



Evaluation Report

**Evaluation of a nurse practitioner
education programme**

Released February 2018



Acknowledgements

This evaluation is largely based on the feedback provided by Nurse Practitioner Training Programme (NPTP) graduates, NP graduates from other advanced nursing education programmes, employers, education providers and stakeholders who shared their opinions through interviews or in response to a survey.

We thank all participants for their time, ideas and for sharing their opinions.

We are grateful to the Nursing Council of New Zealand for distributing invitations to the survey of nurse practitioners registered since February 2016. Their assistance enabled us to reach a comparison group of nurse practitioners.

Table of Contents

Executive summary	4
1. Background	12
1.1. Nurse practitioners	12
1.2. Nurse practitioner education	12
1.3. NCNZ.....	13
2. Evaluation approach	15
3. Content and delivery of the NPTP	19
3.1. The NPTP participants	19
3.2. NPTP content.....	21
3.3. NPTP delivery.....	22
3.4. Professional supervision	23
4. Clinical supervision and preparation to work as a NP	24
4.1. Clinical supervision	25
4.2. Protected time for clinical training	27
4.3. Preparation to practice as a NP	28
5. Registration as a nurse practitioner	30
5.1. Registration	31
5.2. Portfolio development.....	31
5.3. Panel interviews.....	33
6. Employment as a nurse practitioner	35
6.1. Employment guarantees for NPTP graduates	36
6.2. Employment after the NPTP.....	37
6.3. Remuneration.....	38
7. After employment as a NP	39
7.1. Support after registration	40
7.2. Professional development	41
7.3. Workforce development.....	42
7.4. Suggestions to develop the NP workforce	44
8. Overview and points to consider in thinking about the future of the NPTP	46
Appendix One: Logic model and evaluation questions	55

Executive summary

New Zealand's Health Strategy emphasises the importance of a health workforce with the size and skills to match current and future needs. Nurse practitioners (NPs) bring advanced nursing skills to healthcare, to complement the roles of other members of the health team.

After the NP scope of practice was introduced in New Zealand in 2001, the number of NPs steadily increased and NP education and career pathways developed. However, despite the value of the NP role uptake was slow. The Ministry of Health in consultation with the sector, funded a demonstration Nurse Practitioner Training Programme (NPTP) to address identified challenges with NP education and subsequent employment. The NPTP aimed to take a more strategic, coordinated and timely approach to NP registration than other education pathways.

The goals of the programme were to:

- Prepare suitably experienced nurses to work as NPs (including completing the education programme and the registration process)
- Provide a pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs
- Support 500 hours of closely supervised clinical time to practice the advanced nursing skills such as prescribing needed for NP registration
- To work closely with the Nursing Council of New Zealand (NCNZ) to coordinate registration processes and position NPTP graduates to gain registration as soon as possible after graduation
- Ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

In 2016, the Ministry of Health funded the University of Auckland and Massey University to run the NPTP for twenty trainees including a minimum of seven trainees based outside of Auckland.

Twenty-two nurses were enrolled in the NPTP: 13 at the University of Auckland and nine at Massey University. Most of the selected applicants were female and older nurses, practicing in a number of practice areas. Representation from Māori nurses was similar to the proportion of Māori in the New Zealand population. Of the 22 nurses who enrolled in the NPTP, 19 completed the programme and 18 gained registration as NPs within approximately three months of completing the programme.

The evaluation

The evaluation focused on the first cohort of nurses enrolled in the NPTP. It comprised 38 in-depth interviews with individuals alone or in small groups, with representatives of organisations including the Ministry of Health, nursing and nurse practitioner organisations, education providers, NPTP graduates and their employers and clinical supervisors.

Fourteen of the 38 interviews were with NPTP graduates, and an additional two NPTP graduates provided information about their employment status in response to an email. Interviews included in-depth open-ended questions about graduates' experiences of the education programme, registration and employment as NPs. In the interviews, NPTP graduates were also asked to provide responses to a set of scale questions.

A comparison group to the NPs who had completed the NPTP was provided by 76 NPs who registered from February 2016 and were sent an online survey including the same scale questions as the NPTP graduates answered: 49 of the 76 (64%) responded.

Content and delivery of the NPTP

The University of Auckland received 23 applications for NPTP places and Massey University received 25 applications for the total of 20 places. As NPTP places were oversubscribed, the two education providers could select applicants most suitable for NP roles. The selection process included assessing applicants' understanding of the NP role, grades and potential ability to complete the course, and whether applicants were in a clinical position to complete the course. Extra points were given if applicants worked in aged care, primary care, or mental health.

NPTP graduates considered the programme was well organised to meet their needs, and consistently rated aspects of the programme content and delivery more highly than NP graduates of other NP education pathways.

Points to consider in programme delivery and content:

The NPTP provides a focussed education pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs.

Oversubscription of the places enabled selection of candidates the education providers considered most suitable for progressing to employment as NPs.

Sector consultation led by the NCNZ has also helped to define a more focussed NP education pathway by describing NP competencies and minimum standards for NP education provision.

Clinical supervision and preparation to work as a NP

The NPTP provides NP trainees with 500 hours of closely supervised clinical time to practice the advanced nursing skills needed for NP registration.

Protected time for clinical supervision has been effective in reducing the time pressure for trainees in juggling the clinical aspects of their educational programme with their employment.

Overall, NP trainees were positive about the clinical supervision they received. NPTP trainees provided higher ratings than nurses from other education programmes about all aspects of their clinical supervision.

Employers emphasised the benefits of funding for clinical release time. Some described innovative ways they had used the funding to develop succession plans and promote NP practice.

Points to consider in clinical supervision:

Although it is difficult to assess the difference made by the additional 200 protected hours for clinical training provided by the NPTP, effective clinical supervision is an essential aspect of preparing a NP workforce. The additional closely supervised clinical experience for NPTP graduates is likely to contribute to better prepared NPs at registration and it assists employers to support trainees.

Effective clinical supervision requires ongoing support for clinical supervisors, especially those who are not NPs so they understand the NP scope of practice and their role as supervisors. Graduates' ratings of overall preparedness to work as a NP highlight the importance of ongoing support for NP graduates after registration.

There are ongoing challenges in finding people to backfill clinical release time in primary care settings.

Registration as a NP

To gain registration, NP graduates need to present a portfolio to the NCNZ and be assessed by a panel. Of the 19 nurses who completed the NPTP, 18 gained registration as NPs early the following year.

One of the challenges to NP registration that underpinned the development of the NPTP was a lack of clarity about portfolio development. NPTP graduates all agreed that having the portfolio built into the NPTP was useful. The universities provided clear guidance around the structure and content of the portfolio and course material was used to develop the portfolios. NPTP graduates provided a substantially higher rating for support they received to prepare a portfolio for registration, than graduates from other NP education pathways.

Individualised support and feedback from academic supervisors was helpful in preparing graduate nurses for the panel, as was the mock panel interview and feedback. Many NP graduates said that the hardest part of registration was the anxiety they felt before the panel interview. However, they described the interviewers as supportive and that they put graduates at ease.

Points to consider about the registration process

The NPTP had prepared the graduates well for NP registration and the education providers had worked with the NCNZ to coordinate NPTP graduate registration. At the same time as the development of the NPTP, the NCNZ made changes to clarify the portfolio requirements and streamline the panel process. These changes contributed to an increase in the number of registered NPs and have improved the process for all NP graduates.

Although NCNZ changes had streamlined the registration processes for all graduates, the NPTP graduates highly rated the support they had received to develop their portfolios and prepare for the panel assessment.

Employment as a NP

A key difference between NPTP and other NP education pathways was the requirement for employers to guarantee support throughout the programme and employment as a NP after registration.

For many of the NPTP graduates the transition to employment had gone smoothly. At the time of the evaluation 13 of the 15 NPTP graduates for whom employment status was known were employed as NPs. One graduate had moved to another employer to work in the NP role she wanted. The two not working in NP roles were still negotiating their contract with their employer but were performing most of the responsibilities of an NP role. Employment status was unknown for four NPTP graduates.

The average salary of interviewed NPTP graduates was higher than the average salary of graduates from other NP education pathways who completed the comparison survey.

Points to consider in NP employment:

One of the goals of the NPTP was to ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

Although the transition to employment had gone smoothly for most NPTP graduates some had encountered challenges. These mainly related to agreeing employment contracts for the NP role. A suggestion to strengthen the process was to consider agreeing the terms of the NP role (scope, hours and salary) as part of agreeing to support a nurse to enter the NP education programme.

An ongoing challenge is the extent employers can guarantee employment after nurses register as NPs as changes to contracts and employment freezes can prevent employers fulfilling their intentions.

After employment as a NP

Support for continuing NP professional development after registration was seen by those interviewed as important to support the NP graduates to develop in their roles as NPs.

Support for ongoing professional development varied between employers. Clinical supervision continued for some or they joined formal or informal peer support groups. Peer support was readily available for the NPTP graduates through other graduates in their training cohort, national NP networks, other NPs working in their speciality area and for some through workplace peer support groups. Some NPs had struggled to break down barriers and be part of workplace peer support groups that also included doctors.

Lack of awareness of the NP role and in some cases lack of acceptance of the NP scope of practice were described as significant barriers to the development of a NP workforce.

Points to consider to support development of the NP workforce:

NP graduates and stakeholders suggested a formal professional development programme after graduation would clarify what was required and make it easier for them to get the support they needed from their employers. Others suggested including professional development and support in contracts.

The NCNZ sets minimum continuing competency requirements for NPs. However, these are not as detailed or rigorous as those required by the Medical Council of New Zealand. NP professional groups may want to work with the NCNZ to review the adequacy of the current continuing competence requirements for NPs.

Suggestions to break down the barriers to developing a NP workforce included:

- Promoting the NP role to increase awareness of NPs as a health professional group and their scope of practice
- Reducing legislative, funding, custom and practice barriers that are preventing to NPs practicing to the full extent of their scope of practice – some of this work is well underway with legislative changes in progress
- National workforce planning to set expectations about NP roles and regional planning to introduce the NP model in different service settings
- Assisting NPs to develop their careers by including career planning guidance for RNs undertaking postgraduate education.

