26 February 2015

Nursing Council of New Zealand
PO Box 9644
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Dear Sir / Madam

Consultation on the Scope of Practice and Qualifications – Nurse practitioner

Please find attached a submission from the Royal Australasian College of Surgeons on your December 2014 document, Consultation on the Scope of Practice and Qualifications – Nurse practitioner.

Yours sincerely

[Signature]

Nigel Willis FRACS
Chair, New Zealand National Board
Introduction
The Royal Australasian College of Surgeons (the College) is the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand.

The College is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates across New Zealand and Australia. It also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research. The College trains in nine surgical specialties, being cardiothoracic surgery, general surgery, neurosurgery, orthopaedic surgery, otolaryngology head and neck surgery, paediatric surgery, plastic and reconstructive surgery, urology and vascular surgery.

As part of its commitment to standards and professionalism, the College strives to take informed and principled positions on issues associated with the delivery of health services. The Nursing Council of New Zealand’s proposal regarding nurse practitioner scope of practice and qualifications is one such issue.

Nursing Council of New Zealand’s consultation
The College supports the training, experience, maintenance of professional standards and quality assurance for Nurse Practitioners so that all College Fellows, surgical trainees and other health practitioners know what to expect and can collaborate with Nurse Practitioners with confidence.

The following comments relate to the proposed changes to the scope of practice and qualifications of nurse practitioners as outlined by the Nursing Council, and the questions raised within the Council’s consultation document.

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

It will be imperative to define the group and the population and the breadth of scope of nurse practitioners as outlined in matrix table 1 on page 9. The health conditions may include cardiac, respiratory, diabetes, Elder health etc.

The definition of the breadth of the scope of practice may need to be similar to the vocational scope for specialists on the Medical Council of New Zealand’s register of medical practitioners.

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?

The College of surgeons does not support a broad scope of practice that is undefined. An undefined broad scope of practice may lead to practitioners practising outside their specialty area and without sufficient training, experience and continuing professional development.
Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?

*Leadership should be one of the competencies required of nurse practitioners, with a focus on leadership and not leadership being the focus. Competencies in addition to leadership should include: clinical nursing expertise, technical skill, communication, professionalism, teaching and scholarship, and collaboration.*

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

*Advanced nursing skills and knowledge are essential and will help to differentiate a nurse practitioner from a registered nurse or registered nurse first surgical assistant.*

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

*The definition of the proposed new scope of practice should carry with it a comment on a clinical responsibility and the appropriate legal and ethical consequences of autonomous practice.*

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

*A Masters programme for nurse practitioner should be mandatory and ideally should have a broad university-based educational programme.*

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

*Specified clinical learning time should be part of the ongoing professional development for nurse practitioners.*

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

*150 hours per annum should be part of the ongoing professional development requirements for nurse practitioners. A Masters programme consisting of at least 500 hours of professional clinical practice should be included as part of the qualification for a nurse practitioner. The will help to align the New Zealand programme with international standards.*

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

*Employer support for education, completion of postgraduate qualifications and ongoing professional development is essential.*

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?

*A module, course or paper on nurse prescribing should be part of the Masters programme for nurse practitioners.*

Do you support Nursing Council setting the programme outlines for nurse practitioner programmes?

*The Nursing Council should not set the programme for a university-based Masters module or programme. Its role should be to either accredit or approve programmes delivered.*
Do you agree with the draft programme outcomes for nurse practitioners?

The draft programme outcomes outlined on pages 17 and 18 should form the basis of a code of conduct for nurse practitioners.

Do you think that the Council has a role in accrediting tertiary courses and programmes that do not lead to registered nurse prescribing?

The Council should not accredit tertiary courses that do not contain prescribing programmes if prescribing is part of a nurse practitioner’s responsibility.

Nigel Willis FRACS
Chair, New Zealand National Board
Royal Australasian College of Surgeons

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