Education programme standards for the nurse practitioner scope of practice

March 2017
Introduction and background

Under the Health Practitioners Competence Assurance Act 2003 (the Act), the Nursing Council of New Zealand (the Council) is the authority responsible for the registration of nurses. Under section 12 of the Act, the Council prescribes qualifications for scopes of practice, which may include degrees, courses of study or programmes. The Act also requires the Council to accredit these programmes and monitor New Zealand tertiary education providers that provide such programmes. The functions of the Council relating to education and registration are set out in sections 12, 15, 16, 45 and 118 of the Act (see Appendix 1).

Applicants for registration as a nurse practitioner must complete a Council-accredited master’s programme and meet the Competencies for the nurse practitioner scope of practice (2017). The programme leading to registration as a nurse practitioner is a coursework (or taught) master’s degree that provides a structured programme of clinically focused taught courses at an advanced level.

The education programme standards for nurse practitioner master’s programmes have the programme outcomes for the Postgraduate diploma in registered nurse prescribing for long-term and common conditions and Competencies for nurse prescribers embedded within them. This means the qualification for Designated Prescriber: registered nurses practising in primary health and specialty teams may be credited to a nurse practitioner master’s programme. It also means there is a consistent educational foundation for both types of prescribers. Students may choose to complete the postgraduate diploma (registered nurse prescribing pathway) (PG Dip RN prescribing) and then complete the master’s programme or complete the prescribing practicum towards the end of the master’s programme.

The provision of master’s programmes for nurse practitioners will be limited to tertiary education providers also providing the Council-accredited PG Dip RN prescribing programmes as these qualifications have similar content and are required to be provided to a consistent standard.

After gaining this qualification, graduates will be eligible to apply to the Council for registration as a nurse practitioner with prescribing rights as an authorised prescriber under the Medicines Act 1981.

The Council acknowledges the work of the Australian Nursing and Midwifery Accreditation Council (ANMAC) Nurse Practitioner Accreditation Standards (2015) and Canadian Association of Schools of Nursing (CASN) Nurse Practitioner Education in Canada: National Framework of Guiding Principles and Essential Components (2012) that have informed and contributed to these standards.

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1. The tertiary education provider

1.1 The tertiary education provider must meet the requirements as specified in Council policy, under the Act and as contained in these standards.

1.2 The tertiary education provider must be accredited by the Council to provide a master’s degree for nurse practitioner registration and a PG Dip RN prescribing programme in New Zealand under sections 12(4) and 118(a) of the Act (see Appendix 1).

1.3 The tertiary education provider must implement effective quality assurance and quality improvement systems, and demonstrate its commitment to registered nurse prescribing and nurse practitioner programmes. The programme must be approved/accredited through the relevant Committee for University Academic Programmes (CUAP) or New Zealand Qualifications Authority (NZQA) approval/accreditation process.

1.4 The tertiary education provider must have a governance structure that supports high-quality teaching and learning, scholarship, research and ongoing evaluation across all learning settings.

1.5 Staff, facilities, online tools, technology, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population and any planned increase.

1.6 Responsibility for and control of programme development, monitoring, review, evaluation and quality improvement are delegated to the school with oversight by the academic board or equivalent.
2. **Entry requirements to the master's programme**

2.1 Applicants must be a registered nurse with a current New Zealand practising certificate and be in good standing with the Council.

2.2 Applicants must have completed a minimum of three years' equivalent full-time relevant practice within the last five years (with at least one of the three years in full-time practice in New Zealand).

2.3 Providers of programmes leading to master’s qualifications are responsible for establishing other entry requirements. Admission as a student to a master’s programme for nurse practitioners should be based on the evaluation of documentary evidence (including the academic record) of the individual applicant’s ability to undertake postgraduate study of professional practice leading to registration as a nurse practitioner (refer to NZQA and CUAP)\(^5\).

2.4 Māori and Pacific students are encouraged to apply and are advised of, and have access facilitated to, cultural support resources.

2.5 **Entry requirements for the nurse practitioner practice experience (practicum).**

An applicant must:

a. have completed three years’ equivalent full-time practice in the area of practice she/he will be intending to practise as a nurse practitioner in New Zealand

b. have a collaborative working relationship with an interprofessional team and have the support of a nurse practitioner mentor or an experienced registered medical practitioner to develop the advanced skills and knowledge required for a nurse practitioner role

c. undertake the practicum in an organisation that supports nurse prescribing through policy, audit, peer review and accessibility of continuing education

d. have identified and have access to two areas of clinical practice in which to develop the advanced skills and knowledge required for nurse practitioner practice. One area should be relevant to her/his intended area of prescribing practice and the other area should broaden her/his clinical practice. One experience must be with a clinical mentor who is also a nurse practitioner.

