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

In relation to the assessment process -"some issues may be overcome by a panel to assess other than the logistics of travel to Wellington". "Current assessment process helps to ensure robustness of assessment process must be such that it ensures roles and responsibilities of NP is not compromised". In relation to para "Assessment by the Education provider" the Australasian model "this should occur as it is the "step up" required to differentiate from RN. Agree with para "option to maintaining a consistent standard and managing conflicting roles" "Make educational providers accredited NZNC moderator assessors". "Perhaps NZNC to have a MOU contract with tertiary institutions supporting programmes. This helps provide a "quality control" capability and reduces conflicts of interest".

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

"Agree needs to be rigorously vetted to protect bias"

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

Yes,

Please give your reasons

"This ensures regulatory control and prevents tertiary institutional bias"
Q9: Do you support the assessment methods outlined in 8.4 and 8.10 of the draft education programme standards?

<table>
<thead>
<tr>
<th>Method</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. a portfolio of learning and clinical log of practice experience</td>
<td>Yes</td>
</tr>
<tr>
<td>b. simulated scenario based assessment</td>
<td>Yes</td>
</tr>
<tr>
<td>c. viva voce clinical assessment</td>
<td>Yes</td>
</tr>
<tr>
<td>d. observation in clinical practice settings.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Please give your reasons

“This process is critical and gives opportunity for candidates to be tested for academic and practical rigour”.

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

Yes,

Please give your reasons

“Yes, but important to differentiate between Masters prepared and those who have attributes relevant to the area of study but may not proceed to NP”. “To have a background in clinical leadership and teaching. Therefore, should be a pivotal role in a clinical/ academic environment”.

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

“Public and fellow health professionals must be confident in the rigour of the teaching and assessment process”.

Q12: Do you support the draft education programme standards?

Yes,

Please give your reasons

“The programme applies rigorous quality control over the process and ensure equity and consistency is maintained”.

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

Respondent skipped this question

Q14: Do you agree that the draft competencies for nurse practitioners describe the knowledge and skills required of new nurse practitioners?

Yes,

Please give your reasons

“However, very medically focussed - no room for patient engagement”.

Q15: Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?

Yes,

Please give your reasons

However, need to devise a standard student assessment tool for all institutions to use for NP training.
Q16: Do you support newly registered nurse practitioners practising under supervision for one year?

Yes,
Please give your reasons
However, a lack of available NP to fulfil this mentor/guiding/coaching role. This problem will only increase and Vocationally Registered Doctors may equally struggle with growing numbers and other constraints. Supervised clinical roles adds protection for both public and NP

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

The comments have been collated from input from the nursing workforce across the PHO