The Royal New Zealand College of General Practitioners
Te Whare Tohu Rata o Aotearoa

23 October 2025

The Nursing Council of New Zealand
5/22 Willeston Street
WELLINGTON 6011

By email: consultations@nursingcouncil.org.nz

Tēnā koe

Nursing Council Scope of Practice

Thank you for the opportunity to provide a submission on the proposed Scope of Practice for Registered nurse prescribing, Nurse Practitioners and review of the nursing education programme standards.

About us
The Royal New Zealand College of General Practitioners (the College) is Aotearoa New Zealand's largest medical college, with our 6,018 specialist General Practitioners (GPs), forming 40 percent of the medical workforce. The College trains the specialist GP and Rural Hospital Doctor workforce through its General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTP). The College is accredited by the Medical Council of New Zealand to deliver its Continuing Professional Development programme to ensure a Vocationally Registered workforce.

The College is committed to reducing health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and upholding the rights of Māori. To support this commitment, we prioritise initiatives that build cultural safety capability among our members through targeted training, professional development and quality improvement, programmes. In addition,

Te Akoranga a Māui is the first indigenous medical practitioner rōpū established in a New Zealand or Australian Medical College. There is a robust partnership between the College and its Māori representative group to provide governance and leadership across the College. With more than 200 members, it is proud to be the first indigenous representative group set up within any Australian or New Zealand medical college.

Our members are the first point of contact for medical care, supporting patients and their whānau. Collectively 1085 general practice teams working across Aotearoa manage 90 percent of all patient healthcare concerns in the community, and each year record 24 million patient contacts in general practice.

Our submission

The College appreciates the opportunity to provide feedback on the proposed changes to the Nurse Practitioner (NP) & Registered Nurse Prescribing scope of practice and associated education programme standards. We acknowledge the Council's commitment to ensuring a competent, future-focused nursing workforce that supports equitable access to care and upholds the principles of Te Tiriti o Waitangi.

The College's position on the role of Nurse Practitioners is clearly outlined in our 2023 position statement[1], which affirms that while NPs bring valuable nursing expertise to general practice teams, their role is distinct from that of specialist GPs and should remain within the nursing scope of practice. We support collaborative, multidisciplinary models of care, but emphasise that NPs are not a substitute for GPs.

While we broadly support the intent behind the proposed RN prescribing scope, we consider that it requires some refinement, particularly to strengthen clinical accountability, ensure prescribing occurs within a collective and multidisciplinary model, and reinforce the need for clinical supervision.

We acknowledge the important role that Nurse Practitioners play in multidisciplinary general practice teams and recognise that many NPs are already working at or near the level described in the proposed scope. However, we have significant concerns about the language, regulatory framing, and training expectations outlined in the proposal, particularly in relation to clinical accountability, patient safety, and integrity of the general practice.

The Need for Assurance of Clinical Competence

The Council's proposed NP scope of practice states:

> *"Nurse practitioners are leaders in the development and delivery of healthcare services. They are advanced practitioners, educated at a master's or doctoral level… The expanded nature of autonomous nurse practitioner practice requires them to provide a wide range of comprehensive assessment and treatment interventions."* [2]

While we support the aspiration to optimise the NP role, we are concerned that the proposed scope significantly expands the expectations of autonomous clinical practice without an adequate strengthening of assurance mechanisms.

In particular, the proposal to remove the Nursing Council's independent panel assessment for NP registration and instead rely on education providers to determine fitness for registration represents a material reduction in regulatory oversight. While we understand the desire to streamline processes, we believe that independent, nationally consistent assessment is essential for roles involving high levels of clinical autonomy.

The College recommends that the Council retain the independent panel assessment or implement an equivalent national moderation process to ensure consistency, transparency, and public trust.

Collaboration

The proposed NP scope of practice states:

> *"Nurse practitioners are leaders in the development and delivery of healthcare services… lead or contribute to research, healthcare design, policy, and education at regional, national and international levels."* [1]

This language represents a shift in tone and emphasis from the current scope. While we support the development of clinical leadership within the nursing profession, we are concerned that the proposed framing may unintentionally imply independent or hierarchical leadership, rather than collaborative, team-based care.

In most healthcare settings, particularly in general practice, NPs work as part of multidisciplinary teams, often alongside specialist GPs, nurses, and allied health professionals. The emphasis on leadership, without corresponding emphasis on collaboration, clinical governance, and defined scope, risks undermining the team-based models of care that are essential to safe and effective service delivery.

The College recommends that the scope be revised to balance leadership aspirations with clear expectations for collaborative practices and respect for differing defined scopes of practice between specialities.

