Consultation on the Scope of Practice and Qualifications

Nurse practitioner

Consultation Document
December 2014
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Introduction

The Nursing Council (the Council) is undertaking a review of the nurse practitioner scope of practice and prescribed qualifications (see Appendix 1). The health care environment has changed considerably since 2001 when nurse practitioner was introduced. This consultation is focused on the future requirements for the nurse practitioner scope of practice and qualifications. It discusses the positioning of nurse practitioner in relation to projected health need and service delivery changes and the potential implications of the introduction of further registered nurse prescribing.

The Council is proposing changes to the nurse practitioner scope of practice to ensure it:

• remains safe, flexible and appropriate to meet health needs;

• adequately describes the health services the nurse practitioner provides; and

• sufficiently differentiates the nurse practitioner from advanced registered nurse roles.

The Council also wishes to consult on the educational preparation for nurse practitioners to explore:

• any changes it should make as a result of the proposed changes to the scope of practice including specifying programme outcomes,

• the impact of the proposed introduction of the postgraduate diploma in registered nurse prescribing for patients with long-term and common conditions, and

• whether it should specify clinical learning time within the education programme and if so, how much?

Pre-consultation process

The Council sought the views of key stakeholders including nursing organisations, nurse practitioners, employers, education providers and the Ministry of Health earlier in 2014 to discuss the future requirements for nurse practitioner and this feedback informs this consultation document. A summary of the questions and themes from this pre-consultation process can be found in Appendix 2.

How to make a submission

The Nursing Council values your views and encourages you to respond to this document. The submission survey can be accessed from the Nursing Council website www.nursingcouncil.org.nz.

The closing date for submissions is Friday 27 February 2015.
The present nurse practitioner workforce

The nurse practitioner was a ground breaking new role when it was introduced in 2001. For the first time nurses were given the authority to assess, diagnose and treat health conditions. The requirements for registration in this new scope of practice, in addition to already being a registered nurse, were a clinical masters’ degree in nursing and a minimum of four years of experience in the specific area of practice they were to be registered in. Registration with prescribing rights was optional until 1 July 2014.

The role of nurse practitioners is varied depending on the area they work in. Nurse practitioners combine advanced nursing skills with knowledge of physical assessment and diagnostic reasoning. They provide health services that include assessment and treatment of disease and advanced nursing support to assist the patient to cope with their illness or disability, its treatment and consequences.

Initially the number of nurse practitioners registering annually was low (three in 2004) but it has increased to an average of 17 nurse practitioners registering annually since 2009. The current workforce of 1361 nurse practitioners works within and across a range of health settings. Increasingly new nurse practitioners are identifying their specific area of practice as primary health. Council employment data2 indicates that most nurse practitioners (68%) are employed outside of acute hospital settings. Nurse practitioners specify their area of practice as acute or specialty adult3 (47), primary health care (43), child and youth (23), older adult (15) and mental health (8).

Ten years after the introduction of the nurse practitioner role, nurse leaders described a number of barriers to the role including legislative barriers, difficulties accessing education, clinical training and mentorship, difficulties finding employment, model of care and funding barriers, and an “onerous” registration process (Nursing Review, May 2012). Other anecdotal evidence suggests that nurse practitioners are increasingly being actively sought to assist with workforce shortages4.

It is beyond the role of the Council to address some of the systemic barriers identified above. Over time these barriers are reducing. The Council believes that the nurse practitioner has an important contribution to make to the health of New Zealanders and that the valuing of the role will improve as the number of nurse practitioners increases and models of care become more collaborative and integrated.

Scope of practice review is an important mechanism for the Council to ensure the nurse practitioner skill set is developed and continues to be relevant. Any changes to the scope of

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1 In August 2014, 144 nurse practitioners had been registered with 136 holding practising certificate.

2 All the data in this section is based on the self-reported data supplied by nurse practitioners to the Nursing Council at the time of practising certificate renewal.

3 This includes cardiology, diabetes, palliative care, high dependency, oncology, perioperative and emergency.

4 The College of Nurses Aotearoa reports daily phone calls from recruiters and potential employers.
practice and prescribed qualifications should primarily focus on preparing the future nurse practitioner workforce to meet projected health care needs.

**Future health needs and workforce needs**

The ageing of the population over the next 20 years will be the key driver of health needs. Long-term conditions\(^5\) are expected to increase disproportionately in older adults (over 65 years). Over 85 year olds will be the fastest growing group. As people age they will require ongoing and increasing community based health care and the support of community agencies as they live daily with their condition in their own homes. In addition a small proportion with complex needs will require residential care (Cornwall & Davey, 2004; Ministry of Health, 2011). The rate of dementia increases with age and given the high level of disability associated with the disease and the complex health needs of people with dementia this will place considerable demands on health care delivery (Ministry of Health, 2002b). The provision of a workforce to provide primary healthcare and specialist gerontology services to an ageing population will be a challenge to health planners.

Long term conditions are expected to increase across all age groups as a result of diet and lifestyle. Health is closely linked to socioeconomic status, with the health of Māori, Pacific peoples and those who are economically deprived having significantly poorer health and unmet health care need than that of other New Zealanders (Ministry of Health, 2013). Mental health consumers have been identified as having poorer health than other New Zealanders and are at risk of cardiovascular disease, diabetes and lung disease and other long-term conditions.

Nurse practitioners will increasingly work with older adults and patients with long term conditions in all practice areas. Nurse practitioners will work with underserved communities to improve health outcomes and reduce health inequalities. In addition there is likely to be a workforce need for nurse practitioner who can work with frail older adults as part of specialist teams (including mental health), in primary care teams and in aged residential care.

**Potential workforce shortages and new ways of working**

New Zealand has an ageing health workforce with a predicted 24% shortfall by 2021 (National Health Board, 2010) and an anticipated shortage of general practitioners (GPs) (Royal New Zealand College of General Practitioners, 2014). In addition, future population growth is predicted to be greatest in Auckland with population decline in much of rural New Zealand, with implications for maintaining service levels for an aging and possibly dwindling population (Royal Society of New Zealand, 2014).

The Government has indicated that health care delivery must be refocused to meet the projected health care needs of the ageing population in an appropriate and economically sustainable way. A stronger, more integrated team based approach is advocated in primary and integrated health services and in the outreach of specialist services across regions and between services (National Health Board, 2010) (Ministry of Health, 2014).