2.6 **Specific requirements to be met for entry to health services for practicum including immunisation and police vetting.**

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3. Academic and clinical teaching staff

3.1 The Head of Nursing is a registered nurse with a current practising certificate, holds a relevant postgraduate qualification, maintains active involvement in the nursing profession and has a strong engagement with contemporary nursing education and research.

3.2 Students have sufficient and timely access to academic and clinical teaching staff, including nurse practitioners employed within the programme to support student learning.

3.3 Academic staff are qualified for their level of teaching with a tertiary qualification higher than the programme of study being taught.

3.4 Staff have relevant clinical and academic qualifications and experience.

3.5 Academic mentors for each student’s practicum are registered nurses or nurse practitioners with expertise in a relevant clinical practice area. Academic mentors must have a qualification in teaching and learning.

3.6 Where an academic staff member’s tertiary qualifications do not include nursing, their qualifications and experience must be directly relevant to the subject/s they are teaching.

3.7 Processes are in place to ensure academic staff demonstrate engagement in research, scholarship and practice in the subject/s they teach.

3.8 Teaching and learning take place in an active research environment where academic staff are engaged in research, scholarship or generating new knowledge. Areas of interest, publications, grants and conference papers are documented.

3.9 Policies and processes are in place to verify and monitor the academic and professional credentials of current and incoming staff, including current practising certificates where applicable, and to evaluate their performance and development needs.

3.10 The coordinator of the nurse practitioner master’s programme will be a registered nurse with a current practising certificate, will hold a relevant postgraduate qualification and will have the authority and responsibility for decision making regarding:

a. the entry criteria for student selection to meet the requirements for fitness for registration in accordance with section 16 of the Act
b. an individual student’s progress through the programme, including academic and professional misconduct, to meet the requirements of section 16 of the Act.
c. the delivery and ongoing development of the programme.
d. the processes that are in place to enable early identification of and support for students who are not performing well academically or clinically, or who have fitness to practise issues. The tertiary education provider must demonstrate a process for exiting, or managing into alternative education pathways, students who are not achieving academic, clinical or professional outcomes, and who do not meet the requirements of sections 15 and 16 of the Act.
4. Credit recognition

4.1 The tertiary education provider must have a credit recognition policy that conforms with the Council's policy.

4.2 Credit recognition involves recognising and giving credit for learning that has occurred as part of a qualification. This learning is measured against the learning outcomes of the master's programme leading to registration as a nurse practitioner.

4.3 Each tertiary education provider must have a credit recognition policy and procedure against which to assess individual student applications. Credit recognition policies and procedures will be reviewed during the Council’s accreditation/monitoring of the programme.

4.4 Credit recognition must be granted on the basis of a student's qualifications. The proposed individual programme to be undertaken by the student must be sufficient in theory and practice experience to enable the student to meet the Competencies for nurse prescribers and the Competencies for the nurse practitioner scope of practice.

4.5 Prior learning within a qualification may be cross-credited. However, all students must undertake the nurse practitioner practicum.

4.6 The Council retains the right to seek justification of any credit granted through the credit recognition process.

4.7 Statements of programme completion (academic transcripts) must outline any credit granted.

4.8 Any qualifications from overseas, excluding Australia\(^6\), must be authenticated and assessed by NZQA.

4.9 Consideration should be given to the length of time since completion of the qualification when considering credit recognition.

\(^6\) As per the Trans-Tasman Mutual Recognition (TTMR) Act 1997.
5. **Programme structure and curriculum**

5.1 The master’s programme is equivalent to 2,400 hours of study including 240 credits. The master’s degree must comprise a minimum of 40 credits at level 9 with the remainder at level 8.

5.2 The duration of the programme is expected to be aligned with the requirements for postgraduate-level qualifications and must include sufficient face-to-face contact time to enable students to learn alongside other students and to share and consolidate their learning. Other ways of learning, such as distance learning and open learning formats, may be used provided they complement face-to-face contact time and attendance requirements.

5.3 The structure of the programme must incorporate a nursing conceptual framework, encourage development of critical thinking, clinical reasoning, self-directed learning skills and reflective practice, and the application of research and theory to advanced practice. It must prepare graduates for the autonomy, clinical judgement, collaborative relationships and level of accountability in the nurse practitioner scope of practice. A map of the content against the Competencies for the nurse practitioner scope of practice and the Competencies for nurse prescribers that shows the links between learning outcomes, assessments and graduate competencies is required.

