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,

Please give your reasons

Yes. In an education programme, which is led by Nurse Practitioner educators, an e-portfolio which includes the competency standards set by Nursing Council will be developed as part of the educational process in the final practicum year. The utilisation of assessments including viva voce clinical assessment, on-site clinical competency assessments as well as a clinical log which documents the application of the competency standards to the student’s clinical practice will be evaluated periodically by the NP educators over the final practicum year. This ongoing assessment of student progress will have the advantage of providing for multiple assessments of competency over a year and can also allow for assessment by more than a single evaluator. This contextualizes learning to actual practice and enables students to have ongoing feedback on their performance and the opportunity to develop their competence to the level needed for NP practice. The e-portfolio can then be submitted to Nursing Council for final sign-off and registration of the Nurse Practitioner.
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
No

c. Setting standards for assessment and closer moderation by the Council.
No

Please give your reasons or any other suggestions
We recommend standardization of the final competency assessment process across the Universities preparing students for NP registration. Moderation in this context means the final competency assessment will include suitable members of the multidisciplinary team along with the NP educators to assure correlation and moderation the students’ performance against the assessment standards used to evaluate the student.

Q8: Do you support the candidate also submitting a portfolio of learning to the Council?
Yes,
Please give your reasons
An E-portfolio will be a part of their educational process. This would be available to Nursing Council to access as desired. The e-portfolio would also be available to the multidisciplinary panel for the final competency assessment. As previously described, the e-portfolio would include the clinical log of practice experience, viva voce clinical assessment and an assessment of the clinical competence of the student in the clinical practice setting.

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

Please give your reasons
Yes. The E-portfolio of learning should be supported with a clinical log that provides clear evidence of ongoing application of the competency standards in actual clinical practice. Nurse practitioners are the clinical teaching staff—The students are assessed over one year with a minimum of 300 and a recommended 500 hours of practical experience and multiple assessments. This brings the process in further alignment as the Australian model and Australian NP’s may practice in New Zealand per the Trans-Tasman agreement.
Consultation on the education programme standards, and competencies for nurse practitioner scope of practice

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

Yes,
Please give your reasons
Yes. As NP clinicians and educators, we often see situations in which potential NP candidates, their employers and/or their clinical leaders do not understand the true scope of advanced NP practice. The NP educator supports the development of the NP skill set needed to practice at an NP level. The NP educator does not need to be a clinical expert in the students area of practice as this role is met by the appropriate clinical mentor (Nurse Practitioner or Doctor) during the supervised practice hours. There is often confusion about the difference between Clinical Nurse Specialist clinical competency and NP clinical competency. Therefore, it is essential that currently practicing NPs provide oversight and guidance to ensure that the student expands their practice into the NP scope of practice.

Q11: Do you support the standards for the nurse practitioner practicum outlined in section 9 of the draft education programme standards?

Yes,
Please give your reasons
Yes. We are in support of these standards, with the addition of a statement of a minimum of 300 and a recommendation for 500 hours of practice as per the NP Training Programme developed and funded with HWNZ. We wish to emphasize that the designated prescriber competency is very different than the independent authorised prescribing competencies of NP. It is important that all students have a minimum of 500 hours to develop competence at the NP level of practice during their NP MS programme.
Q12: Do you support the draft education programme standards?

Yes,

Please give your reasons
Overall yes, but there are a few details that we do not agree with: Under 4.1 – bullet 2 “have a collaborative working relationship with a multidisciplinary team and have the support of a nurse practitioner mentor *or* vocationally registered medical practitioner who will support her/him to develop the advanced skills and knowledge required for nurse practitioner practice.”

9.3 The student will have clinical mentoring from a nurse practitioner *or* a vocationally registered doctor who will support the student to develop the skills to practice as a nurse practitioner and an authorised prescriber. Although NP clinical mentorship is desirable, it is not always feasible or practical. The NP educators will have oversight of the student’s clinical experience and can make sure that whether it be with a NP or medical practitioner it is of sound quality. Under 9.15 “…assess the achievement of the learning outcomes by the student, and confirm the completion of the equivalent of 30011 hours of protected (outside of paid work hours) clinical learning time…” As above, we are recommending a minimum of 500 hours. We are concerned about the phrase ‘outside of paid work hours’ because there are NP students that are currently employed as a NP Intern and their job is to learn and develop their skills to become a NP. It may be better to state “outside of paid work hours in which the student is practicing in a RN scope of practice and/or not practicing in a employer recognised NP internship role”.

8.11 For students who have not completed a Postgraduate diploma in nurse prescribing before commencing the nurse practitioner master’s programme the assessment methodology tests all aspects of prescribing and must include a practical assessment and confirmation of the student’s clinical, physical examination and decision-making skills and confirm they meet the competencies for nurse prescribers. All students entering the MS for NP should be assessed using the same criteria, regardless of whether they have been designated prescribers or not. Nurse Practitioner practice is much broader in scope and independence and although being a designated prescriber will be helpful to a student, it will not exempt them from any component of the requirements for NP clinical education.

Q13: Any other comments related to the draft education programme standards?

Yes. As previously described, with focused requirements embedded in the educational programme, this does reflect the appropriate level of NP practice. There are many nurses that currently practice at a very advanced level, but are not NPs. These competencies clarify that the scope of practice for NPs is at an advanced level of clinical knowledge, diagnostic and prescribing expertise needed to safely practice in this advanced clinical role.
<table>
<thead>
<tr>
<th>Q14: Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?</th>
<th>Yes, Please give your reasons Yes. There is clear guidance regarding the appropriate educational programme, the expected qualifications of the NP educators. The outcomes are clearly outlined.</th>
</tr>
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<tr>
<td>Q15: Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?</td>
<td>Yes, Please give your reasons Yes. There is clear guidance regarding the appropriate educational programme, the expected qualifications of the NP educators. The outcomes are clearly outlined.</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 Yes, this is a good way to ensure support for the new NP. Specifics regarding this relationship will need to be outlined to provide some guidance to both the new NP and the mentor/ supervisor. The supervision does not need to be direct, as the NP is registered, but should perhaps take the form of a regular case review meeting or other similar process.</td>
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<tr>
<td>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</td>
<td>Respondent skipped this question</td>
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