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
It is timely that the NP scope of practice supports the changing New Zealand demographic. We support the notion of a broad Generic NP scope of practice. The restriction to a narrow specific area of practice can potentially limit the NP contribution across health care settings.

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

No,

Please give your reasons
On the whole, we recognise that it is a challenge to demonstrate leadership in all areas that are currently contained in the scope. We were agreed that clinical leadership is central to the NP scope of practice. However we also agreed that The NP role has always been clinically focused in fact most NP have been so focused on establishing their clinical practice, as highlighted in the consultation document, that they have found it a challenge to focus all leadership components. We think that NP leadership is required within the profession at a local and national level and consider that involvement in policy development is an important component of this leadership. We would suggest, therefore, that some reference to participation in professional activities, at local regional and national levels remain within the scope statement. We agree that the remaining leadership elements could be contained within the competency statements however currently each competency must be met with some evidence at desk audit and panel review of portfolio. We would therefore suggest that research activities could be omitted. This does not preclude the NP engaging in research activities if they so choose.
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
The inclusion of advanced nursing skills and knowledge is necessary to assist with the differentiation between NP and other nursing scopes, for example, ‘RN prescribing in long term and chronic conditions’. We believe that a further discussion needs to include a consideration of how other scopes are defined e.g. RN Prescribing scope. We are assuming that the RN is deemed competent, the RN Prescriber is competent in prescribing and the employer indicates the requirement for Clinical Nurse Specialist.

Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

No,

Please explain your reasons or suggest changes or alternative wording
The scope statement covers identified aspects raised at previous scope of practice consultation discussions and is inclusive of or makes reference to the requirements noted in the act section 11(2). Some aspects appear to be repeated using different language i.e. “provide a wide range of health care services to people and communities” and then “work in partnership with individuals, family (whanau) and communities across a range of settings.” These statements could be combined. The statement is prescriptive and clearly indicates NP clinical abilities. NPs have the potential to work in a variety of situations requiring a range of leadership abilities. As noted in (7) above, we suggest including elements of leadership which accompany clinical leadership e.g. management, and involvement in local, regional and or national levels. NPs are well positioned to have a strong voice within the profession and this requires emphasis.

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

Yes,

Please give your reasons
However within the current health care settings, there is a critical need for interprofessional work. Any Masters programme for NPs requires a clear pathway with a broad focus for nurse practitioner preparation within a programme which has a commitment to interprofessional practice.

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

Yes,

Please give your reasons
We are aware however of the challenge this will be for many health care settings particularly for those NPs working in rural settings. Additionally, such a move would require Health Workforce funding. Further, the financial constraints incurred from aligning formal clinical placement options may negatively impact the employer’s ability to undertake a supportive role in NP clinical supervision.
**Q12:** How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?

We suggest up to 300 hours and a minimum of 250 hrs. Again there is a cost component which could be prohibitive and such a requirement would need careful consideration in order to fit with University programme requirements for a 240 point Masters programme.

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

Yes,

Please give your reasons
We also recognise the challenge for the employers in health care setting. For rural nurses, this may prove to be prohibitive. Without organisational support the NP candidate does not have access to an environment in which to complete the requirements of practicum prescribing papers.

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

Development of a clinical log to demonstrate the depth and breadth of assessments, diagnostic reasoning and clinical practice, including a reflective consideration of client outcomes.

A named mentor, other than a clinical supervisor can facilitate network development and can assist the RN in their portfolio development towards NP registration.

Demonstration and confirmation of appropriate workplace and clinical support.

**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
We consider there is benefit in this however the PG Diploma title is too long. What is important here is the collection of papers which comprise the PG Diploma. We suggest a PG Diploma in Prescribing is sufficient. Within that PG Diploma, there needs to be papers which demonstrate knowledge and skill development in working with common and long term conditions. There are a range of professions who are aiming towards prescribing and this approach would strengthen the interprofessional work already noted as critical in the current health care settings.

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

No,

Please give your reasons
We suggest that the Nursing Council scope statement together with the competency requirements is sufficient. It is the responsibility of the education provider to demonstrate their programme aligns with the stated scope and competencies.
Q17: Do you agree with the draft programme outcomes for nurse practitioner?

No,

Please explain your reasons or suggest changes or alternatives
While we agree the draft outcomes are comprehensive and consistent with program outcomes currently contained within NP programs across the country. We refer however to our previous statement (16) regarding the responsibilities of the education providers.

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 Nursing Council mandated responsibility is for public safety. The current registration requirements and processes for EN, RN and NP are within their mandate. Education providers develop programmes which undergo stringent accreditation processes to meet the requirements of national bodies (CUAP, NZQA). It would be onerous for Nursing Council and Education providers to undertake accreditation of tertiary courses or programmes which are beyond the stated registrations.

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

Thank you for the opportunity to submit our response. We do agree that the proposed changes will have implications across education and health sectors and require careful consideration. We suggest further consultation as the Scope review develops.