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Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand
By email: consultations@nursingcouncil.org.nz.

Tēnā koutou

Review of registered nurse prescribing, nurse practitioner scope of practice and nursing education programme standards

Te Whare Tohu o Te Hau Whakaora | Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our collective membership comprises around10 000 fellows and trainees in anaesthesia and pain medicine, 1300 of whom work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

Overview

ANZCA thanks you for the opportunity to provide feedback on the Review, noting that it will be followed by consultation on changes to continued competence/recertification requirements, and requirements for changing areas of practice for nurse practitioners (NPs) next year. We have consulted with our national committees (National Committee NZ and FPM NZ) Pacific and Māori networks and education and policy advisors in Australia and Aotearoa.

ANZCA congratulates Te Kaunihera Tapuhi o Aotearoa (the Council) on the Review and the supporting documents which provide a useful and internationally comparative context for the regulation of nursing practice in Aotearoa New Zealand. We acknowledge the inherent challenge of maintaining a flexible, fit-for-purpose workforce that can meet current and future population health needs, given existing workforce pressures facing the health sector. However, we remain mindful that the primary purpose of health workforce regulation is to protect public safety. The college shares the Council's commitment to upholding Te Tiriti o Waitangi, honouring the mana and rangatiratanga of Māori, and providing a framework for the provision of culturally safe, equitable care that is focused on equity, inclusivity and diversity.

The proposals clarify nursing scopes of practice and align education programme standards in order to provide a coherent pathway for increasingly advanced scopes of practice from Registered Nurse (RN) to registered nurse prescriber (new scope of practice), to Nurse Practitioner (NP). Such clarity is welcome in the collaborative health care settings within which doctors, nurses and allied health professionals work. Shared understanding of scopes of practice and boundaries underpins trusted, safe practice and avoids the risks of 'scope creep'. The Review clearly articulates the rationale for broad scopes of practice for nursing that provide a platform for advanced education and training within primary health or a specialty team. In this context, the quality of, and access to, advanced education and training *specific to the specialty* will be critical.

Similarly, it is sensible to leverage the capacity of education providers to support nurses' ongoing development and learning and to rationalise prescribing through integrated accreditation and monitoring standards for the register nurse prescriber and NP education and training programmes. The college notes and supports the consistency with which the proposed clinical and academic leadership standards in the nursing education programmes are aligned to current experience and practice in Aotearoa New Zealand's health system. Specified clinical simulation and practice hours, a prescribed (B average) academic standard, and an appropriate range of assessments are consistent with other clinical education programmes.

Whilst acknowledging the need to consider current and projected workforce issues and respond to health demand, the integrity of the proposals is dependent on timely access to consistent quality education and training, and robust assessment and review mechanisms. ANZCA has identified three areas that may benefit from further development or added detail:

- *Specific education and training available for specialty roles*: Broad scope education is likely to cover areas not relevant to, nor of sufficient depth, for specialty areas. How will this be addressed, given the need for timeliness and clinical competence? To what extent will there be specific courses available in, for example, in critical care where little currently exists? Is multidisciplinary education available considering the requirement for collaboration? What (continuing) education is available for nurse educators?
- *Changing areas of practice in advanced roles*: This is an area of concern since there is a very heavy reliance on the self-assessment which, in a new area of practice, could be quite problematic in terms of risk and imposing undue pressure on the nurse. We recommend formalised 'guard rails' around changing areas of practise, such as a specified formal education and clinical assessment components.
- *Evaluation*: ANZCA recommends conducting a structured evaluation after five years to assess the effectiveness and impact of the proposals, with particular emphasis on safety, patient access to medicines, and health outcomes. This evaluation should be guided by clearly defined metrics and a framework established at the outset.

The college is reluctant to fill in a template with yes / no responses to questions that are peripheral to our area of expertise and that offer no opportunity to clarify what is being proposed or ANZCA's response. Accordingly, we have commented briefly below and are confident our answers can be extrapolated to fit the template questions.

Proposed changes

Part one: registered nurse prescribing review

The proposal is for a new separate scope for registered nurse prescriber for practice in primary health and specialty teams, requiring post graduate qualifications and working in collaborative teams where there is an "experienced prescriber". It will enable registered nurse prescribers to practise in a broader range of practise areas and to diagnose and prescribe within their areas of practise and competence.

