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?

No,

Please give your reasons
No, however they could be a variation for some NP's. The registered nurses scope still has some variation for example 'general' or 'general and obstetric'. I believe there could be an expansion to some roles for example primary care where NP’s may work across several areas of the current matrix, but some areas are highly specialised and the skills and pharmacological knowledge not easily transferable to another area e.g. Neonatal Nurse Practitioner.

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

Yes,

Please give your reasons
Clinical leadership is paramount to the NP role. I do see research and policy development still being important within the leadership framework too.

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
Advanced nursing knowledge and skills are an integral part of the practitioner as they form the basis for differential diagnosis which defines the NP from the RN. This knowledge and skill guides the NP through the assessment and evaluation of the individual, from initial presentation to treatment and beyond.

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
It seems lengthy on initial reading but there isn’t anything that I felt could be removed and it couldn’t be written in a more succinct way. I particularly like the 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. I think this sums up my interpretation of the NP very well. It is the advanced knowledge and skills practiced from an experienced nursing perspective that make the role what it is.
| Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation? | Yes,  
Please give your reasons  
I support a clinically focused Masters paper for NP preparation. The requirements pathway needs to be clear from the outset of training as some nurses are completing Masters programmes that are not considered appropriate by nursing council. Clarification of a dedicated pathway would avoid this happening. |
| Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners? | Yes,  
Please give your reasons  
I support a clinically focused Masters paper for NP preparation. The requirements pathway needs to be clear from the outset of training as some nurses are completing Masters programmes that are not considered appropriate by nursing council. Clarification of a dedicated pathway would avoid this happening. |
| Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)? | In addition to the 150 hours presecribing practicum, 700 hours as suggested in the Canada primary health nurse practitioner programme is likely not able to be supported by some DHB’s, however 500 hours should be a minimum. |
| Q13: Do you think that a student must have employer support to complete a practicum with supernumerary hours? | Yes,  
Please give your reasons  
absolutely. With trendcare and other models to enforce staffing ratios a nurse would never be able to complete a practicum without being 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? | If the council is to adopt a broad generic scope of practice, speciality clinical learning hours should be specified and competence assessments for the speciality should be clearly defined. Clinical learning hours for a mental health nurse practitioner would be quite different to those required by a neonatal nurse practitioner. |
| 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? | Yes,  
Please give your reasons  
I agree with a PG Dip as a minimum requirement for RN prescribing. The specification of papers should reflect the area of practice heading into. It should lead into or form part of the NP programme as nurses may want to further their studies and take on a NP role later. |
| Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes? | Yes,  
Please give your reasons  
I agree with Council setting the programme outcomes to promote consistency. The standard of course and accessibility are important. It may be perceived that a course from one educational institution is preferable to another by employers or that the training has to be done in a specific city which would be hard to get funding for. With Council setting the outcomes however, would Council then be responsible for evaluating overseas applicants or nurses with different qualifications? Currently this is sought from an ‘approved programme provider’ |
### Q17: Do you agree with the draft programme outcomes for nurse practitioner?

Yes,

Please explain your reasons or suggest changes or alternatives

It appears very comprehensive.

### 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

This would be a lot of work and I am unable to see the benefit. It needs to be clear however, that Council accepts accredited course only.

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

Four years of experience in a specific area of practice is one of the pre requisites for NP registration. If this comes after several years of nursing experience I believe this is acceptable, however a new graduate working in an area for 4 years and completing a Masters in that time would not have the knowledge and skills to perform at NP level. I only make this comment as in talking to a student nurse today she was planning on trying to do exactly this.