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\(^5\) E.g. cardiovascular disease, diabetes and lung disease.
It is increasingly acknowledged that the present models of health care delivery need to be redesigned for the chronically ill to support self-management through time, information, delivery redesign, decision support and other resources (De Geest et al., 2008). Nurse practitioners are ideally placed in view of their sophisticated clinical skills, scientific, clinical and system change knowledge to contribute to the development of new models of care and the care provision of the chronically ill. “The real challenge lies in planning a health care workforce that fits the needs of the population. This implies a health care workforce that has the appropriate competencies especially in the area of chronic illness care. Moreover, the right skill mix that contributes to both adequate clinical and economical outcomes needs to be defined. Planning of the health care workforce should also be tightly intertwined with the development of new models of care that provide the organisational framework for state of the art chronic illness management resources” (De Geest et al., 2008, p.625).

Nurse practitioners will have an increasing role in primary health teams particularly in rural areas. Nurse practitioners will be able to work across health settings and assist in the provision of specialist services. Nurse practitioners will continue to work with population/client groups to “craft health services relevant to the consumer population and unmet access needs” (Carryer, et al., 2007).

Changing scopes of practice in nursing

The nurse practitioner scope of practice review must include consideration of changes to the registered nurse scope of practice. It is expected that scopes of practice will change over time as practice changes. The health workforce policy of better utilising the skills of health practitioners and encouraging them to “work to the top of their scope” will continue the movement in scopes of practice for both nurse practitioners and registered nurses.

An expanding scope for registered nurses

Since the nurse practitioner scope of practice was introduced in 2001 the boundaries of the registered nurse role have expanded. Reasons for this change include:

- the development of clinical masters’ degree programmes with Health Workforce New Zealand (HWNZ) funding has enabled many registered nurses to develop advanced practice skills through education;
- the Medicines (Standing Order) Regulation (2002), has enabled the use of standing orders across a range of health care settings;
- the primary health care strategy (Ministry of Health, 2001) has enhanced the role of practice nurses and other nurses within primary health care; and
- the introduction of diabetes registered nurse prescribing in 2011.

In 2010 the Council included expanded practice activities such as First surgical assistant within the registered nurse scope of practice if appropriate standards, competencies and

6 The registered nurse scope of practice was legally changed by Gazette notice in September 2010.
employer support and credentialing requirements are met (Nursing Council of New Zealand, 2010).

Advanced nursing roles

Advanced practice roles for registered nurses have developed to meet health service and patient needs. These roles are variously titled according to specific health care setting. The experience, educational qualifications and competencies required for these roles is determined by the employer and not specified nationally (Roberts et al, 2011, p.24). The Clinical Nurse Specialist (CNS) role is common throughout the country in District Health Boards (DHBs) where it is often linked to a medical specialty and focused on a particular specialist area. There are important differences between these advanced practice roles and nurse practitioners including different scopes of practice. The nurse practitioner has:

- the regulated requirement for qualifications and demonstrated competence,
- ability and legitimacy to work across or span health settings,
- breadth of scope,
- independence and autonomy, and
- the legal authorisation to prescribe and treat, and to manage an episode of care.

Regulation of the nurse practitioner provides public safety and individual patient protection and has enabled some of the legislative and funding barriers to be removed. This would not have occurred if nurse practitioners were not regulated and did not have a specified qualification and level of competence.

Registered nurse prescribing proposal

The Council submitted an application to the Ministry of Health for Designated prescribing: Registered nurses practicing in primary health and specialty teams in October 2014. The proposal made by the Council specifies that registered nurses will prescribe within a collaborative team and will have an authorised prescriber (medical or nurse practitioner) to consult. The list of medicines is restricted and reflects the more limited scope of the registered nurse prescriber.

The proposed qualification – the Postgraduate diploma in registered nurse prescribing for long-term and common conditions - contains some requirements (pathophysiology, pharmacology, assessment and clinical reasoning and a prescribing practicum) similar to the present clinical masters’ programmes completed by nurse practitioner candidates (see Appendix 4). The Council has also introduced competencies for all nurse prescribers. The implications of this on the nurse practitioner education programme are discussed in the next part of the document.

Nurse practitioners are now authorised prescribers

In July 2014 nurse practitioners became authorised prescribers. This means that they are no longer restricted to prescribing from a list of prescription medicines and some of the restrictions around their prescribing of controlled drugs have been lifted. In response to the pre-consultation questions many nurse practitioners indicated that they did not think that authorised prescriber status would change the scope of practice significantly. Some said it
would reduce barriers to medicines and put nurse practitioners on a more even field with doctors. Some indicated this status might help to reduce workplace barriers e.g. ordering x-rays. Other said that prescribing was just one tool of their practice.

Nurse practitioner also became a “prescribing scope” on 1 July 2014. This means that for the first time prescribing can be integrated within the education programmes standards and competencies. This will be discussed later in this document.

There is also potential for two related changes to impact on the nurse practitioner role in the future. One is the potential for an increasing mentorship role with registered nurses both preparing to become prescribers and when they can prescribe within multidisciplinary teams. The other is gaining authority to issue standing orders. This would require a change to the Standing Orders Regulations 2002. These changes and the removal of further legislative barriers will further enhance the role of the nurse practitioner as a lead clinician and as a leader of nursing practice teams.

Nurse practitioners will have increasing authority as lead clinicians and collaborative team leaders. Their leadership of nursing practice teams will increase over time. Their ability to work with their population/client group across settings will be increasingly valued within health services.

Scope of practice

In this section the current scope of practice for nurse practitioner is discussed and a revised scope of practice is proposed.

The current scope of practice for nurse practitioners

Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.

Issues with the current scope of practice

There was considerable support expressed during the pre-consultation process for the current scope of practice for nurse practitioners. Some stakeholders thought that only minor changes to the wording was required to update the statement e.g. use “advanced” rather than expert nurses. Others raised issues with the scope of practice that require further discussion.
Articulate more clearly the role of nurse practitioners

Some stakeholders expressed concern about the confusion that exists within the sector about the nurse practitioner scope of practice. For some this was about more clearly articulating the authority of the nurse practitioner and spelling out the extent of their accountability for patients, their authority to be the primary health carer and be fully responsible for an episode of care. In addition their leadership role or senior membership of the healthcare team should be emphasised.

Others were concerned that the nurse practitioner be more clearly differentiated from other advanced practice registered nurse roles e.g. the CNS as there is confusion between the nurse practitioner and other advanced nursing roles. This was predicted to become more confusing with the anticipated introduction of broader registered nurse prescribing.

The revision of the nurse practitioner scope is an opportunity to ensure that the capabilities and responsibilities of the nurse practitioner are clearly articulated and differentiated from the registered nurse scope of practice. Nurse practitioners have a higher level of responsibility, accountability and independence in the management of their patient group/population. They have a much broader and enabling prescriptive authority than that proposed for registered nurses. The proposed new nurse practitioner scope statement (below) emphasises the unique role of the nurse practitioner as a primary carer, working independently, working across health care boundaries, using diagnostic inquiry, being a team leader, making referrals and managing client complexity.

