

# Submission to

Nursing and Midwifery Board of Australia  
(NMBA)

*Nurse Practitioner Standards for Practice*

August 2020

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## **Introduction**

The Queensland Nurses and Midwives' Union (QNMU) thanks the Nursing and Midwifery Board of Australia (NMBA) for the opportunity to make a submission on the consultation for Nurse Practitioner Standards for Practice.

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland (QLD) government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives (RM), nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 64,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses in Queensland are members of the QNMU.

This year 2020 is dedicated to celebrating the International Year of the Nurse and the Midwife, in celebration of the 200th year anniversary of the birth of the founder of contemporary nursing, Florence Nightingale. The World Health Organisation (WHO) nominated Nurses and Midwives for their invaluable contribution to health care and to highlight the need for a strengthened Nursing and Midwifery workforce to achieve Sustainable Development Goals (SDG) and universal health coverage. The QNMU is proud to embrace this opportunity to invest in the Nursing and Midwifery professions, particularly the investment into minimum safe staffing ratios and skill mix across all health sectors.

The QNMU welcomes the proposed changes made by the NMBA to nurse practitioner standards for practice. The QNMU supports the overarching structural and content changes made however, we wish to make some additional recommendations.

According to the NMBA, in the period between 1 October 2019, to 31 December 2019 there were 1929 registered nurses who are endorsed nurse practitioners. Of these, 508 are in Queensland and constitute the largest group of all Australian health jurisdictions.

The role of a nurse practitioner is an advanced practice role that has been successfully regulated with clear authority, endorsement and scope of practice. Nurse practitioners are highly skilled and an integral component of Australia's healthcare system. The role has been introduced into the healthcare system to improve access to health services and increase the flexibility and scope of the health workforce.

Nurse practitioner services have largely been designed to meet gaps in service delivery particularly in rural and remote areas and chronic and complex healthcare (Currie et al., 2019).

Nurse practitioners face many barriers. These include educational advancements, career pathways, career diversity, practicing to their full scope of practice, and various clinical governance issues. The QNMU views the NMBA's review of the nurse practitioner standard of practice as an opportunity to address the existing barriers for nurse practitioners. In addition, we believe there is a need to expand the role of nurse practitioners to meet present health system demands and offer career incentives for nurse practitioners seeking advanced practice opportunities.

The following submission can be read in conjunction with the submission put forward by our national body, the Australian Nursing and Midwifery Federation (ANMF). We have also consulted the expertise of the QNMU's Nurse Practitioner Reference Group in drafting our response.

**Question 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 has improved from the previous iteration?**

- a) Strongly agree
- b) Somewhat agree
- c) Neither agree nor disagree
- d) Somewhat disagree
- e) Strongly disagree

**Question 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?**

- a) Strongly agree
- b) Somewhat agree
- c) Neither agree nor disagree
- d) Somewhat disagree
- e) Strongly disagree

**Reflecting on your previous response, how could the way that 'Support of systems' has been used be improved?**

The QNMU supports the intended meaning of 'support of systems', as contributing to the optimal functioning of the institutional nursing service (Ackerman et al, 1996). However, in our view, 'support of systems' provides a narrow and potentially ambiguous interpretation. The QNMU believes that the term should be renamed to 'supporting health and aged care systems' to encompass the recognition of the aged care sector as an integral part of the broader health system.

In addition, the language used to describe the activities in the domain of 'support of systems' indicates that a nurse practitioner should serve as a spokesperson for nursing and the health system. It is the opinion of the QNMU that nurse practitioners use communication strategies that are direct and transparent about health-related issues in the health system for the benefit of patient safety and quality of care (Wiig et al., 2018). The QNMU encourages the NMBA to reconsider the language used to support nurse practitioners to promote and facilitate the continued development and improvement of the health system.

**Question 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 practitioner standards framework (Figure 1, on page 2 of the Standards for practice document)?**

- a) Yes
- b) If no, how could it be improved?

The QNMU expresses broad support for the amendments made to the Nurse practitioner standards framework. However, we encourage the NMBA to reconsider the wording of 'supporting' health systems used in standard 4. The word 'supporting' has the potential to narrowly imply compliance with the health system, without the opportunity for critique. Therefore, in our opinion, the NMBA should consider the previous wording 'evaluation' of health systems, as this provides a broader scope.

**Question 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?**

- a) Yes (comments invited)
- b) No

Whilst the QNMU does not put forward any additional terms to be included in the glossary, we wish to make recommendations to improve the clarity and use of the following terms.

