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

No.

Please give your reasons

6.1.1. There has been some debate regarding this option; there are clearly some benefits to change and aligning competence expectations to those of other disciplines (as for example, medical registrars), however any change should perhaps be step-wise and incorporate concerns along the way 6.2. Also see comments for option 2 6.3. The current pilot is still in infancy and therefore there is no evidence yet (from and independent evaluation) that education providers are effectively equipped to monitor competence to this advanced practice scope and that a different approach can be relied on for public safety 6.4. We agree there is value in inter-professional collaboration however this could also become more explicit in option 2 6.5. It is not clear how education providers will manage their primary role as educators (supporting students to achieve) with role as accreditors of current (or future) competence outside of assessment activities. Council maintains oversight of this for Undergraduate entry to scope of RN. 6.6. It is noted that this Nursing advanced scope should not have additional surveillance that is not also expected of allied disciplines (eg medicine) 6.7. Reliance on portfolios as evidence of competence should be reviewed; these are open to plagiarism and overstatement. Any competence assessment should be supported by interviews and viva with rigor of any mechanism supported by evidence 6.7.1. External auditors are not all equivalent. Quality and impartiality are necessary and challenging to consistently deliver. A delegated representative of Council could be required for viva
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
   No

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

7.1. It is difficult to manage all potential conflicts of interest and/or assessment rigor internally – for example multidisciplinary colleagues may be highly skilled yet not have sufficient insight into complex requirements for Nurse Practitioner; assessors may have other service delivery agendas

7.2. We are united in affirming that Nurse prescribing practice must be underpinned by Nursing paradigm and philosophy. Any changes must maintain holistic bio-psycho-social and health promoting partnership approach

7.3. Needs clarification as to actual proposed implementation i.e. how this would look in practice. Incorporation of not only the student’s supervisor but other team members who work closely with training Nurse Practitioners. This is often evident at student site visits

7.4. Clinical viva examination by education providers maybe more difficult to achieve in rural and/or remote locations. This may require need to use local Nurse Practitioners or GP mentors who would be willing to engage in examination process for local students which could conceivably create cost as they will require remuneration as well as training/education given to these providers

7.5. None of the requirements address the conflict area identified in last consultation round “between supporting a student to achieve a qualification and the assessment of competence to practice as a nurse practitioner”

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

Yes,

Please give your reasons

8.1. Council holds statutory responsibility for maintaining public safety in relation to clinicians using term ‘Nurse’ 8.2. Continued demonstration of competence is managed by Council; it is therefore logical that the first assessment is overseen by Council 8.3. Documentation of competency by Universities would be held by those education providers rather than centrally making audit and public scrutiny more difficult 8.4. Universities assess against Learning Outcomes within scope of Education Act
Consultation on the education programme standards, and competencies for nurse practitioner scope of practice

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: 9.1. A broad range of assessment activities is useful to triangulate and provide rigor to assessment judgement.

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

<table>
<thead>
<tr>
<th>Support</th>
<th>Please give your reasons</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>10.1. We support this role for Nurse Practitioners whenever reasonable or possible. 10.2. Paucity of available Nurse Practitioner teachers should not be a limiter on development of new Nurse Practitioners. 10.3. Nurse Practitioners undertake course of study with experience to be advanced clinical providers. This should remain their primary focus. 10.4. Nurse Practitioners should be supported to apprentice intern Nurse Practitioners as part of their ongoing role. The knowledge and support a practicing Nurse Practitioner can bring to this relationship is important in the generation of Nurse Practitioners with the NZ context.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Support</th>
<th>Please give your reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11.1. It provides a variety of assessments of competence across a wide spectrum.</td>
</tr>
</tbody>
</table>

Q12: Do you support the draft education programme standards?

<table>
<thead>
<tr>
<th>Support</th>
<th>Please give your reasons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>12.1. We provisionally agree with many aspects of draft. 12.2. Comments throughout should be read alongside this support. 12.3. See 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 program”. 12.3.1. Negotiating clinical mentors has not previously been in the domain of the university. The choice of clinical mentor has historically been the choice of the student. Support and recommendations related to clinical aspects of competences are provided to the supervisor and student throughout the practicum assessments and clinical vivas are designed to highlight gaps in student learning. Practice experience can be recommended based on identified gaps in practice.</td>
</tr>
</tbody>
</table>
Q13: Any other comments related to the draft education programme standards?

13.1. Programme evaluation - consider external moderation and evaluation of programme - consider international benchmarking (alternatively Council as they will have clear understanding of New Zealand Aotearoa context)
13.2. moderation needs to demonstrate and include commitment to te Tiriti O Waitangi

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
14.1. Competencies are aligned to scope statements
14.2. need to make health promotion role and illness prevention more explicit to align to Ministry of Health and revised NZ Health Strategy

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

Yes, Please give your reasons
15.1. Of note, integration of prescribing throughout reflects practice however may make auditing more challenging

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

Yes, Please give your reasons
16.1. great idea for supportive entry to advanced scope of practice - may support retention and safety

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

17.1. It is not clear from the consultation document how the number or choice of Nurse Practitioner education providers will be determined
17.1.1. Geographical limitations must be considered – e.g. South Island and smaller centres/rural/isolated communities
17.1.2. Population needs must be considered – e.g. ethnically diverse communities; populations living with deprivation and need; other demographics with specialized needs such as children and older adults
17.2. PGCert and PGDip preparation for Nurse Practitioner practicum needs to be more explicit – how will students feed into Nurse Practitioner programmes (must be compatible with ease of transition for students). Students should have choice of education providers – e.g. Māori students being able to choose to study in education environments they experience as supportive
17.3. Prescribing Practicum hours don’t have to be as intern Nurse Practitioner rather than at PGDip level
17.4. “outside paid employment” – In order to avoid some potential Nurse Practitioners being financially excluded, the expectation that these practicum hours should to be paid (as student or intern Nurse Practitioner) rather than "unpaid" must be clear
17.5. The completed review should include reference to the new NZ Health Strategy document and reflect changes in the Therapeutic Products Bill – situating Nurse Practitioner role alongside development of RN prescribing
17.6. We would value the opportunity to speak to this important development in the professional scope of Nursing (in addition to the compilation of written submissions)