

NURSE PRACTITIONER
SCOPE OF PRACTICE

GUIDELINES FOR APPLICANTS

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INTRODUCTION

These guidelines have been developed to assist New Zealand registered nurses who are considering making an application to become a nurse practitioner. The guidelines provide information about submitting an application and the process of assessment for the nurse practitioner scope of practice.

Nurse Practitioner Scope of Practice

Nurse practitioners are expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people's health needs. They provide a wide range of assessment and treatment interventions, including differential diagnoses; ordering, conducting and interpreting diagnostic and laboratory tests; and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse practitioners may choose to prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers and actively participate in professional activities, and in local and national policy development.

Requirements

- (a) Registration with the Nursing Council of New Zealand in the registered nurse scope of practice
- (b) A minimum of four years experience in a specific area of practice; and
- (c) Successful completion of a clinical Masters programme approved by the Nursing Council of New Zealand or, if internationally qualified, an equivalent qualification.

Nurse Practitioner applicants seeking registration with prescribing rights are required to have an additional qualification:

- (d) Successful completion of an approved prescribing component of a clinical Masters programme relevant to their specific area of practice.

OVERVIEW OF ASSESSMENT PROCESS

The flow diagram below outlines the application and assessment process for the nurse practitioner scope of practice.

APPLICATION WITH PORTFOLIO	ASSESSMENT OF EDUCATIONAL EQUIVALENCE TO THE NZ CLINICAL MASTERS PROGRAMME STANDARDS	DESK AUDIT	PREPARATION FOR ASSESSMENT	PANEL ASSESSMENT	NURSING COUNCIL DECISION
<ul style="list-style-type: none"> • Application completed • Submission of 1 copy of portfolio (further 4 copies to be provided once application has passed desk audit) • Completion of desk audit evidence record 	<ul style="list-style-type: none"> • Does the applicant demonstrate equivalence (for internationally qualified nurses)? See appendix 4. 	<ul style="list-style-type: none"> • Review of portfolio using desk audit evidence record • May also be completed by a panel member • Liaison with applicant regarding more evidence required within 3 months of desk audit assessment 	<ul style="list-style-type: none"> • Review of portfolio • Referee checks • Liaison with panel (teleconference) 	<ul style="list-style-type: none"> • Assessment interview • Deliberation and decision • Recommendation to the Nursing Council • Applicant informed of recommendation 	<ul style="list-style-type: none"> • Nursing Council decision
Applicant (with mentor support)	Nursing Council	Nursing Council + Panel members (completed within 4 weeks of receipt of application)	Panel	Panel & Applicant (Panel date within 8 weeks of passing desk audit) *	Nursing Council

* Excluding public holidays

Aim of the assessment process

Under the Health Practitioners Competence Assurance Act 2003 (the Act), the role of the Nursing Council is to protect public safety. For nurse practitioner registration this is achieved by ensuring that the assessment process conforms to set standards, including the requirements of the Medicines (Designated Prescriber: Nurse Practitioners) Regulations 2005 for those applicants seeking prescribing rights.

The competencies required of nurse practitioners are included in Appendix 2.

The desk audit evidence record used by the Nursing Council and panel members to assess portfolios is included in Appendix 3.

Assessment panels have the key role of undertaking a peer evaluation of an applicant's practice and making a recommendation to the Nursing Council based on their assessment. Assessment panels are drawn from nominations by the nursing profession and the medical profession.

APPLICATIONS

To apply you must complete the following:

- Statutory Declaration (Appendix 1).
- Desk audit evidence record (Appendix 3).
- Portfolio (and 4 further copies once application has passed desk audit) describing and verifying your practice.
- Application fee (please see www.nursingcouncil.org.nz for the current application fee).

Application Criteria

The following are the minimum criteria that must be met by all applicants applying for nurse practitioner registration:

- Registration in New Zealand as a registered nurse.
- Any conditions on the registered nurse scope of practice are appropriate to the intended area of practice for the nurse practitioner scope.
- Possession of a current annual practising certificate.
- Good professional and personal standing.
- Awarded clinical Masters or, for internationally qualified nurses, a recognised equivalent qualification.
- Demonstrated ability to meet the competencies for the nurse practitioner scope of practice.

Need help with your application?

The Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ), through its constituent groups, has established a mentoring programme to assist applicants. Please contact one of the following professional nursing organisations:

- College of Nurses Aotearoa (www.nurse.org.nz)
- New Zealand Nurses Organisation (www.nzno.org.nz)
- Te Ao Maramatanga, New Zealand College of Mental Health Nurses (www.nzcmhn.org.nz)
- Te Kaunihera o Nga Neehi, Maori Aotearoa National Council of Maori Nurses (<http://maorihealth.co.nz>)

The Nursing Council strongly recommends that you have a mentor prior to submitting your portfolio and that you use multiple sources of support while preparing your application.

Can the Nursing Council help you with your application?

The Nursing Council welcomes inquiries from nurses wanting to know more about how to apply to become a nurse practitioner. Please contact the Nurse Advisor to Registration: (04) 385 9589 or admin@nursingcouncil.org.nz. Nursing Council staff are able to provide guidance on the application process only.

Tips for Portfolios

The portfolio is your opportunity to describe and provide evidence of your nursing practice. There is no set format. Information should be clearly presented in sections, divided by tabbed inserts and have an index and page numbering system. Remember to complete the desk audit and evidence record to show which evidence meets what competency and the page number where that evidence is located (see appendix 3).

Documents included in your portfolio as examples of your practice should be signed by yourself and by a second party to verify their accuracy. This can include case studies, schedules, diary, case notes etc.

Verification of content by a second party assists you to evidence that your portfolio accurately reflects your practice. This verification can be completed by another registered health professional or client. The verification must include full name, profession, signature, date and contact details.

Verification of official documents such as transcripts must be completed by a Justice of the Peace, Solicitor, Notary Public, Registrar of the Court, or other officer authorised to take statutory declarations.

You will need to provide five copies of your portfolio in total.

Portfolio Content

The important thing to remember is that you need to be able to clearly demonstrate evidence of meeting each competency. REMEMBER that some documents can provide evidence for a number of indicators and also REMEMBER that you need more than one piece of evidence for some indicators.

It is important that nurses considering nurse practitioner registration understand the difference between expert registered nurse practice and nurse practitioner practice. An example is a cardiac care nurse practitioner, who may work mainly with people with congestive heart failure because this is the health need in the service in which s/he is currently working. However, applicants cannot apply to be a nurse practitioner in congestive heart failure only. Applicants would also be expected to have advanced health assessment and broad cardiac care knowledge and skills.

A similar example would be that of a respiratory nurse practitioner as opposed to a nurse working with the diagnosis of asthma. Another example would be that of a nurse practitioner working in occupational health who would be expected to have the breadth of primary health knowledge with the additional occupational health knowledge.

A registered nurse who has learnt specific skills such as colposcopies or endoscopies is different to a nurse practitioner whose area of practice is woman's health or gastroenterology who then adds the skill of undertaking a colposcopy or an endoscopy to her/his skill set.

Nurse Practitioner Areas of Practice

The Nursing Council has defined the broad areas of practice using population groups. The system for identifying the population groups (and practice areas) is illustrated in Table One below. Nurse practitioner roles are evolving and it is envisaged that in the future the nurse practitioner title will be broadened to indicate the population group the nurse practitioner works with as defined in other countries.

Table 1: Matrix for nurse practitioner areas of practice

Must define Population Group	May define Practice Area	Acute Care	Primary Health/ General Practice	Health Condition (Specific)	Mental Health	Palliative Care	Public Health	Women's Health
Child & Youth								
Family/Whanua Ora								
Adult								
Older Adult								
Lifespan								
Maori								
Pacific Peoples								
Other Cultural Groups								

Applicants will need to identify the area of practice for registration as a nurse practitioner. This is usually defined by a population group and may include a practice area. The matrix will help define the areas of practice in most circumstances.