### **Advanced practice**

The QNMU believes that the term 'advanced practice' should encompass working with people who have complex healthcare and aged care requirements. As such, we suggest that the term is expanded to clearly emphasise the need for aged care support.

In addition, the term should highlight that whilst advanced practice is a vital component of care, it is not the sole domain of a nurse practitioner.

The term also stipulates that advanced practice for the purpose of the nurse practitioner endorsement requires 5,000 hours of clinically based advanced practice in the past six years. The QNMU believes that the wording should be altered to remove 'clinically based' and insert 'as a nurse practitioner'. This more broadly encapsulates practices that are non-clinical or fall outside of the recognised definition of clinical experience.

### **Cultural safety**

The QNMU commends the NMBA for the inclusion of cultural safety as a key term in the glossary. There is a need to evaluate the existing frameworks of safety and quality standards in healthcare settings to develop cultural safety benchmarks (Lavery et al., 2017). We resoundingly support the need to embed culturally safe practices into health settings. However, we seek further clarification for the NMBA's rationale for providing a disproportionately more extensive definition of cultural safety compared to other glossary terms. It is our view, that the definition of 'advanced practice' should also be extrapolated.

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

- a) Yes
- b) No

The QNMU wishes to raise several additional considerations regarding the existing barriers and development of nurse practitioner standards of practice.

### **Nurse Practitioner Pathways**

Generally, the education of nurse practitioners is predicated on registered nurses seeking advanced expertise in their current area of specialisation (Schwartz, 2019). There are significant challenges for prospective nurse practitioners to secure clinical supervisors, organise clinical practice hours and arrange financial and personal support systems around their educational requirements (Schwartz, 2019).

The difficulties in obtaining the required qualification are further burdened by the limited employment opportunities and lack of career pathways nurse practitioners face.

The current system drives specialisation of nurse practitioners, as the role is often viewed as a niche solution to fill specific gaps in the health system. As such, many nurse practitioners are employed in specialist areas. Whilst, specialist nurse practitioners provide a vital role, the QNMU views nurse practitioners as an expanding role that requires further workforce modelling. In our view, there is a need for generalist nurse practitioner career pathways that provide a flexible and agile approach to health system demands.

For many, their job dictates the practitioners career trajectory and are often restricted in their scope of practice by the specialised focus of a role. Decoupling the job from the profession will improve growth and opportunities for nurse practitioners to work in a broader capacity.

There is a need to redesign nurse practitioners' pathways, to allow for exposure to settings beyond practitioners established area of specialisation. The role of a nurse practitioner requires a high level of collaboration and autonomy. Having a diverse skillset and expertise across settings is highly valuable for the benefit of the nurse practitioner's career progression and health system outcomes more broadly (Schwartz, 2019).

In addition to this, currently the onus is largely on the individual to establish their career pathway. The QNMU believes that nurse practitioners require organised specialist and generalist pathways in order to uphold the sustainability and long-term value of the profession. We strongly encourage the need for greater national consistency in the development of nurse practitioner pathways.

The QNMU suggests the need for a clinical reward and recognition career structure for advanced practice that includes the nurse practitioner role but more broadly recognises advance practice and provides a comparable advancement pathway to management, education and research.

### **Governance**

While a single regulatory framework and standards govern nurse practitioner practice, there appears to be variation in the operational and professional governance of nurse practitioners in relation to their employed positions.

In addition to this, there appears to be variation in clinical governance reporting pathways for nurse practitioners across the Queensland which fails to recognise the senior clinical role that nurse practitioners undertake. The QNMU considers that reporting lines and structures are often inappropriate. In many circumstances nurse practitioners (Nurse Grade 8) report to a Nurse Grade 7 (e.g. a Nurse Unit Manager) for clinical governance purposes.

The broader clinical governance issues that have been highlighted for nurse practitioners have subsequently presented implications for other groups such as midwives (eligible midwives in particular). The QNMU recommends that the clinical governance reporting lines for other practitioners such as midwives be reviewed considering the extensive issues experienced by Nurse Practitioners. It is proposed that each HHS should identify a senior nurse clinician role to act as a professional or clinical governance reporting point for nurse practitioners.

Enabling patients to access Medicare rebates for care provided by nurse practitioners has been documented as a way to improve access to health care and produce substantial savings to the health care system (Schwartz, 2019). The QNMU recommends the need for Medicare funding for nurse practitioner services and the right to private practice to be considered to support health care services.

## References

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