

## Public consultation paper

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30 January 2024

Revised Registration standard: Endorsement as a nurse practitioner and Guidelines for nurse practitioners (previously titled ‘Safety and quality guidelines for nurse practitioners’)

### You are invited to provide feedback

The Nursing and Midwifery Board of Australia (NMBA) is releasing the attached paper on the *Registration standard: Endorsement as a nurse practitioner* (the endorsement) and the *Guidelines for nurse practitioners* (the guidelines) for public consultation and invites comments and feedback from interested parties.

### Making a submission

The NMBA seeks feedback to the proposed revised *Registration standard: Endorsement as a nurse practitioner* and proposed *Guidelines for nurse practitioners* in relation to specific questions.

You can participate by:

- completing the questions and providing feedback via an [online survey](#) (upon completion of the survey there is an option to save a copy of your responses for your records), or
- emailing your responses in a **Word document**<sup>[1]</sup> with the subject line ‘Nurse practitioner regulatory framework to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au)

Feedback is required by close of business on **Friday 22 March 2024**.

### How your submission is treated

The NMBA publishes submissions on its website to encourage discussion and inform the community and stakeholders. However, the NMBA will not publish on its website, or make available to the public, submissions that contain offensive or defamatory comments or which are outside the scope of the consultation.

Before publication, the NMBA may remove personally identifying information from submissions, including contact details. The views expressed in the submissions are those of the individuals or organisations who submit them, and their publication does not imply any acceptance of, or agreement with, these views by the NMBA.

The NMBA also accepts submissions made in confidence. These submissions will not be published on the website or elsewhere. Submissions may be confidential because they include personal experiences or other sensitive information. Any request for access to a confidential submission will be determined in accordance with the Freedom of Information Act 1982 (Cth), which has provisions designed to protect personal information and information given in confidence.

**Please let the NMBA know if you do not want your submission published or want all or part of it treated as confidential.**

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<sup>[1]</sup> You are welcome to supply a PDF file of your feedback in addition to the word (or equivalent) file, however we request that you do supply a text or word file. As part of an effort to meet international website accessibility guidelines, Ahpra and National Boards are striving to publish documents in accessible formats (such as word), in addition to PDFs. More information about this is available on the [Ahpra website](#)

## Executive summary

The Nursing and Midwifery Board of Australia (NMBA) undertakes functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the professions of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

A nurse practitioner (NP) is a registered nurse (RN) who has been endorsed as an NP by the NMBA. To register and practise as a NP in Australia, NPs must meet and maintain the requirements of the NMBA's *Registration standard: Endorsement as a nurse practitioner* (the endorsement) and comply with the *Guidelines for nurse practitioners* (the guidelines).

The NMBA has reviewed the endorsement and the guidelines to ensure that these important regulatory documents stay current and keep pace with our changing and dynamic environment.

Based on regulatory evidence and current practice expectations, the NMBA is proposing minor updates to the endorsement. To strengthen the regulatory, safety and quality information contained within the guidelines, a more detailed update has been applied.

The proposed updates are:

### **Registration standard: Endorsement as a nurse practitioner**

- An ongoing requirement for endorsement is recency of practice at the clinical advanced practice level,
- practitioners who hold a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing must only practise as an NP within the area of their sole foundational nursing qualification, and
- NPs who are no longer practising clinically but otherwise meet all other requirements of the endorsement may have a condition imposed on their endorsement to indicate they are an NP who is not in clinical practice.

### **Guidelines for nurse practitioners (previously titled Safety and quality guidelines for nurse practitioners)**

- Document retitled to *Guidelines for nurse practitioners*
- information on regulatory requirements for NPs including on condition, advertising and social media
- guidance on incident management and mentoring,
- considerations for NP practice including the Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS),
- minor changes to improve the title, structure, wording, formatting, and expression of information, and
- webpage links, references list and glossary

Further details regarding reasons for the proposed updates are contained in this consultation paper. This includes a table with a summary on the proposed changes.

This consultation is open until **Friday 22 March 2024**.

## Purpose of this consultation

Public consultation enables the NMBA to test any new or proposed changes to regulatory requirements and associated documents before they are finalised. It also provides an opportunity to engage with the public and registrants transparently and improve regulation. This will help us to identify any unintended consequences or implementation problems before they arise and ensures we are communicating with you in an open, timely and transparent manner.

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## Background

Under section 35 of the National Law, a core function of the NMBA is to develop or approve standards, codes and guidelines for the nursing and midwifery professions. This includes the development and review of regulatory documents such as the endorsement and the guidelines and approval of accreditation standards.

The current endorsement was published in 2016 and sets out the NMBA's requirements for endorsement as an NP under section 95 of the National Law. The current guidelines were published in 2016 and complement the endorsement by outlining the regulatory requirements within which an NP must practise to ensure ongoing competence and safe practice. Ongoing endorsement by the NMBA is conditional on NPs complying with the guidelines. In accordance with the NMBA's commitment to review standards, codes and guidelines approximately every five years, these important regulatory documents are due for review.

Together, these documents protect the public by providing a robust regulatory framework to support the safe, professional practice of NPs. The endorsement, guidelines and accreditation standards form three aspects of the NP regulatory framework currently under review. This review will ensure regulation remains evidence based, fit for purpose and aligned with best practice regulatory requirements.

Due to the strong alignment between the endorsement, guidelines and the Australian Nursing and Midwifery Accreditation Council's (ANMAC) *Nurse practitioner accreditation standards* (the accreditation standards) this review has been progressed in collaboration with ANMAC, including this public consultation. Each organisation has provided information to stakeholders on the consultations concurrently. Responses should be developed and addressed to each respective organisation separately.

### Context for the review of the NP regulatory framework

NPs are RNs who practise at the clinical, advanced practice level. In addition to their entry to practice nursing qualification, they hold a further postgraduate qualification and an NMBA-approved master's degree to practise within their scope under the legislatively protected title 'nurse practitioner'. As health assessors, planners, diagnosticians and prescribers, they are a vital component of the Australian health workforce and contribute to improved access to healthcare, improved health-related outcomes, and the delivery of new, effective and cost-effective models of care.

Practising at the peak of the clinical advanced practice level in the nursing profession, NPs have the capability to play a more significant role in the delivery of Australian healthcare. Responding to the growing demand for more accessible, cost-effective health services and the clear value offering provided by NPs, the NMBA's review of the endorsement and guidelines has been progressed concurrently and responsively to the development of the Australian Government Department of Health and Aged Care's (the Department) *Strategic plan for the nurse practitioner workforce* (the NP Strategic Plan) which in part, aims to address these factors.

With the objective of improving flexibility, the NMBA's review has complemented the NP Strategic Plan to ensure health practitioners are high-quality and working effectively. By further refining the regulatory, safety and quality expectations by which NPs must practise, the outcomes of the NMBA's review will facilitate the success of Australian Government's NP Strategic Plan.

As part of this review, the NMBA collaborated with government, and ensured the proposed updates were informed by a comprehensive evidence base including a detailed literature review, extensive internal analysis and an expert NP Regulatory Advisory Group.

Describing the national and international literature on NP education, regulation, pathways to practice and expected standards for practice, the evidence from the literature review showed that variations in NP entry pathways, education and endorsement (licensure in some countries) reflect each country or jurisdiction's local needs and changing circumstances. While no other country required 5,000 hours of clinical advanced practice to be eligible for endorsement (or licensure), international regulatory settings demonstrated other similar requirements for RNs completing the NP entry to practice pathway as safe and appropriate for practice.

Confirming that the regulatory settings applied by the NMBA are appropriate and proportionate, the NMBA, supported by advice from the NP Regulatory Advisory Group, are retaining the requirement for RNs to demonstrate the equivalent of three years' full-time experience (5,000 hours) at the clinical advanced nursing practice level, within the past six years when applying for endorsement as an NP. With

an absence of evidence to show this requirement presents a public safety risk or diminishes the public's confidence in the safety of services provided by NPs, subject to consultation outcomes, this requirement remains unchanged.

## Summary of issue

### Options statement

The NMBA has considered a number of options in developing this proposal.

#### Option 1 – Status quo

The current endorsement and guidelines were last reviewed June 2016. Since this time, there have been changes in health consumer needs, demand for health services and the policy landscape in which NPs operate.

Maintaining the status quo and retaining the current endorsement and guidelines would represent a missed opportunity for the NMBA to review and improve the relevance, effectiveness, and impact of both regulatory documents. It also increases the risk of the NMBA regulating with ineffective and outdated regulatory control mechanisms which may lead to unsafe NP practice, access issues and harm to the public.

#### Option 2 – Proposed changes

Reviewing the current endorsement and guidelines and delivering a comprehensive update (where needed) to ensure the regulatory documents remain contemporary, evidence based and fit for purpose is the NMBA's preferred option. This option will enable the NMBA to propose information that is relevant, current, and proportionate to the risks, issues and/or gaps identified.

In providing an opportunity to interrogate the current operation and impacts of regulation, this option ensures the NMBA can also provide clearer information to assist NPs with the interpretation and application of the requirements and guidance. It also provides the NMBA an opportunity to consult with NPs, external stakeholders and the public to better understand how we can improve and enhance these important regulatory documents.

The NMBA's draft revised regulatory framework for NPs contemporises both the endorsement and the guidelines. The NMBA has proposed updates that align with available evidence, clarify processes, remove unnecessary information and address identified gaps in content.

The proposed updates are based on the following high-level principles:

- clear and easy to understand for NPs, employers of NPs, other health practitioners and the public,
- based on the available evidence,
- apply an effective balance between public protection, regulatory efficiency and flexibility for NPs, and
- compliance requirements of the proposed revisions are clear and proportional to the level of risk identified.