5.4 The tertiary education provider must collaborate with practice partners to develop the curriculum and practice experiences, prepare mentors and orientate students. It must ensure effective links are maintained with the nursing profession and other relevant stakeholders in curriculum development, delivery, ongoing consultation and dialogue regarding all aspects of the programme. The programme must have an advisory committee demonstrating partnership with consumers, professional organisations, primary and secondary health providers, and representatives of the communities where nurse practitioners may be employed, e.g. rural, Māori, high needs.

5.5 The tertiary education provider has policies and practices which ensure the programme is underpinned by current research and scholarship in nursing, pharmacology, prescribing, education and health. The curriculum is based on national health priorities and contemporary healthcare and practice trends.

5.6 The curriculum addresses competencies related to interprofessional practice and provides educational and practice experience opportunities to achieve interprofessional/team-based competencies, including teaching, scholarship and practice. Partnerships are established within and across programmes and practice experience locations to support interprofessional education.

5.7 The programme incorporates a wide range of innovative and emerging methods of teaching and learning, including technologies, standardised patients and low to high fidelity simulation.

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5.8 Programme outcomes

5.8.1 The graduate of the master’s programme for the nurse practitioner scope of practice will increase their skills and knowledge of health policy and systems, leadership and management of healthcare, and scholarship and evidence-based practice.

5.8.2 Following the successful completion of the programme the student will be able to:

a. demonstrate advanced knowledge of pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of and prescribing for clients with long-term and common conditions in New Zealand. This includes Māori and Pacific peoples and older adults (Please refer to the programme outcomes for the PG Dip RN prescribing programmes.)

b. integrate a broad base of theoretical scientific and clinical knowledge and skill within a framework of nurse practitioner practice; demonstrate a high level of clinical proficiency in complex health consumer situations and an ability to practise across healthcare contexts

c. apply critical thinking, clinical reasoning and problem solving to determine differential diagnoses and apply advanced pharmacological knowledge when making prescribing decisions

d. critically appraise scientific literature, integrate research findings into nurse practitioner practice, and integrate research to advance practice and health services to develop innovative solutions across healthcare settings

e. demonstrate a high level of interpersonal skills: communicate effectively and establish effective collegial relationships with interprofessional teams and work in consultation and collaboration with health consumers, whānau and diverse communities

f. make diagnostic and therapeutic interventions utilising current technology to inform practice; proactively seek and evaluate new information and technologies to improve health consumer outcomes

g. recognise the values intrinsic to nurse practitioner practice; demonstrate a commitment to lifelong learning through critical reflection and self-monitoring; mentor and enhance the professional development of others

h. critique health policies from a population health perspective; synthesise legal and socio-political issues in healthcare and organisational, policy and funding/business influences on practice and health outcomes

i. demonstrate a sound understanding of current legislation related to nurse practitioner practice; work in an autonomous and accountable practice framework as a senior member of interprofessional teams; and demonstrate high level clinical leadership and management skills

j. demonstrate achievement of the Council’s Competencies for the nurse practitioner scope of practice.

(Adapted from Curtin University: Master of Nursing (Nurse Practitioner) Learning Outcomes.)
6. Student assessment

The programme provider must demonstrate the following requirements.

6.1 A consistent and standardised approach to student assessment across teaching sites and modalities that is regularly reviewed and updated.

6.2 The level, number and context of assessments are consistent with determining the achievement of the stated learning outcomes (and the programme outcomes).

6.3 Formative and summative assessments exist across the programme to enhance and guide individual learning, and inform student progression.

6.4 The use of a variety of assessment approaches to evaluate competence in the application of knowledge and skills at the required level and as required for professional practice as a nurse practitioner including:
   a. a portfolio of learning, which includes a diary of clinical practice experience
   b. objective structured clinical examination (OSCE) of patient assessment and diagnostic reasoning skills
   c. viva voce (or oral) clinical assessment
   d. assessment of practice by a clinical mentor in collaboration with the academic mentor.

6.5 A range of instruments, validated where possible, are used in practice experience assessment to evaluate student knowledge, skills, behaviours and capacity to meet the Competencies for the nurse practitioner scope of practice.

