communities with problems of varying complexity.

The NP scope of practice is built on the platform of the registered nurse (RN) scope of practice and must meet the regulatory and professional requirements for Australia including the Nursing and Midwifery Board of Australia (NMBA) [Registered nurse standards for practice](#), [Safety and quality guidelines for nurse practitioners](#), [Code of conduct for nurses](#) and International Council of Nurses' [Code of ethics for nurses](#).

The *Nurse practitioner standards for practice* (the standards) build on, and expand upon, those required of an RN. NPs understand the changes in the scope of practice from that of an RN, and the ways that these changes affect responsibilities and accountabilities. NPs are RNs endorsed as an NP by the NMBA and practice at an advanced level. NPs can practice independently and work collaboratively in multi-professional environments.

The standards in this document are the minimum standards that are applicable across diverse practice settings and patient/client populations for both beginning and experienced NPs.

NP attributes are consciously cultivated through formal learning that includes a work-based component. In Australia, the educational requirement for endorsement of NPs is a Master's degree. This formal learning builds on demonstrable advanced practice within the RN scope.

NPs have a high degree of systems literacy and can independently manage care across a variety of health systems to maximise outcomes. NPs engage in support of systems; complex and critical thinking; integrate information and/or evidence; judiciously use clinical investigations; and skilfully and empathetically communicate with all involved in the care episode, including the person receiving care and their family and community, and health professional colleagues.

NP attributes are clinically focused, and NPs are capable in research, education and leadership as applied to clinical care (Refer [Figure 1](#)). Research includes leading processes that stimulates improved or new evidence-based care and quality management. NPs educate others related to the focus of, and available options, of care. NPs are leaders and lead care and care teams. NPs engage in reflective practice and support others in this process through clinical supervision or mentoring.

NPs can manage and are accountable for, complete episodes of care including wellness focused care, as the primary provider of care or part of a care team. NPs collaborate and consult with health consumers, their families and community, and other professionals, including health personnel, to plan, implement and evaluate integrated care that optimises outcomes for recipients, their progression through the health system and access to relevant systems of care.

As part of providing care, NPs can independently request and interpret any diagnostic and/or screening investigations within their scope of practice to facilitate diagnosis and/or screening processes. This informs diagnosis and care planning. Care can include nursing interventions that involve initiation, titration or cessation of any medicines in their scope. NPs practice encompasses technical and procedural skills that are applied as part of their responsibility in initiating and managing complex healthcare requirements. NPs take responsibility for following-up on any components of care initiated. They are accountable for care provided and self-monitor their work.

## How to use these standards

The standards have been written so as to be easily accessible to a variety of groups, including NPs, governments, regulatory agencies, education providers, healthcare professionals and the community. It should be noted that the criteria written below the *Statements* are indicative of NP behaviours, they are not intended to be exhaustive. Rather, they are examples of activities that demonstrate the statement for that standard.

These standards should be read in conjunction with other relevant NMBA documentation, and in conjunction with the attached [Glossary](#), which clearly describes the way in which key terms are used in the standards.

