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
YES - for the RNs who complete the 'new' NP Masters programme with final sign off for registration by the NCNZ. This could include an application process with a refined portfolio assessment as suggested. The case scenarios/oral case assessment are an important component of the NP Panel process. As this will no longer occur it will be useful to have 'real time' clinical evidence in the portfolio as well as academically prepared case studies and a learning practice log. The increased responsibility will be shared by the clinical mentor in the health service provider/s providing the practicum and education provider - therefore the process will need to be clearly defined and supported. NO - for the many RNs who have undertaken a Clinical Masters or in some cases a Masters and additional papers to meet NP requirements they should not have to re-enrol or be assessed by a 'new' NP Masters programmes. NCNZ should continue to support the registration of these NP candidates.

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 providers 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

All three suggested requirements are essential for the health service employer and Multidisciplinary team to have confidence in the preparation and work readiness of Graduates from a NP Masters programme. This will require a change in the current Clinical Masters as many RNs completing this including a prescribing practicum have not been able to transition into NP roles without additional clinical support and learning opportunities through health service NP Candidate positions.
**Q8:** Do you support the candidate also submitting a portfolio of learning to the Council?  
Yes,  
Please give your reasons  
It is important that during the change in NP assessment for registration a standard assessment process to support registration is maintained for moderation and a good overview. The portfolio requirements should include the practicum requirements (to avoid a requirement for further academic clinical cases) and as mentioned already opportunity for real time clinical notes showing clinical reasoning. . It is suggested that a delay in only 20 days for NP registration will occur as all graduates from NP Masters will be able to register if programme requirements are met and Portfolio is reviewed. This assume NP workforce readiness.

**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  
All four assessment methods are important for NP comprehensive assessment. The education provider and NCNZ will need to ensure a standardised approach in the undertaking of all assessments. In addition good support from the education providers will need to support the health service providers as well as considerations or the resourcing of this key component of practicums (e.g.8.10).

**Q10:** Do you support nurse practitioners as the clinical teaching staff for each student’s clinical experience?  
Yes,  
Please give your reasons  
Experienced NP staff are essential in the NP programmes however there is value also in working with Medical Practitioners /SMO who can support teaching.
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
Standards are comprehensive. 9.5 Examples of what the allocation of the clinical mentors means and student assessment may be useful. It is not clear if the formal agreement includes funding support. 9.15 This is an increased responsibility for clinical mentors who have singed off competencies in some programmes for prescribing NP competencies only. The collaborative assessment of the student meeting NP scope of practice is important as the clinical mentor may not wish to sign a declaration for the RN meeting NP Scope of Practice for registration if this is the final component for NP registration required. Not all NP Candidates undertaking a NP practicum will have undertaken RN prescribing so it is important as stated in consultation document that the Education Provider supports this focus in the practicum as clear in the proposed NP competencies. We assume that NCNZ through programme assessment and moderation will ensure consistency in the Education Provider's teaching days to ensure equivalency in 'teaching' expectations on health service providers.

Q12: Do you support the draft education programme standards?

Yes,
Please give your reasons
The programme standards are comprehensive. Clinical learning expectations will need to be supported by additional funding to ensure additional learning time and backfill for NP Candidates "outside of students paid hours". Also clinical teaching will need to be supported well by the Education providers and not rest mostly with clinical mentors.

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

It is important that collaboration between the education provider, health service provider and other stakeholders is clear and supported to ensure appropriate allocation and selection of RNs into NP Masters/practicums.

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
Competencies and elements reflect NP requirements in the work place and reinforce the advanced clinical role. The reduction in repetition noted in previous competencies and indicators will be easier to work with in Programme/portfolio requirements. Language fits well with clinical practice.

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

Yes,
Please give your reasons
The competencies integrate clinical leadership and the advanced practice expectations well and therefore will provide a good template for programme revision or refinement.
Q16: Do you support newly registered nurse practitioners practising under supervision for one year?

No,
Please give your reasons
The intent of this provision is to support the NP practice level not develop it. The advanced practice level development should have been achieved through the collaborative roles of the Health Service Provider agreeing to supporting a NP Candidate during the NP Practicum and in addition NP Registration. However YES if: NP Registration required newly registered nurse practitioners TO PRACTICE WITH supervision for one year?

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

The 'grand parenting' process for RNs with NP Candidate experience and Clinical Masters needs to support NP registration. The reference to NP Programmes having credit recognition appears to address prior learning into a NP Masters.

A clear pathway for RNs with Clinical Masters and practicums is required so RNs are not expected to repeat practicums.

Thank you the opportunity to respond to this submission.