



*Nurse Practitioners
New Zealand*

Nurse Practitioners New Zealand

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

Submission to: Nursing Council of New Zealand
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From: Nurse Practitioners New Zealand (NPNZ)

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NPNZ welcomes the opportunity to present this consultation on education programme standards and competencies for nurse practitioner scope of practice submission to Nursing Council of New Zealand. We have consulted the membership and their feedback is presented within this document. As a group we have achieved a general consensus. However, individual members have expressed some concerns and have some queries. We endeavour to represent the interests of the membership as a group while respecting the individuals' right to an opinion. This document attempts to fully represent the views of the membership.

NPNZ gives permission for our submission to be published on line.

NPNZ gives permission for our organisation's name to be listed in the published summary of submissions.

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, because educators observe the student over time and through many different learning and assessment modes. The current panel interview is one way of assessing knowledge, however it is removed from the actual clinical observation that is part of NP clinical education and assessment and therefore may not present a full picture of the NP candidates' ability or deficits.

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

Yes. Particularly because it allows the targeting of assessment to the students current expertise.

b. External moderation of assessments by other education providers and/or

Yes, but would include moderation that incorporates review of student competency in practice by the external moderator, rather than purely a paper exercise of reviewing documents following student assessment.

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

Yes. This would be essential.

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

No. This is not needed in the long term. The education requirements could include all of the current portfolio requirements. The educational requirements for the programme would be part of the moderation as well as moderation of individual NP student educational requirement outputs.

However some members seek clarification of the timeframe for implementation. What is the period of transition from the current process to when the 'New approach is a well embedded pathway'? What is the contingency for those NP candidates on a different pathway or NPs who apply for prior recognition?

There are also concerns about the ability to resource both option one and two. Currently within the education and clinical practice areas there may not be enough NPs with the appropriate educational qualifications or clinical people with an adequate understanding of the NP role.

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

Yes. Essential in early years especially but this should not be at the expense of viva voce clinical assessment. The portfolio provides consistency and moderation but it is only during viva voce clinical assessment and questioning that the depth of knowledge, clinical reasoning and safety to practice can be fully assessed.

NPNZ do not agree with statement in the document: "Please note that where a candidate has completed a 150 hour practicum for prescribing, this can be included as part of the 300 protected (outside student's paid work hours) hours of practice experience. " It could be some years since the nurse undertook a prescribing practicum and being a NP is not only about prescribing.

The 300 hours should only be performed during the practicums after admission to the NP MS programme following completion of the Post Graduate diploma.

Student assessment standards

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

d. a portfolio of learning and clinical log of practice experience

Yes.

e. simulated scenario based assessment

Yes.

f. viva voce clinical assessment

Yes.

g. observation in clinical practice settings.

Please give your reasons

Yes, by a qualified NP. NPNZ believe this is essential due to the potential lack of understanding by students, their employers and/or their medical mentors about the level of advanced practice expected of NPs.

The assessment standards will ensure a triangulation of assessment contributes to the validity of outcomes however, some NPNZ members were concerned that the associated costs do not appear to have been addressed. The addition of simulated scenario assessment and clinical viva voce is not without cost and may increase the need for more staff to develop and implement appropriate assessments/scenarios etc. Education will need additional funding as there are significant costs associated with setting up and running appropriately rigorous assessments. The document indicates that a core reason for the suggested changes lies in the fiscal constraints

associated with cost of running panels in the present format and the difficulty in securing representation by suitably qualified NPs. Given that the driver for change is the likely increase in applicants and associated increase in costs, it could be argued that the suggested changes indicate a cost shift rather than a cost saving and that issues such as the availability of suitably qualified NP's will not be immediately addressed.

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. As NP clinicians and educators, we often see situations in which potential NP candidates, their employers and/or their clinical leaders do not understand the true scope of advanced NP practice. There is often confusion about the difference between clinical nurse specialist clinical competency and NP clinical competency. Therefore, it is essential that currently practicing NPs provide oversight and guidance to ensure that the student expands their practice into the NP scope of practice.

NPNZ support NPs as part of the clinical teaching staff along with other suitably qualified practitioners such as vocationally registered medical practitioners. However, in some areas it may be very difficult to obtain sufficiently qualified and experienced NP's who also have educational qualifications.

We suggest 4.1, bullet 2 should read'have the support of a nurse practitioner mentor and or vocationally registered medical practitioner....'

We question whether there are enough NPs in NZ with the required education qualifications as stated in 2.3?

The nurse practitioner practicum

Do you support the standards for the nurse practitioner practicum outlined in section 10 of the draft education programme standards? Please give your reasons

Yes, except that all students should be expected to complete 300 hours during clinical practicums, whether they have a PG Dip as a designated prescriber or not. The designated prescriber competency is very different than the independent authorised prescribing competencies of NP. It is important that all students have 300 hours to practice the NP level of practice during their NP MS programme.

However, we question whether there are enough NPs with the required education qualifications as stated in 2.3. This will result in increased requirements for health sector employers to support candidates in ensuring supernumerary roles and in 2 clinical placements.