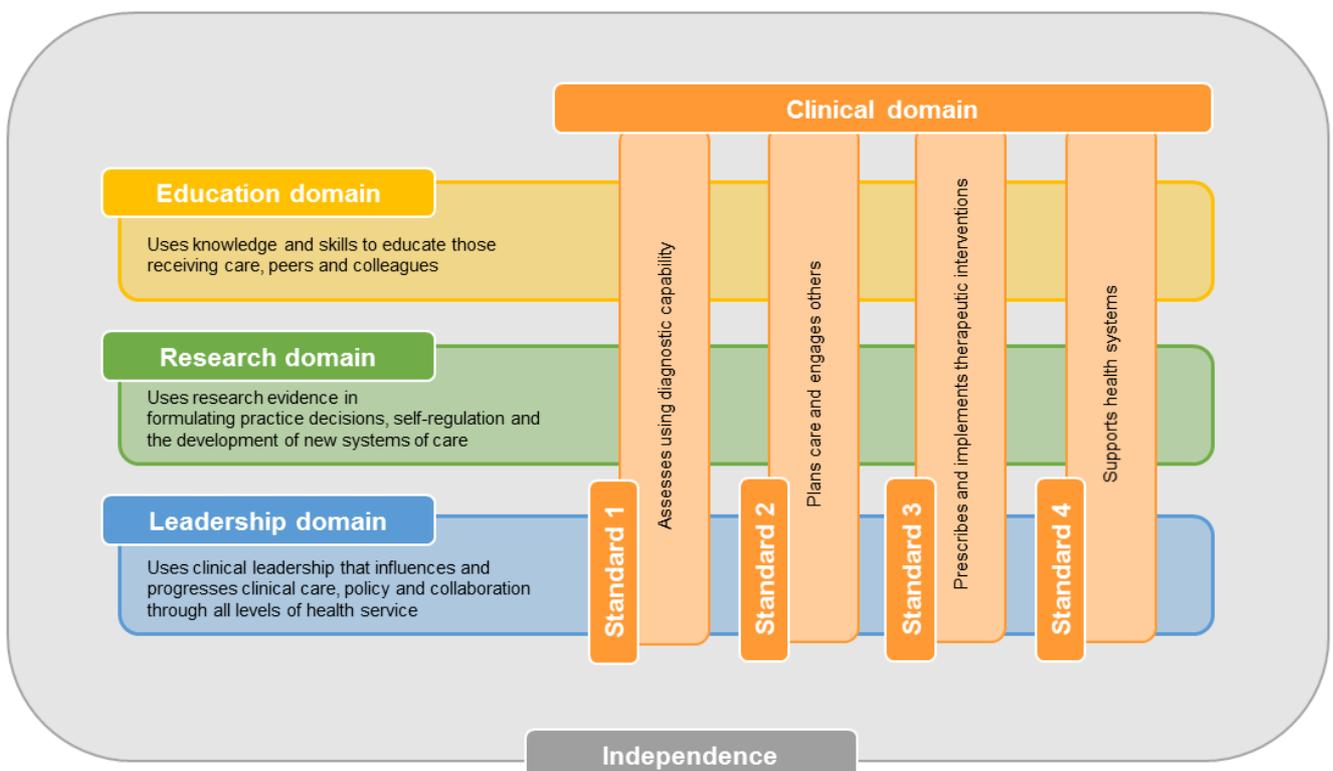
In [Figure 1](#), the *Nurse practitioner standards framework* is illustrated. The four domains are:

- clinical
- education
- research, and
- leadership.

The expression of the knowledge and skills contained in the education, research and leadership domains is integrated across the four clinically focused standards.

Collectively, these attributes expressed in NPs' knowledge, skills and affect, are applied in the education domain through educating those receiving care, peers and colleagues. The use of knowledge in the research domain is evidenced through the judicious application of research evidence in formulating practice decisions, self-regulation and the improvement to and development of new systems of care. The domain of leadership, initially evident in clinical work, increases in capacity to all levels of health services and includes community and political engagement.

**Figure 1: Nurse practitioner standards framework**



## Nurse practitioner standards

### Standard 1: Assesses using diagnostic capability

#### **Statement 1.1 NPs demonstrate complex and critical thinking to conduct comprehensive, relevant and holistic health assessments**

The NP:

- 1.1.1 demonstrates extensive knowledge of human sciences and health assessment
- 1.1.2 demonstrates comprehensive and systematic skill in obtaining relevant, appropriate and accurate data that inform differential diagnoses
- 1.1.3 assesses the complex and/or unstable healthcare needs of the person receiving care through synthesis and prioritisation of historical and available data
- 1.1.4 assesses the impact of comorbidities, including the effects of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care
- 1.1.5 demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions
- 1.1.6 consistently and accurately synthesises and interprets assessment information specifically history, including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health, and
- 1.1.7 critically evaluates the impact of social determinants of health on both the individual person and the population.

