Q6: 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?

Yes,

Please give your reasons
It is our view that broad area of practice designations would best reflect current nurse practitioner (NP) practice. Broad designations such as primary health care, or acute care would reflect the population expertise that the NP has acquired through education and experience. This will limit confusion regarding the role of the NP as the clinical lead with authority to independently manage clinical care. The NP scope of practice is an advanced nursing role and is not limited by specific employment. NP's have a high level of responsibility and are able to direct healthcare delivery for patients and clients in their care.

Q7: Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?

Yes,

Please give your reasons
We agree that the NP is a clinical leader and while an individual NP may have other roles and responsibilities, being a clinical leader is the primary area where the NP must demonstrate skill. It is in line with the population base of the area of practice and will more accurately reflect the authority that the NP has in clinical care.

Q8: Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?

Yes,

Please give your reasons
NP's are Master's prepared advanced clinical nurses who work within broad areas of practice incorporating advanced diagnostic knowledge and medical skills into their advanced nursing practice. They are regulated, autonomous health practitioners who assume full clinical responsibility for patients, working both independently and in collaboration with other health care professionals to promote health, prevent disease and manage people's health needs. They provide a wide range of assessment and treatment interventions, including diagnoses, ordering and interpreting diagnostic/laboratory tests, prescribing medicine administering treatments/therapies, admitting and discharging from hospital and other healthcare settings.
Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

Yes,

Please explain your reasons or suggest changes or alternative wording
With the following modifications: 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 centered, innovative and flexible care. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic/laboratory tests, prescribing medicines -and non-pharmacological treatments,- administering treatments/therapies, admitting and discharging from hospital and other healthcare services/settings. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse practitioners may work with a specific patient or community group and may work across health settings and teams. They promote health, prevent disease and manage people’s health needs.

Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons
We support a dedicated programme that provides specific guidance for NP preparation and which includes a requirement for clinical mentorship and supervision. A broad overall focus on advanced clinical clinical skills such as advanced health assessment and physical examination, biologic science focused on clinical pathophysiology, and clinical pharmacology are the components which have broad international concordance for inclusion. Additionally, some preparation regarding a specific clinical population would be valuable in development of expert clinical knowledge.
Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

Yes,

Please give your reasons
A dedicated clinical component for development of advanced diagnostic knowledge and medical skills in differential diagnosis and treatment management is vital to the preparation of a competent NP. This is best placed in a clinically based learning environment where all involved understand the role and scope of the nurse practitioner learners role in the provision of care.

Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?

Our recommendation is based on the need to provide sufficient clinical learning time. We have recommended two clinical practicum courses-taken in the final year of study consecutively. These courses build on previously acquired knowledge and provide support for clinical learning with a clinical supervisor in the appropriate area of practice.

Advanced Nursing Practicum-Diagnostic reasoning focused on the area of practice the nurse will be applying for registration (250 hours clinical practicum component)
Prescribing in Advanced Nursing Practice (250 hours clinical practicum component)
This would provide a minimum of 500 hours over the year and this is in line with international consensus for clinical supervision for NP's.

Each student will be required to commit to supervised clinical practice time of a minimum of 16 hours per week (500 over the year) for each of the two practicum courses.

Q13: Do you think that a student must have employer support to complete a practicum with supernumerary hours?

Yes,

Please give your reasons
With the following considerations: This recommendation is based on the obstacles described by many NP's in gaining appropriate clinical mentorship. While employer support may not be mandatory depending on the individual nurses' situation, this stipulation is helpful to emphasise the need for dedicated clinical supervisory time and that 'business as usual' is not sufficient for most NP's to gain the relevant experience. It is necessary to have access to clinical practice for the practicum, but not necessarily employer support. A NP student could do the practicum with a provider that is not necessarily their employer, but has agreed to provide clinical supervision. Support with finding will be helpful to free up time for the NP candidate to have the relevant clinical supervision.

