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

**Submission To:** Nursing Council of New Zealand  
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The College of Nurses gives permission for this submission to be published on line.

The College of Nurses gives permission for our name to be listed in the published summary of submissions.

The College of Nurses is a professional body of New Zealand registered nurses and Nurse Practitioners from all regions within New Zealand and specialties both within and outside of the District Health Board ('DHB') setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

**Nurse Practitioner members of the College have submitted separately under their NPNZ banner. Feedback from College members was limited so this submission is the result of collaboration between senior College members and will cross over significantly with the Massey University submission completed by some of the same people.**

## **Consultation questions Draft education programme standards**

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

**Do you support the assessment of competence of nurse practitioner candidates within specified education programmes as outlined in the draft education programme standards? Please give your reasons.**

Yes.

As Council knows from previous discussion the College has long been concerned by the breadth and variety of programs accredited to prepare Nurse Practitioners. Ensuring the presence of appropriate faculty and resource is a challenge in a small country. This becomes of particular importance when devolving responsibility for final assessment of competence.

However we agree that the transfer of final assessment of competence and a recommendation by the tertiary education provider (TEP) to the Nursing Council that a nurse be registered in the nurse practitioner scope of practice is appropriate at this stage in NZ development of the role.

The draft education programme standards would need to be adopted by all relevant TEPs in order for this to be appropriate.

In line with a number of senior colleagues as signaled above we agree that a consortium of TEPs should manage and host the final assessment of candidates on a biannual basis.

It is suggested that within a minimum period of perhaps 6months of programme completion that candidates put forward by each TEP will apply to sit an oral exam that is hosted by one of the TEPs. Panels of nurse practitioners from contributing TEPs will be assembled to be the examiners, plus appropriate practice representatives/MDT examiners.

The major advantage of such a move is to ensure consistency, minimize conflicts of interest and establish shared ownership of the process. Having a range of TEPs contribute examiners who will then agree on the examination content and process with input from the Nursing Council would create this advantage.

**Do you think any of the following requirements will address potential conflict of interest and ensure assessments of nurse practitioner candidates are completed to a consistent standard?**

- a. Involving suitably qualified members of the multidisciplinary team and practice representatives and/or**
- b. External moderation of assessments by other education providers**
- c. Setting standards for assessment and closer moderation by the Council.**

We think all of the above are important and can be easily accommodated in the suggested strategy outlined above.

**Relevant** clinical expertise is essential in the final assessment for applicants whose area of practice is especially specialised and should be sought from the most appropriate and available source.

The associated costs of practice representatives/MDT examiners could be recovered from the candidate's exam application fees.

#### **Option 2: The candidate also submits a portfolio of learning to the Council**

**Do you support the candidate also submitting a portfolio of learning to the Council? Please give your reasons**

No. This would be redundant if the above scenario is adopted.

#### **Student assessment standards**

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

Yes. We agree that a variety of assessment approaches is critical to capture the breadth of NP practice.

Some College members are supportive of the OSCE process as used in other countries but all who have ever commented are committed to increased connections between clinical appraisal and the academic program.

- a. portfolio of learning and clinical log of practice experience - Yes
- b. simulated scenario based assessment – Yes/No ( depending on how and where)
- c. viva voce clinical assessment - Yes
- d. observation in clinical practice settings –Yes

## **Nurse practitioners are the clinical teaching staff**

**Do you support nurse practitioners as the clinical teaching staff for each student's clinical experience? Please give your reasons**

Yes

## **The nurse practitioner practicum**

**11. Do you support the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards?**

Yes

*9.2 The nurse practitioner practicum component of the programme must consist of at least 300 hours of protected (outside of the students paid work hours) clinical learning time within a collaborative health team environment.*

We do not accept that the 150 hours completed in the PG Diploma prescribing practicum should count towards the 300 hours of NP practicum experience.

Because the establishment of NP identity, the development of capability and significant autonomy are essential to NP prescribing then in our view, 300 hours is the absolute minimum over and above completion of an RN prescribing practicum.

**12. Do you support the draft education programme standards?**

Yes.

**13. Any other comments related to the draft education programme standards?**

*5.8 Any qualifications from overseas must be authenticated and assessed by NZQA.*

The College frequently fields calls from overseas NPs who are daunted by the seemingly complex process of becoming an NP in NZ. This seems a waste of potential valuable NZ workforce capacity.

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

Yes.

In line with other senior colleagues we suggest that 'clinical' be deleted to read: As leaders they work across healthcare settings, include health service delivery and the wider profession. This change would more closely reflect the elements described in Domain 2/Competency 5 at 5.4 and 5.5 and Domain 4/Competency 11 at 11.2 and 11.6.

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

Yes, but it is not clear how the draft NP competencies (or the competencies for the PG Diploma in prescribing) will articulate with a future single prescribing competency framework.

**16. Do you support newly registered nurse practitioners practising under supervision for one year?**

Yes and NO.

We agree that a first year of practice requires support as the new NP transitions fully into the role. We strongly recommend that the word mentor be used in view of the sensitive political environment in which the NP enters practice and the connotations which may be ascribed to the word supervision.

**17. Any other comments related to the proposed draft competencies for nurse practitioners or the proposal for new nurse practitioners to be supervised for one year**

NO



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