



Position statement

Advanced clinical practice roles

The purpose of this position statement is to outline support for Advanced Practice Roles.

Nurses in advanced nursing practice (ANP) roles improve the access of New Zealanders to effective, integrated and co-ordinated health care and contribute to nursing knowledge and the development and advancement of the profession.

ANP occurs within the full scope of nursing practice which is dynamic and has flexible boundaries. It is the application of advanced nursing knowledge that determines whether nursing practice is advanced, not the addition of functions from other professions.

ANP describes an advanced level of nursing practice that maximises the use of in-depth nursing knowledge and skill in meeting the health needs of clients (individuals, families, groups, populations or entire communities). ANP extends the boundaries of nursing's scope of practice and contributes to nursing knowledge as well as the development and advancement of the profession. (Canadian Nurse Association, 2002)

ANP has a clinical or therapeutic focus. It is the integration of research-based theory, and expert nursing in a clinical practice area, and combines the roles of practitioner, teacher, consultant and researcher to advance the practice of Nursing. (Canadian Nurse Association, adopted by NCNZ).

Each nurse leader acts to provide a professional practice environment for all nurses that develops nursing leadership at all levels, accountability in clinical decision-making and collaboration in practice, with active quality assurance and improvement and appropriate professional development. This environment fosters development and support of advanced clinical practice roles.

ANP differs from expert practice or extended task roles in its scope and sphere of influence and its application of advanced nursing knowledge.

Included:

- 1. Mātanga tapuhi /Nurse practitioner**
- 2. Clinical Nurse Specialist**
- 3. Registered Nurse Prescriber**

1. Mātanga tapuhi /Nurse Practitioner

The Mātanga tapuhi /Nurse Practitioner (NP) is an advanced clinical practice nursing role with a distinct registration and scope of practice, as approved by Nursing Council for a specified area of practice within the scope. Since April 2017, newly registered nurse practitioners are no longer restricted by a condition stating a specific area of practice. As advanced clinicians, they are permitted to practise within their areas of competence and experience. The Nursing Council of New Zealand has defined the scope of practice



requirements for NPs, including a postgraduate qualification at master's level or equivalent. Nurse practitioners, with advanced nursing qualifications and experience, are authorised prescribers under the Medicines Act alongside doctors, dentists, midwives and optometrists. They have the authority to prescribe any medicines relevant to their areas of practice. They prescribe within their scope of practice, knowledge and competence.

The Misuse of Drugs Regulations allows nurse practitioners to prescribe controlled drugs within their scope of practice for:

Up to one month's supply for Class A and B controlled drugs

Up to three months' supply for Class C controlled drugs.

NPs have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse. NPs work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.

NPs manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau. NPs combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions. They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings. As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.

The six competencies that define NP practice are:

- Demonstrates safe and accountable NP practice incorporating strategies to maintain currency and competence
- Conducts comprehensive assessments and applies diagnostic reasoning to identify health needs/problems and diagnoses.
- Develops, plans, implements and evaluates therapeutic interventions when managing episodes of care.
- Consistently involves the health consumer to enable their full partnership in decision making and active participation in care
- Works collaboratively to optimise health outcomes for health consumers /population groups
- Initiates, and participates in, activities that support safe care, community partnership and population health improvements

The six competencies are organised into five themes which describe NP practice. The themes are:

1. Provides safe and accountable advanced practice
2. Assesses, diagnoses, plans, implements and evaluates care
3. Works in partnership with health consumers
4. Works collaboratively with healthcare teams
5. Works to improve the quality and outcomes of healthcare.



Nurse Leader Considerations

Nurse leaders need to work with health service planners to establish NP positions and also support nurse development that prepares nurses to contribute to meet community need using advanced clinical practice roles.

Key Documents

Nursing Council of New Zealand. (2017). *Competencies for the nurse practitioner scope of practice*. Author.

Nursing Council of New Zealand. (2010). *Guideline: Expanded practice for Registered Nurses*. Author.

Nursing Council of New Zealand . (2019). *Nurse Practitioner scope of Practice; guidelines for applicants*. Retrieved from; <http://nursingcouncil.org.nz/Nurses/Scopes-of-practice/Nurse-practitioner>

2. Clinical Nurse Specialist

The clinical nurse specialist (CNS) is a registered nurse, who uses advanced specialised clinical knowledge to practice within a defined specialty or specialties.

The CNS:

- Works as advanced clinical practice nurses in one or more of the three spheres of influence of CNS practice: health consumer nursing practice, nursing standards and nursing personnel and organization/system.
- Has a broad base of preparation in advanced nursing knowledge with specialized knowledge in a particular specialty or sub-specialty of nursing practice.
- Demonstrates the core competencies that include clinical expertise, collaboration, consultation, education, research, and leadership activities.
- Focuses on direct care delivery, working in interdependent practice and decision making in the management of a defined health consumer group/area of specialty practice, exemplify interdisciplinary teamwork and collaboration.
- Provides nurse-led services in a variety of settings including inpatient, outpatient, home and community. This role also encompasses the education and support of those caring for health consumer with the defined speciality conditions, (this includes medical, nursing, allied health and family/whānau), through both informal and formal teaching sessions.
- Is actively involved in enhancing evidence-based practice and nursing knowledge and leadership within defined specialty, assist/lead development and implementation of pathways, protocols and guidelines, standards of nursing practice in the specific area of practice.
- Contributes to nursing education, research activities and nursing quality improvement in a specialty.
- A CNS has a relevant post graduate qualification to prepare for advanced knowledge requirements to undertake specialist practice.

