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
• This can be part of the assessment required but do not believe that it should be the only one. Universities should be responsible for providing the formal educational requirements of the NP but this is where there responsibility should end • Nursing Council (as the regulatory body for nurses) needs to be making the final assessment of competency of NP candidates • Academic preparation and readiness with summative assessment to evaluate NP learning/knowledge for becoming NP should be assessed by the University NP Master’s programme. For example if undertaking a NP in child health 0-15 years then educational preparation/knowledge/skills re normal child development/child hood illness etc is delivered, assessed and examined by the University NP Master’s programme. • NZNC, as the regulatory body for nurses, should be central in setting of standards of practice, including educational preparation standards for the NP (as it does for registered nurses and enrolled nurses HCA etc). These standards will then guide the University NP Master’s programme coordinators in managing NP student selection and expected academic and clinical performance within the programme. Furthermore, the nursing council needs to ensure that they have the capability to be able to make the final competency assessment that includes rigorous audit processes and employing the correct people.
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

There is a real concern for conflict of interest and the challenge of ensuring consistency between tertiary providers. Universities are businesses and to that effect want student’s to successfully complete their programmes. It is imperative for the safety of the public and NPs that a robust, rigorous process is followed to ensure the standard and calibre that NZ NPs are currently demonstrating, is not reduced. If other members of the multidisciplinary team and practice representatives are involved to assess NP candidates there will need to be clear guidelines from the Nursing Council as to who these “suitably qualified members” are (i.e. physicians or registered NP qualified to assess a NP candidate undertaking a health assessment and planning for a client) to ensure that there is consistency between NP programmes in terms of expectation of expected level of knowledge and skill etc. of the NP candidate and “suitably qualified members”. We believe there is a certain amount of inconsistency in the current assessment of the NP.

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

Yes,

Please give your reasons

Agree that the change in requirements for NP portfolios in 2014 was the correct decision. We believe that this process should continue, be monitored and evaluated as part of the introduction of the new NP educational programme and scope. There is a risk if the portfolio and interview are both stopped at the same time as a new educational programme is introduced, that there is the potential for NPs to be accredited who perhaps should not be. There are still NPs who pass desk audit and then fail at interview so the process is not 100% robust currently. Ensures that the NP learning is assessed by the Nursing council as a separate body from the NP Master’s program the student attended, and that this will go some way to addressing the potential conflict of interest, and ensure assessments of nurse practitioner candidates are completed to a consistent standard.
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  
   Yes

c. viva voce clinical assessment  
   Yes

d. observation in clinical practice settings.  
   Yes

Please give your reasons

However this is not the exhaustive list. Currently, we not sure that the clinical expertise is available from solely within nursing to ensure that this is safe, due to the role of NP crosses in to the domain of our medical colleagues, and therefore using their expertise and mentoring is crucial for the training and support of NPs. This is also important as having a medical colleague with a particular expertise mentor provides opportunities to develop clinical expertise and to develop collegial support networks and assistance with research and service development which are all new and challenging skills for the new NP student. In addition, time for the newly graduated NP to do a clinical internship/apprenticeship type program would also be useful.

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

Yes,

Please give your reasons

NPs may be the clinical teaching staff for student’s clinical experience. However currently for many NPs in training, there will not be a suitably qualified / experienced NP in their area or even in the country, for this to occur and they may not have the clinical release time to provide this level of clinical teaching and support. Ensuring mentoring and clinical teaching from medical colleagues is imperative for the level of training required, future proofing and collegiality required for the success of the NP position.
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
We feel that the wording needs to change in the following statement: “Regular evaluation of academic and clinical mentor effectiveness using feedback from students and nursing and medical personnel that the student works with; systems to monitor and, where necessary, improve staff performance...” It will be the medical and nursing colleagues who are working alongside the NP in training or NP who will provide substantive feedback on the overall success of the programme in producing high quality NPs. In addition a change in working throughout to specifically identify who the “other sources” that are providing feedback are. That these “other sources” will mostly be NP, senior nursing and medical colleagues working alongside the student NP and they will provide most of the feedback on the competency / skills and readiness of the NP student.

Q12: Do you support the draft education programme standards?

Yes,

Please give your reasons
These standards are a step forward but the process needs to be approached with caution and there needs to be a plan for regular and ongoing review. It is important to have a greater consistency in NP preparation with clear indications / direction to University programme coordinators regarding educational and clinical preparation for the role. This will ensure that the preparation will be consistent throughout NZ and will help future NP’s applicants not to be left floundering when trying to prepare for moving into this advanced clinical role. Currently the NP role in NZ is the most rigorously and robustly critiqued clinical role in nursing. This is for good reason. Concern that the lessening of the role that Nursing Council plays in the accreditation of NPs will be a backward and potentially unsafe step for the public and for current and future NPs. We believe the NZNC needs to remain fully involved in the accreditation progress. It would be a backward step if the accreditation process was completely farmed out to other services (University / DHB’s etc) which would result in inconsistencies regarding accreditation practices, and carries the real concern regarding conflict of interest with Universities potentially competing for the most successful NP programme rather than ensuring that the NP applicant is consistently rigorously critiqued.
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?

A concern is that the NP registration/credentialing via interview panels (as is the current process) will not be able to be sustained in the future especially if the number of NP applicants is set to increase. The NZNC is already unable to keep up with current demand with applicants waiting for 4-6 months for interview once through desk audit. So the future is most likely to be that some other group will be involved in accreditation. The question is who, the University or some other independent body, and what involvement the NZNC will have in assuring that accreditation process is robust, that the standard the NP remains high (as it is now) and is consistent across NZ, with NP all meeting the same practice competencies.

The key is in how the NZNC will mandate and control the registration/accreditation process.
• For example if we base the NP’s accreditation on the Australian NP model, where the NP is assessed within the University NP Master program, but registered by the Australian Nursing Council; the NZNC would need to identify the key/compulsory requirements of University NP programme, and would also have to audit the university to prove the robustness of the University programme against a Nationwide standard.
• The NP would still needs to submit to the NZNC for NP registration. Submitting a portfolio that identifies evidence of skills, documents education transcript hours, CV, evidence of practice hours, letters of support (from employer/mentor etc.) development record etc.

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
This provides a generic view.

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

Yes

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

Yes, Please give your reasons
This is a positive step for new NP's as the transition can be significant and daunting. This acknowledges the need and formalises an arrangement for this to occur in the first year of 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