

Position Statement: Advanced Nursing Practice, 2020

Purpose

The purpose of advanced nursing practice roles is to primarily improve health outcomes of all 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.

Introduction

Aotearoa New Zealand 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. As the largest industrial and professional organisation representing nurses in Aotearoa New Zealand it is appropriate that we have a clearly defined position about advanced nursing practice roles. NZNO supports RN prescribing as a valuable mechanism to address access and equity of healthcare provision. The RN prescribing pathway is addressed elsewhere (Nursing Council New Zealand, 2016), and continues to evolve as a result of nurse prescribing evaluations.

What is advanced nursing practice?

Advanced nursing practice reflects a highly developed range of clinical nursing skills and judgements acquired through a combination of nursing experience, research, nursing and scientific theories and postgraduate education which underpin the rationale for the nursing actions undertaken (Bryant-Lukosius, et al., 2004). Advanced nursing practice involving collaboration and consultation with health care providers and decision-makers creates change.

There are several international definitions for advanced nursing practice. 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 (p.1).

The Canadian Nurses Association (2019) describes advanced nursing practice as 'an umbrella term that describes an advanced level of clinical nursing practice that maximises the use of graduate educational preparation, in-depth nursing knowledge and expertise in meeting the health needs of individuals, families, groups, communities and populations' (p. 13).

For nurses in Aotearoa New Zealand, the principles of partnership, protection and participation, enshrined in the Treaty of Waitangi, underpin all nursing actions. The National Nursing Consortium (NNC) (2011) stated '*advanced, or advancing nurse*

practice is seen on a continuum and is the broad term that is used in New Zealand to encompass a range of developing practice and employment roles underpinned by post-registration education and practice expertise' (p. 1). Nurse Executives of New Zealand (NENZ) describe advanced nursing practice as 'a level of nursing practice that maximises the use of in-depth nursing knowledge and skill in meeting the health needs of individuals, families, groups, populations or entire communities' (NENZ, 2017).

The Nursing Council of New Zealand (NCNZ) characterises advanced nursing practice as-'*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 roles may overlap and share competencies, accountabilities and responsibilities with other health professionals. Advanced practice roles in New Zealand include Nurse Practitioner (NP) and Clinical Nurse Specialist (CNS). The 'senior clinical expert' in Aotearoa New Zealand is the advanced nursing practice role of NP, which has a separate scope of nursing practice as defined by NCNZ (2017).

Aotearoa New Zealand Context

NZNO believes that health equity is an important issue that needs to be reflected in standards for advanced nursing practice.

Despite Aotearoa New Zealand's bicultural history, and acknowledgement of Māori as Tāngata whenua, the New Zealand healthcare system is a long way from achieving holistic or bicultural healthcare outcomes. The Waitangi Tribunal Hauora inquiry report (2019) shows compelling evidence of funding inequities, institutional racism and structural barriers that impact whānau, hapū and iwi accessing health and wellbeing services in Aotearoa New Zealand. This ground-breaking report is influential and recommends that the health and disability sector stops using the '3 Ps' (partnership, participation and protection) and only use the articles of te Tiriti o Waitangi:

- Tino Rangatiratanga;
- Partnership;
- Active protection;
- Options; and
- Equity.

Unfortunately pay-parity issues for nurses employed by Māori and Iwi health care providers remain. This is not acceptable, just, or fair in Aotearoa New Zealand in 2019. Advocacy is required to ensure that the government provides additional resourcing to ensure that a primary health care Māori nursing workforce has specialist skills. The New Zealand health system should value and create space to implement Māori tikanga values and Māori health models of care in service delivery, recognising tikanga values of Rangatiratanga, to ensure that Māori are involved in making decisions about how health-care services are developed and delivered (Ministry of Health, 2014b).

NZNO is committed to te Tiriti o Waitangi articles. We therefore recommend incorporating Māori health models such as Te Whare Tapa Whā to improve health outcomes for all New Zealanders (MoH, 2017). The NZNO Strategy for Nursing (2018) suggests that with improved models of care and a nursing workforce with appropriate levels of knowledge and skill, nurses will be able to positively impact health and psychosocial outcomes (NZNO, 2018). The continuing development of advanced-practice nursing roles in New Zealand should enable health equity and work within appropriate cultural frameworks such as Te Whare Tapa Whā (MoH, 2017). The Ministry of Health (2014a) provides a clear framework to guide key actions by health practitioners to improve equity in the New Zealand health care system.

