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
As long as formative and summative assessment processes are captured, competence assessment by the education provider should be more accurate due to close proximity of these processes to the NP candidates. Note although, comments in the next section.

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

a) contributes to formative assessment provided the framework is standardised across all education providers. Assists with developing these relationships and increasing the profile of NPs b) provides quality controls/assurance for both the public and funders alike c) as the regulating body for nursing, this provides high level quality controls.

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

Yes, Please give your reasons
Provides for tangible evidence alongside formative & summative assessments. We suggest consideration is given to a PDRP programme for NPs also, as this ensures they would always have a current portfolio that demonstrates ongoing competency and not necessarily be subject to audit.
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

A wide range of formative assessments enables a rigorous process.

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

Yes,

Please give your reasons

We consider this to be vital, however we hold some concerns about current capacity, especially within mental health and addictions. To date we are aware that there are 6 NPs with a mental health 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

s 9.2: Education providers negotiating practice experience - this needs to be more robust by detailing what and how many, as the proposed assessment process may be too open to interpretation. We suggest merging 9.2 and 9.4 for a better description. s9.15: the role of clinical mentors is quite well described. s 9.16: we found the first and sixth bullet points don’t read well s9.17: we think the benchmark around the number of non-achieves in the programme is helpful.

Q12: Do you support the draft education programme standards?

Yes,

Please give your reasons

Better consistency across programmes through a standardised approach Provides for good direction on clinical leadership Prescribed practice hours seen as positive Non achieved limit to two is safe and we think a fair screen However: the entry requirement of 3 years fulltime practice doesn't correlate well with proposed access to two areas of clinical practice. We feel uncertain that 3 years on entry is adequate for this level of programme. Clause 5.9 - suggest give a range for length of time since completion of post registration practice.
Q13: **Any other comments related to the draft education programme standards?**

We think the proposed changes will need support and time to imbed. Providers will need guidance during the implementation phase - during this time perhaps a Council staff member could be involved in the education providers decision making process about nurses qualifying as an NP, for example.

Re the varying language used to describe clinical mentoring, professional supervision, clinical supervision: we think these terms could be revised and Te Pou's resources on Supervision for Nurses might be helpful here.

We assume the absence of reference to cultural supervision is an oversight, and would like to see this aspect strengthened.

We also suggest strengthening the mental health and addictions knowledge and skill development of all NPs within the programme.

| 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
11 competencies across 4 domains well described.
Competency 1.4 should include substance use
Competency 3.1 should include social determinants of health such as housing and employment status, enrolment with a PHO |
| Q15: **Do you agree that the draft competencies provide enough detail to guide education requirements and student assessment?** | Yes, Please give your reasons
Good use of verbs that are measurable |
| Q16: **Do you support newly registered nurse practitioners practising under supervision for one year?** | Yes, Please give your reasons
A internship approach adds to the quality assurance of this importance transition to independent practice phase in the programme. Support and supervision from a trained clinical supervisor will be very important in this phase. |

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**

In summary, Te Pou supports the proposed changes through an evidence based workforce planning lens that highlights:

- education and healthcare partnerships to support NP role development
- the need to have skilled supervisors / mentors in place
- the need for NPs with sound knowledge and skills in supporting people with mental health and addiction problems.