The value of continuing the NPTP

The NPTP provided a focussed pathway through education, registration and into employment. The NPTP content and the support provided for developing a portfolio and preparation for the panel assessment contributed to the successful registration and transitions to employment as NPs for most of the 2016 NPTP cohort.

Some of the challenges the NPTP was designed to address were widely identified in the sector. Alongside the development of the NPTP, NCNZ consulted with the sector and made changes to the portfolio requirements, panel interview processes, development of minimum standards for education programmes for the NP, and review of the NP scope of practice. The NCNZ changes will contribute to reducing the barriers to NP registration.

The NPTP costs more per graduate than other existing NP education pathways. The largest cost item was funding for clinical supervision and student clinical release. Funding was used to pay for release and backfill for students for clinical supervision, and honoraria for the clinical supervisors. NPs who completed the NPTP, their clinical supervisors and employers were positive about the value of the protected clinical time.

The additional costs of the NPTP are offset by:

- Educational savings as the NPTP provided a focussed pathway for NP education, registration and employment as a NP and almost all NPTP participants completed the pathway. Other graduates completing a Masters degree may be on a different pathway such as Clinical Nurse Specialists, Nurse Educator, Nurse Researcher, Nurse Manager or may just be enhancing their knowledge within their existing role.
- Selection criteria for NPTP participants also ensured that to the extent possible nurses accepted to the NPTP had the experience and ability to complete their education and gain registration and employment as NPs.
- The financial benefits of development of a NP workforce through reductions in avoidable hospital admissions and retention of patients in primary care

settings¹. NPs independently provide care to patients that complements the care provided by doctors. This prioritises more expensive 'doctor' time to where it is required.

Transferability of the NPTP to other education providers

New education standards from the NCNZ will require all education providers to offer NP education programmes of a consistent standard. The NPTP is potentially transferable to other tertiary education providers who meet the NCNZ minimum criteria. However, stakeholders emphasised the need for academic supervisors, clinical supervisors and of a cohort of at least 10 students.

The people we interviewed had mixed views about the feasibility and desirability of extending the NPTP to other tertiary education providers. Most of the interviewed stakeholders supported extension of the NPTP to a tertiary education provider located in the South Island. The restricted location of the demonstration NPTP had posed a problem for some students who had to travel, especially those who lived in the South Island. Although the NPTP provided extra funding for some students it wasn't considered sufficient to cover the cost of flights and accommodation.

Summary

The NPTP was effective in providing a focussed education pathway for NPs resulting in most gaining registration soon after the NPTP ended. Most moved into employment as NPs.

Some of the challenges to registration the NPTP aimed to address, such as support for portfolio development and the panel assessment, have also been improved through NCNZ changes. Other challenges such as pathways to employment are specifically and effectively addressed through the NPTP requirement of employer guarantees, although some challenges remain.

The NPTP funding for clinical release time allowed NPTP students protected time to gain clinical experience under supervision. The funding made a difference to employers and contributed to employers being able to support more nurses to become NPs.

Although employers noted changes in confidence and competency, the NPTP graduates did not self-assess themselves as substantially more prepared to work as a NP than other graduates. Clinical mentors may require more support to develop their skills as mentors, especially mentors who are not NPs.

¹ Gagan MJ, Boyd M, Wysocki K, and Williams DJ. The first decade of health practitioners in New Zealand: a survey of evolving practice. *Journal of the American Association of Nurse Practitioners* (2013).

The NPTP is potentially transferable to other tertiary education providers who meet the NCNZ minimum criteria. However, stakeholders emphasised the benefits of NPs as academic supervisors, clinical supervisors and of a cohort of at least 10 students.

Lack of awareness and acceptance of the NP role remain barriers to realising the potential of NPs in New Zealand's health workforce.

1. Background

1.1. Nurse practitioners

Nurse practitioners (NPs) are experienced, highly educated nurses who work to improve health and reduce inequalities in health. They work autonomously or in teams with other health professionals and 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.

The effectiveness of NPs has been demonstrated in a range of healthcare settings including aged care (reduction in Emergency Department visits, acute hospital admissions and potentially preventable hospitalisations²) and primary care. A 2002 systematic review³ concluded:

Patients were more satisfied with care from a NP. No differences in health status were found. NPs had longer consultations, and made more investigations than did doctors. No differences were found in prescriptions, return consultations, or referrals. Quality of care was in some ways better for NP consultations.

In New Zealand, the Ministry of Health (MOH) and the Nursing Council of New Zealand (NCNZ) launched the NP scope of practice in May 2001. New Zealand's first NP registered in late 2001.

1.2. Nurse practitioner education

After the NP scope of practice was introduced in 2001, the number of NPs steadily increased and nurse practitioner education and career pathways developed. However, despite the value of the NP role uptake of the role was slow and attributed to the following problems:

- Lack of alignment between NP training and workforce planning including employment opportunities
- A generic training pathway for advanced nursing qualifications
- Insufficient protected supervised clinical training hours outside the nurse's usual clinical responsibilities that limit trainee NPs' ability to practice within the NP scope
- Insufficient coordination between clinical Masters programmes and the New Zealand Nursing Council NP registration requirements.

² https://www.nzdoctor.co.nz/media/5344052/np_aged_care_15nm.pdf

³ Horrocks S, Anderson E, Salisbury C (2002). Systematic review of whether nurse practitioners working in primary care can provide equivalent care to doctors. BMJ:324:819.

In 2012, sector-wide discussions began about how to address the identified challenges. Following consultation over a number of years a demonstration Nurse Practitioner Training Programme (NPTP) was developed in collaboration with tertiary education providers, employers, the National Nursing Organisation (NNO) group and the Ministry of Health. The aim of the NPTP was to take a more strategic, coordinated and timely approach to NP education, registration, and employment than other education pathways.

The education programme was based on a NP internship model proposed by the University of Auckland. In 2016, Massey University and the University of Auckland were funded by the Ministry of Health to run the demonstration NPTP for twenty trainees, with a requirement that a minimum of seven trainees be based outside of Auckland.

The goals of the demonstration NPTP were to:

- Prepare suitably experienced nurses to work as NPs (including completing the education programme and the registration process)
- Provide a pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs
- Support 500 hours of closely supervised clinical time to practice the advanced nursing skills needed for NP registration such as prescribing
- To work closely with the NCNZ to coordinate registration processes and position NPTP graduates to gain registration as soon as possible after graduation
- Ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

1.3. NCNZ

At the same time as the development of the NPTP, NCNZ was consulting with the sector and reviewing the NP competencies and the minimum requirements for NP education. Following consultation, the NP scope of practice was revised effective from 6 April 2017.

The scope of practice was broadened and the requirement to restrict NPs to a specific area of practice was removed with the aim of ensuring the NP workforce is flexible enough to respond to the range of health needs in the population.

The NCNZ sets out minimum standards in the *Education programme standards for the NP scope of practice* last updated in March 2017 and summarised below (Table 1). All NP education programmes must meet these minimum standards.

Table 1. NCNZ minimum standards for NP education programmes

Key programme standards:
A master's degree that provides a clinically focussed taught courses at an advanced level.
Limited to tertiary education providers also providing the Council-accredited PG Dip RN prescribing programmes.
The Head of Nursing is a registered nurse with a current practising certificate, holds a relevant postgraduate qualification, maintains active involvement in the nursing profession and has a strong engagement with contemporary nursing education and research.
The student will have a clinical mentor for each practice experience to support the student to develop the skills to practise as a NP and an authorised prescriber. This may be a NP and/or and experienced registered medical practitioner. In one area of practice experience the clinical mentor must be a NP.
The NP practicum includes: <ul style="list-style-type: none">a. Completion of 300 hours of protected clinical learning verified by the clinical mentor (and prescribing mentor if the student is applying for prescribing rights for the first time)b. Completion of a diary of clinical practice experiencec. Two in depth, comprehensive case studiesd. A summative assessment against the <i>Competencies for the NP scope of practice</i> completed by the clinical mentor in collaboration with the academic mentor

2. Evaluation approach

Overview:

The evaluation focused on the first cohort of nurses enrolled in the NPTP. It comprised 38 in-depth interviews with individuals alone or in small groups, with representatives of organisations including the Ministry of Health, nursing and nurse practitioner organisations, education providers, NPTP graduates and their employers and clinical supervisors.

Fourteen of the 38 interviews were with NPTP graduates, and an additional two NPTP graduates provided information about their employment status in response to an email. Interviews included in-depth open-ended questions about graduates' experiences of the education programme, registration and employment as NPs. In the interviews, NPTP graduates were also asked to provide responses to a set of scale questions.

A comparison group to the NPs who had completed the NPTP was provided by 76 NPs who registered from February 2016 and were sent an online survey including the same scale questions as the NPTP graduates answered: 49 of the 76 (64%) responded.

The Ministry of Health commissioned the evaluation of the NPTP to provide information to:

- Determine the overall effectiveness of the revised education programme, in relation to the desired outcome of a NP registered with the Nursing Council of New Zealand and practicing as an NP in New Zealand
- Identify implementation issues and challenges and propose areas of improvement for the programme
- Involve comprehensive comparison with the alternative pathway to the NP qualification, which is also partly funded through the Ministry's postgraduate nursing programme and offered by other tertiary education providers.

Out of scope for the evaluation were demonstrating the value of a NP role and the procurement process for the demonstration NPTP.

2.1. A logic model provided a framework for the evaluation

A logic model was developed to provide a conceptual framework for discussing how the new approach to education supports the development of the NP role. An evaluation framework, aligned with the logic model, set out the evaluation questions, the measures/indicators and information sources. The logic model and evaluation framework are appended (Appendix One).

A co-design workshop provided a forum for the evaluators, providers and MOH to discuss the evaluation approach and provide feedback on a draft logic model and evaluation framework.

2.2. Information for the evaluation came from a variety of sources

The evaluation was completed between early July 2017 and the end of August 2017. Information for the evaluation was drawn from:

- A review of key documents including websites and the education provider reports to the Ministry of Health.
- Education provider data about numbers enrolled and completing the NPTP.
- In-depth interviews with a range of stakeholders (Table 2). An invitation email explaining the evaluation was sent to potential interviewees. The email was followed with a telephone call to arrange a time for an interview. Interviews were guided by a semi-structured interview guide. Except for some Wellington based stakeholders, interviews were completed by telephone because of the geographical spread of stakeholders.

