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

7 September 2026

Te Kaunihera Tapuhi o Aotearoa | Nursing Council of New Zealand
Level 5, 22 Willeston Street
WELLINGTON 6011

By email: consultations@nursingcouncil.org.nz

Tēnā koe

Proposed standards of competence and prescribed qualifications for the nurse practitioner and registered nurse prescriber scopes of practice

Thank you for the opportunity to comment on the proposed standards of competence and prescribed qualifications for nurse practitioners and registered nurse prescribers. We have also completed the Council's submission template, which should be read alongside this letter. We agree to this submission being published.

The College values the contribution of nurse practitioners (NPs) and registered nurse (RN) prescribers to general practice and supports advanced nursing practice within multidisciplinary teams (1). The College also recognises that different members of multidisciplinary teams bring distinct professional training, scopes and expertise, and that safe team-based care depends on those differences being understood and appropriately integrated. Our comments focus on whether the proposed standards and prescribed qualifications provide appropriate assurance of competence and clinical safety proportionate to the responsibility and autonomy of each scope.

What we support

The College supports the integration of Kawa Whakaruruhau and cultural safety across both sets of standards (2)(3), which makes explicit the expectation that health equity and cultural safety inform prescribing and clinical decision-making. Cultural safety is integral to clinical safety and should be understood within the broader obligations of Te Tiriti o Waitangi and recognition of Māori health rights (4). We particularly support its expression as an assessable expectation of practice rather than solely as a statement of principle.

We also support NP Descriptor 3.6, which recognises the NP as one who "leads or is an active member of the interdisciplinary team" (3). This reflects both the clinical leadership role of NPs within their areas of expertise and collaborative multidisciplinary practice (1).

Four safeguards for RN prescribers are being removed at once

Comparing the current and proposed Gazette notices, the requirements for a RN prescribing for the first time change as follows (5).

Requirement	Current notice	Proposed notice
Experience	Three years	Two years
Intensity	Full-time equivalent	No FTE qualifier
Supervised practice	Practicum with an authorised prescriber	No practicum
Assessment	By an authorised prescriber	By a Council approved assessor

Level 4, 50 Customhouse Quay, Wellington 6011 | PO Box 10440, Wellington 6140, New Zealand
0800 965 999 | +64 4 496 5999 | rnzcgp@rnzcgp.org.nz | rnzcgp.org.nz

The proposed qualification changes several existing safeguards simultaneously: the experience requirement reduces from three years to two; the full-time equivalent requirement is removed; the supervised practicum with an authorised prescriber is removed; and an assessment by an “authorised prescriber” is replaced with assessment by a “Council approved assessor”. The deletion of "full-time equivalent" is particularly significant because two calendar years of part-time practice would now satisfy the requirement. The Council's own consultation report records that many new graduate nurses are employed at 0.6 full-time equivalent (6). Each change may be reasonable individually. Taken together, however, they materially change the assurance framework for nurses entering the prescribing scope.

The College recommends that the Council clearly set out how equivalent assurance of prescribing competence will be achieved under the proposed framework. In particular, the Council should define the requirements for a “Council approved assessor”, including whether the assessor must be an authorised prescriber, and clarify how sufficient clinical experience and supervised prescribing practice will be assured.

The NP standards do not require action on diagnostic uncertainty

The proposed RN prescriber standards explicitly require consultation with a nurse practitioner or medical practitioner for any diagnostic uncertainty (2). The proposed NP standards do not contain an equivalent explicit expectation (3). Descriptor 1.3 requires NPs to understand the limitations of their knowledge and expertise and to engage in timely referral and collaboration, but does not identify diagnostic uncertainty as a specific trigger for action.

Managing undifferentiated presentations is a core capability of vocational general practice. Vocational GP training is specifically structured and assessed around comprehensive medical care across an unrestricted case mix, including the recognition and management of diagnostic uncertainty. This expertise should be available within escalation pathways where the nature or degree of uncertainty requires specialist general practice expertise.