Specific area of practice

Nurse practitioners are required to work in a specific area of practice (see scope statement above). This specific area of practice is placed in their scope of practice when they register and appears on the register and on their practising certificates.

Some stakeholders were of the view that working within a “specific area of practice” was too limiting and that a broader scope of practice is required. The broader scope of practice should include an emphasis on working across contexts, health providers and the lifespan. Some employers and Directors of Nursing considered that the narrowness of some nurse practitioner speciality areas was reducing the flexibility of nurse practitioners to work across services and caused some confusion with the CNS role. This was supported by some nurse practitioners who felt that their speciality area of practice label was limiting their practice and reducing their potential to have greater impact on patient health outcomes.

The Council has received inquiries from nurse practitioners who are finding their specific area of practice too restrictive. The reasons cited are: the need to broaden their area of practice to meet health needs; their knowledge and skill has increased with experience and they wish to extend their practice across specialities or contexts; or there is the opportunity to pursue new practice opportunities. To date three nurse practitioners have successfully broadened their area of practice. Another possible reason could be related to specific areas defined by age or gender. For example nurse practitioners who define their specialty as youth sometimes have an opportunity to treat adults or children (Ministry of Health, 2009).

Some early nurse practitioners registered within narrow specific areas of practice as this was the framework originally proposed by the Council (Nursing Council of New Zealand, 2001a).
Over time the Council has encouraged a broadening of specific areas to have more of a population focus. Applicants applying for nurse practitioner registration at present are required to identify their area of practice which is usually defined by a population group and may include a practice area. The Council last considered the ‘matrix for nurse practitioner areas of practice’ in 2009 (Table 1 below) and envisaged that in the future the nurse practitioner area of practice would broaden to indicate only the population group.

There has been a growth of nurse practitioners with “primary health” as a specific area in the last five years and a gradual shift in applicants defining their area of practice within a population group only.

Table 1: Matrix for nurse practitioner areas of practice

<table>
<thead>
<tr>
<th>Must define population group</th>
<th>Acute Care</th>
<th>Primary Health/General Practice</th>
<th>Health Condition (Specific)</th>
<th>Mental Health</th>
<th>Palliative Care</th>
<th>Public Health</th>
<th>Women’s Health</th>
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<td>Child &amp; Youth</td>
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<td>Pacific Peoples</td>
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<tr>
<td>Other Cultural Groups</td>
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There are different models of defining nurse practitioner scope of practice internationally in relation to area of practice:

- Australia – no speciality area of practice is defined when a new nurse practitioner is registered.
- Canada – nurse practitioners can register in Family (primary health care), Adult or Child Health areas. The three streams have different graduate profiles, competencies and education pathways. Family is the most common and all streams have a primary health care education base (College of Registered Nurses of British Columbia, 2014).
- United States of America – Many states have a range of six population based areas for registration with different competencies, education pathways and then there is further

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7 Family/individual across the lifespan, adult-gerontology, neonatal, paediatrics, women’s health/gender-related or psych/mental health.
professional credentialing in a speciality\(^8\). Family (Primary health care) is the most common (American Association of Nurse Practitioners, 2010). In the USA it is acknowledged that larger numbers of nurse practitioners prepared to care for older adults are needed to meet health care needs (Auerhan et al, 2012). A growing trend in their nurse practitioner programmes has been to combine adult and gerontology programmes and to enhance the gerontology content in adult and family (primary health) programmes.

Some stakeholders suggested in the pre-consultation that the model used by Canada could be appropriate for New Zealand. In New Zealand it is likely that there would be insufficient numbers of nurse practitioner candidates to support three entirely different education pathways. However there may be scope to focus one or two courses on a population group.

The removal of the specific area of practice from the scope of practice would reduce barriers to the flexibility and utility of the nurse practitioner role within health care. This would enable nurse practitioners with a broad, flexible scope of practice to work across services to meet the needs of a changing population and health service. This would also recognise that the experience and expertise of the nurse practitioner develops over time and would enable their scope to broaden as their practice evolves and extends over time. This was supported by many in the pre-consultation feedback.

The self-definition of an area of practice will continue to be useful for nurse practitioners and could be included in their employment position title but it is argued that it does not need to be defined in their scope of practice at registration.

A specific area of practice was initially introduced as a restriction to assure the public safety of nurse practitioners as the first nurse prescribers. The Council does not propose to restrict registered nurse prescribers in this way. In considering public safety the Council considers that clinical expertise and post graduate educational prepares nurse practitioners to have the insight and understanding needed to regulate their own practice and not undertake activities outside their competence in the same way that medical practitioners do.

Nurse practitioners should be able to adapt their practice across health care contexts, identify and meet their own learning needs and as authorised prescribers, be able to and be responsible for determining what medicines they are competent to prescribe.

Nurse practitioners are also required to complete a minimum of 4 years of clinical practice in a specific area of practice as part of the prescribed qualification (see Appendix 2). The Council is not proposing to change this requirement as it believes nurse practitioners need to develop their expertise within a specific area of practice.

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**Do you support nurse practitioner being a broad generic scope of practice (like registered nurse and enrolled nurse) and the removal of the requirement for registration to be restricted to a specific area of practice?**

Please give your reasons

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\(^8\) The cost of professional specialty credentialing is supported through the large number of nurses in the USA and is not comprehensively developed in New Zealand.
Primarily a clinical role

Some stakeholders discussed the broad requirements in the last sentence of the scope statement as being too high for a new nurse practitioner and possibly detracting from the primary focus of the role which is clinical practice. *Demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.*

Some concern was expressed in the pre-consultation process that the current statement of expectation for leadership may be too broad. Clinical leadership is considered one of the cornerstones of nurse practitioner practice in many countries (Nursing and Midwifery Board of Australia (NMBA), 2012) and differentiates the nurse practitioner scope from that of the registered nurse. It is argued that leadership activities that are very clinically focused on guiding and influencing care and improving the health outcomes for a population group should be a minimum expectation of the nurse practitioner. Removing the requirement for leadership in education, management, research and policy development from the scope statement may allow new nurse practitioners to focus specifically on developing their clinical leadership skills. These other leadership skills can still be included in the competencies for nurse practitioners.

Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement (below)?

Please give your reasons

Articulate the advanced nursing knowledge and skills within the role

The scope statement was introduced in 2004 and at that time the nurse practitioner was the only nursing role that could “diagnose, assess and prescribe” and “provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests”. As the registered nurse scope of practice has evolved, other nurses are beginning and will increasingly undertake these activities (e.g. diabetes registered nurse prescribers). What is not explicit within the scope statement is the advanced nursing practice of the nurse practitioner i.e. their ability to use their advanced nursing knowledge and skills to provide flexible, innovative, holistic and individualised care working in partnership with the client, community or population group.

