



Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

ACCREDITATION AND MONITORING STANDARDS FOR REGISTERED NURSE PRESCRIBING AND NURSE PRACTITIONER PROGRAMMES

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The Council gratefully acknowledges the Pharmacy Council of New Zealand (2011) for its kind permission to refer to, adapt, and reproduce its work, based on the standards first developed by the Royal Pharmaceutical Society of Great Britain (RPSGB) and adopted by the General Pharmaceutical Council (UK) for independent prescribing programmes in 2010. The Council also acknowledges the work of the Australian Nursing and Midwifery Accreditation Council (ANMAC) Nurse Practitioner Accreditation Standards (2015) and Canadian Association of Schools of Nursing (CASN) Nurse Practitioner Education in Canada: National Framework of Guiding Principles and Essential Components (2012) that have informed and contributed to these standards.

Introduction and background

Under the Health Practitioners Competence Assurance (HPCA) Act 2003 (the Act) the Nursing Council of New Zealand (the Council) is the authority responsible for the registration of nurses. In accordance with section 12 of the Act, the Council prescribes qualifications for scopes of practice. The Act requires the Council to accredit and monitor any New Zealand tertiary education provider offering such qualifications. The functions of the Council relating to education and registration are set out in sections 12, 15, 16, 45 and 118 of the Act (see Appendix 4).

The 'Postgraduate diploma in registered nurse prescribing for long-term and common conditions' is an additional qualification for the registered nurse scope of practice. The programme is for New Zealand registered nurses. The postgraduate diploma is offered by tertiary education providers also accredited to deliver Masters programmes leading to registration as a nurse practitioner (NP). This is because the postgraduate diploma is embedded in the NP programme.

Upon award of the qualification, graduates will be eligible to apply to the Council for an authorisation/condition to be included in their scope of practice enabling them to prescribe in primary health and specialty teams under the Medicines (Designated prescriber- Registered nurses) Regulation 2016.

Programmes leading to registration as a nurse practitioner are coursework (or taught) master's degrees providing a structured programme of clinically focused courses at an advanced level¹. Applicants for registration as a nurse practitioner must complete such a Council-accredited master's programme and meet the *Competencies for the nurse practitioner scope of practice* (2017)². After gaining this qualification, graduates will be eligible to apply to the Council for registration as a nurse practitioner with prescribing rights as an authorised prescriber under the Medicines Act 1981.

This document identifies the standards required for accreditation of these programmes.

¹ New Zealand Qualifications Authority. *Master's Degree*. Wellington [N.Z.]: NZQA. Committee on University Academic Programmes. (2015). *Universities New Zealand- Te Pūkai Tara* (page 22). Wellington [N.Z.]: CUAP, 2015.

² Nursing Council of New Zealand. (2017). *Competencies for the nurse practitioner scope of practice*.



The Standards

1. The tertiary education provider has policies, procedures and resources to support the delivery of the programme.

- 1.1. The tertiary education provider is accredited by the Council to provide a master's degree for nurse practitioner registration and a PG Dip RN prescribing programme in New Zealand under sections 12(4) and 118(a) of the Act (see Appendix 1).
- 1.2. The programme is approved/accredited through the relevant Committee for University Academic Programmes (CUAP) or New Zealand Qualifications Authority (NZQA) approval/accreditation process.
- 1.3. There is clear evidence of a governance structure that supports high-quality teaching and learning, scholarship, research and ongoing evaluation across all learning settings.
- 1.4. Effective quality assurance and quality improvement systems and processes are embedded in the organization.
- 1.5. Responsibility for and control of programme development, monitoring, review, evaluation and quality improvement are delegated to the school with oversight by the academic board or equivalent.
- 1.6. Staff, facilities, technology, equipment and other teaching resources are sufficient in quality and quantity for the anticipated student population.
- 1.7. Students have timely access to academic and clinical teaching staff, including nurse practitioners, to support their learning.
- 1.8. Cultural support resources are available for Māori and Pacific students.



2. Academic and clinical teaching staff are suitably qualified and competent for their roles.

- 2.1. 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 strong engagement with contemporary nursing education and research.
- 2.2. The coordinator of the programme/s is a registered nurse who holds a current practising certificate and a relevant postgraduate qualification. The coordinator has authority and responsibility for decision making regarding student entry, delivery and ongoing development of the programme and student progress concerns.
- 2.3. Staff have relevant clinical and academic qualifications and experience. Clinical teaching staff hold current practicing certificates.
- 2.4. Academic staff members who are not nurses have qualifications and experience that are directly relevant to the subject/s they are teaching.
- 2.5. Academic mentors for each student's practice experience are registered nurses or nurse practitioners with expertise in the relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience.
- 2.6. Academic staff are engaged in research, scholarship and the generation of new knowledge. Areas of interest, publications, grants and conference papers are documented.
- 2.7. Regular reviews of staff of performance and development needs are in place.