Table 2: Individuals and organisations interviewed as part of the evaluation

Stakeholder group	Interviews	Number of interviews
Ministry of Health and other agencies	MOH: Office of the Chief Nursing Officer, Health Workforce NZ	2
Nursing organisations	NCNZ, NZNO College of Nurses Aotearoa New Zealand - Nurse Practitioners New Zealand (NPNZ) Te Kaunihera o Ngā Neehi Māori, National Council of Māori Nurses Te Ao Māramatanga, New Zealand College of Mental Health Nurses	5
Education providers	New programme education providers Other NP education providers	3 5
NPs	Cohort 1 demonstration programme NPs (an additional 2 responded to a query about their employment)	14 (70%)
Employers and supervisors	Employers names and contact details provided by NP trainees. Employers worked in primary and secondary care settings.	9
Total		38

- Fourteen of the 38 interviews were with NPTP graduates, and an additional two NPTP graduates provided information about their employment status in response to an email. Interviews included in-depth open-ended questions about graduates' experiences of the education programme, registration and employment as NPs. In the interviews, NPTP graduates were also asked to provide responses to a set of scale questions.
- A comparison group to the NPs who had completed the NPTP was provided by 76 NPs who registered from February 2016 and were sent an online survey including the same scale questions as the NPTP graduates answered: 49 of the 76 (64%) responded. The survey was distributed by the NCNZ along with a later reminder email. The NPs who completed the survey were distributed across the NP providers, and included 19 (40%) from the University of Auckland and 11 (23%) from Massey University. They were employed by DHBs (36%), primary care organisations (43%) and NGOs (14%).

2.3. Analysis

Qualitative data from the interviews and open-ended responses to the survey were analysed thematically by:

- Identifying themes within the responses to each interview question
- Counting the frequency of each theme and condensing the interview notes recorded for each, noting particularly representative and/or impactful pieces of text
- Reviewing the themes for each interview question considering the frequency information
- Summarising the responses under each relevant evaluation question.

Quantitative data were analysed using descriptive statistics as sample sizes were too small for statistical comparisons.

2.4. Ethics and consent

Although specific ethics approval is not required for this type of evaluation we adhered to the ANZEA ethical standards that underpin evaluation.

2.5. Strengths and limitation of the evaluation

The different information sources the evaluation drew on ensured good representation of the similarities and differences in views and attitudes to the NPTP. However, as the evaluation focussed on the first cohort to complete the NPTP, the number of graduates was inevitably small.

The relatively short time frame of the evaluation meant that some stakeholders were unable to be contacted or arrange a time for an interview in the time available. However, towards the end of the evaluation period no new themes were emerging from interviews and we are confident that the information provided in this report represents the range of views held by the NPTP stakeholders.

A survey of NPs registered since February 2016 provides a comparison group to the NPTP graduates. The NPs responding to the survey were similar to the NPs who completed the NPTP in the distribution of their roles and many had also attended University of Auckland and Massey University NP education programmes.

Although the response rate of 64% provides confidence that the survey findings are broadly representative of graduates who registered as NPs, we have no information about the number of graduates who completed advanced nursing education pathways over the same time but did not seek registration as NPs and their reasons for not doing so.

3. Content and delivery of the NPTP

Overview:

The NPTP was developed to address the problems identified by the sector that were limiting NP education and the progression of NP graduates to registration and employment as NPs.

The University of Auckland received 23 applications for NPTP places and Massey University received 25 applications for the total of 20 places. As NPTP places were oversubscribed, the two education providers could select applicants most suitable for NP roles. The selection process included assessing applicants' understanding of the NP role, grades and potential ability to complete the course, and whether applicants were in a clinical position to complete the course. Extra points were given if applicants worked in aged care, primary care, or mental health.

NPTP graduates considered the programme was well organised to meet their needs, and consistently rated aspects of the programme content and delivery more highly than NP graduates of other NP education pathways.

Points to consider in programme delivery and content:

The NPTP provides a focussed education pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs.

Oversubscription of the places enabled selection of candidates considered most suitable for progressing to employment as NPs.

Sector consultation led by the NCNZ has also helped to define a more focussed NP education pathway by describing NP competencies and minimum standards for NP education provision.

3.1. The NPTP participants

Auckland and Massey Universities were contracted to deliver the demonstration NPTP to twenty nurses. The two education providers received 23 and 25 applications respectively for the NPTP places they offered. Twenty-two students were selected from 48 applicants.

The selection process included assessing each applicant's understanding of the NP role, grades and potential ability to complete the course, and whether applicants were in a clinical position to complete the course. Extra points were given if applicants worked in aged care, primary care, or mental health.

We have limited number of places so we can choose the cream of the crop of those that are doing their clinical taught Masters who are best ready to be NPs. So, we can interview and say "yes, you're great, your clinical situation is perfect, you're ready for nurse practitioner registration at the end of the year." (NPTP education provider)

*... we focused very clearly on the people who had employment settings that were ready for it and would could use the clinical practicum funding appropriately.
(NPTP education provider)*

Most of the selected applicants were female and older nurses, from a number of practice areas. Representation from Māori nurses was similar to the proportion of Māori in the New Zealand population (Table 3).

The second cohort enrolled in 2017 comprises 12 nurses from Auckland and 10 from Massey.

Table 3. Profile of NPTP participants

Profile	Auckland University (n=13)	Massey University (n=9)	Total (n=22)
Gender			
Female	11(85%)	9(100%)	91%
Male	2(15%)	-	9%
Ethnicity			
Māori	2(15%)	2(22%)	18%
Pakeha	11(85%)	5(56%)	77%
Other	-	2(22%)	9%
Age group			
20-29	1(8%)	-	5%
30-39	2(15%)	1(11%)	13%
40-49	8(62%)	5(56%)	59%
50-59	2(15%)	-	23%
Locality			
Main centre	7(54%)	7(78%)	64%
Regional centre	6(46%)	2(22%)	36%
Area of practice			
PHC	5(38%)	4(44%)	41%
Aged care	1(8%)	-	0.5%
Mental health	1(8%)	-	0.5%
Youth health	1(8%)	1(11%)	1%
DHB -specialty area	5(38%)	4(44%)	41%

3.2. NPTP content

The NPTP education providers offered NP education prior to the NPTP. Auckland University’s NP intern programme provided the foundation for the NPTP. Auckland and Massey Universities aligned the academic component of their existing courses.

NP graduates from the NPTP and other NP education pathways considered they had sufficient education in the aspects of the programmes that were assessed (Table 4). Although differences in mean ratings were small, average ratings by NPTP graduates were higher than NPs from other NP education pathways. The biggest difference between the two groups was the greater extent NPs considered they had sufficient education about working collaboratively in healthcare teams.

The working collaboratively with the healthcare team [was covered best]. (NPTP graduate)

Table 4. NP graduates average rating of aspects of their education (1= totally disagree and 5=totally agree)

To what extent do you disagree or agree that you received sufficient education in....	NPTP graduates (n = 13)	Other NP graduates (n = 47)	Difference
Providing safe and accountable advanced practice	4.62	4.32	0.30
Assessing, diagnosing, planning, implementing and evaluating care	4.62	4.28	0.34
Working in partnership with health consumers	4.38	4.11	0.28
Working collaboratively with healthcare teams	4.69	4.09	0.60
Working to improve the quality and outcomes of healthcare	4.31	4.26	0.05

NPTP graduates also noted the advantages of a programme focussed on developing them as NPs.

But I think it’s well set up and it’s a way better programme than what we’ve had in the past – in terms of just going and getting your papers but not really having that NP input. So, I think if they can continue to run this programme we’ll have a lot more success in producing NPs. Because there’s a lot of content in the course that’s specific to NPs so you’re not left out on a limb doing it on your own. (NPTP graduate)

A reduction in the research credits was noted by some stakeholders who discussed the potential impacts on the development of the profession because of a reduction

in research generated by and about the NP role. In contrast others considered a reduction in the research credits allowed more time for developing clinical skills.

... the research and quality of research that the students produce has been pretty phenomenal, ... under the new guidelines [research credits] will halve. And I think that will be beneficial for the nurse. Because I think, by having such a large project, it limits the amount of NP practice application that can be pushed in the 240 credits, ... but in terms of I guess NPs' contribution to research, publications and that sort of thing, that's a bit of a loss. (Other education provider)

3.3. NPTP delivery

Graduates from the NPTP said the delivery of the education was excellent and that the collegial atmosphere created by having NPs as academic supervisors and tutors made it a good learning environment.

NPTP participants gave a higher mean rating than NP graduates from other education programmes about the extent they considered their educational programme was well organised to meet their needs (Table 5).

Table 5. NP graduates average rating of aspects of the delivery of their education programme (1= totally disagree and 5=totally agree)

To what extent do you disagree or agree that	NPTP graduates (n = 13)	Other NP graduates (n = 47)	Difference
The programme was well organised to meet my educational needs	4.31	3.80	0.51

NPTP graduates considered the standard of work expected from them was made clear, and constructive. Detailed feedback was given throughout the programme to ensure they would meet the required standard for registration by the end of the year.

It was clear from the outset that a standard of less than excellence was not going to be a pass. (NPTP graduate)

The demonstration NPTP education providers employed NPs in their academic supervision staff. Education providers described the advantages of NP academic mentors as having a better understanding of the difficulties students would face than they may have if they were not NPs themselves.

Under our previous prescribing practicum we didn't have the NP supervisor as the academic supervisor – that didn't have to happen. (NPTP education provider)

NPTP participants also described the advantages of the inclusion of NPs in the academic staff:

...because [the academic staff] work as NPs they really knew how to teach us and broaden the way we think. (NPTP graduate)

That's probably where we got the most input. It's the other students and the NPs that were teaching us and assessing us. (NPTP graduate)

The new NCNZ standards for NP education require academic mentors for each student's practicum to be registered nurses or NPs with expertise in a relevant clinical practice area⁴.

3.4. Professional supervision

Professional supervision was also required as part of the NPTP to allow checks on the wellbeing of the NP. Professional supervision involves monthly to six-weekly meetings between the professional supervisor and the student to allow the student to reflect on their practice, debrief, and check in about their welfare. Students had to pay for their own professional supervision, at a cost of around \$100 per session.

