

## Advancing Nursing Practice.

Aotearoa New Zealand (NZ) has the opportunity to have a unified and consistent approach to advanced nursing practice and the New Zealand Nurses Organisation/Tōpūtanga Tapuhi Kaitiaki o Aotearoa (NZNO) is committed to participating fully in shaping the future of advanced nursing practice and the recognition of nurses working at that level. It is appropriate as the largest industrial and professional organisation representing nurses in NZ that we are clear about advanced nursing practice roles and how are they defined.

### Purpose

The primary purpose of advanced nursing practice roles is to improve health outcomes of New Zealanders. This document assists NZNO registered nurse (RN) members and their employers to determine what advanced nursing practice is and how our specialist nurses can develop their scope of practice safely to an advanced level, develop role legitimacy and support, demonstrate their expertise, and achieve recognition.

NZNO supports RN prescribing as a valuable mechanism to address access and equity of healthcare provision. The RN prescribing pathway is addressed elsewhere (NCNZ, 2016), and continues to evolve as a result of nurse prescribing evaluations underway at the time of writing.

### What is advanced nursing practice?

Advanced nursing practice reflects a highly developed range of clinical skills and judgements acquired through a combination of nursing experience, research, scientific theories and postgraduate education, which underpin the rationale for the nursing actions undertaken (Bryant-Lukosius, DiCenso, Browne, & Pinelli, 2004). An inherent function of advanced nursing practice is that of change agent, involving collaboration and consultation with health care providers and decision-makers.

The International Council of Nurses (ICN) defines the nurse specialist as one “prepared beyond the level of a generalist nurse and authorised to practice as a specialist with advanced expertise in a branch of the nursing field” (2009). The Nursing and Midwifery Board of Australia (2016) defines advanced nursing practice as *‘a continuum along which nurses develop their professional knowledge, clinical reasoning and judgement, skills and behaviours to higher levels of capability (that is recognisable). Nurses practising at an advanced level incorporate professional leadership, education and research into their clinically based practice. Their practice is effective and safe. They work within a generalist or specialist context and they are responsible and accountable in managing people who have complex health care requirements.’*

For nurses in Aotearoa New Zealand, the principles of partnership, protection and participation, enshrined in Te Tiriti o Waitangi, underpin all nursing actions. The National Nursing Consortium (2011) stated *“advanced, or advancing nurse practice is seen on a continuum and is the broad term that is used in NZ to encompass a range of developing practice and employment roles underpinned by post registration education and practice expertise”* (pg 1).

The Nursing Council of New Zealand (NCNZ) characterises advanced nursing practice *“by greater knowledge and skill, greater complexity, more effective integration of theory practice and experience, and increasing degrees of autonomy in clinical judgements and interventions”* (2011, pg.9). Advanced nursing practice may overlap, share competencies, accountabilities and responsibilities with other health professionals. The Nurse Practitioner is NZ’s ‘most

expert' of the advanced nursing practice role and has a separate scope of nursing practice, as defined by NCNZ (2017).

## Context

Nursing practice has progressively diversified and become more complex in response to societal, political and technological challenges (National Nursing Consortium, 2011). The challenge for NZ is to have an adequate supply of specialist nurses for the evolving advanced nursing service need (Holloway, 2012).

In 2009 (and updated in 2011) the New Zealand National Nursing Organisations (NNO) developed a glossary of terms to clarify language and provide some consistency to the definitions used in NZ. This glossary defines '*specialty*' as an area of nursing practice, while '*specialist*' is defined as a level of nursing practice (p.3). This document is available from the NZNO website

<http://www.nzno.org.nz/Portals/0/publications/National%20Nursing%20Organisations%20Glossary,%202010-01.pdf>.

The district health board multi-employer collective agreements provide definitions of senior nursing titles, which adhered to, should avoid a proliferation of nursing title roles.

The National Standards for Professional Development Recognition Programmes (PDRP) provides national consistency in defining levels of nursing practice. The New Zealand Nurse Specialist Framework (Holloway, 2011) has been adopted by some nursing organisations for example the New Zealand branch of the Renal Society of Australasia and Cancer Nurses College of NZNO and provides consistency and clarity to specialist nursing and could sit alongside the National Framework for PDRPs (Holloway 2011). See Appendix Two