3. The programme content, structure and curriculum are specifically designed for the preparation of registered nurse prescribers and/or nurse practitioner candidates.

- 3.1. The nurse practitioner programme includes the postgraduate diploma in registered nurse prescribing.
- 3.2. The programme is based on national health priorities and contemporary healthcare and practice trends and underpinned by current research and scholarship in nursing, pharmacology, prescribing, education and health. (See 3.10 for details relating to the Postgraduate diploma in registered nurse prescribing for long-term and common conditions and 3.11 for Nurse Practitioner (Masters) programmes.)
- 3.3. The programme incorporates a wide range of innovative and emerging methods of learning and teaching. The modes of delivery and the learning and teaching methods are described.
- 3.4. The curriculum documentation includes maps (PG Diploma and Masters programme) that demonstrate how graduates are equipped with the professional attributes and competencies required for their scope of practice.
- 3.5. Students keep a clinical diary to record their practice experience and progress towards meeting learning outcomes and competencies.
- 3.6. There is a management strategy to address risk in the clinical environments.
- 3.7. Criteria for successful achievement are clearly articulated and communicated to all students at the commencement of the programme.
- 3.8. An exit pathway is available for students who do not meet the achievement criteria.
- 3.9. Credit recognition policies and processes are clear and well documented
 - 3.9.1. The tertiary education provider has a credit transfer and recognition of prior learning policy for the assessment of individual student applications.



- 3.9.2. The rationale for credit transfer or substitution of courses within the qualification is clearly documented in the student's file and evident on the academic transcript. All students must undertake the relevant practicum.
- 3.9.3. No student is provided with more than two opportunities to enroll in practicum courses.
- 3.10. Specific requirements for the postgraduate diploma in registered nurse prescribing for long-term and common conditions are met.
- 3.10.1. The postgraduate nurse prescribing programme is equivalent to 1,200 hours of study (120 credits).
- 3.10.2. Graduates of the postgraduate diploma show evidence of advanced knowledge of pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of and prescribing for patients with long-term and common conditions in New Zealand through completion of courses in each of these areas.
- 3.10.3. The programme includes a prescribing praxis³ with a prescribing practicum component (i.e. period of learning in practice).
- 3.10.4. The programme facilitates development of critical analysis and reflective practice, and provides students with the knowledge, skills and attributes identified in the Competencies for nurse prescribers (Nursing Council of New Zealand, 2016).
- 3.10.5. The prescribing practicum consists of at least 150 hours of clinical practice under the supervision of a prescribing mentor in a collaborative health team environment. The practicum includes opportunities to develop diagnostic skills, patient consultation and assessment skills, clinical decision making and monitoring skills. The prescribing practicum requirements are detailed in the Guideline: Prescribing practicum for registered nurses prescribing in primary health and specialty teams (2016)

³ The prescribing praxis is to include content on the legal, regulatory, ethical and policy framework for prescribing in New Zealand.

3.10.6. Successful completion of the prescribing practicum is demonstrated through:

- a) Completion of 150 hours of supervised prescribing practice verified by the nurse's employer
- b) Completion of a prescribing practice feedback log which includes:
- c) Prescribed drugs including indications for use, doses, monitoring the patient's response and relevant pharmacokinetics
- d) Comment from the prescribing mentor
- e) An in-depth patient case study reflecting knowledge of the assessment process, identifying provisional diagnoses and plan of care and demonstrating applied knowledge of pharmacopoeia,
- f) Assessment against the prescribing competencies completed by the prescribing mentor in collaboration with the academic mentor.

3.11. Specific requirements for nurse practitioner preparation are met:

3.11.1. The masters programme is equivalent to 2,400 hours of study (240 credits). The master's degree comprises a minimum of 40 credits at level 9 with the remainder at level 8⁴.

3.11.2. The programme incorporates a nursing conceptual framework, facilitates critical thinking, clinical reasoning, self-directed learning skills and reflective practice. Application of research and theory to advanced practice is explored.