#### **Statement 1.2: NPs demonstrate accountability in the timely and considered use of diagnostic investigations to inform clinical decision making**

The NP:

- 1.2.1 makes decisions about the use of person-focused diagnostic investigations that are informed by clinical findings and research evidence
- 1.2.2 demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the person receiving care when requesting diagnostic investigations
- 1.2.3 requests and/or performs selected screening and diagnostic investigations
- 1.2.4 is responsible and accountable for the interpretation of results and for following-up the appropriate course of action, and
- 1.2.5 uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses.

#### **Statement 1.3: NPs integrate theoretical and practical knowledge to apply diagnostic reasoning to formulate diagnoses**

The NP:

- 1.3.1 synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis
- 1.3.2 considers the person's expectations of assessment, diagnosis and cost of healthcare

- 1.3.3 acts to prevent and/or diagnose urgent, emergent and life-threatening situations, and
- 1.3.4 determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person's history and best available evidence.

## **Standard 2: Plans care and engages others**

### **Statement 2.1: NPs critically and ethically translate and integrate evidence-based knowledge into planning care**

The NP:

- 2.1.1 takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about healthcare management and interventions
- 2.1.2 ethically explores therapeutic options considering implications for care through the integration of assessment information, the person's informed decision and best available evidence, and
- 2.1.3 is proactive and analytical in acquiring new knowledge related to NP practice

### **Statement 2.2: NPs educate and support others to enable their active participation in care**

The NP:

- 2.2.1 respects the rights of the person to make informed decisions throughout their health/illness experience or episode, whilst ensuring access to accurate and appropriately interpreted information
- 2.2.2 uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed
- 2.2.3 communicates about health assessment findings and/or diagnoses, including outcomes and prognosis, and
- 2.2.4 works to meet identified needs for educating others regarding clinical and ongoing care.

### **Statement 2.3: NPs consider quality use of medicines and therapeutic interventions using their comprehensive knowledge when planning care**

The NP:

- 2.3.1 develops an individual plan of care and communicates this to appropriate members of the healthcare team and relevant agencies
- 2.3.2 exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to NP scope of practice
- 2.3.3 works in partnership with the person receiving care to determine therapeutic goals and options
- 2.3.4 verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions, and
- 2.3.5 demonstrates accountability in considering access, cost and clinical efficacy when planning treatment.

**Statement 2.4: NPs collaborate and consult for care decisions to obtain optimal outcomes for the person receiving care**

The NP:

- 2.4.1 collaborates with other health professionals to make and accept referrals as appropriate, and
- 2.4.2 consults with and/or refers to other health services, disability services, maternity services, aged-care providers and community agencies at any point in the care continuum.

**Standard 3: Prescribes and implements therapeutic interventions**

**Statement 3.1: NPs use professional knowledge when prescribing indicated non-pharmacological and pharmacological interventions**

The NP:

- 3.1.1 contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plans
- 3.1.2 safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care
- 3.1.3 demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations
- 3.1.4 safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions, and
- 3.1.5 interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care.

**Statement 3.2: NPs manage episodes of care, establishing and maintaining respectful relationships with people at the centre of care**

The NP:

- 3.2.1 supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions
- 3.2.2 advises the person receiving care on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up
- 3.2.3 shares information with others in consultation with the person receiving care
- 3.2.4 discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organisational policy
- 3.2.5 advocates for improved access to healthcare, the healthcare system and policy decisions that affect health and quality of life
- 3.2.6 practises without the discrimination that may be associated with race, age, disability, sexuality, gender identity, relationship status, power relations and/or social disadvantage
- 3.2.7 practises in a way that respects that family and community underpin the health of Aboriginal and/or Torres Strait Islander people, and
- 3.2.8 conducts relationships within a context of collaboration, mutual trust, respect and cultural safety.