The College recommends that Descriptor 1.3 be strengthened to identify diagnostic uncertainty as an explicit trigger for consultation or escalation, and to express this as an expectation for action rather than simply an understanding of the limits of personal knowledge and expertise. In general practice, escalation pathways should include access to a vocationally registered GP where expertise in the assessment and management of undifferentiated presentations is required.

The prescribing competence descriptor for NPs omits the limit stated in the scope

The Board-approved scope specifies that NPs prescribe "within their area of competence" but this limitation is not reflected in descriptor 2.7, which operationalises prescribing (3).

The College recommends that Descriptor 2.7 explicitly state that prescribing occurs within the NP's area of competence, consistent with the Council's own scope statement.

Prescribing information should reach the patient's usual practice team

RN prescriber descriptor 7.9 requires accurate and complete information to be provided to the healthcare team (2), while NP Descriptor 4.6 requires timely communication and referral to members of the inter-disciplinary team (3).

The College recommends that these descriptors explicitly include timely, documented communication with the patient's usual practice team when medicines are initiated, changed or discontinued.

NP registration should be assured independently and consistently

The proposed NP prescribed qualifications replace assessment by a “Council approved panel” with assessment by a “Council approved provider” (7). The College’s concern is that the threshold for registration should be applied consistently across education providers. The Council's consultation report itself records support for national moderation (6).

The College recommends a mechanism for nationally consistent assurance of readiness for registration, such as national moderation or external assessment, and clarification of what constitutes a "Council approved provider".

NP clinical learning requirements should remain in the prescribed qualification

The current prescribed qualification of NPs requires relevant theory and a minimum of 300 hours of clinical learning. These requirements are not specified in the proposed prescribed qualification (7).

Clinical hours are a proxy rather than a measure of competence themselves. What matters is sufficient breadth, depth and supervision of clinical learning to enable the required competencies to be demonstrated. However, minimum requirements provide an important baseline for consistency across programmes, particularly given the Council's own evidence review regarding clinical learning requirements (8).

The College recommends that the prescribed qualification continue to specify relevant theory and a minimum supervised clinical learning requirement, informed by the Council's evidence review and sufficient to support demonstration of the required competencies.

Transition into the new RN Prescriber scope needs an assurance pathway

If the new RN prescriber scope and standards (2) represent a substantive change in expectations, a clear transition pathway is needed for existing authorised prescribers moving into the new scope. The proposed arrangements also change supervision for nurses prescribing in diabetes from an "authorised prescriber" to an "experienced prescriber" (9).

The College recommends that the Council set out the transition arrangements for existing authorised prescribers and define "experienced prescriber", including the level of experience required and whether the supervisor must be competent in the relevant area of practice.

International pathway for NPs

The proposed domestic pathway for NPs requires one year of practice in a New Zealand healthcare setting, while the pathway for internationally qualified NP contains no equivalent requirement (7).

The College recommends that the Council clarify the rationale for this difference and how internationally qualified NPs will be supported to practice safely within the Aotearoa New Zealand context.

Conclusion

The College supports regulatory settings that enable NPs and RN prescribers to contribute fully to accessible, equitable and high-quality care. Our recommendations aim to ensure that changes to education, assessment and prescribing requirements retain clear and nationally consistent assurance of competence and clinical safety.

The nursing education programme standards that give practical effect to aspects of the proposed qualifications have not yet been published (9). We therefore recommend that these are made available, with a further opportunity for consultation where they materially affect the proposed requirements.

We also welcome the Council's planned 2027 review of continuing competence requirements (9), including requirements for NPs changing areas of practice, and would welcome the opportunity to contribute to that work.

We welcome continued engagement on these changes. If you require further clarification, please contact Simon Wright, Principal Advisor, Equity and Advocacy, at simon.wright@rnzcgp.org.nz.