3.11.3. Graduates demonstrate autonomy, clinical judgement, collaborative relationships and accountability in the nurse practitioner scope of practice.

3.11.4. Masters graduates also demonstrate advanced skills and knowledge in the areas of health policy, health systems, leadership and management, scholarship and evidence-based practice.

3.11.5. The programme includes a practicum component focused on nurse practitioner competencies. Graduates of the nurse practitioner programme must complete a minimum of 300 hours practicum experience. Those who

⁴ New Zealand Qualifications Authority. *Master's Degree*. Wellington [N.Z.]: NZQA. Committee on University Academic Programmes. (2015). *Universities New Zealand- Te Pūkai Tara* (page 22). Wellington [N.Z.]: CUAP, 2015.

have completed the postgraduate diploma in registered nurse prescribing may include the 150 hours prescribing praxis as part of the 300 hours total.

3.11.6. The nurse practitioner practicum is the final component of the master's programme for the nurse practitioner scope of practice. The practicum includes opportunities to integrate theory with diagnostic and clinical decision-making skills in complex health situations and to develop advanced leadership, collaborative and innovative clinical practice skills. Students work with population groups across at least two settings. Students who do not have prescribing authority also meet the requirements of the prescribing practicum for registered nurses preparing to prescribe in primary health and specialty teams.

3.11.7. A clinical mentor (nurse practitioner or experienced medical practitioner) is assigned to each student to support the development of their knowledge and skills. In one practicum experience the clinical mentor must be a nurse practitioner.

3.11.8. Students develop their own learning goals in discussion with their clinical and academic mentors.

3.11.9. The education provider negotiates the practicum (including clinical mentors) for each student before commencement of the placement and monitors progress over its duration.

3.11.10. The nurse practitioner practicum includes:

- a) completion of at least 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 experience;
- c) two in-depth, comprehensive case studies;
- d) summative assessment against the Competencies for the nurse practitioner scope of practice completed by the clinical mentor in collaboration with the academic mentor.

3.11.11. Entry requirements meet the requirements of NCNZ
The student is required to



- a) be a registered nurse with a current New Zealand practising certificate and be in good standing with the Council;
- b) have three years' equivalent full-time practice in the area in which they intent to prescribe. At least one year of practice must be in New Zealand;
- c) practice in a collaborative relationship with a multidisciplinary team and have the support of a prescribing mentor (a senior medical practitioner or nurse practitioner);
- d) have approved access to an area of clinical practice in which to develop their prescribing skills;
- e) Nurse practitioner students must also have access to a second clinical area that will enable broadening of clinical knowledge and skills.

Note

The tertiary provider is responsible for establishing any other entry requirements. Admission and progression should be based on the evaluation of documentary evidence (including the academic record) of the applicant's ability to undertake postgraduate study. In addition, specific health service requirements for entry to the practicum (e.g. immunisation, police vetting) must be met.

3.12. Student assessment

- 3.12.1. The programme demonstrates coherence across course content, learning outcomes and assessment processes including meeting the competencies for RN prescribing or nurse practitioner.
- 3.12.2. Policies and processes for ensuring academic integrity are in place and are clearly communicated to students.
- 3.12.3. A variety of assessment processes are utilised including practical assessment.
- 3.12.4. Marking criteria are explicit and made readily available to students.
- 3.12.5. Moderation policies and processes are in place to ensure fairness and consistency in the assessment of student learning.
- 3.12.6. Appeal processes are made explicit to students and appeal panels include a registered nurse with a current practising certificate.



3.12.7. Nurse practitioner candidates complete the following:

- a) a portfolio of learning⁵, which includes a diary of clinical practice experience
- b) an objective structured clinical examination (OSCE) of patient assessment and diagnostic reasoning skills
- c) viva voce (or oral) clinical assessment
- d) assessment of practice by a clinical mentor in collaboration with the academic mentor.

⁵ A portfolio of learning is an opportunity for the student to reflect on and demonstrate their learning within the education programme.



