Implementation of Advanced Practice Roles (Specialist Nurse and Nurse Practitioner) In Addiction Treatment

Guidance for Service Managers and Directors of Mental Health Nursing

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Rationale

The support of multiple stakeholders is required to maximise nursing potential within the mental health and addiction sector, particularly the implementation of advanced practice roles. This document aims to provide guidance to addiction treatment service managers and directors of mental health nursing on the implementation of specialist level nursing and nurse practitioner (NP) roles in the addiction treatment context.

This document complements the Aotearoa New Zealand Addiction specialty nursing (knowledge and skills) competency framework, and is congruent with the Health Workforce New Zealand Report (HWNZ) Towards the Next Wave of Mental Health and Addiction Services and Capability Workforce Service Review Report (HWNZ, 2011).

Introduction

A significant challenge is to provide accessible, equitable and responsive health care in the context of increasing demand and budget constraints. Significant contributing factors to the rising demand for health care are the increasing prevalence of chronic health problems and lifestyle related disorders, and the increasing complexity of health needs. The HWNZ Report (2011) highlights the impact of substance use problems.

“Substance use problems share high rates of co-morbidities with various mental health problems and with other physical health and social challenges, (poverty, child protection, unemployment, disrupted education, criminality etc). The personal impacts are significant, MH&A (mental health and addiction) disorders are the leading cause of disability and responsible for the greatest number of disability adjusted life years lost.” (HWNZ, 2011, p. 14)

A proposed new integrated model of health care (HWNZ, 2011) has associated workforce implications and the HWNZ Report recommends changes to the roles of specialist practitioners. With respect to primary care, the Report states, “In the future model of care specialist mental health and addiction clinicians will undertake both specialist roles and advisory and support roles within the shared care or integrated care environment proposed” (p. 26). Clinician job descriptions would combine a “reaching down” into primary care component with a specialist area of expertise component which may, for example, include locating experienced nurses (with the level of capability required for these roles) and NPs in primary care settings.

If the potential for advanced practice nursing in the addiction treatment context is to be unleashed then there is an urgent need for the strategic development of specialist and NP roles. While there is increasing recognition of the value of a range of specialist nursing roles, greater clarity around the nature of these roles and their educational preparation is required. Specialist nurse is not a regulated scope of practice, the educational pathway for specialist nursing has been unclear and specialist practice within specialty areas has not been linked with practice standards (Holloway, 2010).

In respect to specialty practice standards and knowledge and skills frameworks, the National Nursing Consortium (comprising professional nursing groups) has established a process for endorsement (National...
Nursing Consortium, 2010). In addition, the Nursing Council has recently signalled a plan to consult on nurse prescribing and to undertake a review of post-graduate pathways.

Aotearoa New Zealand addiction specialty nursing (knowledge and skills) competency framework

The Aotearoa New Zealand Addiction specialty nursing (knowledge and skills) competency framework (Addiction nursing framework) was developed by Drug and Alcohol Nurses of Australasia (DANA) with funding support from Matua Rakhi. For mental health nurses it is expected that the framework is aligned with the Te Ao Maramatanga New Zealand College of Mental Health Nursing Standards of Practice for Mental Health Nursing (2012).

The overall aim of the framework is to describe the levels of nursing practice within the addiction treatment context and the capabilities of the specialist level nurse. More specifically, the framework was designed to meet a number of objectives which included information for workforce development. The expected capabilities of each level of practice are set out in the framework as performance indicators within the four Nursing Council competency domains of practice for the registered nurse (management of nursing care, professional responsibility and leadership, interpersonal relationships, inter-professional health care and quality improvement).

For nurses who participate in professional development and recognition programmes (PDRPs) it is expected that a specialist level nurse would be at the level of proficient/expert (recognising the need for a development pathway at this current time for specialist nurses) and an advanced specialist level nurse would be at the level of expert or above (i.e. senior nursing pathway).

NP roles were introduced to New Zealand in 2002 (Ministry of Health, 2002) but there have been significant barriers to their widespread implementation, and their potential has yet to be realised within the mental health and addiction sectors. There is a growing awareness within the sectors of the potential value of the NP role and there are a small number of highly experienced addiction specialty nurses undertaking specialist level nursing roles (not necessarily formally designated as clinical nurse specialist roles) who are supported by their services and who have completed or are undertaking clinical master’s programmes and working towards applying for NP status. However, to date, only one prescribing NP with an addiction related scope of practice has been endorsed by the Nursing Council.

