



NURSE PRACTITIONERS IN NEW ZEALAND: THE FACTS

***An education resource kit for nurses developed by
NPAC-NZ, NENZ, NETS – March 2004
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Purpose: This education kit has been prepared for delivery throughout New Zealand. It will be promulgated by professional organisations, employers of nurses and education providers. It provides an introduction to the Nurse Practitioner model within New Zealand.

Further copies can be downloaded from the following websites:

NZNO	www.nzno.org.nz
CNA (NZ)	www.nurse.org.nz
NZCMHN	www.nzcmhn.org.nz
NCMN	www.healthsite.co.nz/hauora_maori/ncmn/
NETS	www.nurseducation.org.nz
NENZ	www.nenz.org.nz

Content: Presentation
PowerPoint slides
NPAC-NZ Frequently Asked Questions brochure

Resource Documents:

Ministry of Health. 2002. Nurse Practitioners in New Zealand
Wellington: Ministry of Health. www.moh.govt.nz

Nursing Council of New Zealand. 2002
The Nurse Practitioner™ responding to health needs in New Zealand. 3rd
Edition. Wellington: Nursing Council of New Zealand.

Nursing Council of New Zealand. 2002
The Nurse Practitioner™ Endorsement: guidelines for applicants.
Wellington: Nursing Council of New Zealand. www.nursingcouncil.org.nz

Nurse Practitioner Advisory Committee of New Zealand. 2005. Business
Case Toolkit to establish the position of Nurse Practitioner. Wellington:
NPAC-NZ.

NURSE PRACTITIONERS IN NEW ZEALAND: THE FACTS

[Ppt slide 1]

Background

New Zealand nurses continue to develop their practice, as the profession adapts to deliver on its social contract and potential. Today, many nurses are working in specialist, expanded and advanced roles.

In 2000 the Nursing Council of New Zealand (NCNZ) announced that it would formally endorse an advanced nursing role, the Nurse Practitioner, and protect the title for those nurses. This followed a period of consultation and occurred against an international context of Nurse Practitioner (NP) credentialling in America, Canada and Europe.

Not all nurses working at an advanced level will meet, or choose, to meet the specific competencies required for the NCNZ NP endorsement process. In fact numbers may be relatively small. Rather, this is one advanced clinical career pathway, and the only one, with a regulated title. Other advanced practice nurses will use other titles - most commonly Clinical Nurse Specialist, Case Manager, Clinician or Consultant.

The Ministry of Health has provided information to health funders and providers on the NP role and its potential to deliver more effective health services through its publication *Nurse Practitioners in New Zealand 2002*, and a travelling roadshow.

A Nurse Practitioner Advisory Committee of New Zealand (NPAC-NZ) has been established, with representation from the College of Nurses Aotearoa (NZ), National Council of Maori Nurses, the New Zealand College of Mental Health Nurses and the New Zealand Nurses Organisation. The focus of NPAC-NZ is to work with the profession and the Nursing Council on matters relating to the development of the Nurse Practitioner. NPAC-NZ has published a frequently asked questions brochure.

The Ministry of Health, NPAC-NZ and its constituent organisations, Nurse Executives of New Zealand (NENZ), Nurse Education in the Tertiary Sector (NETS), and other nursing groups are working together to elevate the visibility and highlight the potential of Nurse Practitioners to deliver effective health services

In October 2005 the Minister of Health established the Ministerial NP Employment and Development Working Party to address sustainable employment and development opportunities for NPs.

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What is a Nurse Practitioner?

The NCNZ describes the NP as:

Nurse Practitioners are unique health-care providers making independent and collaborative health-care decisions in partnership with individuals, families and communities across a range of settings. They emphasise health promotion, health maintenance and disease prevention. Nurse Practitioners use advanced assessment and treatment skills to anticipate and manage complex situations,

administering therapies for management of actual and potential health issues. Nurse Practitioners may or may not choose to prescribe within their defined scope of practice although most will be prepared and endorsed for prescribing authority. The term “scope” has specific meaning within The Health Practitioners Competence Assurance Act 2003 and so the Nursing Council will use the term “specific area of practice” in relation to Nurse Practitioners from 2004.

Nurse Practitioners respond to complex situations in a diversity of contexts, demonstrating leadership as consultants, educators, administrators and researchers. They adopt creative and innovative approaches to client care and incorporate critical thinking into nursing practice issues and decisions to optimise client outcomes. Nurse practitioners are also leaders in their scope, participating in the development of evidence-based practice, integrating theoretical and practice based knowledge to influence the development of nursing, health practice and policy at local and national levels. They actively participate in professional and legislative activities to promote the advancement of nursing and health-related social policies.

Nurse practitioners are registered nurses with Masters degrees and at least four years experience working in their chosen clinical area. They may have worked initially in a variety of clinical areas and then decided to specialise in one area of nursing practice. Nurse practitioners will have completed at least five years of academic study to gain their Masters level qualification. Registered nurses must meet Nursing Council assessment criteria and competencies before the Council will recognise them as nurse practitioners.¹

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What is the NP registration process?

1. NP Registration Criteria

NPs will be endorsed within a specified scope of practice which will be identified on their Annual Practising Certificate.