EXAMPLES OF PLACING YOUR AREA OF PRACTICE INTO ONE OF THE DEFINED PRACTICE AREAS	
	Nurse Practitioner <i>Specific Area of Practice</i>
Emergency	<ul style="list-style-type: none"> • Nurse Practitioner Lifespan Acute Care
Intensive Care	<ul style="list-style-type: none"> • Nurse Practitioner Adult Acute Care • Nurse Practitioner Child
Sexual and Reproductive Health	<ul style="list-style-type: none"> • Nurse Practitioner Youth / Adult Health Condition
General or Orthopaedics Surgical	<ul style="list-style-type: none"> • Nurse Practitioner Adult
Renal	<ul style="list-style-type: none"> • Nurse Practitioner Adult/ Older Adult
Pain Management	<ul style="list-style-type: none"> • Nurse Practitioner Lifespan
Occupational Health	<ul style="list-style-type: none"> • Nurse Practitioner Adult • Nurse Practitioner Lifespan
Adolescent Addictions	<ul style="list-style-type: none"> • Nurse Practitioner Youth Mental Health
Forensic Mental Health	<ul style="list-style-type: none"> • Nurse Practitioner Adult Mental Health
Respiratory Conditions	<ul style="list-style-type: none"> • Nurse Practitioner Youth / Adult Health Conditions • Nurse Practitioner Lifespan Primary Health

SOME THINGS TO CONSIDER WHEN LOOKING AT AREAS OF PRACTICE

Acute Versus Health Condition

You may think that your area of practice fits under both Acute Care and Health Conditions, for example, you might be providing long term follow-up or there might be a small operative component. An example is urology commonly defined as:

“Care (operative and non-operative) of patients with disorders of the urinary tract males and females and male genital organs. It can include the management of trauma to these organs and the management of male sterilisation, infertility and sexual dysfunction”.

If your practice area has a significant surgical and acute component, for example, you manage/are involved in clinics preparing people for surgery, surgical interventions and then following clients up post surgery, as opposed to a role predominantly involved in the chronic (non-operative) management of clients, it might be more appropriate to apply for the Acute Care area of practice as opposed to the specific Health Condition area of practice.

Whilst some conditions could appropriately sit under alternative practice areas, it is up to you to decide where your practice best fits so that you have decided what your area of practice is when you submit your portfolio.

Health Condition versus Primary Health

The primary health area of practice is synonymous with general practice. Whilst most nurse practitioners who have a Primary Health registration are providing the broad range of general practice services, some may choose at a particular point in time, based on the health needs of the population in their practice setting, to focus on a particular condition or conditions.

For example, in a big health centre a nurse practitioner may take over management of people with diabetes or cardiovascular conditions, or in a small general practice they may manage the “chronic disease management clients” (diabetes, asthma/chronic obstructive pulmonary disease and cardiovascular conditions). In this situation you would still be a Primary Health nurse practitioner who is different from a nurse practitioner who practices in the area of diabetes, who will likely be working across acute, specialist and primary services providing specialist, consultative services to more complex patients. This nurse practitioner would therefore have a clinical focus of diabetes under the Health Conditions area of practice.

Primary Health Versus Primary Health with a Rural focus

Many nurse practitioners working in the rural primary health setting have felt strongly about having rural added to their title. However if a nurse practitioner practising in a rural setting was to move to an urban setting, the expectation is that the primary health skills and knowledge would be transferable. There would be specific knowledge and skills associated to particular communities that the nurse practitioner would need to gain. Likewise a Primary Health nurse practitioner working in an urban area would have the generic skills necessary to begin working in a rural setting.

Mental Health

Applicants working in mental health will have mental health as the broad practice area and will need to identify a population group such as Adult, Older Adult or Youth. The applicant is expected to have general mental health skills and knowledge alongside any specific knowledge in her/his current practice area.

It is not necessary to nominate a clinical focus area based on where you are currently practising even though your interview may well focus on this area. This is because your generic mental health skills are transferable to begin working in another clinical setting.

PORTFOLIO

Area of Practice Statement

This is a statement which identifies the range and parameters of your area of practice. This should include your population group, key clinical roles/tasks, the interventions you are skilled to provide and the client outcomes you are seeking to achieve.

Your scope should demonstrate an advanced autonomous clinical role, along with evidence of a collaborative approach. You will need to include in this document an outline of the nursing models/theories/frameworks, values and principles which underpin and guide your practice. It can also include any leadership and teaching responsibilities within your role.

Some applicants find it more effective outlining clinical tasks and responsibilities using bullet points rather than a long narrative approach. You should also identify strategies that you have in place to maintain and develop your competence within your scope of practice. It can also be helpful to include your vision or plans for extension of your role should nurse practitioner registration be gained.

Breadth of the Nurse Practitioner Clinical Scope of Practice

No matter what your area of practice or the conditions you may have on your registered nurse scope of practice, you will be expected to be able to do a full health assessment and examination, ie full review of systems and top-to-toe physical examination (see notes below).

There is an expectation that you can differentiate between normal and abnormal findings in a comprehensive assessment and appropriately refer on conditions that are out of your area of practice.

This means that an applicant applying to be a Mental Health nurse practitioner is still required to be able to do a full physical health assessment and examination and likewise an applicant applying for a physical health scope will be expected to be able to assess the client's mental health. The expectation is not that you can diagnose a condition outside your area of practice, but that you can assess abnormalities so that you can appropriately refer on.

For example, if you are applying for nurse practitioner in a physical health scope you should be able to assess if the client is possibly depressed, confused, showing evidence of thought disturbance and likewise a mental health nurse practitioner should be able to identify possible physical abnormalities in the client group with which (s)he works.

<p>Comprehensive Health Assessment should include:</p> <ul style="list-style-type: none"> • History of complaint and any abnormalities identified • Full history (past medical, psychiatric, social and family, lifestyle practices/habits) • Review of systems <p>Physical examination</p> <ul style="list-style-type: none"> • Top to toe physical examination 	<p>Medical/Laboratory tests</p> <ul style="list-style-type: none"> • Demonstrate an ability to understand the ordering and interpreting of laboratory tests relevant to a health assessment and your area of practice. 	<p>Differential Diagnosis</p> <p>As outlined above, nurse practitioners are not expected to diagnose outside of their specific area of practice. However, there is a definite expectation that you can diagnose within your area of practice. In situations where you are unable to make a specific diagnosis, you should be able to demonstrate an ability to pinpoint system(s), pathological process and/or risk factors involved.</p> <p>You will therefore need to demonstrate your framework for diagnostic reasoning within your portfolio and the interview.</p>
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Clinical Vivas / Case Presentations

Applicants applying for nurse practitioner registration will be expected to demonstrate in their portfolio the ability to assess, diagnose and manage clients within a professional nursing framework. This will be further demonstrated in the interview where again the applicant will be expected to show their ability to:

- collect relevant data in relation to the viva
- articulate what part of a physical examination would be warranted in relation to the “hypothetical” clinical presentation
- demonstrate knowledge of anatomy and physiology as it relates to the clinical presentation
- demonstrate the application of theoretical knowledge and current evidence based research in arriving at potential clinical decisions
- recognise any abnormal manifestations in relation to the clinical viva.

When presenting the case the applicant is expected to present the case in a precise, clear manner using appropriate terminology while demonstrating an ability to order problems in a priority ranking.

Referees

The names and contact details of two confidential referees who are able to comment on your current nursing practice must be provided. You may also wish to include written letters of support/testimonials/attestation supporting your application. However, this does not replace the requirement for names of confidential referees with an up-to-date knowledge of your nursing practice.

Educational Qualifications

You must provide evidence of successful completion of a clinical Masters programme approved by the Nursing Council or, if internationally qualified, an equivalent qualification. This includes academic transcripts and, for internationally qualified nurses, course descriptors.

Curriculum Vitae

A curriculum vitae which outlines your work history showing how your practice has developed over a range of nursing positions held. It is helpful for assessment purposes if the curriculum vitae summarises key achievements and responsibilities in individual positions (related to the competencies for nurse practitioners) to highlight the development of your practice over time with cumulative experience.

