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

Submission to the Nursing Council of New Zealand

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Contact

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO’s vision is Freed to care, Proud to nurse.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Nursing Council of New Zealand’s consultation on education programme standards and competencies for the nurse practitioner scope of practice.

2. NZNO has consulted its members and staff in the preparation of this submission, in particular our professional nursing, industrial, policy, research and legal advisers, Te Rūnanga, Regional Council and Board members and members of our specialist Colleges and Sections – in particular the Neonatal Nurses College.

3. NZNO supports the need to change the current registration process to become more streamlined and cost effective.

4. NZNO recommends Nursing Council, as the regulatory body, should make the final judgement on whether a nurse can be registered as a nurse practitioner.

5. NZNO does not support the option that the education provider undertake the sole assessment of a registered nurse seeking registration as a nurse practitioner.

6. NZNO recommend the current viva voce conducted by an independent panel be retained.
7. NZNO supports the proposed process for assessing the portfolio under option 2 and believe it will ensure Nursing Council has greater oversight of the process.

8. NZNO supports the proposed standards relating to student assessment.

9. NZNO supports the requirement for clinical teaching staff to be qualified nurse practitioners.

10. NZNO supports the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards.

11. NZNO requests further clarity on the entry requirements to the nurse practitioner practicum to have access to ‘two areas of clinical practice’.

12. NZNO supports the draft education programme standards and believe they provide useful guidance for education providers.

13. NZNO agrees the draft competencies for nurse practitioners adequately describe the knowledge and skills required of new nurse practitioners.

14. NZNO supports the proposal for new nurse practitioners to be supervised for one year.

DISCUSSION

15. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Nursing Council of New Zealand’s consultation on education programme standards and competencies for the nurse practitioner scope of practice.

16. NZNO supports the need to change the current registration process to become more streamlined and cost effective. The current process is prohibitive in terms of cost to the candidate and to Nursing Council. Feedback from members suggests that the current process is one of the biggest barriers to obtaining registration as a nurse practitioner.

17. Members note those with a narrower scope of practice have found it easier to obtain registration but those with a broader scope have struggled. With the new shift to encourage a broader scope of practice, it is timely to revise the assessment process to ensure an equitable process for all.

18. NZNO recommends Nursing Council, as the regulatory body, should make the final judgement on whether a nurse can be registered as a nurse practitioner. While NZNO can see the benefits to assigning
assessment of the Nurse Practitioner candidate to the education provider in terms of cost reduction, risks associated with conflict of interest remain high. Those involved in the education of nurse practitioners often become personally invested in supporting the student to complete the required programme of study and there is a small but real risk that this may bias their assessment of a candidate.

19. Further, within the current education environment where funding is provided largely based on the numbers of students enrolled, there is a need for education providers to ensure their programme is seen as successful and with high graduation rates to encourage further enrolment. This competitive environment again means there is a small but real risk that students who may not make ideal nurse practitioners are recommended for registration. For these reasons, NZNO supports the inclusion of option 2 whereby a candidate also submits a portfolio of learning to Nursing Council. NZNO would also like to see this extended to include a face-to-face viva voce examination.

20. NZNO believes that the current viva voce conducted by an independent panel needs to be maintained. This provides an opportunity to robustly and independently evaluate assessment skills, critical thinking, clinical reasoning and prescribing practice. Case studies presented in the portfolio are limited in terms of the evidence they provide of these skills and thus safe and effective care.

21. The viva voce is also an opportunity to assess cultural competence and socio-political awareness. NPs need to have an understanding of where the role is positioned in the wider context of health, what influence it has and how it impacts health outcomes. These are important aspects of the NP role and are not readily articulated in a portfolio.

22. In terms of managing the cost of assessment, the viva voce could be shorter (2-3 hours) allowing for several to be conducted on the same day and focused on the aspects described above.

23. NZNO supports the proposed process for assessing the portfolio under option 2 and believes it will ensure Nursing Council has greater oversight of the process. Members have suggested the contents of the portfolio should be similar to that required in the Australian system, namely inclusion of the programme transcript, curriculum vitae, evidence of practice hours, letters of support, professional development record and professional activities. Members believe the requirement for case reviews, reflections and clinical logs should have already been met as part of the education programme. Members also support development of the portfolio within the Masters programme rather than separate to it as is currently the case.

24. It is important to ensure a process for registering nurse practitioners who have qualified outside of New Zealand is accessible. Retaining
assessment of the portfolio and the viva voce process by Nursing Council ensures equitable monitoring of portfolios where prior recognition of learning may comprise a large component of the portfolio.

25. NZNO supports the proposed standards relating to student assessment. A variety of assessments will ensure candidates have the opportunity to demonstrate competence in a number of different ways. As students will have differing strengths, using varied opportunities for assessment is a fair and equitable approach.

26. NZNO supports the requirement for clinical teaching staff to be qualified nurse practitioners. NZNO notes that this may be challenging in some specialty areas but the broadening of the scope should negate the need for specialist nurse practitioners in each area of specialty practice. NZNO believes this is an appropriate approach to take moving forward.

27. NZNO also supports the requirement for academic staff to hold a tertiary qualification higher than the programme of study being taught. Again, NZNO notes this may be challenging in some areas but supports the premise moving forward.

28. NZNO supports the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards. NZNO notes point 9.10 indicates the student will develop learning goals and point 9.12 almost repeats the same point – point 9.10 could probably be deleted.

29. While NZNO acknowledges that it may be difficult for Nursing Council to direct the activities of provider organisations, it may be helpful for points 9.6 and 9.7 to be standalone under a section entitled ‘Health provider organisation responsibilities’ or similar.

30. The Neonatal Nurses College NZNO are concerned that members of their College may have difficulty meeting the entry requirement to the nurse practitioner practicum of having access to ‘two areas of clinical practice’ due to the very specialised nature of their work. It is unclear if the intention of this standard is to ensure nurse practitioner candidates must practice in two distinct clinical specialty areas e.g. neonates and paediatrics, or if this is two work locations e.g. the neonatal unit at Auckland City Hospital and the neonatal unit at Middlemore Hospital. Further clarity is requested.

31. In general, NZNO supports the draft education programme standards and believe they provide useful guidance for education providers.

32. NZNO agrees the draft competencies for nurse practitioners adequately describe the knowledge and skills required of new nurse practitioners. NZNO are pleased the elements of leadership, research
and engagement in policy are clearly articulated along with the requisite clinical skills.

33. NZNO agrees the draft competencies provide sufficient detail to guide education requirements and student assessment, however members have noted the language is unnecessarily complex and potentially confusing; the competencies must be clear and unambiguous.

34. Members also note some concerns that there are still over 50 elements within the 11 competencies and that some are sufficiently similar they could be duplicates. For example, competencies 1.2 and 2.2, and competencies 1.3 and 3.4.

35. NZNO supports the proposal for new nurse practitioners to be supervised for one year and believe this will provide a safety mechanism for the nurse practitioners themselves and will also reassure the public that sufficient parameters are in place to ensure public safety.

CONCLUSION

36. In conclusion NZNO recommends:

- Nursing Council, as the regulatory body, should make the final judgement on whether a nurse can be registered as a nurse practitioner;
- the current viva voce conducted by an independent panel be retained;
- Nursing Council provide further clarity on the entry requirements to the nurse practitioner practicum;
- Nursing Council note our comments above.

37. NZNO thanks Nursing Council for the opportunity to comment on the education programme standards and competencies for nurse practitioner scope of practice.

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