**Figure 1 Health Care Context Model for Nurse Specialist**

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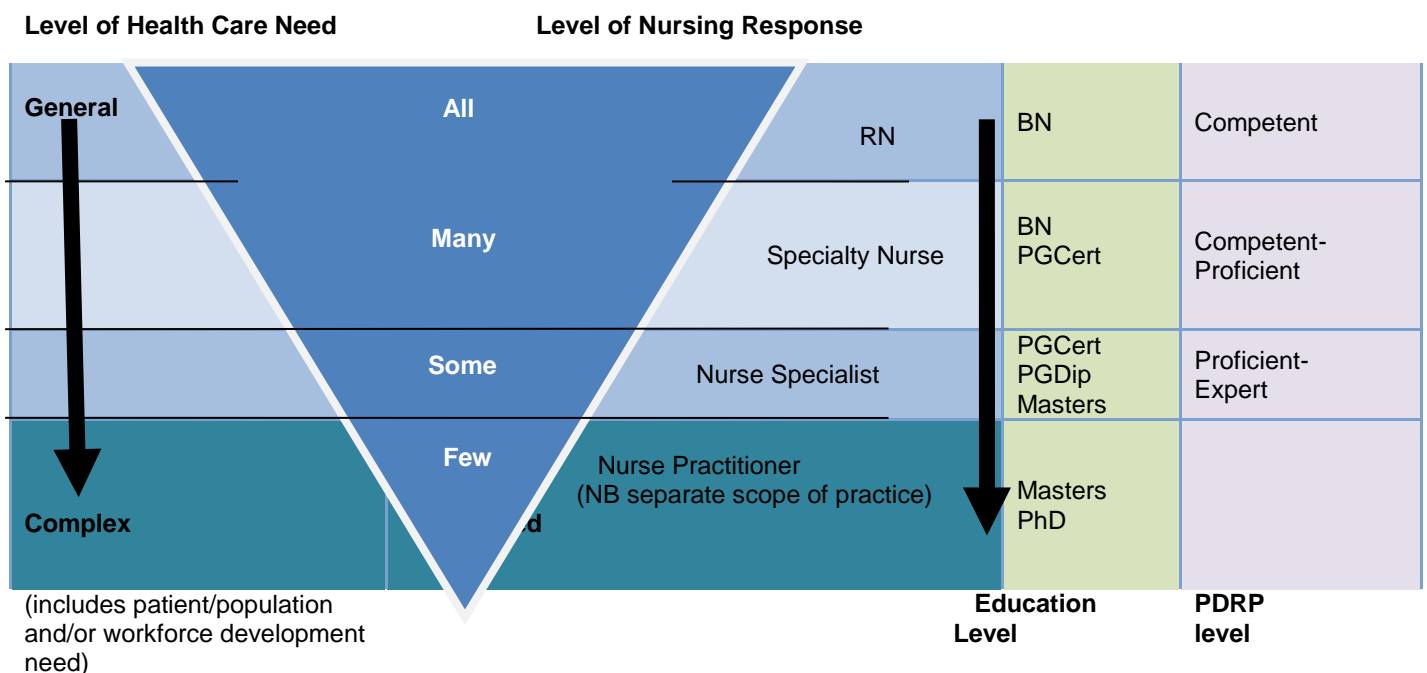


Figure 1 presents a health care context model for nurse specialists in NZ. As the level of health care need increases from simple to complex (for an individual patient but also across populations) there is a parallel increase for more advanced levels of nursing response. The NZ nursing education framework may sit alongside this, as shown. Advanced thinking is developed by a combination of both formal education and informal situational learning and practice experience.

Advanced nursing practice is more than extended practice, it is determined as a level of practice and not as a specific role. Being experienced in a specialty is not on its own sufficient. Nor is accepting more delegated medical tasks or technical procedures. Advanced practice differs from experienced practice or extended task roles in its scope and sphere of influence and its application of advanced nursing knowledge (Holloway in Cassie, 2011).

## Standards

NCNZ has detailed the requirements for achieving advanced nursing practice roles. Please review the following; \*\*\*\*\*

- > NCNZ Code of conduct for nurses (2012) <http://www.nursingcouncil.org.nz/Nurses/Code-of-Conduct>
- > NCNZ Competencies for registered nurses (2007) <http://www.nursingcouncil.org.nz/Nurses/Register-as-a-nurse>
- > NCNZ Guideline: Expanded practice for Registered Nurses (2011) <http://www.nursingcouncil.org.nz/index.php/Nurses/Scopes-of-practice/Registered-nurse>
- > NCNZ Competencies for Nurse Prescribers (2016) <http://www.nursingcouncil.org.nz/Nurses/Nurse-Prescribing>
- > NCNZ Competencies for the nurse practitioner scope of practice (2017) <http://www.nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner>

The National Nursing Consortium, now disbanded, provides guidelines to support specialty practice standards development. Responsibility for the development, maintenance and publishing of specialty practice standards lies with professional specialty nursing groups (Holloway & MacGeorge 2017).

## Conclusion

Advanced nursing practice is recognised internationally as having the potential to make an increasing contribution to healthcare delivery. Advanced practice nursing roles should be built into service planning to adequately address predicted health need. Utilising the nursing workforce to achieve improved health outcomes and a self-sustainable workforce that meets population health need continues to be a key organisational strategy (NZNO, 2017 p.7). This position statement underpins NZNO's expectation that any nurse working at an advanced practice level should be prepared appropriately and remunerated accordingly. Employer support for education that enables advanced practice is essential to nursing workforce development.

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**Mission statement**

NZNO is committed to the representation of members and the promotion of nursing and midwifery. NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of Aotearoa/ New Zealand through participation in health and social policy development.

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## Appendix One: The difference between an RN4 and advanced practice roles

In 2012 NZNO and the College of Nurses Aotearoa (CONA) jointly issued a statement articulating the difference between PDRP level 4 RN roles and those advanced practice roles.

