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Collector: Web Link (Web Link)
Started: Friday, February 27, 2015 2:43:57 PM
Last Modified: Friday, February 27, 2015 2:58:03 PM
Time Spent: 00:14:06
IP Address: 122.60.51.116

Nurse Practitioner
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

Yes Population focus is best: Allows for progress as population needs change and will then ensure that access to health services is flexible for those who need them; May encourage more nurses to consider becoming NPs if know they can grow the role; defining specific area of practice can be challenging around having right wording to reflect role and ensuring allows nurse to fully practice with current narrower areas of practice. NP are advanced holistic clinicians and should be trained in a broad scope so they can address the health needs of the whole whanau especially when working in rural clinics and home environments. The NP role in NZ is evolving and previous restrictions related to specific practice area related to patient safety concerns dictated these restrictions to practice and registration parameters. In most instances the area of practice outlined by the NP at authorisation is bound by the individual practitioner’s knowledge, education and experience. This is supported by portfolio evidence related to competencies outlined by nursing council. The individual practitioner maintains surveillance of these parameters and is ethically bound to remain with authorised area. As an NP gathers clinical expertise and consolidates practice within the chosen area of practice it becomes evident that there practice needs increase, in some instances there may become a need to broaden their scope to accommodate patient and organisational need. The self-definition of area of practice as cited is useful at organisational employment level but is also useful at educational level for students with in prescribing practicum, as this assists NP students to define the role initially, for some students it acts as a launching pad for further development and vision of their role providing clarity around an evolving component. Changes to restriction of area of practice from specific to broad (Generic scope) allows for recognition of experience and expertise that a NP develops over time to supports the broadening of scope in individual NPs clinical roles. Currently to affect a broadening of scope requires an application for change of condition to NC and is supported by attestations by medical supervisor and/or professional development that support new aspect of practice. Would this process remain in place?
Q7: Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?

Please give your reasons

"more progressive statement....As the NP establishes their role it is expected they will demonstrate leadership, become educators within the clinical context. I myself was somewhat worried by these requirements and actually as a new NP focus needs to be on clinical changes with becoming NP and developing service specs etc with employer” NP role is one of leadership and support of colleagues and has key input in research and education developing evidence based practice and is a requirement of the role. Yes and NO The NP role has always been clinically focused in fact most NP have been so focused on establishing their clinical practice (as highlighted in consultation document) they have little time to focus on other leadership components. The statement related to leadership within the current scope statement includes a wide variety of leadership aspects however there is no expectation to deliver on all of these aspects. Demonstrate leadership as consultants, educators, managers and researchers, and active participate in professional activities, at local regional and national level. A focus of the NP role was to have the ability to be a change agent within health to achieve this aspect a sound knowledge and interest needs to be developed in health politics incorporating understanding related to the impact of patient experience, cost effectiveness and value added by the NP role across health dimension. Without this the NP has an unrealistic view of the value of their role in relation to other contributors within the health domain, this aspect of advanced critical analysis supports the differentiation of the NP role from other advanced nursing roles. In summary A sound knowledge of policy development and health politics is essential if an NP wants to influence or achieve change in health policy. I believe it is essential to support the development of leadership skills with in the NP practice as a differentiating factor between NP and other nursing scopes. It would seem appropriate to be able to agree that new or developing NP may not have these aspects secured within their practice at the outset but these aspects provide vision to support professional growth and development and a capacity for future leaders in health. I would like to see a modified statement related to the demonstration of leadership across related health domains at the least some reference to participation in professional activities, at local regional and national level should remain within the scope. In relation to these aspects remaining in the competencies and not in the scope statement it does not remove them as a component that requires evidence when applying for NP authorisation. Currently each competency must be met with evidence at desk audit and panel review of portfolio.
| 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  
The inclusion of advanced nursing skills and knowledge is necessary to assist with the differentiation between other nursing scopes. There is no doubt that the preparation to become an NP is comprehensive and if the candidate manages to complete the process, advanced practice levels have been attained which can be applied to situations of clinical need. This is key in the growth of NPs; NP should be trained to an advanced skill and knowledge level in order to provide a high level of service so this is quite necessary  
Yes: Though I have to say, to me, this has already been articulated in the current competency requirements. |
|---|---|
| Q9: Do you agree with the proposed new scope of practice for nurse practitioner? | No,  
Please explain your reasons or suggest changes or alternative wording  
The scope statement covers identified aspects raised at previous scope of practice consultation discussions and is inclusive or makes reference to the requirements noted in the act section 11(2)  
Yes, well articulated.  
2. The statement is quite long and wordy dare I say flowery; 127 words verses 195 words. Some aspect appear repeated but using different language i.e. provide a wide range of health care services to people and communities then at the bottom “work in partnership with individuals, family (whanau) and communities across a range of settings” these statements are very similar? combine them in some fashion. This statement is prescriptive and will leave no one in doubt as to what the NP can do from a clinical perspective. I feel that it is missing reference to leadership, research, politics, and/or participation in professional activities at local, regional or national level. Personally I like the existing statement concise and well written.  
3. I don't like wording in sentence one, reads although justifying NPs against RNs whereas NPs are an significant extension of the RN. Opening should focus more on the reason for NPs - increasing access to care for those who need it, promoting health NOT practicing beyond level of RN.  
In last paragraph “they provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic/ lab tests….” wonder if getting a bit too specific when adding admitting and discharging from hospital (may not be generic across all NPs to do this within their area of practice) suggest removing this. |
Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons
A dedicated Masters program for NP has benefits for those nurses who have a strong vision of practice. Many students do not have a clear view where their academic studies will lead or what area will interest them, currently there is flexibility which may be interpreted as confusing. Yes I like the concept requirement of more clinical time, NPs are functionally designed to fulfil clinical roles so this make sense. yes, would give clarity of requirements as current approach = changes annually as to what papers should be undertaken. Hear stories of people having papers which they are unable to use toward NP = currently maybe barrier to nurses going to NP level. Papers are expensive. Dedicated programme could provide NP focus through full Masters NP role is key to rural health and service provision, identifying its value and worth in health services is key to the development of degree level courses for NP’. There MUST be a dedicated masters pathway for this role and it MUST include prescribing across the lifespan and it MUST include employer support and AT LEAST 150hrs of study time. Post grad diploma If the above is put in place there is no need for a diploma prior to doing a NP degree.

Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

Please give your reasons
In a perfect world clinical release time for the training NP would be ultimate, it would certainly strengthen their clinical application and aptitude, however consideration of the financial constraints and resource provision may not support this component. The financial constraints incurred from aligning formal clinical placement options may negatively impact on the employer’s willingness to undertake the supportive role in the training of the NPs. There is already much controversy related to the cost of training verses value for money or best bang for the dollar. In the current health climate and consideration of workplace competition from the PA model recently described for introduction within primary care it may be unlikely that the response will be positive from the health providers especially in PHC where they are often privately own practices. There seems a reluctance by some providers to support the NP role with many trainee NPs and authorised NPs not receiving appropriate renumeration. Yes setting a minimum requirement supported by our Nursing body provides consumer/public confidence. No: may become further barrier, already challenging to achieve clinical learning time with practicum paper and could become a further barrier.
**Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?**

1. In consideration of international clinical learning time relating to prescribing practicums, it would seem that the minimum level of 150 maybe a little low. There are a variety of clinical learning hours amongst the practicum courses I believe that 300 hours is generally accepted.
2. Yes I would support a minimum of 150 hours.
3. More important to have set clinical supervisor and additional hours should be decided in consultation with them through feedback, case presentations etc. This will vary individually dependent on the nurse, their experience in the area of work etc.

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

No.

Please give your reasons

Currently it would seem that without organisational support the NP candidate does not have the environment to complete the requirements of the practicum prescribing. The benefits of a supportive environment for students is noted in personal and professional growth and development of leadership capacity and vision. No. This is restrictive & creates a barrier for the NP candidate to access other appropriate supervision outside of their employment. Example: an NP candidate in a small rural community may need to access support from outside their current employment area. The focus should be on the quality & level of practicum supervision the candidate is choosing to be supervised by. Some nurses are self funded and have no job secured when completed their NP so to do this may create a further barrier to engaging more NPs.

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

- Development of a clinical log book to demonstrate the breadth of practice and reflective assessment of patients
- Mentors other than a clinical supervisor allows building of networks that can assist in the portfolio development process.
- Attendance of Professional development opportunities related to medication management and or prescribing.
- Demonstration and confirmation of appropriate workplace and clinical support

I think a placement for 4 - 6 weeks elsewhere for the potential NP would be an idea.

**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?**

Please give your reasons

Reasonable expectation as a baseline for any NP applicant working in Primary care family I can see that this would be of benefit for the future to support key health needs; it will ensure that NPs have a broad range of skills and knowledge that will be of value and benefit that will be applicable to the largest group of need and increase the value added component of the NP. Possibly, may encourage more to continue to become NPs.
Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?
Yes,
Please give your reasons
As the NP is regulated by the Nursing council it would be in the best interest of public safety to have programme outcomes set by the NC. This should be supported by a periodic review and consultation, as the role remains in evolution, though done in consultation with other interested parties (eg. University program providers) Provides framework for nurses to work towards, specific expectations

Q17: Do you agree with the draft programme outcomes for nurse practitioner?
Yes,
Please explain your reasons or suggest changes or alternatives
The draft outcomes outlined are comprehensive and very descriptive. They are consistent with program outcomes that are currently being used by NP programs across the country In general the proposed program outcomes cover all aspects of practice and are consistent with the attributes of a practitioner at this level. keeps standards and provides nurses with some assurance regarding content of courses being undertaken

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?
Please give your reasons
This may reveal an area of uncertainty and may require revisiting in the future it may be dependent on the impact of the change in qualification pathway leading to registration in the nurse practitioner scope of practice to Council approval dedicated nurse practitioner programmes. With the Councils current policy work & upcoming calendar commitments & staffing levels, will the Council have adequate time for this? One would not want to delay tertiary programs being offered or accredited. At some level however, I think the Nursing Council should be involved in nursing accredited tertiary courses but unsure at what level that involvement or accreditation level should be.

Q19: Any other comments on the scope of practice or education programme?
I think there is some value in how GP registrars are prepared and feel that this model could be used for NP programme. First 12 months following completion of Masters to preparing for Nursing Council.
GPEP Year 1 The first 12 months is referred to as GPEP Year 1 and is primarily an intensive clinical programme to prepare you for safe practice. You are attached to an accredited teacher in an approved teaching practice for (usually) two six-month attachments where you see patients and receive one-on-one teaching. You also attend day-release seminars and workshops, primarily in small groups facilitated by medical educators. The attachments give you the experience of being in ‘full-time general practice’ with the support of a teacher and provide opportunities to reflect on the learning that takes place. You spend most of your time seeing patients in the teaching practice. This provides the main basis for learning, although other activities besides consulting may be appropriate. We encourage diversity of attachments. You will sit clinical and written examinations at the end of GPEP Year 1. If you successfully complete Year 1 and the GPEP clinical and written examinations, you will become a member of The Royal New Zealand College of General Practitioners. Membership can be held for up to five years while still in training.