**Statement 3.3: NPs recognise their duty of care and practise in accordance with federal, state and territory legislation and professional regulation governing NP practice**

The NP:

- 3.3.1 defines duty of care in accordance with relevant legislation and regulation
- 3.3.2 remains informed of changes to legislation and professional regulations, and implements appropriate alterations to practice in response to such changes, and
- 3.3.3 contributes to the development of policy and procedures appropriate to context and specialty.

**Standard 4: Supports health systems**

**Statement 4.1: NPs engage in reflective practice and evaluate the outcomes of their practice**

The NP:

- 4.1.1 monitors, evaluates and documents treatments/interventions in accordance with person-determined goals and healthcare system outcomes
- 4.1.2 develops plans for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and, when needed, other members of the healthcare team
- 4.1.3 applies the best available evidence to identify and select appropriate outcomes measures of practice
- 4.1.4 uses quality indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice
- 4.1.5 participates in clinical supervision and clinical practice review
- 4.1.6 implements research-based innovations for improving care, and
- 4.1.7 contributes to research that addresses identified gaps in the provision of care and/or services.

**Statement 4.2: NPs advocate for, participate in, or lead systems that support safe care, partnership and professional growth**

The NP:

- 4.2.1 advocates and provides evidence for expansion to NP service where it is believed that such an expansion will improve access to quality and cost-effective healthcare for populations in all locations and contexts, including those in regional and remote communities
- 4.2.2 demonstrates clinical leadership in the design and evaluation of services for individuals and communities in health promotion, health protection or the prevention of injury and/or illness
- 4.2.3 articulates and promotes the NP role in clinical, political and professional contexts
- 4.2.4 acts as an educator and/or mentor to students, nursing colleagues and others in the healthcare team
- 4.2.5 critiques healthcare policies for their implications on the NP role and the populations for whom they care, and
- 4.2.6 influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organisations.

## Glossary

**Advanced practice** is where nurses incorporate professional leadership, education, research and support of systems into their practice. Their practice includes relevant expertise, critical thinking, complex decision-making, autonomous practice and is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex healthcare requirements.

Advanced practice in nursing is demonstrated by a level of practice and not by a job title or level of remuneration.

Advanced practice for the purpose of the nurse practitioner endorsement requires 5,000 hours clinically-based advanced practice in the past six years.

**Attributes** are characteristics that underpin competent performance. Refer to the NMBA [Registered nurse standards for practice](#)

**Autonomous practice** is having the authority to make decisions and the freedom to act in accordance with one's professional knowledge base (Skar 2010).

**Competence** is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area. Refer to the NMBA [Registered nurse standards for practice](#)

**Cultural safety** was developed in a First Nations' context and is the preferred term for midwifery and nursing. Cultural safety is endorsed by the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM), who emphasise that cultural safety is as important to quality care as clinical safety. However, the 'presence or absence of cultural safety is determined by the recipient of care, it is not defined by the caregiver' (CATSINaM, 2014b, p. 9).

Cultural safety is a philosophy of practice that is about how a health professional does something, not [just] what they do. It is about how persons are treated in society, not about their diversity as such, so its focus is on systemic and structural issues and on the social determinants of health.

Cultural safety represents a key philosophical shift from providing care regardless of difference, to care that takes account of persons' unique needs. It requires nurses and midwives to undertake an ongoing process of self-reflection and cultural self-awareness, and an acknowledgement of how a nurse's/midwife's personal culture impacts on care.

In relation to Aboriginal and Torres Strait Islander health, cultural safety provides a decolonising model of practice based on dialogue, communication, power sharing and negotiation, and the acknowledgment of white privilege. These actions are a means to challenge racism at personal and institutional levels, and to establish trust in healthcare encounters (CATSINaM, 2017a, p. 11).

In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership where power is shared between the individuals and cultural groups involved in healthcare.

