Q6: Do you support the assessment of competence of nurse practitioner candidates within specified education programmes as outlined in the Draft education programme standards?

Yes,
Please give your reasons
We support the assessment of competence of nurse practitioner (NP) candidates within specified education programmes with reservation. We acknowledge that the current system, which requires the Council to resource candidate reviews including providing remuneration to the members of the review panel, is expensive. However, assessment costs will still exist under the new proposed system, but they will be shifted from the Council to education providers and employers. There is no indication how the new system described in both options one and two will be resourced. It is not reasonable to expect employers and education providers to absorb the full costs of assessment of NPs without additional resources. Family Planning questions whether there are enough nurse practitioners with the appropriate educational qualifications and/or medical practitioners with the understanding of the nurse practitioner role to support the proposed assessment process. This should be a consideration as proposals are introduced. Perhaps the Council could continue to play a role in establishing a pool of NPs to support assessment processes? Family Planning supports option 2 in the consultation draft, where the assessment is embedded within specified education programmes, and there is a review of the portfolio by Council. However, it may be worth considering using this approach for an introductory period of time – a transition period – following which the full assessment could be completed within the specified education programmes. (refer to question 8).

Q7: Do you think any of the following requirements will address potential conflict of interest and ensure assessments of nurse practitioner candidates are completed to a consistent standard?

a. Involving suitably qualified members of the multidisciplinary team and practice representatives and/or
   Yes
   b. External moderation of assessments by other education providers and/or
   Yes
   c. Setting standards for assessment and closer moderation by the Council.
   Yes
Q8: Do you support the candidate also submitting a portfolio of learning to the Council?

Yes,
Please give your reasons
This approach will provide consistency and moderation, which is particularly important as a new system for assessment is first introduced. This approach will also ensure that potential conflicts of interest have been adequately addressed by processes and practices. Family Planning notes that submitting a portfolio to the Council should be an assessment method alongside viva voce clinical assessment. It is only during viva voce clinical assessment and questioning that the depth of knowledge, clinical reasoning and safety to practice can be fully assessed.

Q9: Do you support the assessment methods outlined in 8.4 and 8.10 of the draft education programme standards?

a. a portfolio of learning and clinical log of practice experience
Yes

b. simulated scenario based assessment
Yes

c. viva voce clinical assessment
Yes

d. observation in clinical practice settings.
Yes

Please give your reasons
The proposed number and range of assessment methods will ensure triangulation of assessment and will contribute to the strength and validity of decision making. However, the simulated scenario assessment and clinical viva voce will incur costs for education providers and employers, and will increase the need for sufficiently qualified professionals to develop and implement the assessments. Education providers and employers will need additional funding to support the new system of assessment as there is significant cost associated with establishing and operating these types of rigorous assessment methods. The consultation document indicates that a core reason for the suggested changes to NP assessment is the need for fiscal restraint. This is particularly relevant in light of projected increases in the number of NP applicants in future. Family Planning again questions how assessment will be resourced. This has not been addressed in the consultation document. The assessment proposals in the discussion document represent a cost shift, rather than a cost saving, leaving questions around resourcing unanswered. The challenge securing representation on review panels by suitably qualified NPs is also cited as a key reason for the proposed changes. Solutions to address the lack of suitably qualified NP’s available to support assessment should also be proposed.
Q10: Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?

Yes,
Please give your reasons
Yes, where possible, we support NPs as part of the clinical teaching staff along with other suitably qualified practitioners such as vocationally registered medical practitioners. In some regions in particular, it may be very difficult to obtain sufficient qualified and experienced NPs who also have the required educational qualifications. Section 2.3: "Academic staff are qualified for their level of teaching with a tertiary qualification higher than the programme of study being taught." Family Planning questions whether there are enough NPs in New Zealand with the required education qualifications to fulfil this requirement? Section 4.1: Family Planning proposes a change to section 4.1 of the draft standards. Family Planning suggests the second bullet point of 4.1 should read: "have a collaborative working relationship with a multidisciplinary team and have the support of a nurse practitioner mentor and/or a vocationally registered medical practitioner who will support her/him to develop the advanced skills and knowledge required for nurse practitioner practice."

Q11: Do you support the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards?

