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.

The final assessment of competence and a recommendation by the tertiary education provider (TEP) to the Nursing Council that a nurse be registered in the nurse practitioner scope of practice would indeed be appropriate. We want to stress that it would not be appropriate to do so unless the draft education programme standards are adopted by all TEPs as proposed. Further to this suggestion, we propose that a consortium of TEPs manage and host the final assessment of candidates on a biannual basis. That is, within six months of completion of the education programme, candidates put forward by each TEP will apply to sit an oral exam that is hosted by one of the TEPs. Panels of nurse practitioners from contributing TEPs will be assembled to be the examiners, plus appropriate practice representatives/MDT examiners. Essentially this would shift the current panel assessment from the auspices of the Nursing Council to that of the TEPs. Advantages of the consortium approach are that issues of conflict of interest will be minimised by having a range of TEPs contribute examiners who will agree on the examination content and process with the support and input from the Nursing Council. Cross TEP moderation will thus be inherent to the assessment process through a nationally agreed and consistent approach. Furthermore, if held following completion of the NP programme (but within a specified timeframe), nurses would graduate with a completed qualification even if they are not successful at the oral exam. Procedures would need to be in place for re-assessment etc.
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

At present, practice representatives such as vocationally registered medical practitioners are actively involved in student assessment as clinical preceptors/supervisors as part of the education programme. Their expertise is likely to be necessary in the final assessment for applicants whose area of practice is especially specialised and where there are few NPs with similar expertise. The associated costs of practice representatives/MDT examiners could be recovered from the candidate’s exam application fees.

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

No,
Please give your reasons
If the programme standards and moderation processes are adequately met there would be no need to also submit a portfolio to the Council. Portfolios could be held by the TEP for periodic audit by the Council.

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
   No

c. viva voce clinical assessment
   Yes

d. observation in clinical practice settings.
   Yes

Please give your reasons

We agree that a variety of assessment approaches usefully triangulate evidence of an applicant’s competence, but see little value in simulated scenario based assessment unless it occurs during the programme in the assessment and clinical decision-making paper. Observation in clinical practice settings by appropriate academic clinical staff during the practicum/prescribing papers is notably lacking from current programmes.
### Q10: Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?

Yes,

Please give your reasons

NPs should share their clinical expertise in the core assessment and practicum papers. Nurse academics as researchers and leaders make valuable contributions to the preparation of NP candidates also.

---

### 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

However, our comments are as follows:

- **Re. 9.2** The nurse practitioner practicum component of the programme must consist of at least 300 hours of protected (outside of the students paid work hours) clinical learning time within a collaborative health team environment. Although this standard is not for consultation, we do object to 150 hours completed in the PG Diploma prescribing practicum counting towards the 300 hours of NP practicum experience. In our view, 300 hours is the absolute minimum for identity formation in the NP scope of practice to be established.
- **Re. 9.2** The education provider must negotiate practice experiences and clinical mentors for each student and a process by which these are assessed as satisfactory prior to the commencement and for the duration of the programme.
- **9.4** The nurse practitioner practicum will include opportunities to further integrate academic theory with diagnostic and clinical decision making skills for more complex health consumers and to develop advanced leadership, collaborative and innovative clinical practice skills, working with population groups across more than one setting. TEPs and students are currently at the mercy of the practice environment in which the student is employed to offer a satisfactory learning and supervisory experience for the practicum. The quality of these environments varies enormously and is complicated by the employment relationship. Ideally, NP candidates would complete their practicum hours in a practice context that is not their regular place of employment, however this is not always practical. The difficulty is that even if a TEP is aware that a particular practice environment and/or clinical preceptor is problematic, assessing it/them as unsatisfactory means that the student needs to find other employment in order to complete their NP education. Certainly clarifying the supernumerary status of the student during the practicum would facilitate a clinical experience in more than one setting.
Q12: Do you support the draft education programme standards?

Yes,

Please give your reasons
It is pleasing to see the plan to staircase students as RN prescribers into the NP programme. It makes good sense to develop nurses in a staged manner and allows them to progress as they feel ready without limiting prescriptive authority to nurse practitioners. Our other comments are: Re. 2.10 Processes are in place to enable early identification and support for students who are not performing well academically, clinically or who have fitness to practice issues. The education provider must demonstrate a process for exiting, or managing into alternative education pathways, students who are not achieving academic, clinical or professional outcomes, and who would not meet the requirements of section 15 & 16 of the Act. Fitness to practice issues are not straightforward for TEPs at postgraduate level and there is a tension between employers who are not able to share information about employees and students who are at pains to prevent the TEP from finding out. As a TEP we are not able to act on formal fitness to practice issues that we do become aware of until it is resolved via the appropriate process with the Council or Disciplinary tribunal. If, however, a fitness to practice issue became apparent during an interaction or clinical assessment with a TEP staff member, we would be obliged under the HPCA Act to notify the Council of the concern. Re. 10.1 The tertiary education provider will be evaluated against the outcomes of the programme in relation to students' subsequent registration as a nurse practitioner. Although subsequent registration as a NP is an ideal outcome measure, it needs to take into account the fact that some students will not succeed. Student success in any endeavour is determined by both intrinsic and extrinsic factors. The specified admission criteria into the programme will address a student’s capability, but nurses, who are predominantly female, often have both young and elderly dependents. Furthermore, students can become unwell during a programme of study. There needs to be appropriate exit strategies from the programme that allows students to graduate with an intact qualification that does not reflect poorly on the overall quality of the programme.

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

Re. 5.8 Any qualifications from overseas must be authenticated and assessed by NZQA.

The cost of a NZQA assessment is prohibitive for many nurses and seems unnecessary for qualifications that have readily accessible programme information available on the relevant university website (Australia for example). It would be helpful to TEPs if the Nursing Council could provide a list of countries from which qualifications can be accepted directly. Guidelines for length of time since completion would also be useful.
**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, the scope of practice statement portrays the NP role as exclusively clinical when we know that NPs have important leadership functions in education, research, and policy. It seems unnecessary for the last sentence of the scope of practice statement to specify that leadership be clinical. We suggest that ‘clinical’ be deleted to read: As leaders they work across healthcare settings, include health service delivery and the wider profession. This change would more closely reflect the elements described in Domain 2/Competency 5 at 5.4 and 5.5 and Domain 4/Competency 11 at 11.2 and 11.6.

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

Yes, please give your reasons.

However, the current action plan for the Medicines Strategy – Implementing Medicines New Zealand 2015 to 2010 recommends a single competency framework for prescribers independent of professional background to inform education curricula and accreditation. It’s not clear how the draft NP competencies (or the competencies for the PG Diploma in prescribing) will articulate with a future single prescribing competency framework.

**Q16:** Do you support newly registered nurse practitioners practising under supervision for one year?

Yes, please give your reasons.

We agree that a first year of practice requires support as the new NP transitions fully into the role. However, the word ‘supervision’ can be problematic and suggest that ‘mentor’ is more appropriate. We understand the intent to be that a more experienced practitioner is available to support clinical decision making during the first year of practice, but that the newly registered NP is responsible for his/her practice.

**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?

*Respondent skipped this question*