



Guidelines: Consultation draft

12 October 2010

Endorsement as a nurse practitioner

Introduction

The National Registration and Accreditation Scheme (the National Scheme) for health professionals in Australia commenced on 1 July 2010 under the *Health Practitioner Regulation National Law Act* (the National Law)¹.

Under the National Law, the Nursing and Midwifery Board of Australia (the Board) is responsible for the regulation of the nursing and midwifery professions and is supported in this role by the Australian Health Practitioner Regulation Agency (AHPRA). The Board has approved registration standards, codes and guidelines and competency standards that together form a Professional Practice Framework (PPF) that defines the requirements and Board expectations guiding the professional practice of nurses and midwives in Australia.

Nurse practitioners are regulated through the National Scheme under the authority of the Board. Under section 38 of the National Law, the Board has developed the *Registration standard for endorsement of nurse practitioners* (Nursing and Midwifery Board of Australia (NMBA), 2010). This *Registration standard* describes the requisite skills, knowledge and experience required for endorsement as a nurse practitioner.

To support the *Registration standard*, these *Guidelines on endorsement as a nurse practitioner* have been developed under section 39 of the National Law to provide direction and information relevant to:

- registered nurses seeking endorsement as a nurse practitioner
- nurse practitioners who are currently endorsed
- government bodies
- employers of practitioners
- other health practitioners
- education providers and
- the public.

These *Guidelines* describe the infrastructure under which all nurse practitioners must comply, including the:

- application for endorsement as a nurse practitioner
- requirements for continued recognition as a nurse practitioner
- safety and quality framework
- current prescribing arrangements for nurse practitioners and collaborative arrangements.

¹ *The Health Practitioner Regulation National Law Act 2009 as enacted in participating jurisdictions*



Application for endorsement as a nurse practitioner

A **nurse practitioner** is a registered nurse who is educated and authorised to function autonomously and collaboratively in an advanced and extended clinical role. The nurse practitioner role includes assessment and management using nursing knowledge and skills. The role may include, but is not limited to, the direct referral of patients to other health care professionals, prescribing medications and ordering diagnostic investigations. The role is grounded in the nursing profession's values, knowledge, theories and practice, and provides innovative and flexible health care delivery that complements other health care providers (Australian Nursing and Midwifery Council (ANMC), 2006).

The *Registration standard for endorsement of nurse practitioners* (NMBA, 2010) states that an applicant seeking endorsement as a nurse practitioner must be able to demonstrate:

- current general registration as a registered nurse with no restrictions on practice
- advanced nursing practice that constitutes the equivalent of three (3) years' full-time experience within the past five (5) years
- compliance with the competency standards for nurse practitioners approved by the Board
- completion of the requisite qualification or equivalent as determined by the Board and
- an extra 10 hours of participation in specified continuing professional development (CPD) per year in addition to the 20 hours of participation required each year for general registration (that is, 30 hours in total of CPD each year).

Details about these qualifications and requirements for recognition as a nurse practitioner are shown in Table 1.



Table 1 — Model for endorsement as a nurse practitioner

Requirement	Details
<p>Current general registration as a registered nurse with no restrictions on practice</p>	<p>An applicant who is currently registered with the Board in the general category of 'registered nurse' and whose registration does not have any conditions or restrictions imposed on his or her practice has satisfied this requirement.</p> <p>An applicant who is not currently registered with the Board in the general category of 'registered nurse' will need to apply for registration. The applicant may be one of two types:</p> <ol style="list-style-type: none"> 1. an applicant who has not had general registration as a registered nurse in Australia previously and is applying for initial registration in the general category of nurses as a registered nurse 2. an applicant who has held general registration as a registered nurse in Australia previously and is applying for re-entry to the register. <p>Evidence of current registration with NMBA would be a current registration certificate indicating the above.</p>
<p>Advanced nursing practice that constitutes the equivalent of three (3) years' full-time experience within the past five (5) years</p>	<p>Advanced practice uses extended and expanded skills, experience and knowledge in the assessment, planning, implementation, diagnosis and evaluation of the care required. Nurses practising at this level are educationally prepared at postgraduate level and may work in a specialist or generalist capacity.</p>
<p>Compliance with the Board's competency standards for nurse practitioners</p>	<p>The competency standards for nurse practitioners are part of the suite of competency standards developed by the Australian Nursing and Midwifery Council (ANMC) and approved and adopted subsequently by the Board in consultation with the profession.</p> <p>For more details on compliance with competency standards, see http://www.nursingmidwiferyboard.gov.au/Codes-and-Guidelines.aspx.</p>



