Consultation on the scope of practice and qualifications prescribed by the Nursing Council of New Zealand for the Nurse Practitioner.

Submission to the Nursing Council of New Zealand

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is Freed to care, Proud to nurse.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the consultation document considering the scope of practice and qualifications prescribed by the Nursing Council of New Zealand (Nursing Council) for the nurse practitioner (NP) scope of practice under the Health Practitioners Competence Assurance (HPCA) Act 2003.

2. NZNO has consulted widely in the preparation of this submission, in particular our professional nursing, industrial, policy, research and legal advisers, te Rūnanga, regional council and board members and members of our specialist colleges and sections.

3. In summary, NZNO supports the proposed changes to the NP scope of practice and qualifications, however NZNO also note some of the recommendations do not address the needs of future acute care NPs working in critical care areas such as intensive care, high dependency care or critical care outreach.

4. NZNO:
   a) support a broad, generic nurse practitioner scope of practice and the removal of the requirement for registration to be restricted to a specific area of practice;
   b) support a focus on leadership within clinical practice;
c) support the proposed new scope of practice for nurse practitioners;

d) recommend inclusion of a stronger statement regarding the role of NPs in diagnosing and managing the care of complex patients in the proposed new scope of practice;

e) recommend inclusion of a stronger statement regarding the leadership capabilities of NPs;

f) recommend including greater reference to advanced practice;

g) support a dedicated Masters programme with a broad focus for nurse practitioner preparation;

h) hold mixed views on Nursing Council specifying a minimum number of clinical learning hours but suggest a minimum of 500 hours or 12.5 weeks clinical learning time as expected in other countries is a useful starting point;

i) largely support students having employer support to complete a practicum with supernumerary hours, however this should not exclude budding NPs who wish to complete a practicum and do not have employer support;

j) recommend the inclusion of requirements for clinical and professional supervision, and competence assessment as compulsory elements of an education programme;

k) do not support a postgraduate diploma in registered nurse prescribing for long term and common conditions being a prerequisite for NP programmes;

l) support Nursing Council setting the programme outcomes for nurse practitioner programmes;

m) recommend greater emphasis on the diagnostic role of NPs in the programme outcomes and that greater detail is provided;

n) suggest funding availability should not be a reason for delaying improvements to the NP scope of practice.

DISCUSSION

5. NZNO support a broad, generic nurse practitioner scope of practice and the removal of the requirement for registration to be restricted to a specific area of practice. As noted in the consultation document, NPs develop skill and expertise over time and the ability to practice across a broad scope will improve the flexibility of this workforce. It is important
the NP is able to respond to changing service delivery needs within their organisation or field of practice and this change will enable the required flexibility to achieve this. This approach also safeguards the patient, gives assurance to the clinical team and protects the nurse.

6. NZNO support the focus on leadership within clinical practice in the new proposed scope of practice (this is absent in the current scope). What differentiates a nurse practitioner from a prescribing clinical nurse specialist is the breadth of the nurse practitioner scope, the complexity of their patients with often multiple diagnoses, and the leadership role they have within their service and organisation. Feedback received from members suggests the new statement is not clear in its leadership application and needs to go further and be more specific regarding leadership. There should be some reference to influencing and informing clinical services – leadership is not only at the level of individual patients, but leadership within the clinical team, clinical services (working with others) and within the profession. There needs to be acknowledgement of the role of undertaking audit and monitoring, of quality and governance to inform service development and profiling the role of advanced nursing practice within the profession.

7. NZNO note that the expectation to be a leader in multiple areas (as consultants, educators, managers and researchers) in the current scope, was probably unrealistic and this new focus will be more achievable. Competence in all areas would still be expected.

8. NZNO strongly support the proposed new scope of practice but note the new scope does not use the specific phrasing ‘advanced nursing skills and knowledge’ as alluded to in the previous point in the consultation document. While ‘advanced education and clinical training’ may be considered analogous, NZNO is unclear why there is a specific question on including advanced knowledge and skill in the scope when it is not specifically articulated in the proposed scope.

9. NZNO believe it is essential to clearly articulate the difference between a NP and other nurses who may practice at an advanced level. The proposed new scope articulates a number of these differences, but feedback from member groups suggests a stronger statement could be made regarding the role NPs have in diagnosing and managing care of complex patients with multiple morbidities and/or multiple diagnoses, the clinical leadership role they have within their service, and the advanced component of their role: the word advanced needs more frequent usage in the narrative. Technically, the proposed scope could describe RN competencies.

10. One member group was concerned the proposed scope reads more as a role description. Their understanding is that a scope of practice should specify actions and procedures permitted by law for a specific
profession and outline restrictions on the role, based on experience and educational qualifications.

11. NZNO support a dedicated Masters programme with a broad focus for nurse practitioner preparation. NP education must be broad in order to ensure development of the required NP critical thinking and leadership skills needed to ensure NPs meet their patient population needs and the changing service needs of their organisation. Further, a dedicated Masters programme will help ensure employers have a greater understanding of the fundamental skills of every NP – this will enable greater employment opportunities and the ability for NPs to be more mobile in seeking employment.