4. The programme is designed and delivered in collaboration with clinical partners.

- 4.1. An advisory committee with representation from providers and stakeholders (e.g. consumers, professional organisations, primary and secondary health providers, consumers and representatives of the communities where graduates may be employed) meets regularly to advise, monitor and evaluate the programme.
- 4.2. Collaboration between practice partners and the tertiary education provider is evident in curriculum design and clinical experience, the preparation of mentors and orientation of students.
- 4.3. A formal written agreement exists between the tertiary provider and the organisation providing practicum experience including the role of the clinical mentor.
- 4.4. Each student is assigned both an academic mentor and a prescribing mentor who work together to support student learning and assess students against the competencies.
- 4.5. The prescribing mentor is provided with an orientation to the requirements of the role including expectations for teaching, supervision, mentoring, assessment, guidance and support (see Appendix 3).
- 4.6. Regular meetings are held between the academic, the prescribing mentor, and the student to discuss student progress.
- 4.7. Practicum hours are validated by the prescribing mentor in the student's log.



5. The programme is evaluated regularly and quality improvements identified and implemented as a result.

- 5.1. Courses, teaching strategies and clinical experience are regularly evaluated and feedback is used to improve quality.
- 5.2. Professional development opportunities are provided for staff to improve effectiveness in teaching and assessment.
- 5.3. Programme content is regularly revised to include contemporary and emerging practice issues and current research.



Appendix 1 Expected Graduate Outcomes – RN Prescribing

Following the successful completion of the postgraduate diploma, graduates will be able to:

- demonstrate advanced knowledge of scientific concepts and common pathophysiological processes
- understand the underlying principles of pathophysiology and clinical management of long-term and common conditions, e.g. cardiovascular disease, diabetes and related conditions, respiratory disease, common infections, anxiety and depression
- critically analyse and interpret research-based knowledge regarding pathological changes in selected disease states
- apply client assessment skills and diagnostic reasoning at an advanced level in their practice within their scope of practice
- critically analyse clinical assessment findings in relation to underlying pathophysiological processes and analyse and generate solutions to clinical problems
- articulate advanced knowledge of client assessment and diagnostic reasoning to formulate a list of differential diagnoses or a diagnostic decision
- demonstrate knowledge of principles of pharmacokinetics and pharmacodynamics, and apply these to client variables (such as age and disease state)
- critically analyse pharmacotherapeutic indications for common classes of drugs for long-term and common conditions
- critically evaluate the causes of antimicrobial resistance and the importance of incorporating non-pharmacological strategies and knowledge of local resistance patterns into prescribing practice
- demonstrate the ability to identify contraindications, effects and drug interactions associated with the use of prescription, over-the-counter and complementary medicines and devices



- demonstrate the ability to recognise situations of drug misuse and drug seeking, and take appropriate action
- demonstrate the ability to perform a comprehensive medicines assessment and to make safe prescribing decisions within professional and regulatory frameworks.



Appendix 2 Expected Graduate Outcomes – Nurse Practitioner

Following the successful completion of the programme the student will be able to:

- demonstrate advanced knowledge of pathophysiology, pharmacology, assessment and diagnostic reasoning in relation to the clinical management of and prescribing for clients with long-term and common conditions in New Zealand. This includes Māori and Pacific peoples and older adults
- integrate a broad base of theoretical scientific and clinical knowledge and skill within a framework of nurse practitioner practice; demonstrate a high level of clinical proficiency in complex health consumer situations and an ability to practise across healthcare contexts
- apply critical thinking, clinical reasoning and problem solving to determine differential
- diagnoses and apply advanced pharmacological knowledge when making prescribing decisions
- critically appraise scientific literature, integrate research findings into nurse practitioner practice, and integrate research to advance practice and health services to develop innovative solutions across healthcare settings
- demonstrate a high level of interpersonal skills: communicate effectively and establish effective collegial relationships with interprofessional teams and work in consultation and collaboration with health consumers, whānau and diverse communities
- make diagnostic and therapeutic interventions utilising current technology to inform practice; proactively seek and evaluate new information and technologies to improve health consumer outcomes
- recognise the values intrinsic to nurse practitioner practice; demonstrate a commitment to lifelong learning through critical reflection and self-monitoring; mentor and enhance the professional development of others
- critique health policies from a population health perspective; synthesise legal and socio-political issues in healthcare and organisational, policy and funding/business influences on practice and health outcomes



- demonstrate a sound understanding of current legislation related to nurse practitioner practice; work in an autonomous and accountable practice framework as a senior member of interprofessional teams; and demonstrate high level clinical leadership and management skills
- demonstrate achievement of the Council's *Competencies for the nurse practitioner scope of practice*.

Adapted from Curtin University: Master of Nursing (Nurse Practitioner) Learning Outcomes.