Q14: What other requirements for the clinical learning hours should be specified by the Council e.g. mentor criteria, setting, competence or other assessments?

The clinical mentor will need to be either a vocationally licensed medical practitioner or Nurse Practitioner who is able to provide supervision in the relevant area of practice. As the NP focus is on broad populations, it may be valuable for the student to work in a variety of settings to gain the necessary experience. This will likely be best managed by the educational provider in the practicum course/s. A clinically based competency assessment will assist in validating the nurses advanced knowledge and skills.
Q15: Do you think the Postgraduate diploma in registered nurse prescribing for long term and common conditions should be a pre-requisite for nurse practitioner programmes?

No,
Please give your reasons
While there will likely be considerable overlap, it will be unnecessarily restrictive to have the PG diploma be a prerequisite for NP. There are nurses who prepare for NP who will not wish to undertake registered nurse prescribing as part of their preparation. Additionally the long term and common conditions diploma is for adult focused NP's. It would not be appropriate for child and youth health or Neonatal NP preparation. We believe that there should remain two distinctive pathways to allow the best flexibility for students. We have attached the Nurse practitioner proposal we developed which outlines our recommendations for Nurse practitioner preparation.

Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?

No,
Please give your reasons
Partnership between the Nursing Council of New Zealand and its educational providers has been longstanding. We recommend that this continue. Nursing council currently accredits nursing educational programmes and that partnership should continue to be collaborative to assure the desired outcomes are met. In the past, there has often been a long gap between when a student finished the prescribing practicum and NP registration (often a year or more). We propose a closer relationship with NZNC to avoid this long delay between education and registration in order for prescribing skills to remain current. We envision that Nursing Council collaborating closely with Nurse Practitioner education programmes to expedite the registration process. We would like to develop a collaborative system whereby when a cohort of students finish their Master's degree, they will have also finished their portfolio and then have a date set for the panel interview as part of their NP programme completion requirements. The portfolio assessment and panel interview would continue to occur independently of the educational provider by the NZNC. This way the NZNC could better plan for NP's coming through and registration expedited by being part of the NP student completion expectations.

Q17: Do you agree with the draft programme outcomes for nurse practitioner?

No,
Please explain your reasons or suggest changes or alternatives
As outlined above.
Q18: 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?

Yes, please give your reasons.

For clinically focused educational programmes there remains a need for Nursing Council to provide accreditation that will ensure consistent standards nationally. There are currently several expanded clinical practice programmes such as Registered Nurse first assistant, and the newly proposed Nurse Endoscopy programme. It will be appropriate for Nursing Council to maintain a role in accrediting expanded practice nursing programmes.

Q19: Any other comments on the scope of practice or education programme?

The following is our proposal regarding a Nurse Practitioner training programme.

PROPOSAL TO DEVELOP A NEW ZEALAND NURSE PRACTITIONER TRAINING PROGRAMME

Prepared for:
Health Workforce New Zealand
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Proposal to develop a New Zealand Nurse Practitioner Training Programme

Although there have been hundreds of nurses that have completed a prescribing practicum, very few have completed the requirements for Nurse Practitioner (NP) registration. Anecdotal reports and NZ research suggests that the preparation and credentialing process has been slower than anticipated is influenced by several factors:

• the connection between NP training and workforce planning including employment opportunities at the outset of training needs alignment
• a specific NP programme may be more appropriate than the current clinical Masters which meets multiple needs
• protected supervised clinical training hours outside the nurse’s usual clinical responsibilities need strengthening
• the coordination between clinical Masters programmes and the New Zealand Nursing Council NP registration requirements needs to be rationalised
• the preparation process needs to be streamlined and integrated to make it more strategic, timely and coordinated.

