

10 December 2015

Carolyn Reed
Chief Executive
Nursing Council of New Zealand
PO Box 9644
Wellington 6141

By email: emmag@nursingcouncil.org.nz

Education programme standards and competencies for nurse practitioner scope of practice

“Correct is to recognize what diseases are and whence they come; which are long and which are short; which are mortal and which are not; which are in the process of changing into others; which are increasing and which are diminishing; which are major and which are minor; to treat the diseases that can be treated, but to recognize the ones that cannot be, and to know why they cannot be; by treating patients with the former, to give them the benefit of treatment as far as it is possible.” — Hippocrates

Dear Carolyn

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on the above consultation. The NZMA is New Zealand’s largest medical organisation, with more than 5,500 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our submission has been informed by feedback by our Advisory Councils and Board.

We are disappointed that the concerns raised in our previous submission to the Nursing Council on the scope of practice and qualifications for nurse practitioners¹ have not been addressed. Specifically, we note that the new scope of practice has extended the scope of nurse practitioner diagnosis to include “the diagnosis.... of consumers with common and **complex** health conditions”. We believe that this extension of the scope of practice, as well as the proposed competencies relating to diagnostic capacity, reflect a fundamental failure to fully appreciate the complexity of the diagnostic process.

¹ Available from http://www.nzma.org.nz/_data/assets/pdf_file/0007/39598/subNurse-Practitioner-Scope-of-Practice-and-Qualifications.pdf

Diagnosis is a key feature of a doctor's expertise in medical practice, and doctors must take ultimate responsibility for medical decisions and diagnoses in situations of complexity.²

A doctor's diagnostic skills are built on several years of study of anatomy, physiology, pathology, and pharmacology. This is followed by years of training in clinical methods, which includes the art of history taking and physical examination. They are also trained to request appropriate tests, interpret these in the context of other findings, and to generate a reasoned differential diagnosis. This should include three likely possibilities as well as the one or two possibilities that would have significant consequences if missed.

Nurse practitioners are an important part of the health care team but they cannot 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. Doctors and nurse practitioners are complementary, not interchangeable, in providing the full depth and breadth of clinical services. While the Nursing Council has developed a comprehensive set of competencies relating to diagnostic capacity for nurse practitioners, we have concerns that several of the elements listed will be difficult to accurately assess and are unrealistic for this group of health practitioners.

We also continue to have concerns at the potential for inappropriate prescribing, particularly given the removal of the requirement to restrict nurse practitioners to a specific area of practice. Inappropriate prescribing is already a significant contributing factor in the development of antimicrobial resistance. Given that nurse practitioners are now an authorised prescribing group, we suggest that a specific competency relating to the appropriate use of antimicrobials be added to the domain relating to nurse practitioner prescribing. We also believe that cost considerations of inappropriate prescribing (and inappropriate ordering of laboratory tests) should be explicitly identified and addressed by the Council. A doctor's skills with respect to prescribing are based on comprehensive training in the subjects previously listed, but also in clinical pharmacology (which encompasses physiology, pharmacokinetics, pharmacodynamics, vigilance for toxicity and adverse effects, and population pharmacovigilance, including the reporting of adverse events).

It remains our view that that the expanded scope of practice for nurse practitioners, together with the newly developed competencies intended to support this expanded scope, could inadvertently undermine the Nursing Council's primary role under statute to protect the safety of the public.

We hope that our feedback on this 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 Stephen Child
NZMA Chair

² Consensus Statement on the Role of the Doctor. NZMA. November 2011. Available from 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