Nurse practitioner scope of practice

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NPNZ Conference April 2017

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand
Council vision scope

The Council had a clear vision that greater flexibility in scope of practice would enable NPs to safely and appropriately meet changing health care needs aging, remote and underserved population groups, and an increasing number of people living with chronic conditions.
Broadened scope of practice

• In 2017 the Nursing Council of New Zealand broadened the NP scope of practice, removing the requirement that an NP register in a specific area of practice. The new scope of practice allows NPs to practice within the areas of their competence and experience.

• The new scope statement is worded to better describe what NPs do and differentiate the role from registered nurses with prescribing rights (introduced in September 2016).
Review of NP educational preparation 2014-16

- Many nurses completed a Clinical Masters’ degree but did not take the step of registering as a nurse practitioner
- Clinical Masters’ degrees had become increasingly diverse to attract students and funding - inconsistent education programmes were not preparing NPs to register at completion
- Registered nurse roles were expanding and an education pathway to prescribing rights for registered nurses was being developed.
New Education programme standards

- Prescribed programme outcomes
- 300 clinical hours
- 2 practice experiences – 1 with an NP
- Achievement of competencies for nurse prescribing
Review of accreditation and monitoring 2017

Principles based
High trust – high accountability
Some change to processes
New themes for competencies

Six competencies are organised into 5 themes:
1. Provides safe and accountable advanced practice
2. Assesses, diagnoses, plans, implements and evaluates care
3. Works in partnership with health consumers
4. Works collaboratively with healthcare teams
5. Works to improve the quality and outcomes of healthcare.
New Competencies

1. Demonstrates safe and accountable nurse practitioner practice incorporating strategies to maintain currency and competence

2. Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.

3. Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care
New Competencies

4. Consistently involves the health consumer to enable their full partnership in decision making and active participation in care

5. Works collaboratively to optimise health outcomes for health consumers /population groups.

6. Initiates, and participates in, activities that support safe care, community partnership and population health improvements
Number of Nurse Practitioners Registered per year

![Bar Chart showing the number of registered nurse practitioners per year from 2001 to 2016. The chart illustrates a significant increase in registrations from 2010 onwards.]
Number of NPs registered in 2016 by area of practice

Area of Practice

- Acute care
- Child & Youth Health
- Nursing - non-clinical
- Primary health care
- Mental health & addictions
- Continuing Care (older person)
- Medical (including educating patients)
- Palliative Care
- Surgical
- Other
Number of NPs by employment setting

- DHB (acute)
- DHB (community)
- DHB (other)
- Private Hospital
- Primary Health Care (PHO/Community Service Provider)
- Māori Health Service Provider
- Educational Institution
- Pacific Health Service Provider
- Others
- PHO

Main employer
Number of NPs registered in 2016 by location
Nurse Practitioners and Registered Nurse Prescribing

- Staircase and career options based on patient needs
- Education of colleagues
- Prescribing mentors
- Clinical teachers in education programmes
- Collaborative team members
- Provide support for safe prescribing practice e.g. peer review, CPD, audit
Existing NPs: moving toward no specified area of practice

Change of condition process:
• Covering letter
• CV
• Evidence of professional development
• Assessment against new NP competencies
Nurse Practitioner Registration Process

• 18 month transition (until September 2018)
• No conditions; assessment against the new competencies and prescribing competencies
• Competencies 2 and 3 assessed at panel (old competencies in domains 2 and 4)