### 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 as a generic scope of practice provides for flexibility across the care continuum and the NP is not restricted to one specific disease state or system. Our patients these days have many comorbidities and a broad generic scope would permit the more holistic care management of the patient.

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

Yes,

**Please give your reasons**

However, clinical leadership needs to still include activity at a national level.

### 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**

Yes as this provides greater visualisation of the NP role and clearly identifies this as not being a 'mini-medical' role Keeps the focus on nursing with the inclusion of 'advanced nursing skills and knowledge'.

### 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**

But possibly change the word 'improve' (line 7) to 'facilitate access'
Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,
Please give your reasons
Yes as many nurses who complete the current Masters programmes at most academic institutions are required to undertake some type of practicum paper as a compulsory paper, yet the RN has no desire to be a NP. A broad focus and large range increases the knowledge base and background to enhance the role. Academic institutions have set unrealistic expectations with compulsory papers and have little flexibility to those not wishing to do a practicum and yet the academic institution demands the employer supports the individual with practicum support even if there is no organisational support for this role. So a dedicated Masters programme for those wishing to be prepared as an NP would be invaluable with one of the expectations being the submission of an NP portfolio within 6 months of that programme or potentially even as part of the programme.

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

Yes,
Please give your reasons
However, there are potential barriers to this particularly with funding, release time and backfill for the RN undertaking the clinical learning time. This is particularly evident in the private sector / private business model of operation e.g. general practice.

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

Yes

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

No,
Please give your reasons
This is an employment matter, not one for the regulator. The employer may not have a position or the funding for an NP, so to expect them to support the employee is unrealistic.

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

Criteria for mentoring e.g. qualifications, experience, duration of the role

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
It should be embedded but not a stand alone pre-requisite.

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

Yes,
Please give your reasons
For clinical programme, statutory view kept by NCNZ.
| 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,  
Please give your reasons  
Because these are still clinical programmes which nurses also use to demonstrate continuing competence requirements |
| Q19: Any other comments on the scope of practice or education programme? | Respondent skipped this question |