Submission in response to

Consultation on Nurse Practitioner Scope of Practice & Qualifications

March 2015

Contact person:
About NETS

Nursing Education in the Tertiary Sector (Aotearoa New Zealand) (NETS) aims to provide a proactive voice on national issues in nursing education and nursing workforce development in Aotearoa New Zealand. NETS members are heads of nursing from nursing education providers and organisations with an identified role in nursing education. Our goals are to provide a national focus for groups seeking informed comment on nursing education and nursing related issues. We honour the Te Tiriti o Waitangi/Treaty of Waitangi commitments and the bi-cultural partnership. We aim to work in partnership with, practice colleagues, other health professionals, government agencies, national nursing organisations and regulatory bodies. NETS also promotes, participates in and commissions research related to nursing education.

Overview of our submission

NETS appreciates the opportunity to comment on this proposal and acknowledges the importance of this consultation with stakeholder groups. We have responded using the guided questions as requested in the consultation.

1. This submission was completed by:

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

   If group or organisation please specify
   Nurse Education in the Tertiary Sector (NETS)

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

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

   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 and focus on providing access to health care for vulnerable populations.
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

This fits with the Strong Model of Advanced Practice and 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.

An additional elements identified in a recent global symposium on advanced practice are the presence and utilization of complex decision making skills with the intent of providing access to health care – these elements are absent in the presented scope.

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 NETS experience, there is more at times 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)?

See above – the focus is on reaching competence not recording a specific time – could be more or less dependent upon context and student

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. NETS has 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.

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 – this should be a focus of those audits. 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. There are many nurses with a completed Masters who may seek to become nurse practitioners as roles emerge – limiting access to only this qualification would not be the best use of the workforce.

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 as for the undergraduate programmes – this is a standards based common curricula principles approach with agility that allows for responsive regional variation rather than a fixed model.

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

No

Please explain your reasons or suggest changes or alternatives.

Rather than programme outcomes – these could be reformulated as the NP competencies within four domains.

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?

Not specifically (with reservations as detailed below)

Please give your reasons

In some instances when courses have a clinical practice component which requires patients to be included in the learning activities in some way then public safety may become an issue. There is additionally a clear career planning disadvantage for nurses in engaging with non-prescribing pathways if the criteria for HWNZ funding are not also reviewed as NCNZ approval is integral to funding eligibility.

Any other comments on the scope of practice or education programme

If there are issues with inconsistent outcomes from NCNZ approved NP programmes this should be explored to determine the exact nature of the concern. This would allow NCNZ to identify any gaps in effectiveness of current processes for ensuring appropriate standards and address accordingly.