Cultural safety is also relevant to Aboriginal and/ or Torres Strait Islander health professionals. Non-Indigenous nurses and midwives must address how they create a culturally safe work environment that is free of racism for their Aboriginal and/or Torres Strait Islander colleagues (CATSINaM, 2017b).

**Independence** in these standards is the defining characteristic of NP practice that recognises the educational and advanced practice attributes beyond the *Registered nurse standards for practice*. This independence is inherent in the NP standards for practice and integrates aspects of the often-complex nursing practice for which the NP initiates and is responsible. NPs work collaboratively as part of a healthcare team and have the authority to diagnose and implement treatments without oversight from another health practitioner.

**Nurse practitioner (NP)** is a registered nurse endorsed as an NP by the NMBA. The NP practises at a clinical advanced level, meets and complies with the *Nurse practitioner standards for practice*, is able to practice independently and has direct clinical contact. NPs practice collaboratively in multi-professional

environments. The NP practices within their scope under the legislatively protected title 'nurse practitioner' under the National Law.

**Person/people** in these standards is used to refer to those individuals who have entered into a therapeutic relationship with an NP. Person/people encompass patients, clients, consumers and families that fall within the NP scope and context of practice.

**Prescribing** is defined as the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

**Research** includes the creation of new knowledge and/or the use of existing knowledge in a new and creative way so as to generate new concepts, methodologies, inventions and understandings. This could include synthesis and analysis of previous research to the extent that it is new and creative: (Australian Code for the Responsible Conduct of Research, 2018, p.5)

**Scope of practice** is the full spectrum of roles, functions, responsibilities, activities and decision-making capacity that individuals within that profession are educated, competent and authorised to perform. Some functions within the scope of practice of any profession may be shared with other professions or other individuals or groups.

The scope of practice of all health professions is influenced by the wider environment, the specific setting, legislation, policy, education, standards and the health needs of the population.

The scope of practice of an individual is that which the individual is educated, authorised and competent to perform.

The scope of practice of an individual nurse or midwife may be more specifically defined than the scope of practice of their profession. To practise within the full contemporary scope of practice of the profession may require individuals to update or increase their knowledge, skills or competence. Decisions about both the individual's and the profession's practice can be guided using the [Decision-making framework](#) (DMF). When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

**Standards for practice** are the expectations of the NPs practice in all contexts. They inform the education accreditation standards for NPs, the regulation of NPs and the determination of NPs capability for practice. These standards guide consumers, employers and other stakeholders on what to reasonably expect from an NP regardless of their area of practice or their years of experience.

**Supports health systems** is a clinical domain in the NP standards framework and describes the advanced practice activities and functions of NPs as described in 'support of system's (see below).

**Support of systems** is a practice domain of the Strong Model of Advanced Practice<sup>1</sup> and is a contemporary feature of advanced practice. It is described as activities that promote quality and safe patient care and facilitate the optimal progression of patients through the healthcare system. NPs demonstrate the advanced practice activities in this domain that include:

- actively participate in the assessment, development, implementation, and evaluation of quality improvement programs in collaboration with healthcare teams
- provide clinical leadership in the development, implementation, and evaluation of standards of practice, policies and procedures
- serve as a mentor
- advocate the role of the nurse
- serve as a spokesperson for nursing and the health system when interacting with other professionals, patients, families, and the public.

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<sup>1</sup> Developed in the USA by a group of advanced practice nurses and academics at Strong Memorial Hospital, University of Rochester Medical Centre

## References

1. Australian Code for the Responsible Conduct of Research 2018. National Health and Medical Research Council (**NHMRC**) Australian Research Council and Universities Australia. Commonwealth of Australia, Canberra.
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4. CATSINaM, 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra
5. Gardner, G., Duffield, C., Doubrovsky, A. & Adams, M. (2015) 'Identifying advanced practice: A national survey of a nursing workforce', *International Journal of Nursing Studies*, vol.55. pp.60-70.
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## Document Control

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