### Registration standard: Endorsement as a nurse practitioner ([Appendix A](#))

The proposed updates contained within the draft revised endorsement are:

- general editorial amendments to update language and improve clarity
- addition of information to clarify that an ongoing requirement for endorsement is recency of practice at the clinical advanced practice level that is aligned to the requirements in the NMBA *Registration standard: Recency of practice*,
- addition of information to clarify that practitioners who hold a sole foundational qualification in mental health, paediatric or disability nursing must only practise as an NP within the area of their sole foundational qualification,
- clarification that NPs who are no longer practising clinically but otherwise meet all other requirements of the endorsement may have conditions imposed on their registration to indicate they are an NP who is not in clinical practice, and
- reference to *Safety and quality guidelines for nurse practitioners* with the potential to be retitled to *Guidelines for nurse practitioners*.

In August 2019, following wide-ranging consultation, the NMBA agreed and updated the definition of advanced practice to include that for the purpose of the endorsement, '5,000 hours of clinically based advanced practice in the past six years' is required. This was included in the 2021 update to the NMBA *Nurse practitioner standards of practice* (the standards) and communicated widely to practitioners, peak bodies and the public. The addition of wording to clarify that an ongoing requirement for endorsement is recency of practice at the clinical advanced practice level ensures the endorsement is consistent with the regulatory definition of advanced practice, the standards and the NMBA's expectations of the NP role.

The purpose of the sole foundational qualification addition is to provide clarity that the NMBA expects NPs with a sole foundational qualification to work within the scope of their sole foundational qualification and that they cannot practice as an NP outside of that area as they do not have a general nursing qualification. This addition clarifies an already established NMBA position which is articulated clearly in other regulatory documents and will align the endorsement with current advice.

The option of a condition 'not in clinical practice' to create a mechanism for NPs who are no longer practising clinically to retain the title of NP is to ensure that highly experienced and qualified NPs have an ability to maintain their protected title similar to the non-practising registration for other professions. Over recent years the number of NPs who have moved from clinical roles into roles that are not clinically focused such as management, academia and policy has increased. The NMBA expectation is clear that the NP role is a clinical role. However, there are currently no provisions in the National Law for NPs to hold non-practising registration.

Some NPs who are not working clinically have indicated a desire to maintain their endorsement and use the title NP. These NPs are likely to be using their knowledge, skills and attributes as an NP in their non-clinical roles. Should these NPs otherwise meet all other requirements of the endorsement, this will mean non-clinically practising NPs may have a condition applied to their endorsement to indicate they are an NP who is not in clinical practice and retain the NP title. The NMBA explored the concept of a notation during preliminary consultation and identified that it was not an appropriate regulatory mechanism as it is not in the National Law.

### **Guidelines for nurse practitioners (previously titled Safety and quality guidelines for nurse practitioners) ([Appendix B](#))**

The proposed updates contained within the draft revised guidelines are:

- title change to '*Guidelines for nurse practitioners*' to better reflect the content of the guidelines as being regulatory in addition to providing safety and quality guidance and other important information,
- greater clarity about the purpose and scope of the guidance including an updated definition of NP, scope of practice and compliance obligations,
- reference to 'collaborative arrangements' updated,
- redesigned professional practice framework information to hyperlinks to relevant documents
- inclusion of information on the requirement for a condition for NPs not in clinical practice to maintain the NP title,
- updated information on the regulatory requirements for NPs including on advertising, social media, notifications and scope of practice changes,
- updated safety and quality guidance to consolidate relevant information on for example, evidence-based practice, incident management, mentoring, quality improvement and reporting,
- inclusion of updated information on other important considerations for NP practice including the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and insurances / business administration that may be applicable to NPs in private practice,
- minor changes to improve the structure, wording, and expression of information, updated webpage links, references list and glossary, and redesign of layout and formatting.

The purpose of these updates is to ensure the guidance remains contemporary and fit for purpose for the regulation of NP practice. Since 2016 when the guidelines were last reviewed, there have been considerable changes in the safety, quality and policy landscape for NPs. There have also been shifts in NP practice contexts with greater numbers of NPs moving towards private practice. The updates have been designed to be more responsive to the current healthcare environment, capture current regulatory, safety and quality requirements and public expectations, and ensure these are clear to maximise visibility, understanding and compliance for public safety.



A summary of the proposed changes for the endorsement and guidelines is provided at [Appendix C](#).

### Preferred option

The preferred option of the NMBA is Option 2. The NMBA supports that a review and update of the current endorsement and guidelines will generate the greatest net benefit for NPs, the profession and the public.

### Potential benefits and costs of the proposal

#### Benefits

The benefits of the preferred option are that the proposed revised endorsement and guidelines improve the clarity and usefulness of the regulatory information and incorporate proposals that provide more certainty to NPs, relevant stakeholders, regulatory authorities, and the community about what is required to become and maintain endorsement as an NP and practise safely in Australia.

All updates have been strategically developed to ensure that the policy intent and expected compliance requirements are maintained to protect the public. The updates seek to optimise the safe and professional practice of NPs without imposing onerous or unnecessary burdens. The updates also ensure that NPs' regulatory obligations are consistent with current quality and safety thresholds and public expectations.

As the updates have been based on best practice and where available, current evidence, the impacts on NPs and other stakeholders arising from the updates proposed are expected to be minimal. However, new, or unforeseen impacts that may be identified as part of this consultation will be closely considered by the NMBA before progressing to Ministerial approval.

#### Costs

Enabling the NP workforce to be strengthened and enhanced by non-clinical NP roles beyond the clinical setting assure ongoing strategic development and growth of NPs into the future to meet the increasing community health needs. For this approach to occur, application costs will be incurred by non-clinical NPs with a condition who elect to return to NP clinical practice by applying for the removal of the condition 'not in clinical practice'. It is estimated this would impact less than 1% of the existing endorsed NPs. These costs are outweighed by the ability for the NP's title to be retained in contrast to reapplying for the endorsement if their endorsement was to lapse. The added benefit will be maintaining an NP workforce beyond the clinical settings as the role of the NP continues to be embedded and developed within the health system. This approach will retain non-clinical NPs within the NP workforce in strategic, academic and policy roles. This will be important for sustainability and driving change within the health sector to increase community access and meet the future demands for NPs.

## Questions for feedback – The endorsement

The NMBA is inviting general comment on the proposed revised endorsement as well as feedback to the specific questions contained below.

1. Is the updated content of the proposed revised endorsement helpful, clear, and relevant? If no, please explain why.
2. Is there any content that needs to be changed, removed, or added in the proposed revised endorsement? If yes, please provide details.
3. Do you support the new wording to clarify that practitioners who hold a sole qualification in mental health nursing, paediatric nursing or disability nursing '*must only practise as an NP within the area of their foundational nursing education / qualification*'? If no, please explain why.
4. Do you support the creation of a pathway for NPs who are no longer practising clinically but otherwise meet all other requirements of the endorsement to be eligible to apply for a condition '*not in clinical practice*' on their endorsement to indicate they are an NP who is not in clinical practice? If no, please explain why.
5. NPs who hold the proposed condition on their registration to indicate they are an NP who is not in clinical practice will need to apply to the NMBA to have the condition removed if they wish to return to clinical practice as an NP. In your view, what regulatory requirements should be applied to NPs with the proposed condition '*not in clinical practice*' who do not meet the *Registration standard: Recency of practice* for clinical practice before the condition is removed?
6. Would the proposed updates result in any potential negative or unintended effects for people requiring healthcare, including vulnerable members of the community who may choose to access NP services? If yes, please explain why.
7. Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.
8. Would the proposed updates result in any potential negative or unintended effects for NPs? If yes, please explain why.
9. Are there any other potential regulatory impacts that the National Board should consider? (Refer to the Board's statement of assessment at [Appendix D](#)) If yes, please provide details
10. Do you have any other feedback on the proposed revised endorsement?



## Questions for consideration – The guidelines

The NMBA is inviting general comment on the proposed revised guidelines as well as feedback to the specific questions contained below.

- 11. Is the updated content of the proposed revised guidelines helpful, clear and relevant? If no, please explain why.**
- 12. Is there any content that needs to be changed, removed or added in the proposed revised guidelines? If yes, please provide details.**
- 13. Would the proposed updates result in any potential negative or unintended effects for people requiring healthcare, including vulnerable members of the community who may choose to access NP services? If yes, please explain why.**
- 14. Would the proposed updates result in any potential negative or unintended effects for Aboriginal and/or Torres Strait Islander Peoples? If yes, please explain why.**
- 15. Would the proposed updates result in any potential negative or unintended effects for NPs? If yes, please explain why.**
- 16. Do you have any other feedback on the proposed revised guidelines?**

## Appendices

**Appendix A:** Draft revised Registration standard: Endorsement as a nurse practitioner

**Appendix B:** Draft Guidelines for nurse practitioners

**Appendix C:** Summary of the proposed changes for the revised registration standard and guidelines

**Appendix D:** Statement of assessment against Ahpra's procedures for the development of registration standards, codes and guidelines

**Appendix E:** Patient health and safety impact statement

## Making a submission

The NMBA seeks feedback to the proposed draft revised *Registration standard: Endorsement as a nurse practitioner* and draft *Guidelines for nurse practitioners* in relation to specific questions.

You can participate by:

- completing the questions and providing feedback via an [online survey](#) (please note there is an option to save a copy of your online survey responses for your records) or
- emailing your responses in a **Word document**<sup>[1]</sup> with the subject line 'Nurse practitioner regulatory framework' to [nmbafeedback@ahpra.gov.au](mailto:nmbafeedback@ahpra.gov.au)

Feedback is required by close of business on **Friday 22 March 2024**

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## Revised Registration standard

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### Endorsement as a nurse practitioner

Effective from xx 2024

#### Summary

This registration standard sets out the Nursing and Midwifery Board of Australia's (NMBA) requirements for endorsement as a nurse practitioner under section 95 of the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law).

