

## Nurse practitioner standards for practice – Effective from 1 January 2014

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Updated March 2018

### Orientating statements

Nurse practitioners have the capability to provide high levels of clinically focused nursing care in a variety of contexts in Australia. Nurse practitioners care for people and communities with problems of varying complexity.

The nurse practitioner (NP) scope of practice is built on the platform of the registered nurse (RN) scope of practice, and must meet the regulatory and professional requirements for Australia including the *Registered nurse standards for practice* and *Code of conduct for nurses*.

The nurse practitioner standards (Standards) build on, and expand upon, those required of a registered nurse. When assuming the title and scope of practice of a nurse practitioner, the NP understands the changes in the scope of practice from that of a registered nurse, and the ways that these changes affect responsibilities and accountabilities. Fundamentally, a nurse practitioner provides nursing care within their regulated scope.

The core Standards in this document are the minimal Standards that are applicable across diverse practice settings and patient/client populations for both beginning and experienced NPs.

Nurse practitioner attributes are consciously cultivated through formal learning that includes a work based component. The educational requirement for endorsement of NPs in Australia is a Masters degree. This formal learning builds on demonstrable advanced practice within the RN scope.

The nurse practitioner has a high degree of systems literacy and can manage care across a variety of health systems to maximise outcomes; NPs engage in complex and critical thinking; integrate information and/or evidence; judiciously use clinical investigations; and skilfully and empathetically communicate with all involved in the care episode, including the person receiving care and their family and community, and health professional colleagues.

NP attributes are clinically focused, and NPs are capable in research, education and leadership as applied to clinical care (Refer [Figure 1](#)). Research includes processes to support reflective practice, evidence-based care and quality management. The NP has the capability to educate others related to the focus of, and available options, of care. Nurse practitioners are leaders and have an ability to lead care and care teams. Nurse practitioners engage in reflective practice and support others in this process through clinical supervision or mentoring.

Nurse practitioners are capable of managing episodes of care, including wellness focused care. Nurse practitioners may be the primary provider of care or part of a care team. They collaborate and consult with health consumers, their families and community, other professionals, including health personnel, to plan, implement and evaluate integrated care that optimises outcomes for recipients and the systems of care.

As part of providing care, NPs can order and interpret investigations to facilitate diagnosis and care planning. Care may include nursing interventions that involve initiation, titration or cessation of medications. Nurse practitioners take responsibility for following-up on any components of care initiated. They are accountable for care provided and self-monitor their work.

## How to use these Standards

The Standards have been written so as to be easily accessible to a variety of groups, including nurse practitioners, governments, regulatory agencies, health care professionals and the community. It should be noted that the *Cues* (refer to [Glossary](#)) written below the *Statements* are indicative of nurse practitioner behaviours, they are not intended to be exhaustive. Rather, the cues are examples of activities that demonstrate the *Statement for that standard*.

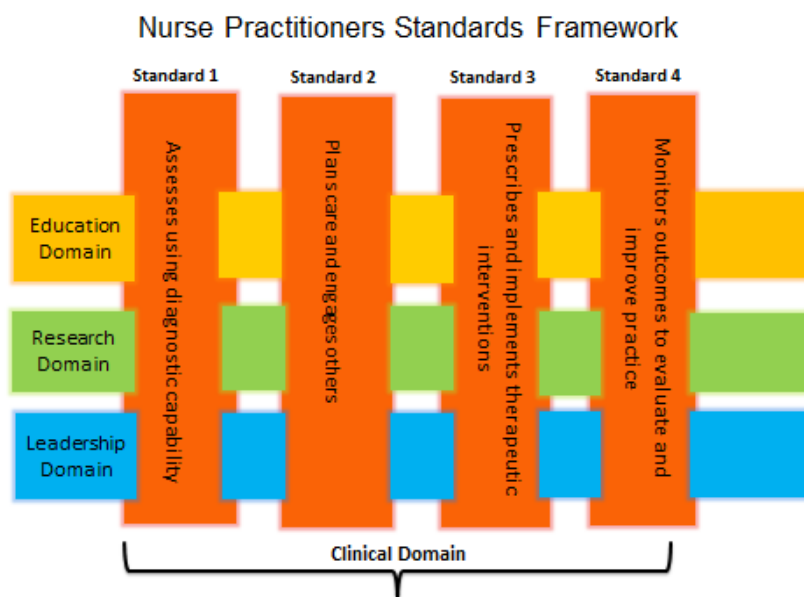
These Standards should be read in conjunction with other relevant NMBA documentation, including: the *Registered nurse standards for practice* and the *Code of conduct for nurses*. They should also be read in conjunction with the attached [Glossary](#), which clearly stipulates the way in which key terms are used in the Standards.

In [Figure 1](#), the *Nurse practitioners standards framework* is illustrated. There are four domains, namely:

- clinical
- education
- research, and
- leadership.