What isn't covered in the NPTP funding is professional supervision. It is one of the, if you like, a welfare check-in, with the professional supervisor – "how are you, how's your family, how's everything going, how are you managing, how are you managing your clinical..." – do you want to talk about that a bit more? So that's not funded, the student has to pay for that themselves. And that usually comes at \$100 an hour. (NPTP education provider)

⁴ Education programme standards for the nurse practitioner scope of practice. *Nursing Council of New Zealand* March 2017

4. Clinical supervision and preparation to work as a NP

Overview:

The NPTP provides NP trainees with 500 hours of closely supervised clinical time to practice the advanced nursing skills needed for NP registration.

Protected time for clinical supervision has been effective in reducing the time pressure for trainees in juggling the clinical aspects of their educational programme with their employment.

Overall, NP trainees were positive about the clinical supervision they received. NPTP trainees provided higher ratings than nurses from other education programmes about all aspects of their clinical supervision.

Employers emphasised the benefits of funding for clinical release time. Some described innovative ways they had used the funding to develop succession plans and promote NP practice.

Points to consider in clinical supervision:

Although it is difficult to assess the difference made by the additional 200 protected hours for clinical training provided by the NPTP, effective clinical supervision is an essential aspect of preparing a NP workforce. The additional closely supervised clinical experience for NPTP graduates is likely to contribute to better prepared NPs at registration and it assists employers to support trainees.

Effective clinical supervision requires ongoing support for clinical supervisors, especially those who are not NPs so they understand the NP scope of practice and their role as supervisors. Graduates' ratings of overall preparedness to work as a NP highlight the importance of ongoing support for NP graduates after registration.

There are ongoing challenges in finding people to backfill clinical release time in primary care settings.

The largest cost item for the NPTP was funding for clinical supervision and student clinical release. Funding was used to pay for release and backfill for students for clinical supervision, and honoraria for the clinical supervisors.

That's where the money goes. On that clinical release time. (NPTP education provider)

Inclusion of an honorarium for the supervisor differs from the alternative NP education programmes where funding must be secured through DHBs or the nurse's employer for their clinical hours.

The programme gives them money for two days a week plus some honorarium for the supervisors. (NPTP education provider)

Although the honorarium was welcomed, some stakeholders noted it was lower than GP supervisors received for GP registrar trainees.

4.1. Clinical supervision

Overall, NP trainees were positive about the clinical supervision they received. Most said that their clinical supervisors were supportive, open and provided good feedback.

I had a very supportive clinical mentor, who gave me extra support all the way through which was invaluable really to help in actually getting through the programme. (NPTP graduate)

You're meeting the patient, you're going through a holistic assessment, having the opportunity to talk about your practice to your clinical supervisor and them to ask you questions, which again broadens your knowledge base. (NPTP graduate)

NPTP nurses provided higher average ratings about aspects of their clinical supervision than nurses from other NP education pathways (Table 6). The biggest difference between the two groups was the higher average rating in the NPTP group about the extent NPTP nurses felt able to ask for help from their clinical supervisor when needed.

I had a very supportive clinical mentor, who gave me extra support all the way through which was invaluable really to help in actually getting through the programme. (NPTP graduate)

Table 6. NP graduates average rating of aspects of clinical supervision (1= totally disagree and 5=totally agree)

To what extent do you disagree or agree that	NPTP graduates (n = 13)	Other NP graduates (n = 47)	Difference
My educational needs were well supported by my clinical supervisor	4.54	3.96	0.58
I felt able to ask for help from my clinical supervisor when I needed to	4.77	4.04	0.73
My clinical supervisor provided me with feedback that helped me develop	4.54	4.02	0.52

NPTP graduates differed in their opinions about whether it was better to have a NP or a general practitioner as a clinical supervisor. They described advantages and challenges in whether the clinical supervisor was from the same or a different professional group as the NP student.

A clinical supervisor from the same professional group understands the scope of the role and can share their experience practising in the role. Some of the NPTP graduates preferred a NP supervisor as they had a more intimate knowledge of the requirements and history of the NP role and how it differed from other roles in a health team.

It was invaluable having someone who was in that field and she knows the lingo and politics and all the stuff behind it. (NPTP graduate)

It is essential to have a NP supervisor because we think in a different way. Others might not get the thinking. (Stakeholder)

However, while education providers described the investment NPs make to the education of other NPs there are relatively few NPs and there is a limit to the number of NP students they can effectively supervise. A health professional from a different professional group may be the only available clinical supervisor and can bring advantages of skills in a particular clinical area and/or a different perspective.

Some NPTP graduates thought GPs were a better choice for clinical supervisor because they had a longer history with assessment and prescribing.

But the whole – as nurses we come through, the use of assessment and review of systems and differential diagnoses and lab results is foreign, because it's not something that we normally do. So, to have a GP who has assessment skills from the first day in their training I think is of benefit. (NPTP graduate)

Most nurses in the NPTP found GPs and other health professionals they encountered were quite positive and supportive.

I had quite a lot of doctors in the area who were all really helpful and helped me succeed in the programme. A lot of secondary clinical mentors throughout the programme. (NPTP graduate).

However, there could be challenges with a medical professional as a clinical supervisor if the supervisor lacked knowledge and/or acceptance of the NP role.

Some supervisors, medical supervisors, do not realise that we are talking about authorised prescribing, that we are talking about differential diagnosis. And so it's really hard for them to get their head around. (NPTP education provider)

Regardless of whether or not clinical supervisors are from the same professional group as the student, they require training and support to learn their role and provide supervision⁵. Development of clinical supervision was supported by visits from academic supervisors to see students and their clinical supervisor and observe

⁵ McKinlay E, Gallagher P, Gray L, Wilson C, Pullon S (2015). Sixteen Months "From Square One": The Process of Forming an Interprofessional Clinical Teaching Team. J Research in Interprofessional Practice and Education. Vol 5.2

their practice. Site visits were important to support the clinical supervisors in their roles and ensure they were managing well and fulfilling their duties.

One of the learnings from the development of Otago University's interprofessional education programme was the higher than expected level of support for clinical mentors who were supervising students from professional groups different to their own.⁶ Clinicians supervising a different professional group may have limited understanding of what can be expected from a student. Some NPTP graduates felt that more was required to ensure that the clinical supervisor really knew what they were doing and was comfortable in the role.

The clinical mentor – this is part of their learning most of the time, I would have liked if [education provider] had contacted them more. To say, “Hey, how’s things going? Are you doing this? Could you be doing that?” (NPTP graduate)

Some clinical supervisors also reported that they were unsure what they were meant to be teaching the student, and mentioned that a syllabus would have been helpful.

4.2. Protected time for clinical training

Most graduates from the NPTP said that the workload was large, but not more than they had expected for the programme. In response to the survey 19 of 45 (42%) of NPs from other NP education programmes volunteered comments about their education programmes related to time. Some comments reflected the challenges of the lack of protected time for clinical release that are addressed by the funded protected time in the NPTP.

Finding the time in work hours to complete the competency hours and study required for the NP course. I understand this has changed with the new course attendees. (Other programme graduate)

Managing work and study responsibilities at the same time. Little support financially to reduce work hours to provide time for expanding learning in clinical practice. (Other programme graduate)

While 300 hours of protected time is the minimum requirement under the NCNZ guidelines for NP education, the NPTP provides 500 hours of protected time for clinical training. NPTP graduates found the extra protected hours very useful in giving them the time to develop as NPs.

It really, really helped because it was really clear – these two days you are being paid to be a NP intern. And particularly in primary health care, it did work fairly well. (NPTP education provider)

⁶ Malatest International. (2014) Tairawhiti Interprofessional Education Programme – Evaluation Report Year-end 2014.

A good chunk of protected time where you can practice as a NP outside your role as a registered nurse, that's the crucial thing... the idea was to make that clinical experience more meaningful as a NP experience separate from their RN experience. (Stakeholder)

The funding was especially important in enabling employers to backfill the clinical release time.

Services supporting the nurses need to recognise funding may not 100% cover release and backfill. But it is much better than regular post-graduate funding and support at work (Employer).

However, because the NPTP nurses were highly skilled and in senior nursing roles, the funding to backfill their roles wasn't always enough for their employer to replace them with a nurse of the same level during their protected clinical hours. There were also challenges in finding a replacement nurse.

They're usually in clinical specialist roles already and the backfill that they get for supervised hours and the hours that they're at the university is \$30 an hour. Whoever their employer is, they're having to pay twice that to get someone to replace them. (NPTP education provider)

4.3. Preparation to practice as a NP

Graduates from the NPTP and other NP education programmes were asked how prepared they felt at the end of their courses to work in different NP roles.

Generally, overall ratings for preparedness were not as high as ratings of the programme content, educational experience and clinical supervision. There were few differences in the extent NPTP graduates and graduates of other education programmes felt prepared to practice as NPs, suggesting the need for ongoing clinical support and mentorship into at least the first year of practice as a NP.

Table 7. NP graduates average rating of how prepared they felt to practice in aspects of the NP role (1= not at all prepared and 5= totally prepared)

How prepared did you feel after your programme to	NPTP graduates (n = 10-13)	Other graduates (n = 42-48)	Difference
Work with more complex cases	3.92	3.96	-0.04
Work as a health care leader	4.08	4.00	0.08
Prescribe medications	4.00	4.10	-0.10
Provide healthcare in a hospital setting	3.60	3.12	0.48
Provide healthcare in a community setting	4.31	4.15	0.16

The ability to choose the applicants for the NPTP who best meet the selection criteria, and the additional protected hours for clinical experience are likely to contribute to better prepared NPs at registration.

When asked, some employers noted that the NPTP graduates seemed more confident and prepared to work as NPs than graduates they had worked with in the past. Others said there was little difference. However, many employers had limited experience in employing newly registered NPs and were not able to assess any differences.

I found the year went really well, and the end result was excellent. But that could be just the candidate. (Employer)

5. Registration as a nurse practitioner

Overview:

NP graduates need to present a portfolio to the NCNZ and be assessed by a panel to gain registration. Of the 19 nurses who completed the NPTP, 18 gained registration as NPs early the following year.

