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
A broad scope enables the nurse practitioner to be flexible and work across a wide variety of practice settings, responding to health needs as and where they occur. All practice settings involve care of people with long term Conditions and the management of common conditions. By removing restrictions of specific area of practice. The nurse practitioner can improve access to care especially in the hard to reach population.

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 support the focus on clinical leadership as a core competency for nurse practitioners at a local and National level. Nurse practitioners individually, have differing strengths across the domains of education, as managers and researchers. We support these functions as being important components of leadership for nurse practitioners but the main focus should be on clinical leadership with the ability to provide influence and collaboration at a National level. Working at a national level in whatever capacity that may occur influences national policy development and helps to raise the profile and visibility of nurse practitioners.

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
We note that the wording of the new scope does not specifically include the wording of advanced nursing skill and knowledge, rather it is implied. As nurse practitioners we are constantly striving to achieve expertise and are actively using advanced skill and knowledge to do this and this should specifically be mentioned in the document.
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
Nurse practitioners have advanced education, clinical training and legal authority to practice beyond the level of a Registered Nurse. Nurse Practitioners provide a wide range of healthcare services to people and communities, including the diagnosis and management of common and complex health conditions. They work in partnership with individuals, families, whanau and communities across a range of settings. Nurse practitioners manage episodes of care as the primary care provider or as part of a team. They practise both autonomously and collaboratively with patients and other health professionals. They utilise advanced nursing skill and knowledge to provide a wide range of assessment and treatment interventions, order and interpret diagnostic/laboratory tests, prescribe medicines, initiate treatments/therapies, and admit/discharge from hospital and other healthcare services/settings. Nurse practitioners are nursing leaders who promote and actively participate in professional activities at local and national level.

Reasons for change in wording: 1. We felt the new wording created a long description with some duplication. We felt a simplified and more succinct wording was appropriate. 2. Inclusion of wording advanced nursing skill and knowledge. 3. We felt the inclusion of the wording partnership was important. 4. Change medical conditions to health conditions — medical implies a medical model.

Proposed removing the wording medical practitioner. Wording medical practitioner shouldn’t appear in the wording for Nurse practitioner scope. Also implies more influence than other health professionals such as Dieticians, Occupational Therapists, Physios etc. 5. Remove the wording administering treatment. Nurse Practitioners are the authors of management plans and treatments regimes and do more than administer a treatment plan which would be more fitting to a Registered Nurse role. 6. We support the inclusion of admit and discharge which are important components of the episode of care. 7. Remove the wording ‘may’ in episode of care to make a more positive statement that holds more authority for the episode of care. 8. Remove the last statement - Nurse practitioners may work with a specific patient group or community and may work across health settings and teams. They promote health, prevent disease and manage people’s health needs — We feel this statement is not necessary with the removal of specialty practice areas and is a duplication.
Q10: Do you support a dedicated Masters programme with a broad focus for nurse practitioner preparation?

Yes,

Please give your reasons
We feel that a dedicated program will ensure consistency across the tertiary institutes offering a clinical masters and will make sure that future NP’s are graduating to a consistent standard. As part of the program, NP candidates should be able to submit their portfolios by the end of the degree. The program should have flexibility to include a specialty paper of the NP’s choice. Regardless of the area of practice, all NPs should be able to practice across different environments and settings and require a broad focus to do this. There needs to also be provision for registered nurses who wish to increase knowledge that allows them to practice to the top of their scope and but don’t have any intention of progressing to NP. We propose two pathways for Master of Nursing – 1) Nurse Practitioner Master of Nursing and 2) Master of Nursing.

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

Yes,

Please give your reasons
Specified clinical learning time will help to ensure consistent preparation for all NP candidates and will help to eliminate lack of employer buy in to dedicated clinical mentoring time. This will also ensure the NP candidate gains a broader experience in a variety of settings but we feel the majority of the clinical learning time should be in your chosen area of practice.

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 320 hours of clinical learning time for the practicum (equivalent to 2 months full time equivalent).

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

Yes,

Please give your reasons
Ideally yes. However a NP candidate should not be unfairly disadvantaged by narrow focused employers who do not intend to employ a NP and may be unsupportive as a result. There needs to be provision for NP candidates who meet criteria to be a part of an NP program, to be able to progress toward NP. This then allows for the possibility in the future of gaining employment as an NP outside of their current employment in a different setting. It also will accommodate the NP candidate who is studying full time and not in paid employment

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

We agree that there should be a mentor criteria that includes experience in the appropriate setting, with a determined time in their current role. Experienced NPs should be able to mentor new candidates once they have appropriate experience and length of time as an NP, ie 3yrs plus etc. Mentor criteria could be aligned or similar to the Mentorship that is offered to graduate doctors in the House Surgeon posts. We don’t agree that setting should be part of the criteria as there is benefit in learning in different settings.
| 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 We feel that Registered Nurse should be able to enrol in NP Masters without an academic Post grad prerequisite. The papers for post grad diploma will be part of the masters program. |
| Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes? | Yes, Please give your reasons This will create consistency and equivalency across the different institutes offering NP Masters program. This will also make it easier for the Council to assess competency and appropriate preparation |
| Q17: Do you agree with the draft programme outcomes for nurse practitioner? | Yes, Please explain your reasons or suggest changes or alternatives we agree with the draft programme outcomes as they cover all required competencies in the four domains, allowing for a broad focus in a variety of practice settings. The Council should finalise programme outcomes in conjunction with educational institutions and NP leaders. We have no other changes or wording alternatives. |
| 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 believe the Council need to maintain a statutory role in accrediting tertiary courses for registered nurses for any clinically implicated programmes. This then ensures a consistent and appropriate clinical learning environment in NZ to enhance patient safety and negates the risk of inadequately educated and poorly prepared trainers from influencing the knowledge and skill within our health environment. Educators/academics/nurse leaders should be looking at setting programmes with consistency across the country provided by the guidance of the Council. |
| Q19: Any other comments on the scope of practice or education programme? | Thank you for the opportunity to provide a submission on behalf of the Nurse Practitioners for HBDHB. Trish White Sharon Payne Fiona Unac Rachael Walker Janine Palmer |