Q6: Do you support nurse practitioner being a broad generic scope of practice (like registered nurse and enrolled nurse) and the removal of the requirement for registration to be restricted to a specific area of practice?

Yes,

Please give your reasons
PCNZ agrees to the nurse practitioner scope being a generic scope but believes it should still require their specialisation to be part of registration within that scope. Nurse practitioners are specialists and have specialised clinical knowledge, skills and understanding relevant to their area of prescribing practice. This requirement should be reflected in the scope of practice but the specialist area they work in should be part of the registration requirements within the scope.

Q7: Do you support the focus on leadership within clinical practice in the new proposed scope of practice statement?

Yes,

Please give your reasons
Leadership and mentoring should be a role all experienced practitioners take up; if not in the scope then certainly in the relevant competence standards.

Q8: Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?

Yes,

Please give your reasons
The HPCAA 2007-09 review outlined the principles for developing or reviewing scopes, and these included defining scopes to protect public health and safety rather than responding to professional preferences. Criteria to guarantee public safety and quality of practice when extending prescribing rights includes education, registration, restriction of prescribing authority to the scope of practice, monitoring and communication of information between health practitioners. Prescribing inherently increases the risk to public safety so the scope of practice for advanced practitioners should clearly differentiate between the skills required at this level and those for entry or mid-level practitioners.
Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

No,

Please explain your reasons or suggest changes or alternative wording
PCNZ partially agrees with the wording of the new scope but notes that some wording could be clarify intent. The revised scope suggests that nurse practitioners will be primary diagnosticians. It also indicates that at times they may work autonomously. What is not clear are the checks and balances around their prescribing practice if in fact these two things are true. If they are not to be the primary diagnostian, but will prescribe according to a confirmed diagnosis, this should be clarified in the scope.

Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons
The key principles for nurse practitioner education must by necessity be broad brush, but the programmes must ensure that nurse practitioners must understand their own limitations in light of the training. They must be accountable and responsible for their prescribing decisions and recommendations within their specialty. Consequently the core learning outcomes may be broad brush, but each practitioner should be required to spend practice hours immersed in their intended specialty.

Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

Yes,

Please give your reasons
PCNZ sought comment from pharmacist prescribers as to the value of specifying clinical learning time within the programme. Pharmacists who have successfully completed the prescribing programme would endorse the need for specific clinical learning time as part of the nurse practitioner’s experiential learning. As part of the learning cycle it would encourage students to think more deeply, develop critical-thinking skills, and transfer their learning into action. It gives them an opportunity to discover more about both the practical limits and the wider applications of their new knowledge as they begin to take what they learned in one situation and use it in another, demonstrating what they have learned.

Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?

PCNZ believes it would be beneficial for prescribing programmes for non-medical prescribers to be standardised as much as possible. The post graduate qualification for pharmacist is equivalent to 600hrs of study and includes a prescribing practicum. The prescribing practicum consists of 300hrs and includes at least 20 x 7.5 hr days (i.e. 150 hours out of the 300hours) of supervised practice under a Designated Medical Practitioner (DMP).
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<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>Q13: Do you think that a student must have employer support to complete a practicum with supernumerary hours?</td>
<td>Yes, Please give your reasons Employer support for a practicum with supernumerary hours would help in terms of continuity of the role and the position, and may ultimately assist in breaking down employment barriers to what is essentially an under-utilised resource. Although the role of nurse practitioner was established in 2000, it has been slow to develop, and by July 2006, only 25 nurse practitioners were practising. This level of uptake is similar to the UK where employment barriers have been identified and pathways to improve role development recommended. Locally, on-going employer support that is established at the beginning of the programme and continued through providing supernumerary hours would contribute to role development.</td>
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<td>Q14: What other requirements for the clinical learning hours should be specified by the Council e.g. mentor criteria, setting, competence or other assessments?</td>
<td>Additional requirements to consider include influences on, and psychology of prescribing, prescribing in a collaborative healthcare team, examination skills, history taking, critical thinking and reflective practice.</td>
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<td>Q15: Do you think the Postgraduate diploma in registered nurse prescribing for long term and common conditions should be a pre-requisite for nurse practitioner programmes?</td>
<td>Yes, Please give your reasons PCNZ believes that an understanding of common long-term, chronic conditions should be a pre-requisite for all non-medical prescriber education whether or not this is required as a stand-alone post graduate qualification.</td>
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<td>Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?</td>
<td>Yes, Please give your reasons The HPCAA gives the Nursing Council the mandate to protect the health and safety of members of the public by providing mechanisms to ensure nurse practitioners are competent to practice. This should include oversight of the education programme outcomes which would ensure consistency across providers. The Act also requires NCNZ to accredit any prescribed qualification and monitor any New Zealand educational institution that is providing such an accredited qualification.</td>
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Q17: Do you agree with the draft programme outcomes for nurse practitioner?

Yes,

Please explain your reasons or suggest changes or alternatives

Overall, the draft programme outcomes appear sufficient in all areas except pharmacological and pharmaceutical knowledge. The Pharmacy Council would encourage the Nursing Council to consider a future view where education programmes for non-medical prescribers are integrated and multidisciplinary eg courses could be offered jointly to pharmacists and nurses. Courses could be by both the Pharmacy Council and the Nursing Council. Although there are pros and cons to this approach and it may be challenging to provide a ‘one-size fits all’ programme, the knowledge and skills each profession brings to the programme would complement the other. Where the main challenge for pharmacists is a lack of ‘clinical’ skills, e.g. diagnosis, medical examination/consultation skills, clinical governance etc., the main challenge for nurses is likely to be pharmacological and pharmaceutical knowledge. Interdisciplinary interaction at the post-graduate level may overcome some of these challenges. This would also lead naturally to the development of generic prescribing competencies that are relevant to all non-medical prescribers.

Q18: Do you think that the Council has a role in accrediting tertiary courses and programmes that do not lead to nurse practitioner or registered nurse prescribing?

Yes,

Please give your reasons see Q16

Q19: Any other comments on the scope of practice or education programme?

Respondent skipped this question