6.6 Evidence of procedural controls, fairness, reliability, validity and transparency in assessing students.

6.7 Processes to ensure the integrity of online assessment.

6.8 Collaboration between the education provider, health service provider/s and other stakeholders involved in practice experience in selecting, implementing and evaluating assessment methods.

6.9 Comprehensive summative assessment of the student’s achievement of the Competencies for the nurse practitioner scope of practice on completion of the programme.

6.10 For students who have not completed the postgraduate diploma in registered nurse prescribing the assessment methodology tests all aspects of prescribing and confirms they meet the Competencies for nurse prescribers.

6.11 The assessment requirements must be made explicit, in particular the criteria for pass/fail and the details of the marking schedule.

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8 A portfolio of learning is an opportunity for the student to reflect on and demonstrate their learning within the education programme. It differs from the portfolio to be submitted to the Council for registration purposes.
7. The nurse practitioner practicum

7.1 The nurse practitioner practicum must be the final component of the master's programme for the nurse practitioner scope of practice. Students who do not have prescribing authority must also meet the requirements of the prescribing practicum for registered nurses preparing to prescribe in primary health and specialty teams.

7.2 The nurse practitioner practicum must consist of a minimum of 300 hours\(^9\) of practice experience within a collaborative health team environment, i.e. the student must be able to focus on achieving their learning goals and the Competencies for the nurse practitioner scope of practice.

7.3 The education provider must negotiate the practicum and clinical mentors for each student, and have a process by which these are assessed as satisfactory to enable student learning before the commencement and for the duration of the practicum.

7.4 The student will have a clinical mentor for each practice experience to support the student to develop the skills to practise as a nurse practitioner and an authorised prescriber. This may be a nurse practitioner and/or an experienced registered medical practitioner. In one area of practice experience the clinical mentor must be a nurse practitioner.

7.5 The nurse practitioner practicum will include opportunities to further integrate academic theory with diagnostic and clinical decision-making skills for more complex health consumers and to develop advanced leadership, collaborative and innovative clinical practice skills, working with population groups across more than one setting.

7.6 The student, clinical mentor and academic mentor complete a formative assessment at the beginning of the practice experience and the student then establishes learning goals.

7.7 The nurse practitioner practicum includes:

a. completion of 300 hours of protected clinical learning verified by the clinical mentor (and prescribing mentor if the student is applying for prescribing rights for the first time)

b. completion of a diary of clinical practice experience

c. two in-depth, comprehensive case studies

d. a summative assessment against the Competencies for the nurse practitioner scope of practice completed by the clinical mentor in collaboration with the academic mentor.

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\(^9\) A prescribing practicum of 150 hours as part of the postgraduate diploma in prescribing may be credited as part of the 300 hours.
8. The role of the health provider organisation, student and clinical mentor in the nurse practitioner practicum.

8.1 The health provider organisation is required to:
   a. provide a quality practice experience and appropriate learning opportunities
   b. support nurse prescribing and nurse practitioner practice through policies, audit, peer review and accessibility of continuing education
   c. offer a range of learning opportunities, i.e. there is an opportunity to assess and provide nursing interventions for a variety of health consumers and an opportunity to work with professionals from other disciplines
   d. provide access to clinical technologies
   e. ensure the student is allocated an appropriate workload and is able to demonstrate the competencies and management skills required for clinical practice.

8.2 The student in the nurse practitioner practicum is required to:
   a. develop learning goals at the beginning of the practicum
   b. have an opportunity to demonstrate all the competencies when managing the nursing care for clients with complex needs
   c. receive timely and specific feedback
   d. assess their own performance and refine learning goals. The student and clinical mentor will meet regularly for mentoring and case review.

8.3 The clinical mentor is required to:
   a. assist the student to further develop diagnostic and clinical decision-making skills with more complex health consumers, relevant to their proposed role as a nurse practitioner
   b. ensure the student is fully integrated into the clinical team
   c. assist the student to develop consultative and collaborative leadership and advanced practice skills for population groups across more than one setting.
   d. assess the achievement of the learning outcomes by the student, and confirm the completion of a minimum of 300 hours of practice experience within a collaborative health team environment i.e. the student must be able to focus on achieving their learning goals and the Competencies for the nurse practitioner scope of practice
   e. complete, in collaboration with the academic mentor, an assessment and professional declaration which confirms that, in his/her opinion, the student has met the skills and Competencies for the nurse practitioner scope of practice.
9. The role of the tertiary education provider in the nurse practitioner practicum.

9.1 Ensure a nurse practitioner or a registered nurse with a current practising certificate is employed within the programme as an academic mentor to ensure the student makes satisfactory progress in their practice experience and in completion of assessment requirements.

