CONSULTATION ON EDUCATION PROGRAMME STANDARDS
AND COMPETENCIES FOR NURSE PRACTITIONER SCOPE OF PRACTICE

Option 1: Standards for consistent student assessment

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

Yes. This is critical in assessing the candidates continued performance academically, clinically, and attributes. It will enable early identification of potential risks/problems and formulation of plans of support for the candidate to achieve the programme outcomes. Assessment of competence should be made against the competencies of the NCNZ NP scope of practice. An essential component to be considered when assessing competence is also the context or practice setting of where the assessment will take place.

- 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

There is the potential for inconsistency of competence assessments leading to varied and potentially unsafe practice by NP candidates. Therefore the selection of suitably qualified members of the MDT and practice representatives is important.

  b. External moderation of assessments by other education providers

It is viewed that the education providers may not be appropriately suitable to undertake external moderation of assessments and would concur that suitable qualified members, as per the definition given as a footnote to 'Draft education standards: student assessment, page 8, should be considered as an alternative. Another alternative is a joint appointment between an education provider and an endorsed nurse practitioner.

  c. Setting standards for assessment and closer moderation by the Council.

It is viewed that the Nursing Council should continue to set standards for assessment and moderation of Nurse Practitioner candidates. This enables consistency reducing the risk of inadequately educated and prepared Nurse Practitioner candidates.
Option 2: The candidate also submits a portfolio of learning to the Council

- Do you support the candidate also submitting a portfolio of learning to the Council?

Yes. This will provide evidence of current learning taking place and enables continued assessment and demonstration of the candidate's performance academically and clinically. It will also give early indications of whether they will/will not achieve the programme outcomes and enable a plan of support to be put in place.

Student assessment standards

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

Yes. The provision to present competencies in a variety of assessment methods will ensure consistent academic and clinical skills can be demonstrated. This will also allow the applicant the opportunity to showcase their strengths. Assessors can be alerted to any areas for further development through this process.

  a. A portfolio of learning and clinical log of practice experience
     High quality examples are expected for all competencies including reflections of practice ie. advanced communication and cultural competency weaved throughout the portfolio.

  b. Simulated scenario based assessment
     Scenario based assessments would be expected to be covered within the Advanced Practicum and Advanced Clinical Assessment and Diagnostic Reasoning papers. A variety of scenarios to be achieved well are essential.

  c. Viva voce clinical assessment
     Verbal presentation is an essential skill required for effective articulation of clinical case studies with the multi-disciplinary team.

  d. Observation in clinical practice settings
     Observation of practice would ideally be completed by a practitioner with expertise of the area and outside of the practice setting to provide an objective assessment.

Nurse practitioners are the clinical teaching staff

- Do you support nurse practitioners as the clinical teaching staff for each student's clinical experience?

No. This would be an ideal to aspire to as there are not enough Nurse Practitioners to make this logistically possible. The focus at this stage needs to be building and consolidating the role of Nurse Practitioners across the sector over the next 5-10 years. Particularly in areas of need due to low clinician availability and reducing inequity in high needs communities. There would however, be a role for mentoring and supporting students through this process and once qualified though this would be dependent on NP availability.

The nurse practitioner practicum

- Do you support the standards for the nurse practitioner practicum outlined in section 10 of the draft education programme standards?

Yes however, the following comments are made:
• 9.1: Risk management strategies in all environments where students are placed are regularly reviewed and updated.
This could be more explicit about who is identifying the risks, reviewing and updating.
Suggested wording is "The student, education provider and health provider organisation identify risks and agree management strategies in all environments which are reviewed regularly and updated by all parties".

• 9.3: The student will have clinical mentoring from a nurse practitioner and/or a vocationally registered doctors who will support the student to develop the skills to practice as a nurse practitioner and an authorised prescriber.
There is a concern that there are not enough nurse practitioners and will result in some NPs becoming burnt out and some students missing out. Suggested wording change to reflect one or the other ie. "... have clinical mentoring from a nurse practitioner or a vocationally registered doctor ...".

• 9.8: The student is allocated an appropriate workload and is able to demonstrate the competencies and management skills required for clinical practice.
A guide of a minimum workload to ensure adequate clinical experience is achieved would provide clarity of expectations for the student and health provider organisation. This can be referenced or included here.

• 9.15: Assess the achievement of the learning outcomes by the student, and confirm the completion of the equivalent of 300 hours of protected (outside of paid work hours) clinical learning time.
The statement of "outside of paid work hours" may not apply to some students as it would depend on the agreement with the practice setting. The work setting may also be the practice. Also, the wording needs to reflect the clinical hours required are paid.

