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 makes sense as NP's will continue to develop their knowledge, skills and practice over time and will be able to expand their practice. To gain registration in the NP scope of practice NP's have demonstrated safe practice which includes the ability to know their limitations and be responsible for accessing ongoing learning as required to maintain that practice. Broader areas of practice have developed naturally as roles grew, starting from a broader less restricted descriptor of practice will allow NP's to better meet the changing needs of communities as well as provide a more generic NP now being sort by employers.

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

Yes,
Please give your reasons
Clinical leadership is a main focus of the NP- the use of direction and delegation may be a key feature of the way of working. Leadership can also be seen as the provision of an expert nursing opinion. In a broader sense NP's can be leaders in their contribution to working parties, consultation documents, research, National Nursing bodies education and through challenging the boundaries/ restrictions that legislation places on nursing. This should be tempered with the notion that these other activities do not distract from the core activity of caring for patients.

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 is a question of semantics, if clinical Nurse Specialists have advanced skills then do NP's have the right to claim they are "expert", how do we define the different level of skill to differentiate from CNS, expert (Level 4 PDRP) nurse? Or do CNS have enhanced skill level and NP's have advanced? What defines the NP Scope of practice is that NP's meld the role of nursing and knowledge and skills previously the sole domain of medicine and so offering not only nursing but medical services.
**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

No issues with this proposed scope. Some NPNZ members queried if “Masters prepared” needed to be included.

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

Yes,

Please give your reasons

NPNZ support a broad dedicated Masters programme for Nurse Practitioner preparation. It needs to be broad to reflect the broad scope of practice and focus in on the critical reasoning skills required for assessment, diagnosis and treating illness.

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

Yes,

Please give your reasons

This tends to be specified in prescribing practicum papers. However there is a need to ensure that this time is spent with appropriately qualified people who understand the Nurse Practitioner role and is working within the scope of practice that the student NP wants to practice in, in order that they can best meet the student NP's needs. It would need to be ensured that the 150 hours of learning time were undertaken in an NP internship type role, rather than in the RN's current role.

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

A minimum of 150 hours is reasonable, which given the prescribing practicum would give 300 hours of practice. It should be borne in mind that post-qualifying as an NP a further period of mentorship should be available in order to consolidate the novice NP practitioner, ideally with another NP or with a supervising Doctor.

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

Yes,

Please give your reasons

This would ensure that these is employer buy-in to the process of the Nurse Practitioner pathway, would indicate a willingness from employers to employ NP’s at the end of the process and finally most people on the pathway will be working as senior nurses and attempting to do the NP Practicums on top of the required reading/study and their usual workload would disadvantage many candidates.

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

Mentor criteria- suitably qualified, hours

The mentor may not need to be onsite but reasonable contact hours either face to face or through a platform that allows for mentorship/supervision to be productive and effective.

Competencies need to be understood by the mentor so would suggest there being some sort of education package around this especially if the mentor is not a NP.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>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?</td>
<td>No, Please give your reasons While it may be advantageous to have a post-graduate diploma in registered nurse prescribing for long-term and common conditions prior to commencing the NP pathway, it is too limiting for future NP’s who as “Authorised prescribers” will have a much wider formulary to prescribe from. It would also be potentially limiting in that there are a number of ways and routes that people have taken to get to the Nurse Practitioner route- this is not necessarily about the papers/courses available but also about individual nurses career development/ stages of life/ service developments.</td>
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<td>Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?</td>
<td>Yes, Please give your reasons NPNZ supports the Nursing Council setting outcomes for Nurse Practitioner programmes after consultation as these are inconsistencies across the current pathways and across the current education providers. However everybody has to apply to the Nursing council in the end which requires some consistency, this may make desk audit a more routine element of the application. A stronger focus on the diagnostic role (including differential diagnosis) as part of the critical thinking element of practice. Critical thinking can be seen as what marks out someone as having Nurse Practitioner potential.</td>
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<td>Q17: Do you agree with the draft programme outcomes for nurse practitioner?</td>
<td>Yes, Please explain your reasons or suggest changes or alternatives The outcomes cover the elements of Nurse Practitioner practice.</td>
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<td>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?</td>
<td>No, Please give your reasons If they are not to end with an application for NP or RN prescribing status then no, council should not be involved. However, need to be mindful about the circuitous route that many have taken to get to NP/clinical masters, so the ability to easily cross-credit previous papers (through Nursing council accreditation) would be advantage. This may also influence HWNZ funding.</td>
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<td>Q19: Any other comments on the scope of practice or education programme?</td>
<td>Respondent skipped this question</td>
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