The statement is presented below.

*New models of care emerging within the health sector impact on the scope, roles and responsibilities of registered nurses (RN).*

*Professional Development and Recognition Programmes (PDRPs) articulate levels of knowledge and expertise and also provide an acknowledgement of additional responsibilities a RN may accept in addition to the position description within which they work. The national framework for PDRPs has been developed to apply to the general RN position description at the clinical interface. It provides information that will assist nurses in their career development and also sets the criteria for professional and employer recognition of their growing knowledge, expertise and acceptance of additional responsibilities in their practice setting.*

*Advanced nursing practice positions have become an increasing feature within health service provision. A range of titles have been developed and within the public sector the titles have been consolidated, with role descriptors, into the DHBs/NZNO MECA (2012). Clinical Nurse Specialist and Specialty Clinical Nurse titles relate directly to the positions referred to in this statement. The MECA does facilitate the opportunity to identify new titles for positions that do not fit into the categories currently within the MECA. These can then be job sized through the Job Evaluation Review Committee (JERC).*

*The National Framework for Nursing PDRPs and Designated Role Titles (2005) describes designated advanced clinical roles as providing “specialist nursing care, teaching and co-ordination of care to a specific client population across health care settings. There is also accountability for promoting, developing and implementing evidence-based practice for nursing in the specified specialties.” Examples of role titles for such positions are provided. Advanced practice positions differ from those RN positions which have an extended practice component which is defined as “the addition of a particular skill or area of practice responsibility” (NZNNO Glossary of Terms, 2011) in that their composition is multifaceted requiring a complex and broad range of responsibilities.*

*NZNO and CONA [NZ] believe that where nursing service delivery by an individual RN requires the following, a designated advanced practice position description (designated senior nurse level in the MECA) is required.*

- *The RN is a service broker as well as a service provider*
- *Holds responsibility for the case management of a specified patient population. This may include scheduling own case load, triaging, running clinics*
- *The breadth of the role includes case management and care co-ordination across services and/or sectors and managing the complex relationships between providers and within teams*
- *The RN position requires authority, autonomy and flexibility to act on assessment and planning decisions which may result in ordering*

*investigations, altering medications (under standing orders or as a designated prescriber) and other treatments, making referrals, admission to services, identification of unique solutions*

- *Mentoring, advising, teaching, supervising or directing other nurses*

*The knowledge, skills, attitudes and behaviours required for such roles will include*

- *Expert knowledge within the specialty demonstrated at PDRP level 4 plus*
- *Relevant experience*
- *Qualifications at post-graduate level or equivalent*
- *Advanced assessment and clinical reasoning skills*
- *Expert management of interpersonal relationships across disciplines and at a high organisational level*
- *Sound written skills*
- *Time management and planning skills*

*Once the position description has been prepared and the title determined (reference: DHBs/NZNO MECA designated senior nurses job titles appendix 1 (e)) new positions may be job sized or scoped through the JERC process.*

New Zealand Nurses Organisation & College of Nurses Aotearoa (2012, p. 1-2)



## Appendix Two: New Zealand Nurse Specialist Framework

Dr Kathy Holloway developed the NZ Nurse Specialist Framework (NZNSK) in 2011 through her doctoral work. She proposed a unified capability model to describe a Nurse Specialist Framework that is made up of three components.

**Figure 2. NZ Nurse Specialty Framework- Unified Capability Model (Holloway, 2011).**



The three components are;

- > Role Legitimacy- conforming with recognised standards and determining whether the specialty is a recognised branch of nursing;
  - > Role Support- involvement required from employers, regulatory authorities and specialty groups to set and authorise the standards in that specialty practice;
  - > Role adequacy- sets out the level of practice required of a nurse specialist, builds on the competencies of the RN but the expectations of the nurse specialist practice comes from the communities they serve and the health care context in which they practice.
- (Holloway, 2011)

### Role legitimacy

Role criteria requiring that the specialty nurse practice area;

- > describes a field of professional nursing work that requires application of distinct knowledge and skills;
- > links to the ethics and functions of nursing practice;
- > identifies a need and demand for the specialty from the community and it is developed according to patient care pathways;
- > identifies a core body of knowledge able to be researched and disseminated through publication; and
- > requires expertise developed through various combinations of experience, formal and informal education.



It is also important for the specialty groups to identify the specific differences in their specialty area of practice and the health care needs of their specialty population. (Holloway in Cancernet, 2012).

### Role adequacy

Role adequacy is about establishing the expectations of specialty nursing practice from the communities they serve. Role adequacy defines the content and the capabilities needed to practice within the specialty. It builds on and does not repeat the foundation registered nurse competencies. The capabilities are a mix of specialty knowledge, clinical skills and the use of clinical judgement to address increasing complexity in nursing practice. The responsibility for developing these expectations lies with the specialty nursing groups. (Holloway, 2012)

### Role support

Role support provides the linkages to existing frameworks for nursing that enable the specialty roles to embed within organisations or institutions, for example the PDRP. Support comes from employers, regulatory authorities, as well as specialty groups.

### Acknowledgement

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