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

No.

Please give your reasons

This question is taken to relate specifically to the process presented as option 1 Standards for consistent student assessment in the consultation document. While identifying some relevant elements, overall it is not felt that this option can be supported in its present form. 1. The presumption that it is appropriate for the education sector to be responsible for the assessment leading to endorsement as an NP is questioned. This rests on two principle areas of concern: a) Firstly, this is a credentialing issue and as such responsibility for this process sits with Nursing Council, not with the educational institutions. This is particularly relevant given, the perceived (if not actual) conflict of interest associated with the suggested change. b) Secondarily, there are differences between the processes of assessment for academic progression (both for theoretical and clinical course content), and the intention and underlying pedagogy for assessment of professional competencies. 2. The argument put forward for the proposed changes is essentially around cost saving, with a secondary argument of more efficient and appropriate processes. There is no doubt that fiscal constraint is a necessary concern in the current health care and wider political environment, however, this should not be the driving factor in such a significant policy change. The arguments given to demonstrate a significant cost saving seem flawed, and indeed indicative of a cost shifting process rather than a cost reduction. Similar expenses in relation to assessment are still likely to accrue, but they will be placed on the educational institutes rather than the Nursing Council. There will continue to be costs associated for the applicant in completing the process, which may take the form of increased educational costs, reduced course time or diverted resources as opposed to increased fees to Nursing Council. These costs will simply be less transparent. Regardless of whether option 1 or 2 is recommended, both are based on the assumption that the assessment processes will become more sustainable if incorporated into the educational system; there is no evidence to support this and any transfer of financial burden is likely to be accompanied by associated loss of direct teaching or student support.
Consultation on the education programme standards, and competencies for nurse practitioner scope of practice

time. 3. There is no clear argument provided from an educational, professional, safety or quality perspective to support the suggested changes. It is our belief that the role of Nursing Council is to be responsible for the credentialing and registration of nurses, including NPs. The consultation document implies that there is a parallel between the current RN educational system and that proposed for NPs, in that, a similar form of ongoing clinical assessment could occur throughout the period of formal education, which would then result in a ‘workforce ready’ NP graduate. However, this avoids acknowledgment of the current national, independent examination process (State Exam) which provides the final assessment of competence for the prospective RN. We argue that a similar national, standardised assessment, in a form appropriate to a NP level of practice should remain. This needs to be independent, transparent and offer a degree of confidence that is unlikely to be obtained if offered in multiple forms through multiple organisations. 4. Removing the independent, national assessment process has the potential to introduce a number of risks to the existing process. While these may be relatively low level, the potential consequences are such that they need to be considered seriously as any incidence could have significant impact. In a broad sense, these can be considered in terms of professional, clinical, legal and ethical risks. Individual nurses undertaking the transition to NP, as well as the nursing profession as a whole, face risks in terms of loss of public confidence and credibility should adverse events occur or perceptions of bias or conflicts of interest present. These are also potential concerns for the educators and clinical supervisors who are ‘signing off’ the NP students. Clinical risks have the potential to impact patients (the public) should inadequate processes become apparent. Legal and ethical risks are present, with the educational institutions appearing to take on the burden, on behalf of the Nursing Council, by assuming responsibility for determining competency. While it is unlikely that these would occur, given the existing robust quality processes within the tertiary educational sector, considering the lack of clear advantage to making the shift as proposed, it is unclear why even a low level of risk is worth considering.
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 — No

b. External moderation of assessments by other education providers and/or — No

c. Setting standards for assessment and closer moderation by the Council. — No

Please give your reasons or any other suggestions

In line with other questions presented in the consultation document, concern is noted in regard to the phrasing and structure used. While each of these suggestions are identified as useful responses, the group are unable to respond in the affirmative, as the question has been phrased in such a way that to do so suggests agreement in total, implying that conflict of interest can be addressed and also consistency of standards maintained. This makes it impossible to answer without assumptions being made as to the intention of the responder, and the degree to which agreement covers both elements being presented (i.e., conflict of interest and consistency) as well as whether agreement indicates potential to address in part or total these issues. However, the group wish to acknowledge that each action has the potential to address in part potential conflict of interest and to move towards greater consistency that there is no guarantee that even if taken together, they can not necessarily ensure this.
Q8: Do you support the candidate also submitting a portfolio of learning to the Council?

