

Ms Tanya Vogt  
Executive Officer, Nursing and Midwifery  
Australian Health Practitioner Regulation Agency

By email: [tanya.vogt@ahpra.gov.au](mailto:tanya.vogt@ahpra.gov.au)

Dear Tanya

**ACN feedback on the NMBA proposed revised Nurse practitioner standards for practice Draft Fact Sheet February 2021**

The Australian College of Nursing (ACN) would like to thank the Nursing and Midwifery Board of Australia (NMBA) for the opportunity to provide feedback on the Proposed revised Nurse practitioner standards for practice Draft Fact Sheet following the initial September 2020 consultation. We have provided some comments for consideration.

- The document appears to lack clarity on critical issues which may lead to confusion around the advanced practice role.
- The fact sheet does not acknowledge the care of patients who do not have complex healthcare requirements. Therefore, *does this mean that when Nurse practitioners (NP), are looking after a simple straight forward patient, they are acting outside of NP practice?*
- All nurses should be incorporating professional leadership, education, research and support of systems into their practice, and this features in job descriptions and generic level statements of most industrial nursing awards in Australia. The document does not distinguish between the practice of nurses and advanced practice in Australia. ACN recommends that the fact sheet clearly articulates the difference.
- Regarding 'standard 4' Frequently asked questions (FAQ), noting answer being 'in the glossary'. When you get to the glossary (*titled definitions* in the document), it mentions both 'supports health systems' and 'support of systems' with different words to define and poor linkage.

ACN would like to suggest the inclusion of a fifth domain, being 'systems'. The Strong model referenced, notes five domains: clinical, support of systems, education, research and leadership.

In our opinion, this five-domain model's adoption would likely provide further clarity to define what is meant by this overlap of standards and domains.

A domain on 'support of systems', provides a strong representation of nursing having a valued seat at the table for health system evaluation, development and reform. As a senior nursing role, the NP is ideally placed to carry this responsibility.

In reference to the broader standards, ACN is concerned that they are defined very strongly and focus almost entirely upon clinical practice (instead of a level of knowledge and expertise within the profession). An NP, like the broader role of the Registered Nurse, has a much greater potential in the health landscape, and ACN would suggest that limiting the definition of an NP to only being clinical, limits the potential of the role and does not recognise the full value of nursing and midwifery as a profession.



By broadening the recency of practice statement for NPs to include both clinical and non-clinical touchpoints, aligning to that of a Registered Nurse (and many other health professions regulated by Ahpra) would address this concern.

Supervision of practice would become an enabler for this pathway, if an NP is returning to clinical practice from a non-clinical role (currently not mapped out for the Nurse Practitioner endorsement). If an NP level is only recognised for clinical practice, this may inhibit NPs in ever moving to a leadership role in their career, without giving up the Nurse Practitioner title.

Please do not hesitate to contact me, Carolyn Stapleton at [carolyn.stapleton@acn.edu.au](mailto:carolyn.stapleton@acn.edu.au) if you would like clarification of any of the points raised.

Yours sincerely,

*Carolyn M Stapleton*

Carolyn Stapleton FACN  
Australian College of Nursing  
Director Policy and Advocacy

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