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
Support NP to be within two scopes of practice, Paediatric and Adult (18+). Support a broad generic practice within these scopes, e.g. not restricted to specific clinical areas. This would allow for a flexible workforce which can be an issue with the current restricted scopes of practice, and at the same time allow for focused training to ensure the NP acquires indepth training and skill development within the broader scope of practice.

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

Yes,

Please give your reasons
The NP role needs to include leadership as the role may lead clinical teams of nurses and other health professionals. The NP is at the top end of the clinical pathway for nurses and will provide various clinical leadership skills including mentoring and supervision.

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
This is important to differentiate between other nursing roles, e.g. CNS roles. It will also define the autonomous position that NP hold. As well the position is more advanced than nurse specialist roles and the required education papers need to reflect this.

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

Yes,

Please explain your reasons or suggest changes or alternative wording
The proposed SOP has an improved clinical focus and clearly articulates the role.
### Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons

Papers up to Masters level need to be flexible as many nurses do not make a decision to obtain NP until they have completed a post graduate qualification. It can be too restrictive for nurses who do not want to make the decision until after achieving Diploma level. As well it is not responsive to environmental/organisational changes which may result in unacceptable delays in establishing NP into an identified role. Once a nurse achieves Diploma level then a decision can be made regarding NP focus. Also following completion of Master degree, two practicum papers - advanced practice and advanced prescribing would be recommended to complete NP. Also support an internship program be built into the NP program.

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

Yes,

Please give your reasons

Consistency across training programs is important to provide reassurance to employers about the robustness of the NP training. Clinical learning time allows the embedding of theory into practice and is key to ensuring acceptable training standards are achieved. Clinical learning will also ensure skills and knowledge are developed to practice effectively and competently at the advanced level of NP. Therefore minimum hours should be specified to achieve the above.

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

It is important that clinical learning time is paid hours and ring fenced to allow for skill development and embedding of knowledge. These hours would be protected hours for both NP intern and supervisor. This could be linked to mentoring requirements. If this occurred then 150 hours minimum would be acceptable.

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

Yes,

Please give your reasons

Employer support is vital to ensure quality practicum is provided and well supported. Internship pathway should be developed and supported by the employer to ensure NP position is available at the end of the training program. This will ensure value for money on completion of the program.

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

Mentor criteria needs to be specified to inform mentors of the requirements. Mentoring may be provided by a NP or DR. Generic competencies need to be set by NCNZ to ensure consistency of training programs. However NP trainees should set area/speciality specific learning objectives with KPIs.
<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
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<tbody>
<tr>
<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 However it appears this would then take a nurse longer to reach NP qualification. CNS qualification should not be a step towards NP as they may have different focus from NP pathways.</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 This needs to be a NCNZ approved program with consensus across the various training institutions.</td>
</tr>
<tr>
<td>Q17: Do you agree with the draft programme outcomes for nurse practitioner?</td>
<td>Please explain your reasons or suggest changes or alternatives Diploma and NP must be two separate pathways otherwise the process to obtain NP is too long and may not be responsive enough to meet industry requirements.</td>
</tr>
<tr>
<td>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?</td>
<td>Yes, Please give your reasons This will ensure safe practice and consistency across training programs. These qualifications will be valued within Healthcare. Clinical Masters is required in some areas such as Education, and for some nursing positions.</td>
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<td>Q19: Any other comments on the scope of practice or education programme?</td>
<td>Ongoing maintenance of NP status needs to be clearly articulated.</td>
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