Nurse Practitioner Scope of Practice Consultation

This submission was completed by:

New Zealand Rural General Practice Network

This submission is made on behalf of the New Zealand Rural General Practice Network which is a membership organisation representing rural health practitioners.

We give permission for our submission to be published on-line and for our organisation's name to be listed in the published summary of submissions.

1. 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, all scopes of practice have a generic base of knowledge specific to that particular scope of practice. Further specialised knowledge or skills specific to a particular population, health issue or environment develops concurrently or post registration. With nurse practitioners (NPs) there is expected to be a wealth of knowledge and experience in the registered nurse scope however new NPs will be working as beginners with a new or enhanced, set of skills e.g. diagnostic reasoning and prescribing. The general public and potential or actual employers should have confidence that new NPs have a skill set which enables safety with activities particular to their scope no matter what their background area of practice.

All NPs should have a standard of skill based around their competencies.

2. Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?
Yes, NP is a clinical role and as such NP's will continue to lead in the context of their sphere of knowledge, however their influence and leadership and insights will be valuable across the health care setting.

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

Yes, advanced nursing skill and knowledge must be a pre requisite, however it must be recognised that RN’s can also legitimately claim advanced practice without necessarily having an NP registration.

4. **Do you agree with the proposed new scope of practice for nurse practitioner?**

An alternative statement may be NP’s practice as expert clinicians and as authorized prescribers with legal authority beyond the scope of RN’s having undertaken an advanced program of post graduate education, clinical training with demonstrated competency.

NP's base themselves within current research and best practice demonstrating advanced clinical skills of assessment, clinical diagnostic inquiry, ordering and interpreting diagnostic and laboratory investigations, determining and administering treatment and therapies including prescribing medicines, referring to and consulting with other clinicians across the healthcare contexts and including admissions and discharge from hospitals as necessary.

They are able to manage common, complex and chronic health care needs of individuals, family and whanau, communities and populations. NPs can work independently and collaboratively across the sectors and disciplines related to health care to promote health, prevent disease and manage illness, improve access and remove inequalities in health care.

NPs are considered leaders within the nursing sector able to provide mentorship, education to other nurses and demonstrate innovative solutions to practice.

5. **Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?**

Yes. A dedicated programme provides consistency and legitimacy within the sector. Evolution of the programme requires consistency within the NP profession and having one dedicated programme enables that

6. **Do you support the Council specifying clinical learning time within the programme for nurse practitioners?**
Yes again it is a matter of agreed consistency,

7. **How much clinical learning time should be included in the programme in addition to the prescribing practicum a minimum of 150 hours?**

It is expected that there would be consistency about the clinical requirement in terms of what is expected internationally from countries with a similar education process and competencies to New Zealand.

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

There have been examples in the sector where employers have not understood the NP scope of practice and have not been supportive of their employees while they have undertaken training. While it is important for NP candidates to identify the unmet health need within their communities, it is also important that potential NP’s are not prevented from undertaking their training because of barriers that current employers put in their way. Most nurses are dependent on their current employment as RNs but some may not be employed with their current employers as NPs after registration. We would encourage collaboration but not employer control over this area of training. Training should be supernumerary to RN work however there would be no objection to working in a candidate position with the right mentorship and support.

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

Mentorship is a cornerstone to success for NP candidates, it requires funding support in comparison and at the level for medical students in practice. NP candidates require access to clinical experience in relation to their area of practice, with opportunity during their training to have placements in other settings, such as that for vocationally registered general practitioner for example.

It is expected that NPs will practice with a high level of skill therefore they require supported opportunities during their training to develop their practice, not as currently, from the goodwill of their medical and nurse practitioner colleagues with token gesture payments.

Preceptor support, including clear assessment guidelines and competencies to be achieved need to be put in place.

10. **Do you think the postgraduate diploma in registered nurse prescribing for long term and common conditions should be a prerequisite for nurse practitioner programmes?**
Yes, the diploma gives nurses practice experience with diagnostic reasoning principles and use of commonly used medicines in a safe and supported environment. However it may also create barriers where nurses are not in a position to undertake RN prescribing.

11. Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes.

Yes the Nursing Council, as the regulatory body, has the overall authority to determine the programme outcomes. Nursing Council is in a position to adequately consult with the health sector and the public and to monitor programme outcomes. Maintaining authority over the programme prevents differing standards across the universities.

12. Do you agree with the draft programme outcomes for nurse practitioners?

No changes.

13. 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 the Nursing Council should maintain its role as the authority over tertiary nursing courses as they do now.

This submission is based on views of the NZRGPN Executive Board but may not reflect the full or particular views of all of its members.