9.2 Ensure the student receives practice experience in at least two healthcare settings that are planned and structured to reflect the changing patterns of healthcare in a variety of environments.

9.3 Have a formal written agreement with the organisations providing practice experience, including the allocation of clinical mentors and student assessment.

9.4 Ensure non-nurse practitioner clinical mentors are orientated to the nurse practitioner role/scope of practice.

9.5 Ensure the clinical mentors have the education and experience appropriate to their roles, are familiar with the requirements of the programme, and have clear and practical guidance on their role in the assessment of the student against the Competencies for the nurse practitioner scope of practice.

9.6 Ensure the student is adequately prepared for practice experience by demonstrated competence in specific clinical competencies and exposure to standardised scenarios.

9.7 Work with the student and clinical mentors to identify the learning objectives and performance expectations for the acquirement of specific clinical and leadership skills.

9.8 Obtain formal evidence and confirmation from both clinical mentors that the student has satisfactorily completed at least a minimum of 300 hours of practice experience within a collaborative health team environment, i.e. the student must be able to focus on achieving their learning goals and the competencies for nurse practitioners, and has the skills and competence demonstrated in practice to meet the requirements of the nurse practitioner practicum and the Competencies for the nurse practitioner scope of practice.

9.9 Provide the student and clinical mentors with clear and practical guidance on completion of the practicum, including:

a. the expectations of mentoring, student support and experience with other members of the team, other prescribers and external contributors
b. use of mentoring techniques commensurate with student progress such as demonstration, observation and review of clinical cases
c. requirements for formative and summative assessment of the student against the Competencies for the nurse practitioner scope of practice
d. practical guidance, support and quality assurance of any summative assessments carried out by the clinical mentors on behalf of the education provider
e. a structured workbook or clinical diary for recording the completion of 300 hours of practice experience, achievement of learning outcomes and professional declaration that the student is competent to practise as a nurse practitioner.

f. a formal mechanism for ongoing discussion about student progress between academic staff, the clinical mentors and the student during the practicum.

g. Regular reviewing and updating of risk management strategies in all environments where students are placed.

9.10 No student may be given more than two opportunities to pass the nurse practitioner practicum.
10. Programme evaluation and quality

10.1 The programme provider must regularly evaluate academic and clinical mentor effectiveness using feedback from students and other sources (including nurse practitioners, senior nursing and medical practitioners); and use systems to monitor and, where necessary, improve staff performance.

10.2 Practice experience is evaluated by students and clinical mentors at completion.

10.3 Evaluations are used by the provider to improve the quality of the practice experience.

10.4 Professional and academic development is provided for staff to advance knowledge and competence in teaching effectiveness and assessment.

10.5 Feedback gained from the quality cycle is incorporated into the programme in consultation with stakeholders, including healthcare consumer advocates, to improve the experience of theory and practice experience for students.

10.6 Regular evaluation and revision of programme content to include contemporary and emerging issues involving nurse practitioner practice, healthcare research and health policy and reform.

10.7 Students and staff are adequately indemnified for relevant activities undertaken as part of programme requirements.

10.8 The school of nursing uses academic processes for assessment that:
   a. meet the Council’s policies concerning repeat of clinical courses
   b. clearly state the appeal processes and resit policies, and
   c. include a registered nurse with a current practising certificate on appeal panels.
Glossary

**Academic mentor**: A registered nurse or nurse practitioner with expertise in a relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience, employed by the tertiary education provider to support the student’s practice experience.

**Authorised prescriber**: An authorised prescriber is able to prescribe all medicines appropriate to their scope of practice and is not limited to a list of medicines specified in regulation (includes medical practitioners, dentists, nurse practitioners, optometrists and midwives).

**Case review**: Involves reviewing and giving feedback on prescribing activities including

- reviewing of clinical notes, lab results and copies of scripts written to enhance the nurse’s knowledge and clinical practice skills
- discussing difficult or unusual cases, and
- discussing general related topics as they arise.

**Clinical mentoring**: Mentoring is a process by which the mentor is able to support and help the student to develop their knowledge, skills, thinking, behaviours, problem solving and performance.

**Competence**: The combination of skills, knowledge, attitudes, values and abilities underpinning effective performance.

**Competencies**: Skills, knowledge and attitudes by which performance and professional conduct are assessed to obtain registration and maintain competence as a nurse practitioner.

