Q5: 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?

No,

Please give your reasons
We believe the inclusion of a broad description of the area of practice for the NP such as "older adult" adds clarity and value to the scope of practice. At present most nurses working towards an NP role do this within an area of clinical practice that holds a special interest for them. They have become experts in their field as they have concentrated and expanded their clinical knowledge and expertise within the area that holds their personal interest. It is our opinion that if NP wish to extend or change their field beyond their original scope of practice, resubmission of a portfolio that demonstrates the expansion of their clinical expertise and knowledge is a reasonable expectation. We also believe that there is a risk attached by having a generic scope of practice of losing the focus that this is an advanced nursing role and not a "mini doctor" role. We also believed that it is not the scope of practice that limits the NP's ability to work across service boundaries but that this is more influenced by funding streams and current models of care.

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

Yes,

Please give your reasons
We are of the opinion that one should be able to expect NP's to demonstrate clinical leadership within their area of specialist interest. Other examples of leadership such as research or policy development as mentioned in the consultation document could be included but should not be compulsory. The individual NP has the choice if they wish to demonstrate their abilities in these areas as part of their portfolio. We also discussed this point from an employer perspective and found that the time demand involved with these requirements reduces the clinical time of the NP. This can negatively influence the employer's view on the value of NP's as investment to deliver care.
**Nurse Practitioner**

Q3: Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?  
Yes,  
Please give your reasons  
'We prefer nurses with a master's level qualification to support their advanced nursing skill and knowledge.'

Q3: Do you agree with the proposed new scope of practice for nurse practitioner?  
Yes,  
Please explain your reasons or suggest changes or alternative wording  
We agree with that the new scope gives greater clarity of the role of the NP. We would like to see included as part of the scope that NP's work in a broad area of practice. This then further defined as written in second paragraph of the proposed new scope. When referencing to nursing we would prefer that there is clear reference that NP have a clinical masters degree. It is our opinion that this provides greater clarity.

Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?  
Yes,  
Please give your reasons  
We support the suggestion of a dedicated masters programme that include a minimum number of hours clinical learning time as well. Changes to the way in which future NP are prepared should include a period of Internship. The end result of the learning period should be registration with NCNZ as NP. We are mindful of the fact that each newly registered NP should have a period where additional supervision is provided to support the transition from RN/ CNS role to NP.

Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?  
Yes,  
Please give your reasons  
We agree that NCNZ has an important role in setting the required standard for learning and advising on clinical learning time. As an independent monitoring body for nurses NCNZ should monitor and recommend the standard against what is done internationally. This could support NZ NP in their registration as NP in other countries.

Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?  
We are not sure in what a reasonable recommendation would be but are of the opinion that the suggested 150 hours is minimum.

Q13: Do you think that a student must have employer support to complete a practicum with supernumerary hours?  
Yes,  
Please give your reasons  
Based on the current masters programme we consider a mix between employer support and student own contribution is reasonable. The internship period is something that we feel strongly about and is an area where employer should be directed as having available.
Nurse Practitioner

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

We support that there are standards and set criteria for mentors. Flexibility must remain towards the number of mentors an NP intern can have and their qualifications. In some clinical areas one mentor might not be realistic and greater learning is achieved when supported by more than one mentor. Council involvement should be similar as their involvement with other nursing degree programmes.

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?

No,
Please give your reasons.
We do not support this suggestion. In our opinion this may be the pathway for some nurses but others will progress towards NP status without having taken this step. This suggestion might also be limiting or irrelevant for some nurses wanting to become an NP, particularly when not practicing in that specific type of clinical area. We do believe that a nurse who does follow that pathway should receive recognition of this qualification when progressing towards NP qualification.

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

Yes,
Please give your reasons.
We strongly support NCNZ in this function. The added value being that the NP registration process becomes more an expected progressive step in the overall pathway.

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?

No,
Please give your reasons.
We agree with the role of NCNZ in accrediting tertiary courses that lead to a qualification that is protected through legislation and formal registration such as RN, Midwifery, EN, NP. We disagree and do not believe that NCNZ need to be involved in other tertiary papers.
Q19: Any other comments on the scope of practice or education programme?

We would like to see NCNZ have a greater influence in getting the role of NP established within the New Zealand health system. At present there remains a lack of understanding of the role and the value it can contribute to patient care and health system overall.

In our opinion NCNZ should also advocate and demand that organisations were NP are introduced have in place a formal internship pathway and an additional period of supervision once registered as NP. At present the introduction of an NP into an organization is a tedious and energy intensive process. Financial situation of the organization is often used as a barrier.

Some of the current legislation has also not been adjusted to acknowledge the introduction of NP roles into the health system limiting the contribution an NP can make. Examples of these include; Medical certificates, ACC, special authority applications, death certificate.

We would like to see NCNZ recommend employers support an ongoing professional development fund for NP’s within their organization to support ongoing education.

Thank you for providing us with a forum to voice our opinions.

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RN, MNSc
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RN, PGDipHSc.