Objective: to develop and pilot a NP training programme in collaboration with employers, tertiary education providers, clinical practice, clinical supervisors, New Zealand Nursing Council, the Chief Nurses office and Health Workforce New Zealand.
Nurse Practitioner Training Programme development processes:

- agreement on minimum qualification and formal acceptance processes for the NP training programme including clinical supervision agreement procedures
- investigating what changes would be required to current clinical Master’s programmes to satisfy the requirements of a specific NP training programme, including a clinical training component with a minimum number of clinical hours over a specific period of time
- developing processes for academic mentor oversight of clinical practicum and support for clinical supervisors
- working with the Office of the Chief Nurse and the National Nursing Organisations to ensure national consistency
- New Zealand Nursing Council review of the NP registration process to streamline education and credentialing
- employer engagement to identify the need for NP positions, the establishment of training positions and employment opportunities upon registration.

Conclusion: The model will have implications for the education and service sector as well as for HWNZ funding. The service and educational model for NP development needs to be situated within a whole of nursing [and others] workforce context including having clarity around the roles: of the generalist nurse from beginning through to advanced practitioner [including the prescribing nurse and the NP]; of the speciality nurse, and of the specialist nurse [again including the prescribing nurse and the Clinical Nurse Specialist (which may be one in the same)].

PROPOSAL TO DEVELOP A NEW ZEALAND NURSE PRACTITIONER TRAINING PROGRAMME

1.0 Pathway Description

1.1 MN pathway for NP applicants

This NP pathway is embedded in the MN programme already approved by CUAP and the Nursing Council of New Zealand (NCNZ) and therefore does not require additional academic or professional approval.

The entry point to the final step of the pathway is a relevant Postgraduate Diploma (see entry criteria) and the completion point is a Master of Nursing.

1.2 Goals

The goals of this pathway development:
- Prepare advanced practice nurses for NP roles and NP registration
- Collaborate with employers to identify NP positions in their organisation
- Provide a pathway within the approved MN programme that is specifically designed for prospective NPs and that is underpinned by clinical learning strategies such as formal clinical learning time, clinical supervision and group learning.
- Collaborate with Nursing Council of New Zealand to coordinate the NP training programme and NP registration processes

1.3 Pathway Outcomes

At the completion of this pathway the graduates will:
- have successfully met all the requirements of the MN programme
- have successfully passed NP registration processes with Nursing Council
- demonstrate the competency levels expected for Nurse Practitioners at the competent level of practice or higher.
- Gain employment with the employers that sponsored them during the NP training programme

1.4 Principles underlying the pathway

This pathway is underpinned by several principles:
- that the pathway is focused on the development of knowledge and skill necessary to achieve NP registration
Nurse Practitioner

- that the pathway is focussed on the development of knowledge and skill necessary to achieve NP registration
- that the development of advanced practice skill and knowledge requires clinical teaching by current prescribers (preferably NPs) and practical application under supervision of current prescribers
- that clinical agencies indicate need for a NP position and provide a supportive learning environment and a commitment for future employment for NP applicants to increase the implementation of the NP role and skill set within the health sector
- that there is a strong focus on supported clinical learning including NP clinical mentorship and a minimum of 500 hours of prescriber supervised protected clinical learning time conducted over a 10 month period (preferably by Nurse Practitioners although Medical Practitioners will be utilised if needed) as part of the NP training programme
- that there are specified entry criteria and application process to the pathway to ensure the learning expectations are clear and expected outcomes can be met
- that a sense of community and peer collaboration will be developed and fostered among the student group as they work toward NP registration and beyond

2.0 Curriculum

The postgraduate nursing courses embedded in the NP pathway already exist within those delivered in Schools of Nursing. Therefore the pathway is constructed from courses already developed and successfully taught that have been selected for inclusion in the pathway in a sequence that systematically builds the competencies required for NPs by the Nursing Council of New Zealand (2008).

