18 December 2015

Nursing Council of New Zealand: Consultation on education programme standards and competencies for nurse practitioner scope of practice

Feedback from
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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to on average 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby. It provides women with the opportunity to have continuity of care from a chosen maternity carer (known as a Lead Maternity Carer or LMC) throughout pregnancy and for up to 6 weeks after the birth of the baby, and 92% of women choose a midwife to be their LMC. Primary maternity services provided by LMC midwives are integrated within the wider primary care and maternity services of their region or locality. The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and well-being.
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The Nursing Council of New Zealand
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Consultation on education programme standards and competencies for nurse practitioner scope of practice

The New Zealand College of Midwives (the College) thank the Nursing Council of New Zealand for the opportunity to comment on this consultation document.

The College understands from the consultation document that the drive for this project is to meet future health needs including rural, and other underserved, diverse and ageing populations. In this sense the project could be considered a reconceptualisation of nurse practitioner education to keep on track with an increasingly complex health care environment. However, the College questions whether these proposed changes to the nursing profession will actually lead to an increase in recruitment and retention of nurses which appears to be a more pressing and serious issue.

The registered nurse role still needs to be valued and its status protected as registered nurses with a generalist education focused on the whole person make up the majority of the nursing service. The focus on specialisation (nurse practitioners), in effect, creates another hierarchy by increasing the time needed for education and an even more specialised scope of practice. This time extension may undermine many prospective students' ability to see nursing as a career prospect. If it takes a minimum of seven years to become a truly autonomous Nurse Practitioner then medicine becomes an equivalent option.

The demands of a neoliberal state seem to require positioning and re-positioning of health professionals regularly, but questioning what roles these more specialised nurses will fill within the nursing profession needs more consideration. Work on increasing nursing autonomy, without the need for a seven year outlay, and increasing the unique and sometimes undervalued identity of nursing seems urgent. The College has some concern about how core aspects of nursing will be scaffolded within this increased focus on expansion and extension of specialist nursing roles, and some concern about unanticipated consequences. Preservation of the unique identity and visibility of the nurse in this new space may be challenging.
The feedback related to specific consultation questions is below:

**Draft education programme standards**

**Option 1: Standards for consistent student assessment**

- 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
  b. External moderation of assessments by other education providers and/or
  c. Setting standards for assessment and closer moderation by the Council.

Please give your reasons or any other suggestions

The College considers that there would be no conflict of interest if suitably qualified nurses assessed nurses as the usual practice for disciplines is to assess its own standards. The College considers that usual nursing education standards and assessments should not require the endorsement of other disciplines. If nursing is to identify its purpose and/or maintain its unique identity it should not be driven by the needs or lens of other disciplines.

**Proposal for new nurse practitioners to be supervised for one year**

**Consultation question supervision**

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

Please give your reasons

Supervision as defined in the proposal appears to send mixed messages.

Supervision is first presented as a flexible, mutually negotiated mentoring type relationship throughout the year. This would be in line with adult education principles that inform progressive tertiary education.

However, the guideline this definition is referenced to is didactic and prescriptive for both supervisee and supervisor.

The 'negotiated' supervision relationship ends with a formal, summative assessment. To paraphrase the scoping document, we would echo educators and express concern at the conflict for a supervisor supporting a nurse practitioner (who has already achieved nurse practitioner registration), when they are then charged with the assessment of their competence to continue practice as a nurse practitioner. It would be useful to articulate whether this supervision assessment can definitively void a nurse practitioners' scope as it is this, rather than the flexibility of the arrangement that will drive how such relationships are brokered.
In terms of supervision, if the purpose of the nurse practitioner role is to allow nurses to practice remotely on their own initiative then the ability to access a supervisor in the ways currently required for a nurse prescriber will be restrictive.

The aim of supervision is ostensibly to support nurse practitioners in their autonomous practice. The risk is that supervision as proposed here will result in the medical aspects of nursing being privileged over the holistic, comprehensive, caring, observational, supportive and facilitative art of nursing praxis that evidence shows makes a positive difference to outcomes.

Again, we would consider the need for clinical autonomy as an essential part of the nurse practitioner role. Supervision as defined here implies a real or perceived lack of confidence. The proposed supervision requirement seems excessive given that all nurse practitioners are registered and by necessity, experienced nurses.

Conclusion

In summary the College would find it regrettable, if the core value and unique identity of nursing were to be undermined or threatened by these proposed changes to the nursing landscape. Any changes that could result in a dilution of autonomy, a more medicalised focus, and reliance on other disciplines to ‘supervise’ nurses, rather than a ‘nurses for nurses’ culture could lead to a loss of the fundamental belief in the art of caring and the art of nursing.

Thank you once again for the opportunity to provide feedback

Yours sincerely

Karen Guilliland
Chief Executive