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 realistic that RNs applying for NP will have an area of practice they reflect through the application evidence. However the historic focus on ‘restricting’ the practice of NPs to limit prescribing should be removed. An NP application and registration needs to be to the scope of practice and level of practice and not limited by the practice focus at the time of registration. The population the applicant works with will determine the evidence submitted against each NP/Advanced practice competency. If the population (including life span) changes with time and experience and population needs the NP needs a registration that enables that. However if the NPs area of practice/population does not change with ongoing practice development the generic broader scope will not be problematic.

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

Yes,

Please give your reasons
Nurse Practitioners must show leadership within clinical practice but this should not diminish from the impact on the leadership in other areas related to the NPs area of practice or impact on the nursing profession itself. This is often achieved through advocating for the population, representation on committees and policy/service provision changes. The NPs clinical leadership impacts on the practice development of others. Therefore it is essential the competencies do focus on leadership and contribution through research, management and policy etc. Practice development at the NP level impacts on practice and outcomes that are broader than their own case load practice.

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
It is an improvement to remove the word ‘expert’ and focus on the advanced nursing skills and knowledge. The words “beyond the level of the RN” are useful for this focus.
Q9: Do you agree with the proposed new scope of practice for nurse practitioner?

Please explain your reasons or suggest changes or alternative wording.

Yes to revising the scope of practice with comments/suggestions. Please note it is self limiting with the focus only on clinical practice without a focus on leadership in the NPs area of practice to improve population outcomes. The words “area of practice” could still be used even with a broader Scope of Practice statement as less onerous than the leadership in the profession. While the revised scope is important for demarcating the difference in the RN/NP level of advanced practice it is limiting in the absence of leadership or contribution to research, policy and the profession. The CNS (or NS used in some DHBs) is the senior practice role many NP Candidates leave once NPs. The KPI for the CNS (and other senior nursing roles) require leadership beyond practice and the direct clinical work and follow up with patients. The ordering of diagnostic/laboratory tests needs to be separated. The focus of diagnostic tests is broader and use of a / indicates the same focus. It needs to be clear that diagnostic ordering is required (therefore needs employer support beyond lab orders. The wording prevent disease could also be to reduce disease or disease burden or impact. Prevent is a tall order when considering the focus on older and chronic illness for NP addressing anticipated increasing gaps in the futures.

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

Please give your reasons

Mixed yes/no answer

While we support better preparation for the NP we are concerned at the focus of this from the time of commencing PG study. This should only occur in the last four papers. We agree with a broad focus in NP education. It is not untypical for the PG study to inform the practice development and eventual focus on NP registration. However the development and commitment of the RN and the employer will not always be aligned at the time of commencing PG study. We see a risk to RN workforce development if only those who have employer support can commence PG study when many others with NP aspirations may not commence on a NP ‘dedicated masters’. Staff need options in PG study to enable later entrance to the NP pathway with employer support. In some cases for a range of reasons staff may later in their PG pathway determine themselves they no longer see the NP role as the optimal career pathway. Similarly other staff may end up having to complete additional papers or needing to change PG options to enable NP application when original PG option was not in a dedicated NP programme of study. We appreciate there will be similar papers within a dedicated NP Masters and clinical/other nursing masters but it is important there remains some flexibility in the paper options staff take. The core papers required can be clearly specified.
Q11: Do you support the Council specifying clinical learning time within the programme for nurse practitioners?
Yes,
Please give your reasons
If funding is going to support the clinical release/mentoring it should be determined by NCNZ/HWNZ. The current variance between programmes is problematic when staff within the same DHB are studying at different TEPs. NCNZ specify for EN, RN, NETP and should for NP to support recognition and understanding of the scope of practice. It is important employers support the practicum and this needs be funded to a higher level like RMO positions during the practicum.

Q12: How much clinical learning time should be included in the programme in addition to the prescribing practicum (a minimum of 150 hours)?
Agree with minimum - however more is needed and needs to be funded e.g. 250 - 500 hours. Please note unless funded increasing the hours will limit employer support and ability to provide clinical release and mentoring/supervision.

Q13: Do you think that a student must have employer support to complete a practicum with supernumerary hours?
Yes,
Please give your reasons
It is the employer not the TEP providing the Clinical preparation. Joint work with the TEPs is required to ensure optimal clinical learning and role extension and expansion is achieved. It is also the employer who needs to ensure the Practicum is integrated into or supports NP Candidacy development leading to a NP role. HWNZ funding should be used with this assurance. This is why the practicum needs to be aligned to NP roles.

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

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
While RN prescribing is a good pathway it should not limit RNs options or indeed what services grow NPs. In some organisations there may not be RN prescriber needed but with the broader focus of the NP and level of practice the NP role is a good fit.

Q16: Do you support Nursing Council setting the programme outcomes for nurse practitioner programmes?
Yes,
Please give your reasons
It appears the advanced practice competency are the main focus of Practicum papers and depending on the focus of this e.g. prescribing or all domains determines the course content. If there are NP Programmes then greater specifications are required.

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?

Yes,

Please give your reasons
HWNZ funding for the workforce needs to be broader than to a NP Masters. RNs and aspiring NPs should not be limited in accessing funding until the practicum. Workforce development is broader than clinical focused papers. If HWNZ criteria continues to rely on NCNZ accreditation then all PG Study needs to be accredited so accessible.

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

Please ensure the improved scope of practice has leadership focus broader than practice but realistic. Thank you for this opportunity to respond to the well written and informative consultation document.