Requirement	Details
<p>Completion of the requisite qualification or equivalent as determined by the Board</p>	<p>There are two educational pathways registered nurses can take to fulfil the requisite qualification for endorsement as a nurse practitioner. These are the successful completion of:</p> <ol style="list-style-type: none"> 1. an ANMC-accredited and Board-approved nurse practitioner Master's program – approved programs of study are available at the AHPRA website at http://www.nursingmidwiferyboard.gov.au/Accreditation.aspx or 2. relevant Master's-level educational preparation and supplementary education to meet the competency standards for nurse practitioners. <p>Registered nurses who have not completed an approved program, but who have completed a relevant Master's degree and have undertaken supplementary education to meet the competency standards for nurse practitioners will need to make a case for equivalence against the <i>Competency Standards for Nurse Practitioners</i> (ANMC, 2006, NMBA adopted 2010). These individual applicants will be assessed against the competency standards by the relevant state and territory Board committees.</p>
<p>An additional 10 hours of participation in specified CPD per year in addition to the 20 hours required each year for general registration (that is, 30 hours in total of CPD each year)</p>	<p>This additional CPD participation must be relevant to scope of practice and must include</p> <ol style="list-style-type: none"> 1. prescribing and administration of medicines 2. judicious use of diagnostic investigations and 3. consultation and referral, where the nurse practitioner has authority to prescribe and order diagnostic investigations.

Requirements for continued recognition as a nurse practitioner

Ongoing endorsement as a nurse practitioner by the Board is contingent upon the nurse practitioner meeting Board requirements for annual renewal of registration, including CPD and recency of practice requirements. Nurse practitioners are required to make an annual statutory declaration that they have met requirements under section 109 of the National Law, including completion of required CPD and recency of practice. This annual statutory declaration is supported by a random audit of documentary evidence at the discretion of the Board, according to policy.

Continuing professional development

Continuing professional development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives. The CPD cycle involves reviewing practice, identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities (ANMC, 2009).

The *Registration standard on continuing professional development* (NMBA, 2010), developed in accordance with section 38(1)(c) of the National Law, sets an annual requirement of 20 hours of CPD to be undertaken by all registered and enrolled nurses.

Nurse practitioners are required to undertake an additional 10 hours of specified CPD per year, on top of the 20 hours of CPD required for general registration. This CPD must be relevant to a nurse practitioner's scope of practice and must include prescribing and administration of medicines, judicious use of diagnostic investigations and consultation and referral where a nurse practitioner has authority to prescribe and order diagnostic investigations.

The *Registration standard on continuing professional development* includes an explanation of how best to keep records of any CPD activities and further details about the type of CPD activities that will be recognised as meeting the additional CPD hours required (NMBA, 2010).

Recency of practice

The *Registration standard on recency of practice* developed in accordance with section 38(1)(e) of the National Law, requires nurse practitioners to have undertaken sufficient practice within the preceding five (5) years to maintain competence (NMBA, 2010).

Safety and quality framework

Nurse practitioner roles, established in Australia for over 10 years, have a strong safety record and been researched and evaluated extensively. These roles have a growing importance in providing equitable and accessible health care to Australians. To provide a strong regulatory framework, and to ensure that nurse practitioners who have access to the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme also have clarity and support to practise in their roles with safety and quality, the Board has developed a Safety and Quality Framework (SQF). The primary purpose of the SQF is to ensure the protection of the public. The SQF does this by outlining those standards, codes and legislative requirements within which nurse practitioners must practise, ensuring ongoing competence and safe practice for nurse practitioners.

Nurse practitioners are required to practise according to the SQF. Failure to comply with the SQF will incur disciplinary action by the Board that, if proven, carries considerable disciplinary consequences for nurse practitioners. Under Division 8 of the National Law, the Board has a range of powers when dealing with such breaches, including the power to take immediate action. **Immediate action** means suspension or imposition of a condition on the practitioner's registration; or accepting an undertaking from the practitioner; or accepting the surrender of the registration of the practitioner. The elements of the SQF are:

- scope of practice
- codes of professional conduct and ethics
- national competency standards
- annual declaration
- Board audit process
- mandatory reporting
- notification and management of performance, conduct or health matters
- co-regulatory requirements of Medicare and the Board
- prescribing authority and compliance with state and territory legislation and

- collaborative arrangements.

