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

I support NP being a broad generic scope as this aligns with the other nursing scopes that currently exist in NZ. Having a generic scope offers some consistency across roles on the base level of practice expected. However NP’s should need to continue to identify which population they will work with e.g. adults, children, youth or lifespan. As outlined in the consultation document only 3 nurses have asked to broaden scope therefore it would appear that the current system does work. However allowing for NP role growth within NZ removing the area of practice restriction would allow flexibility in role development but it should remain a choice of the NP to identify a specific area of practice.

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

No,

Please give your reasons

The new proposed scope appears to lack any specific mention on leadership as part of the NP role. I believe NP’s practice at an advanced level and therefore leadership should be inherent in the role. As the NP role is primarily a clinical role leadership should be focused on clinical aspects of the role such as leading care, offering a consultative role on clinical issues, teaching and mentoring other health professionals in the clinical setting. NP’s should be highly collaborative with other functions such as education and research and participate at a local and national level. Being a primary lead for education and research may be appropriate at some stage/s in an NP’s career but stating that NP’s should “demonstrate leadership as consultants, educators, managers and researchers ....” adds a considerable level of pressure to the NP role to perform such a high level broad range of functions in an ongoing manner which may contribute to burnout over time. NP’s although functioning at a advanced level should not have to be engaged in every activity in the health arena.
### 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

There is a level of confusion within nursing and the wider health sector on clinical roles and within the PDRP system on "expert" Registered Nurses's versus a Clinical Nurse Specialist. This is largely due to the lack of a clearly defined scope for CNS roles. Adding another nursing level (NP) adds to the complexity of understanding the differences in operational levels.

The word "advanced" should be limited to the NP role description and perhaps other wording such as "extended practice" or "expert" should be applied to differentiate the other existing roles for RN's or the development of a CNS scope of practice could be developed to further differentiate the roles and enhance understanding.

### 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 new scope provides more flexibility in the role and potentially reduces the pressure felt to practice at a "super nurse" level constantly and this is provided by the use of the word "may" throughout the statement. It explains the NP role more accurately combining the traditional roles, knowledge and skills of nursing and medicine. Of particular concern medically has been the old wording of "works independently" which has created significant barriers to acceptance and understanding of an NP role. The new scope very eloquently describes how an NP "may work autonomously and in collaboration and consultation with..." and very importantly "as part of a team". This will certainly help understanding of the role. I don't agree we have successfully reached the point of advanced clinical training in the current NP preparation. Within the first sentence there should be mention of leadership skills i.e. "NP's have advanced ... training, leadership skills and the demonstrated...."
### Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons

Having recent experience of completing a clinical Masters programme and preparing myself to achieve NP status I strongly believe the current academic papers on their own do not prepare nurse sufficiently for NP status. Ideal programme - an internship which combines academic and clinical training concurrently. Competency standards set by NCNZ for consistency. Curriculum developed and standard across training institutions which allows the nurse to identify if required level of competence for role reached. Employer support for training programme mandatory. Clinical mentors identified as part of acceptance onto course. Internship is a collaborative agreement for employment to undertake the course and its requirements with a job at the end of it. All clinical and academic work is undertaken in the internship hours there should be no need for nurses to achieve requirements on their days off as can occur now.

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

Yes,

Please give your reasons

Yes, again this is for consistency which does not exist currently across training institutions and to ensure nurses are supported sufficiently with the time required to learn.

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

I strongly favour 500-800 hours total as undertaken in other settings (see ideal programme above).

### 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 should be a mandatory requirement of acceptance onto a dedicated NP programme. See comments re ideal programme above - therefore hours should be within the training and not supernumerary.

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

Yes. As above for mandatory mentor identification and competency. NCNZ should also specify assessment requirements and assessment i.e. portfolio and panel interview should be undertaken externally to training institution to avoid bias in achieving success rates.

### 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

It could be a pre-requisite but there would need to be the development of further depth in these areas in the remaining training programme undertaken for NP otherwise you are training NP’s to an RN standard.
Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?

Yes,

Please give your reasons
I strongly support NCNZ setting the programme outcomes. If the programme outcomes remain set by training institutions the current lack of standardization of training and therefore ill preparation of nurses will continue.

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

Yes,

Please explain your reasons or suggest changes or alternatives
The draft outcomes build on the base provided in appendix 4 to demonstrate more advanced practice when accompanied by the NCNZ competencies for the NP scope.

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
The primary role of NCNZ is to maintain public safety and maintaining a role in accrediting courses for all nurses provides a 'safety lens' to these courses. A secondary role would also be to ensure consistency across courses which currently does not appear to be the case.

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

No but thank you for the opportunity to comment.