Clinical Training

The proposed education standards require NP candidates to complete:

> *"a minimum of 500 hours clinical learning of which 100 hours must be provided through clinical simulation and 400 hours in a relevant clinical setting."* [1]

While we support the inclusion of simulation and structured clinical learning, we are concerned that 500 hours — equivalent to approximately 12.5 weeks of full-time work — is insufficient to prepare practitioners for the level of autonomy and leadership described in the proposed scope.[1]

By comparison, specialist GPs complete a total of 36 months full-time equivalent (FTE) clinical time[3], including supervised experience in a wide range of settings and conditions, alongside seeking medical qualification *(Figure*

1). Given the complexity of primary care — we believe the current NP training requirements fall short of what is needed to ensure safe, independent practice, to uphold the proposed scope of practice.

The College recommends that the Council review the adequacy of clinical training hours in light of the scope's expectations.

Overlap within Scope of Practice

We are concerned that the level of emphasis on expanding clinical leadership for Nurse Practitioners may risk creating ambiguity between the nursing and medical scopes of practice, particularly in general practice settings. While we acknowledge that NPs bring valuable expertise to multidisciplinary teams, the proposed scope lacks sufficient clarity around the boundaries of NPs relative to that of specialist GPs.

Without clear differences of scope, there is a risk that NPs may be expected, or permitted, to operate in areas that exceed their training, particularly in the diagnosis and management of complex or unfamiliar conditions. This could lead to fragmentation of care, duplication of services, or delays in appropriate diagnosis and treatment, ultimately compromising patient safety, and undermining continuity of care.

The College firmly believes that the role of NP and specialist GP should be there to compliment and support one another in multidisciplinary teams, rather than converging.

The College recommends that the Council clarify the boundaries between NP and GP scopes of practice, by ensuring that NPs practice within a defined area of clinical expertise, with appropriate training and supervision, and that they work as part of multidisciplinary.

Conclusion

The College supports the development of a strong, collaborative, and future-focused health workforce. However, we remain concerned that the proposed changes to the Nurse Practitioner scope of practice, as currently drafted, risk undermining clinical accountability, blurring scope boundaries, and compromising patient safety.

We urge the Council to reconsider the scope language, training requirements, and oversight mechanisms to ensure that all practitioners are supported to work safely and effectively. It is essential that Nurse Practitioners continue to work as part of multidisciplinary teams, with structured access to senior clinical support, particularly in general practice where the complexity of care demands close collaboration.

We also reiterate the significant difference in clinical training between Nurse Practitioners and General Practitioners. With NPs completing approximately 500 hours of clinical learning in comparison to specialist GPs completing a total of 36 months full-time equivalent (FTE) clinical time. This disparity must be carefully considered when defining scopes of practice to ensure that all patients receive safe, high-quality care.

We welcome continued engagement on these important changes.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā

Dr Prabani Wood
BA, BMBCh, MPH, FRNZCGP
Medical Director | Mātanga Hauora

[1] Nurse practitioners' contribution to general practice teams, Royal New Zealand College of General Practitioners, 2023

[2] Nursing Council, Scope of Practice Consultation Document, 2025

[3] Fellowship Pathway Regulations, Royal New Zealand College of General Practitioners, 2024

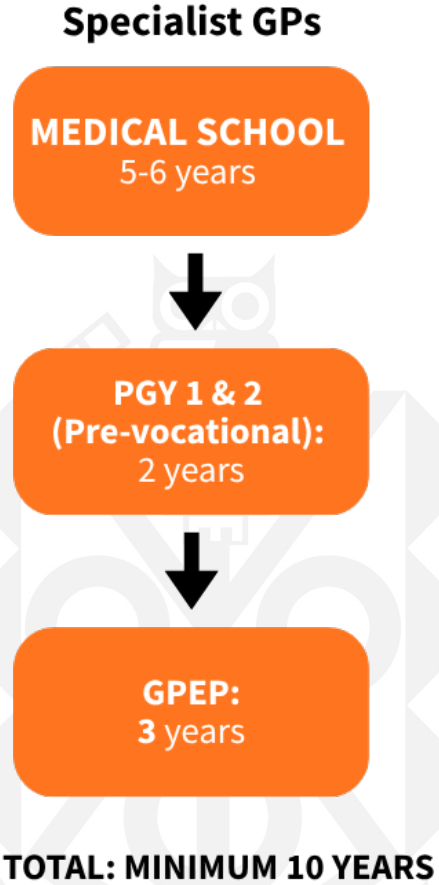

Figure 1