These elements of the SQF are explained further in the following sections.

Scope of practice

All health practitioners, including nurse practitioners, are expected to practise within their scope of practice. The Board has provided specific guidance for nursing and midwifery professionals in relation to the PPF. This includes advice on accepting and making delegations, and recognising their limitations, through the *National Framework for Decision Making by Nurses and Midwives on Scopes of Practice* (ANMC 2010; adopted NMBA 2010). The scope of practice is also determined by the context of practice.

Context of practice refers to the conditions that define an individual's nursing practice. These include the type of practice setting (such as healthcare agency, educational organisation, private practice); the location of the practice setting (such as urban, rural, remote); the characteristics of patients or clients (such as health status, age, learning needs); the focus of nursing activities (such as health promotion, research, management); the complexity of practice; the degree to which practice is autonomous; and the resources that are available, including access to other healthcare professionals (ANMC, 2009).

The requirement for nurse practitioners to practise within their scope of practice is particularly important because they will, in all probability, have the authority to administer, supply and/or prescribe scheduled medications. This authority is conferred under the relevant drugs and poisons legislation for the state or territory in which nurse practitioners practise. The conditions of each authority will depend on the requirements of the specific legislation.

Codes of professional conduct and ethics

The Board has approved and adopted the *Code of Professional Conduct for Nurses in Australia* and the *Code of Ethics for Nurses in Australia* (ANMC, 2008; adopted NMBA 2010) as a component of the PPF with which nurse practitioners must comply.

National competency standards

Nurse practitioners must meet the *National Competency Standards for the Nurse Practitioner* developed by the ANMC and approved and adopted subsequently by the Board. These *Standards*, in relation to the SQF, make particular reference to pharmacological treatment options and collaborative care (ANMC 2005; adopted NMBA 2010).

Annual declaration

The annual declaration is a written statement made by a registrant and declared to be true. Under the National Law, a person who wilfully makes a false statement in a declaration is guilty of an offence. To maintain registration and endorsement as a nurse practitioner, an annual declaration must be made that the nurse practitioner has complied with all the standards, codes, guidelines and legislation governing their nursing practice. The National Board may require the information or document to be verified by a statutory declaration.

Nursing and Midwifery Board of Australia audit process

This annual statutory declaration is supported by a random audit of documentary evidence at the discretion of the Board, according to policy. There are times when the practice of nurse practitioners may come under the direct scrutiny of the Board. These include:

- on initial application for endorsement as a nurse practitioner
- at renewal of registration, in relation to the annual declaration
- during the Board's audit of CPD and/or
- on application for return to the register from applicants who were endorsed and registered previously as nurse practitioners.

Other government agencies also conduct audits in relation to prescribing, supplying and administering medicines.

Mandatory reporting

Section 140 of the National Law requires practitioners, employers and education providers to report **notifiable conduct** to AHPRA to prevent the public being placed at risk of harm.

Guidelines for all health practitioners regarding mandatory reporting have been developed jointly by the national Boards under section 39 of the National Law. The Board's guideline on mandatory reporting is available on the Board's website at www.nursingmidwiferyboard.gov.au under *Codes and guidelines*.

Notification and management of performance, conduct or health matters

Nurse practitioners may also come under direct scrutiny when a report is received relating to their practice. It is the Board's responsibility to oversee all notifications related to performance, conduct and impairment.

Sections 156(1) and 157 of the National Law outline the Board's responsibilities with regard to conduct, performance and health matters related to nurse practitioners. The Board has a range of powers, including the power to take immediate action, to protect the public.

Co-regulatory requirements of Medicare and NMBA

Endorsement as a nurse practitioner with the Board confers eligibility to apply for approval by the Health Minister as a 'participating nurse practitioner' under section 7(3)(1) of the *Health Legislation Amendment (Midwives and Nurse Practitioners) 2010 (Cth)*.

A nurse practitioner has access to the Australian Government Medicare Benefits Schedule (MBS) and, where the nurse practitioner has an authority to prescribe, the Pharmaceutical Benefits Scheme (PBS). These arrangements will enable patients of nurse practitioners, who are approved MBS and/or PBS participants, to access certain MBS rebates and PBS prescriptions.

Endorsement as a nurse practitioner does not give automatic access to the MBS and PBS. The nurse practitioner must be approved as a participating nurse practitioner, and apply for a prescriber or provider number. The discretion to authorise access to the MBS and PBS remains with Medicare Australia

and the process of authorisation through Medicare is a process additional to registration by the Board to practise as a nurse practitioner and a process managed by agencies other than the Board.