The requirements for the entire MN are made up of three consecutive qualifications:
- Postgraduate Certificate
- Postgraduate Diploma
- Master of Nursing

We propose that students complete the postgraduate certificate and postgraduate diploma (which includes advanced assessment, advanced pharmacology and advanced pathophysiology) as per usual. They would then enrol in the Master of Nursing NP Training course (10 months in length, February to November). This programme would include two days a week of clinical practice for 10 months (500 hours of practice) with an employer that has committed to hiring the NP upon registration.

This would also include 140 hours for study days for diagnostic reasoning and prescribing practicum courses. The total programme would encompass 640 hours in total. As part of this programme the student would be required to complete a portfolio and would also be examined in clinical practice at strategic points to ensure progression.

At the end of the course the student will be required to perform a standardised clinical examination demonstrating advanced diagnostic and prescribing skills and an oral exam that includes representatives from the Nursing Council and external clinical examiners. The New Zealand Nursing Council will collaborate with the education provider to ensure appropriate processes are in place for student NP registration.

Nurses may transfer credits from another university gained either as a completed Certificate or Diploma. Therefore for those who have a completed Diploma (with a Grade Point Average of >5.0), there are 120 points remaining to complete the final step – the MN.

2.1 Courses within each step of the MN for NP Pathway (or variation depending on University regulations)

Nurses on the NP pathway begin with a Postgraduate Certificate with required courses including:
- Advanced Assessment and Clinical Reasoning
- Advanced Pathophysiology for Practice

followed by courses for the Postgraduate Diploma and these required courses:
- Optional courses in their clinical specialty
- Clinical Reasoning in Advanced Pharmacotherapeutics

The final step is the Master of Nursing includes the following courses:
- Evidence Based Practice & Implementation (or variation)
- Clinical Project (or variation)

Two clinical practica - taken in the final year of study consecutively
Two clinical practica - taken in the final year of study consecutively
Advanced Nursing Practicum – diagnostic reasoning (250 hours clinical practicum component)
Prescribing in Advanced Nursing Practice (250 hours clinical practicum component)

Nurses may enrol into the NP pathway having already completed postgraduate qualifications that are eligible for credit transfer. Individual academic advice is essential for these nurses to ensure they receive case-by-case guidance for enrolment into the appropriate courses to meet equivalent learning outcomes of the courses named above.

2.2 Prerequisites

Advanced Practicum in Nursing and Prescribing in Advanced Nursing Practice have three pre-requisite papers which must be completed prior to enrolling in the final NP MN year:
Pathophysiology
Pharmacotherapeutics
Advanced Health Assessment

2.3 Entry criteria

Nurses entering into the final NP MN year will have completed at least a Postgraduate Diploma and will undergo a formal application and acceptance process.

Entry criteria:

• Four years clinical practice in a practice area
• Clinical nursing postgraduate diploma qualification with B average or higher that includes courses that cover the advanced health assessment of clients, diagnostic decision making and including the selection of interventions and the management of ongoing advanced nursing care.
• Written support from employer indicating support the student to enrol in the NP training programme and for release time and clinical mentor time and a commitment to hire the nurse upon NP registration
• Written agreement from an Advanced Health Practitioner such as a Nurse Practitioner or Medical Provider to provide clinical supervision
• The pre-requisite pharmacology courses

2.4 Relationship to the Nursing Council of NZ Nurse Practitioner competencies

This programme is focussed on enabling the nurse to meet the Nursing Council Nurse Practitioner (NP) competencies for registration. Nurses must be approved by the NP programme co-ordinator to ensure they meet the entry criteria. The courses and the NP competencies have been mapped on a matrix showing the paper content and assessment against the NP competencies (attachment 1). It is expected that graduates of this programme will complete the coordinated NP registration processes with Nursing Council for NP at the conclusion of the programme.

3.0 Pathway Delivery

3.1 Student numbers: 20 during the development pilot year and then 25-30 per year (currently there are about 20-25 NPs registered per year in New Zealand)

3.2 Commencement - First intake February 2015

3.3 Course Delivery

This pathway will be delivered over 1 year full-time or 2 years part-time.