Nurse practitioners in a publication to celebrate the first 50 nurse practitioners *Nurse Practitioners: A healthy future for New Zealand (Ministry of Health, Nursing Council of New Zealand, DHBNZ, Nurse Practitioner Advisory Council-NZ., 2009)* commonly gave examples of the nursing basis of their practice and how this was enhanced by their nurse practitioner preparation.

Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?

Please give your reasons
Proposed new scope of practice

The Council has proposed the following scope of practice statement. The requirements for prescribing a scope of practice under section 12 of the Act are included in Appendix 3.

You are asked to consider this scope of practice and whether it is an adequate description of the scope of practice and clear for employers, nurse, the public and others who work in the health sector.

Nurse practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practice beyond the level of a registered nurse. Nurse practitioners provide a wide range of healthcare services to people and communities, including the diagnosis and management of common and complex medical conditions. Nurse practitioners may work autonomously and in collaboration and consultation with patients and with other health professionals, including medical practitioners to provide and improve access to coordinated, comprehensive, quality health care. Nurse practitioners may manage episodes of care and may be the primary care provider or work as part of a team.

Nurse practitioners blend diagnostic inquiry and therapeutic knowledge and skills with nursing values, knowledge and practice to provide holistic, patient-centred, innovative and flexible care. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic/laboratory tests, prescribing medicines, administering treatments/therapies, admitting and discharging from hospital and other healthcare services/settings. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners may work with a specific patient group or community and may work across health settings and teams. They promote health, prevent disease and manage people’s health needs.

Do you agree with the proposed new scope of practice for nurse practitioner?
Please explain your reasons or suggest changes or alternative wording.

Education programme

Under the Health Practitioners Competence Assurance Act 2003 the Council is responsible for approving and monitoring education programmes leading to registration in a scope of practice (see Appendix 3). Nurse practitioners must complete a clinically focused masters’ degree programme approved by the Council as part of the nurse practitioner prescribed qualifications. The Council developed “Standards for Advanced Nursing Practice programme (with/without prescribing)” in 20019. These programme standards are still used today to approve and monitor programmes. They contain specific requirements related to “assessment, prescribing and monitoring processes” and an assessment of the student against the competencies for nurse practitioners but otherwise devolve responsibility to the education providers to determine graduate outcomes. A masters’ degree in nursing is currently offered by seven tertiary education providers.

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These programmes now serve a range of purposes for the nursing workforce. They offer a variety of papers that allow nurses to develop specialised skills and knowledge in a range of practice areas. They also offer papers that are embedded in NETP (nurse entry to practice programmes). Some papers are now being offered for expanded practice areas e.g. First surgical assistant. Some masters’ programmes offer both clinical and research pathways. Nurses may choose to exit at three qualification steps: postgraduate certificate, postgraduate diploma and masters’ degree. Two providers offer a nurse practitioner/prescribing pathway within a multidisciplinary Master of Health Science.

Anecdotally some nurse practitioner candidates have reported that it is difficult to work out which papers they needed to complete to meet the nurse practitioner requirements. Over recent years education providers have developed clearer ‘pathways’ (a group of courses or papers) for nurses who might be considering nurse practitioner registration.

All programmes offer papers that cover assessment and diagnostic reasoning, pathophysiology or science, and pharmacology. All programmes offer a practicum, usually at the end of the qualification. Some programmes have a prescribing practicum and some have an advanced practice practicum. One programme has two practicums. These vary in focus and in the hours required (160 to 325) for mentoring and for clinical learning. One programme specifies that clinical learning must be outside of normal work hours. The Council does not have any requirement for a practicum in the current programme standards. However the Council does look for evidence of supervised practice and evidence against the prescribing competencies completed by a prescribing mentor when reviewing nurse practitioner applications for registration.

This review of the nurse practitioner education programme offers an opportunity to focus on the academic preparation for nurse practitioners without considering all the other purposes of the masters’ programmes.

**Potential changes to the education programme**

Considerable support was expressed during the pre-consultation process for a more generic, streamlined nurse practitioner programme with greater clinical content, mentor support and clinical learning time. The review of future health needs and the revised nurse practitioner scope of practice identified some potential areas for changes in the education programme. The introduction of the *Post graduate diploma in registered nurse prescribing for long term and common conditions* will have implications for nurse practitioner preparation (see the Education programme standards in Appendix 4). As discussed earlier nurse practitioner becoming a “prescribing scope” in July 2014 allows for the integration of “prescribing skills” throughout the programme.

**A dedicated Masters programme with a broad focus and clinical learning time**

The pre-consultation process with stakeholders indicated support for a generic, broad based education focussed on the core competencies of the nurse practitioner. Experienced registered nurses developed a wealth of specialty practice knowledge and skills. The nurse practitioner role is broader and deeper and requires advanced critical thinking and practice knowledge to develop the responsibilities and autonomy required.
A dedicated nurse practitioner education programme has been advocated for some time within the sector (O’Connor 2008); (Snell, 2010); (Nurse Practitioner Advisory Committee of New Zealand, 2010) and this was supported in the pre-consultation process. There was strong support from stakeholders for a significant component of clinical practicum hours/time within the programme. It was considered that the clinical learning time should be separate from a nurse’s paid employment hours, and should include supervision and require employer support. Protected clinical learning hours are a key component of nurse practitioner programmes internationally and are considered crucial as nurses develop advanced clinical decision making and develop the skills needed to undertake the nurse practitioner scope of practice.

For example in Ontario Canada the primary health nurse practitioner program involves a 13-week, full-time clinical placement in which the student works alongside an experienced nurse practitioner and/or family physician and other team members. For paediatric and adult programme learners must complete a 700-hour clinical placement in an acute care clinical area\(^\text{10}\). In the USA a minimum of 500 supervised clinical hours has been nationally agreed for all nurse practitioner education programmes\(^\text{11}\).

HWNZ funds a prescribing practicum with clinical learning placements however anecdotally it appears the uptake of this is low and it does not translate into significant clinical release time. At present there may be a delay of one to two years between nurses completing programmes and registering as nurse practitioners. This has been attributed to portfolio development for application to the Council\(^\text{12}\) but could also suggest that many nurses are not clinically ready or supported by employers to apply at the end of the programme.

A practicum at the end of the programme that offers the opportunity for clinical learning and mentorship while developing skills to practice as a nurse practitioner and prepare for registration is suggested. As there are still relatively small numbers of nurse practitioners few students would be working with a nurse practitioner in their workplace. If the student was given clinical release time this would enable them to work outside of their existing role and learn how to be a nurse practitioner through mentoring and role modelling. For example, working in a different practice setting (thereby broadening their skills and experience) with a senior nurse practitioner to gain skills and understanding of the role. It also offers an opportunity for the further development of clinical expertise and leadership skills. However, clinical release time implies that the nurse will have employer support and this could be a barrier for some nurses whose employers do not support them working as nurse practitioners.