The education, research and leadership domains are couched within the clinically focused standards. The knowledge and skills contained within the three domains of education, research and leadership, are integrated in their expression in the clinical role or work.

Collectively, these attributes expressed in nurse practitioners' knowledge, skills and affect, are applied in the education domain through educating those receiving care, peers and colleagues. The use of knowledge in the research domain is evidenced through the judicious application of research evidence in formulating practice decisions, self- regulation and the development of new systems of care. The domain of leadership, initially evident in clinical work, increases in capacity to include community and political engagement.



**Figure 1: Representation of how the education, research and leadership domains are couched within the clinically focused standards**

## Nurse practitioner standards

### Standard 1: Assesses using diagnostic capability

#### Statement 1.1: Conducts comprehensive, relevant and holistic health assessment

##### Cues:

- Demonstrates extensive knowledge of human sciences and health assessment
- Demonstrates comprehensive and systematic skill in obtaining relevant, appropriate and accurate data that inform differential diagnoses
- Assesses the complex and/or unstable health care needs of the person receiving care through synthesis and prioritisation of historical and available data
- Assesses the impact of comorbidities, including the effects of co-existing, multiple pathologies and prior treatments in the assessment of the person receiving care
- Demonstrates comprehensive skill in clinical examination including physical, mental health, social, ethnic and cultural dimensions
- Consistently and accurately synthesises and interprets assessment information specifically history, including prior treatment outcomes, physical findings and diagnostic data to identify normal, at risk and abnormal states of health
- Critically evaluates the impact of social determinants on the person and population.

#### Statement 1.2: Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making

##### Cues:

- Makes decisions about the use of person-focused diagnostic investigations that are informed by clinical findings and research evidence
- Demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the person receiving care when ordering diagnostic investigations
- Orders and/or performs selected screening and diagnostic investigations
- Is responsible and accountable for the interpretation of results and for following-up the appropriate course of action
- Uses effective communication strategies to inform the person receiving care and relevant health professionals of the health assessment findings and diagnoses.

#### Statement 1.3: Applies diagnostic reasoning to formulate diagnoses

##### Cues:

- Synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics and societal processes when making a diagnosis

- Considers the person's expectations of assessment, diagnosis and cost of health care
- Acts to prevent and/or diagnose urgent and emergent and life threatening situations
- Determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the person's history and best available evidence.

## **Standard 2: Plans care and engages others**

### **Statement 2.1: Translates and integrates evidence into planning care**

#### **Cues:**

- Takes personal responsibility to critically evaluate and integrate relevant research findings into decision making about health care management and interventions
- Ethically explores therapeutic options considering implications for care through the integration of assessment information, the person's informed decision and best available evidence
- Is proactive and analytical in acquiring new knowledge related to nurse practitioner practice.

### **Statement 2.2: Educates and supports others to enable their active participation in care**

#### **Cues:**

- Respects the rights of the person to make informed decisions throughout their health/illness experience or episode, whilst ensuring access to accurate and appropriately interpreted information
- Uses appropriate teaching/learning strategies to provide diagnostic information that is relevant, theory-based and evidence-informed
- Communicates about health assessment findings and/or diagnoses, including outcomes and prognosis
- Works to meet identified needs for educating others regarding clinical and ongoing care.

### **Statement 2.3: Considers quality use of medicines and therapeutic interventions in planning care**

#### **Cues:**

- Develops an individual plan of care and communicates this to appropriate members of the healthcare team and relevant agencies
- Exhibits a comprehensive knowledge of pharmacology and pharmacokinetics related to nurse practitioner scope of practice
- Works in partnership with the person receiving care to determine therapeutic goals and options
- Verifies the suitability of evidence-based treatment options including medicines, in regard to commencing, maintaining/titrating or ceasing interventions
- Demonstrates accountability in considering access, cost and clinical efficacy when planning treatment.

### **Statement 2.4: Refers and consults for care decisions to obtain optimal outcomes for the person receiving care**

**Cues:**

- Collaborates with other health professionals to make and accept referrals as appropriate
- Consults with and/or refers to other health services, disability services, aged-care providers and community agencies at any point in the care continuum.

**Standard 3: Prescribes and implements therapeutic interventions****Statement 3.1: Prescribes indicated non-pharmacological and pharmacological interventions****Cues:**

- Contributes to health literacy by sharing knowledge with the person receiving care to achieve evidence-informed management plan
- Safely prescribes therapeutic interventions based on accurate knowledge of the characteristics and concurrent therapies of the person receiving care
- Demonstrates professional integrity and ethical conduct in relation to therapeutic product manufacturers and pharmaceutical organisations
- Safely and effectively performs evidence-informed invasive/non-invasive interventions for the clinical management and/or prevention of illness, disease, injuries, disorders or conditions
- Interprets and follows-up the findings of screening and diagnostic investigations in an appropriate time frame during the implementation of care.