One of the challenges to NP registration that underpinned the development of the NPTP was a lack of clarity about portfolio development. NPTP graduates all agreed that having the portfolio built into the NPTP was useful. The universities provided clear guidance around the structure and content of the portfolio and course material was used to develop the portfolios. NPTP graduates provided a substantially higher rating for support they received to prepare a portfolio for registration, than graduates from other NP education pathways.

Individualised support and feedback from academic supervisors was helpful in preparing graduate nurses for the panel, as was the mock panel interview and feedback. Many NP graduates said that the hardest part of registration was the anxiety they felt before the panel interview. However, they described the interviewers as supportive and that they put graduates at ease.

Points to consider about the registration process

The NPTP had prepared the graduates well for NP registration and the education providers had worked with the NCNZ to coordinate NPTP graduate registration. At the same time as the development of the NPTP, the NCNZ made changes to clarify the portfolio requirements and streamline the panel process. These changes contributed to an increase in the number of registered NPs and have improved the process for all NP graduates.

Although NCNZ changes had streamlined the registration processes for all graduates, the NPTP graduates highly rated the support they had received to develop their portfolios and prepare for the panel assessment.

Standards for assessment within education programmes have been strengthened to include a summative assessment at the end of the practicum. After successful completion of their education, assessment for registration as a nurse practitioner is made by a panel assessment of competence and the presentation of a portfolio⁷. One of the NPTP goals was to synchronise the registration process with the NCNZ.

At the same time as the development of the NPTP, the NCNZ made changes to clarify the portfolio requirements and streamline the panel process. The NCNZ changes are

⁷ <http://www.nursingcouncil.org.nz/Education/Nurse-practitioner>

creating a more streamlined process for graduates from the NPTP and other education programmes. The largest cohort of 76 NP registrations at the start of 2016 was attributed to the NCNZ changes to the portfolio development.

I think the advantage is that no matter what institution you go to the pathway will be more aligned. It'll be more prescribed, it'll be clearer to students. (Other education provider)

5.1. Registration

Of the 19 nurses who completed the NPTP, 18 had gained registration as NPs early the following year. In contrast, the NPs from other NP education pathways who completed the survey and had registered in early 2016 had completed their academic requirements between 2010 and 2016 (Table 8).

Table 8. Year of completion of NP education for NPs registered since the start of 2016 who were not part of the NPTP

Which year did you complete the NP education programme?	Graduates from other NP pathways (n = 46)
2010	3 (6%)
2011	1 (2%)
2012	2 (4%)
2013	7 (15%)
2014	5 (11%)
2015	18 (38%)
2016	10 (21%)

In interviews, graduates noted the need to clarify the costs of registration as some were not aware that the cost of the registration application wasn't covered in the course fees. Although they didn't mind paying it, they would have preferred to know earlier to be able to save for it.

Understanding the costs at the beginning would have been good, it was \$1000 for panel and we'd assumed it was part of the course costs. Knowing that at the beginning would have been good. (NPTP graduate)

5.2. Portfolio development

The portfolio process was clarified by the NCNZ and has made creation of the portfolio document less arduous for all graduates seeking NP registration. It was previously such a large document that many graduates were described as putting off compiling their portfolio for several years.

And then they were so tired from finishing their Masters programme that often it would take years for them to get through the NP registration programme....Cos they'd have to put together their portfolio, and again, these were monsters, and so there was a big gap between the time they were getting out of their Masters programme, doing their prescribing practicum, and getting those portfolios in to council. (NPTP education provider)

Sometimes nurses haven't done [the portfolio] for three years after training because it's such a big document to evolve. (NPTP graduate)

The NPTP helped NP trainees to prepare a portfolio for registration. NP graduates all agreed that having support for the portfolio development built into the course was useful and helped to streamline the registration process. The universities provided clear guidance around the structure and content of the portfolio.

They gave very clear advice, even around how best to present your portfolio (NPTP graduate)

Graduates could draw case studies from the NPTP programme content and clinical hours, as the NPTP was designed to set these up so that they fitted within the portfolio.

I think the portfolio was easier because we'd completed the majority of it in the programme. I was very grateful for that compared to some people I know that have done it off their own back, like without the programme. (NPTP graduate)

NPTP graduates provided a substantially higher rating for support they received to prepare their portfolio, than graduates from other NP pathways (Table 9).

They prepped us all the way through from the beginning to always keep collecting things, and adding things. (NPTP graduate)

After I completed the program I then had to start my portfolio essentially from scratch as the assignments didn't match NCNZ requirements for the portfolio. (Other programme graduate)

Table 9. NP graduates average rating of aspects of the delivery of their education programme (1= totally disagree and 5=totally agree)

Thinking about the NP education programme overall, to what extent do you disagree or agree that...	NPTP graduates (n = 13)	Other graduates (n = 46-47)	Difference
The programme helped me prepare a portfolio for registration	4.38	3.42	0.96

5.3. Panel interviews

NCNZ requirements for the panel interview also changed at the same time as the NPTP was developed. What had previously required a full day for each applicant was cut down to a two-hour session, meaning two applicants per day could be assessed.

The panel process had been this monstrosity as well, when I went through in 2003. It started for me at ten o'clock in the morning and did not end until three-thirty in the afternoon. (NPTP education provider)

We've been doing that since before the Health Workforce funding came in – we did a pilot right in the beginning to test out a shorter process, so we've halved the time frame for each panel for a couple of years now. (Stakeholder)

NPTP graduates found individualised support and feedback from their academic supervisors was helpful in preparing them for the panel. A change made partway through the first year of the NPTP saw a second case presentation replaced with a mock panel in the final exam. The aim was to assist with the registration process. Graduates found the feedback from the mock panel incredibly useful and reported that it reduced their anxiety around the real panel interview. A couple of students commented that even more feedback would have been useful.

Did I feel they helped me prepare for that [panel interview]? Well, kinda. More so than mainstream, definitely, but probably still not enough. (NPTP graduate)

Communication around the panel interview process and timing was prompt and clear. Students were sent a letter confirming their interview date after they had submitted their portfolios.

I think the thing that worked really well was the communication about going to panel. They were very good, they made contact, emailed to say what's going to happen, you could contact someone if you needed to. The organisation of the panel interview worked well. (NPTP graduate)

Many students said that the hardest part of the registration was the anxiety they felt before the panel interview. However, they described the interviewers as supportive and that they put graduates at ease.

Panel was amazing! Panel was wonderful, and they were lovely! I don't think I've ever been so nervous for anything in my life, and they were just so nice and supportive. (NPTP graduate)

Only one student reported a delay in the panel or registration process.

My panel interview was postponed twice, both times for weather related reasons. (NPTP graduate)

Although there was a wait between portfolio submission in December and the panel interview in March or April, the registration certificate came within a week or so of

passing the panel interview. The process felt easy and streamlined and allowed graduates to quickly step into their NP roles.

Within a couple of weeks of registration, I was on a contract and in the role. The whole process of going through the programme and being registered and coming out the other side was kind of seamless for me. (NPTP graduate)

The time between graduating and registration did mean that a few graduates felt their skill level dropped. However, others used the time for additional self-directed learning. Some graduates felt there was more that they needed to learn before their panel interview and this time was valuable to do that.

It kind of gave me time to have a break and go over some stuff I wanted to prepare for panel I wasn't quite prepared for panel at the end of my Masters – more that I wanted to go away and look over, I work in ... and it's such a big area, broad group of patients and I wanted to go away and go over the things I hadn't had time to look at during the course. (NPTP graduate)

6. Employment as a nurse practitioner

Overview:

A key difference between NPTP and other NP education pathways was the requirement for employers to guarantee support throughout the programme and employment as a NP after registration.

For many of the NPTP graduates the transition to employment had gone smoothly. At the time of the evaluation 13 of the 15 NPTP graduates for whom employment status was known were employed as NPs. One graduate had moved to another employer to work in the NP role she wanted. The two not working in NP roles were still negotiating their contract with their employer but were performing most of the responsibilities of an NP role. Employment status was unknown for four NPTP graduates.

The average salary of interviewed NPTP graduates was higher than the average salary of graduates from other NP education pathways who completed the comparison survey.

Points to consider in NP employment:

One goal of the NPTP was to ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

Although the transition to employment had gone smoothly for most NPTP graduates some had encountered challenges. These mainly related to agreeing employment contracts for the NP role. A suggestion to strengthen the process was to consider agreeing the terms of the NP role (scope, hours and salary) as part of agreeing to support a nurse to enter the NP education programme.

An ongoing challenge is the extent employers can guarantee employment after nurses register as NPs as changes to contracts and employment freezes can prevent employers fulfilling their intentions.

One of the challenges the NPTP aimed to address was the difficulty NP graduates have had in gaining employment as a NP following their registration. Lack of employment opportunities was also described by some stakeholders as a barrier to enrolling in NP education.

All the way through my postgrad study, I met people who were really keen to be NPs but didn't think they'd be able to get a job doing it. (NPTP graduate)

I think a lot have dropped out when it was made clear to them that, "No, we're never going to have nurse practitioners in our ED" or whatever, that's a big barrier to a lot of people. What's the point of putting yourself through all those papers, which are quite arduous and finding a clinical supervisor and then, nothing at the end of it? (Stakeholder)

6.1. Employment guarantees for NPTP graduates

A key difference between the NPTP and other NP education pathways was the requirement for employers to guarantee support throughout the programme and employment as a NP after registration. Employers are required to sign a contract before nurses can be accepted into the NPTP.

One of the key bits of the proposal was the commitment of the employer to support that and employ them as an NP at the end. (Stakeholder)

I think one of the biggest keys of the programme is the guarantee of a job at the end. Because it's making organisations think outside the square about how the role can fit within the workforce – otherwise they just put their heads down and think it's too hard. (NPTP graduate)

There are real benefits that the NPs are only accepted with a guarantee of a job. It removes the disconnects. NPs were experiencing difficulties before and employers were keeping them in their previous roles. (Employer)

Most of the NPTP nurses had found it reasonably easy to gain their employer's support. For 60% of the interviewed NPTP graduates, their employer was the one who suggested they go on the programme. These employers could see the benefit of having a NP on their staff.