As discussed above the Council has not specified practicum requirements previously but has developed some requirements for the prescribing practicum within the postgraduate diploma.

\(^{10}\) [http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Roles/Nurse_Practitioners](http://www.healthforceontario.ca/en/Home/Nurses/Training_%7C_Practising_In_Ontario/Nursing_Roles/Nurse_Practitioners)


\(^{12}\) The Council released new application guidelines in July 2014 which have reduced portfolio requirements.
that can be found in Appendix 4. A similar approach may enable greater consistency of preparation for nurse practitioners. A further consultation on draft education standards is planned after the Council considers the views expressed in this consultation.

The Australian Nursing and Midwifery Accreditation Council (ANMAC) (ANMAC, 2014) is currently consulting on specifying a minimum of 500 hours of integrated professional practice hours for nurse practitioner programmes and whether these hours should be supernumerary.

<table>
<thead>
<tr>
<th>Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give your reasons</td>
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</table>

<table>
<thead>
<tr>
<th>Do you support the Council specifying clinical learning time within the programme for nurse practitioners?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give your reasons</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Do you think that a student must have employer support to complete a practicum with supernumerary hours?</th>
</tr>
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<tbody>
<tr>
<td>Please give your reasons</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>What other requirements for the clinical learning hours should be specified by the Council e.g. mentor criteria, setting, competence or other assessments?</th>
</tr>
</thead>
</table>

The relationship of the *Postgraduate diploma in registered nurse prescribing for long term and common conditions* to the nurse practitioner programme

In July 2014 the qualifications for nurse practitioner were changed because prescribing was no longer optional for new nurse practitioners\(^{13}\). In October 2014 the Council made an application for registered nurse prescribing rights to HWNZ - Designated prescriber:

Registered nurses practising in primary health and specialty teams – with the proposed qualification a *Postgraduate diploma in registered nurse prescribing for long term and common conditions* (see the Education programme standards in Appendix 4).

The postgraduate diploma contains requirements similar to the courses that nurse practitioners currently complete (pathophysiology, pharmacology, assessment and clinical decision making) including a 150 hour prescribing practicum. It also describes a broad focus on common long-term and other conditions rather than an exclusive focus on a specialty area. These changes makes it possible for the nurse practitioner pathway to be more

\(^{13}\) Nurse practitioner became a prescribing scope of practice and an authorised prescriber under the Medicines Amendment Act (2013).
consistently described and create the potential for elements of the designated prescriber pathway and the nurse practitioner pathway to be the same.

The completion of this qualification may serve the purpose of broadening and standardising the preparation of all nurse practitioners. In the future some potential nurse practitioners will complete the postgraduate diploma and then apply for prescribing rights. They may choose to work as a registered nurse with prescribing rights for a significant period of time before continuing with the nurse practitioner programme. They would complete a prescribing practicum as part of the postgraduate diploma not at the end of the Masters’ programme as occurs now. The need for protected clinical hours could be reduced by their prescribing experience as a registered nurse.

This postgraduate diploma programme is designed as a stand-alone qualification but it could also form the first year (120 credits) of the Masters’ programme (240 credits in total) for nurse practitioners. Education providers can specify prerequisite courses are completed or completed to a particular academic standard before a student is allowed to enter a masters’ degree. Making the postgraduate diploma in registered nurse prescribing a prerequisite programme could improve standardisation of the programmes. However it could also limit the flexibility of the education programmes and may be seen as reducing access to education. Some nurses may have completed a different combination of courses before deciding on a nurse practitioner programme. Any barriers that impact on individuals’ access to advanced education and the development of a nurse practitioner role should be carefully considered.

Do you think the Postgraduate diploma in registered nurse prescribing for long term and common conditions should be a prerequisite for nurse practitioner programmes?

Please give your reasons

Programme outcomes to be specified by Council

At present graduate outcomes are specified by each different education provider and are often for the Masters programme as a whole, not the nurse practitioner dedicated pathway. It is proposed that the Council specify programme outcomes for nurse practitioner programmes to create more consistency. Greater consistency in programme outcomes will potentially lead to applicants being more consistently prepared for practice and for registration as a nurse practitioner.

At the moment the Council’s registration process is independent of the education programmes and involves a portfolio and oral assessment of competence. Through this process the Council is able to ensure a consistent standard for nurse practitioner registration. During the pre-consultation process stakeholders were asked if education should take a greater role in assessing nurse practitioners for registration. This was not

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14 For example a nurse practitioner training programme has been proposed by University of Auckland and Massey University for consideration by HWNZ. This proposal requires the student to complete two practicums (including the prescribing practicum) and two other 30 credit papers in one year.
generally supported by stakeholders who considered the education programmes to be too inconsistent and that education providers may experience a conflict between passing students and the standard of competence required for registration in the nurse practitioner scope of practice.

Another benefit of having programme outcomes is that it will allow easier evaluation of educational equivalence of overseas nurse practitioner programmes.

Specifying programme outcomes will allow the Council to emphasise the skills and knowledge areas that it believes will be increasingly important in the preparation of nurse practitioners. For example:

- the concepts of advanced nursing practice and nurse practitioner scope e.g. clinical leadership; accountability, consultation and collaboration with clients, communities, teams and other health service providers, mentorship
- development of a broad base of theoretical knowledge and skill in direct client care: the assessment, diagnosis, management, treatment and evaluation of more complex clients including a focus on long term conditions, the older adult and practice as an authorised prescriber including mentorship.
- practise across health care contexts; primary health and public health approaches to health care; legal and socio-political issues in health care; health policy and funding.
- identify and implement research based improvements in the clinical setting; quality assurance activities and evidence based practice

Masters of Nursing programmes already have much of this content area – this change is about creating a more generic standardised approach. This can be further achieved by aligning the nurse practitioner competencies with the revised scope statement and the programme. The competencies, education programme standards and registration process for nurse practitioner will be reviewed and consulted on after the Council has considered feedback on the scope of practice and education programmes.