As part of the co-regulatory requirements of the Board and Medicare Australia, any issues related to conduct, performance or health that may impact on the performance of an individual nurse practitioner, as a prescriber or provider of Medicare services or medicines, is notified by either co-regulatory body to the other. For example, if Medicare Australia has cause to investigate a particular provider, the Board will be notified of that investigation and vice versa.

From a co-regulatory perspective, Medicare Australia continues its important monitoring and review role. This is designed to ensure services and medicines provided by any health professional with access to the MBS and PBS are effective, efficient, appropriate and within benchmarking limits. However, should there be an issue related to performance, health or conduct of a nurse practitioner, the Board is the professional regulatory authority to which a notification will be referred. The Board will oversee the assessment of the notification and any subsequent investigation or disciplinary action.

Prescribing authority and compliance with state or territory legislation

Prescribing authority is conferred under the relevant drugs and poisons legislation of the Australian state or territory in which the nurse practitioner practises. The conditions under which each authority is granted and the scope of that authority will depend on the requirements of the specific legislation in each state or territory. These may range from a blanket authority limited by the practitioner's scope of practice to a prescribing authority based on a formulary or protocol, or related to a specific context of practice (such as only applicable in a certain practice setting).

To specify a distinct formulary of medicines for each area of specialty of nurse practitioners **is outside the Board's jurisdiction**, because the prescribing requirements are properly related to a nurse practitioner's employment conditions and the relevant legislation relating to medications within each jurisdiction. Failure of a nurse practitioner to practise and prescribe within this scope of practice will result in the Board taking disciplinary action.

Collaborative arrangements

All nurse practitioners are required to engage in clinical collaboration in compliance with the *National Competency Standards for the Nurse Practitioner* (ANMC 2005; adopted NMBA 2010). However, in addition to this pre-existing requirement, nurse practitioners who are authorised under the *Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010* (Cth), and who are assigned a Medicare provider number or PBS prescriber number have further requirements for collaboration as described in sections 5–7 of the *National Health (Collaborative Arrangements for Nurse Practitioners) Determination, 2010* (Cth).

These specific collaborative arrangements are available online from the Commonwealth of Australia Law website <http://www.comlaw.gov.au/comlaw/legislation/>

Date of issue:

Date of review: This guideline will be reviewed at least every three years

Last reviewed:



Glossary and abbreviations

All standards are available on the NMBA website at www.nursingmidwiferyboard.gov.au

ANMC	Australian Nursing and Midwifery Council
Competency standards	Competency standards are those standards outlined in the <i>National Competency Standards for the Nurse Practitioner</i>
MBS	Medicare Benefits Schedule
National Law	The National Law refers to the <i>Health Practitioner Regulation National Law Act 2009</i> as enacted in participating jurisdictions.
NMBA	Nursing and Midwifery Board of Australia
Nurse practitioner	A nurse whose registration has been endorsed by the Nursing and Midwifery Board of Australia as a nurse practitioner under section 95 of the National Law.
Participating nurse practitioner	A nurse practitioner who has been granted access to the Medicare Benefits Schedule and the Pharmaceutical Benefits Scheme by the Commonwealth Health Minister under section 22A <i>Health Legislation Amendment (Midwives and Nurse Practitioners) Act 2010</i> (Cth).
PBS	Pharmaceutical Benefits Scheme
PPF	Professional Practice Framework
Qualification	In relation to a nurse practitioner, this means a Master's degree approved by Nursing and Midwifery Board of Australia under section 49 of the National Law and included in the approved list of programs for endorsement as nurse practitioners. Nurse practitioners who have not completed an approved program, but who have a relevant Master's degree and have undertaken supplementary education to meet the <i>Competency Standards for Nurse Practitioners</i> , will need to make a case for equivalence against the competency standards. These individual cases will be assessed against the competency standards by the state and territory Board committees.
Recency of practice	Recency of practice means that a practitioner has maintained an adequate connection with, and recent practice in, the profession since qualifying or obtaining registration.
Registered nurse	A person whose name is entered on the Register of Nurses in the 'Division of registered nurses in the general category'.
SQF	Safety and Quality Framework
The Board	Nursing and Midwifery Board of Australia

References

All ANMC references adopted by NMBA available on www.nursingmidwiferyboard.gov.au

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