Nāku noa, nā

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

Dr Jessica Keepa
MBChB, FRNZCGP
Hauora Māori Clinical Lead

References

1. Royal New Zealand College of General Practitioners. Nurse practitioners' contribution to general practice teams. Wellington: RNZCGP; 2023.
2. Nursing Council of New Zealand. Proposed standards of competence for registered nurse prescribers. Wellington: Nursing Council of New Zealand; 2026.
3. Nursing Council of New Zealand. Proposed NP standards of competence. Wellington: Nursing Council of New Zealand; 2026.
4. Royal New Zealand College of General Practitioners. Te Tiriti o Waitangi and Māori health equity. Wellington: RNZCGP; 2025.
5. Nursing Council of New Zealand. Registered nurse prescriber prescribed qualifications. Wellington: Nursing Council of New Zealand; 2026.
6. Nursing Council of New Zealand. Report on the consultation of registered nurse prescriber and nurse practitioner scope of practice statements and education standards. Wellington: Nursing Council of New Zealand; 2026.
7. Nursing Council of New Zealand. Nurse practitioner prescribed qualifications. Wellington: Nursing Council of New Zealand; 2026.
8. Nursing Council of New Zealand. Nurse practitioner: background document and literature review. Wellington: Nursing Council of New Zealand; 2026.
9. Nursing Council of New Zealand. Consultation on proposed standards of competence and prescribed qualifications for nurse practitioner and nurse prescriber scopes of practice. Wellington: Nursing Council of New Zealand; 2026.

Te Kaunihera Tapuhi o Aotearoa
Nursing Council of New Zealand

Consultation document | Tuhinga whai tohutohu

Proposed standards of competence and prescribed qualifications for registered nurse prescribers and nurse practitioners

July 2026

Introduction | Kupu whakataki

The Council is seeking views on proposed standards of competence for the scopes of practice for nurse practitioners (NPs) and registered nurse (RN) prescribers, and proposed changes to the prescribed qualifications for NPs and RN prescribers.

The consultation is structured into three parts – RN prescriber standards of competence, NP standards of competence, and prescribed qualifications for NPs and RN prescribers. You do not need to answer all questions. Please answer the questions that are relevant to you.

How to submit

If you are an individual, you can choose to complete a confidential survey or you can provide more substantive feedback via this submission template.

If you are submitting on behalf of an organisation, please use this template.

Please email your completed submission to consultations@nursingcouncil.org.nz by **5:00 pm Monday 7 September 2026**.

What we will do with your submission

We will review all feedback and use it to inform advice to our Board. We will also publish a summary of the feedback on our website.

We may publish some of or all the submissions we receive on our website. Please indicate below whether you agree to your submission being published.

☒ Yes, you may publish my submission.

☐ Yes, but please remove my name.

☐ No, you may not publish my submission.

Are you submitting on behalf of an organisation or individual?

☐ I am submitting as an individual
Please go to page 3, Submitting as an individual

☒ I am submitting on behalf of an organisation or group
Please go to page 4, Submitting on behalf of an organisation or group

Submitting as an individual

Please complete the following questions if you are submitting as an individual. It is important for us to know about you so that we understand whose views are represented in submissions. This helps us to understand the impact of our proposals and ensure that any changes we make will work for different groups.

What is your name? Click or tap here to enter text.

What best describes your role?

- ☐ I am a nurse practitioner
- ☐ I am a registered nurse
- ☐ I am an enrolled nurse
- ☐ I am a nurse educator
- ☐ I am a nurse leader
- ☐ I am a nursing student
- ☐ I am a member of the public
- ☐ I am a member of another regulated health profession.
  Please specify: Click or tap here to enter text.

If you are a nurse, where did you gain your qualification?

- ☐ Aotearoa New Zealand
- ☐ In another country

What ethnic group do you belong to? Mark the space or spaces that apply to you.