Yes,
Please give your reasons
We agree. However, as stated previously, we question whether there are a sufficient number of NPs with the required education qualifications to sufficiently support clinical mentoring. The increased clinical learning time will result in demands on workloads and resources of health sector employers who support candidates. Support for release time to enable NP students to be supernumerary during practicum, and the costs associated with having a student in placement for an increased number of hours, will need to be met somehow. Currently financial support goes to DHBs through the Health workforce. This funding supports organisations like Family Planning to offer student placements and clinical training. Ensuring funding is available to support the increased hours for NP placement is essential. Funding must follow the student and be appropriately allocated to their mentors to enable adequate access to suitably qualified NP's and medical staff.
Q12: Do you support the draft education programme standards?

Yes,
Please give your reasons
Overall we support the standards. However, we believe the standards are duplicative in a number of places and overly long. Family Planning supports simplifying the standards as much as possible so they are practical and can be easily applied across a range of environments. We recommend that the Council review the language in the standards and competencies with an aim to remove repetition. For example, we suggest deleting 2.1 in the section below, as we believe this point is adequately covered in 3.2. Competency 2: Demonstrates timely and considered use of diagnostic investigations to inform clinical decision making. Elements 2.1 Demonstrates accountability in considering access, cost, clinical efficacy and the informed decision of the health consumer when ordering and/or performing selected screening and diagnostic investigations. 2.2 Accepts responsibility and accountability for the interpretation and appropriate follow-up associated with screening and or diagnostic test results. 2.3 Uses effective communication strategies to inform the health consumer and relevant health professionals of health assessment findings and diagnoses. Competency 3: Applies diagnostic reasoning to formulate diagnoses. Elements 3.1 Synthesises knowledge of developmental and life stages, epidemiology, pathophysiology, behavioural sciences, psychopathology, environmental risks, demographics, and societal processes when making a diagnosis. 3.2 Considers the health consumer’s expectations of assessment, diagnosis and cost of healthcare. 3.3 Acts to prevent and/or diagnose urgent and emergent and life threatening situations. 3.4 Determines clinical significance in the formulation of an accurate diagnosis from an informed set of differential diagnoses through the integration of the health consumer’s history and best available evidence.

Q13: Any other comments related to the draft education programme standards?

Section 2.10: “The coordinator of the nurse practitioner master’s programme will be a registered nurse with a current practising certificate and will have the authority and responsibility for decision making regarding…”

Family Planning suggests that the coordinator should be a nurse practitioner, particularly in light of the authority and responsibilities assigned to the role (eg. delivery and ongoing development of the programme).

Section 4.1:
Family Planning recommends that paid release time is included as an entry requirement for the nurse practitioner practicum, however, notes that the education provider should have a role negotiating paid release time alongside their role negotiating the overall practice experience. Section 9.2 states that education providers must “negotiate practice experiences and clinical mentors for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the programme.” Section 9.2 could be cross-referenced in section 4.1. Ensuring organisations have access to sufficient resources to support candidates is an important component of the practicum. The issue of adequate resources also pertains to section 9.9 “The student participates in the practice experience on a supernumerary basis.”
Q14: Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?

Yes,
Please give your reasons
Family Planning agrees the competencies broadly describe the knowledge and skill required. However, the competencies are worded very differently to the current competencies without justification provided in the document as to why such changes have been proposed. The draft competencies are heavily based on the Australian NP competencies. Family Planning questions if the Australian NP competencies are relevant in the New Zealand context? Section 5.2: Family Planning questions why disability services and aged care are specifically mentioned in this section. This reference is not appropriate for all areas of practice. We suggest it could be edited as follows: Consults with and/or refers to other health and disability care providers or services and community agencies at any point in the care continuum. Section 6.7: This element seems to include two separate themes: 1) antimicrobial resistance and local resistance patterns; and 2) using non-pharmacological strategies. Whilst this is essential pharmacology knowledge, other elements not specified are also essential knowledge to prescribing practice. It is unclear why it is necessary to specify as the competencies are inherent in 6.1, 6.2 & 6.3. Antimicrobial resistance is not particularly relevant for some areas of practice, eg palliative care. Section 11.2: Once again, Family Planning is not sure why aged-care policy is specifically mentioned. This reference may not be relevant for all areas of practice. Section 11.5: Family Planning assumes that 'other prescribers' would be registered nurse prescribers. It would be useful to provide examples of other prescribers.

Q15: Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?

Yes

Q16: Do you support newly registered nurse practitioners practising under supervision for one year?

Yes,
Please give your reasons
This will provide necessary clinical support for the novice NP.

Q17: Any other comments related to the proposed draft competencies for nurse practitioners or the proposal for new nurse practitioners to be supervised for one year

Respondent skipped this question