Clinical Practice

It is necessary to include documents that illustrate the development, depth and scope of your practice. Your clinical decision making processes should be clear and show an advanced level of knowledge and critical thinking in relation to your clinical practice.

Examples of these might include:

- Case studies, including comprehensive (pharmacotherapy) case studies as demonstrated in Table 2 (below).
- Case notes (anonymous).
- Clinical reports, discharge plans.
- Letters to GPs, other health practitioners, community organisations, family etc.
- Practice Diary (see Table 3 below).
- Clinical exemplars: exemplars can offer an additional way of demonstrating evidence of particular indicators, for example, complex case studies or innovative/creative practice. They can also contain discussion/analysis of ethical, legal or professional requirements/issues.
- Up to date performance appraisal, and or credentialing process.

Table 2:

The Comprehensive Pharmacotherapy Case Study
<p>A comprehensive case study which includes a drug assessment and evaluation can go a long way to showing evidence of many of the required clinical and prescribing indicators. A comprehensive pharmacotherapy case study includes the following:</p> <p>1. Full History</p> <ul style="list-style-type: none">• Demographics• Statement of reliability• Past history• Family history• Personal and Social History• Medication history and current medications• Review of systems detailing any organ impairment <p><i>Although in practice many of your assessments will focus on the presenting issue, it is important that somewhere in your evidence you can demonstrate your ability to perform a full history and review of systems.</i></p> <p>2. Chief Complaint/Presenting Issue</p> <p>3. Review of previous laboratory tests</p> <p>4. Patients expectations: including patient's participation in the decision-making/health care plan, his/her ability to participate in the treatment plan, self-management goals.</p> <p>5. Diagnosis/differential diagnosis</p> <p>6. Patient plan – interventions, education, treatments etc. Treatment plans should include problem identification and prioritisation and should show a nursing focus.</p> <p>7. Drug Therapy Assessment and Evaluation: if you include a section like this in your case study you will be able to show some of the indicators for competency four. A thorough Drug Therapy Assessment and Evaluation will include:</p> <ul style="list-style-type: none">• Indication/purpose for drug• Evidence for effectiveness• Pharmacodynamics, Pharmacokinetics• Dosing and administration issues• Adverse effects• Contraindications and patient precautions• Appropriateness for the patient• Patient education <p><i>This section should include an analysis of the drugs the patient is taking and any patient precautions</i></p>

8. Review and Outcome

- Evaluation of client response to intervention(s) and/or effectiveness of the plan, where appropriate modification of the care plan

9. Appendix: This might include: an outline of the conditions or disease the patient has/might have; Best Practice Guidelines relating to the disease or condition and the pharmacotherapy; outline of relevant tests/investigations

10. Collaboration: You may want to outline your collaboration with other health professionals.

Table 3:

Practice/Work Diary
<p>A good piece of evidence for clinical practice is to show an outline or snapshot of your clinical practice by way of a clinical diary. For example, a calendar outline of a typical working week and then you might pick a day or a few days and show your clinical case notes for this particular period.</p> <p>It is important that the examples you use are made up of the typical “everyday” clinical presentations with which you are working. In many cases, in order to show evidence of particular competencies, this requires adding clinical information in addition to what you do in the actual clinical situation. For example, if it is a follow-up visit for a longer term condition, you can add an initial assessment; or add any reports or referral letters etc., you have done for the patient.</p> <p>In order to demonstrate indicators you might add some of the categories that are outlined in the Comprehensive Case Study in Table 1. This often requires applicants to do additional work on the case (often in their own time) because it is additional to what is required in the actual practice setting.</p>

Leadership, Scholarly Activities, Policy/Quality/Service Involvement and Development

These activities have been clustered as they often overlap and interlink. Common examples of these include:

- Involvement in groups/committees/working parties at service level or local community or national level
- Involvement in policy development (service level, locally, nationally governmental/legislative)
- Submissions
- Involvement in quality programmes where you have taken an active part/lead role
- Involvement in service development activities/groups/committees
- Consultative work
- Utilisation as a resource by other colleagues/teams/health professionals/community agencies
- Leadership/lead role in clinical reviews, journal reviews
- Provision of supervision/mentoring/coaching, professional development assistance to colleagues
- Professional body membership and activity/leadership within group
- Involvement in publications, articles, resource development
- Involvement in research, audit, scholarly activities
- Involvement in the development of clinical/procedure guidelines
- Teaching/lecturing demonstrating current literature/evidence
- Up to date performance appraisal, and or credentialing process

For these types of activities, applicants often show the actual evidence, for example: outline of teaching sessions via a PowerPoint presentation; inclusion of actual submissions; articles written/published; outline of activity/achievements in a working group or committee; actual resources developed.

At other times feedback tools are provided, for example: from someone you have mentored/supervised; or from a community agency you provide consultation/services to (see Table 4 below, which is an example of a feedback questionnaire developed by a nurse working in older person's mental health).

At other times it is the verified statement from an appropriate person, for example a nurse director or a nursing or medical colleague/manager who attests to your participation and involvement in particular activities/groups/programmes etc.

Table 4:

EVALUATION OF NURSE PRACTITIONER ROLE	
QUESTIONNAIRE FOR RESIDENTIAL AGED CARE FACILITIES	
Clinical Nurse Specialist for Older Person's Mental Health	
You have been identified as one of the services to which "X" provides a service. We would appreciate honest, constructive feedback on "X's" practice. Please complete the following tool by circling the number for each item as per the rating scale.	
Circle rating as applies Strong Disagree = 1 Slightly Disagree = 2 Agree = 3 Strongly Agree = 4 Not applicable = NA	
COMMUNICATION	
• Is able to develop positive, respectful relationships with staff within your organisation	1 2 3 4 NA
• Communicates with clients within your organisation in a respectful and professional manner	1 2 3 4 NA
• Can listen to staff concerns and responds to them in a professional and appropriate manner	1 2 3 4 NA
• Written assessments, case notes etc contain relevant information and meet the needs of your organisation	1 2 3 4 NA
• Recommendations are supported with enough information so that they can be implemented	1 2 3 4 NA
JOB KNOWLEDGE AND SKILLS	
• Has in-depth and thorough knowledge of specialist area (older people's mental health)	1 2 3 4 NA
• Is seen as a resource to your organisation regarding this relevant specialist information	1 2 3 4 NA
• Collaborates and consults with staff and patients and provides accurate information about treatments or medications	1 2 3 4 NA
• Combines effective assessment and professional judgement in determining client needs	1 2 3 4 NA
• Is able to evaluate the client's response to the recommended interventions and make appropriate changes	1 2 3 4 NA
• Is able to describe the commonly used psychiatric medications, their side effects, and makes appropriate recommendations regarding the management of the medications	1 2 3 4 NA
• Is able to describe effective behaviour strategies to manage challenging behaviours and makes appropriate recommendations regarding the management of such behaviours	1 2 3 4 NA
• Demonstrates effective coaching and guiding skills with the staff in your organisation	1 2 3 4 NA
• Is skilled in advising in complex and challenging situations	1 2 3 4 NA
PROFESSIONALISM	
• Demonstrates a high level of professional integrity	1 2 3 4 NA
• Co-ordinates client care to maximize benefits for the client	1 2 3 4 NA
• Has the ability to sensitively facilitate discussions within the service when there is a difference of opinion or an ethical issue involved	1 2 3 4 NA
• Promotes delivery of integrated and co-ordinated care	1 2 3 4 NA
• Maintains composure under pressure	1 2 3 4 NA
Describe "X's" attributes which are beneficial for your service	
Is there anything you would like "X" or our service to do differently?	
Any other comments or feedback?	
Name: _____ Signature: _____ Date: _____	
Position: _____ Community Organisation: _____	

Peer Attestations/Reviews/Testimonials

These are a good way of showing evidence of meeting specific competencies. These are often provided in different ways: sometimes it may be one person attesting to a specific competency indicator, for example cultural appropriateness, other times it might be co-signed by two or more colleagues attesting to a broader range of competencies. When attesting to competencies it is important that referees provide some examples/context rather than just listing indicators from the competencies document.

