**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

Most respondents supported a broad scope of practice as the most appropriate way to ensure the skills of a NP in meeting the needs of a particular patient population be maximised. This was particularly noted in primary care, rural and community settings. It was noted that the NP would be responsible for ensuring they practice within the bounds of their competence and knowledge and refer as necessary. One respondent noted that whilst supportive of the broad scope, an unintended consequence of this shift may be reduced opportunities as medical colleagues may not recognise the significant expertise of the NP to care for a particular cohort of the population. One respondent did not support the broader generic scope, in the interest of public safety. Concern was noted that a lack of clinical exposure across the paediatrics to aged care spectrum might impact on the NP’s ability to manage the complexity of assessment, diagnosis, treatment, prescribing etc across the lifespan. All respondents sought clarity on how NPs who entered this scope under earlier conditions might be supported. Mental health was noted as a particular area of practice where a narrower scope might be supported.

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

Yes,

Please give your reasons

Again the majority of respondents supported a focus on leadership within clinical practice. Leadership is an integral component of professionalism and it is to be expected that this senior clinician would evidence clinical leadership. Other domains of leadership competence such as in national policy development will require different skills and cannot be expected to be within the toolbox of all NPs.
Q8: Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?

Please give your reasons

The group were divided on this. Some respondents did not support the use of the word “advanced” as it described the NP scope in relation to that of an RN whilst it was in fact a completely separate scope of practice and should not be compared with others. Others felt that this was appropriate as it clearly differentiated the NP and RN scope, which was important to the public.

Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

Please explain your reasons or suggest changes or alternative wording

Two respondents considered the proposed new scope to be too wordy and not adequately differentiate the NP from the RN. Others felt it appropriately described competencies and was general enough to be enabling. Previously noted comments regarding the use of the term “advanced” were noted. One respondent queried the use of the term “complex medical conditions”, suggesting “clinical” replace “medical” in order to acknowledge this is a nursing role, providing holistic care.

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

Yes,

Please give your reasons

Most respondents supported a dedicated Masters programme with a broad focus, recognising the need for standardisation of preparation. It was considered this might support broader employment options and in the future allow easier access to populations. One respondent supported a dedicated NP pathway but expressed concern re the centralisation of training to one educational institution, noting a possible separation from the needs of the communities the role would serve. Again mental health was raised as needing thought as to where this may fit in the broader programme. It was considered appropriate to incorporate mental health into the broader primary health area. Consideration of entry with PG Cert / Dip and cross crediting of international study if appropriate.

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

Yes,

Please give your reasons

Respondents did support the Council specifying clinical learning time, noting the need for guaranteed support and funded time via HWNZ.

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

The group considered clinical learning time important, but within the programme, noting a wide range of experience over time is needed to become competent to this level and safe. One PHO proposed a 10-11 week placement to ensure available opportunity to capture clinical experiences.
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<tr>
<th>Question</th>
<th>Response</th>
<th>Details</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,</td>
<td>Please give your reasons. Most considered employer support important but not mandatory, agreeing in principle. This may be more difficult to enable and indeed enforce in the primary care setting. How is “support” defined? Does it simply mean from a goodwill perspective, or will significant funding be required? How might this affect the general practice team as a whole, for example? The needs of both employer and student will need to be recognised and formally negotiated.</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></td>
<td>All respondents noted clinical supervision and mentorship as essential, and a number noted access to another authorised prescriber. Access to a NP as role model and advisor important.</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>No,</td>
<td>Please give your reasons. There was little support for this; however there was agreement that some content would be applicable for both groups and standardisation of education would be enhanced. Generally it was thought that the RN prescribing preparation should be different to that of NP.</td>
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<td>Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?</td>
<td>Yes,</td>
<td>Please give your reasons. All respondents agreed that Nursing Council had a role in setting programme outcomes, particularly noting indicator 9; “demonstrate the achievement of the Nursing Council competencies for the nurse practitioner”.</td>
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<td>Q17: Do you agree with the draft programme outcomes for nurse practitioner?</td>
<td>Yes,</td>
<td>Please explain your reasons or suggest changes or alternatives. Respondents were satisfied with the draft programme outcomes, considering it provided a robust evidence based framework to support nurses on the NP pathway. One PHO noted the Nursing Council guidelines for applicants updated 2014 should be shortened and simplified as the process is still complex and may present a barrier to potential candidates.</td>
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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. Whilst respondents all considered it appropriate that Nursing Council does have such a role, it is also noted that this needs further discussion and consultation, perhaps as a separate process. In support of the Nursing Council role it was noted that there must remain a process of accreditation and “quality control” to support the nurse and protect the public. The connection to HWNZ funding was noted and ongoing support for those nurses seeking to advance their knowledge through post graduate education, yet not pursue the NP pathway.

Q19: Any other comments on the scope of practice or education programme? Respondent skipped this question