#### Does this standard apply to me?

This registration standard applies to registered nurses and nurse practitioners who are:

- applying for endorsement as a nurse practitioner
- maintaining endorsement as a nurse practitioner.

#### What must I do?

##### Requirements for endorsement

It is a requirement for endorsement as a nurse practitioner, for a registered nurse to demonstrate all of the following.

1. Current general registration as a registered nurse in Australia with no conditions or undertakings.
2. Completion of the equivalent of three years' full-time experience (5,000 hours) of clinical practice at the advanced practice level, within the past six years, from the date when the complete application for endorsement as a nurse practitioner is received by the NMBA.
3. Successful completion of:
  - an NMBA-approved program of study leading to endorsement as a nurse practitioner, or
  - a program that is substantially equivalent to an NMBA-approved program of study leading to endorsement as a nurse practitioner as determined by the NMBA.
4. Compliance with the NMBA's *Nurse practitioner standards for practice*.

##### Ongoing requirements for endorsement

It is a requirement for maintaining endorsement as a nurse practitioner to comply with:

1. the NMBA's *Registration standard: Continuing professional development*, *Registration standard: Recency of practice*, and *Registration standard: Professional indemnity insurance arrangements and Criminal history registration standard* relevant to the endorsement, and
2. the NMBA's *Guidelines for nurse practitioners*, *Nurse practitioner standards for practice* and any other applicable codes and guidelines approved by the NMBA, and
3. recency of practice in a clinical practice role at an advanced practice level (number of hours as stipulated in the *Registration standard: Recency of practice*).

##### Nurse practitioners with sole foundational qualifications

Nurse practitioners who have a sole foundational qualification in mental health nursing, disability nursing, or paediatric nursing do not have a qualification that is substantially equivalent to an NMBA-approved qualification leading to registration as a registered nurse and must only practise as a nurse practitioner within the area of their sole foundational qualification.

## What does this mean for me?

### When applying for endorsement

To be eligible for endorsement you must meet the requirements of this registration standard (section 95 of the National Law).

When you apply for endorsement, you need to provide evidence that you meet the requirements as set out in this registration standard.

### At renewal of registration

When you apply to renew your registration, you need to declare that you comply with the ongoing eligibility requirements for endorsement as set out in this registration standard.

Nurse practitioners need to demonstrate recency of clinical practice at an advanced practice level to retain the endorsement.

### During the registration period

Your compliance with this registration standard may be audited from time to time and may also be checked if the NMBA receives a notification about you.

### Evidence

You should retain records as evidence that you meet the requirements of this registration standard in case you are audited.

## What happens if I don't meet this standard?

If you don't meet the criteria of this registration standard you will not be eligible for initial or ongoing endorsement as a nurse practitioner.

If you do not meet the ongoing requirements of this registration standard:

- the NMBA may impose conditions on your endorsement or refuse renewal of endorsement (sections 95,103 and 112 of the National Law), and
- registration standards, codes or guidelines may be used in disciplinary proceedings against you as evidence of what constitutes appropriate practice or conduct, for the nursing and midwifery professions (section 41 of the National Law).

For nurse practitioners not in clinical practice and who have not met the recency of practice requirements within the last five years, the NMBA will look at the nature and scope of their practice and may consider imposing a condition on their registration upon renewal of endorsement, to ensure the practitioner does not undertake clinical practice, which will also be captured on the register of nurses to notify the public they are a nurse practitioner not in clinical practice.

### Guidelines for nurse practitioners

The *Guidelines for nurse practitioners* outline the regulatory requirements for nurse practitioners, providing clarity and support to practice in their role as a nurse practitioner.

### Guidelines for registered nurses applying for endorsement as a nurse practitioner

The *Guidelines for nurses applying for endorsement as a nurse practitioner* provide guidance about how to meet the requirements of the registration standard. You are expected to apply these guidelines together with the registration standard in your application.

### Authority

This registration standard was approved by the Ministerial Council for the National Registration and Accreditation Scheme (the National Scheme) on XX 2024 and will come into effect on XX 2024.

Registration standards are developed under section 38 of the National Law and are subject to wide-ranging consultation.

## Definitions

**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 of clinically-based advanced practice in the past six years.

**Approved program of study** means a postgraduate nursing master's degree approved by the NMBA under section 49 of the National Law and included in the NMBA-approved list of programs of study for endorsement as a nurse practitioner. This includes NMBA-approved master's level units in advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research.

**Clinical practice** means a role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. For a nurse practitioner, this is the provision of nursing care directly to a person.

**Conditions** on endorsement means the National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public. Conditions can also be placed on a practitioner's registration or endorsement for reasons that are not disciplinary, such as for a practitioner who is returning to practice after a break. Current conditions are published on the register of practitioners.

**General registration** as a nurse means a person whose name is entered on the register of nurses in the division of registered nurses in the general category.

**Nurse practitioner** is a registered nurse endorsed as a nurse practitioner by the NMBA. The nurse practitioner practises at the advanced practice level, meets and complies with the *Nurse practitioner standards for practice*, is able to practice independently and has direct clinical contact. Nurse practitioners practise collaboratively in multi-professional environments. The nurse practitioner practises within their scope under the legislatively protected title 'nurse practitioner' under the National Law.

**Program that is substantially equivalent** means a postgraduate nursing master's degree that is relevant, clinically, to the context of the applicant's advanced nursing practice, for which they are seeking endorsement as a nurse practitioner, and who have completed appropriate supplementary education. Supplementary education includes advanced health assessment, pharmacology for prescribing, therapeutics and diagnostics and research, however titled. Applicants will need to map evidence for assessment against the *Nurse practitioner standards for practice*.

**Sole foundational qualification** is obtained by a registered nurse whose initial qualification is in mental health, disability or paediatric nursing only and does not have a qualification that is substantially equivalent to an NMBA-approved qualification leading to initial general registration as a registered nurse.

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

## Review

This registration standard will be reviewed from time to time as required. This will be at least every five years.

Last reviewed: XX 2024.

This standard replaces the previously published registration standard dated 1 June 2016.

## Guidelines

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Effective from xx 2024

For nurse practitioners (previously titled Safety and quality guidelines for nurse practitioners)

### Introduction

The Nursing and Midwifery Board of Australia (NMBA) carries out functions as set by the Health Practitioner Regulation National Law, as in force in each state and territory (the National Law). The NMBA regulates the practice of nursing and midwifery in Australia, and one of its key roles is to protect the public. The NMBA does this by developing registration standards, professional codes, guidelines and standards for practice which together establish the requirements for the professional and safe practice of nurses and midwives in Australia.

### Purpose of the Guidelines for nurse practitioners

The *Guidelines for nurse practitioners* (the guidelines) provide best practice for nursing services delivered by nurse practitioners (NPs). The guidelines complement the [Registration standard: Endorsement as a nurse practitioner](#) by outlining the regulatory requirements within which an NP must practise to ensure ongoing competence and safe practice. They protect the public by providing NPs with current, evidence-informed regulatory information to ensure nursing practice in a variety of setting is delivered safely and in accordance with the NMBA's standards, codes and guidelines. When implemented, people accessing the services of an NP can be confident that the NP is practising in accordance with their regulatory requirements and is committed to continuously improving the safety and quality of their practice.

### Who do these guidelines apply to?

These guidelines apply to all NPs. A nurse practitioner is a registered nurse (RN) who has been endorsed as an NP by the NMBA. In addition to their entry to practice nursing qualification, NPs hold a clinically relevant postgraduate qualification and a Master of Nurse Practitioner or equivalent.

NPs practise in a clinical role at an advanced practice level. NPs may practise independently and have direct clinical contact. They also practise collaboratively in multi-professional environments. NPs practise within their scope under the legislatively protected title 'nurse practitioner' under the National Law. All NPs in Australia are accountable for the care that they provide regardless of their context of practice, type of remuneration or services provided

### What do the guidelines cover?

The guidelines describe the regulatory requirements, practice expectations, and local systems and processes that are needed to deliver safe, high-quality, and professional health services by NPs. There are four areas in these guidelines that cover:

1. NMBA professional practice framework,
2. regulatory obligations,
3. clinical governance, patient safety and quality improvement, and
4. corporate governance



## Responsibilities of nurse practitioners

NPs practise in a variety of clinical and non-clinical areas with numerous professional responsibilities. The NP scope of practice is built on the foundation of the RN scope of practice and must meet each element of the NMBA's professional practice framework. The scope of practice of an individual NP is influenced by the setting in which they practise. This includes consideration to the health needs of the people they care for, the level of competence and confidence of the NP, and the policy requirements of the service provider. As NPs gain new skills and knowledge, their individual scope of practice may change over time.

The foundational NP scope of practice enables them to undertake advanced health assessment, which includes requesting and interpreting screening and diagnostic tests (e.g. pathology and medical imaging). They integrate theoretical and advanced practice knowledge to independently formulate differential diagnoses, screen for and treat acute and/or chronic physical and mental health conditions, and autonomously prescribe scheduled medicines. They can independently initiate referrals to allied health and medical specialists. NPs may also have the ability and authority to work at an extended or specialist level which can include providing or assisting with medical or surgical procedures.

## Context of practice

NPs practise in a range of contexts that include, but is not limited to:

- the primary healthcare setting where care may be provided by NPs as sole providers in their own private practice, as well as general practice, allied health clinic, Aboriginal Community Controlled Health Organisation (ACCHO), aged care or in a person's own home.
- the secondary healthcare setting where specialised care provided by the NP is undertaken in response to a referral to the service by another health provider and is not the person's first point of healthcare contact. Secondary care usually requires a referral and may be provided in an outpatient's clinic associated with a hospital but may also be based in the community.
- the tertiary healthcare setting where care is mostly provided for people at hospital as an admitted patient, or in an urgent care or emergency department setting. In this context, NPs may practise in wards or clinical departments to provide advanced clinical care. This care can be provided in rural, regional or metropolitan health services across Australia.