Exemplars and Reflective writing

Exemplars which reflect on nursing practice/situations can be a legitimate way of providing evidence, for example; ethical situations encountered in practice, cultural appropriateness, to demonstrate legal implications or to demonstrate evidence based practice, clinical judgement or critical reasoning. Exemplars need to be more extensive than just a narrative of the situation. To show evidence of meeting particular competencies they generally require detailed reflective analysis, for example a description of what happened, evaluation and analysis of the experience, with a conclusion and, if relevant, the action taken as a consequence.

It is also possible to use journal articles or conference presentations to provide evidence of meeting certain competencies, for example you may read an article and based on that you may change your practice/service delivery but again there needs to be the description, evaluation/analysis and a conclusion in relation to the article/presentation. An effective way of using this type of evidence is to attach the article, provide a description of the focus/facts of the article, your reflection and analysis within your practice context and then how it affected your practice/service delivery, ie what changes occurred and why.

Prescribing

An effective way of demonstrating many of the prescribing competencies and indicators is by way of the Comprehensive Pharmacotherapy Case Study/Care Plan shown in Table 2 (p.11), which includes a Drug Therapy Assessment and Evaluation. Other typical types of evidence for competency four are, as discussed previously, assessments/evaluations from prescribing postgraduate papers, letters with recommendations to other health professionals, presentations, resources or guidelines developed, appropriate peer attestations. This should include written feedback from your prescribing practice mentor, who should also be one of your referees.

You will also need to state how you will continue to update your prescribing knowledge, what continuing education you will undertake to maintain prescribing rights, and how you propose to audit the outcomes of your prescribing activity. It is also important that you can describe clearly your framework for prescribing, ie an overview of a logical prescribing process which underpins your practice. Either in your portfolio or at interview it will be important to describe the drugs you believe you would be personally comfortable and competent to prescribe should you be successful with your nurse practitioner application.

Current Practising Certificate

A verified copy of your current practising certificate must be included in your portfolio.

DESK AUDIT

Once an application and portfolio is received by the Nursing Council, a desk audit is completed by Nursing Council staff and possibly a panel member. Please see Appendix 3 for the requirements of desk audit.

The purpose of the desk audit is to carry out a preliminary assessment of the portfolio to:

- confirm the professional good standing of the applicant
- ensure applicants have provided all required information for review by the assessment panel
- confirm that the evidence supplied by the applicant appears to reflect the nurse practitioner competencies
- confirm that the applicant has a clinical Masters or, if an internationally qualified nurse, an equivalent qualification.

The desk audit stage of assessment may involve dialogue between the applicant and Nursing Council staff to finalise the presentation of practice for the formal panel assessment. Confirmation of passing desk audit indicates that there is sufficient evidence for the applicant to attend a panel. The panel decides whether the applicant meets all the requirements for nurse practitioner registration.

Portfolios will be returned to applicants if incomplete. The portfolio must be returned to the Nursing Council with the requested additions within three months. After three months the application will be treated as a new application and a new application fee will be payable.

EDUCATIONAL EQUIVALENCE

From 2010, all applicants should have a Clinical Masters. The clinical Masters programmes approved by the Nursing Council are on the website: www.nursingcouncil.org.nz/education

Those applicants who do not have a clinical Masters will need to contact an approved programme provider to identify any other papers required. This is usually a post-graduate certificate or post-graduate diploma.

Educational equivalence for internationally qualified nurses is assessed by the Nursing Council staff and/ or the Education Committee. Applicants will need to supply transcripts and course descriptors for the assessment.

When assessing educational equivalence, evidence is required of the applicant's ability to integrate theory, research and practice. The applicant must be able to demonstrate the application of nursing frameworks to his/her practice and the application of critical thinking and evidence as the basis of clinical decision making. The tool that Nursing Council uses to assess educational equivalence is in appendix four.

The nurse practitioner competencies are focused on the clinical context within New Zealand. This makes it difficult for registered nurse practitioners from other countries to make the transition to a different health care system, cultural practices, and legislative requirements without first practising as a registered nurse in New Zealand. This is particularly relevant for applicants applying for prescribing.

PREPARATION FOR PANEL ASSESSMENT

When all required documentation is present and an applicant has established her/his readiness for formal assessment, an assessment panel is convened.

The role of the assessment panel is to fully evaluate applications against the competencies for nurse practitioner. To do this the panel works through a number of tasks prior to the assessment, including:

Panel Review

Full review of the applicant's portfolio.

Teleconference

Approximately two weeks prior to the panel, the panel members hold a teleconference to discuss the evidence provided in the portfolio. The purpose of the teleconference is to determine if more evidence is required for competencies that are not clearly met; to discuss questions for the panel interview; to establish case studies/clinical vivas for the panel; and to request additional information from the applicant prior to the panel (if applicable).

The panel members may also request the applicant's presentation focus on a particular area. The Nursing Council member of staff who is present at the teleconference will contact the applicant with any such requests.

Reference Checks

Confidential referee reports from individuals nominated by the applicant. The panel may also request permission to seek further references.

Assessment Panels

- Generally panels will consist of four members, although some roles may be combined.
- There may also be an observer panel member present.
- Up to two Nursing Council staff members will also be present to provide administrative support, provide regulatory advice and to ensure consistency.
- Right of appeal: You may elect to challenge the nomination of a panel member if you believe that (s)he may have a conflict of interest in relation to your application.

PANEL ASSESSMENT

The purpose of the assessment interview is to give you an opportunity to present your practice and your achievement of nurse practitioner competencies. The panel assessment builds on the evidence already provided in the portfolio and allows the panel members to explore some areas in more depth and seek clarification of information provided. You can expect to be presented with clinical scenarios/case studies/clinical vivas as part of the panel assessment.

Key areas of focus within the interview may include:

- Defining your specific area of practice (independent and collaborative) including boundaries, and your framework for nursing.
- Strategies used for assessment of client/population group.
- Assessment, differential diagnosis, treatment and evaluation.
- Critical and reflective thinking / practice.
- Application of nursing knowledge and evidence based practice.
- Innovation in practice and development of new nursing knowledge.
- Cultural safety.
- Clinical judgment and management of complex situations.
- Professional leadership, teaching and role modeling.
- Engagement with and contribution to the wider profession and health sector.
- Competencies related to prescribing for applicants seeking prescribing rights.

You have the opportunity to present an area of your practice to the panel, for example what you envisage the nurse practitioner role to look like in your specific area of practice. The presentation should be no longer than 30 minutes. As previously mentioned, the panel may request you present on a particular aspect of your practice.

You should expect the formal panel interview to take up to four hours.

The desk audit evidence record is the tool used by the assessment panel to evaluate whether an applicant has demonstrated achievement of nurse practitioner competencies.

You are welcome to bring a support person with you to the panel assessment. The role of the support person is that of support for the applicant, rather than an active participant.

Following completion of the assessment interview, the assessment panel completes its formal evaluation using the desk audit evidence record, which is based on the nurse practitioner domains and competencies. If panel members are not satisfied that they have enough information to complete their evaluation, they may request a site visit.

When the assessment panel has completed its deliberations, the outcome of the assessment is documented and a recommendation is made to the Nursing Council. You will be informed of the recommendation at the conclusion of the panel.

Site Visits

Two nominated panel members (usually clinicians) may undertake a visit to the applicant's workplace following the assessment interview. The panel will decide if a site visit is necessary. The purpose of a site visit is to observe the practice of the applicant in the practice setting and to discuss this with the applicant. The Nursing Council will send a letter informing the applicant of the specific competencies/areas the site visit will be assessing.