**Draft programme outcomes**

Note: These programme outcomes are in addition to those in the postgraduate diploma in registered nurse prescribing which focus more specifically on the skills and knowledge for prescribing practice – see Appendix 4)

Following successful completion of the programme the student will be able to:

1. apply a broad base of theoretical and clinical knowledge and skill within a framework of nurse practitioner practice; demonstrate a high level of clinical proficiency in complex client situations; able to practice across healthcare contexts
2. apply critical thinking, problem and reflection to clinical diagnostic and prescribing decision making, and develop innovative solutions to practice in a healthcare setting
3. critically appraise scientific literature, integrate research findings into nurse practitioner practice and undertake research to advance practice
4. demonstrate a high level of interpersonal skill, communicate effectively and establish effective collegial relationships with interprofessional teams, work in consultation and collaboration with clients, whanau and communities

5. make informed decisions on use of diagnostic and therapeutic interventions by utilising current technology to inform practice; proactively seek new information and technologies to improve client outcomes

6. recognise the values intrinsic to nurse practitioner practice; demonstrate a commitment to lifelong learning through critical reflection, self-monitoring and is able to mentor and enhance the professional development of others

7. critique health policies from a population health perspective; understand legal and socio political issues in healthcare and understand organisational and funding/business influences on practice

8. demonstrate a sound understanding of current legislation, registration requirements as a nurse practitioner; work in an autonomous and accountable practice framework as a senior member of interprofessional teams; demonstrate high level clinical leadership and management skills

9. demonstrate achievement of the Nursing Council Competencies for the nurse practitioner.

(Adapted from Curtin University: Master of Nursing (Nurse Practitioner) Learning outcomes)

| Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes? |
| Please give your reasons |
| Do you agree with the draft programme outcomes for nurse practitioners? |
| Please explain your reasons or suggest changes or alternatives. |

Implications of the proposed changes to clinical masters’ programmes

This document has discussed a change in the qualification pathway leading to registration in the nurse practitioner scope of practice to Council approval dedicated nurse practitioner programmes. This change would mean that Council would no longer have a statutory role to approve other papers outside of this programme within clinical masters’ degrees. The Council’s statutory role is to ensure the safety of the public by setting prescribed qualifications and approving programmes that lead to registration in a scope of practice.

This could be of concern to some education providers as it may mean that some papers no longer fit within nurse practitioner preparation or that some master’s programmes will no longer be accredited by the Council and therefore no longer attract HWNZ funding. It may also be a concern to nurses who wish to continue their learning and advance their clinical practice through high quality clinically focused education, but do not intend to apply for nurse practitioner.
At present the Council also approves NETP programmes at the request of HWNZ (Health Workforce New Zealand) and this could be an option for non-nurse practitioner courses.

<table>
<thead>
<tr>
<th>Do you think that the Council has a role in accrediting tertiary courses and programmes that do not lead to nurse practitioner or registered nurse prescribing?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please give your reasons</td>
</tr>
<tr>
<td>Any other comments on the scope of practice or education programme</td>
</tr>
</tbody>
</table>
References


Nursing and Midwifery Board of Australia (NMBA). (2012). *Nurse practitioners standards review: Literature review (Unpublished report).*


URL: [http://www.dhbsharedservices.health.nz/Site/Future_Workforce/Nursing-Midwifery/Nursing-Projects/Nurse-Practitioners/NPAC.aspx](http://www.dhbsharedservices.health.nz/Site/Future_Workforce/Nursing-Midwifery/Nursing-Projects/Nurse-Practitioners/NPAC.aspx)


Appendix 1: Scope of practice and prescribed qualifications for nurse practitioners

Under Sections 11 and 12 of the HPCA Act, the Council has prescribed this scope and qualifications for nurse practitioners.

**Scope of Practice – Nurse Practitioner**
Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.

**Prescribed qualifications**

(a) Registration with the Nursing Council of New Zealand in the Registered Nurse Scope of Practice; and
(b) a minimum of four years of experience in a specific area of practice; and
(c) the completion of an approved clinical Master’s degree programme which includes demonstration of the competencies, for advanced practice and prescribing applied within a defined area of practice of the nurse practitioner. The programme must include relevant theory and concurrent practice; or the completion of an equivalent overseas clinically focussed Master’s degree qualification which meets the requirement specified in (c) above; and
(d) passing an assessment against the nurse practitioner competencies by an approved panel
Appendix 2: Pre-consultation process

Questions asked

In what areas of health care do you think NP are currently providing the most benefit and why? How could nurse practitioners be utilized in the future to best meet health care needs?

Do you support the existing scope of practice statement? Do you think that becoming authorised prescribers will change the nurse practitioner scope of practice?

What do you think the ideal postgraduate education programme for nurse practitioners would look like?

The Council is interested in hearing views on the current registration process. What do you think are the pros and cons of the current registration process? Do you think educational institutes should be involved in the assessment of NPs for registration purposes?

Themes from responses

<table>
<thead>
<tr>
<th>Scope statement; specialty area and competencies</th>
<th>Rationale given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keep the scope broad – most supported</td>
<td>Need to be able to work across contexts; across health providers; interdisciplinary; across the lifespan</td>
</tr>
<tr>
<td>Very limited supported for keeping specialty practice areas; some support for broader population groups like Canada e.g., family, aged care, child.</td>
<td>Not being constrained in practice, being more effective and flexible in the workforce; enabling functioning if health care delivery changes or if patients condition changes over time</td>
</tr>
<tr>
<td>‘Advanced’ rather than expert level of practice</td>
<td>Being better prepared (educationally and clinical skill) and higher functioning than the RN (registered nurse)</td>
</tr>
<tr>
<td>Advanced beyond the scope of the RN</td>
<td>“Expert” too closely related to level 4 of the PDRP (professional development and recognition programme)</td>
</tr>
<tr>
<td>Scope statement must show the difference between CNS +/- prescribing, NP (and GP)</td>
<td>Showing the difference in roles for employers, patients, public, other health professionals – currently some confusion</td>
</tr>
<tr>
<td></td>
<td>Easily confused now with CNS/RN prescribing</td>
</tr>
<tr>
<td></td>
<td>Strong feeling that some employers do not understand the difference in NP &amp; CNS/RN prescribing and employ</td>
</tr>
<tr>
<td>The focus is clinical practice, patient centred</td>
<td>Being centred on clinical practice; patient/population centred role; about improving patient outcomes</td>
</tr>
<tr>
<td>Mixed views on requirement for leadership, research, policy</td>
<td>Not focussed on management, research, education</td>
</tr>
<tr>
<td></td>
<td>Some wanted the scope statement not to include these aspects, to focus on the clinical</td>
</tr>
<tr>
<td></td>
<td>Good support to require an awareness of and some involvement in, the wider health care system and quality activities that would improve the outcomes/care delivery for a population group. Examples:</td>
</tr>
<tr>
<td></td>
<td>Political/policy – have to understand the influences on healthcare delivery for their population group; may be involved in policy development; active in professional group</td>
</tr>
<tr>
<td></td>
<td>Research – have to be a consumer and active supporter of research and best practice; involvement in quality assurance activity</td>
</tr>
<tr>
<td></td>
<td>Leadership – must lead/ teach/ be a consultant for others in practice; may have education joint appointment</td>
</tr>
<tr>
<td>NPs needed in primary health care, aged care &amp; rural</td>
<td>Meeting high needs areas now and in future; vulnerable populations; gaps in service; hard to staff areas</td>
</tr>
<tr>
<td>Authorised prescribing will not change scope</td>
<td>Generally will make no change but will enable NPs to fulfil the role better and more easily</td>
</tr>
<tr>
<td>NPs work independently and collaboratively</td>
<td>This area is a key difference between RN &amp; NP.</td>
</tr>
<tr>
<td>NPs manage episodes of care; can be primary/lead care provider</td>
<td>Being able to make care decisions independently based on advanced clinical decision making skills, advanced knowledge base, being able to lead teams, be the lead carer and direct others, high accountability</td>
</tr>
<tr>
<td></td>
<td>Also knowing their limitations, boundaries of practice, self-regulating /monitoring</td>
</tr>
<tr>
<td>NPs assess, diagnose, prescribe interventions and medicines, evaluate care</td>
<td>All agreed</td>
</tr>
</tbody>
</table>