Specialist nurse

The definition of a specialist nurse (a level of advanced practice) accepted by nursing leaders in New Zealand (Holloway 2010) is that of the International Council of Nurses (Affara, 2009, cited by Holloway, 2010):

“A nurse prepared beyond the level of a nurse generalist and authorised to practise as a specialist, with advanced expertise in a branch of the nursing field.” (p. 270)

There are multiple roles and ways in which a specialist nurse may contribute to increasing access, and improving responsiveness and outcomes for people with addiction problems, and their families and
whānau. These include clinical case management roles focused on clients with high and complex needs; assisting clients with withdrawal management in inpatient and community/home settings; nurse led clinics within, and external to, the addiction context; outreach, particularly with vulnerable populations; and providing consultation/co-working and supervision for primary care, general hospital, mental health, NGO and other sector colleagues. However, the actual nature and establishment/development of specialist nursing roles will vary in accordance with a mix of local factors. For example, workforce mix and capability, service location and structure (e.g. rural or urban, co-location/integrated/separate service), community need, established client pathways and gaps in service provision.

The Addiction nursing framework is designed as a developmental tool and identifies two levels of specialist practice: specialist and advanced specialist, thereby recognising the continuum of practice development and the time required to complete educational pathways when experienced nurses are often working full-time and juggling family commitments.

Specialist

A specialist level nurse uses a systems approach to care in working with clients, their families and whānau and other support networks. They provide assessments and interventions for a diverse range of clients with addiction problems including co-existing mental health problems, and are a source of expert clinical advice. They also influence addiction specialty nursing and treatment practices at the local level.

This knowledge, and related skills are reflected in completed postgraduate addiction/co-existing disorders related clinically focused courses at diploma level, or certificate level and working towards completing a diploma (i.e. recognising the need for a developmental pathway at this time for specialist nurses) combined with formal/informal experiential learning.

Advanced specialist

Advanced specialist level nurses provide nursing expertise across multiple populations and settings, providing leadership and consultation. They influence the development of addiction specialty nursing and treatment at local and national levels.

This knowledge and related skills are reflected in Masters level clinically focused education preparation that includes addiction/co-existing disorders related papers, combined with formal/informal experiential learning. Again, recognising the need for a developmental pathway, such nurses may be in the process of completing a Masters level programme.

It is expected that the advanced specialist performance indicators are congruent with the Nursing Council of New Zealand advanced competencies. It is also expected that they provide guidance for those nurses who are seeking to become a nurse practitioner (Nursing Council of New Zealand, 2007) with an addiction related scope of practice.

Expected capabilities of specialist level nurses include health promotion and education, addressing co-existing physical and mental health needs, and direct provision of a range of clinical and individual, couple, family and group psychotherapeutic interventions; based on a comprehensive assessment and collaboratively developed treatment plan designed to meet the needs of individual clients and their families.
and whānau. As well as the provision of clinical care, specialist nurses provide expert advice to others and, depending on their level of specialist nursing practice, provide consultation and input to, or lead, clinical decision-making processes in a wide range of forums.

**What’s needed?**

There are several considerations in order to facilitate the successful implementation and sustaining of nurse specialist roles, which are now becoming more urgent in the context of a changing model of care. These include:

- differentiation between levels of nursing practice and the capabilities expected of nurses at a specialist level of practice
- an understanding of the education pathway requirements for specialist nurses
- the nature and capability of the present addiction treatment service workforce, local population needs, client characteristics/trends, client pathways and service delivery gaps
- clarification/review of designated specialist nursing roles within the organisation/service (if any in place) in respect to level of experience, qualifications and capabilities of the nurses in these roles, and their professional development needs in relation to expected educational preparation and experience (refer to the Addiction Nursing Framework)
- the benefits of specialist nursing roles – examples from local and/or other services/sectors and local feedback and/or experience of other service providers
- key stakeholder support for specialist nursing roles including planning and funding personnel and nursing and other clinical leaders, within and across the relevant local service/sectors
- inclusion of specialist nursing roles in service strategic plans with the associated business case
- inclusion of specialist nursing roles in annual operational budgets – with resource allocation for educational pathways and ongoing professional and clinical supervision/mentoring requirements
- role review mechanisms.

**Nurse practitioner**

Nurse practitioners (NPs) are registered nurses with advanced education and experience. They have an important role to play in improving the health of New Zealanders and reducing inequalities in access to healthcare. NPs have the ability to make complex decisions on care for individual patients and populations (Ministry of Health, 2009).

