

## Questions for consideration

The NMBA is inviting feedback to questions to

An [online survey](#) is available to provide your responses to the questions below.

1. The presentation of the proposed revised standards has been aligned to the presentation of the *Registered nurse standards for practice* and the *Midwifery standards for practice*.

**Do you agree that the content and structure of the proposed revised standards improved from the previous iteration?**

In some part

The structure has been improved by the changes made – in particular the numbering of cues and the inclusion of the lead statements. We would suggest referencing NPs as a cohort rather than the singular consistently for the Standard and the lead statements i.e. the standard refers to the cohort and the lead statement to the singular. ‘NPs demonstrate complex’

Our comments about the content are captured in our responses to questions 2 to 5.

2. ‘Support of systems’ is a key component of advanced practice. Support of systems is embedded in the NP orientating statements and is more evident with the renaming of Standard 4 to ‘Supporting health systems’.

**Do you agree with the way that ‘Support of systems’ has been included in the document? If no, how could it be improved?**

No.

We are concerned that for many supporting health systems refers to the arrangement of the people, resources and institutions to deliver a service and does not include the elements captured in the original standard; outcome evaluation and practice improvement where the focus was more explicitly individual performance. We are also concerned by the use of the term support and would be keen to see the addition of lead in the standard.

We recommend using Supporting and leading outcome evaluation, practice improvement and health systems. Alternative, supporting systems could be included as a fifth standard with appropriate statements and cues to align with this standard.

3. The Nurse practitioner standards framework has been amended to denote the clinical independence of nurse practitioners.

**Do you agree with the changes made to the Nurse practitioners standard framework (Figure 1, on page 2 of the Standards for practice document)? If no, how could it be improved?**

We understand the motivation for the inclusion of the term independence in the figure used to detail the NP framework. However, we are not convinced that this clarifies the role of independence in the practice of NPs.

We also recommend that the language used for the subtext of the domains is changed to reflect the skill and breadth of the NP contribution to these domains. We suggest:

Education: applies knowledge and skills...

Research: interprets, applies and generates evidence...

Leadership: demonstrates clinical leadership

4. The glossary has been revised to include updates to the key definitions of 'advanced practice' and 'nurse practitioner'. New definitions of 'autonomous' and 'independence' have been added as well as current NMBA definitions for 'cultural safety' and 'standards for practice'.

**Are there any other terms that are used in the document that you feel should be included in the glossary to provide greater clarity?**

No there are no terms that we consider have been overlooked. However, we have some comments to make regarding the terms that have been redefined or added.

Advanced practice: the term is used to define the term i.e. advanced practice is where nurses practicing at an advanced practice level .... We would also recommend that the reference to the number of hours required for endorsement is removed as this is a current endorsement requirement and does not add to the definition.

Autonomous practice: we have concerns about a definition that gives authority for decisions and actions limited only by professional knowledge and not by regulated scope. We would recommend amending this definition and ideally supporting this with a contemporary Australian reference.

Cultural safety: the inclusion of cultural safety to nursing standards is an important addition. However, the material provided here extends well beyond a definition suitable for a glossary to include commentary. We would recommend that this is reduced to define cultural safety. The inclusion of the additional information likely reflects the importance of the topic and we suggest providing a hyperlink in the document to the NMBA position statement titled - The NMBA and CATSINaM joint statement on culturally safe care

Independence: the paragraph included does not define independence but rather claims it as a feature of the practice of NPs. This does not assist the reader to differentiate autonomous practice from independent practice.

Scope of practice: this definition also extends beyond the detail that is required of a glossary.

Support of systems: this term is used in the glossary however in the document it is referred to as health systems. We recommend consistency. Our other concerns are addressed in our response to question 2.

5. **Do you have any other comments on the proposed revised standards?**

Further to the suggestions indicated in questions 2 – 4, we advocate for the removal of statement 3.3. This statement does not articulate expectations that are unique to the NP or that are not an expectation of our code of conduct.