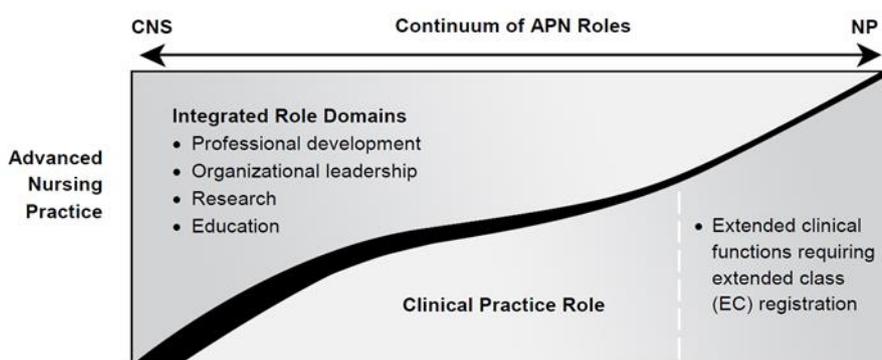
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Global nursing practice has become progressively diversified and more complex in response to societal, political and technological challenges (National Nursing Consortium, 2011). The NCNZ prescribes NP and RN scopes of practice. The RN scope has been delineated into Specialty Clinical Nurse roles and the advanced practice role of clinical nurse specialist (CNS). In this context 'specialty' is defined as an area of nursing practice whereas 'specialist' is defined as a level of nursing practice (NNC, 2011). These roles share a practice focus and NCNZ competency domains.

There has been some work on the development of a framework for specialist nursing practice (Stillwell et al., 2018) however there has been a lack of progress towards the development of a national framework (Carryer et al., 2017; Holloway et al., 2009). A national framework would make the work of nurses working in advanced practice roles more visible and provide a structured framework with which to develop more consistent role descriptions. The District Health Board (DHB) multi-employer collective agreement (MECA) provides definitions of senior nursing titles, which if adhered to, should avoid a proliferation of different nursing title roles, reducing confusion that currently occurs within many DHBs and the Clinical Nurse Specialist Society New Zealand (CNSSNZ) has developed a national definition for the CNS role (CNSSNZ, 2017).

Advanced nursing practice is more than extended practice; it is a defined level of practice and a specific role. Being experienced in a specialty is not sufficient, nor are delegated medical tasks nor technical procedures. Advanced practice differs from experienced practice or extended-task roles in its scope and sphere of influence and in its application of advanced nursing knowledge (Holloway, 2009). NPs spend time in direct patient care using their knowledge and skills autonomously to diagnose, interpret diagnostic tests, prescribe and perform procedures that fit within their defined scope of practice. In contrast CNS roles spend more time in support of clinical excellence. Bryant-Lukosius (2004) has proposed a model that illustrates the CNS and NP roles on a continuum (*figure 1*).

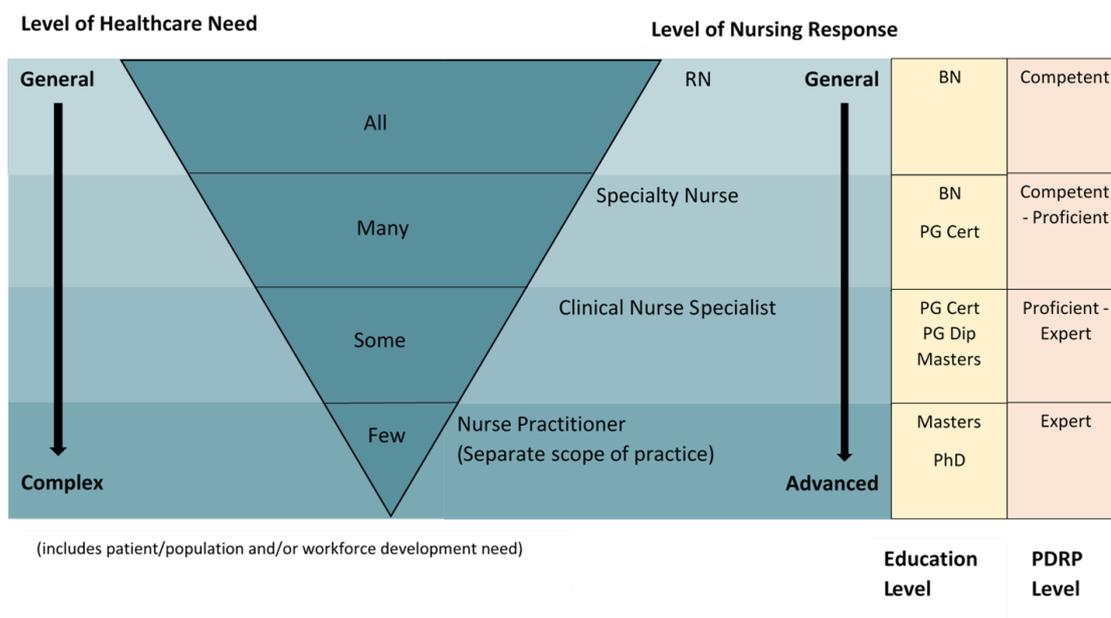
Figure 1. APN Continuum Model: Distinguishing CNS and NP Roles