NPs must consider the relevant standards applicable to the context of practice such as the as RACGP [Standards for general practices](#) or NDIS [practice standards](#).

## Requirements of the Guidelines for nurse practitioners

This section describes the minimum regulatory obligations for NPs and provides safety and quality guidance for all NPs in Australia. NPs are required to meet the regulatory requirements to maintain their endorsement with the NMBA. This means the public can be confident NPs are practising safely and professionally to deliver high quality care.

The information and table below (Table 1), sets out the minimum requirements for NPs. When implemented, people accessing the services of an NP can be confident that the NP is practising in accordance with the regulatory requirements and is committed to continuously improving the safety and quality of the service.

### 1. NMBA Professional practice framework

The NMBA's standards, codes and guidelines set the regulatory requirements that NPs must comply to ensure ongoing competence and safe practice. This includes but is not limited to:

- [Code of conduct for nurses](#)
- [Code of ethics](#)
- [Decision-making framework for nursing and midwifery](#)
- The registration standards
  - [Continuing professional development](#)
  - [Professional indemnity arrangements](#)
  - [Recency of practice](#)
- [Nurse practitioner standards for practice](#)

**Table 1: Guidelines for nurse practitioners**

2. Regulatory obligations		
2.1	Advertising	<p>NPs advertising regulated health services must ensure their advertising does not include false, misleading or deceptive information, does not use testimonials, and does not create an unreasonable expectation of beneficial treatment. Advertising which encourages the indiscriminate or unnecessary use of regulated health services is also prohibited.</p> <p>For further information on nurses' (including NPs) advertising obligations, please see the Ahpra <a href="#">advertising hub</a>. Therapeutic goods advertising is also subject to the requirements of the Therapeutic Goods Act (1989), as administered by the Therapeutic Goods Administration.</p>
2.2	Annual declaration of compliance	<p>NPs must provide a declaration that they comply with the NMBA's registration standards including professional indemnity insurance, recency of practice and continuing professional development when they apply to renew their registration with the NMBA each year. This is completed through the NMBA's annual renewal process in May. NPs are also required to disclose whether there have been any changes to their criminal history since their last declaration and whether they have any relevant health related impairments that they haven't provided notice of in the past.</p> <p>For further information on the annual declaration NPs make at the time of registration renewal, please see the NMBA's <a href="#">registration renewal</a> page.</p>
2.3	Auditing	<p>The NMBA and Ahpra have developed a nationally consistent approach to auditing health practitioners' (including NPs) compliance with the registration standards. NPs who are randomly chosen for audit will be required to provide further information to support the annual declaration made each year as part of their renewal of registration.</p> <p>For further information on the audit process, please see the NMBA's <a href="#">audit</a> page.</p>
2.4	Cultural Safety	<p>NPs are obligated under the National Law and the NMBA's regulatory framework to promote and protect the Cultural Safety of Aboriginal and Torres Strait Islander peoples, including the Cultural Safety of other health practitioners and students regardless of the context of practice. Advancing Cultural Safety for Aboriginal and Torres Strait Islander Peoples and eliminating racism across the health system is a priority for all health practitioners, in particular NPs.</p> <p>As clinical leaders operating at the clinical peak of the nursing profession in health care providing direct clinical care, NPs are expected to role model, mentor and demonstrate an advanced level of proficiency in Cultural Safety for the benefit of Aboriginal and Torres Strait Islander Peoples, including nurses, midwives, students, and all persons accessing care.</p>
2.5	Mandatory reporting	<p>Section 140 of the National Law requires all health practitioners, including NPs, employers and education providers to report notifiable conduct to Ahpra to prevent placing the public at risk of harm. There are four concerns that may trigger a mandatory notification. The four concerns are:</p> <ul style="list-style-type: none"> <li>• impairment</li> <li>• intoxication while practising</li> <li>• significant departure from accepted professional standards</li> <li>• sexual misconduct.</li> </ul> <p>To understand more about mandatory notification requirements including when to make a mandatory notification, NPs should refer to the <a href="#">Guidelines: Mandatory notifications about registered health practitioners</a>.</p>

2.6	Non-clinical practice	<p>For NPs who have not practised clinically within the last five years but meet all other requirements of the <i>Registration standard: Endorsement as a nurse practitioner</i> including that they are using their knowledge, skills and attributes as an NP in a non-clinical capacity, upon renewal, the NMBA may impose a condition on their endorsement to indicate they are an NP who is 'not in clinical practice'. This means these NPs can maintain the legally protected title of 'nurse practitioner' with a condition. For example, an NP who is practising as an academic (teaching NP programs of study) but has not practised clinically for greater than five years.</p> <p>NPs who hold registration with a non-clinically practising condition and would like to return to clinical practice as an NP, will need to make an application to the NMBA to have their condition removed from the endorsement prior to returning to clinical practice. To have the condition removed, NPs who hold the condition, need to develop and comply with, at minimum, a return to practice plan demonstrating how they will ensure that they are, and will be, safe and competent to practise clinically as a nurse practitioner.</p> <p>For further information on the NMBA's recency of practice requirements, please see the <a href="#">Registration standard: Recency of practice</a>.</p>
2.7	Non-surgical cosmetic medical procedures	<p>NPs providing minor, non-surgical cosmetic medical procedures ('cosmetic medical procedures') must be educated and competent in cosmetic medical procedures and hold the requisite skills (including current emergency management skills in case of a medical emergency) required to meet the needs of their clients. These NPs must understand and comply with organisational requirements and relevant local council, state, territory and Commonwealth requirements as jurisdictional differences are common. This includes:</p> <ul style="list-style-type: none"> <li>• drugs and poisons legislation (however titled) regarding possessing, using, obtaining, selling, storing, prescribing, administering and supplying scheduled medicines. This includes Botulinum toxin type A (commonly called Botox) and dermal fillers</li> <li>• for the preparation and administration of platelet enriched plasma and other blood products</li> <li>• infection prevention and control, including for procedures such as microdermabrasion and those that involve skin penetration (such as cosmetic tattooing, skin needling and threads)</li> <li>• the completion of a recognised laser safety certification and any state or territory requirement/s before performing any laser or IPL treatment<sup>1</sup></li> </ul> <p>Practising in the area of cosmetic medical procedures, such as cosmetic injecting, may not be working at an advanced practice level. RNs that are intending to progress towards endorsement as an NP working solely in the area of cosmetic medical procedures are unlikely to meet the requirements for endorsement as an NP. Current NPs who work in this area will need to ensure evidence is kept that they have met the number of required hours of clinical practice at an advanced level to renew their NP endorsement annually.</p> <p>For further information on regulatory requirements for NPs when practising in cosmetics, please see the NMBA's <a href="#">Position statement: Nurses and cosmetic medical procedures</a>.</p>
2.8	Prescribing	<p>NPs are authorised to prescribe medicines in accordance with state and territory legislation and their context of practice. At all times, the prescribing practice of NPs must be supported by their education, skills and knowledge.</p> <p>This requirement applies to NPs who conduct assessment of, or consultation with, the person receiving cosmetic injections. NPs must not prescribe Schedule 4 cosmetic injections unless they have a consultation with the person receiving the</p>

<sup>1</sup> Standards Australia and Standards New Zealand. (2018). Australian/New Zealand Standard 2018 'Guide to the safe use of lasers and intense light sources in health care' (4173:2018) pp18

		cosmetic injection either in person or via video conferencing. Remote prescribing of cosmetic injections by phone or email (or equivalent) is not acceptable.
2.9	Scope of practice changes	<p>NPs are responsible for making professional judgements about when an activity is within their scope of practice and, when it is not, for initiating consultation and collaboration with, or referral to, other health practitioners.</p> <p>The scope of practice of an NP may change over time. If an NP decides to expand or change their scope of practice to meet the needs of their client group, then the NP must make sure they have the appropriate skills, knowledge and education supported with adequate clinical supervision to ensure they remain safe and competent to practise at the clinical advanced practice level. This may include further postgraduate education and skill development.</p> <p>NPs planning to change scope are required to use the NMBA's <a href="#">Decision-making framework for nursing and midwifery</a>. This will ensure that NPs are competent in their proposed expanded or new scope of practice. It is the responsibility of the NP, and where employed, an employer, to ensure that, should an NP be required to expand or change their scope of practice to meet the needs of a client group, they are educated, authorised and competent to perform their role.</p>
2.10	Social media	<p>NPs must comply with the NMBA's social medial requirements by:</p> <ul style="list-style-type: none"> <li>• complying with the National Law, the <i>Code of ethics for nurses</i>, the <i>Code of conduct for nurses</i> and the <i>Guidelines for advertising regulated health services</i></li> <li>• complying with confidentiality and privacy obligations</li> <li>• maintaining professional boundaries</li> <li>• communicating professionally and respectfully with or about patients, colleagues and employers, and</li> <li>• not presenting information that is false, misleading or deceptive, including only advertising claims that are supported by acceptable evidence.</li> </ul> <p>NPs practising via social media must ensure they meet all components of the NMBA's professional practice framework, including holding appropriate professional indemnity insurance for this component of their practice.</p> <p>For further information on nurses' (including NPs) social media obligations, please see <a href="#">Social media: How to meet your obligations under the National Law</a>.</p>
2.11	Sole foundational qualifications	<p>Nurses who hold a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing do not have a general nursing qualification. They must only practise as an NP in the area of their foundational education. NPs must only work within this scope and cannot practise as an NP outside of that area of practice. For example, an NP who has a sole qualification in paediatric nursing can only be a NP in paediatric nursing and could not practise as an NP in adult acute care as they have not completed a general nursing qualification.</p> <p>For NPs who have a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing and wish to change their scope of practice to an area outside of their foundational education they must complete an NMBA-approved program of study leading to general registration as a RN. Once completed, they have obtained general registration and can expand their scope of practice as an NP beyond the area of practice in which they held only the sole foundational qualification. Additionally, they must ensure that they have the appropriate education and experience to work in a different area of practice.</p> <p>For further information on solely qualified registered nurses, please see the NMBA's <a href="#">Fact sheet: Registered nurses with a sole qualification in mental health nursing, paediatric nursing and disability nursing</a>.</p>
2.12	Telehealth	When providing telehealth services, it is expected that the NP will practise at the same standard as when delivering face-to-face health services in accordance with the NMBA's professional practice framework and relevant legislation.

