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
• A consistency amongst NP education programmes is very desirable as this will assist in the acceptance and understanding of the NP role particularly in burgeoning areas such as primary care. • Programmes should be carefully managed to ensure a consistent standard. There are currently a number of programmes and it’s not always clear that outcomes are standard. • The current panel interview is removed from the real clinical observation and does not enable full observation of the NP candidate’s abilities or areas for improvement. • Agree that NP candidates should be assessed throughout their education. The current process is excessive given the requirements of the programmes the candidates complete in preparation. • Yes, but the cost of the assessment should not be the determinant of the process.

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

b. External moderation of assessments by other education providers and/or

c. Setting standards for assessment and closer moderation by the Council.

Please give your reasons or any other suggestions

a. Yes, particularly because it allows the targeting of assessment to the students current expertise. b. Yes, but would include moderation that incorporates review of student competency in practice by the external moderator, rather than purely a paper exercise of reviewing documents following student assessment. c. Yes, this would be essential. NCNZ oversight should specifically include a review of the education provider’s choice of ‘suitably qualified’ members of the MD team.
**Q8: Do you support the candidate also submitting a portfolio of learning to the Council?**

No,

Please give your reasons

- It seems logical that assessment of the NP’s portfolio would occur in the education programme. With the correct training and selection of assessors it would be unnecessary for the candidate to also have to submit a portfolio of learning to the council.
- No, the education requirements could include all of the current portfolio requirements.
- Educators reviewing portfolio- are we assuming or ensuring any assessor competence for the educator or is that a Council responsibility?

**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. Yes supportive of proposed assessment method
- b. Yes supportive of proposed assessment method
- c. Yes supportive of proposed assessment method
- d. Yes, where possible by a qualified NP. There is still a lack of understanding by nurses themselves, their employers and medical mentors/ supervisors about the level and breadth of advanced practice required for NP practice. Please give your reasons
- Although we also need to be mindful of the costs incurred by the candidates in the education – we may only be transferring costs for the candidate.
Q10: Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?

Yes,
Please give your reasons
• There is often confusion about the difference between Clinical Nurse Specialist and NP. Currently practicing NPs must provide oversight and guidance to ensure that the nurse expands their understanding and practice into the NP scope. • Supportive of moving towards clinical teaching staff for each student’s practice experience being qualified NP’s, however in some areas there should be a provision for a transition phase utilising appropriate health professionals until numbers of NP’s suitably experienced become available • NPs as teaching staff can’t be a deal breaker for a course running or not as there may not be enough for a while. • Yes but there is also the issue of supply and demand on the small workforce. Does the programme get suspended if the education provider loses a NP? Is all the teaching by NP? I would support the clinical assessment and programme oversight by a NP but would be less concerned about all the education sessions. We want out NPs in practice not all in education.

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
• Supportive of the NP practicum. Limiting the NP student to 2 opportunities to pass the practicum sends a clear message of the requirement for demonstrated advanced clinical skills etc. and that not everyone can achieve NP status. This provides a further robustness to the training process and subsequent acceptance of the NP role (which still remains variable) • It is important that all students have 300 hours to practice the NP level of practice during their NP MS programme.

Q12: Do you support the draft education programme standards?

Yes,
Please give your reasons
• Nursing needs to be cautious, significant change has the potential to undermine the traction we have managed to get in place regarding the acceptance and understanding of NP. Hopefully, once agreed upon, this will be the last significant alteration to the competencies and education programme in the foreseeable future. • Yes but again cautious that we do not make this a programme that can only be managed in some centres. I support the standardisation of the programme not the reduction in providers.
Consultation on the education programme standards, and competencies for nurse practitioner scope of practice

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

4.1 Suggest a change to; ‘support of a nurse practitioner mentor or vocationally registered medical practitioner…’

9.15 ‘…assess the achievement of the learning outcomes by the student, and confirm the completion of the equivalent of 300 hours of protected (outside of paid work hours) clinical learning time…’

• There are NP students who are employed as NP Interns and their job is to learn and develop their skills to become a NP. Suggest a change to: ‘outside of paid work hours in which the student is practicing in a RN scope of practice and/or not practicing in an employer recognised NP internship role’.

• It is important to utilise the time dedicated to intern roles which will and can be more than 300 hours

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
• There are many nurses that currently practice at an advanced level, but are not NPs. These competencies clarify the scope of practice for NPs being about advanced clinical knowledge and diagnostic expertise.

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

Yes,

Please give your reasons
• There is a strong leaning and reference to the Australian NP standards. Understandably these have been used because of the robustness of this document but it is important that there is a defined cultural adaption to the NZ environment

• Competency 11, element 11.4 states that the NP is able to demonstrate advanced knowledge of Maori Health and socio economic disparities, demonstrating ‘advanced knowledge’ - suggest this needs clarification as to what is required. Anticipate this being incorporated in the NP education programme.

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

Yes,

Please give your reasons
• Employers will face challenges with their increased required level of support with the supernumerary practicum and year of post registration supervision. Potentially this may work against the programme as organisations undertake workforce planning, however aspects of this already occur with a variety of health education programmes e.g. new graduate programmes, trainee interns etc. so not seen as a barrier but just an area that will need clarity and planning.

• It may be worth considering a name change as supervision can be direct or indirect. The diabetes prescribers found the support and guidance, case reviews and coaching very beneficial—it is about the first year of practice.

• Not entirely. I support the presence of professional supervision but dislike the term ‘supervision’ in this context as it can be interpreted as under direction. I would see this as a supportive model not an assessment one.
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

• Yes, this is a good way to ensure support for a new NP during their transition year.
• Need to be clear about the role of a supervisor mentor- there are currently inconsistencies about what is required and the input needed for both pre and post registration.
• Probably a piece of work to do in the workplace around a standard orientation process for the NP. Would prefer a ‘first year of practice’ framework rather than a supervisory one.