Consultation on NP scope of practice and qualifications

1. This submission was completed by:

[Associate Professor Thomas Harding, Head of School, Nursing]

2. Are you making this submission:
   As an individual
   On behalf of a group or organisation ✓

   If group or organisation please specify

   School of Nursing, Eastern Institute of Technology

3. Please indicate which part of the sector your submission represents

   Nursing Education Provider

4. Permission re organisation’s name to be published online?

   Yes

5. Permission re organisation’s name to be listed in the public summary of submissions?

   Yes

6. 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

   Inclusion of specialty practice area in registration requirements as a nurse practitioner constrains a role that should be flexible.

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

   Yes

   Please give your reasons

   The leadership focus of nurse practitioners is both professional and clinical, and that is where the emphasis should be. The proposed scope of practice identifies the potential for this.
8. 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 current scope of practice statement uses the term “expert nurses”. This term is associated with the Professional Development and Recognition Programmes in New Zealand, where a registered nurse can attain expert level and considered an “expert” nurse, but may not necessarily have advanced nursing knowledge and skills associated with postgraduate education programmes. Nurse practitioners demonstrate advanced nursing skills and knowledge associated with the completion of Master’s level preparation.

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

Yes, but with suggested changes.

Please explain your reasons or suggest changes or alternative wording.

The current scope of practice is clear in the sense that it states what nurse practitioners do. The proposed scope of practice, however, seems to be tentative, in that in some places it states “may” which implies nurse practitioners may not undertake certain activities. It is more appropriate to have an enabling statement rather than weaken the scope of practice with some aspects that nurse practitioners “may” do. Please refer to suggested wording later in this submission.

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

No

Please give your reasons

The dedicated Masters programme and associated questions in this consultation document seem to be an “either/or” proposition; that is, there is a dedicated programme which may preclude other options for becoming a nurse practitioner, or the status quo remains. The latter, it is noted on page 3 of this consultation document seems to be the impetus for this proposal, in that (among other things) there are “… difficulties accessing education, clinical training and mentorship, difficulties finding employment …”. In our experience, there is an issue around the reluctance of employers to use HWNZ funds for clinical release time, and reluctance to support nurse practitioner roles as they are more expensive than clinical nurse specialist roles. We have made further comment in relation to this issue in question 13, employer support to complete a clinical practicum.
11 Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

No

Please give your reasons

No evidence has been provided for specifying clinical learning time.

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

EIT’s advanced practicum has 240 clinical hours. Other clinically focussed courses in the Master of Nursing programme have clinically based assessments, such as case studies – for example the advanced assessment and diagnostic reasoning course.

Prescribing a minimum of 150 hours suggests a focus on time rather than on demonstrating competence.

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

No

Please give your reasons

A requirement for employer support has an associated potential risk for gate-keeping in terms of funding from HWNZ which is determined by District Health Boards. We have examples of students who have not been supported by employers for clinical release time to undertake the advanced practicum, as there was no defined nurse practitioner position. In one instance, the individual worked part-time, negotiated clinical mentorship outside work hours, and now works for a supportive employer with mentorship to consolidate clinical practice, and support to apply for registration as a nurse practitioner.

A dedicated Master’s programme to prepare nurse practitioners may not necessarily change employment opportunities as a nurse practitioner.

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

Programmes are already approved and audited by NCNZ; there appears to be no evidence that clinical learning hours are insufficient for those nurse practitioners already registered in this scope of practice.

15 Do you think the Postgraduate diploma in registered nurse prescribing for long term and common conditions should be a prerequisite for nurse practitioner programmes?
No

Please give your reasons

This is restrictive for those registered nurses who aspire to become a nurse practitioner in terms of completing courses relating to their specialty practice area. It adds a further potential barrier to the development of nurse practitioners.

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

No

Please give your reasons

The Nursing Council already approves and monitors Master of Nursing programmes against defined criteria.

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

No

Please explain your reasons or suggest changes or alternatives.

As above

18 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

This consultation document suggests that the proposed nurse practitioner pathway is the only option that leads to registration as a nurse practitioner. A further issue relates to RPL, for example, for a registered nurse who has completed other level 8 courses, and subsequently wishes to become a nurse practitioner, the proposed prescriptive nature of the nurse practitioner programme could potentially mean completing a further 240 credit programme.

The Council might need to consider if there should be a further scope of practice for registration as a clinical nurse specialist.
Any other comments on the scope of practice or education programme

Suggested rewording of nurse practitioner scope of practice

(Words have been moved or deleted

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 as the primary care provider or work as part of a team. 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.

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.

General comments

The ramifications of this proposal are considerable. That an alternative nurse practitioner pathway proposal that relies on anecdote rather than evidence and has already been presented to HWNZ is reprehensible.

A dedicated Masters programme which may ultimately mean no funded postgraduate study for nurses unless seeking to be nurse practitioners or registered nurse prescribers is something we cannot support at this time.