12. NZNO members had mixed views on specifying clinical learning time given the varying learning opportunities that exist for NPs – some members requested more detail to be able to consider this fully. However, as a guide, NZNO consider the experiences of other countries a useful guide and suggest a minimum of 500 hours or 12.5 weeks clinical learning time. This appears to be the minimum in other countries, and as noted in point 9, will enable employers to have a greater understanding of the minimum education outcomes for NPs on graduation and also provide the minimum time necessary to develop the knowledge, skills and leadership required of a NP.

13. Ideally NZNO would support students having employer support to complete a practicum with supernumerary hours, however this should not exclude budding NPs who wish to complete a practicum and do not have employer support. NPs in this situation may wish to arrange their own practicum and take time off from or leave their current employment situation in order to complete the requirements for a NP qualification. Being too prescriptive around employer support will potentially exclude these nurses.

14. NZNO support the inclusion of requirements for clinical and professional supervision, and competence assessment as compulsory elements of an education programme. In addition, activities undertaken during clinical learning hours need to be mapped/directed towards the specific NP competencies.

15. NZNO do not support a postgraduate diploma in registered nurse prescribing for long term and common conditions being a prerequisite for NP programmes. NZNO believe this would be a barrier to many future acute care nurse practitioners wishing to work in critical care areas such as intensive care, high dependency care, neonatal care and critical care outreach.

16. There should be a number of ways for nurses to develop towards a NP role, such as a post graduate diploma with a prescribing paper and a practicum in their clinical area with a prescribing mentor. The postgraduate diploma in registered nurse prescribing for long term and
common conditions should only be a prerequisite for nurses managing long term and common conditions in the community, which is its intent; it should not limit the educational and clinical pathway for nurses working in complex, acute care environments, such as critical care, intensive care or coronary care. NPs working in these areas need to manage the physiological instability of patients from multiple specialty areas with often multiple morbidities, multiple diagnoses and complex patient and family psychosocial needs. This is not to say long term conditions are not present in these settings, simply that there are multiple pathways that should be considered.

17. In addition, nurses will come to a NP programme from different routes e.g. internationally qualified NPs, and while the PGDip in prescribing will be a useful pathway, there is no real reason why it should be a prerequisite.

18. NZNO support Nursing Council setting the programme outcomes for nurse practitioner programmes. This will ensure consistency across programmes and enable more effective assessment of equivalency from international applicants. Member feedback suggests that once set, outcomes should be locally interpreted and configured.

19. NZNO generally support the draft programme outcomes in the document however more detail is required and there should be more emphasis on the diagnostic role which is more than making informed decisions on use of diagnostic and therapeutic interventions.

20. NZNO supports Nursing Council having a role in accrediting tertiary courses and programmes that do not lead to NP or RN prescribing as this will ensure quality assurance for nursing programmes in New Zealand.

21. Funding of programmes has long been an issue for nurses studying at the post graduate level and while Health Workforce New Zealand (HWNZ) funding has opened up significant opportunities for nurses undertaking post graduate study, other options such as student loans are available. NZNO will continue to lobby for HWNZ to extend funding availability and eligibility but funding availability or otherwise should not be a reason for delaying improvements to the NP scope of practice in this country.

**CONCLUSION**

22. In conclusion NZNO largely support the proposed changes to the NP scope of practice and qualifications, although note some of the recommendations do not address the needs of future acute care NPs working in critical care areas such as intensive care, high dependency care or critical care outreach.
23. In summary, NZNO support:
   a) a broad, generic nurse practitioner scope of practice and the removal of the requirement for registration to be restricted to a specific area of practice;
   b) a focus on leadership within clinical practice;
   c) the proposed new scope of practice for nurse practitioners;
   d) a dedicated Masters programme with a broad focus for nurse practitioner preparation;
   e) students having employer support to complete a practicum with supernumerary hours, however this should not exclude budding NPs who wish to complete a practicum and do not have employer support;
   f) Nursing Council setting the programme outcomes for nurse practitioner programmes.

24. NZNO holds mixed views on:
   a) Nursing Council specifying a minimum number of clinical learning hours but suggest a minimum of 500 hours or 12.5 weeks clinical learning time as expected in other countries is a useful starting point;

25. NZNO do NOT support:
   a) a postgraduate diploma in registered nurse prescribing for long term and common conditions being a prerequisite for NP programmes.

26. NZNO recommend Nursing Council:
   a) includes a stronger statement regarding the role of NPs in diagnosing and managing the care of complex patients in the proposed new scope of practice;
   b) includes a stronger statement regarding the leadership capabilities of NPs in the proposed new scope of practice;
   c) includes greater reference to advanced practice in the proposed new scope of practice;
   d) include requirements for clinical and professional supervision, and competence assessment as compulsory elements of an education programme;
e) include greater emphasis on the diagnostic role of NPs in education programme outcomes and provide greater detail on the outcomes.

27. NZNO suggest:
   a) funding availability should not be a reason for delaying improvements to the NP scope of practice.

Please do not hesitate to contact me if you require further information.

Yours sincerely

[Signature]

Dr Jill Clendon

Nursing policy adviser/researcher