**Statement 3.2: Maintains relationships with people at the centre of care****Cues:**

- Supports, educates, coaches and counsels the person receiving care regarding diagnoses, prognoses and self-management, including their personal responses to illness, injuries, risk factors and therapeutic interventions
- Advises the person receiving care on therapeutic interventions including benefits, potential side effects, unexpected effects, interactions, importance of compliance and recommended follow-up
- Shares information with others in consultation with the person receiving care
- Coordinates care with other health, disability and aged-care providers, agencies and community resources
- Discloses the facts of adverse events to the person receiving care and other health professionals; mitigates harm, and reports adverse events to appropriate authorities in keeping with relevant legislation and organisational policy
- Advocates for improved access to health care, the health care system and policy decisions that affect health and quality of life.

**Statement 3.3: Practises in accordance with federal, state and territorial legislation and professional regulation governing nurse practitioner practice**

**Cues:**

- Defines duty of care in accordance with relevant legislation and regulation
- Remains informed of changes to legislation and professional regulations, and implements appropriate alterations to practice in response to such changes
- Contributes to the development of policy and procedures appropriate to context and specialty.

**Standard 4: Evaluates outcomes and improves practice****Statement 4.1: Evaluates the outcomes of own practice****Cues:**

- Monitors, evaluates and documents treatments/interventions in accordance with person- determined goals and health care system outcomes
- Considers a plan for appropriately ceasing and/or modifying treatment in consultation with the person receiving care and other members of the health care team
- Applies the best available evidence to identify and select appropriate outcomes measures of practice
- Uses indicators to monitor and measure the effectiveness of strategies, services and interventions to promote safe practice
- Participates in clinical supervision and review
- Implements research-based innovations for improving care
- Contributes to research that addresses identified gaps in the provision of care and/or services.

**Statement 4.2: Advocates for, participates in, or leads systems that support safe care, partnership and professional growth****Cues:**

- Advocates and provides evidence for expansion to nurse practitioner service where it is believed that such an expansion will improve access to quality and cost-effective health care for specific populations
- Demonstrates clinical leadership in the design and evaluation of services for health promotion, health protection or the prevention of injury and/or illness
- Articulates and promotes the nurse practitioner role in clinical, political and professional contexts
- Acts as an educator and/or mentor to nursing colleagues and others in the healthcare team
- Critiques health care policies for their implications on the nurse practitioner role and the populations for whom they care
- Influences health, disability and aged-care policy and practice through leadership and active participation in workplace and professional organisations.

## Glossary

**Advanced nursing practice (ANP):** ANP is a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.

Advanced nursing practice is a level of practice and not a role. It is acknowledged that advanced nursing practice is individually attributed within a regulated nursing scope (enrolled nurse, registered nurse or nurse practitioner).

**Advanced practice nursing (APN):** APN in the Australian nursing context identifies the additional legislative functions of an endorsed nurse practitioner that are outside the contemporary registered nurse scope of practice.

Advanced practice nursing as a nurse practitioner is a qualitatively different level of advanced nursing practice to that of the registered nurse due to the additional legislative functions and the regulatory requirements. The requirements include a prescribed educational level, a specified advanced nursing practice experience; and continuing professional development.

Advanced practice nursing should not be confused with the term 'practice nurse' that is used colloquially to describe nurses working in the general practice setting.

**Attributes:** Are characteristics that underpin competent performance. Refer to the NMBA's [Registered nurse standards for practice](#)

**Competence:** The combination of skills, knowledge, attitudes, values and abilities that underpin effective and/or superior performance in a profession/occupational area. Refer to the NMBA's [Registered nurse standards for practice](#)

**Cues:** Key generic examples of competent performance. They are neither comprehensive nor exhaustive. They assist the assessor when using their professional judgement in assessing nursing practice. They further assist curriculum development. Refer to the NMBA's [Registered nurse standards for practice](#)

**Nurse Practitioner:** A nurse practitioner is an advanced practice nurse endorsed by the Nursing and Midwifery Board of Australia (NMBA) to practise within their scope under the legislatively protected title 'nurse practitioner'.

**Person/people:** In these Standards, person/people is used to refer to those individuals who have entered into a relationship with a nurse practitioner. Person/people encompass patients, clients, consumers and families that fall within the NP scope and context of practice.

**Prescribing:** is defined as the steps of information gathering, clinical decision making, communication and evaluation which results in the initiation, continuation or cessation of a medicine.

**Scope of practice:** The scope of nursing practice is that in which nurses are educated, competent to perform and permitted by law. The actual scope of practice of individual practitioners is influenced by the settings in which they practise, the health needs of people, the level of competence and confidence of the nurse and the policy requirements of the service provider