Appendix 3 Guidelines for the clinical mentor in the nurse practitioner practicum

The clinical mentor in the nurse practitioner practicum should:

- assist the student in the development of diagnostic and clinical decision-making skills in complex health situations relevant to their proposed role as a nurse practitioner
- ensure the student is fully integrated into the clinical team
- assist the student to develop consultative and collaborative leadership and advanced practice skills for population groups.
- assess student achievement of the learning outcomes and confirm the completion of the required hours practice experience.
- complete, in collaboration with the academic mentor, an assessment and professional declaration which confirms that, in his/her opinion, the student has met the skills and Competencies for the nurse practitioner scope of practice



Glossary

Academic mentor:

A registered nurse or nurse practitioner with expertise in a relevant clinical practice area and an academic qualification in education or equivalent learning and teaching experience, employed by the tertiary education provider to support the student's practice experience.

Authorised prescriber:

An authorised prescriber can prescribe all medicines appropriate to their scope of practice and is not limited to a list of medicines specified in regulation (includes medical practitioners, dentists, nurse practitioners, optometrists and midwives).

Clinical mentoring:

Mentoring is a process by which the mentor is able to support and help the student to develop their knowledge, skills, thinking, behaviours, problem solving and performance.

Competence:

The combination of skills, knowledge, attitudes, values and abilities underpinning effective performance.

Competencies:

Skills, knowledge and attitudes by which performance and professional conduct are assessed to obtain registration and maintain competence as a nurse practitioner.



Curriculum:

The full outline of a programme of study, usually built around a conceptual framework with the educational and professional nursing philosophies underpinning the curriculum and includes: the philosophy for the programme; the programme structure and delivery modes; subject outlines; linkages between subject objectives, learning outcomes and their assessment, and national competencies or standards of practice; teaching and learning strategies; and practice experience plan.

Designated prescriber:

A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in the applicable designated prescriber regulations. See Medicines (Designated Prescriber-Registered Nurses) Regulations 2016.

Learning contract:

Identified and agreed learning objectives for practice experience including a plan for achieving and regular clinical mentoring meetings.

Objective Structured Clinical Examination (OSCE):

An approach to the assessment of clinical competence in which students demonstrate specific skills and behaviours in a simulated work environment, normally with standardised patients.

Prescribing mentor:

An authorised prescriber (senior doctor or nurse practitioner) who works within the same collaborative team as the registered nurse with whom she/he can readily seek advice on diagnosis and prescribing as required.



Prescribing practice:

Participation in patient consultations that includes a comprehensive medicines assessment and consideration of the patient's treatment plan including prescribed medicines. It will include the assessment, clinical decision making, and monitoring skills outlined in the *Competencies for nurse prescribers*.

Primary health:

Relates to the professional healthcare provided in the community, usually from a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice. Primary healthcare covers a broad range of health services, including diagnosis and treatment, health education, counselling, disease prevention and screening.

Programme:

The full programme of study and experiences that must be completed before a qualification can be awarded.

Specialty teams:

Groups of health professionals including senior medical practitioners, nurse practitioners and registered nurses who support patients with particular chronic conditions; for example, respiratory or cardiovascular health concerns. Teams are often based in hospital outpatient settings and hold regular clinics to assess or review long-term condition management of patients.

Practice experience (practicum):

A clinical learning experience designed to practice and integrate advanced clinical skills, role identity and professional skills for nurse practitioner practice.

Prescribing:

The steps of information gathering, clinical decision making, communication and evaluation which result in the initiation, continuation or cessation of a medicine.

Scholarship:

Application of systematic approaches to acquiring knowledge through intellectual inquiry. Includes disseminating this knowledge through various means such as publications, presentations (verbal and audio-visual) and professional practice, and the application of this new knowledge for the enrichment of the life of society.



Specialty teams:

Groups of health professionals including senior medical practitioners, nurse practitioners and registered nurses who support patients with particular chronic conditions; for example, respiratory or cardiovascular health concerns. Teams are often based in hospital outpatient settings and hold regular clinics to assess or review long-term condition management of patients.

Student assessment:

Formative and summative processes used to determine a student's achievement of expected learning outcomes. May include written and oral methods and practice or demonstration.

Tertiary education provider:

University, or other higher education provider, responsible for a programme of study, the graduates of which are eligible to apply to the Council for registration or prescribing rights.