The nurse shall have worked a minimum of four years post registration within the nominated scope and be of good professional and personal standing.

They will have a clinically focused Masters degree and those seeking prescribing rights will have completed an approved pharmacology course. As a transitional arrangement, until 2010, nurses without a Masters qualification may make a case for educational equivalence. This is a rigorous academic assessment of the nurses' portfolio to see that the nurse demonstrates application of nursing frameworks, critical thinking and the use of evidence as the basis of clinical decision-making at the level expected of a Masters qualified nurse. This academic assessment does not review the content of the portfolio against the NP competencies.

All nurses wishing to become NPs in the future should seek advice as to the most appropriate educational pathway.

¹ It is intended that the title 'Nurse Practitioner' will be protected by the Nursing Council and will only be able to be used by those who succeed in meeting Council requirements. *NCNZ The Nurse Practitioner: responding to health needs in NZ p10.*

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The Nursing Council has identified five competencies which must be met and a sixth for those seeking prescribing authority. Each competency has a number of criteria which need to be satisfied. Please note that the competencies are being reviewed by NCNZ at the time of this revision and may change.

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2. Endorsement Process

APPLICATION WITH PORTFOLIO	DESK AUDIT	ASSESSMENT OF EDUCATIONAL EQUIVALENCE	PREPARATION FOR ASSESSMENT	PANEL ASSESSMENT	NURSING COUNCIL DECISION
<ul style="list-style-type: none">• Application completed• Submission of portfolio	<ul style="list-style-type: none">• Review of portfolio for completeness• Liaison with applicant	<ul style="list-style-type: none">• Does the applicant demonstrate equivalence?	<ul style="list-style-type: none">• Review of portfolio• Referee checks• Liaison within panel	<ul style="list-style-type: none">• Assessment interview• Deliberation and decision• Recommendation to Nursing Council	<ul style="list-style-type: none">• Council consideration and decision
Applicant	Council	Council	Panel	Panel	Nursing Council

(NCNZ, 2002, NP Endorsement)

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At times throughout the process the applicant may be asked for further information before proceeding to the next step. And depending on the timing of decision of the panel, there could be a time lapse before the next Council meeting. This means that the process can be a lengthy one extending over a number of months.

Once the Council has confirmed a decision the applicant is notified and a new practising certificate denoting NP registration and the specific area of practice will be set.

NP Mentor System

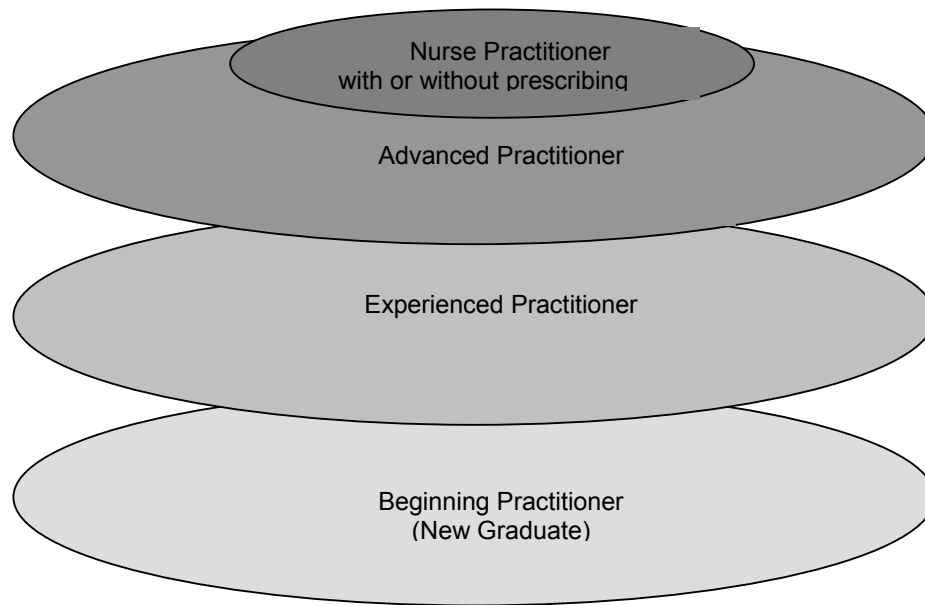
NPAC-NZ has established a mentor system through its constituent member associations for NP applicants. Mentors are assigned to assist applicants refine their written application and prepare for the interview.

Contact is made through:

New Zealand Nurses Organisation
College of Nurses Aotearoa
New Zealand College of Mental Health Nurses (Te Ao Maramatanga)
National Council of Maori Nurses

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How does the NP fit with other nursing roles?



Amended from NCNZ diagram.

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The NP is a part of the vital nursing skill mix. The NP is not a doctor replacement although many NPs will assume a number of tasks that have traditionally been undertaken by doctors. These may include admitting and referral rights, requisitioning laboratory and radiology tests and prescribing medications if they have prescriptive authority.

