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
NP are educated and have the insight and understanding to develop their own practice and not undertake activities outside their competence, very similar to medical practitioners. NP are responsible for determining what medications/treatments they are competent to prescribe. Experience and expertise develops over time. Self-definition may be useful but not mandatory to define scope at registration. However, the group needed clarification about a couple of points: • around Mental Health for NP’s who are registered as RGON – is it anticipated that if an NP gains experience and confidence in this area they could assess, diagnose and treat mental health conditions they feel competent with (including prescribing medication) without further formal education, training or application to NC? • For NP’s who are already registered and have a narrower area of practice such as diabetes or respiratory, what impact will the proposed changes have to their registration and practice. There is no mention of this in the current document that we could identify. Some of the group indicated this would be very useful in their practice and give better and sooner access to clients, others unsure.

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

Yes,

Please give your reasons
Focus on clinical leadership is integral to the NP role. However, other leadership areas will develop for the NP over time. New opportunities will arise due to the position. The current leadership requirements prior to achieving NP registration can distract from the concentration required for the NP clinical role.

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
Emphasis on advanced nursing skills and knowledge gives clarity about differentiation from RN (especially important with RN prescribing) and provides holistic aspect to scope.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tr>
<td>Q9: Do you agree with the proposed new scope of practice for nurse practitioner?</td>
<td>Yes, &lt;br&gt; Please explain your reasons or suggest changes or alternative wording &lt;br&gt; Gives good overview of capabilities and accompanying legislation, allows others to have better understanding of what an NP is.</td>
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<td>Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?</td>
<td>Yes, &lt;br&gt; Please give your reasons &lt;br&gt; A dedicated Masters with broad focus will reduce confusion and give greater confidence to nurses undertaking this pathway. Also will give broader employment options and in the future allow easier access to populations if NP can move easily into new expanded roles. We wonder where Mental Health fits in with the broad focus? Would be good to have definite pathway to incorporate Mental Health into the Primary Health area. Would need to ensure nurses can enter with post Grad Cert/ Diploma if can cross credit similar papers or from overseas study if appropriate. Members of the group also asked that the university papers relating to clinical practice (eg: advanced assessment and clinical decision making) are more primary care focused. This will allow for the development of appropriate advanced assessment skills that will enhance the nurses skill set required to become an NP. Some nurse’s experience in the past found that such papers had a very secondary care and ICU focus which had little relevance to primary care. Nurses felt they had limited skills in assessment of some areas such as eyes, skin cancer or some musculoskeletal conditions. Therefore an intensive trainee intern programme may address these issues more easily.</td>
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<td>Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?</td>
<td>Yes, &lt;br&gt; Please give your reasons &lt;br&gt; WE have answered all the following questions in this block sorry! A specific clinical learning times a good idea but within programme. 500 hours seems good base. A wide range of experience over time is needed to become competent and safe. Employer support – ideal but should not be mandatory. Some NP hopefuls may be in a situation where they can gain initial experience without much employer support then be offered support from other areas. These nurses still need Council backing until they gain confidence. Other requirements are a mentor, very important for a prospective NP. Setting may be difficult to outline all settings for the future. Competence could be defined as an RN who is further along the pathway towards NP or more senior or experienced. Prescribing Supervisor should be kept as is now defined.</td>
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**Q12:** How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?

see above

**Q13:** Do you think that a student must have employer support to complete a practicum with supernumerary hours?  

Yes,  
Please give your reasons  
see above

**Q14:** What other requirements for the clinical learning hours should be specified by the Council e.g. mentor criteria, setting, competence or other assessments?  

See above

**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?  

Please give your reasons  
Maybe preferred option but not as a definite - there will be nurses wishing to join the programme from Overseas who have some papers who wish to cross credit or some nurses who only ever want to work with children. Needs to be flexible.

**Q16:** Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?  

Yes,  
Please give your reasons  
The NC sees the NP at the final stage of the pathway therefore should be able to set outcomes to encourage programme consistency, also agree with draft programme.

**Q17:** Do you agree with the draft programme outcomes for nurse practitioner?  

Yes

**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?  

Please give your reasons  
Useful especially for HWNZ funding and there are many experienced nurses who want to study and improve knowledge and skills but not go onto NP. Also there may be no position within their organisation for NP – eg DHB seem to view CNS as the level they are most willing to employ and this level requires post grad papers.

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

Respondent skipped this question