		For further information, please see <a href="#">Telehealth guidance for practitioners</a>
<b>3. Clinical governance, patient safety and quality improvement</b>		
3.1	Clinical documentation	<p>NPs document all episodes of care and relevant client interactions contemporaneously within designated clinical notes and/or pro forma documents, whether electronically or by hand. Documentation must be stored in an identifiable and complete health record that is secure.</p> <p>As some NPs practise independently or in a private capacity where established records keeping processes may not be available, NPs must ensure that health records and clinical notes are maintained and stored securely in a way that preserves the integrity of the record and client confidentiality in accordance with relevant Commonwealth, state and territory legislation.</p>
3.2	Complaint Management	<p>NPs are to ensure a documented policy/process for management of complaints, enabling people to have access to information about the processes for making a complaint (for example, to the NMBA <a href="#">information on how to raise a concern about a health practitioner</a> or <a href="#">healthcare complaints commission</a> in the relevant state or territory)</p>
3.3	Emergency management	<p>NPs are skilled and current in emergency management skills relevant to the context of practice and risk assessment, including but not limited to adult basic life support, paediatric life support (if practising with children) or mental health first aid.</p> <p>Systems are in place based on the NP health services risk assessment profile, to recognise and respond to serious deterioration in persons accessing the service, have appropriate medical equipment available and escalate healthcare appropriately where required.</p>
3.4	Evidence-based practice	<p>NPs provide safe, evidence-based care for the health and wellbeing of people they are providing services for. They understand and apply the principles of primary and public health using the best available evidence in making practice decisions. NPs do this by accessing and making judgements to translate the best available evidence, which includes the most current, valid, and available research findings into practice.</p> <p>Anecdotal evidence is not acceptable evidence for the purposes of substantiating claims about the potential benefits of health services. This type of advice or advertising can encourage indiscriminate or unnecessary use of regulated health services which is unlawful under the National Law.</p> <p>NPs must only deliver evidence-based services. Previous treatments used by the patient and whether all approved treatments have been tried or considered to treat the condition must be considered and documented and should only be prescribed where approved treatment options have been considered and determined to be unsatisfactory, either due to safety concerns, lack of effectiveness, and or patient consent</p> <p>NPs who provide indiscriminate, low value or unnecessary regulated health services such as non- surgical cosmetic procedures, integrative medicine, cannabis prescribing, IV infusion services for general improvements in health, 'wellness' or appearance, may face investigation by the NMBA to ensure they are delivering evidence based care, upholding the <i>Nurse practitioner standards for practice</i> and their obligations under the <i>Code of conduct for nurses</i>.</p>
3.5	Incident management	<p>NPs comply with best practice incident response. NPs hold, maintain and comply with a documented incident management policy and/or process that is consistent with the Australian Commission on Safety and Quality in Health Care's <a href="#">Incident Management Guide 2021</a>.</p> <p>An incident that results, or could have resulted, in harm to a patient or consumer is a type of adverse event. Sentinel events are a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a</p>



		<p>patient. They are the most serious incidents reported through state and territory incident reporting system.</p> <p>Documented incident management policies/processes are tailored to the service context, risk profile and relevant state and territory health departments and/or safety and quality agencies incident reporting requirements and associated legislative frameworks.</p>
3.6	Infection prevention and control	<p>NPs use evidence-based processes as described in the <a href="#">Australian Guidelines for the Prevention and Control of Infection in Healthcare</a> to prevent and control infections in their workplace. For NPs who practise independently or in a setting where broader organisation-controlled health and safety (including infection prevention and control) practices may not be well established by policy, procedure and practice, this includes understanding and complying with therapeutic goods administration statutory requirements.</p> <p>It also includes implementing and complying with standard precautions such as hand hygiene, sharps management and disposal, disinfection and decontamination of equipment and routine environmental cleaning and safe waste management.</p>
3.7	Information management	<p>NPs understand and comply with relevant privacy legislation. This includes upholding privacy requirements when taking and storing images, accessing and sharing health information with other health practitioners and/or health services and destroying patient information when required.</p> <p>NPs who practise independently or in their own private practice who are responsible for collecting and storing non-health related health information i.e. demographic or administrative data relating to people they are providing services for, must understand the relevant information management requirements in their jurisdiction and ensure this data is collected, used, stored, and disclosed professionally, ethically and lawfully.</p> <p>NPs must ensure cyber security practices are in place to protect digital health assets and individuals' health information against cyber threats.</p>
3.8	Interdisciplinary practice	<p>NPs use their clinical and professional leadership skills to collaborate and integrate care (where relevant) with other health practitioners and services throughout all levels of the health system. To practise collaboratively in multi-professional environments NPs may:</p> <ul style="list-style-type: none"> <li>• have requirements for collaboration as described in the Australian Government <a href="#">National Health (Collaborative Arrangements for Nurse Practitioners) Instrument 2022</a> to enable patients increased access to MBS and/or PBS eligible item numbers when consulting with a Nurse Practitioner outside of the public health setting</li> <li>• consult with health consumers, their families and other professionals to plan, implement and evaluate integrated care that optimises outcomes for the person, their access to required services and progression through the health system</li> <li>• engage with other health practitioners to make and accept referrals as appropriate.</li> </ul>
3.9	Medicare Benefits Scheme	<p>NPs are eligible to apply to the Commonwealth Health Minister as a 'participating NP' under section 22 of the Health Insurance Act 1973 (Cth) to enable access to the Australian Government Medicare Benefits Schedule (MBS). NPs who are assigned an Australian Government <a href="#">Medicare Benefits Schedule</a> provider number and provide NP services listed under the MBS must meet the eligibility requirements for relevant MBS items and be registered with Medicare Australia.</p> <p>Endorsement as an NP does not give automatic access to the MBS. The discretion to authorise access to the MBS remains with Medicare Australia and is in addition to endorsement by the NMBA to practise as an NP.</p>



3.10	Mentoring	<p>NPs regularly engage in structured, professional mentoring opportunities as a mentee to share and receive information, resources, experiences, feedback and advice to enable professional practice growth and development. NPs may also participate in clinical/reflective supervision as supported reflective practice to enhance safe and effective care.</p> <p>As some NPs may practise independently without the direct support of a multidisciplinary healthcare team or direct reporting relationships / line managers ensuring continual learning and development through mentoring can improve knowledge, skills, abilities and attributes, foster success in career transition and improve patient outcomes.</p>
3.11	Open disclosure	<p>NPs routinely practise the open discussion of adverse events that may have resulted in harm to a person they are providing services for, their family and/or their carer(s). In accordance with the <a href="#">Australian Open Disclosure Framework</a>, NPs do this by:</p> <ul style="list-style-type: none"> <li>• offering an apology or expression of regret, which should include the words 'I am sorry' or 'we are sorry'</li> <li>• providing a factual explanation of what happened</li> <li>• providing an opportunity for the person, their family and/or carer(s) to relate their experience</li> <li>• discussing the potential consequences of the adverse event, and</li> <li>• offering an explanation of the steps being taken to manage the adverse event and prevent recurrence.</li> </ul> <p>NPs understand that open disclosure is not a one-way provision of information but rather the discussion between two parties and an exchange of information that may take place in several meetings over a period of time.</p>
3.12	Pharmaceutical Benefits Scheme	<p>NPs are eligible to apply to the Secretary of the Department of Health and Aged Care under section 84AAF/84AAJ of the National Health Act 1953 to access the <a href="#">Pharmaceutical Benefits Scheme</a> (PBS). NPs who are approved by the PBS must understand and comply with all related requirements.</p> <p>There are separate arrangements for PBS prescriptions in certain public hospitals. In Victoria, Queensland, South Australia, Western Australia and Tasmania, and the Northern Territory, only NPs providing treatment within a participating public hospital may prescribe PBS subsidised medication.</p>
3.13	Practice environment	<p>NPs ensure the environment in which their services are delivered enables safe high-quality healthcare to be delivered for the people in their care and a safe workplace for themselves and others. In accordance with the Australian Commission on Safety and Quality in Health Care's (ACSQH) <a href="#">National Safety and Quality Primary and Community Healthcare Standards</a>, a safe environment for the delivery of care is maximised through:</p> <ul style="list-style-type: none"> <li>• ensuring the environment, devices and equipment that are fit for purpose and well maintained,</li> <li>• areas that have a high risk of unpredictable behaviours are identified and plans are in place to minimise the risks of harm to people in their care, including carers, families, other consumers and the workforce</li> <li>• appropriate access to the facility is available including for people from diverse backgrounds and people with disability</li> <li>• a culturally safe environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander Peoples, and</li> <li>• design and layout of the service environment promotes the client's ability to maintain privacy and confidentiality of information upon disclosure.</li> </ul>