Some courses will be open to all students concurrently with nurses on the NP pathway. However directed learning activities, led by the pathway coordinator, will be implemented for students in this pathway each year to maintain a cohort of learning.

4.0 Teaching and learning strategies

All those enrolled in the pathway have access to university resources. The pathway is subject to all the university academic regulations and quality assurance processes.
The pathway is underpinned by specific teaching and learning strategies. The strategies reflect the value of situated learning in the clinical setting which is known to be critical to clinical practice development. Clinical apprenticeship, individual learning contracts and group learning are dominant learning strategies in this pathway.

4.1 Pathway coordinator

The pathway will have a dedicated coordinator. The coordinator will be a Nurse Practitioner. The coordinator is pivotal to ensuring the students’ progress satisfactorily and clinical learning strategies are successful. They are responsible for the:

- oversight of the pathway delivery
- student selection process
- liaison between university and clinical staff; oversight of contractual arrangements for clinical placements
- liaison with Nurse Council New Zealand
- negotiation of a learning contract/career plan for each student; meeting with students at least twice each semester to give feedback on progress; keeping student records/plan
- group tutorials at least four times per semester to foster fellowship and scholarship within the student group
- oversight of the clinical supervision team
- evaluation of the pathway, including the barriers/promoters to practice learning, and preparation of a formal report to Board of Studies and clinical agencies.

4.2 Clinical practice requirements

Each student will be required to commit to supervised clinical practice time of a minimum of 16 hours per week (500 hours total) for each of the two practicum courses. This time must be outside of the student’s non-prescribing work hours and thus funded by a Health Workforce New Zealand designated NP pathway at the employer NP training partner.

Clinical access time must be negotiated by the student with their employer before acceptance into the pathway and written agreement from their current employer must be provided. The pathway coordinator will assist students to organise this with their employers.

This proposed NP training programme is based on collaboration with potential NP employers. Students enrolled in the training programme must have commitment from employers to support them during the programme and also commit to hiring them at the conclusion of the programme. This could either be through the student’s existing workplace, or through other employers indicating an identified need for an NP position. In process of this proposal we have indications from several employers for their willingness to commit to employment of NPs following a NP training programme. This includes DHBs, aged care providers and primary health care providers.

4.3 Clinical supervisor

Each student will be supervised in the clinical practice time in practicum papers by an appropriately qualified prescribing health professional (NP preferred). The appointment of a clinical supervisor must be negotiated with partner NP training programme employers prior to enrolment in the practicum. The student must negotiate with their current employer prior to acceptance in the pathway with the support of the NP pathway coordinator.

The two practicum courses have the same well established clinical supervisor guidelines, role descriptions and clinical practice guidelines. The detailed role description of the clinical supervisor is attached.

4.4 Learning contracts and career plans

Each student will negotiate a career plan with their clinical manager/employer and the NP pathway coordinator. The career plan will span the programme length and progress towards completion of goals will be reviewed at least twice per semester. The completion goal will be NP portfolio ready for submission to Nursing Council.

Learning contracts are negotiated between the student and the pathway coordinator. They are relevant in practicums but will also apply to the other courses if applicable. In the practicums the contracts will relate to competency based assessments and clinical assessment of the students and will be driven by the pathway coordinator and Nurse Practitioners. The contracts will extend student learning and may include role extension and require negotiation with the clinical manager/employer and clinical supervisor.

The career plans and learning contracts will require collaboration between all parties and should not only increase the visibility of the student’s logging but also extend the understanding of the NP role within the health care team.
visibility of the student’s learning but also extend the understanding of the NP role within the health care team.

5.0 Evaluation of Dip- MN Pathway

An annual evaluation of pathway will be undertaken. The evaluation will include feedback from a range of stakeholders as well as a description of the students, areas of practice, rate of completion and NP registration and NP employment details.