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
Although I think it is still good to have a population focus and that their should still be the option for NPs to voice their restrictions as to what areas they are confident to work in (NPs have the experience, knowledge, ability etc to regulate their own practice in this way).

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

Yes,
Please give your reasons
Current expectations are too broad. For the novice NP, being able to focus more on clinical leadership means less distraction from their clinical role and learning. It is too easy to become bogged down with many projects that are not directly clinical related.

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
It articulates better the level of NPs and their broader focus

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
I would just suggest adding in the word 'clinical leadership' in the first sentence, given this is a huge part of the role. Also the second to last sentence seems a little repeatative, perhaps use the word population and take out group or community?

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

Yes,
Please give your reasons
It will allow for focused development of the NP role, a clearer pathway, consistency of training and academic learning.
**Q11:** Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

Yes,

Please give your reasons
However I would like the programme to be part of an internship, so that the majority of learning/education is on the job and inclusive in work hours.

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

Again, I think it all needs to be part of an internship, ideally over a two year period. Whilst intensive clinical learning with supervision could be specified in terms of hours (say 300hrs), there needs to be the ongoing opportunity for the NP intern to continue to learn on the job and have clinical supervision as part of the internship. Often interns are also needing to develop the NP role within their organisation and this can be very challenging and time consuming.

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

Yes,

Please give your reasons
It is a very big step up to NP (from say CNS) and would be extremely difficult without employer support, not to mention having a job at the end of the training. Ideally an internship should be leading into a job, with the entire process well supported by the employer.

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

In terms of mentor criteria, I think it would be ideal to have an NP act as the persons mentor in the first instance if and where possible. If a mentor is a doctor/physician/consultant, a session with them and other NPs to explain expectation of role, clinical requirements, level of skill and knowledge required would be helpful. Given there are still few NPs, it is not widely understood about their role, how it is different from that of a doctors and/or CNSs. The NP intern does not necessarily know how to articulate their needs early on. Currently, my understanding is that the NP internships are essentially different throughout the country and there is no standardised training guide/curriculum, and I think if would be helpful to have this formalised.

**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
I’m not sure how this would fit with the papers I am familiar with via Otago. Could be restricting for some, depending on where they are at with their studies.

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

Yes,

Please give your reasons
It would be ideal if we had consistent curriculums across the different education providers with consistent outcomes evaluated, along with maintaining council/external assessment at the end of an internship.

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

Yes

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

I hope I have interpreted the questions correctly and my answers are understood. I found the document difficult to follow/interpret in places.