3.14	Prescribing authority	Prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the NP practises. The conditions under which each authority is granted and the scope of that authority depend on the requirements of the specific legislation in each state or territory. These may range from a blanket authority limited by the NP's scope of practice to a prescribing authority based on a formulary or protocol or related to a specific context of practice. NPs must work within the relevant drugs and poisons legislation in their state or territory.
3.15	Quality improvement and reporting	NPs contemporaneously document, collect and submit data regarding clinical care and/or outcomes for people in their care as per state and territory data collection requirements. NPs have local processes in place to collect, analyse and reflect on their own data (and practice) to facilitate early identification of trends and issues, enable structured peer review / feedback and ensure continuous improvement. This may include but is not limited to audit measures.
3.16	Referral pathways	NPs hold, maintain and comply with a documented referral pathway/s to support timely and appropriate consultation and/or referral of people they are providing clinical services for. Documented referral pathways are tailored to the NP's service context, risk profile and referral pathways/resources reasonably available.
3.17	Risk management	NPs have a documented policy and/or process for identifying, assessing, treating, monitoring and evaluating clinical and environmental risks associated with their private practice.  For NPs practising independently or in a context where broader organisation-controlled risk management policies and procedures have not been implemented, developing a tailored risk management policy and risk management processes relevant to the NP's service context and risk profile supports the early identification and prevention of circumstances that put people at risk of harm.
<b>4. Corporate governance</b>		
4.1	Business administration	NPs who own and operate a business may need to consider business administration activities relevant to their practice including registering their business name, relevant <a href="#">licences and registrations</a> for their business type such as acquiring a tax file number (TFN), Australian business number (ABN), goods and services tax (GST), fee schedules/payment provision and payment of superannuation.
4.2	Industrial relations	NPs need to be aware of the relevant legislation and appropriate pay and conditions in accordance with the Fair Work Act and relevant awards. NPs who employ more than one employee may negotiate an enterprise agreement to reflect industry standards. Where only one employee is employed, conditions can reflect their type of workplace and sector of the industry.
4.3	Insurance	In addition to holding professional indemnity insurance, NPs who own and operate a business may need to consider broader medical indemnity insurances for their practice or business. This type of insurance can cover healthcare businesses for medical indemnity claims that may be made against them and may also cover the liability of their employees, and other insurance products relevant for the NP practice or business. These may include, but are not limited to, public liability, products liability and property insurance policies.

### Practice contrary to the guidelines

These guidelines provide best practice for nursing services delivered by a NP. When implemented, people accessing the services of a NP can be confident that the NP is practising in accordance with the regulatory requirements and is committed to continuously improving the safety and quality of the service.

Failure to comply with requirements of registration with the NMBA (see [Professional practice framework](#) and [Regulatory obligations](#) sections above) may result in disciplinary action. The National Law establishes possible consequences if nurses, including NPs, don't meet their regulatory obligations. These include the

imposition of a condition or conditions on registration/endorsement or the refusal of an application for registration/endorsement or renewal of registration (sections 82, 83 and 112 of the National Law).

Other sections of these guidelines include best practice for the safe delivery of high-quality healthcare in a private setting outside of an accredited health service. Registration standards, codes or guidelines may be used in disciplinary proceedings against nurses as evidence of what constitutes appropriate practice or conduct for nurses, including for NPs. (section 41 of the National Law).

### **Review of the guidelines**

The guidelines will be reviewed as required. This will generally be at least every five years. The guidelines were approved by the NMBA in XX 2024.

DRAFT

## Glossary

**Advanced practice** is where registered 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.

**Adverse event** means an incident that results, or could have resulted, in harm to a patient or consumer.

**Clinical practice** means a role, whether remunerated or not, in which the individual uses their skills and knowledge as a practitioner in their regulated health profession. For a nurse practitioner, this is the provision of direct clinical nursing care.

**Collaborative arrangement** means an arrangement in accordance with the Australian Government [National Health \(Collaborative Arrangements for Nurse Practitioners\) Instrument 2022](#).

**Competence** is the combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area.

**Conditions** on endorsement means the National Board or an adjudication body can impose a condition on the registration of a practitioner or student, or on an endorsement of registration. A condition aims to restrict a practitioner's practice in some way, to protect the public. Conditions can be placed on a practitioner's registration or endorsement for reasons that are not disciplinary, such as for a practitioner who is returning to practice after a break. Current conditions are published on the [register of practitioners](#).

**Context of practice** refers to the conditions that define an individual NP's nursing practice, including:

- type of practice setting (such as healthcare agency, educational organisation and/or private practice)
- location of the practice setting (such as urban, rural and/or remote)
- characteristics of healthcare consumers (such as health status, age, gender, learning needs and culture)
- focus of nursing activities (such as health promotion, research and/or management)
- degree to which practice is autonomous, and
- resources that are available, including access to other healthcare professionals.

**Cultural Safety** concept was developed in a First Nations' context and is the preferred term for nursing and midwifery. 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, 2014, p. 9<sup>2</sup>). 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 people 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 peoples' 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 de-colonising 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, 2017b, p. 11<sup>3</sup>). In focusing on clinical interactions, particularly power inequity between patient and health professional, cultural safety calls for a genuine partnership

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<sup>2</sup> CATSINaM, 2014, *Towards a shared understanding of terms and concepts: strengthening nursing and midwifery care of Aboriginal and Torres Strait Islander peoples*, CATSINaM, Canberra.

<sup>3</sup> CATSINaM, 2017b, *The Nursing and Midwifery Aboriginal and Torres Strait Islander Health Curriculum Framework (Version 1.0)*, CATSINaM, Canberra.

where power is shared between the individuals and cultural groups involved in healthcare. Cultural Safety is also relevant to Aboriginal and 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 Torres Strait Islander colleagues (CATSINaM, 2017a<sup>4</sup>).

**Incident** means an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a person or consumer; or a complaint, loss or damage. An incident may be a near miss. Incidents may also be associated with omissions where a person or consumer are not provided with a medical intervention from which they would have likely benefited.

**Medicare Benefits Schedule (MBS)** is a component of the Australian Medicare program that (as of 1 August 2020) lists more than 6,000 eligible private medical services for which subsidies are provided to health consumers. Subsidies for clinically relevant services provided by MBS-eligible health professionals including NPs take the form of 'Medicare benefits' paid to consumers.

**National Law** means the Health Practitioner Regulation National Law, as in force in all Australian states and territories.

**National Scheme** means the National Registration and Accreditation Scheme for health professions. More information about the National Scheme is available at [www.ahpra.gov.au](http://www.ahpra.gov.au)

**Nursing and Midwifery Board of Australia (NMBA)** means the national body responsible for the regulation of nurses and midwives in Australia.

**Pharmaceutical Benefits Scheme (PBS)** is an Australian Government program that creates a schedule of all the medicines available to be dispensed to health consumers at a Government-subsidised price.

**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 NMBA's *Decision-making framework for nursing and midwifery (DMF)*. When making these decisions, nurses and midwives need to consider their individual and their respective profession's scope of practice.

**Sentinel event** is a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient. They are the most serious incidents reported through state and territory incident reporting system.

**Social media** describes the online and mobile tools that people use to share opinions, information, experiences, images, and video or audio clips, and includes websites and applications used for social networking. Common sources of social media include, but are not limited to, social networking sites such as Facebook, Instagram and LinkedIn, blogs (personal, professional and those published anonymously), business search and review sites such as Word of Mouth and True Local, microblogs such as Twitter, content-sharing websites such as YouTube and TikTok, and discussion forums and message boards. For the purposes of this guideline, practice is not restricted to the provision of direct clinical care. For more information see [Social media: How to meet your obligations under the National Law](#).

**Sole foundational qualification** is obtained by a registered nurse whose initial qualification is in mental health, disability or paediatric nursing only and does not have a qualification that is substantially equivalent to an NMBA-approved qualification leading to initial general registration as a registered nurse.

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<sup>4</sup> CATSINaM, 2017a, *Position statement: Embedding cultural safety across Australian nursing and midwifery*, CATSINaM, Canberra.

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## Document history

**Approved by:** TBA - Nursing and Midwifery Board of Australia

**Date approved:** XX 2024

**Date to commence:** XX 2024

**Next review due:** XX 2029

**Policy history:** Is this a new policy? **N**  
Does this policy amend or update an existing policy? **Y**  
Does this policy replace another policy with a different title? **Y**

Approval date	Version	Reason for change
XX 2024	2.0	<i>Safety and quality guidelines for nurse practitioners reviewed and updated to the Guidelines for nurse practitioners</i>
March 2021	1.1	Modified to reflect the updated <i>Nurse practitioner standards for practice</i>
June 2016	1.0	Initial publication

## Summary of proposed changes

### Revised Registration standard: Endorsement as a nurse practitioner

Section	Proposed change	Rationale
<b>Does this standard apply to me?</b>	Editorial changes with addition of word 'registered'.	Improve clarity and flow that the endorsement applies to a registered nurse in contrast to a nurse.
<b>What must I do?</b>	Editorial changes with the addition of word 'registered'.	Improve clarity and flow that the endorsement applies to a registered nurse in contrast to a nurse
	Editorial changes with the addition of section titled 'Requirements for endorsement' and rewording of first sentence to reflect addition title.	Strengthens to application of the criteria for granting of the endorsement.
	Removal of wording 'related to unsatisfactory professional performance or unprofessional conduct' from first requirement.	Improves alignment with the Health Practitioner Regulation National Law (National Law).
	Editorial changes to second requirement.	Reflects the definitions of advanced practice and clinical practice within the registration standard.
	Inclusion of reference to 'Nurse practitioner standards for practice' in second ongoing requirement.	Reflects consistency with requirement to comply with those standards at initial endorsement, promoting the application of the standards to practice throughout the overall endorsement period.
	New ongoing requirement for recency of practice in a clinical role at the advanced practice level.	Raise standard of expected clinical practice by a nurse practitioner that is at an advanced level for persons who have complex health care requirements to maintain the endorsement.
	Specific statement about sole foundational qualified registered nurses who work as a NP to comply with the standard.	Provide clarity for practitioners who hold a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing that the endorsement only enables practise as an NP within the area of the sole foundational qualification.