• 9.16: Ensure a nurse practitioner with a current practicing certificate is employed within the programme to ensure that student’s progress satisfactory in their clinical learning and in completion of assessment requirements.
Clarity of the nurse practitioner employment would ensure adequate support ie. stating the minimum FTE.

Provide the student and clinical mentors with clear and practical guidance on completion of the practicum ...
Inclusion of support for the viva voce clinical assessment ensures confidence and strength in aural presentation skills.

• 9.17: No student may be given more than two opportunities to pass the nurse practitioner practicum.
• Does this standard imply that there is only one opportunity to enter the nurse practitioner pathway or two opportunities for the current application?
• A timeframe for completion would provide clear expectations. A two year timeframe is what is generally required for other programmes to be completed.
• An addition to this standard would be for the assessment of students to be on a case by case basis to allow flexibility in this area. There are many genuine reasons why students do not pass papers but are excellent students. There must be consideration for the different learning styles of students, priority health care settings, priority nurse practitioner profiles and other factors that may contribute to this situation.
General questions

- Do you support the draft education programme standards?

Yes. There is general support for the proposed education programme standards. There is increased specificity to attain high quality in clinical and academic skills while broadening the scope of NP practice.

- Any other comments related to the draft education programme standards?

While the NP competencies reflect reducing inequity, the new scope of practice statement for nurse practitioner does not. We recommend the practice statement needs to demonstrate more intention and purpose to ensure services provided have been identified as relevant in reducing inequity for the community. There also needs to be recognition that health cannot work in a silo and that inter-sectorial relationship and collaboration is essential for community health outcomes. Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

Suggested change: Nurse practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, reduce inequalities and improve population health outcomes for a specific patient group or community.

They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic tests, ...services and settings.

Suggested change: They provide a wide range of assessment and treatment interventions as per the NP scope of practice including but not limited to ordering and interpreting diagnostic tests, ...services and settings.

As clinical leaders they work across health care settings influence health service delivery and the wider profession.

Suggested change: As clinical leaders they work across health care settings, work inter-sectorally, influence health service delivery and the wider profession.

Consultation questions draft competencies

- Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?

Generally yes, however the following comments are made:

Competency 4 refers to education and support of "... others to enable their active participation in care". Element 4.4 requires more specificity on the delivery of appropriate modes of teaching. Suggested wording is "Uses appropriate teaching/learning styles that is delivered in a way conducive to the learning style of the health consumer and their family to provide ... needs".

Competency 5 refers to working "... collaboratively to optimise health outcomes for health consumers/population groups". An inclusion of working inter-sectorially would acknowledge that health alone cannot achieve health outcomes. Element 5.2 can be modified and a suggested change is "Consults with and/or refers to other services, disability services, aged-care providers, community agencies and organisations in other sectors as appropriate, at any points in the care continuum".
Competency 8 refers to maintaining … "relationships with people at the centre of care". An element missing is the ability to demonstrate advanced communication skills ie. motivational interviewing. This is critical in establishing and maintaining relationships. Element 6.2 suggested re-wording "Demonstrates advanced communication capability by supporting, educating, coaching, motivating, counselling, advocating and working in partnership … interventions".

Competency 11 refers to participation … "in, and leads systems that support safe care, community partnership and population health improvements". In Element 11.3 an additional comment that would add value is the familiarity of cultural models of care to be used appropriately when assessing need and working with communities with health inequities ie. Te Whare Tapa Wha and Fonofale models of care. Suggested re-wording "Incorporates advanced nursing knowledge and understanding of diversity, cultural safety and socio-economic determinants of health by understanding and utilising cultural models of care where able for assessment, planning and delivering healthcare services".

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

Yes. The draft competencies provide clarity (with suggested changes) on the requirements of education providers, health care providers and students for this programme.

Consultation question supervision

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

Yes. Providing one year of supervision will assist the new NP to consolidate their new skills and continue to develop competencies and confidence. However, there is the same concern about the number of NPs that could provide this support and the Post-graduate year would need to utilise vocationally registered doctors also, similar to within the NP programme.

In regards to the type of supervision, this needs to be both formal and informal. Not one or the other. There is benefit for both types and a blended approach would be most useful. This could be more prescriptive ie. six months of formal supervision and six months informal supervision with formal supervision negotiated but not a requirement.

Thank you for the opportunity to feedback.

Pan Pacific Nurses Association, NZ.