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 agree with a broad generic scope as many Nurse Practitioners' (NPs) work in primary care and/or across community and secondary care (transitional). We agree that, as stated, individuals need to develop their expertise within a specific area. Therefore NP’s should be self-selecting from broad population groups e.g. child and youth, adult/older adult or family. We also acknowledge that specific cultural groups could be recognised separately but based on a foundation that cultural safety is integral to nursing in New Zealand. NP’s should be educationally prepared to work from a base of primary health care and be able to work across the boundaries of specific areas of practice and transitional care.

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 agree the leadership focus should be on clinical practice as this is integral to guide and influence care and to improve health outcomes, but must incorporate other areas of leadership including education, policy and research. We believe there is a responsibility for NP’s to guide and direct the profession in the NP area of expertise.

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
Agree with inclusion of advanced nursing skills and knowledge in the proposed new scope, it would be an expectation at this level of autonomous clinical practice.
Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

Please explain your reasons or suggest changes or alternative wording.
We broadly agree but believe there should be a minimum education level stated, e.g., “is a legislated scope of nursing practice requiring attainment of a minimum of a clinical master's education”, advanced clinical training, and the demonstrated competence to practice. Thus employers, other health professionals, and the public are quite clear about what level of advanced education was expected. However, we think it is essential that the word ‘safe’ should be included in this description (co-ordinated, comprehensive, quality care). We also suggest a word change to the final sentence: nurse practitioners should/will manage episodes of care (not may). We recognise that expert practice at this level does have a responsibility for innovative practice development but that (safe), co-ordinated, comprehensive, quality care is fundamental to the NP role.

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

No,
Please give your reasons.
We support a clinically focused Masters with a broad focus. However, we are unclear about what is meant by ‘dedicated’ in this context. Clarification of ‘dedicated Masters Programme’ is required. We consider one problem with the word ‘dedicated’ is that there still needs to be flexibility as students need some areas/topics of choice as options to choose within a degree. For example, they may have exemptions/credits from prior study; they may wish to up-skill in a specialty area, e.g., rural practice, or paediatrics/child health from primary health care in a GP practice. We would not be supportive of a single programme undertaken by only NPs as this has the potential to limit the geographic spread of programmes aligning with areas of need for NPs, and raises issues of sustainability and viable options for study for many nurses.

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

Yes,
Please give your reasons.
Guaranteeing and specifying clinical learning time would strengthen consistency and support access for nurses to enable skill consolidation at this level. However, this would need to be accompanied by funding to enable nurses to be released. Consistency across programmes is more likely to achieve clarity for the public about NP preparation. Without funding the barriers will continue to exist.
Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?

We support a specified number of hours of consolidated clinical learning time in a practicum and also for the programme to line up with international practice with regards to clinical hours. However, there are different implications for the number of hours that could be specified (cost, NP supervision etc). Nurses, particularly in rural areas, need to be supported to meet the hours requirement.

New Zealand applicants have a minimum of 4 years practice as an RN and this preparatory clinical exposure should be taken into consideration along with demonstrated ability to meet the NCCNZ NP competencies.

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

Yes,

Please give your reasons
Whilst this is highly recommended, as employer support is a very important component for nurses to enable release time and access to practicum in many instances, as does having employer support for identifying a role to move into on registration, not all nurses will see this as a necessary pathway. There will be nurses who engage in NP education and training with an intention to obtain a role independently once registered. We agree that there should be the ability to organise appropriate clinical access to complete a practicum (i.e. will not necessarily be the nurse’s current employer supporting clinical access, if this is inappropriate for the student). Nurses should be able to self-determine their future pathways as do RN’s currently and be able to negotiate access to suitable clinical practicum environments. We support nurses undertaking a practicum in a supernumerary role.

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

Competence assessment undertaken by a Nurse practitioner/authorised prescriber would be the ideal and if not available, then by an authorised prescriber and alongside access to an NP as a role model/mentor.

Standardising some practicum assessments preparing RN’s for NP registration would strengthen consistency nationally across programmes. These assessments should be linked to NP competencies.

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
The content of the PG dip for RN prescribing programme will be required by NP’s, however this should not be a required standardised pathway as not all NP’s will follow this trajectory in a programme of study. Candidates may have a PG Dip made up of some different papers initially (many current and past degree graduates will require a pathway ‘grand-parented’ to meet the new competencies). It may become the pathway in the future, but the education pathway should not be so limited and would lack flexibility.
Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?

No,

Please give your reasons
No, we believe to do so would create tensions as universities have programme outcomes as part of academic attainment for the level of degree undertaken. These are required by the Committee on University Academic Programmes (CUAP) as part of the academic approval of programmes. Alongside academic objectives, the NCNZ competencies for NP ought to be sufficiently explicated in objectives within a curriculum to make the standard and elements to be attained clear, and thus readily interpreted for inclusion in programme outcome statements. We consider it reasonable that council sets the final practicum outcomes. This might then allow some flexibility of approach but standardise outcomes to meet all the NCNZ competencies on completion of the programme.

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

No,

Please explain your reasons or suggest changes or alternatives
The draft outcomes broadly include areas that would be expected in a NP programme. However, there are some concerns about the level of these outcomes relative to those normally attributed to a master’s level activity and attributes. Secondly, the draft outcomes do not, as stated, contain all the outcomes needed to satisfy the academic degree outcomes. In #7 and #8 the word ‘understanding’ appears, and educationally it is considered a low level descriptor. Attributes such as the ability to ‘synthesize’, ‘evaluate’ and ‘integrate’ elements, resources, knowledge and/or services would be expected. Outcomes would need to be more specific about assessment in some areas, e.g. #7 and #3 (“undertake” research couldn't be assessed in practicum).
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
We consider that accreditation of Advanced Nursing preparation is within the Nursing Council’s role. Advanced nursing studies contains knowledge contributing to developing RN practice and leadership in a wide range of nurses career areas eg, clinical, management, and research from many PG papers/programmes. Advanced nursing knowledge and skills are beneficial in areas of nursing in which nurse prescribing may not necessarily occur such as Intensive care, tertiary hospital specialities, and some fields of mental health. Presently nurses applying for extended practice approvals have studied accredited courses/programmes. Limiting accreditation to nurse practitioner or registered nurse prescribing programmes is likely to exclude many advanced practitioners from access to study and funding. There are implications around funding support and access in the current environment that impact on programmes and need to be considered.

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

Respondent skipped this question