**Curriculum**: The full outline of a program of study, usually built around a conceptual framework with the educational and professional nursing philosophies underpinning the curriculum and includes: the philosophy for the program; the programme structure and delivery modes; subject outlines; linkages between subject objectives, learning outcomes and their assessment, and national competencies or standards of practice; teaching and learning strategies; and practice experience plan.

**Designated prescriber**: A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in the applicable designated prescriber regulations.

**Interprofessional learning**: Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care.

**Learning contract**: Identified and agreed learning objectives for practice experience including a plan for achieving and regular clinical mentoring meetings.

**Objective Structured Clinical Examination (OSCE)**: An approach to the assessment of clinical competence in which the components of competence are assessed in a well planned or structured way with attention being paid to objectivity (Harden 1988). An OSCE requires
each student to demonstrate specific skills and behaviours in a simulated work environment with standardised patients. Mitchell M www.98.griffith.edu.au

**Portfolio:** A hard copy or e-portfolio version of the documentation submitted as part of the registration process for the nurse practitioner scope of practice. The portfolio provides evidence of meeting the competencies for the nurse practitioner scope of practice.

**Portfolio of learning:** An opportunity for the student to reflect on and demonstrate their learning within the education programme. It differs from the portfolio to be submitted to the Council for registration purposes.

**Practice experience (practicum):** A clinical learning experience designed to practice and integrate advanced clinical skills, role identity and professional skills for nurse practitioner practice.

**Prescribing:** The steps of information gathering, clinical decision making, communication and evaluation which result in the initiation, continuation or cessation of a medicine.

**Programme:** The full programme of study and theoretical and practice experiences that must be completed before a qualification can be awarded.

**Scholarship:** Application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual) and professional practice, and the application of this new knowledge for the enrichment of the life of society.

**Student assessment:** Formative and summative processes used to determine a student’s achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

**Tertiary education provider:** University, or other higher education provider, responsible for a programme of study, the graduates of which are eligible to apply to the Council for registration or prescribing rights.

**Viva voce (oral) clinical examination (viva voce, meaning ‘living voice’):** The clinical viva examination is a method of assessing a student's ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used and are derived from two basic models. The ‘short case’ model focuses on specific skills or sub-skills and can take the form of an objective structured clinical examination (OSCE) or a case presentation on a specific clinical activity; this approach is usually a formative assessment. The ‘long case’ model is used as a summative assessment. It seeks to examine the student’s ability to apply knowledge in an actual clinical situation. The long case exam requires the student to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. The long case model assesses learning outcomes related to deep learning, application and synthesis of knowledge and high-level clinical reasoning.
Appendix 1

Reference: Health Practitioners Competence Assurance Act 2003, sections 12, 15, 16, 45(4) (5) and 118

12 Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.
(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:
   a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:
   b) the successful completion of a degree, course of studies, or programme accredited by the authority:
   c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:
   d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:
   e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.
(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.
(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose.

15 Requirements for registration of practitioners

(1) The authority appointed in respect of a health profession may register an applicant as a health practitioner permitted to practise within a scope of practice if the applicant—
   a) is fit for registration in accordance with section 16; and
   b) has the qualifications that are prescribed, under section 12, for that scope of practice; and
   c) is competent to practise within that scope of practice.
(2) An authority may, for the purposes of subsection (1)(b), treat any overseas qualification as a prescribed qualification if, in the opinion of the authority, that qualification is equivalent to, or as satisfactory as, a prescribed qualification.
(3) An authority may vary a prescribed qualification in any case where the authority—
   a) proposes to limit the health services that the applicant will be permitted to perform; and
   b) is satisfied that the varied qualification is adequate—
      (i) for the performance of those health services; and
(ii) for the protection of the public.

16 Fitness for registration
No applicant for registration may be registered as a health practitioner of a health profession if—

(a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or
(b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or
(c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or
(e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or
(g) he or she—
(i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under section 12(2)(a) or to an order of an authority or of a similar body in another country; and
(ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or
(h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.

45 Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a course of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.
(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.

### 118 Functions of authorities

The functions of each authority appointed in respect of a health profession are as follows:

(a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes;

(b) to authorise the registration of health practitioners under this Act, and to maintain registers;

(c) to consider applications for annual practising certificates;

(d) to review and promote the competence of health practitioners;

(e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners;

(f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners;

(g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public;

(h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;

(i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession;

(j) to liaise with other authorities appointed under this Act about matters of common interest;

(k) to promote education and training in the profession;

(l) to promote public awareness of the responsibilities of the authority;

(m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.