Yes,
Please give your reasons
While supporting the retention of the portfolio submission, this is NOT an endorsement of option 2. It is again noted that the question phrasing is such that respondents are by default positioned to select options, which appear to imply a pre-set ‘either / or’ position. This suggests a limited consultation process, with the outcome to a significant degree already determined, which is disappointing. 1. While option 2 is seen as a presenting a stronger position than that outlined in option 1, the same flaws as identified in response to Q.6 are considered to still apply. 2. It is noted that reference to submitting a portfolio is still only conditional, with the phrasing “could be required” used: there is no additional clarification as to what circumstances might be identified as necessary to render this appropriate, or when submission might not be required. 3. It is stated that if a portfolio is submitted, it will then be assessed by a Council approved NP. Given that this suggests assessment by a single NP rather than the current review panel, what process are suggested to ensure objectivity, avoidance of personality conflict or bias etc? How would such an externally “approved assessor” be identified and selected? What are the likely costs involved? 4. While a moderation process regarding the registration process is suggested, there is no indication as to how this might be achieved, nor what standards this might be measured against. 5. The further suggestion is made to work towards phasing out the portfolio process altogether. This has the potential to add to the perception of bias or conflict of interest if all remaining assessment then becomes internal to the educational institution.

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

<table>
<thead>
<tr>
<th>Method</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. a portfolio of learning and clinical log of practice experience</td>
<td>Yes</td>
</tr>
<tr>
<td>b. simulated scenario based assessment</td>
<td>Yes</td>
</tr>
<tr>
<td>c. viva voce clinical assessment</td>
<td>Yes</td>
</tr>
<tr>
<td>d. observation in clinical practice settings.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Please give your reasons
These are all individually appropriate assessment methods, which used individually or in combination can provide useful insight into a practitioner’s competency level.

Q10: Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?

Yes,
Please give your reasons
In an ideal world, the roles of clinical and academic teaching staff in the NP programmes would be undertaken by nurses with NP registration and experience, however, there is concern relating to the practicalities of providing this resource. 1. There are currently limited numbers of NPs, and of these the
number who are willing, available and with the skills to teach new practitioners is unclear. Many existing NPs are working part time, with some unable to gain employment in formally recognised NP roles. Not all have additional educational qualifications, skills or aptitude. Given that the focus of the NP role is for hands on advanced clinical practice, it may well be an unrealistic expectation to assume widespread uptake of the educational roles outlined in the proposal. 2. There is a potential to create considerable stress and expectation for those already in NP roles with associated risk of burnout. Many are still junior to the role, and not necessarily in a position to effectively mentor and teach others. 3. In the interim, while the NP workforce continues to expand and mature, it is realistic to acknowledge that much clinical supervision may continue to rest with members of the medical profession. This is particularly pertinent to the South Island, given the disproportionate disposition of NPs across NZ. 4. It is also necessary to consider the availability of those NPs working in isolated or rural settings, or who have a particularly specialised scope of practice. Distance supervision has inherent difficulties and does not always offer a realistic option. The benefits of having nursing supervision from an existing NP need to be balanced against the disadvantages associated with limited direct supervision, as do the relative merits of medical supervision and the disadvantages of working with another professional model. 5. The move towards having NPs as the ideal for clinical supervision is one to be applauded, and certainly one that would advantage the NP intern providing targeted learning within a nursing model of care. However, the realities of the current situation need also to be accommodated, while striving for this ideal. 6. If NPs are the clinical teaching staff and / or clinical mentors in the practice setting, there are concerns with the need to be able to “assist the students to develop advanced skills across more than one setting”, yet many of the existing NPs were registered as such under a much more specialised/specific scope of practice. While they are required to ‘assist’ (ie not necessarily have all of the skills themselves) this is still an additional concern. It is unclear how many existing NPs would have sufficient skills to work across multiple settings if required. 7. It is noted that the educational provider is also responsible for “ensuring that clinical mentors are appropriately educated for their role”, but the level of skill and form of this is not apparent. This may well require additional cost to the educational provider, which has not been considered, and not all medical or nursing staff would have available time to attend additional training activities should such be developed.
Q11: Do you support the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards?