<b>What does this mean for me?</b>	Addition of section for when applying for endorsement.	Provide clarity that the requirements and evidence that must be met to meet the registration standard.
	Editorial changes with addition of word 'clinical'.	To provide clarity that the ongoing requirement for endorsement is recency of clinical practice at the advanced practice level. This aligns with the requirement in the NMBA registration standard for recency of practice.
<b>What happens if I don't meet this standard?</b>	Removal of surplus wording 'The National Law establishes possible consequences...' at start of second sentence.	Provide clarity.
	Change wording from 'can' impose to 'may' impose conditions.	Reflective of wording used in National Law.
	Removed word 'registration'.	The condition is applicable to an NP endorsement in contrast to the general registration as a registered nurse. Changed reference to sections of National Law to reflect conditions apply to the endorsement in contrast to registered nurse general registration.
	Information for NPs no longer in clinical practice.	There are currently no provisions in the National Law for NPs to hold non-practising registration. Providing an additional pathway via a condition may enable NPs no longer working in clinical practice to maintain the title of an NP whilst informing the public.
<b>Authority</b>	Editorial changes	Reflects the renamed Ministerial Council for the National Registration and Accreditation Scheme
<b>Definitions</b>	Editorial changes to some definitions, inclusion of new terms and removal of obsolete terms.	New information provided on clinical practice, sole foundational qualifications and conditions to improve clarity. Removal of 'Unprofessional conduct of a registered health practitioner' and 'Unsatisfactory professional performance of a registered health practitioner' as no longer referenced in registration standards.
<b>Review</b>	Changed dates	To reflect time period.

## Guidelines for nurse practitioners (previously titled ‘Safety and quality guidelines for nurse practitioners’)

Section	Proposed change	Rationale
<b>Overall</b>	The document has been redesigned and has been retitled to <i>Guidelines for nurse practitioners</i> .	Improve clarity, flow of information and ease of use. The title change strengthens the documents alignment to the registration standard. The safety and quality aspects remain components within the guideline.
<b>Introduction</b>	Updated information on the purpose, application and content of the guideline. Regrouped information on scope and context of practice under responsibilities.  Removed duplication of information on compliance that occurs in section two of the document.	To provide additional clarity and ensure information is current and reflective of the health care system.
<b>Requirements of the Guidelines for nurse practitioners</b>	Created four sections as part of the reformatted document	Improve clarity and flow of information.
<b>NMBA regulatory requirements</b>	Grouped professional practice framework and mandatory standards together. Renamed section one to NMBA professional practice framework and added hyperlinks.	Streamline the flow of information and provide links to original source documents to reduce misinterpretation, and future proof document.
	Created section two renamed regulatory obligations	Improve ease of access of information.
	New information on Cultural Safety.	Increase awareness of new objective and guiding principle under the National Law.
	New information on non-clinical practice and an option for an (enabling) condition.	Enables NPs no longer working in clinical practice to maintain the title of an NP whilst informing the public.
	New information on sole qualifications.	Provide clarity for NPs who hold a sole qualification in mental health nursing, paediatric nursing or disability nursing who must only practise as an NP within the area of their qualification.
	New information on cosmetic practice.	The definition of advanced practice refers to clinical practice. Cosmetic practice is unlikely to be considered working at the advanced level of clinical practice with people who have complex healthcare

		requirements. Provides clarity that this area of practice is unlikely to meet the eligibility requirements for NP endorsement for registered nurses working solely in this context of practice.
	New information on prescribing cosmetic injectables.	Clarity for existing NPs who were endorsed in the area of cosmetic practice prior to the change in definition of advanced practice that includes clinical client assessment for prescribing. Remote assessments have a higher risk impact for persons outcomes.
	Inclusion of advertising, social media and changes to notifications information	Reflect emergence and changes of regulatory requirements in these areas since last review of the guidelines.
<b>Safety and quality guidance</b>	Renamed to 'Clinical governance' and created section 3 to consolidate relevant information on for example, evidence-based practice, incident management, complaint management, mentoring, quality improvement and reporting	To provide clarity and reflect current minimal requirements
<b>Legal and other regulatory matters</b>	Renamed to 'Corporate governance' section 4. Inclusion of updated information on the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and insurances / business administration that may be applicable to NPs in private practice.	To provide clarity and reflect current existing requirements.
<b>Definitions</b>	Editorial changes to some definitions and inclusion of new terms. Changed title from 'Definition' to 'Glossary'	Improved clarity of the application of the guidelines and consistency across regulatory documents.
<b>References</b>	Added a reference section	Provide access to resources described in guideline that are current.
<b>Document history</b>	Changed dates and added reason for change	To reflect time period and version control

## Statement of assessment against Ahpra's procedures for the development of registration standards, codes and guidelines

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### Revised Registration standard: Endorsement as a nurse practitioner and Guidelines for nurse practitioners

The Australian Health Practitioner Regulation Agency (Ahpra) has *Procedures for the development of registration standards, codes and guidelines* which are available at: <https://www.ahpra.gov.au/Resources/Procedures.aspx>

Section 25 of the Health Practitioner Regulation National Law as in force in each state and territory (the National Law) requires Ahpra to establish procedures for the purpose of ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice.

Below is the Nursing and Midwifery Board of Australia's (NMBA) assessment of their proposal for the revised *Registration standard: Endorsement as a nurse practitioner* (the endorsement) and the *Guidelines for nurse practitioners* (the guidelines) against the three elements outlined in the Ahpra procedures. It is best regulatory practice to review registration standards, codes, and guidelines on a planned, regular basis to test their workability, clarity, and continued relevance. These are proposed revisions to a registration standard and guidelines that have been in effect since 1 June 2016 and are due for review.

The NMBA is consulting widely on proposed revisions that places an emphasis on the clinical aspect of advanced practice expected of a nurse practitioner for the ongoing endorsement, specifies criteria for nurse practitioners who hold a sole foundational qualification, includes an additional way that a nurse practitioner could continue to use that title when they move into a non-clinical nurse practitioner role and relevant editorial changes. The NMBA does not expect that this proposal will have a more than minor impact.

It is expected to deliver right touch regulation that is proportionate to risk and fit for purpose with a minimal but positive impact for nurse practitioners and the public.

1. The proposal takes into account the objectives and guiding principles in the National Law (sections 3 and 3A) and draws on available evidence, including regulatory approaches by health practitioner regulators in countries with comparable health systems

### National Board assessment

The NMBA considers that the proposed revised registration standard and guidelines meet the objectives and guiding principles of the National Law and support the NMBA's key role is to protect the public. One way the NMBA does this is by ensuring that only nurse practitioners who are suitably qualified and competent to practise are registered and endorsed. The proposed changes take into account the National Scheme's key objectives of protecting the public and facilitating access to health services by health practitioners in accordance with the public interest. The proposed revisions also enable the continuous development of a flexible, responsive and safe Australian nurse practitioner workforce.

The revised registration standard and guidelines support the National Scheme to operate in a transparent, accountable, efficient, effective and fair way. The proposals provide clear standards and guidance on the National Law requirements and the NMBA's expectations of an endorsed nurse practitioner and takes account of the National Scheme's paramount principle of protecting the public and maintaining public confidence in the safety of services provided by health practitioners.

The NMBA has drawn from the available current evidence to inform the review. The NMBA has reviewed at a national and international level evidence on nurse practitioner education, pathways to practice,



regulation, expected standards of practice and policy documents. This has also included documents from the Australian College of Nurse Practitioners and been informed by clinical guidance from across Australia.

2. Steps have been taken to achieve greater consistency within the national scheme (for example, by adopting any available template, guidance or good practice approaches used by national scheme bodies), and the consultation requirements of the National Law are met

### **National Board assessment**

The consultation paper is consistent with the templates and approaches used by other National Boards.

The National Law requires wide-ranging consultation on the proposed standards, codes and guidelines. The National Law also requires National Boards to consult each other on matters of shared interest. Preliminary consultation with key stakeholders was the first step in the consultation process and public consultation will ensure that the consultation requirements are met.

The NMBA conducted preliminary consultation on a draft revised registration standard and guidelines from 15 August to 17 November 2023. Responses were received from 15 key stakeholder groups. The NMBA refined the proposal based on this feedback. There was support from all respondents for the revisions and changes to the draft registration standard and guidelines and general agreement that the proposal was reflective of the minor updates required for contemporary and right touch regulation.

The NMBA will now ensure that there is the opportunity for broader public comment via an eight (8) week public consultation. This includes publishing the consultation paper on the NMBA and Ahpra websites and informing health practitioners and the community of the review via the NMBA's electronic newsletter.

### **3. The proposal takes into account the principles set out in the Ahpra procedures**

- A. Whether the proposal is the best option for achieving the proposal's stated purpose and protection of the public

### **National Board assessment**

This proposal is a scheduled review of the current [nurse practitioner registration standard and guidelines](#) and provides the opportunity to make updates that reflect the minimum regulatory standards expected of a nurse practitioner by the community. The review was due in 2021 however was delayed due to the impacts of the COVID-19 pandemic. Scheduled reviews of registration standards and guidelines provide an opportunity for the NMBA to ensure that they remain up to date and fit for purpose.

As part of this consultation, the NMBA seeks feedback on a proposed additional pathway for nurse practitioners once endorsed who are unable to meet the recency of practice registration standard and wish to maintain the nurse practitioner title. The proposed pathway would support nurse practitioners who have transitioned into non-clinical roles such as management, academia or policy to be retained within the nurse practitioner workforce and broader healthcare system.

The NMBA is also seeking feedback on nurse practitioners who hold a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing who do not have a general nursing qualification. As they must only practise as a nurse practitioner in the area of their sole foundational education and cannot practise as a nurse practitioner outside of their original area of practice, the NMBA are proposing this is made clear to the public in order to protect them.