**Education programme**

| Clear pathway for NPs | Current MN is serving too many purposes |
| | Programmes are too varied |
| **Programmes are confusing and not focussed on NP development** | Need dedicated pathway for NPs |
| Clinical component - mentored, supported by employer, paid clinical time, more clinical time and outside of usual work hours | Too many variations |
| | Some students getting no support |
| | Employer should be involved in supporting NP roles/positions and supporting clinical learning time |
| Keep the curriculum generic | Nursing focus, generalist approach |
| | Some opportunity to specialise but keep generalist |
| **Registration process** | |
| Some support for current process; some saying it was robust. | Main comments: Too long, expensive, need more direction for portfolio |
| Process should remain with NC (Nursing Council) while education programmes are variable and no clear pathway for NPs. Most supported NC retaining control of process i.e. final decision making | NC role is regulation so NP registration must remain with them. Education may have a conflict of interest. |
| Support for education and NC joint decision making with NC in control | Support for University of Auckland proposal with a dedicated NP pathway with NC involved in the assessment process |
| Very limited support for education controlling process | Conflict of interest for education; not an education role; too much inconsistency in programmes |
| No support for employers involvement in process | |
Appendix 3: Legislative framework

It is the role of Council under the Health Practitioners Competence Assurance Act (the Act) to specify scopes of practice, qualifications and experience following consultation with nurses, professional organisations and organisations involved in the provision of health services (section 14).

Section 11(2) of the Act states the following:

A scope of practice may be described in any way the authority thinks fit … in 1 or more of the following ways:

(a) by reference to a name or form of words that is commonly understood by persons who work in the health sector;
(b) by reference to an area of science or learning;
(c) by reference to tasks commonly performed;
(d) by reference to illnesses or conditions to be diagnosed, treated or managed

Section 12(1)(2) of the Act, states:

1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

   a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:
   b) the successful completion of a degree, course of studies, or programme accredited by the authority;
   c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:
   d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:
   e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

Section 13

In prescribing qualifications…each authority must be guided by the following principles:

a) the qualifications must be necessary to protect members of the public
b) the qualifications may not unnecessarily restrict the registration of persons as health practitioners, and
 c) the qualifications may not impose undue cost on health practitioners and the public.
Section 118 of the Act states:

The functions of each authority appointed in respect of a health profession are as follows:

a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes

b) to authorise the registration of health practitioners under this Act, and to maintain registers

c) to consider applications for annual practising certificates

d) to review and promote the competence of health practitioners

e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners

f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners
Appendix 4: Education programme standards for the Postgraduate diploma in registered nurse prescribing for long-term and common conditions

Introduction and background

Under the Health Practitioners Competence Assurance (HPCA) Act 2003 (the Act), the Nursing Council of New Zealand (the Council) is the authority responsible for the registration of nurses. In accordance with section 12 of the Act, the Council prescribes qualifications for scopes of practice. In addition the Act requires the Council to accredit these qualifications and monitor any New Zealand tertiary education provider that is providing such an accredited qualification.

The ‘Postgraduate diploma in registered nurse prescribing for long-term and common conditions’ will be an additional prescribed qualification for the registered nurse scope of practice for nurses who choose to apply for this prescribing authority.

The provision of ‘Postgraduate diploma in registered nurse prescribing for long-term and common conditions’ programmes will be limited to tertiary education providers also providing Council-accredited programmes which lead to registration as a nurse practitioner. This is because this qualification may become a prerequisite for nurse practitioner programmes.

Upon award of the qualification, graduates will be eligible to apply to the Council for an authorisation/condition to be included in their scope of practice enabling them to prescribe for long term and common conditions when the regulation under the Medicines Act 1981 comes into force.

Education providers may apply to the Council for accreditation of the ‘Postgraduate diploma in registered nurse prescribing for long term and common conditions’. Applications for accreditation will be assessed against the education programme standards in this document.

The Council gratefully acknowledges the Pharmacy Council of New Zealand (2011) for its kind permission to refer to, adapt, and reproduce its work, based on the standards first developed by the Royal Pharmaceutical Society of Great Britain (RPSGB) and adopted by the General Pharmaceutical Council (UK) for independent prescribing programmes in 2010.
1. The education provider

1.1. The tertiary education provider must meet the requirements as specified in the Act, Council policy, and as contained in these standards.

1.2. The tertiary education provider must be accredited by the Council to provide a master’s degree for nurse practitioner registration in New Zealand under sections 12(2)(a) and 118(a) of the Act.

1.3. The tertiary education provider must implement effective quality assurance and quality improvement systems, and demonstrate their application to nurse prescribing programmes. The programme must be approved/accredited through the relevant Committee for University Academic Programmes or NZQA-approval/accreditation process.

1.4. Entry requirements for the prescribing practicum

The registered nurse is required to:

- hold a current practising certificate and must have completed three years’ equivalent full-time practice in the area of practice she/he will be prescribing

- have a collaborative working relationship with a multidisciplinary team and have the support of a designated authorised prescriber (DAP), (a vocationally registered medical practitioner or nurse practitioner) as a mentor who will support her/him to prescribe

- undertake the practicum in an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education

- have identified and have access to an area of clinical practice in which to develop their prescribing skills and have up-to-date clinical knowledge relevant to their intended area of prescribing practice.

1.5. The education provider must have a recognition of prior learning (RPL) policy that conforms with the Council’s policy. This must include the following:

1.5.1. RPL involves recognising and giving credit for learning that has occurred through previous experience. This may include qualifications, life experience, work experience or other educational experience. This learning is measured against the learning outcomes of the programme.

