Submission on the Nursing and Midwifery Board of Australia consultation on revised National competency standards for nurse practitioners

The Australian College of Mental Health Nurses is the professional organisation representing nurses who work in mental health in Australia. The ACMHN sets standards for mental health nurses in Australia and has published *Standards of Practice for Australian Mental Health Nurses:2010*. These standards of practice specify the minimum level of performance required for a registered nurse practising in any mental health setting. The Credential for Practice Program is an initiative of the Australian College of Mental Health Nurses and has established the only national consistent recognition for specialist mental health nurses.

**Advanced practice nursing and Nurse Practitioners:**

The ACMHN strongly rejects the position inherent in this consultation draft’s Glossary that only Nurse Practitioners should be recognised as Advanced Practice Nurses. While the Glossary supports the concept of advanced nursing practice as a continuum, it also offers definitions of advanced practice nursing and Nurse Practitioner which re-position advanced practice nursing roles as roles that should only be filled by Nurse Practitioners. This is restrictive and not in keeping with the objectives of the National Law particularly 2( f) to enable the continuous development of a flexible, responsive and sustainable Australian health workforce and to enable innovation in the education of, and service delivery by, health practitioners. This is also inconsistent with the continuum described as advanced nursing practice and presupposes a protection of the term “advanced practice nurse”.

At the same time, the explanation of the advanced and extended nature of the nurse practitioner role and why additional regulation of nurse practitioners (in the form of standards) is required is weak. The attempt to restrict a concept of an advanced practice nurse to nurse practitioner seems not to be based on a clearly understood scope of practice but on “ legislative functions and the regulatory requirements” and attempts to restrict other nurses practice in advanced roles.

The current explanation provides a greater connection of that scope: **Advanced practice nursing** defines a level of nursing practice that uses extended and expanded skills, experience and knowledge in assessment, planning, implementation, diagnosis and evaluation of the nursing care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity. However, the basis of advanced practice is the high degree of knowledge, skill and experience applied in the nurse-patient/client relationship to achieve optimal outcomes through critical analysis, problem solving and accurate decision-making (Australian Nursing and Midwifery...
Advanced practice nursing is not the sole domain of nurse practitioners in Australia. There are a variety of advance practice nursing roles across health settings and specialisations which are undertaken by registered nurses with extended and expanded skills, experience and knowledge. These roles do not need to be filled by nurses who have met the regulatory requirements of being endorsed Nurse Practitioners.

There is a growing movement among nursing specialties in Australia to self regulate the identification of specialist nurses through the process of Credentialing. The Coalition of National Nursing Organisations' National Nurse Credentialling Framework identifies some of the same criteria for credentialling as listed in the proposed definition of advanced practice nursing in the consultation document: “The criteria for eligibility for credentialling reflect evidence of best practice in the nursing specialty/area of nursing practice, and include a combination of: specified minimum levels of postgraduate education, specified minimum levels of practice or experience, and continuing professional development requirements.

The proposed definitions of advance practice nursing and Nurse Practitioner do not reflect current trends towards self regulated specialisation and the existence of advanced practice registered nurses.

The ACMHN believes the Glossary, and introductory material to the standards need to clearly describe the extended nature of Nurse Practitioner roles which distinguish them from advanced practice registered nurse roles within the registered nurse scope of practice, and explain why Nurse Practitioner roles require additional regulation.

**Nurse Practitioners embedded in nursing practice**

The ACMHN is very concerned that the draft standards fail to identify and position the Nurse Practitioner competencies as embedded in nursing practice. In fact if the term Nurse Practitioner was removed and replaced with Health Professional, these standards could be generic competency standards for any health professional. This is in marked contrast to the current competency standards which clearly articulate Nurse Practitioner competencies within the domain of nursing.

The competency standards should very clearly articulate the Nurse Practitioner as a nursing role, based on nursing practice. Standards are used by a range of audiences, not only those familiar with nursing, including consumers, employers, other health professionals and the
legal system. There continue to be stakeholders and consumers who are unclear about the role of Nurse Practitioners and believe that Nurse Practitioners are aspiring to provide the same service as medical professionals. These draft competency standards do little to increase understanding of the role and scope of Nurse Practitioners and how this differs from medical practice.

The AMCHN recommends that the grounding of Nurse Practitioners’ competencies in nursing practice is made explicit throughout the document.

**Structure and Language**

The draft competency standards are thematically and structurally quite different to the existing Nurse Practitioner competency standards and the Registered Nurse competency standards. There are some benefits to this change, but there are some aspects which require further development.

*The four Standards:*

The four standards of Assessment and Diagnosis, Plans Care, Prescribes and Implements Therapeutic Interventions and Monitors and Review would be better described as categories (or domains in the terminology of the RN competency standards) into which the competency standards are grouped. This is because they do not actually describe behaviours, skills, knowledge or attributes against which someone’s practice could be measured.

It is also noted that the thematically, the standards are task or activity oriented. This is a significant departure from most current nursing standards, and others, eg Mental Health Practice standards. The ACMHN is not critical of this but does note that such a different approach may make it more difficult for some, such as education providers and assessors, who must work with a variety of standards.

*Competencies:*

There are some gaps in the competencies which the ACMHN believes should be addressed. The following themes should be more strongly identified in the standards:

*Leadership:* that there is minimal focus on the Nurse Practitioner’s competency as a leader. The role of a Nurse Practitioner leading nursing practice and as a leader of health care in a multidisciplinary environment should both be encapsulated in the competencies.

*Collaboration:* there is minimal focus on the Nurse Practitioner demonstrating competency in collaborating with other health professionals and other professionals. Where there is a
reference to collaboration, it is limited to receiving referrals, or referring people onto other services. There is no reference to collaborating when multiple (health) professionals are simultaneously providing care to a person.

**Autonomous practice:** it is surprising that the consultation draft does not include any reference to the capacity of Nurse Practitioners to practice autonomously. Autonomous practice is an important aspect of the Nurse Practitioner scope of practice and the standards should identify and measure competency in this area.

*Language and terminology*

The standards should be accessible and easy to understand for a variety of audiences – including consumers, employers, educators, assessors, and other health professionals. The language should also be consistent and provide clear markers of the attributes/skills/knowledge the nurse practitioner must demonstrate. However the language used in the consultation draft cues is a somewhat contradictory mix of subjective descriptors, jargon and overly complicated sentence construction.