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
- Supported as defined scopes are not enabling.
- Gives the ability to be a broad yet still focuses in on certain groups. It removes confusion between the NP role and the Clinical Nurse Specialist (CNS) role.
- NPs have the insight to regulate their own practice so a specific area of practice is not necessary. Practice broadens with experience and NPs do need to respond to the changing service delivery needs within their organisation.
- Also to be considered: how we support nurses who entered this scope under earlier conditions in narrow scopes.

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

Yes,

Please give your reasons
- This differentiates the NP from the CNS. A demonstration of knowledge and leadership in the area of practice across the community (local)/regional/national is appropriate for an NP.
- Retain leadership in nursing research but remove leadership in education and policy development.
- What differentiates an NP from a prescribing CNS is the breadth of the NP scope, the complexity of their patients with often multiple diagnoses, and the leadership role they have within their service and organisation.

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
- This makes it explicit that the NP role operates at a high level incorporating expert knowledge underpinned by academic application.
- Agree with “advanced nursing skill and knowledge” but it needs further expansion to include “advanced nursing skill and knowledge that enables them to provide both nursing and medical services to patients”.
- The terminology ‘advanced’ is confusing in the workplace. NP should not be described in relation to the RN scope, they are different roles the same as RN and EN are different. Perhaps words like “broad”, “well-integrated” or “nursing skills and knowledge appropriate for the scope of practice”.

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 proposed new scope, does not address the role NPs have in diagnosing and managing care of complex patients with multiple morbidities, multiple diagnoses or the clinical leadership role they have within their service. • Remove the first sentence and perhaps replace with something like “Nurse practitioner is a legislated scope of nursing practice with the authority to practice within the published competencies of the role”. The current sentence belongs in the educational framework and not the scope and again is relational to registered nurse through the inclusion of “advanced”. • The last sentence of the first paragraph “Nurse practitioners should/will manage episodes of care and may be the primary care provider or work as part of the team.” The distinguishing aspect in the workplace is that these nurses can direct and manage care independently and the word “should” or “will” directs the scope toward this future while the word “may” limits the scope.

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

Yes,

Please give your reasons
• The candidate needs to advance their practice within their area of work. In some areas the barriers for the practicum include; the lack of funds to pay the mentor and the cost of release time for the mentor and the candidate to discuss and review cases. So it would be helpful for the mentor and/or the candidate to be able to work outside their contracted hours and be paid for this. • If portfolio assessment continues to be done the candidate needs to develop the portfolio as they move though the last year of study and their practicum period. There needs to be supported novice NP mentorship for at least a year as they settle into the role. As more nurses become NPs they could provide more support for the next novice NPs. • We support a dedicated Master’s programme with a broad focus to develop the required critical thinking and leadership skills. NPs need these skills to ensure they meet their patient population needs and the changing service needs of their organisation. Alternate view: No • Support a dedicated pathway, but not a separate programme. We are too small a country to sustain this model and if we centralise to one institution there is risk of dislocation from the communities that the roles will serve.
**Q11:** Do you support the Council specifying clinical learning time within the programme for nurse practitioners?

**No,**

Please give your reasons
- The support structures for each NP are varied so how would Council set a minimum number of hours for the development of practice and a portfolio. These roles are employed usually and not all employers can provide release for specific education practice hours. • If clinical learning time is not with a nurse practitioner, the quality of the learning time can be variable. A Nurse Practitioner mentor should be the first option, followed by another authorised prescriber. If the prescriber is not a nurse each candidate must have access to a Nurse Practitioner as role model and advisor. • Guaranteeing supported and funded time via HWNZ would be the right direction, but if the time is not funded it would be a barrier. Alternate view: Yes • The role is clinical and this assures a consistent approach is taken.

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

2 Different views:

- There needs to be more clinical learning time than 150 hours (excluding the practicum). There is an ability for some nurses to complete their Master’s as full time students therefore having no or very little clinical time to apply any of the knowledge learnt in the programme. However if the nurse is already working clinically in a practice setting and is already being mentored by a nurse practitioner, those normal working hours should be included in their clinical learning time without the requirement to do extra hours.

- Absolutely do not support 150 hours on top of the practicum as do not see what benefit would be gained for this time and it would be scattered around a range of programmes for varied benefit. Employer support for practicum is essential as portfolio development and employment depend on the relationship with the employer. Practicums require immersion in the role and therefore release time for the enrolled student. If not supported by the employer, the student is facing a large hurdle and excessive workloads.

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

**Yes,**

Please give your reasons
- Employers need to know what the cost is of supporting an NP candidate. • If working for an organisation which is planning on employing them as an NP, but some may be doing this independently of existing 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?

- Ability to diagnose correctly, prescribe, refer for appropriate interventions.
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 do not support a postgraduate diploma in registered nurse prescribing for long term and common conditions being a prerequisite for NP programmes as this would be a barrier to many future acute care nurse practitioners wishing to work in the critical care areas such as intensive care, high dependency care and critical care outreach. • There should be a number of ways for nurses to develop towards an NP role, such as a post grad diploma with a prescribing paper and a practicum in their clinical area with a prescribing mentor. The postgraduate diploma in registered nurse prescribing for long term and common conditions should only be a prerequisite for nurses managing chronic diseases and single diagnoses/conditions in the community, which is its intent; it should not limit the educational and clinical pathway for critical care nurses who as acute care NPs need to manage physiological instability of patients from multiple specialty areas with often multiple morbidities, multiple diagnoses and complex patient and family psychosocial needs. • The content should be, but designating a programme designed for registered nurse prescribing for NP is the wrong direction of travel. At least a separate cohort on the programme is warranted as the size of the country does not support total separation of the programmes. • The common conditions and long term conditions framework does not suit all the Clinical Nurse Specialist roles in tertiary care settings. Often our most skilled nurses prescribe complex medications under standing orders that they will not be able to prescribe as prescribers. There will be issues in that for the future for tertiary registered nurses.

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

Yes,
Please give your reasons
2 Different views; Yes • As the registration authority, the Nursing Council should be clear about expectations for nurses at each level, this applies a consistent approach. • We support the Nursing Council setting outcomes for nurse practitioner programmes as there are inconsistencies across education sites. No • Education preparation is postgraduate and includes experiential learning. The undergraduate programme needs structure because the students are not already professional nurses and we are meeting entry professional standards. In post-graduate study there are varied experiences at entry and varied practice areas at outcome. The cost and effort of accrediting at the proposed level does not balance the benefits which are unclear.

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?

No,

Please give your reasons
• Not unless it led to a change in scope of practice or a particular endorsement for practice expansion • As nurses may take a circuitous route to NP registration, universities will need to be able to credit appropriate papers from other universities/polytechnics into the NP programme if the programme requirements have been met. • This point deserves more consultation and discussion in its own right as there are many things to consider. • Depends on the context. There is such a wide range of knowledge that contributes to practice and a long running discussion of the need to consider accrediting leadership and other pathways in nursing career and practice development. The right decision for the profession is critical here and being the last question in a broader consultation about NPs does not cover this point well enough. Alternate view: Yes • In the absence of a truly recognized accredited professional body they provide a standard the public can be assured of and a consistent approach all nurses and education facilities understand and accept.

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

This feedback represents the views from a very broad group of lead nurses from across the sector. Though in agreement for the majority there are some points of difference which were left in to show different perspectives and considerations. If two views are given, the yes/ no response was the majority view.