We have GPs but it's like anything in high needs, it's just providing services to remove other barriers. So, having me as well was going to remove barriers and improve access. (NPTP graduate)

Providers of other NP education pathways also said that most of their students were supported by their employers.

Most of our students, the employer knows that they are doing it. They are supporting them financially and with the time to do it. And most of them, if they're not employed directly after they're registered as NPs, they tend to be employed within six months. The delay is where perhaps a service is putting a business case through. (Other education provider)

One education provider noted a potential risk of being tied to an employer

Everyone has a right to develop in a programme of study. Patients and job context may limit that. (Other education provider)

From an employer's perspective, there are challenges in making commitments that may be beyond their control to guarantee. For example, employment freezes in a DHB can prevent a NP role being created for a graduate unless the contract was developed and the role secured prior to the course. In a primary care or NGO setting, practices can change hands or contracts can be discontinued making it no longer possible for employers to employ the graduate as a NP.

It's hard to guarantee a job at the end of it. It's built into all the budgets but what would happen in three years time if they said there's a freeze on any non-critical employment? (Employer)

6.2. Employment after the NPTP

For many of the NPTP graduates the transition to employment had gone smoothly. At the time of the evaluation 13 of the 15 (87%) NPTP graduates for whom employment status was known were employed as NPs. One graduate had moved to another employer to work in the NP role she wanted. The two not working in NP roles were still negotiating their contract with their employer but were performing most of the responsibilities of an NP role. Employment status was unknown for four NPTP graduates.

Most situations it was straightforward though, the employer had agreed to hire the NP intern after registration and it all happened clearly. (NPTP education provider)

A little more detail about, once you've completed the programme, a bit more of a commitment to a start date and FTE and, you know, where it's going to sit. Because I had an idea around that but it's taken a few months to knock that out after the programme. I guess just nut out the nuts and bolts a little bit more, of how the role is going to work in practice so that once you've gone through nursing council you can get straight into it. (NPTP graduate)

A similar proportion of the comparison group of NPs who completed the survey (those from NP education pathways other than the NPTP), 42 of 49 (86%) were employed as NPs. Of the remainder, four were looking for a NP role. Approximately one-third (31%) of the comparison NPs who completed the survey had taken more than six months to find employment as a NP. Two-thirds were working for the same employer as they were prior to their NP education. However, comparison to the NPs who completed the survey is limited. The survey invitation was only extended to newly registered NPs and offer of a position may have prompted registration.

Employers provided many examples of how once a NP role has been established the service realises the benefits of the role and opens other opportunities for NPs

NPs skill base and capability broadens and deepens (Employer)

Despite all the doom and gloom here, I knew it would pass once they saw it in practice. I don't think that anyone can imagine life without them [NPs] now. (Employer)

Once they saw her up and running they saw the benefits..."She knows much more than we do". (Employer)

6.3. Remuneration

The average salary of interviewed NPTP graduates was higher than the average salary of graduates from the other programmes who completed the comparison survey, although most of the comparison group (84%) reported an increase in their salary since they registered as a NP (Figure 1).

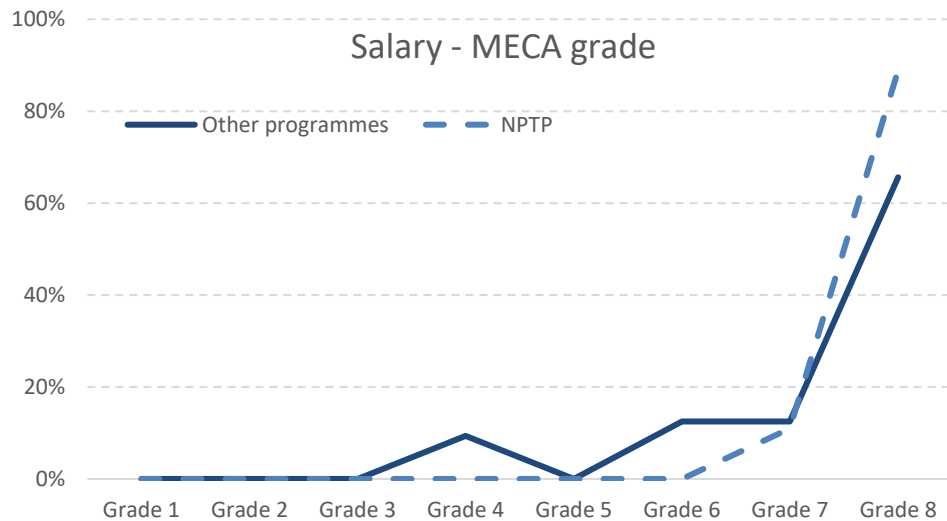


Figure 1. Salaries of NPs from the NPTP graduates (n=9) and comparison group graduates (n=32)

7. After employment as a NP

Overview:

Support for continuing NP professional development after registration was seen by those interviewed as important to support the NP graduates to develop in their roles as NPs.

Support for ongoing professional development varied between employers. Clinical supervision continued for some or they joined formal or informal peer support groups. Peer support was readily available for the NPTP graduates through other graduates in their training cohort, national NP networks, other NPs working in their speciality area and for some workplace peer support groups. Some NPs had struggled to break down barriers and be part of workplace peer support groups that also included doctors.

Lack of awareness of the NP role and in some cases lack of acceptance of the NP scope of practice were described as significant barriers to the development of a NP workforce.

Points to consider to support development of the NP workforce:

NP graduates and stakeholders suggested a formal professional development programme after graduation would clarify what was required and make it easier for them to get the support they needed from their employers. Others suggested including professional development and support in contracts.

The NCNZ sets minimum continuing competency requirements for NPs. However, these are not as detailed or rigorous as those required by the Medical Council of New Zealand. NP professional groups may want to work with the NCNZ to review the adequacy of the current continuing competence requirements for NPs.

Suggestions to break down the barriers to developing a NP workforce included:

- Promoting the NP role to increase awareness of NPs as a health professional group and their scope of practice
- Reducing legislative, funding, custom and practice barriers that are preventing to NPs practicing to the full extent of their scope of practice – some of this work is well underway with legislative changes in progress
- National workforce planning to set expectations about NP roles and regional planning to introduce the NP model in different service settings
- Assisting NPs to develop their careers by including career planning guidance for RNs undertaking postgraduate education.

7.1. Support after registration

In interviews and surveys, newly registered NPs described needing support to develop in their roles as NPs. Employer clinical supervision varied within and between employers. Some graduates continued to receive clinical supervision after graduation, whereas others found that as soon as they graduated, support from their employer was withdrawn as the funding was no longer in place.

I have my clinical support in my day to day practice and that's fantastic and that will continue. (NPTP graduate)

I was very well supported up until November, when they were no longer being paid to support me. I didn't have clinical supervision after that. (NPTP graduate)

One clinical supervisor reported that although there was no formal ongoing clinical supervision after graduation, the NP graduate was treated as part of the clinical team and therefore was in a very supportive environment.

Some graduates arranged ongoing support for themselves.

When I completed my training, I met with each of the doctors in the practice individually to talk about evolving this role which we had sort of done throughout the year. (NPTP graduate)

Others suggested facilitation of peer support from the university could be helpful.

If the people on the programme could kind of connect you to another NP who's recently done the process so you can kind of use them as a support. Like, "what was it like for you" and "what kind of things did they do as you" and "how did you keep your nerves" and you know, those kind of. The normalising of having a peer that's already gone through the process. (NPTP graduate)

Peer groups formed with other NPs were a source of ongoing support:

- **Peer support from other NPTP graduates.** The support from peers on the NPTP was described as invaluable, both during and after the programme. Other NP students understood the stress and workload of the programme and could also support group learning.
Really neat to be on the journey with a whole lot of other really cool nurses. And I think we've made a good group of colleagues that will keep in touch and support each other. (NPTP graduate)
- **Peer support through NP networks.** Peer support networks, conferences and meetings are facilitated through national NP organisations.
- **Peer support groups formed with other NPs working locally or in their specialty area.** NP graduates also made connections with other NPs local to them or in their specialty practice area.

The other NP from the pilot in the area and I meet every Monday and there are a couple of other NPs that weren't on the pilot but we meet, about seven or eight of us, we meet every six weeks in the evening to discuss things and maybe present. And a couple of nurses are coming through on the pilot this year that are invited and we're supporting those ladies. (NPTP graduate)

- **Workplace peer support groups.** Some graduates received formal peer support as a method of ongoing professional development after registration. They meet regularly with other NPs from their DHB to discuss cases and provide support.

I'm part of a DHB NP group that meets monthly, and then I'm also part of a PHO NP group as well that meets monthly. So, both of those groups offer ongoing education and lots of support around evolving as I am, as a novice NP. Certainly, my organisation too has been very good about me attending as much education as possible. (NPTP graduate)

However, peer support was an ongoing challenge in some workplaces where NPs had no peer group and were not accepted by doctors and specialist medical staff as members of peer support groups.

[Medical specialist] oversight is required. But that is a closed shop and medically dominated. The ones who will do it are like gold. When [NP] needed to join the peer support group it was very hard. (Employer)

7.2. Professional development

For any health professional, ongoing professional development is an essential part of maintaining competency. The NCNZ sets minimum continuing competency requirements for NPs and expects NPs as advanced clinicians to self-regulate and practice within their area of competence and experience.⁸

Funding for ongoing professional development differed widely between type of employer and between professional groups. For example, Auckland DHB provided \$6,000 a year per NP for ongoing education and professional development such as conferences. This could be accumulated for up to three years to a total of \$18,000. While this sum was less than that provided to medical personnel, it was substantially more than many DHBs provided to NPs. In contrast, Southern DHB provided no funding for NP ongoing professional development. Auckland DHB also pays registration fees for its NPs, which is not the case in every DHB.

Disparities in professional development support risks skill shortages in districts which provide less funding for ongoing professional development.

⁸ [Nurse Practitioner Scope of Practice Guidelines for Applicants April 2017](#)

Support for professional development is usually less for both doctors and NPs in primary care and NGO environments than for those employed by a DHB. NPs employed in primary care recognised the need for ongoing professional development and described the wide variety of cases they could see.