ANZCA recommends using *authorised* in addition to, or rather than, *experienced* prescriber. Ie *authorised prescriber* or *experienced authorised prescriber.*

Part two: nurse practitioner scope review

The scope was last reviewed in 2016 when the requirement to restrict NPs to specific areas of practise was removed in recognition of diverse contexts and to encourage growth and proficiency. We note that the scope differs substantially in this respect from NP scope of practice in Australia.

Changes include competency to practice beyond RN level to leaders in development and delivery and delivery of Health care services.

As noted above, ANZCA does not support NPs (or registered nurse prescribers) being able to switch between specialty areas without specified education and training, because of the risk to patient safety and because it puts too much pressure on NPs to judge their competence in a new and unfamiliar area of practice.

It is somewhat surprising and disappointing that direct reference to science, research and policy have been removed from the proposed NP scope of practice as in the changes below:

- Current version: *Nurse practitioners combine advanced* ***scientific knowledge.***
  Proposed version: *They combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge.*
- Current version: *Nurse practitioners lead or contribute to* ***research, healthcare design, policy*** *and education at regional, national and international levels*
  Proposed version: A*s clinical leaders, they work across healthcare settings and influence health service delivery and the wider profession*. (Emphasis added)

We suggest that the highlighted words are fundamental to the requirements of an advanced scope of practice and recommends that they are retained, not assumed.

Part three: amendments to nursing education programme standards

The proposed generic nursing education programme, incorporating the new registered nurse prescriber and amended NP scopes of practice, with one set of education standards and identified entry to practice and practicum requirements, provides a logical progression and sensible rationalisation of resources.

ANZCA welcomes the proposed introduction and allocation of specific hours for simulation training, which is internationally accepted as an alternative to a proportion of clinical placement time. As ANZCA fellow Professor Jenny Weller, who led a national, simulation-based team training intervention for all members of operating room teams implemented across all public hospitals, noted:

> *"Done well, simulation training is a sound educational approach providing a standardised curriculum, opportunities for active learning and engagement with the curriculum, repeated and deliberate practice of skills (both procedural and communication skills) with feedback either from trained facilitators or built into the simulations. It also enables assessments which are standardised, repeatable and to a set standard and provide the scaffolding to learn the basic skills for application in the subsequent clinical practice, so that students are better prepared for their clinical placements."*

The college considers the ratio of 100 hours simulation training to 400 hours clinical training for NPs reasonable, as should be the stated expectation that simulation facilities will be appropriately resourced. The proposed entry to programme requirements, training hours, minimum B average academic standard, and range of assessments are consistent with other clinical education programmes.

As noted earlier, the college welcomes the alignment of clinical and academic leadership standards in the nursing education programme, and entry to practice requirements to current experience and practice in Aotearoa New Zealand's health system. Similarly, accepting education providers' records of assessments and examination results and candidates' area of practice with Council retaining a level of external moderation and the final say over registration, is reasonable and pragmatic, though it increases the need to ensure comparable standards between providers.

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ANZCA strongly recommends developing a framework to systematically evaluate changes to nursing education and regulation and prescribing.

Summary of recommendations

In conclusion we **recommend** that Council:

- works with education providers to ensure the availability of specific advanced education and training for specialty roles for registered nurse prescribers and nurse educators.
- Specify minimum training and education required in a new area of practice for NPs wanting to transition, to provide clarity and support.
- Develop a framework for systematic evaluation of the proposed changes to registered nurse prescriber and NP scopes of practice and education standards after five years.
- Refer to *authorised prescriber*, in addition to or rather than *experienced prescriber* in the registered nurse prescriber scope of practice.
- Retain direct reference to science, research and policy in the NP scope of practice.
- Work with nurses, service and education providers to develop relevant standardised education and training programmes for prescribers in primary care and specialty areas that ensures they are consistent nationally.

Thank you again for the extended opportunity to provide feedback; we trust it is useful and look forward to the second phase of the Review.

Nāku noa, nā

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