- ☐ New Zealand European
- ☐ Māori
- ☐ Samoan
- ☐ Cook Island Māori
- ☐ Tongan
- ☐ Niuean
- ☐ Fijian
- ☐ Other Pacific Peoples

- ☐ Chinese
- ☐ Fijian Indian
- ☐ Indian
- ☐ Filipino
- ☐ Southeast Asian
- ☐ Other Asian
- ☐ Other European
- ☐ I do not want to state my ethnicity
- ☐ Other.
  Please specify: Click or tap here to enter text.

What region do you live in?

- ☐ Northland
- ☐ Auckland
- ☐ Waikato
- ☐ Bay of Plenty
- ☐ Gisborne
- ☐ Hawkes Bay
- ☐ Taranaki
- ☐ Manawatū-Whanganui
- ☐ Wellington
- ☐ Nelson-Marlborough
- ☐ West Coast
- ☐ Canterbury
- ☐ Otago
- ☐ Southland
- ☐ Overseas

Submitting on behalf of an organisation or group

Please complete the following questions if you are submitting on behalf of an organisation or group. It is important for us to know about your organisation to understand the range of perspectives represented in submissions.

What is your name?	Dr Prabani Wood and Dr Jessica Keepa
What is the name of your organisation?	Royal New Zealand College of General Practitioners

What best describes your organisation?

- ☐ Provider of health and/or disability support services
- ☐ Nursing professional association, union or another representative group
- ☒ Non-nursing professional association, union or another representative group
- ☐ Representative or advocacy group for specific conditions, disease or group of health and disability services
- ☐ Government agency
- ☐ Nursing education provider
- ☐ Consumer group or organisation
- ☐ Another organisation or group.
  Please specify: Click or tap here to enter text.

Consultation questions | Ngā pātai whai tohutohu

Part one: RN prescriber standards of competence

This section relates to RN prescriber standards of competence. If you only want to submit feedback on the NP standards of competence and/or prescribed qualifications for NPs and RN prescribers, please go to Parts Two and/or Three.

Consultation questions	Your response
1. Does pou seven reflect the registered nurse prescriber scope and requirements?	☒ Yes ☐ No
Comments: Pou seven reflects the scope and requirements. The College particularly supports the explicit requirement to consult a nurse practitioner or medical practitioner for any diagnostic uncertainty (Descriptor 7.5). We also support the integration of Kawa Whakaruruhau and cultural safety, which makes explicit the expectation that health equity and cultural safety inform prescribing decisions. Cultural safety is integral to clinical safety and should be understood within the broader obligations of Te Tiriti o Waitangi and recognition of Maori health rights. Our one comment concerns Descriptor 7.9, addressed under question 3.	
2. Are the descriptors achievable in the practice setting?	☐ Yes ☐ No
Comments: Click or tap here to enter text.	
3. Are there any changes you would make to the pou?	☒ Yes ☐ No
Comments: The College recommends one change. RN prescriber Descriptor 7.9 requires accurate and complete information to be provided to the healthcare team, but does not identify the patient's usual practice team. We recommend that this descriptor explicitly include timely, documented communication with the patient's usual practice team when medicines are initiated, changed or discontinued.	
4. Overall, do you support the RN prescriber standards of competence?	☒ Yes ☐ No

Comments: The College supports the standards, subject to the change to Descriptor 7.9 described above. Our concerns about registered nurse prescribing relate to the prescribed qualifications rather than to the competence standards, and are set out in Part Three and in our accompanying letter.

Part two: NP standards of competence

This section relates to the NP standards of competence. If you only want to submit feedback on the RN prescriber standards of competence and/or prescribed qualifications for NPs and RN prescribers, please go to Part One and/or Part Three.

