

26 February 2015

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Consultation on the Scope of Practice and Qualifications: Nurse practitioner

Dear Carolyn

The New Zealand Medical Association (NZMA) welcomes the opportunity to provide feedback to the Nursing Council on the above consultation. The NZMA is the country's largest voluntary pan-professional medical organisation with approximately 5,000 members. Our members come from all disciplines within the medical profession and include general practitioners, doctors-in-training, specialists, and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders. Our submission has been informed by feedback from our Advisory Councils, members and the Board.

1. At the outset, we acknowledge the value of nurse practitioners, nurses and the various other members of the multidisciplinary health care team, working collaboratively with doctors, through the patient-centred medical home. This integrated model of patient care has been proven to deliver improved outcomes for patients and is cost-effective for the health care system. We have a number of concerns with the proposals being put forward by the Nursing Council, particularly in relation to changes in scope of practice that may favour more independent practice. We elaborate on our concerns in the following paragraphs.

2. The NZMA is not convinced by the Nursing Council's attempt to cite workforce considerations as the major rationale for proposing an expanded scope of practice for nurse practitioners. While it is true that New Zealand is facing increased pressure in primary health care with an ageing GP workforce, good progress is being made to address this issue with more doctors being trained in general practice than in recent years. For example, in 2007, 69

new trainees entered the GP training programme while the 2014/15 intake had 172 new trainees, with the expectation that even more will enter the programme in coming years.¹

3. By far the largest shortage in the health care workforce in the future will be for nurses. An analysis of the nursing workforce, taking into account predicted changes in population size and structure, suggests that there will be a shortage of 15,000 nurses in New Zealand by 2035.² We feel that the Nursing Council and other relevant organisations should focus on the predicted shortage of nurses as a priority. Expanding the scope of practice for nurse practitioners will not help meet this predicted shortage and may even exacerbate the gaps in traditional nursing roles.

4. The NZMA has concerns that proposed wording in the new scope of practice could see a shift to nurse practitioners working autonomously and independently rather than collaboratively as part of a team. Independent practice is likely to lead to increased fragmentation of patient care and, consequently, poorer patient outcomes. We submit that the Nursing Council consider rewording the proposed new scope of practice such that it makes it clear that collaborative and integrated health care teams are the preferred models of care, particularly in the primary care context.

5. We have some discomfort with the proposal to remove the requirement for a specific area of practice and introduce a broader generic scope of practice. We note that the Nursing Council has a requirement for nurse practitioners to complete a minimum of 4 years of clinical practice in a specific area of practice as part of the prescribed qualification. This educational requirement confers nurse practitioners expertise within a specific area of practice (though this does not necessarily correspond with a practitioner's prescribed scope of practice). While replacing a specific prescribed scope of practice in favour of a broader generic scope of practice may indeed reduce barriers to the flexibility and utility of the nurse practitioner role, we have some concerns at what this may mean for public safety, particularly if accompanied by a move to practice independently, outside of a team.

6. The NZMA has reservations at the proposed extension of the scope of practice to include "the diagnosis...of complex medical conditions". While we are aware that the current scope of practice for nurse practitioners already encompasses diagnosis, we do not believe that an extension to this aspect is warranted. Nurse practitioners are an important part of the health care team but we do not feel that they should substitute for a fully trained doctor, particularly where the diagnosis of complex medical conditions is concerned. The education and training of doctors and nurse practitioners are substantially different, and doctors and nurse practitioners are not interchangeable in providing the full depth and breadth of services. The Consensus Statement on the Role of the Doctor, endorsed by 14 organisations, identifies diagnosis as a key feature of a doctor's expertise in medical practice (see Attachment 1).³ The statement emphasises that doctors must take ultimate responsibility for medical decisions and diagnoses in situations of complexity.

¹ RNZCGP. 2014 RNZCGP Workforce Survey released. 10 December 2014. Available from

<http://rnzcgp.org.nz/assets/documents/Publications/RNZCGP-workforce-survey-media-release-FINAL.pdf>

² Dr Ganesh Nana, Fiona Stokes, Wilma Molano and Hugh Dixon (June 2013), NEW ZEALAND NURSES: workforce planning 2010-2035, BERL, Wellington. Available from <http://www.nursingcouncil.org.nz/News/The-Future-Nursing-Workforce>

³ Available from http://www.nzma.org.nz/data/assets/pdf_file/0006/16980/Consensus-statement-on-the-role-of-the-doctor-in-New-Zealand-November-2011.pdf

7. We welcome the Nursing Council's proposal to remove the statement on clinical leadership in the proposed new scope of practice. It is our view that doctors are in the best position to assume the role of clinical leadership of multidisciplinary teams. This view is also reflected in the Consensus Statement on the Role of the Doctor and is shared by the Canadian Medical Association⁴ and the American Academy of Family Physicians.⁵

8. With respect to qualifications, the NZMA is supportive of a clinically-focused dedicated Masters programme with the appropriate quantity and quality of supervised clinical learning time. We suggest that greater emphasis in the Nursing Council's draft programme outcomes for nurse practitioners be given to the foundations of nursing, which should not be lost by nurse practitioners, regardless of how advanced their education and clinical training.

9. From a patient perspective, understanding the respective scopes of practice of the various health care providers they encounter is important. Blurring of these scopes and the proliferation of new health care roles may be potentially confusing for patients. We believe that the solutions to the challenges facing health care in New Zealand are complex but that they should fundamentally involve more doctors and more nurses working together in integrated, co-ordinated, GP-led health care teams through the patient-centred medical home.

10. Finally, we refer the Nursing Council to the NZMA position statement on the Principles of Health Workforce Redesign (see Attachment 2),⁶ which stipulates a number of the principles that we believe the Nursing Council should consider as part of its review on the scope of practice and qualifications for nurse practitioners.

We hope that our feedback on this important consultation is constructive and would welcome the opportunity to meet with the Nursing Council to discuss this or any other issues that are relevant to ensuring the best health outcomes for all New Zealanders.

Yours sincerely



Dr Mark Peterson
NZMA Chair

⁴ Canadian Medical Association. Achieving patient-centred collaborative care. Available from <http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-02.pdf>

⁵ American Academy of Family Physicians. Primary care for the 21st century. September 2012. Available from http://www.aafp.org/dam/AAFP/documents/about_us/initiatives/AAFP-PCMHWhitePaper.pdf

⁶ Available from http://www.nzma.org.nz/_data/assets/pdf_file/0018/1458/Principles-of-Health-Workforce-Redesign-2013.pdf