The NP may be differentiated from nurse specialist roles by the breadth of the role which includes not only advanced and expanded practice, but also nursing leadership and consultancy, a high level of autonomy and independent management of her/his own clinical practice, developing nursing practice by use of evidence-based research and possibly conducting research but certainly gathering and analysing data to audit own practice and patient population and developing and influencing health and socio-economic policies and nursing practice at a local and national level.

As NP positions emerge, there will be changes to current service provision and ways of working. This is inevitable and will be negotiated and shaped according to each particular role. Initially tensions and challenges will occur until the new positions are embedded within organisations. The emerging NP roles will provide an opportunity to rethink service provision so that it is more effective, gaps are closed and greater cohesion occurs.

The NP model in New Zealand

The NP model, competencies and registration process differs from those models in the UK and USA and for that reason NPs from those countries may or may not be able to be credentialled as a NP in New Zealand.

The Ministry of Health has identified four different types of NP models to be developed within New Zealand. However as this is a new role, further models are emerging dependent on consumer need and service configuration.

The four models are:

- Integrated nursing teams
- Nurse consultancy
- Independent practice
- Nurse practitioner speciality services/clinics

Model 1: Integrated nursing teams

A team of nurses and nurse practitioners provides, co-ordinates and manages health promotion and disease prevention across the continuum of care.

For example, integrated primary health care nursing teams working out of primary health organisations and providing risk assessments, first-contact care, case management of clients with chronic conditions, and services for whānau, hapū, iwi and Māori communities.

Model 2: Nurse consultancy

The nurse practitioner works independently and refers clients to other health professionals, where required. Collaborative practice arrangements and care decisions may also dominate.

For example, within hospital settings, between primary and secondary, and secondary and tertiary, health care services, or between non-government organisations. Provides leadership to nurses and referral to other disciplines.

Model 3: Independent practice

Nurse practitioners are self-employed and establish their own independent practices offering care and services direct to the public.

For example, nurse practitioners contract themselves to provide services to other agencies, hospitals, primary health organisations, non-government organisations, direct to clients.

Model 4: Nurse practitioner speciality services/clinic

The nurse practitioner is the recognised lead health professional within the health care team for establishing and managing speciality clinics/services for a particular health speciality and/or population group.

For example, pain management, anaesthetists, wound management, rehabilitation, disease management.

MoH, 2002, Nurse Practitioners in New Zealand, pg 11

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How will NP positions be established?

Whilst NCNZ NP registration entitles a nurse to use the title Nurse Practitioner there is no guarantee of a NP position being established in a particular health care agency. Another complexity of this transitional phase in the introduction of the NP model is that NP positions may be established but there is no credentialed NP within that specific area of practice to apply for the position.

Employing organisations will have in place policies and processes by which new positions are identified and approved. For the establishment of a NP position a sound business case will need to be prepared. NPAC-NZ has developed a Business Case Toolkit (2005) to assist nurse managers and potential NPs prepare a proposal for NP positions. Transitional positions may need to be established without the title NP until NP applicants are available. Midcentral District Health Board has established Nurse Clinician positions which are shaped to assist trainee Nurse Practitioners meet the competencies.

NPAC-NZ's NP Implementation Survey, January 2006, shows that at this point few major organisations have developed implementation plans for NP roles. The Ministerial Working Party and NPAC-NZ are working to ensure there is a strategy to introduce NP roles into each DHB, both provider and funder arms.

Conclusion

Nurse Practitioners have much to offer health consumers, service providers and health professionals. This is still a new role and will take time to embed into health services. There are challenges to overcome but they can be addressed positively to benefit all. This new role builds on current nursing developments and is complementary to other nursing and health professional roles. It is a role designed to improve access to health services and health outcomes and to provide a new career pathway for nurses.

Appendix

THE NURSE PRACTITIONER ADVISORY COMMITTEE OF NEW ZEALAND (NPAC-NZ)

Background

The Nurse Practitioner Advisory Committee of New Zealand (NZPAC-NZ) comprises of representatives from the New Zealand Branch of the Australia and New Zealand College of Mental Health Nurses, College of Nurses Aotearoa (NZ), New Zealand Nurses Organisation and the National Council of Maori Nurses. The focus of NPAC-NZ is to work with the profession and the Nursing Council of New Zealand on matters relating to the registration of Nurse Practitioners and the development of the Nurse Practitioner model in Aotearoa, New Zealand.

Key objectives of NPAC-NZ are:

1. Commitment to the principles of the Treaty of Waitangi/Te Tiriti o Waitangi – partnership, participation and protection. These will underpin the developments and outcomes of the work of the committee.
2. Provide leadership for the review and development of the Nurse Practitioner™ processes and scopes of practice.
3. Identify research and evaluation related to the Nurse Practitioner™ role and its development.
4. Make recommendations to the Nursing Council of New Zealand.
5. Provide a leadership role and engage with the wider nursing community on issues relating to the strategic development of the Nurse Practitioner™ model in New Zealand.

NPAC-NZ has a Memorandum of Understanding with the Nursing Council of New Zealand.

NPAC-NZ is committed to representing the views of the profession on issues related to the Nurse Practitioner model and invites all nurses engage with NPAC-NZ through their professional organisations.

Information may be accessed on the websites of each organisation and through their publications.

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