NURSING COUNCIL DECISION

The recommendation of the assessment panel will be considered by the Registrar. Successful applicants will be registered in the nurse practitioner scope of practice. A registration certificate denoting the nurse practitioner scope of practice will be issued. The title will reflect the population group, and may include an area of practice.

An updated practising certificate with nurse practitioner scope of practice will be issued on return of a current practising certificate.

Nurse practitioners, like other scopes of practice, are subject to random selection for the recertification programme (audit), and continuing competence requirements.

Nurse practitioners authorised to prescribe also have a three yearly recertification process that is required in order to meet the regulatory requirements as described in the gazette notice.

REVIEW PROCESS

Second Panel

Unsuccessful applicants will be informed in writing of the competencies they have not met and advised they may meet with the panel again within six months to provide further evidence for the competencies not met. The applicant may request a reassessment in writing to the Registration Manager within 20 working days of receiving the panel outcome letter.

Council Review

Applicants, who have been declined registration in the nurse practitioner scope of practice, may request a review of the decision by the Nursing Council. The request for a review to the Nursing Council must be in writing and within 20 working days of receiving the letter declining registration.

Grounds for a review of the decline decision are:

- that there are issues of justice and fairness related to the assessment process
- that the decision clearly is incorrect in fact.

Requests for review of the decline decision may not be based on presentation of new information. If the applicant would like new information to be considered in support of his/her application, this becomes part of a new application.

Applicants that have been declined registration may also appeal to the District Court under section 106 of the Health Practitioners Competence Assurance Act 2003.

CHANGE OF CONDITION FOR REGISTERED NURSE PRACTITIONERS

Already registered as a nurse practitioner and now applying for prescribing?

You will be required to submit a portfolio with the following evidence:

- Evidence against Domain 4, prescribing competencies.
- A competence assessment against the nurse practitioner competencies, which must be completed by a registered prescriber.

The focus of the assessment panel will be in relation to prescribing competencies and will include clinical vivas.

An authorisation fee is payable.

Nurse Practitioners applying for a change of condition

You will be required to submit a portfolio with the following evidence:

- Evidence against domains one, two and three (and four if applying for prescribing). The focus must be on the new client/population group identified and the clinical aspects of the nurse practitioner scope.
- The same application process applies for change of condition (submission of portfolio and panel assessment).
- A change of condition fee is payable.



Application for nurse practitioner registration

(under section 17 of the Health Practitioners Competence Assurance Act 2003)

Surname: **Given names:**

Address:

Phone (home): **Phone (work):** **Mobile:**

Area of practice:

Date of birth: **Registration number:**

Purpose of application/declaration:

This application and declaration below must accompany your portfolio to confirm:

I solemnly and sincerely declare that:

(Please circle)

- | | | |
|--|------|-------|
| a) The information given by me in support of my application for registration as a nurse practitioner is true and correct. | True | False |
| b) I am in good professional standing as a registered nurse. | True | False |
| c) I am not the subject of an investigation into professional matters, disciplinary or criminal proceedings, or a disciplinary order in New Zealand or any other country. | True | False |
| d) I have not been convicted of any offences against the law in New Zealand or any other country. | True | False |
| e) Once it is lodged, I agree to conduct all correspondence regarding my application through the Registrar/Registration Manager of the Nursing Council of New Zealand and will not contact any person involved with my assessment either during or following the assessment process without the prior written authority of the Nursing Council of New Zealand. | True | False |
| f) I give my authorisation to the Nursing Council to seek further information as to my standing within my specific area of practice if this is considered necessary. | True | False |

NB: If you have circled 'False' for any of the declarations above, please provide details separately.

DECLARATION

I make this solemn declaration conscientiously believing the same to be true and correct by virtue of the Oaths and Declarations Act 1957.

Declared at _____ this _____ day of _____ 200__

and signed by me

in the presence of

Justice of the Peace, Solicitor, Notary Public, Registrar of the Court, or other officer authorised to take Statutory Declarations (please indicate category).

Nurse Practitioner Competencies

Domains of competence for the nurse practitioner scope of practice

There are four domains of competence for the nurse practitioner scope of practice. Evidence of safety to practise as a nurse practitioner is demonstrated when the applicant meets the competencies within the following domains:

Domain one: Professional responsibility and leadership

This domain contains competencies that relate to professional understanding of the role of the nurse practitioner and the associated responsibilities and leadership. This includes competencies reflecting the ability to provide clinical leadership to population/client groups and within the profession of nursing.

Domain two: Management of nursing care

This domain contains competencies related to independent and collaborative practice in delivering and managing client care within a specialty area of practice. The practice of a nurse practitioner is at an advanced level and extends across a range of situations and contexts. Competencies include the ability to think critically and to advance nursing practice and health care outcomes.

Domain three: Interpersonal and interprofessional care and quality improvement

The nurse practitioner operates within a nursing framework and ensures the centrality of the client in all aspects of practice. Health outcomes are evaluated and advanced through quality improvement and scholarship activities.

Domain four: Prescribing practice

Nurse Practitioners are able to prescribe under the Medicines Act 1981 and the Medicines Regulations 2005. This domain describes the competencies to be achieved by those applicants seeking prescribing rights.

Competencies and indicators

The *Competencies for the nurse practitioner scope of practice* give examples of the indicators that will be used by the expert panel who will be assessing the applicant's competence.

The Council recognises that nurse practitioners work in a variety of clinical contexts, thus the indicators, which are neither exhaustive nor comprehensive, are to provide transparency to applicants to assist them to prepare appropriate evidence for their clinical contexts.

Domain one: Professional responsibility and leadership

Competencies for registration as a nurse practitioner

Competency 1.1 Practices within a nursing model to apply advanced nursing practice in the provision of health care services to client/population groups.

Indicator: Describes the nursing model/framework identifying the values and beliefs that underpin and guide practice.

Indicator: Defines area of nursing practice in relation to client/population group including activities of health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care.

Indicator: Articulates a coherent and clearly defined nurse practitioner area of practice that is characterised by advanced practice, evidence based nursing knowledge and skills.

Indicator: Demonstrates autonomous, interdependent and collaborative practice in relation to client care and within the health care team.

Indicator: Engages in activities at a local systems level that promote the positive contribution of nursing to health care delivery and health outcomes for population groups.

Indicator: Describes clinical decision making processes involved in response to actual and potential health needs and characteristics of the population group.

Indicator: Articulates an advanced level of knowledge and describes the evidence that underpins decision making.

Indicator: Demonstrates an advanced level of critical thinking in practice.

Indicator: Demonstrates ability to use advanced knowledge to effect equity of health outcomes for all clients.

Competency 1.2 Demonstrates accountability for practice in relation to the population/client group and the parameters of practice within health care settings.

Indicator: Demonstrates advanced practice competencies within a specific area of practice that is autonomous and collaborative.

Indicator: Demonstrates timely referral and consultation when an issue is outside scope of practice or level of expertise/experience.

Indicator: Collaborates, initiates and leads to ensure practice is informed by ethical decision making.

Indicator: Demonstrates consideration of access and quality when making client care decisions.

Indicator: Initiates and leads professional development processes based on professional practice standards and legal and ethical guidelines.

Indicator: Collaborates, initiates and/or leads professional development processes based on peer supervision and review of currency of practice.

Competency 1.3 Demonstrates nursing leadership that positively influences the health outcomes of client/population group and the profession of nursing.

Indicator: Takes leadership roles in complex situations across settings and disciplines.

Indicator: Considers the impact of the wider determinants of health including emerging health policy and fundings and modifies practice accordingly.

Indicator: Promotes opportunities to achieve equity of health outcomes across the population group.

Indicator: Takes leadership roles in community and professional groups to achieve positive outcomes for client or population group.

Indicator: Shows leadership in professional activities such as research, scholarship and policy development.

Indicator: Demonstrates skilled mentoring, coaching and teaching of health care colleagues.

Indicator: Contributes to, and participates in, national and local health and socioeconomic policy development.

Domain two: Management of nursing care

Competency 2.1 Demonstrates advanced comprehensive client health assessment skills and diagnostic decision making relevant to specific area of practice.