Primary care is such a large area, there's so much to learn... newly qualified NPs are going to need more clinical support for longer. (NPTP graduate)

Some NPs and nursing organisation stakeholders compared their roles to GP registrars and noted the need for a similar formal professional development programme for newly registered NPs.

Until NPs are recognised at the level of the doctors then we're going to struggle in a lot of ways. The GPs we get through the practice are doctors already, they've been qualified for a while, they get a day a week of university time and they get clinical supervision as well for a whole year.... We're not given that level of assistance. (NPTP graduate)

Guidance from the Ministry of Health and including professional development and supervision in contracts were suggested as approaches to strengthening what was available for NPs.

And I guess the only other improvement, ...it's that although you've got that letter of support from your employer, for that to be a bit more robust around start times, commitment to professional development, commitment to professional supervision, things like that. (NPTP graduate)

7.3. Workforce development

One of the five themes in New Zealand's Health Strategy⁹ is "one team". This theme emphasises the importance of a health workforce with the size and skills to match New Zealand's current and future needs. NPs bring advanced nursing skills to healthcare, to complement the roles of other members of the health team. NPs are a key component of a future health workforce with the potential to improve health status and reduce the national burden of chronic disease.¹⁰

The NP workforce is particularly important in rural areas to complement the GP workforce.

Especially in rural areas and in general practise where it's harder everywhere now, not just isolated areas, to get GPs in. I think that's where it will benefit the most from having NPs doing their clinics within primary health. (NPTP graduate)

⁹ <http://www.health.govt.nz/new-zealand-health-system/new-zealand-health-strategy-future-direction/five-strategic-themes/one-team>

¹⁰ <http://www.health.govt.nz/our-work/nursing/developments-nursing/nurse-practitioners>

It's a very cost-efficient way to meet the clinical demands in smaller hospital. She costs half what I cost but she does 95% of the job. It's the best value for money in terms of expertise. (Clinical supervisor)

Increasing awareness and understanding of NPs was consistently described by individuals and organisation representatives interviewed for the evaluation as an important next step in developing the NP workforce. Most NP graduates, education providers and stakeholders spoke of widespread lack of awareness of the NP role.

There's a need for a lot more knowledge and information out there generally, for doctors, nurses, receptionists, everyone, before the NP scope is fully accepted. (NPTP graduate)

People just don't understand what the role is for. They think I'm a glorified nurse specialist or a junior doctor. It's quite challenging really to be a pioneer. (NPTP graduate)

Lack of understanding about the NP role was described as a barrier to increasing the number of NPs in the workforce, to finding suitable roles for graduates, and to NPs working to the top of their scope of practice. Lack of awareness of the role led to lack of understanding about how to work with NPs.

As well as lack of awareness of the NP role, those interviewed also described resistance to the NP role, primarily from medical professionals. This resistance was described across both DHBs and PHOs. Some medical professionals were described as seeing NPs as “just” a nurse, and not accepting they can work to their full scope of practice. This results in opposition ranging from refusal to let the NP participate in team development to refusal to let NPs work unassisted.

Anecdotally, other new NPs have, I believe, come across quite some resistance from medical colleagues, saying “oh, so you want to be a doctor” and you know, sometimes quite negative or hostile responses. (NPTP graduate)

Hopefully because there's more and more NPs coming in then it will get rid of that fear, or that sort of threatening... more health practitioners will see NPs working well in their various specialities and it will alleviate that fear. (NPTP graduate)

A few of those interviewed also described resentment from other nurses that could make it hard for NPs to find support among their colleagues.

Some of the nurses, they can't, some of them are resentful. Jealous maybe, and some of them just don't understand it. It was repeating myself over and over and over but it was to nurses, that was probably the most challenging thing. (NPTP graduate)

They then no longer truly fit the nursing world, and some nurses are a bit jealous of that, a bit envious, and they don't actually fit the medical world either. They

don't know who to go to for their immediate collegiality. Their tendency is to go to nurses, and nurses can be a bit hard on them. (Stakeholder)

Increasing the numbers of NPs registering and practicing was one way to increase awareness of the NP role. The NPTP requirement for employers to guarantee a NP role for students also has the potential to increase awareness and acceptance of the NP role and scope of practice.

It makes explicit, visible and valid the preparation for a role that the sector takes seriously. The visibility and legitimacy of the training programme is crucially important. (Stakeholder)

[The programme] develops a raised awareness and it gives people the opportunity to go into that programme with the knowledge that they will have a role at the end of it. Which is good for nursing because it adds another layer to career progression. (NPTP graduate)

7.4. Suggestions to develop the NP workforce

Many stakeholders and education providers asked for a more robust workforce development plan to be developed to ensure that roles for NPs are being created in the appropriate areas and then filled.

Support from the Ministry of Health and other health agencies such as ACC and Pharmac was suggested as a possible way to increase the visibility and acceptance of NPs.

We do have a workforce development issue – education needs to be working with service delivery around workforce development and having workforce developments plans in place. (Other education provider)

A workforce development strategy had the potential to provide a mandate for employing NPs.

It isn't always about the doctors, it is the peripheral structures as well, and the budget holders. (NPTP education provider)

There were different views about the extent a workforce strategy should be nationally or regionally led but most saw it as a collaborative effort between service providers such as DHBs, education providers, and national stakeholders. One stakeholder suggested Medical Colleges could have a role in understanding the NP role and function and promoting how NPs work.

I think the gaps and the challenges are beyond the scope of education, they're more in the health model of care I suppose, or provision of care. (Other education provider)

Some employers, particularly DHB employers were actively developing strategies to increase NP employment. Strategies included:

- Developing NP roles within their own teams rather than advertising for NPs.
A workforce strategy for NPs would give the profession guidance about where they are headed and inspire nurses. (Employer)
- Considering who they support to complete NPTP education to ensure alignment with workforce development planning.
- Actively promoting the NP role and the benefits of a NP workforce within their districts, for example to PHOs.

One employer described a successful approach to building awareness of the NP role and what NPs could achieve. The employer funded 12-month 'seed' contracts for NPs to work in new settings such as in a primary care practice. In this way, there was no risk to the practice. If after 12-months the NP had not proved their value and demonstrated the income they could generate the role could be removed. However, the situations where this approach had been trialled had all been successful.

You have to show people what the role is... I get them on board first...I know it will pay for itself. (employer)

8. Overview and points to consider in thinking about the future of the NPTP

NPs are an essential part of New Zealand's health workforce. A demonstration NPTP was developed to take a more strategic, coordinated and timely approach to NP registration than other education pathways by addressing identified challenges with existing NP education pathways and subsequent employment of graduates as NPs.

The demonstration NPTP was based on Auckland University's NP education programme. In 2016, Massey University and the University of Auckland were funded by the Ministry of Health to run the demonstration NPTPs for twenty trainees.

The aim of the NPTP was to:

- Provide a pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs
- Support 500 hours of closely supervised clinical time to practice the advanced nursing skills needed for NP registration such as prescribing
- Prepare students for the registration process by guiding students to develop their portfolios and supporting them through the panel assessment.
- To work closely with the Nursing Council of New Zealand (NCNZ) to coordinate registration processes and position NPTP graduates to gain registration as soon as possible after graduation
- Ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

Consultation during the development of the NPTP with employers, tertiary education providers, clinical practice, clinical supervisors, New Zealand Nursing Council, the Ministry of Health (Office of the Chief Nursing Officer and Health Workforce New Zealand) and cooperation between the two NPTP tertiary education providers meant there was a clear and shared understanding about the aims of the NPTP. The programme was reviewed and minor modifications made during 2016.

Twenty-two nurses were enrolled in the NPTP: 13 at the University of Auckland and nine at Massey University. Most of the selected applicants were female and older nurses, practicing in a number of practice areas. Representation from Māori nurses was similar to the proportion of Māori in the New Zealand population.

Of the 22 nurses who enrolled in the NPTP, 19 completed the programme and 18 gained registration as NPs within approximately three months of completing the programme.

The challenges the NPTP was developed to address were well known throughout the sector. At the same time as the development and delivery of the NPTP, the NCNZ consulted with the sector about NP competencies, education standards and

minimum requirements for education providers. Consultation informed the development of new NP competencies and minimum standards for NP education providers to meet. The NCNZ has also clarified the portfolio requirements and streamlined the panel assessment processes.

8.1. The NPTP provided a focussed NP education pathway

The demonstration NPTP has provided a focussed education pathway for NP education. The more focussed NPTP has the benefits of more rapidly educating NPs and preparing them for registration, raising awareness of the NP role and stimulating workforce development.

Oversubscription for the programme enabled education providers to select applicants they considered had the necessary ability and experience to progress to employment as NPs. Applicant selection was based on understanding of the NP role, grades and potential ability to complete the course, and whether applicants were in a clinical position to complete the course. Extra points were given if applicants worked in aged care, primary care, or mental health.

When compared with NPs registered since 2016 who had attended other NP education programmes, the NPTP graduates:

- Provided consistently higher ratings about aspects of the effectiveness of the education programme delivery
- Provided mostly higher ratings about the extent they felt they had received sufficient education across a selection of topics relevant to NP scope of practice

Key elements contributing to the effectiveness of delivery of the NPTP were:

- The focus on education to specifically develop students to become NPs
- NPs as academic supervisors who could share their experiences and understanding of NP roles
- A training cohort size that allowed the development of peer support groups. NPs supported each other during training but also after registration as they developed as NPs.

The minimum criteria for NP education providers established by the NCNZ following consultation with the sector, align with the key elements contributing to the effectiveness of the delivery of the NPTP.

The NPTP provides a focussed education pathway within the approved Masters of Nursing programme that is specifically designed for prospective NPs.

Oversubscription of the places enables selection of candidates considered most suitable for progressing to employment as NPs.

Sector consultation led by the NCNZ has also helped to define a more focussed NP education pathway by describing NP competencies and minimum standards for NP education provision.

8.2. Supported and supervised clinical time was effective in enabling the NP trainees to develop skills to practice as NPs

The NPTP funding for clinical release time allowed NPTP students protected time to gain clinical experience under supervision. Feedback from employers and NPs highlighted the benefits of the funding for clinical release and to backfill clinical release time in developing their NP workforce. The funding made a difference to employers and contributed to employers being able to support more nurses to become NPs.