The Nursing Council of New Zealand defines nurse practitioners as:

> “expert nurses who work within a specific area of practice incorporating advanced knowledge and skills. They practise both independently and in collaboration with other health care professionals to promote health, prevent disease and to diagnose, assess and manage people’s health needs. They provide a wide range of assessment and treatment interventions, including


differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs. They work in partnership with individuals, families, whānau and communities across a range of settings. Nurse practitioners may choose to prescribe medicines within their specific area of practice. Nurse practitioners also demonstrate leadership as consultants, educators, managers and researchers, and actively participate in professional activities, and in local and national policy development.”

To qualify as an NP the following is required:

- registration with the Nursing Council of New Zealand in the Registered Nurse Scope of Practice
- a minimum of four years of experience in a specific area of practice
- successful completion of a clinically focused Masters Degree programme approved by the Nursing Council of New Zealand, or equivalent qualification
- a pass in a Nursing Council assessment of NP competencies and criteria
- successful completion of an approved prescribing component of the clinically-focused master's programme relevant to their specific area of practice.

Key potential benefits of the prescribing NP role in the addiction context include:

- participation in the Opioid Substitution Treatment Programme (OST) – to take advantage of the NP’s abilities to examine, order investigations and prescribe. The NP could support the delivery of OST clinics, particularly rurally, and assist with the development of rural registered nurses in these clinics
- the shared care OST programme that prepares and supports general practitioners to accept opioid substitution prescribing is an additional area that could be improved with the involvement of the NP. The Ministry’s target is for 50 percent of clients to receive OST in primary care (Ministry of Health, 2010)
- the ongoing development of the liaison/consultation service across the primary and secondary sector could benefit from the inclusion of an NP role
- ambulatory and inpatient detoxification/withdrawal management services would be enhanced by the NP Alcohol and Other Drug (AOD) role
- development of integrated care pathways for service users across the continuum of care can be led by the NP
- Integration of mental health and addiction services between primary and secondary sectors is supported by the NP role
- an enhanced career option for a registered nurse as well as being able to incorporate a preceptorship, supervision and/or mentorship role for other nurses
- research and auditing that can contribute to quality improvement and best practice
- opportunity to contribute to mental health and addiction service planning at a local, regional and national level
- augmentation of other clinical roles including that of nurse specialist and extend service provision as inherent in the expanded scope of practice.

**Australia**

Currently there are five AOD NP roles across Australia. The first of these roles was established in 2007 in New South Wales (NSW); there are currently three in NSW, one in Victoria and most recently one was established in Queensland. These roles work mostly in substance withdrawal management settings (in primary and secondary services), opioid substitution clinics and consultation liaison services.

**Barriers to implementation**

As mentioned previously, there are currently a number of barriers to implementation of NP roles which must be overcome for their successful implementation. These include:

- lack of defined pathway
- lack of organisational support
- no internship program in place
- broad enthusiasm for the role but lack of commitment to develop NP positions
- organisational inertia, lack of vision/willingness to develop new and innovative roles
- onerous and costly process for endorsement with nursing council.

**What’s needed?**

Organisations need to identify where NP roles are required and service managers/nurse leaders should develop business cases for these roles as a matter of urgency so that skilled nursing expertise is retained.

Directors of nursing should develop processes to identify NP candidates and place these candidates in NP internship positions, preferably at the commencement of their prescribing practicum, to ensure adequate support is provided.

NP positions should be available at the end of the internship and the endorsement process for the NP to be recruited to.
Concluding comments

This document, in conjunction with the Aotearoa New Zealand Addiction specialty nursing (knowledge and skills) competency framework, provides an overview of specialist and NP levels of practice in the context of a changing model of care in the mental health and addiction treatment context. The educational pathway expectations for specialist nurses and NP are identified as is the need for a supportive organisation/service developmental pathway for nurses on entry to working in the addiction specialty context.

Of high importance, are three critical factors for the strategic implementation of specialist and NP roles in the addiction context.

First, it is essential that managers and directors of nursing, as key stakeholders have an in-depth understanding of the nature of addiction specialty advanced practice nursing roles.

Second, that they understand the benefits of these roles and their potential contribution to increasing access and improving health outcomes for people with addiction problems, particularly for vulnerable populations and those with high and complex needs, and their families and whānau.

Finally, the establishment of specialist and NP roles need to be included in strategic and business plans with clearly defined organisation/service supported pathways to enable nurses to achieve and fulfil these roles.

References


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