Consultation on the education programme standards and competencies for nurse practitioner scope of practice.

Matua Raiki

Making submission on behalf of Matua Raiki- Addiction Workforce Development

Yes, the orgs name can be listed in the published summary of submissions

6. Re assessment within specified education programmes

There are clearly some advantages to the assessment sitting within education programmes. However some cautions must be considered.

- Teaching staff are invariably very busy and in maintaining the integrity of the NP assessment process, teaching staff/the training institute must be adequately resourced to pick up this additional task.
- There is concern that the focus will be weighted on academic performance and less so on clinical performance. Ensuring that assessors are actively and currently involved in clinical practice and that they are able to contribute to the objectives of the NP is important.
- There is felt to be some conflict of interest whereby the performance indicator for training providers is success. Producing or passing a higher number of NP than another institute may be seen as contributing to that success.
- There is concern that with assessment sitting within a training institute that becoming a NP comes to be seen as a progressive rite of passage in terms of an academic pathway, and/or that it will be little different to a PG qual with prescribing rights. Maintaining the integrity of the NP, it being a considered and clinical specialised pathway, is imperative.

7. Yes, the inclusion of a, b and c would work to address potential conflict of interest.

With regards to the involvement of suitably qualified members of the MDT it is felt that these MUST be clinical medical practitioners. They must also be representative of the area of expertise. This is particularly so for those working in areas such as addiction that requires practice, knowledge and skills that may not evident in some other areas or practice/scope.

8. Yes-submitting a portfolio of learning to the Council is important and will support some of the concern's noted above

A portfolio should show reflective practice, allow for the in depth understanding from the practitioner to show though, show a range of both formative and summative assessments and reduce opportunities for subjectivity of bias.

9. Yes, the assessment methods noted in a, b, c and d would provide a range of assessment that reflect the clinical expertise of a NP candidate.
There is some concern that the current focus of assessment in the NP core papers tends to be on acute unwellness. The needs of mental health and addiction can get minimised within this. Suggest that equal emphasis be placed on MH and A, physical wellness, chronic care, care across the lifespan and primary care.

10. Yes- we support NP as clinical teaching staff.

Their clinical expertise is invaluable. However, there is some caution regarding the acknowledgement or limitations in working across areas of experience. The notion that ‘you don’t know what you don’t know’ can apply here.

There is also some concern regarding the capacity, in the areas of MH and even more so addiction where there are few NPs.

11. Yes, we support the NP practicum standards

There is some concern regarding the practice experience and that it reflects areas of expertise concurrent with the clinical mentor. Accessing good clinical mentors can be a challenge in some areas of practice and ensuring that they are adequately resourced is important.

12/13. The draft education standards would provide consistency across programmes.

Note again as per point 9, there is some concern that the current focus in the NP core papers tends to be on acute unwellness. The needs of mental health and addiction can get minimised within this. Suggest that equal emphasis be placed on MH and A, physical wellness, chronic care, care across the lifespan and primary care.

It is also strongly felt that entry level at three years is inadequate. Again (as previously noted) it is imperative that the NP pathway does not become a generalised progression of academia as opposed to a clinical development of expertise. The focus of the NP along the nursing intervention continuum spans health promotion through to interventions for those with a range of multiple complex and long term health related issues. This development and the core component to effective integrated care practice inherent in being a NP takes time and experience. It is felt that this cannot occur if entry is after just three years.

The value and role of formalised clinical and cultural supervision that encourages reflective practice is imperative. This is somewhat different to clinical mentoring with both having a place in the development of a NP.

14. re the draft competencies

- It is felt that there is a competency missing regarding values and attitudes and ensuring that the consumer/service user voice is heard.
- There needs to be the inclusion of addiction, concurrent with mental health. Addiction tends to get lost if it is assumed to be a component of mental health.
- To ensure integrated care practice the inclusion of wellbeing and social determinants of health, in addition the physical determinants are important.
- Care should include be inclusive of contemporary health concepts, eg. cultural responsiveness person centred, whanau ora, recovery and wellbeing, motivating behaviour and lifestyle change. Would be good to see this reflected in the competencies
• Domain three that discusses the implementation of interventions could also emphasise the inclusion of ‘facilitating’ an intervention being carried out by another practitioner and the role of consult liaison.

16. Yes, it is important that newly registered NPs practice under supervision for one year. It is felt that this first year of practice should identify a number of the challenges facing NP and establish good processes regrading knowing where and when to ask for guidance. As noted above, it is important to resource this supervisor, and that the supervision is formalised and carried out by a practitioner who is capable and competent to take on the role.

17. Other comments.

The assessment process must remain robust, and not be designed to appeal to the masses or as a rite of passage/academic process. The integrity of the NP role is about integrated experience, knowledge and care across the domains of health and wellbeing. Having an assessment process that capture the responsibility and leadership required of this role is important, as is ensuring that assessors have a good current clinical focus and that supervision process that encourage reflective practice are in place.

It is important to ensure that supports and supervision are in place that ensures the NP can regulate their practice. With the business model of many organisations, there can be pressure put on NP to work beyond their areas of expertise.