Feedback to Nursing Council New Zealand on the Consultation on the Scope of Practice and Qualifications of the Nurse Practitioner.

Submitted by MidCentral Health Nurse Practitioners: 

1) Do you support NP being a broad generic scope of practice like the RN or EN and removal of the requirement for registration to be restricted to a specific area of practice?

Yes we support NPs to be registered as Nurse Practitioners and have the ability to respond to their population group’s health needs be these at a generalist/generic level or focused/speciality level. We understand from the consultation document that the nurse will be prepared broadly however will have a focus on a particular population group and be required to have had at least four years within this area of practice prior to submitting to NC and be able to demonstrate competence for this population group at panel.

We reject any reference to practice being narrow for NPs in specialty practice. This is grounded in a limited understanding of specialist practice and denies the comprehensive approach and holistic nature of their practice.

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

While there should be a clear emphasis on the clinical aspects of the role, clinical leadership is also an integral component of advanced practice and should still be demonstrated in some way, especially local or regional. An emphasis on clinical and quality improvement based research is preferred as opposed to being required to lead or being involved in more theoretically framed research.

3) Do you agree with inclusion of advanced nursing skills and knowledge in the proposed new scope of practice?

Yes, a clear statement that advanced practice, informed by advanced education and clinical experience is the cornerstone of NP scope of practice makes it clearer to the sector about the NP role and provides some differentiation from other nursing scopes of practice.

4) Do you agree with new proposed scope of practice for nurse practitioner?

Yes

5) Do you support a dedicated Masters programme with a broad focus for NP preparation?

Yes this is imperative and was the basis of a paper written by NPAC-NZ and the concept was supported by the sector at the time. RN and NP are different scopes of practice and therefore need specific programmes.
Yes, NCNZ should specify hours otherwise there is the potential for too much variability. Some 
specificity of what the learning hours cover i.e. clinical learning with patient present, non 
contact such as teaching and one-to-one mentorship is recommended.

Employer support is essential to support the nurse in a variety of ways and reduces risk for both 
the nurse and employing organisation.

Mentor criteria would be useful so that the nurse receives mentorship and clinical learning from 
a clinician who has the required and appropriate level of clinical skill and expertise and who 
understands the NP role.

6) Do we think Postgraduate diploma in registered nurse prescribing for long term and common 
conditions should be a prerequisite for nurse practitioner programmes?

Yes it would provide a solid foundation for preparing the nurse for advanced practice and the further 
learning required for the NP scope if they choose to progress to NP.

7) Do you support NC setting the programme outcomes for NP programmes?

Yes. Independent view and ensures consistency.

8) Do you think NC has a role in accrediting courses that don’t lead to NP or RN prescribing?

Yes, e.g Registered Nurse or Enrolled Nurse programmes.