Indicator: Demonstrates advanced clinical decision making processes to;

- assess the client's health status; and
- make differential, probable and definitive diagnoses; and
- implement appropriate interventions based on a systematic decision making process; and
- evaluate client response to care.

Indicator: Orders and interprets diagnostic tests and makes decisions/interventions based on diagnostic information, current evidence and local practice information.

Indicator: Prioritises data collection and assessment processes in complex situations according to the client's immediate and/or ongoing needs.

Indicator: Consults and refers to other health professionals appropriately.

Competency 2.2 Demonstrates advanced practice in direct client care within a range of contexts and situations.

Indicator: Anticipates situations and acts appropriately to manage risk in complex client care situations.

Indicator: Demonstrates a creative, innovative approach to client care and nursing practice.

Indicator: Decision making is justified by extensive knowledge base and contextual data.

Indicator: Uses critical thinking to plan practice according to contextual factors.

Indicator: Identifies a clear process for consultation and collaboration with client and other health professionals.

Competency 2.3 Consistently involves client in decision making processes and uses client information to determine management strategies.

Indicator: Actively explores the client's cultural preferences, health behaviours and attitudes regarding care and incorporates information into management plan.

Indicator: Actively explores client's ability to participate in care and incorporates information into management plan.

Indicator: Ensures client has access to, and understands, relevant information and resources on which to make informed decisions regarding care.

Indicator: Documents client involvement in decision making

Competency 2.4 Demonstrates confident and independent practice that is based on the synthesis of theory and practice knowledge from nursing and other disciplines.

Indicator: Decision making is based on an advanced level of clinical judgement, scientific evidence, critical reasoning and client determined outcomes.

Indicator: Demonstrates an extensive knowledge base in specific area of practice and applies knowledge of biological, pharmacological and human sciences.

Indicator: Demonstrates advanced level skills and performance of interventions relevant to specific area of practice.

Indicator: Provides clinical leadership in the effective use of information technologies to support practice decisions.

Competency 2.5 Uses a formal approach to monitor and evaluate client responses to interventions.

Indicator: Provides clinical leadership in evaluating client responses to interventions and directs the modification of the care plan accordingly.

Indicator: Systematically documents and communicates evaluation process and changes to management plan.

Indicator: Demonstrates evaluation processes that measure the efficacy of practice to client outcomes, population based outcomes and the health care environment.

Domain three: Interpersonal and interprofessional care and quality improvement

Competency 3.1 Establishes therapeutic relationships with client that recognise the client in context and respects cultural identity and lifestyle choices

Indicator: Actively assesses client's preferences and abilities and ensures clients have access to appropriate information on which to base decisions.

Indicator: Is proactive in meeting the cultural, social and developmental needs of clients.

Indicator: Demonstrates respect for differences in cultural, social and developmental responses to health and illness and incorporates health beliefs of the individual/community into assessments and plans of care.

Indicator: Promotes client's participation in health care decision making and self management of health needs.

Indicator: Advocates for client within the health care team and with relevant agencies in a timely and respectful manner.

Competency 3.2 Contributes to clinical collaboration that optimises health outcomes for the client.

Indicator: Leads and collaborates with other health agencies/professionals to ensure timely access and smooth transition to quality services for client.

Indicator: leads case reviews and debriefing activities.

Indicator: Initiates change and responds proactively to changing systems.

Indicator: Is an effective resource and consultant for interdisciplinary clinical staff and disseminates research findings.

Indicator: Acts as an agent to foster collaboration between members of all disciplines in the health care team to work towards seamless client care.

Competency 3.3 Actively involved in quality assurance activities that monitor and improve the quality of health care and the effectiveness of own practice.

Indicator: Demonstrates responsibility for quality of health care, risk management and effective resource utilisation.

Indicator: Critiques and develops clinical standards.

Indicator: Influences purchasing and allocation of resources through use of evidence based findings.

Indicator: Participates in regular formal professional supervision.

Domain four: Prescribing practice

Note: Third party evidence must be from a registered prescriber in an appropriate scope of practice.

Competency Understands the regulatory and legislative frameworks, contractual environment, subsidies, professional ethics and roles of key government agencies associated with prescribing.

Competency Prescribes and administers medications within legislation, codes, scope and specific area of practice and according to established prescribing processes and New Zealand guidelines.

Competency Demonstrates accountability and responsibility in prescribing practices using evidence to make risk benefit assessments.

Competency Collaborates, consults with and provides accurate information to the client and other health professionals about prescribing relevant interventions, appliances, treatments or medications.

Competency Demonstrates an understanding in the use, implications, contraindications and interactions of prescription medications and with any other medications.

Competency Applies knowledge of the age-related pharmacokinetic differences and the implications for prescriptive practice on clients within the specific area of practice.

Competency Demonstrates an ability to limit and manage adverse reactions/ emergencies/crises.

Competency Recognises situations of drug misuse, underuse and overuse and acts appropriately.

Competency Monitors the effectiveness of the client's response to prescribing and is actively involved in pharmacovigilance and drug monitoring.

PRIVATE AND CONFIDENTIAL

Competencies for Nurse Practitioners: Desk Audit and Evidence Record

Applicant Name:		Registration Number:		
Administrative (Council to complete)			Achieved	
			Yes	No
Nursing registration appropriate to identified scope				
Current NZ annual practising certificate				
Statutory declaration				
Names of referees included				
Fee paid				
Portfolio includes:				
Scope of practice	Approved area of practice (from nurse practitioner matrix)			
	Personal statement of scope/philosophy			
	Meets length of practice requirements within scope, <i>eg: CV</i>			
Demonstration of scope	Current CV detailing advanced practice roles over 4 years minimum			
	Exemplars, <i>eg: case studies / client notes, diary/schedule</i>			
	Exemplars have been verified			
	Annotated case notes, other evidence demonstrating/verifying scope – e.g. schedules, diary (verified)			
Evidence of scholarly activity	Publications, <i>eg: journal article, academic publications</i>			
	Presentations, <i>eg: conference presentations, teaching sessions</i>			
	Research involvement, <i>eg: submissions/working parties/thesis</i>			
Evidence of quality development	Quality activities, <i>eg: clinical audits/working parties/resources developed</i>			
	Policy development, <i>eg: submissions/working parties</i>			
	Teaching activity, <i>eg: evidence of teaching sessions</i>			
Evidence of ongoing practice development	Involvement in professional activities, <i>eg: working parties, peer review</i>			
	Professional memberships			

Educational requirements	Transcripts of Masters (Clinical) (Verified)		
	Pharmacology papers (applicants seeking prescribing rights only) (verified)		
	Internationally qualified nurses - complete educational equivalence checklist - ? Education Committee		
Evidence of collegial support			
Other evidence provided			

All evidence must be verified.

Evidence

The following evidence may be submitted for each competency:

1: Oral questions
2: Personal written statement
3: 3 rd party attestations/ testimonials/ references
4: Academic publications/ writings
5: Case Studies
6: Exemplars
7: Conference presentation
8: Articles written/published
9: Performance appraisal/assessment against NP competencies
10: Involvement in research
11: Client notes (anonymous), reports/letters
12: Peer review
13: Clinical audit/audit
14: CV
15: Teaching/lecturing sessions
16: Resources developed
17: Contracts
18: Documentation of policy
19: Documentation of submissions
20: Documentation of active participation in working parties, projects/committees, professional body (eg HDC)
21: Diary/schedule
22: Thesis
23: Consultative work
24: Community/population group involvement, eg health promotion
25: Position description
26: Business Case
27: Professional development
28: Supervision contract
29: Academic transcripts

The applicant must complete the Evidence Source record to indicate where in the portfolio it is located and what evidence has been submitted to meet each competency. This form must be enclosed with the applicant’s portfolio. One piece of evidence may be used to cover more than one competency.