Overall, NP trainees were positive about the clinical supervision they received. NPTP trainees provided higher ratings than nurses from other education programmes about all aspects of their clinical supervision.

Although some employers noted changes in confidence and competency for nurses who had completed the NPTP, the NPTP graduates did not self-assess themselves as substantially more prepared to work as a NP than other graduates.

There are ongoing challenges in finding people to backfill clinical release time in primary care settings.

Clinical supervision is provided by NPs and health professionals from other disciplines. Ongoing support is needed for clinical supervisors, especially those who are not NPs so they understand the NP scope of practice and their role as supervisors.

The ability to choose the applicants for the NPTP who best meet the selection criteria, and the additional clinical experience are likely to contribute to better prepared NPs at registration. However, lower ratings for overall preparedness to work as a NP highlight the importance of ongoing support for NP graduates after registration.

8.3. Coordination with NCNZ registration processes positioned NPTP graduates to gain registration as soon as possible after graduation

NPTP students were well prepared for the registration process and felt well supported throughout the process.

Of the 22 nurses who enrolled in the NPTP, 19 completed the programme and 18 gained registration as NPs in early 2017. NPTP graduates gained registration more rapidly than the comparison NPs.

At the same time as the development of the NPTP, the NCNZ made changes to clarify the portfolio requirements and streamline the panel process. These changes contributed to an increase in the number of registered NPs and have improved the process for all NP graduates.

Although NCNZ changes had streamlined the registration processes for all graduates, the NPTP graduates highly rated the support they had received to develop their portfolios and prepare for the panel assessment.

8.4. There were smooth transitions to employment as a NP for most NPTP graduates

A key difference between the NPTP and other NP education pathways was the requirement for employers to guarantee support throughout the programme and employment as a NP after registration. This requirement was considered one of the main advantages of the NPTP. The requirement for employers to guarantee students roles as NPs after registration was also described as enhancing awareness of NPs and their scope of practice, and encouraging employers to include NPs in workforce planning.

For many of the NPTP graduates the transition to employment had gone smoothly. At the time of the evaluation 13 of the 15 NPTP graduates for whom employment status was known were employed as NPs. One graduate had moved to another employer to work in the NP role she wanted. The two not working in NP roles were still negotiating their contract with their employer but were performing most of the responsibilities of an NP role. Employment status was unknown for four NPTP graduates.

Although a similar proportion of NPs from other education pathways were employed as NPs at the time of the survey, approximately one-third had taken more than six months to find employment as a NP.

The average salary of students interviewed from NPTP and employed on collective employment agreements was higher than the average salary of the graduates from other NP education pathways who completed the survey. All NPTP graduates on collective agreements started employment as NPs at level 7 or 8 on the senior nurse scale.

One goal of the NPTP was to ensure employer commitment to hire NPs, once registered, following successful completion of the education programme.

Although the transition to employment had gone smoothly for most NPTP graduates some had encountered challenges. These mainly related to agreeing employment contracts for the NP role. A suggestion to strengthen the process was to consider agreeing the terms of the NP role (scope, hours and salary) as part of agreeing to support a nurse to enter the NP education programme.

An ongoing challenge is the extent employers can guarantee employment after nurses register as NPs as changes to contracts and employment freezes can prevent employers fulfilling their intentions.

8.5. The value of continuing the NPTP

Some of the challenges the NPTP was designed to address have been addressed by NCNZ changes to the portfolio requirements, panel interview processes, and standards for education programmes for the NP scope of practice revised around the time that the NPTP began.

However, the NPTP provided a focussed pathway through education, registration and into employment. The NPTP content and the support provided for developing a portfolio and preparation for the panel assessment contributed to the successful registration and transitions to employment as NPs for most of the 2016 NPTP cohort.

The NPTP costs more per graduate than other existing NP education pathways. The largest cost item was funding for clinical supervision and student clinical release. Funding was used to pay for release and backfill for students to do the clinical supervision, and honorarium for the clinical supervisors. NPs who completed the NPTP, their clinical supervisors and employers were positive about the value of the protected clinical time.

The additional costs of the NPTP are offset by:

- Educational savings as the NPTP provided a focussed pathway for NP education, registration and employment as a NP and almost all NPTP participants completed the pathway. Other graduates completing a Masters degree may be on a different pathway such as Clinical Nurse Specialists, Nurse Educator, Nurse Researcher, Nurse Manager or may just be enhancing their knowledge within their existing role.
- Selection criteria for NPTP participants also ensured that to the extent possible nurses accepted to the NPTP had the experience and ability to complete their education and gain registration and employment as NPs.
- The financial benefits of the inclusion of NPs in the health workforce through reductions in avoidable hospital admissions and retention of patients in

primary care settings¹¹. NPs independently provide care to patients that complements the care provided by doctors. This prioritises more expensive 'doctor' time to where it is required.

8.6. Transferability of the NPTP to other education providers

There are seven Master of Nursing degrees that meet NCNZ requirements for registration in the NP scope of practice:

- Ara Institute of Canterbury (Formally CPIT)
- Auckland University of Technology
- Christchurch School of Medicine, University of Otago
- Eastern Institute of Technology
- Massey University
- Victoria University of Wellington
- Waikato Institute of Technology.

New education standards from the NCNZ will require all education providers to offer NP education programmes of a consistent standard. The NPTP is potentially transferable to other tertiary education providers who meet the NCNZ minimum criteria. However, stakeholders emphasised the need for academic supervisors, clinical supervisors and of a cohort of at least 10 students.

The people we interviewed had mixed views about the feasibility and desirability of extending the NPTP to other tertiary education providers. Most of the interviewed stakeholders supported extension of the NPTP to a tertiary education provider located in the South Island. The restricted location of the demonstration NPTP had posed a problem for some students who had to travel, especially those who lived in the South Island. Although the NPTP provided extra funding for some students it wasn't considered sufficient to cover the cost of flights and accommodation.

The advantages of extension of the NPTP to other providers were:

- Improved accessibility for students and reduced travel costs if students could attend a NPTP close to where they lived. Current education provider locations were described as limiting opportunities. A very small proportion of NPTP funding was spent on supporting student travel.
- Increased retention and the ability to grow local nurses who understood local populations into NP roles.

¹¹ Gagan MJ, Boyd M, Wysocki K, and Williams DJ. The first decade of health practitioners in New Zealand: a survey of evolving practice. *Journal of the American Association of Nurse Practitioners* (2013).

- The potential to more quickly expand the numbers of NPs. However, others cautioned the need for workforce planning before producing larger numbers of NP graduates.

Views against extension of the NPTP to more than one other provider included:

- The need to have a permanent academic staff of NPs to deliver the programme and a view there are not enough NP academic supervisors to draw on to provide more than three programmes.
- The importance of a good-sized cohort both in creating a collegial learning environment and also in providing peer support during the programme and after registration. An ideal cohort size was described as 10 students with a maximum of 20. Smaller cohorts were also considered unlikely to be cost-effective for education providers.

Regardless of decisions about extending the NPTP, providers asked for transparency in selection of education providers.

8.7. An ongoing barrier to development of the NP workforce is lack of awareness, understanding and acceptance of the NP role

NPs who are working to the full extent of their scope of practice have the potential to mitigate future workforce shortage and improve patient access to care. However, there are barriers to realising the potential of the NP workforce that have been identified in the evaluation of the NPTP and in other research about NP roles¹².

These barriers include:

- Lack of awareness of NPs and their scope of practice
- Resistance to NPs and lack of recognition of the benefits of the role from some doctors and other health professionals.

There was debate about the extent workforce planning for NPs was a national or regional responsibility. Some employers asked for national direction about the numbers of NPs per population, and more direct advocacy for the NP role.

Others had developed regional workforce strategies to promote NP models of care. Some employers provided innovative examples of how they were developing the NP role in their workforce.

¹² Walker L, Clendon J, Nelson K (2015). Nursing roles and responsibilities in general practice: three case studies. *J Primary Health Care*: 7 (3):236-243).

8.8. Summary of NP pathways to employment

Status	Education Pathway
Education	<p>The NPTP education providers delivered a high-quality and focussed NP education programme. Key elements of effective delivery were the inclusion of NPs as academic supervisors and a sufficient cohort of NP students to provide peer support through education and into employment.</p> <p>New NCNZ standards are likely to raise the standard of NP education generally. However, concentrating NP education with a few providers ensures a cohort of an adequate size to provide peer support.</p>
Clinical supervision	<p>NPTP graduates had protected clinical release time to practice as a NP and an honorarium for their clinical supervisors. Although there were some challenges in the feasibility of ‘back filling’ roles, clinical release time was an important point of difference between the NPTP and other NP education pathways. Clinical supervision could also provide support in the first year of employment as a NP. Challenges included finding suitably qualified people and paying them from the funding available.</p>
Registration	<p>The NPTP provided effective support for portfolio development, panel assessment and progression to registration.</p> <p>Clarity about portfolio requirements and a streamlined panel assessment process have improved the registration process for NP graduates from all NP education pathways. The additional NPTP support was highly rated by NPTP graduates.</p>
Employment	<p>Most NPTP graduates for whom employment status was known transitioned smoothly into employment as NPs and started on higher salaries than graduates from other NP education pathways.</p> <p>Comparing outcomes for the NPTP graduates with the comparison group of survey respondents is difficult. However, employment guarantees were developed in response to identified challenges for graduates in gaining employment as NPs and provide some certainty to graduates that they will be employed as a NP after registration.</p> <p>Guaranteed employment is a point of difference between the NPTP and other NP education pathways. Employment is specifically</p>

	addressed through the NPTP requirement of employer guarantees, although some challenges remain.
Status	After employment
Professional development	New NPs benefit from clinical support and mentorship for the first year of practice to help support their development as NPs and increase their confidence. Support in the first year of practice varied as did support for their ongoing professional development.
Workforce development	<p>Lack of awareness and understanding of the NP role by the general public and other health professional groups limits development of the NP workforce.</p> <p>The focussed NPTP pathway and employment guarantees were described as strategies to enhance awareness of NPs.</p> <p>Many stakeholders discussed a need for workforce planning to inform understanding of the numbers of NPs needed and to help inform decisions about extending the NPTP to other tertiary education providers.</p>

Appendix One: Logic model and evaluation questions

