| 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  
This is less restrictive, a person can provide broader health care delivery, be flexible and work across the whole population. It is better to have a broad generic scope compared to a narrow scope, as the advanced skills and knowledge of an NP can be transferable and improve access to health 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  
A Nurse Practitioner is predominantly a clinical leader and we agree this should be more emphasised. |
| 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 we consider it more appropriate than the use of the word expert. |
| 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  
The new scope describes the role more clearly than previously. However we note a singling out of medical practitioners in the first paragraph as a group nurse practitioners may collaborate with. We suggest this could be altered to include medical practitioners, other NPs and allied health. |
| Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation? | Yes,  
Please give your reasons  
Yes we agree as currently we consider NP preparation is lost in the education system. |
| Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners? | Yes,  
Please give your reasons  
This provides good standardisation, and dedicated clinical learning 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 consider 150 hours to be too limited and developing confidence and competence around a broad generic Nurse Practitioner scope requires more time. We recommend 300-500 hrs (minimum). It is difficult to place a fixed number on clinical learning requirements for NP candidates, as they need to identify and meet outcomes and for some this may take longer, and each NP candidate clinical learning needs should be reviewed individually.

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

Yes,

Please give your reasons
Prefer to have employer support. NP candidate should be able to do achieve their in their own time however if they dont have empoyer support. So preferrable and desirable to have support but we dont consider it compulsory. The NP candidate should have support, not permission. The practicum can be structured over a period of time, such as over a year, and some experience can be in their own work place.

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

The NCNZ should be more prescriptive, to clarify these requirements. This makes it easier for NP candidates and employers. Recommend a mid term assessment of progress. Hours are limited and could be more outcome focussed. Another NP may be able to help with other assessments for the NP candidate.

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
Yes, on one hand it makes sense to standardise with clinical learning of the diploma benefical. However we consider it not necessary to make it a prerequisite.

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

Yes,

Please give your reasons
Yes this sets a good standard. The programme needs to be more outcome focussed than currently.

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

Yes,

Please explain your reasons or suggest changes or alternatives
Yes they are appropriate.

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
The NCNZ role is more regulatory than focused on professional, with an emphasis on maintaining public safety.

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

Having a more focussed scope and education programme will mean it is easier for health professionals and employers to understand the NP role and the potential for this role in providing health care and improving access across diverse population groups. This role is especially helpful with helping to manage the increasing health demands and the need to consider different models of care.