Nurse Leader Considerations

Professional supervision and support ensure that nurses can meet expectations of specialist roles in an interdisciplinary practice environment



The Specialty Clinical Nurse (SCN) is a registered nurse who has become highly proficient in a clinical setting. This is a designated senior nurse position. The SCN uses in-depth knowledge to provide nursing care and expertise both in delivering direct health consumer care and supporting other staff caring for patients within community and inpatient settings for patients with the specialty/ specific condition. The focus is on enhancing health outcomes for health consumers by working directly with them to provide assessment, care and education within the speciality. As a senior nurse, the SCN contributes to development and attainment of service specific pathways, protocols and guidelines that reflect best practice, in accordance with the relevant standards.

Key Documents

Canadian Nurses Association. (2002). Advanced Nursing Practice Position Statement.
Retrieved from: www.cna-nurses.ca

Holloway, K. (2012). The New Zealand Nurse Specialist Framework: Clarifying the Contribution of the Nurse Specialist. *Policy, Politics and Nursing Practice*. doi 10.1177/1527154412459083 [Published ahead of print]

Holloway, K., Lumby, J. & Baker, J. (2009). Specialist nursing framework for New Zealand: a missing link in workforce planning. *Policy, Politics and Nursing Practice*. 10(4):269-75

Holloway, K. (2009). *New Zealand National Nursing Organisations Glossary of Terms*: New Zealand National Nursing Organisations

3. Registered nurse prescribing in primary health and specialty teams

Nurses who prescribe work in collaborative teams within primary health care and specialty services, including general practice, outpatient clinics, family planning, sexual health, public health, district and home care, and rural and remote areas.

The team setting is important so the nurse can consult a doctor or nurse practitioner when they need advice on diagnosis or treatment, if the health consumer's health concerns are more complex than they can manage.

The specific common and long-term conditions nurses can prescribe for include diabetes and related conditions, hypertension, respiratory diseases including asthma and COPD, anxiety, depression, heart failure, gout, palliative care, contraception, vaccines, common skin conditions and infections. They prescribe from a restricted list of medicines.

Registered nurses who wish to prescribe in primary health and speciality teams are required to have additional qualifications:

- A minimum of three years full-time practice in the area they intend to prescribe in with at least one year of the total practice in New Zealand or a similar healthcare context;



- The completion of a Council-approved postgraduate diploma in registered nurse prescribing for long term and common conditions or equivalent as assessed by the Nursing Council
- A practicum with an authorised prescriber, which demonstrates knowledge to safely prescribe specified prescription medicines and knowledge of the regulatory framework for prescribing;
- Satisfactory assessment of the competencies for nurse prescribers completed by an authorised prescriber.

The programme outcomes for the postgraduate diploma in registered nurse prescribing for long-term and common conditions and *Competencies for nurse prescribers* (2016) are embedded in the education programme standards for nurse practitioner master's programmes. This means the Postgraduate diploma may be credited to a nurse practitioner master's programme. It also ensures a consistent educational foundation for both types of prescribers. Retrieved from: <http://www.nursingcouncil.org.nz/Nurses/Nurse-Prescribing/Registered-nurse-prescribing-in-primary-health-and-specialty-teams>

Nurse Leader Considerations

Nurse leaders need to work with health service planners to establish where the Nurse Prescriber role best fits, in particular within existing and developing Clinical Nurse Specialist roles. Nurses need to work in a position that actively supports their prescribing and where authorised prescriber mentors (senior registered doctors or nurse practitioners) are available for consultation and advice about prescribing decisions, if the health consumer's presenting health concerns are more complex than the nurse can safely manage independently. Employers and senior clinical need to ensure this support is available. Nurse prescribing takes place in association with an organisation with clinical governance structures such as a District Health Board or a Primary Health Organisation. These organisations are responsible for providing support through nominating a senior clinician who co-ordinates the introduction of registered nurse prescribing and provides links to committees that oversee quality and risk and medicines review.

Employer and clinical team support are essential to make nurse prescribing work effectively.

Prescribing nurses should also have sufficient time and resources allocated to allow effective assessment, diagnosis and consultation with patients to ensure safe and appropriate prescribing decisions.

Key Documents

Nursing Council of New Zealand [Preparing to prescribe in primary health and specialty teams Guidance for RNs and employers August 2016](#) (PDF, 412 KB)

Nursing Council of New Zealand [Guidelines for registered nurse prescribing in primary health and specialty teams April 2018](#) (PDF, 541 KB)