National Boards are consulting on the following two options:

- Option 1 – retain the status quo
- Option 2 – proposed new guidelines

The NMBA prefers Option 2 as the best option as they want to ensure public safety and protection through a regulatory framework so consumers make an informed choices when accessing nurse practitioner services if the nurse practitioner has a notation or condition on their endorsement.

- B. Whether the proposal results in an unnecessary restriction of competition among health

## practitioners

### **National Board assessment**

The proposal is unlikely to restrict competition as the proposed revised registration standard and guidelines would apply to all nurse practitioners in Australia if approved, in the same way as the current standard and guidelines do now. One of the aims of the proposal is to enhance the workforce supply of nurse practitioners into the future by enabling retention of non-clinical nurse practitioners.

### Whether the proposal results in an unnecessary restriction of consumer choice

### **National Board assessment**

The proposal is not expected to result in any restriction of consumer choice as it is expected to provide a more flexible approach to the assessment of nurse practitioners and result in better retention of experienced nurse practitioners who transition into non-clinical nurse practitioner roles. Currently when a nurse practitioner transitions to a non-clinical role they are not able to meet the recency of practice requirements for the clinical hours component required to meet the nurse practitioner endorsement.

The proposed change affecting a minor cohort of nurse practitioners has the potential to preserve and enable a simpler pathway to return to clinical practice and enable greater choice for people accessing healthcare. Providing an additional pathway to endorsement will enable nurse practitioners to identify themselves using that title while also making it clear to the public on the national register of practitioners that the nurse practitioner is in a non-clinical role.

- C. Whether the overall costs of the proposal to members of the public and/or registrants and/or governments are reasonable in relation to the benefits to be achieved

### **National Board assessment**

The NMBA has closely considered the potential costs associated with the proposal to provide an additional way for nurse practitioners to continue to use this title when they move to a non-clinical role, and provide clarity to the public if the nurse practitioner has a notation indicating they have a sole foundational qualification in mental health nursing, paediatric nursing or disability nursing.

The proposed revised guidelines provide information on best practice governance to inform nurse practitioners of the minimal regulatory standards and obligations to ensure safe quality services that benefit the community. There may be some minimal costs for the establishment of business processes for the provision of nurse practitioner services for those provided outside accredited health services that are reasonable for patient safety and a positive investment expected by the community to provide private health services with robust governance systems in place.

- D. Whether the proposal's requirements are clearly stated using 'plain language' to reduce uncertainty, enable the public to understand the requirements, and enable understanding and compliance by registrants

### **National Board assessment**

The NMBA has used a plain English approach in preparing the consultation material to help practitioners and the public understand and consider the proposed revisions to the registration standard and guidelines.

- E. Whether the Board has procedures in place to ensure that the proposed registration standard, code or guideline remains relevant and effective over time

### **National Board assessment**

The NMBA has procedures in place to support a review of the proposed revised registration standard should it be approved by the Ministerial Council and guidelines at least every five years. If approved, the Board may choose to review the registration standard and/or guidelines earlier, in response to any issues which arise, or new evidence which emerges to ensure its continued relevance and workability.

## Patient health and safety impact statement

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### Statement purpose

March 2024

The Nursing and Midwifery Board of Australia's (NMBA) Patient and consumer health and safety impact statement (the statement)<sup>5</sup> explains the potential impacts of a proposed registration standard, code or guideline on the health and safety of the public, vulnerable members of the community and Aboriginal and Torres Strait Islander Peoples.

The four key components considered in the statement are:

1. The potential impact of the proposed registration standard and guidelines on the health and safety of people and their families, particularly vulnerable members of the community. This includes approaches to mitigate any potential negative or unintended effects.
2. The potential impact of the proposed registration standard and guidelines on the health and safety of Aboriginal and Torres Strait Islander Peoples including approaches to mitigate any potential negative or unintended effects.
3. Engagement with people and their families particularly vulnerable members of the community about the proposals.
4. Engagement with Aboriginal and Torres Strait Islander Peoples about the proposals.

The NMBA's *Patient and consumer health and safety impact statement* aligns with the National Scheme's [Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-2025](#) , [National Scheme engagement strategy 2020-2025](#) , [the National Scheme Strategy 2020-25](#) and reflect key aspects of the revised consultation process in the [AManC Procedures for developing registration standards, codes and guidelines and accreditation standards](#).

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<sup>5</sup> This statement has been developed by Ahpra and the National Boards in accordance with section 25(c) and 35(c) of the *Health Practitioner Regulation National Law* as in force in each state and territory (the National Law). Section 25(c) requires AHPRA to establish procedures for ensuring that the National Registration and Accreditation Scheme (the National Scheme) operates in accordance with good regulatory practice. Section 35(c) assigns the National Boards functions to develop or approve standards, codes and guidelines for the health profession including the development of registration standards for approval by the COAG Health Council and that provide guidance to health practitioners registered in the profession. Section 40 of the National Law requires National Boards to ensure that there is wide-ranging consultation during the development of a registration standard, code, or guideline.

**Below is the NMBA’s initial assessment of the potential impact of the proposed registration standard and guidelines on the health and safety of people who may access nurse practitioner (NP) care, particularly vulnerable members of the community, and Aboriginal and Torres Strait Islander Peoples. This statement will be updated after consultation feedback.**

**1. How will the proposed registration standard and guidelines impact the health and safety of people accessing NP care, particularly vulnerable members of the community? Will the impact be different for vulnerable people compared to the general public?**

The NMBA has carefully considered the impacts of the proposed registration standard and guidelines to people accessing NP care, particularly vulnerable members of the community to put forward what we think is the best option for consultation.

The proposed registration standard and guidelines are based on the best available evidence and best practice regulatory approaches to ensure the safety of people accessing NP services is at the centre of the regulation. The registration standard and guidelines have been proposed to ensure the regulation remains contemporary and fit for purpose. This means the proposed registration standard and guidelines are expected to maintain the standard of care provided by NPs. They do not introduce new or untested requirements. This means people accessing NP services, including vulnerable members of the community can expect continued consistency in the high standard of NP care enabled through this regulation.

Through this consultation, our engagement will help us to better understand possible outcomes and meet our responsibilities to protect public safety and healthcare quality.

**2. How will consultation engage with people accessing NP care, particularly vulnerable people who may be currenting or thinking of accessing NP services?**

In line with our established consultation processes, the NMBA is undertaking public consultation. We will engage with people accessing NP services, professional associations and peak bodies, consumer representative bodies and many other relevant organisations to gain input and views from vulnerable members of the community. To do this, we will engage directly with these people and groups through a public consultation process. We will achieve this through multiple communication channels including direct emails, website updates, social media and the NMBA newsletter.

**3. What might be the unintended impacts for people accessing NP care particularly vulnerable members of the community? How will these be addressed?**

The NMBA has carefully considered what the unintended impacts of the proposed registration standard and guidelines might look like. Consulting with relevant organisations and vulnerable members of the community will help us to identify any other potential impacts. We will fully consider and take actions to address any potential negative impacts for members of the community that may be raised during consultation.

**4. How will this proposal impact on Aboriginal and Torres Strait Islander Peoples? How will the impact be different for Aboriginal and Torres Strait Islander Peoples compared to non-Aboriginal and Torres Strait Islander Peoples?**

In proposing the registration standard and guidelines, the NMBA has carefully considered any potential impact on Aboriginal and Torres Strait Islander Peoples and how the impact compared to non-Aboriginal and Torres Strait Islander people might be different. Through this consultation, our engagement will help us to identify any other potential impacts and meet our responsibilities to protect safety and healthcare quality for Aboriginal and Torres Strait Islander Peoples.

**5. How will consultation about this proposal engage with Aboriginal and Torres Strait Islander Peoples?**

The NMBA is committed to the National Scheme’s [Aboriginal and Torres Strait Islander Cultural Health and Safety Strategy 2020-2025](#) which focuses on achieving patient safety for Aboriginal and Torres Strait Islander Peoples as the norm, and the inextricably linked elements of clinical and cultural safety.

As part of our consultation process, we have tried to find the best way to meaningfully engage with Aboriginal and Torres Strait Islander Peoples. We are doing this by proactively consulting with Aboriginal and Torres Strait Islander health policy leaders, peak Aboriginal and Torres Strait Islander professional bodies and the national leadership body for Aboriginal and Torres Strait Islander health in Australia. We will continue to engage with Aboriginal and Torres Strait Islander organisations and stakeholders throughout the consultation.

**6. What might be the unintended impacts for Aboriginal and Torres Strait Islander Peoples? How will these be addressed?**

The NMBA has carefully considered what might be any unintended impacts from the proposed registration standard and guidelines. Continuing to engage with relevant organisations and Aboriginal and Torres Strait Islander Peoples will help us to identify any other potential impacts. We will consider and take action to address any other potential negative impacts for Aboriginal and Torres Strait Islander Peoples that may be raised during consultation.

**7 How will the impact of this proposal be actively monitored and evaluated?**

In partnership with Ahpra, the NMBA will continually monitor compliance with the proposed registration standard and guidelines. Engagement with audit is a mandatory requirement for all health practitioners registered under the National Scheme, including NPs. The audit provides assurance to the NMBA that the level of regulation offered by the proposed registration standard and guidelines is appropriate and proportionate, that compliance with the requirements is met and that the regulation is achieving its public safety objectives. It also provides feedback to the NMBA about the operation, effect, and impact of the regulation for continuous improvement.

Part of the NMBA's work in keeping the public safe is ensuring that all NMBA standards, codes and guidelines are regularly reviewed. This generally occurs every five (5) years or earlier if required. In future the NMBA will review the registration standard and guidelines to ensure that they are working as intended.