Viva voce (oral) clinical examination (viva voce, meaning 'living voice'): The clinical viva examination is a method of assessing a student's ability to use knowledge in a face-to-face examination encounter. Various titles for this assessment approach are used and are derived from two basic models. The 'short case' model focuses on specific skills or sub-skills and can take the form of an objective structured clinical examination (OSCE) or a case presentation on a specific clinical activity; this approach is usually a formative assessment. The 'long case' model is used as a summative assessment. It seeks to examine the student's ability to apply knowledge in an actual clinical situation. The long case exam requires the student to use professional communications skills to collect, analyse, synthesise and evaluate clinical information, to use differential diagnostic procedure and determine a management plan. The long case model assesses learning outcomes related to deep learning, application and synthesis of knowledge and high-level clinical reasoning.



Appendix 4 References

Reference: Health Practitioners Competence Assurance Act 2003, sections 12, 15, 16, 45 (4)(5) and 118.

12. Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under [section 11](#).

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under [section 11](#):

(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:

(b) the successful completion of a degree, course of studies, or programme accredited by the authority:

(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:

(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:

(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under [section 11](#).

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a) and may monitor any overseas educational institution that it accredits for that purpose.



15. Requirements for registration of practitioners

(1) The authority appointed in respect of a health profession may register an applicant as a health practitioner permitted to practise within a scope of practice if the applicant—

(a) is fit for registration in accordance with [section 16](#); and

(b) has the qualifications that are prescribed, under [section 12](#), for that scope of practice; and

(c) is competent to practise within that scope of practice.

(2) An authority may, for the purposes of subsection (1)(b), treat any overseas qualification as a prescribed qualification if, in the opinion of the authority, that qualification is equivalent to, or as satisfactory as, a prescribed qualification.

(3) An authority may vary a prescribed qualification in any case where the authority—

(a) proposes to limit the health services that the applicant will be permitted to perform; and

(b) is satisfied that the varied qualification is adequate—

(i) for the performance of those health services; and

(ii) for the protection of the public.

6. Fitness for registration

No applicant for registration may be registered as a health practitioner of a health profession if:

(a) he or she does not satisfy the responsible authority that he or she is able to communicate effectively for the purposes of practising within the scope of practice in respect of which the applicant seeks to be, or agrees to be, registered; or

(b) he or she does not satisfy the responsible authority that his or her ability to communicate in and comprehend English is sufficient to protect the health and safety of the public; or

(c) he or she has been convicted by any court in New Zealand or elsewhere of any offence punishable by imprisonment for a term of 3 months or longer, and he or she does not satisfy the responsible authority that, having regard to all the circumstances, including the time that has elapsed since the conviction, the offence does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or



- (d) the responsible authority is satisfied that the applicant is unable to perform the functions required for the practice of that profession because of some mental or physical condition; or*
- (e) he or she is the subject of professional disciplinary proceedings in New Zealand or in another country, and the responsible authority believes on reasonable grounds that those proceedings reflect adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (f) he or she is under investigation, in New Zealand or in another country, in respect of any matter that may be the subject of professional disciplinary proceedings, and the responsible authority believes on reasonable grounds that that investigation reflects adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (g) he or she—*
- (i) is subject to an order of a professional disciplinary tribunal (whether in New Zealand or in another country) or to an order of an educational institution accredited under [section 12\(2\)\(a\)](#) or to an order of an authority or of a similar body in another country; and*
- (ii) does not satisfy the responsible authority that that order does not reflect adversely on his or her fitness to practise as a health practitioner of that profession; or*
- (h) the responsible authority has reason to believe that the applicant may endanger the health or safety of members of the public.*

45. Notification of inability to perform required functions due to mental or physical condition

(4) Subsection (5) applies to a person in charge of an educational programme in New Zealand that includes or consists of a course of study or training (a course) that is a prescribed qualification for a scope of practice of a health profession.

(5) If a person to whom this subsection applies has reason to believe that a student who is completing a course would be unable to perform the functions required for the practice of the relevant profession because of some mental or physical condition, the person must promptly give the Registrar of the responsible authority written notice of all the circumstances.



118. Functions of authorities

The functions of each authority appointed in respect of a health profession are as follows:

- (a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes:*
- (b) to authorise the registration of health practitioners under this Act, and to maintain registers:*
- (c) to consider applications for annual practising certificates:*
- (d) to review and promote the competence of health practitioners:*
- (e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners:*
- (f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners:*
- (g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public:*
- (h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession:*
- (i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession:*
- (j) to liaise with other authorities appointed under this Act about matters of common interest:*
- (k) to promote education and training in the profession:*
- (l) to promote public awareness of the responsibilities of the authority:*
- (m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.*