Competencies for Nurse Practitioners: Desk Audit and Evidence Record

1. Professional responsibility and leadership

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source and Page Number <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
1.1 Practices within a nursing model to apply advanced nursing practice in the provision of health care services to client/population groups.	<ul style="list-style-type: none"> • Describes the nursing model/framework identifying the values and beliefs that underpin and guide practice. • Defines area of nursing practice in relation to client/population group including activities of health promotion, maintenance and restoration of health, preventative care, rehabilitation and/or palliative care. • Articulates a coherent and clearly defined nurse practitioner area of practice that is characterised by advanced practice, evidence based nursing knowledge and skills. • Demonstrates autonomous, interdependent and collaborative practice in relation to client care and within the health care team. • Engages in activities at a local systems level that promote the positive contribution of nursing to health care delivery and health outcomes for population groups. • Describes clinical decision making processes involved in response to actual and potential health needs and characteristics of the population group. • Articulates an advanced level of knowledge and describes the evidence that underpins decision making. • Demonstrates an advanced level of critical thinking in practice. 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source and Page Number <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
	<ul style="list-style-type: none"> Demonstrates ability to use advanced knowledge to effect equity of health outcomes for all clients. 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		Met/ Not Met ✓ ✗
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	
1.2 Demonstrates accountability for practice in relation to the population/client group and the parameters of practice within health care settings.	<ul style="list-style-type: none"> • Demonstrates advanced practice competencies within a specific area of practice that is autonomous and collaborative. • Demonstrates timely referral and consultation when an issue is outside scope of practice or level of expertise/experience. • Collaborates, initiates and leads to ensure practice is informed by ethical decision making. • Demonstrates consideration of access and quality when making client care decisions. • Initiates and leads professional development processes based on professional practice standards and legal and ethical guidelines. • Collaborates, initiates and/or leads professional development processes based on peer supervision and review of currency of practice. 				
1.3 Demonstrates nursing leadership that positively influences the health outcomes of client/population group and the profession of nursing.	<ul style="list-style-type: none"> • Takes leadership roles in complex situations across settings and disciplines. • Considers the impact of the wider determinants of health including emerging health policy and fundings and modifies practice accordingly. • Promotes opportunities to achieve equity of health outcomes across the population group. • Takes leadership roles in community and professional groups to achieve positive outcomes for client or population group. • 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	<i>Council / Panel to complete</i>		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
	<ul style="list-style-type: none"> Shows leadership in professional activities such as research, scholarship and policy development. Demonstrates skilled mentoring, coaching and teaching of health care colleagues. Contributes to, and participates in, national and local health and socio-economic policy development. 				

Competencies for Nurse Practitioners: Desk Audit and Evidence Record

2. Management of nursing care

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
2.1 Demonstrates advanced comprehensive client health assessment skills and diagnostic decision making relevant to specific area of practice.	<ul style="list-style-type: none"> • Demonstrates advanced clinical decision making processes to: <ul style="list-style-type: none"> - assess the client's health status - make differential, probable and definitive diagnoses - implement appropriate interventions based on a systematic decision making process - evaluate client response to care. • Orders and interprets diagnostic tests and makes decisions/ interventions based on diagnostic information, current evidence and local practice information. • Prioritises data collection and assessment processes in complex situations according to the client's immediate and/or ongoing needs. • Consults and refers to other health professionals appropriately. 				
2.2 Demonstrates advanced practice in direct client care within a range of contexts and situations.	<ul style="list-style-type: none"> • Anticipates situations and acts appropriately to manage risk in complex client care situations. • Demonstrates a creative, innovative approach to client care and nursing practice. 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
	<ul style="list-style-type: none"> Decision making is justified by extensive knowledge base and contextual data. Uses critical thinking to plan practice according to contextual factors. Identifies a clear process for consultation and collaboration with client and other health professionals. 				
2.3 Consistently involves client in decision making processes and uses client information to determine management strategies.	<ul style="list-style-type: none"> Actively explores the client's cultural preferences, health behaviours and attitudes regarding care and incorporates information into management plan. Actively explores client's ability to participate in care and incorporates information into management plan. Ensures client has access to, and understands, relevant information and resources on which to make informed decisions regarding care. Documents client involvement in decision making. 				
2.4 Demonstrates confident and independent practice that is based on the synthesis of theory and practice knowledge from nursing and other disciplines.	<ul style="list-style-type: none"> Decision making is based on an advanced level of clinical judgement, scientific evidence, critical reasoning and client determined outcomes. Demonstrates an extensive knowledge base in specific area of practice and applies knowledge of biological, pharmacological and human sciences. Demonstrates advanced level skills and performance of interventions relevant to specific area of practice. 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
	<ul style="list-style-type: none"> Provides clinical leadership in the effective use of information technologies to support practice decisions. 				
2.5 Uses a formal approach to monitor and evaluate client responses to interventions.	<ul style="list-style-type: none"> Provides clinical leadership in evaluating client responses to interventions and directs the modification of the care plan accordingly. Systematically documents and communicates evaluation process and changes to management plan. Demonstrates evaluation processes that measure the efficacy of practice to client outcomes, population based outcomes and the health care environment. 				

Competencies for Nurse Practitioners: Desk Audit and Evidence Record

3. Interpersonal and interprofessional practice and quality improvement

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
3.1 Establishes therapeutic relationships with client that recognise the client in context and respects cultural identity and lifestyle choices.	<ul style="list-style-type: none"> Actively assesses clients' preferences and abilities and ensures clients have access to appropriate information on which to base decisions. Is proactive in meeting the cultural, social and developmental needs of clients. Demonstrates respect for differences in cultural, social and developmental responses to health and illness and incorporates health beliefs of the individual/community into assessments and plans of care. Promotes clients' participation in health care decision making and self management of health needs. Advocates for client within the health care team and with relevant agencies in a timely and respectful manner. 				
3.2 Contributes to clinical collaboration that optimises health outcomes for the client.	<ul style="list-style-type: none"> Leads and collaborates with other health agencies/professionals to ensure timely access and smooth transition to quality services for client leads case reviews and debriefing activities. Initiates change and responds proactively to changing systems. Is an effective resource and consultant for interdisciplinary clinical staff and disseminates research findings. 				

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
	<ul style="list-style-type: none"> Acts as an agent to foster collaboration between members of all disciplines in the health care team to work towards seamless client care. 				
3.3 Actively involved in quality assurance activities that monitor and improve the quality of health care and the effectiveness of own practice.	<ul style="list-style-type: none"> Demonstrates responsibility for quality of health care, risk management and effective resource utilisation. Critiques and develops clinical standards. Influences purchasing and allocation of resources through use of evidence based findings. Participates in regular formal professional supervision 				

Competencies for Nurse Practitioners: Desk Audit and Evidence Record

4. Prescribing practice

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	<i>Council / Panel to complete</i>		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
4.1 Understands the regulatory and legislative frameworks, contractual environment, subsidies, professional ethics and roles of key government agencies associated with prescribing.					
4.2 Prescribes and administers medications within legislation, codes, scope and specific area of practice and according to established prescribing processes and New Zealand guidelines.					

Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
4.3 Demonstrates accountability and responsibility in prescribing practices using evidence to make risk benefit assessment.					
4.4 Collaborates, consults with and provides accurate information to the client and other health professionals about prescribing relevant interventions, appliances, treatments or medications.					
4.5 Demonstrates an understanding in the use, implications, contra-indications and interactions of prescription medications and with any other medications.					