Source: Bryant-Lukosius, D. (2004 & 2008). *The continuum of advanced practice nursing roles*. Unpublished document.

Figure 2 presents a health care context model for nurse specialists. 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 in more advanced levels of nursing response. Advanced thinking is developed by a combination of both formal education and informal situational learning and practice experience. The Aotearoa New Zealand nursing education framework can sit alongside this, as shown in figure 2.

Figure 2 Health Care Context Model for Nurse Specialist
 Kindly presented with permission from Dr Kathy Holloway



Standards

Advanced nursing practice practitioners:

- Articulate and demonstrate the provision of effective and efficient care delivered with a high degree of autonomy, to an identified population;
- Demonstrate practice that aligns with Whānau ora and Māori Health Models;
- Underpin practice with a sound philosophy of nursing and cultural safety;
- Operate and expand practice within appropriate theoretical frameworks;
- Work both autonomously and collaboratively across settings and within interdisciplinary environments;
- Use advanced judgement, assessment skills, decision-making skills and diagnostic-reasoning skills to improve health outcomes;
- Evaluate health-care needs and practice to improve equity and quality;
- Innovate and change practice to reflect knowledge of recent developments in nursing, health and research;
- Demonstrate effective nursing leadership and participates in scholarly inquiry; and
- Develop and influence health/socioeconomic policies and nursing practice at local and national level.

The NCNZ has detailed the requirements for achieving advanced nursing practice roles. These may be accessed via the links below:

- NCNZ Competencies for registered nurses (2007)
https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Registered_Nurse/NCNZ/nursing-section/Registered_nurse.aspx?hkey=57ae602c-4d67-4234-a21e-2568d0350214

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- NCNZ Guideline: Expanded practice for Registered Nurses (2011)
https://www.nursingcouncil.org.nz/NCNZ/nursing-section/Registered_nurse.aspx
- NCNZ Code of conduct for nurses (2012)
https://www.nursingcouncil.org.nz/Public/Nursing/Code_of_Conduct/NCNZ/nursing-section/Code_of_Conduct.aspx?hkey=7fe9d496-9c08-4004-8397-d98bd774ef1b
- NCNZ Competencies for Nurse Prescribers (2016)
https://www.nursingcouncil.org.nz/Public/Nursing/Nurse_prescribing/NCNZ/nursing-section/Nurse_Prescribing.aspx
- NCNZ Competencies for the nurse practitioner scope of practice (2017)
https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Nurse_practitioner/NCNZ/nursing-section/Nurse_practitioner.aspx

The National Standards for Professional Development Recognition Programmes (PDRP) provides national consistency in defining levels of nursing practice (NCNZ, nd, Nurse Executives New Zealand, 2017) 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 the Cancer Nurses College of NZNO. It provides consistency and clarity for specialist nursing and could sit alongside the National Framework for PDRPs (Holloway, 2011) (See *Appendix Two*).

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

Conclusion

Advanced nursing practice is recognised globally 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. This position statement underpins NZNO's expectation that nurses working at an advanced practice level should have a position description that clearly defines their clinical and cultural responsibilities, be educated 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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NZNO Practice

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 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).

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). CNS 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 (2012, p. 1-2) 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, including 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 ; and*
- *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; and*
- *Time management and planning skills.*

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

Appendix Two: New Zealand Nurse Speciality Framework

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

Figure 2: NZ Nurse Speciality Framework - Unified Capability Model (Holloway, 2011)



The three components are;

- > **Role Legitimacy** – conforms with recognised standards and determining whether the specialty is a recognised branch of nursing;
- > **Role Support** - involves employers, regulatory authorities and specialty groups to set and authorise the standards in that specialty practice;
- > **Role Adequacy** - builds on the competencies of the RN but derives nurse specialist practice 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, 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 and regulatory authorities, as well as specialty groups.

Role adequacy

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

Acknowledgement

The NZNO would like to thank Dr Kathy Holloway for allowing us to replicate her framework in this document.