General questions

Do you support the draft education programme standards? Please give your reasons

Overall yes, but there are a few details that we do not agree with:

Under 4.1 – bullet 2

h. have a collaborative working relationship with a multidisciplinary team and have the support of a nurse practitioner mentor and a vocationally registered medical practitioner who will support her/him to develop the advanced skills and knowledge required for nurse practitioner practice.

Rather than ...”and a” it should read “support of a nurse practitioner mentor and/or vocationally registered medical practitioner...” This would be more consistent with 9.3 below:

9.3 The student will have clinical mentoring from a nurse practitioner and/or a vocationally registered doctor who will support the student to develop the skills to practice as a nurse practitioner and an authorised prescriber.

Although NP clinical mentorship is desirable, it is not always feasible or practical. The NP educators will have oversight of the student’s clinical experience and can make sure that whether it be with a NP or medical practitioner it is of sound quality.

Under 9.15

“...assess the achievement of the learning outcomes by the student, and confirm the completion of the equivalent of 300 hours of protected (outside of paid work hours) clinical learning time...”

We are concerned about the phrase ‘outside of paid work hours’ because there are NP students that are currently employed as a NP Intern and their job is to learn and develop their skills to become a NP. It may be better to state “outside of paid work hours in which the student is practicing in a RN scope of practice and/or not practicing in an employer recognised NP internship role”.

8.11 For students who have not completed a Postgraduate diploma in nurse prescribing before commencing the nurse practitioner master’s programme the assessment methodology tests all aspects of prescribing and must include a practical assessment and confirmation of the student’s clinical, physical examination and decision-making skills and confirm they meet the competencies for nurse prescriber.

We do not agree with 8.11. All students entering the MS for NP should be treated the same and not have different requirements, regardless of whether they have been designated prescribers or not. NPNZ believe that having completed a postgraduate diploma in nurse prescribing should not be a prerequisite nor should the student have to meet the competencies for nurse prescriber as an inclusion criteria but rather a student requires a postgraduate diploma that includes clinical, physical examination and decision-making skills.

Competencies for nurse prescribers

Any other comments related to the draft education programme standards?

- 2.10 – ‘**The coordinator of the np master’s programme will be a registered nurse.....**’ Should the coordinator be a nurse practitioner? Especially in relation to bullet point 3....’**delivery and ongoing development of the programme.**’
- 4.1 – bullet point 4. Needs to be paid release time
- 9.9 – **The student participates in the practice experience on a supernumerary basis.**

This will need to be adequately resourced for employers to release the student.

NPNZ agree the support for release time to enable NP students to be supernumerary and the cost associated with having a student in placement will need to be met somehow. Currently financial support goes to the DHBs with the understanding that the funding follows the student and is allocated to their mentors but this is not assured. It will be critical that the funding directly follows the student to enable adequate access to suitably qualified mentors (NP's and suitable medical staff). Education will need additional funding to provide the OSCE's as the costs associated with setting up and running OSCE and VIVA assessments is quite significant and also release time for practice colleagues to attend.

Consultation questions draft competencies

Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners? Please give your reasons

Yes. There are many nurses that currently practice at a very advanced level but are not NPs. These competencies clarify that the scope of practice for NPs is about advanced clinical knowledge and diagnostic expertise needed to safely practice at this advanced NP level. These competencies imbed the NP into a clinically focused scope of practice.

Additional feedback and questions from the membership are:

The competencies broadly describe the knowledge and skill required to be a NP. However they are very differently worded to the current competencies without the information provided in the document as to why such changes have been proposed. The draft competencies are heavily based on the Australian NP competencies and some members have questioned this. In general, New Zealand NPs perceive themselves as having greater autonomy of practice through NCNZ and legislation than their Australian colleagues.

- 5.2 – Not sure why disability services and aged care are specifically mentioned. Not appropriate for all areas of practice. Suggest it could be worded – Consults with and/or refers to other health and disability care providers or services and community agencies at any point in the care continuum.

- 6.7 – This element seems to include two separate themes. 1. Antimicrobial resistance and local resistance patterns and 2. Using non-pharmacological strategies. Whilst this is essential pharmacology knowledge other elements not specified are also essential knowledge to prescribing practice unsure why it is necessary to specify as inherent in 6.1, 6.2 and 6.3.
- 11.2 – Not sure why aged-care policy is specifically mentioned. This may not be relevant for all areas of practice
- 11.5 – Who are'other prescribers'?

Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment? Please give your reasons

Yes. The new 'elements' are far clearer than the previous 'indicators' used. Although there are a total 42 elements within the four domains. Some are very similar elements within each domain, for example: Competency One 1.1 and 1.2 elements could be combined, as could 1.3 and 1.4.

Consultation question supervision

Do you support newly registered nurse practitioners practicing under supervision for one year? Please give you reasons

Yes. This is a good way to ensure support for a new NP.

NPNZ thank Nursing Council of New Zealand for the opportunity to contribute to the further development of NP scope of practice education programme standards and competencies. We would welcome further consultation/working party type discussion directly around the competencies; the wording; the number of 'elements'; the NZ context as this is one area the membership had most concerns.

Sincerely



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