1.5.2. Each tertiary education provider must have an RPL policy and procedure against which to assess individual student applications. RPL policies and procedures will be monitored during the five-yearly monitoring of the programme.

1.5.3. RPL must be granted on the basis of a student’s individual qualifications and experience. The proposed individual programme to be undertaken by the student must be sufficient in theory and clinical experience to enable the student to meet the Competencies for nurse prescribing.
1.5.4. Prior learning may be cross-credited against the registered nurse prescribing programme. However, all registered nurses must undertake all assessments for the registered nurse prescribing practicum and praxis.

1.5.5. The Council retains the right to seek justification of any credit granted through RPL.

1.5.6. Statements of programme completion (academic transcripts) must outline any RPL granted.

2. Programme structure and curriculum

2.1. The postgraduate programme is equivalent to 1,200 hours of study including 120 credits\(^{15}\). A graduate of the postgraduate diploma must show evidence of advanced knowledge of pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of and prescribing for patients with long-term and common conditions in New Zealand. The programme must include a prescribing praxis\(^{16}\) with a prescribing practicum component (i.e. period of learning in practice).

2.2. The duration of the programme is expected to be aligned with the requirements for postgraduate-level qualifications and must include sufficient face-to-face contact time to enable registered nurses to learn alongside other registered nurses; to share and consolidate their learning. Other ways of learning, such as distance learning and open learning formats, may be used provided they complement face-to-face contact time and attendance requirements.

2.3. The structure of the programme must encourage development of critical analysis and reflective practice, and provide registered nurses intending to prescribe with the knowledge, skills and attributes in the competency areas as described in the Competencies for nurse prescribers (see Attachment 2).

2.4. The tertiary education provider must ensure effective links are maintained with the nursing profession and other relevant stakeholders in the delivery of the programme.

2.5. The tertiary education provider has policies and practices which ensure the programme is underpinned by current research and scholarship in nursing, pharmacology, prescribing, education and health. The curriculum is based on national health priorities and contemporary health care and practice trends.

2.6. The programme describes the processes through which students learn. The modes of delivery and the teaching, learning and assessment methods are described.

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\(^{15}\) The postgraduate diploma requires a minimum of 120 credits from levels 7 and above, with a minimum of 72 credits from level 8 (New Zealand Qualifications Framework). http://www.nzqa.govt.nz/studying-in-new-zealand/understand-nz-quals/postgraduate-diploma/

\(^{16}\) The prescribing praxis is to include content on the legal, regulatory, ethical and policy framework for prescribing in New Zealand.
2.7. The majority of assessments are to focus on the application of theory to common disease states, e.g. infection, diabetes, cardiovascular, respiratory. A minority of assessments may relate to a particular specialty.

2.8. The assessment methodology tests all aspects of prescribing and must include a practical assessment and confirmation of the registered nurse’s clinical, physical examination and decision-making skills.

2.9. The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking schedule.

2.10. **Programme content**

Following the successful completion of the programme, the registered nurse will be able to:

- demonstrate advanced knowledge of scientific concepts and common pathophysiological processes
- understand the underlying principles of pathophysiology and clinical management of long-term and common conditions, e.g. cardiovascular disease, diabetes and related conditions, respiratory disease, common infections, anxiety and depression.
- critically analyse and interpret research-based knowledge regarding pathological changes in selected disease states
- apply client assessment skills and diagnostic reasoning at an advanced level in their practice within their scope of practice
- critically analyse clinical assessment findings, in relation to underlying pathophysiological processes. Analyse and generate solutions to clinical problems
- articulate advanced knowledge of client assessment and diagnostic reasoning to formulate a list of differential diagnoses or a diagnostic decision
- demonstrate knowledge of principles of pharmacokinetics and pharmacodynamics, and apply these to client variables (such as age and disease state)
- critically analyse pharmacotherapeutic indications for common classes of drugs for long-term and common conditions
- critically evaluate the causes of antimicrobial resistance and the importance of incorporating non-pharmacological strategies and knowledge of local resistance patterns into prescribing practice
- demonstrate the ability to identify contraindications, effects and drug interactions associated with the use of prescription, over-the-counter and complementary medicines and devices
- demonstrate the ability to recognise situations of drug misuse and drug seeking, and take appropriate action
- demonstrate the ability to perform a comprehensive medicines assessment and to make safe prescribing decisions within professional and regulatory frameworks.
2.11 **Prescribing practicum**

2.11.1 The prescribing practicum (included in the prescribing praxis paper) must be the final component of the programme.

2.11.2 The prescribing practicum component of the programme must consist of at least 150 hours of clinical practice under the supervision of an appointed designated authorised prescriber (DAP) in a collaborative health team environment. It will include opportunities to develop diagnostic skills, patient consultation and assessment skills, clinical decision-making and assessment skills, and monitoring skills.

2.11.3 There is a process to ensure the final assessment against the Council’s *Competencies for nurse prescribers* will be undertaken collaboratively between the DAP in clinical practice and academic staff.

2.11.4 **The role of the DAP in the prescribing practicum is to:**

- help the registered nurse to acquire knowledge and practical skills, particularly clinical assessment skills relevant to their proposed role as a prescriber
- assess the achievement of the learning outcomes by the registered nurse, and confirm the completion of the equivalent of 150 hours of supervised practice
- complete a professional declaration which confirms that in his/her opinion a registered nurse has met the skills and competence requirements of the competencies for nurse prescribers.

2.11.5 **The role of the tertiary education provider in the prescribing practicum is to:**

- ensure the appointed DAP has the training and experience appropriate to their role, is familiar with the requirements of the programme, and has clear and practical guidance on their role in the assessment of the registered nurse against the competencies for nurse prescribing
- obtain formal evidence and confirmation from the DAP that the registered nurse has satisfactorily completed at least 150 hours of supervised clinical practice and has the skills and competence demonstrated in practice to meet the requirements of the prescribing practicum and the competencies for nurse prescribing.
- provide the registered nurse and DAP with clear and practical guidance on completion of the prescribing practicum, including:
  1. the expectations for direct and indirect supervision in the practicum period. The supervised practice can involve registered nurse support and experience with other members of the team, other prescribers and external contributors;
  2. use of mentoring techniques commensurate with registered nurse progress such as demonstration, observation and review of clinical cases;
  3. requirements for formative and summative assessment of the registered nurse;
iv. practical guidance, support and quality assurance of any summative assessments carried out by the DAP on behalf of the education provider;

v. a structured workbook or portfolio for recording the completion of 150 days in practice, achievement of learning outcomes and professional declaration that the registered nurse is competent to prescribe;

vi. a formal mechanism for ongoing discussion about student progress between academic staff, the DAP and the student during the practicum.

No student may be given more than two opportunities to pass the prescribing practicum.