No,
Please give your reasons
This question is incorrectly worded – following clarification with Nursing Council, it was confirmed that the reference should have been to section 9 of the document, and the response is given in regard to this. Overall it was felt that the standards as presented were unable to ensure consistency of assessment across the academic and clinical settings, and that there was insufficient detail to adequately judge this. Concern was also expressed about the lack of acknowledgment of the role of funding bodies, and the importance of the workplace in determining candidates for the programmes. Without support from these organisations, the ability of the educational institutions to select students is limited. There is also a need to ensure that approval to involve both settings required under the suggested proposal are able to be identified early in the process.

Q12: Do you support the draft education programme standards?

No,
Please give your reasons
Lack of depth to the information provided – while acknowledging that this is still a consultation document, there appears to be a conflict in that the options are presented as ‘givens’ with the implication that one or other will be selected; however, if this is the case, there would need to be further detailed information to enable a considered decision to be made. There is a clear expectation that the health provider organisation must provide “a high quality practice experience and appropriate learning opportunities”, but no indication as to how this can be ensured. There is no process to determine equity of experience for students, and no system to require that the promised access or experience is provided. While it is to be hoped that organisations and workplaces will see the benefit of supporting individuals on the NP pathway, there is opportunity for inconsistency and conflict of interest. Overall there is insufficient evidence to show that a nationally consistent assessment process is possible, or that there is sufficient reason to institute the suggested change.
Q13: Any other comments related to the draft education programme standards?

While supporting the move towards broadening the scope of NP practice, there are several questions and considerations that this raises.

• What will this mean for those NPs already credentialed? Will they be required / offered the opportunity to alter their registration to a transferable scope of practice?

• For areas within which the NP candidate is based, that are already considered ‘broad’ (examples might be considered to include emergency care and primary health care), what are the expectations related to needing a secondary setting? (eg as per statement p 8 requiring advanced skills across more than 1 setting; p.21 need to have access to 2 areas of clinical practice)? Is the student then being directed to identify a narrower area to focus on as a contrast? (This contradicts the intention on p21 which states that one area is that where prescribing will take place and the other is designed to broaden the clinical learning experience).

• The educational institution is expected to provide, as part of the comprehensive summative assessment, a clinical viva voce by suitably qualified members of the MDT within the student’s clinical area of practice. This seems similar to the panel assessment currently undertaken by Nursing Council, and likely to have similar issues in terms of drawing together the appropriate individuals.

• The intention of streamlining and simplifying the NP assessment process is a positive one, but as presented the focus appears largely financial and of limited other benefit. While the cost issue is not dismissed, this alone is not seen as significant to offset the concerns and risks that may follow the introduction of either option presented.

• Given the error with regard to Q9, the robustness and accuracy of the process is questioned.

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
Overall this appears an appropriate outline, however it is disappointing to see that while willing to acknowledge and draw on the evidence base of other professions, there is no reference to use of nursing theories, models, paradigms or research.

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

Yes,
Please give your reasons
That said would these competencies be expected to be used for annual appraisals and PDRP? Further, would existing NPs need to conform to these competencies or continue with those in use at their registration which would lead to potential double standards.
Q16: Do you support newly registered nurse practitioners practising under supervision for one year?

Yes, please give your reasons.

While there is general agreement as to the benefit of a further one year supervisory period for the novice NP, there remain several points that will require further clarification. 1. It is suggested that the distinction between direct supervision and case review be clarified to allow acknowledgment of the potential for distance supervision during this point, and to consider the implications if the new NP is in a position where they require a new clinical supervisor due to changed circumstances. 2. The ideal situation would be for the student’s supervisor to agree to continue the supervision during the first year of registration; however there are potentially situations where this may not be possible. This gives rise to the possible scenario where a new NP may not be able to find a replacement supervisor willing to ‘sign them off’ as competent. Whose responsibility is it to identify this individual? It is no longer the educational institutions, as the NP is no longer a student; is it the individual student or the NP’s employer? 3. This also then raises the question as to who is responsible for reimbursing the supervisor, and how many hours are required in this role. 4. It is suggested that this would reduce any potential risks to the public from the proposed changes, however the risks and responsibilities of the supervisor in agreeing to certify competence without direct supervision need to be outlined. 5. Given existing concerns expressed by clinical mentors (in particular medical colleagues) about signing off trainee NPs, there may be issues associated with this process – in particular if there is a significant increase in the number of trainee’s, as suggested in the call for submissions. 6. It is felt that BOTH formal and informal supervision should be a requirement.

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.