6 March 2015

The Chief Executive, Carolyn Reed
Nursing Council of New Zealand
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Wellington 6141

Email: emma@nursingcouncil.org.nz

Dear Ms Reed,

Submission in response to the consultation on the scope of practice and qualifications: Nurse practitioner.

Thank you for the providing the Royal New Zealand College of General Practitioners (the College) with an opportunity to provide feedback on the draft nurse practitioner scope of practice and qualifications. The College was not involved in the earlier pre-consultation phase which was limited to nursing organisations, nurse practitioners, employers, education providers and the Ministry of Health, so we welcome the opportunity to comment on the proposals that have been drafted based on the feedback from these organisations.

Introduction to general practice and the College

General practice is the range of values, knowledge, skills, and practices required to provide first level medical services in both community practice and hospital settings. General practice includes the provision of both first contact and continuing care, for all ages and both sexes, that is comprehensive, person-centred, and takes into account the roles of family, whānau, community and equity in achieving health gains.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, the Royal New Zealand College of General Practitioners (the College), is the largest medical College in the country. The College provides training and ongoing professional development for general GPs and rural hospital generalists, and sets standards for general practice. The College is committed to:

- Achieving health equity in New Zealand through: a greater focus on the social determinants of health; reducing the rates of smoking and increasing health food options for low-income families; better integration of health and social services; and ensuring that funding for primary care is targeted to the most disadvantaged.

- Improving health outcomes for rural communities through the work of high quality, well trained medical generalists working within multidisciplinary teams.

- Achieving health equity for Māori. Health equity for Māori will be achieved when Māori have the same health outcomes as other New Zealanders. For this to occur, service delivery to Māori needs to be appropriate and effective and ensure equity of access. This does not mean a reduction in service delivery to other New Zealanders, but rather improving service delivery to Māori to ensure fairness.

Initial comment

The College appreciates the care and deliberation that has gone into this review. We are also grateful to Pam Doole for taking the time to meet with College staff to discuss the review and some of the College's concerns. Staff have advised that meeting with Ms Doole greatly assisted in their understanding of the context in which the review is taking place, and of the issues that the Council is aiming to address.

To assist in its response, the College requested feedback GPs via its weekly electronic newsletter ePulse and also directly emailed those GPs who had previously expressed an interest in the areas of Models of Care, Primary care, Medical and GP Training, GP Workforce, Older Persons Health, or Quality. There was a good response to these requests and members provided some very useful feedback on which we have based this response. We are also aware that some members have also responded directly to the Nursing Council.
The following were the questions that promoted the most responses from College members:

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?
7. Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?
8. Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?
9. Do you agree with the proposed new scope of practice for nurse practitioner?

Submission

A narrow scope vs a broad scope

The College is concerned about the proposal to remove reference to specific areas of practice from the scope. We understand that this proposal has been made because the status quo is perceived as a barrier to flexibility. The College considers that the purpose of a scope of practice is to provide clarity and to provide patients with confidence that the practitioner treating them has expertise in the relevant field of health. If they are having eye surgery then they want to know that their surgeon is an ophthalmologist, not trained as an urologist.

In our view, a scope of practice should delineate the area of practice in which one is trained and competent. The proposed definition does not do this. A nurse practitioner has undertaken additional training and experience which enables them to practice independently in their area of expertise. The College submits that it is important that the area of NP expertise is reflected in their scope of practice.

In addition to failing to provide useful information to patients and to other health professionals, a broad scope also leaves NPs open to employer demands that they undertake tasks they do not feel that they are trained to do. This risk is heightened in the current environment of cost cutting and DHB deficits.

The College submits that instead of introducing flexibility by means of a broad scope of practice, the Council should instead provide a pathway that allows an NP to move more easily from one defined vocational scope of practice to another.

Table 1: Matrix for nurse practitioner areas of practice

<table>
<thead>
<tr>
<th>Must define population group</th>
<th>Acute Care</th>
<th>Primary Health/General Practice</th>
<th>Health Condition (Specific)</th>
<th>Mental Health</th>
<th>Palliative Care</th>
<th>Public Health</th>
<th>Women's Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child &amp; Youth</td>
<td></td>
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<tr>
<td>Family/Whānau Ora</td>
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<tr>
<td>Adult</td>
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<td>Older Adult</td>
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<td>Lifespan</td>
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<td>Maori</td>
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<td>Pacific Peoples</td>
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<tr>
<td>Other Cultural Groups</td>
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</tbody>
</table>
In our view the current scope of practice for NPs in general practice may already be too broad. According to the matrix outlined on page 9 of your paper, it is possible for an NP to work in the scope of "general practice" across the lifespan of a patient. It would appear to be very difficult to distinguish between the scope of practice of such an NP and the scope of practice of a GP. In our view, it is important that the future role of NPs in primary care takes into account the strengths that NPs can offer to primary care and utilise these well.

We see these strengths as enabling focused attention on groups of patients with needs that the NP is particularly well trained to manage.

Within New Zealand there are pockets of serious primary care workforce shortage, the West Coast being the classic example. In such areas NPs are called upon to see undifferentiated patients across the wide spectrum of general practice, and their skills are very much valued. It is important that they have ready access to the advice of vocationally registered GPs and other health professionals to assist them in this task.

The College also submits that the reference to "complex" medical conditions is unhelpful and unclear. We suggest that this term needs to be refined.

Independent practice

A section of the current scope reads:

"They practice both independently and in collaboration with other health care professionals" 

In the revised version, this section has been amended to read:

"Nurse practitioners may work autonomously and in collaboration and consultation with patients and with other Health professionals, including medical practitioners."

In recent years there has been a movement towards increased collaboration and integration across the span of the health care sector. We note that one of the fundamental requirements of doctors in the Medical Council’s Good Medical Practice is that they "work with colleagues in ways that best serve patients’ interests." In this context, the reference to autonomy is not appropriate.

We also note that the word "primary" has a number of meanings. In particular it may refer to either a patient's "main" provider, or it may refer to a provider who works in the "primary care" sector. In light of causing potential confusion, it may be useful to use the term "main" in the sentence that reads:

"Nurse practitioners may manage episodes of care and may be the primary care provider or work as part of a team" 

Education

College staff were surprised to learn that the Council did not determine the content of the university-based training; specify the requirements for the clinical learning hours; and set the programme outcomes for Nurse practitioners. We consider that it is appropriate for the regulatory authority to regulate training.

The varied career intentions of more recent candidates for the Masters in Nursing programme give rise to a risk that the programme will not fulfill the needs of potential NPs. This is a particular issue in the current environment of competitive university funding based on the numbers enrolled. Having a dedicated programme would be one way of ensuring that the time and energy that potential NPs devote to completing the Masters is useful preparation for the role.

We hope these comments are of assistance to you. If you have any questions or comments please do not hesitate to contact the College’s policy team (contact details).

Yours sincerely

Jeanette McKiegh
Group Manager - Quality, Research and Policy