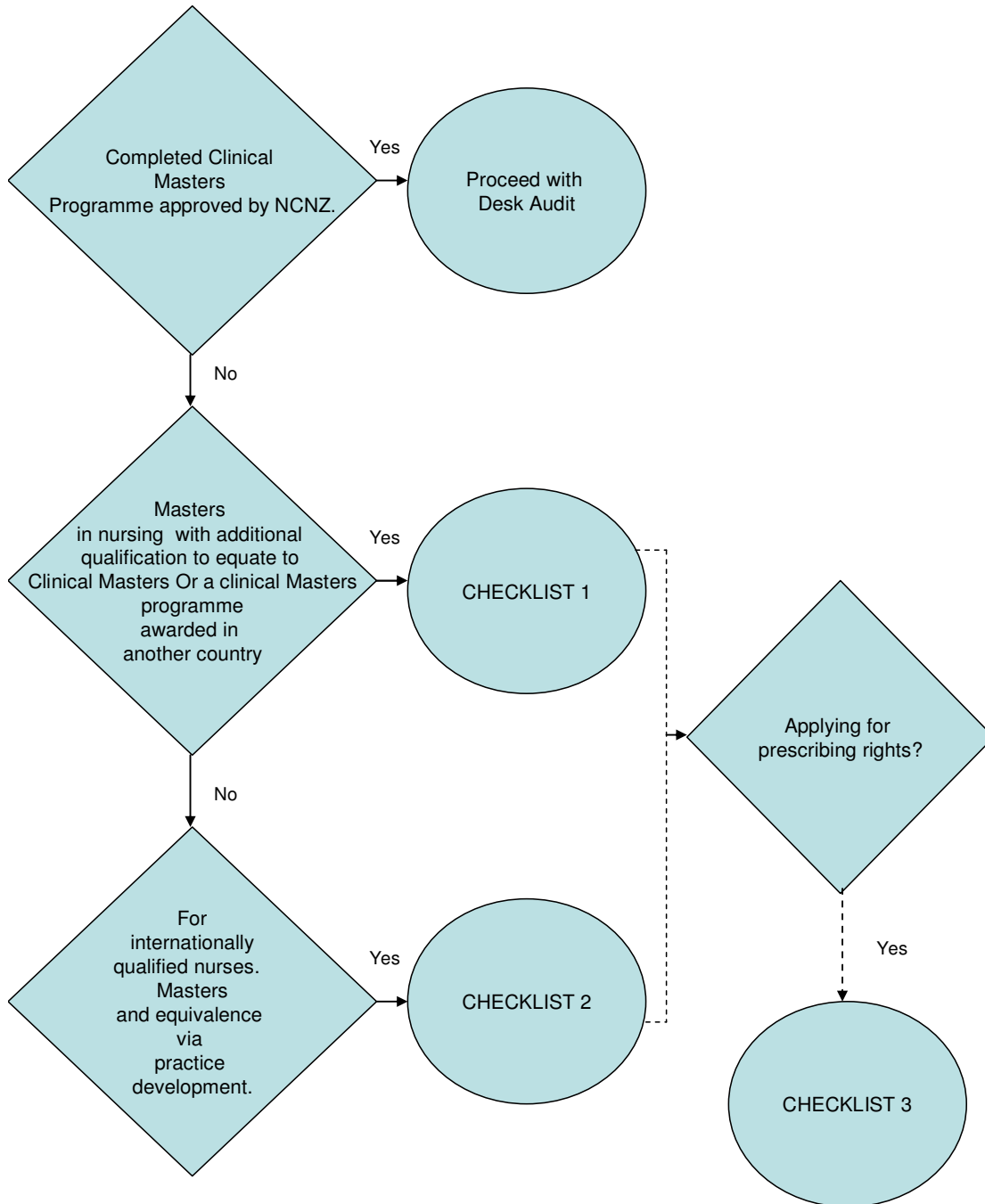
Nurse Practitioner Competencies <i>The Nurse Practitioner:</i>	Indicators	Evidence Source <i>(to be completed by applicant)</i>	Council / Panel to complete		
			Evidence Source at Desk Audit <i>(Please use code to indicate what evidence has been submitted)</i>	Evidence Notes <i>(For panel to complete)</i>	Met/ Not Met ✓ ✗
4.6 Applies knowledge of the age-related pharmacokinetic differences and the implications for prescriptive practice on clients within the specific area of practice.					
4.7 Demonstrates an ability to limit and manage adverse reactions / emergencies / crises.					
4.8 Recognises situations of drug misuse, underuse and overuse and acts appropriately.					
4.9 Monitors the effectiveness of the client's response to prescribing and is actively involved in pharmacovigilance and drug monitoring.					

Evidence Source Codes:

1: Oral questions
2: Personal written statement
3: 3 rd party attestations/ testimonials/ references
4: Academic publications/ writings
5: Case Studies
6: Exemplars
7: Conference presentation
8: Articles written/published
9: Performance appraisal/assessment against NP competencies
10: Involvement in research
11: Client notes (anonymous), reports/letters
12: Peer review
13: Clinical audit/audit
14: CV
15: Teaching/lecturing sessions
16: Resources developed
17: Contracts
18: Documentation of policy
19: Documentation of submissions
20: Documentation of active participation in working parties, projects/committees, professional body (eg HDC)
21: Diary/schedule
22: Thesis
23: Consultative work
24: Community/population group involvement, eg health promotion
25: Position description
26: Business Case
27: Professional development
28: Supervision contract
29: Academic transcripts

NURSE PRACTITIONER

SUMMARISED PROCESS FOR SCREENING FOR EDUCATIONAL



**Nurse Practitioner
Educational Equivalency Checklists**

Applicant Name:

Scope of Practice:

Checklist Applied:

CHECKLIST 1

1	Criteria	4
	Recognised Masters programme	
	Completion of programme verified	
	Masters congruent with scope of practice	
	Programme content supports development of advanced practice competencies:	
	• Advanced specialist body of knowledge	
	• Advanced health assessment	
	• Differential diagnosis	
	• Laboratory / diagnostic tests and interpretation	
	• Collaboration / decision making	
	• Critical thinking and analysis skills	
	• Demonstrated understanding of research process	
	• Evidence based practice	
	• Written oral communication at high level	
	Portfolio screening evidences advance practice competencies	

Required Standard Achieved: **Yes / No**

CHECKLIST 2

2	Criteria	4
	Has undertaken Masters programme relevant to scope of practice	
	Standing of programme(s) verified	
	Completion of programme(s) verified	
	Demonstrates advanced specialist knowledge base:	
	• Evidences critical thinking and analysis skills	
	• Evidences reflection on practice	
	• Written / oral communication at high level	
	• Peer support for advanced knowledge base	
	• Advanced health assessment	
	• Differential diagnosis	
	• Laboratory / diagnostic tests and interpretation	
	Evidence of activities undertaken to maintain ongoing competency	
	Peer support evidences advanced practice standing	
	Scope of practice including boundaries:	
	• Defines independent / collaborative scope	
	• Describes diagnostic enquiry processes related to client population	
	• Describes application of advanced nursing knowledge to improve health outcomes	
	• Generates new approaches to extending nursing knowledge / delivery of expert care	
	Expert clinical practice working collaboratively across settings	
	• Demonstrates cultural safety	
	• Demonstrates expert professional judgment	
	• Models expert clinical skills	
	• Recognises limits to practice through referral and consultation	
	• Operates within a best practice framework	
	Effective leadership and consultancy	
	• Has leadership role across settings and disciplines	
	• Demonstrates skilled mentoring and teaching and acts as a resource to colleagues	
	• Initiates change and responds proactively to change	
	Develops and influences policy and nursing practice at local / national level	
	• Examples of policies developed / descriptions of involvement	
	• Publications related to advanced nursing practice/policy &/or health/social policy	
	• Presentations related to advanced nursing practice/policy &/ or health/social policy	
	• Leadership of quality development / audit activities	
	• Evidence of active involvement in professional organisations	
	• Evaluates outcomes and helps shape policy	
	Shows scholarly research enquiry into nursing practice:	
	• Demonstrates understanding of research process	
	• Evidence based practice	
	• Involvement in research	
	• Independent research involvement	

Required Standard Achieved: **Yes / No**

CHECKLIST 3

3	Criteria	✓
	Nursing Council approved nurse prescribing pharmacology programme completed	
	Other pharmacology programme which meets standard required	
	Scope of practice consistent with regulated scope for which prescribing rights are sought	
	Portfolio check indicates prescribing competencies are achieved	

Required Standard Achieved: **Yes / No**