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
We support this change because a broad scope is enabling. At present, nurse practitioners may consider conditions and treatment outside of their specified area of practice in their tertiary education. However, the restricted scope of practice does not allow them to put that learning into practice. A disadvantage of the current restricted scope is that a youth health NP working in family planning, for example, cannot work with clients aged over 26 years without working under Standing Orders or needing to go through the Nursing Council to expand the scope. We note that a generic scope will have implications for education, training and support. For example, if a youth health NP working in family planning was to shift to general practice they would require further learning and mentoring to feel competent and comfortable practising in that area.

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 support the focus on leadership within clinical practice. Organisational, and from the perspective of individual nurse practitioners, Family Planning has found it challenging to find opportunities and activities that meet the current scope’s wide criteria of leadership, particularly within a specific area of practice. Time and financial constraints can make this difficult, as employers may be unable to afford the burden of costs related to the current leadership requirement. We agree that leadership activities that are clinically focused on guiding and influencing care and improving the health outcomes for a population group should be the minimum and are sufficient for the NP wanting to focus on clinical work. Broader leadership elements may be a focus for an individual NP, but the scope should remain flexible to allow diversity in how NPs show leadership. Retaining a focus on leadership is important because it differentiates the NP from the CNS role, for example.
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<th>Question</th>
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<tr>
<td>Q8: Do you agree with the inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?</td>
<td>Yes,                                                                                                                                         Please give your reasons We agree with this inclusion.</td>
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| Q9: Do you agree with the proposed new scope of practice for nurse practitioner? | No,                                                                                                                                         Please explain your reasons or suggest changes or alternative wording We think the new scope should be more succinct. We favour specifying the advanced education requirement (i.e. Masters-level qualification). In our view, it is not necessary to refer to medical practitioners in this scope of practice. We suggest the following revised wording: "Nurse practitioners are Masters-prepared, have had advanced clinical training, and demonstrate competence and legal authority to provide a wide range of healthcare services to people and communities, including the diagnosis, management and treatment of common and complex medical conditions. Nurse practitioners provide a wide range of assessment and treatment interventions; ordering and interpreting diagnostic/laboratory tests, prescribing medicines, administering treatments/therapies, admitting and discharging from hospital and other healthcare services/settings. Nurse practitioners blend diagnostic inquiry and therapeutic knowledge and skills with nursing values, knowledge and practice to provide holistic, patient-centred, innovative and flexible care. Nurse practitioners may work autonomously in partnership with patients, and in collaboration and consultation with other health professionals, to provide and improve access to coordinated, comprehensive, quality health care."
Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,
Please give your reasons
Educational preparation at this level is required to provide a stable basis on which to build advanced clinical practice. Ideally, NP candidates should already have a position set up so they can be supported through the process by their employer. In Family Planning’s experience, the main barriers are insufficient funding to pay the supervisor/mentor for the practicum, and the cost of release time for both supervisor and student to discuss and review cases. It would be helpful for the mentor and/or the candidate to be able to work outside their contracted hours and be paid for this. A good model is the Diploma for Sexual Health Care run by Family Planning, Auckland University and Sexual Health Services, which allows the doctor seeking vocational registration to work across the two clinical settings, with funding provided for this. This approach, if funded, would be ideal for Family Planning NPs. If the application process continues to be based on portfolio application, this should be incorporated into the final paper of the Masters programme. In addition, mentoring and support of the new NP needs to be in place for at least a year. Over time, as more nurses become NPs there will be more capacity available to provide support to learner NPs. Closer alignment of curriculums across the universities would help to facilitate support among NPs.

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

Yes,
Please give your reasons
Yes, while acknowledging that the nurse practitioner candidate will continue to incorporate learning into their usual work and will be likely to work at a more advanced level in any case. We believe that regular and reliable mentorship is crucial to develop and tailor the clinical learning experience to the particular nurse’s needs. In our view, mentoring is cost-effective over time.

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

We agree that a minimum of 150 hours is reasonable.
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 crucial so that both candidate and employer have an understanding of what is expected. Employers need to know the cost of supporting a NP candidate and to factor this into their planning. Written support from the employer must be gained prior to NP training to make it clear that a position will be available on completion. We are aware of several nurses who have had employer support to complete their Masters qualification. However, a NP position has not been available for them after completing the training, despite being registered as NP.

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

Key requirements include that the mentorship must be within the nurse’s area of practice, and the mentor must have up-to-date registration. When considering requirements, we think it will be important to avoid adding too many requirements, as these could present barriers to attracting appropriate mentors.

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 think this should be a mandatory formal prerequisite in all cases. In general it does make sense for candidates to do this diploma first, and then to continue on to a Masters and NP application. It will be important, however, to reduce repetition of training for candidates, and to reduce cost and time barriers. A mandatory prerequisite postgraduate qualification may pose barriers for some candidates, particularly the financial costs. It is important that nurses can approach NP registration from various routes including those outside of the NP pathway. One concern is that this approach posits prescribing as the way to prepare for the NP pathway; whereas prescribing is a tool that needs to be used by various clinicians and disciplines. We note that other health professionals, such as doctors and midwives, currently learn prescribing largely on the job rather than being fully prepared to prescribe by their undergraduate training alone. As suggested above, when deciding to set out towards a Masters qualification, the nurse and employer should formally agree there is a position available at the end of the programme and the nurse enter an internship programme within their workplace.

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

Yes,

Please give your reasons
We agree that the Nursing Council, as the regulatory authority, should state the outcomes for NP programmes and be clear about expectations for participants.
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<tr>
<td>Q17: Do you agree with the draft programme outcomes for nurse practitioner?</td>
<td>Yes,</td>
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<td></td>
<td>Please explain your reasons or suggest changes or alternatives</td>
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<td>We agree with the draft programme outcomes.</td>
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<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,</td>
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<td>Please give your reasons</td>
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<td>We think the Council needs to accredit tertiary courses for nurses. This will enable courses to attract Health Workforce New Zealand funding. Also, a nurse may not plan at first to apply for NP registration, but may decide to later on, and in these cases it is important to have the ability to cross-credit education already undertaken.</td>
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<td>Q19: Any other comments on the scope of practice or education programme?</td>
<td>No, thank you for the opportunity to contribute.</td>
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