Q6: Do you support the assessment of competence of nurse practitioner candidates within specified education programmes as outlined in the Draft education programme standards?

Yes, No

Q7: Do you think any of the following requirements will address potential conflict of interest and ensure assessments of nurse practitioner candidates are completed to a consistent standard?

a. Involving suitably qualified members of the multidisciplinary team and practice representatives and/or
Yes

b. External moderation of assessments by other education providers and/or
Yes

c. Setting standards for assessment and closer moderation by the Council.
Yes

Please give your reasons or any other suggestions
See final comments

Q8: Do you support the candidate also submitting a portfolio of learning to the Council?

Yes,
Please give your reasons
This should be reasonably simple given the fact they are providing this type of work for their study

Q9: Do you support the assessment methods outlined in 8.4 and 8.10 of the draft education programme standards?

a. a portfolio of learning and clinical log of practice experience
Yes

b. simulated scenario based assessment
Yes

c. viva voce clinical assessment
Yes

d. observation in clinical practice settings.
Yes

Q10: Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?

Yes,
Please give your reasons
Yes, although as per page 5 of the proposal document the Council acknowledge the difficulty in finding suitably qualified clinicians to sit on panel assessments yet the commitment to acting as clinical teaching staff is infinitely greater.
<table>
<thead>
<tr>
<th>Q11: Do you support the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards?</th>
<th>Respondent skipped this question</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q12: Do you support the draft education programme standards?</td>
<td>No, Please give your reasons I have strong concerns that the overarching influence on who is successfully 'processed' as an NP will be that of the academic staff and not the the employer, clinical staff. There are very few lecturers who do more than the absolute minimum in terms of clinical skill maintenance and therefore have often lost touch with the realities of working in the clinical setting - see comments below</td>
</tr>
<tr>
<td>Q13: Any other comments related to the draft education programme standards?</td>
<td>See final comments</td>
</tr>
<tr>
<td>Q14: Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?</td>
<td>Yes</td>
</tr>
<tr>
<td>Q15: Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?</td>
<td>No</td>
</tr>
<tr>
<td>Q16: Do you support newly registered nurse practitioners practising under supervision for one year?</td>
<td>Yes, Please give your reasons In the interest of safety for the public, the nurse etc any novice clinician would expect / welcome supervision support during their initial period in senior role.... just because you have a driving license it does not mean you are a good driver !</td>
</tr>
</tbody>
</table>
Q17: Any other comments related to the proposed draft competencies for nurse practitioners or the proposal for new nurse practitioners to be supervised for one year

My comments are based on my experiences as being:
1. A registered prescribing NP since 2006
2. An Honorary Professional Teaching Fellow - University of Auckland
3. A panel assessor for prospective NP's.

Some observations / comments:
As a panel assessor I continue to be alarmed at the mismatch between often (stunning) portfolio's versus that individuals actual performance at panel interview (notwithstanding the predictable anxiety of such encounters). In the past year I can think of two such panel assessments where the individual clearly had no clinical diagnostic process, who could not cite basic clinical guidelines common to their area of expertise or provide basic pharmacotherapeutic rationale for drugs they were planning to prescribe. At this stage the panel assessment is the only and final objective process prior to registration as an NP. With the proposed changes both the employer and the universities have a vested interest in seeing their candidate pass. Some independent assessment should still apply.

It concerns me that the influence of the academic institutions may over arch those of the clinical mentors / employers. The academic institutions have a financial incentive for having students enrolled.

There is a huge gap between the capacity of an individual to achieve good academic results and that individuals ability to work in the clinical setting. It is the academic institutions role to strive for the higher ground, to teach academic excellence - this is however often distinctly different from the reality of working in the clinical setting. In my role of Honorary Professional Teaching Fellow I teach a post graduate paper for advanced practice nurses (emergency care) - a recurrent theme in this paper is exactly this dichotomy. Student's who excel in the lecture room, who present A+ assessments struggle to multi task, provide diagnostic reasoning, perform systematic clinical exam's of patients in the real word setting of the hospital.

These skills are all teachable given the right student, the right environment etc but at the end of the day the universities will have a finite period of contact with that student whereas the employer is likely to be 'burdened' with the prospective NP for many years -- the Universities role should be exclusively to educate the student and then employers / mentors should have the lion's share of the decision as to whether that person has the necessary skills, or potential to become an NP.

To date the Council has not linked its decision to register NP's with that individual's employment potential but with if the Council decide to forego future panel assessments then the decision to recommend registration must be a joint recommendation between the employers, the clinical mentors and the University.

This in some ways reflects the initiative put forward for 2016 by Hon J Coleman (Min of Health) and in respect to the funding for 20 new NP's.

Costs: It concerns me the the Council are citing costs as being a reason for these proposed changes and would rather support an increase in initial NP application fee to cover these losses than a 'watering' down of the system to in order to 'break even'. This increased fee could reasonably to borne by the employer given the fact they are likely to get a good 10 - 20 years of service out of a good employee, it would also fit with J Coleman's plans in respect to emphasis on successful NP registration being linked to guaranteed employment.

Mentors: On page 5 the Council states: "The Council is having difficulty in securing suitably qualified nurse practitioners for panels". The commitment to participate in panel assessments is significantly less than the work load that a clinical mentor would to take on and therefore if the Council is struggling to find panel assessors it would seem logical to assume it will have similar problems finding enough clinical mentors - a fundamental flaw in the plan leaving all candidate supervision to be the responsibility of their lecturers (individuals who have chosen to teach, whose registration as nurses may only be the basic required for them to maintain their nursing registrations).