1. Do the four pou reflect the nurse practitioner scope and requirements?	☐ Yes ☒ No
Comments: The pou reflect much of the scope but not all of it. The Board approved scope specifies that NPs prescribe "within their area of competence" but this limitation is not reflected in Descriptor 2.7, which operationalises prescribing. The proposed NP standards also do not contain an explicit expectation regarding diagnostic uncertainty, unlike the proposed RN prescriber standards. Our recommended amendments are set out below.	
2. Overall, do you support the nurse practitioner standards of competence?	☐ Yes ☒ No
Comments: The College does not support the standards as drafted, but would support them with three amendments: to Descriptor 1.3 on diagnostic uncertainty, to Descriptor 2.7 on prescribing within the NP's area of competence, and to Descriptor 4.6 on communication with the patient's usual practice team. We support the structure of the four pou, the integration of Kawa Whakaruruhau and cultural safety, and Descriptor 3.6.	

Pou one: Tika and safe and accountable advanced nursing practice

1. Are the descriptors achievable in the practice setting?	☐ Yes ☐ No

Comments: Click or tap here to enter text.	
2. Will the descriptors support public safety?	☐ Yes ☒ No
Comments: The proposed RN prescriber standards explicitly require consultation with a nurse practitioner or medical practitioner for any diagnostic uncertainty. The proposed NP standards do not contain an equivalent explicit expectation. Descriptor 1.3 requires NPs to understand the limitations of their knowledge and expertise and to engage in timely referral and collaboration, but does not identify diagnostic uncertainty as a specific trigger for action. Managing undifferentiated presentations is a core capability of vocational general practice. Vocational GP training is specifically structured and assessed around comprehensive medical care across an unrestricted case mix, including the recognition and management of diagnostic uncertainty. This expertise should be available within escalation pathways where the nature or degree of uncertainty requires specialist general practice expertise.	
3. Are there any changes you would make to pou one?	☒ Yes ☐ No
Comments: The College recommends that Descriptor 1.3 be strengthened to identify diagnostic uncertainty as an explicit trigger for consultation or escalation, and to express this as an expectation for action rather than simply an understanding of the limits of personal knowledge and expertise. In general practice, escalation pathways should include access to a vocationally registered GP where expertise in the assessment and management of undifferentiated presentations is required.	

Pou two: Pūkengatanga and evidence-informed nurse practitioner practice

1. Are the descriptors achievable in the practice setting?	☐ Yes ☐ No
Comments: Click or tap here to enter text.	
2. Will the descriptors support public safety?	☐ Yes ☒ No

Comments: The Board approved scope specifies that NPs prescribe "within their area of competence" but this limitation is not reflected in Descriptor 2.7, which operationalises prescribing. The limit stated in the scope is therefore not carried into the standard against which competence is assessed and continuing competence demonstrated.	
3. Are there any changes you would make to pou two?	☒ Yes ☐ No
Comments: The College recommends that Descriptor 2.7 explicitly state that prescribing occurs within the NP's area of competence, consistent with the Council's own scope statement.	

Pou three: Rangatiratanga and leadership

1. Are the descriptors achievable in the practice setting?	☐ Yes ☐ No
Comments: Click or tap here to enter text.	
2. Will the descriptors support public safety?	☒ Yes ☐ No
Comments: The College supports NP Descriptor 3.6, which recognises the NP as one who "leads or is an active member of the interdisciplinary team". This reflects both the clinical leadership role of NPs within their areas of expertise and collaborative multidisciplinary practice.	
3. Are there any changes you would make to pou three?	☐ Yes ☒ No
Comments: The College does not propose changes to pou three.	

Pou four: Manaakitanga and whānau-centred care

1. Are the descriptors achievable in the practice setting?	☐ Yes ☐ No
Comments:	

Click or tap here to enter text.	
2. Will the descriptors support public safety?	☐ Yes ☒ No
Comments: The College supports the integration of Kawa Whakaruruhau and cultural safety across the standards, which makes explicit the expectation that health equity and cultural safety inform clinical decision-making. Cultural safety is integral to clinical safety and should be understood within the broader obligations of Te Tiriti o Waitangi and recognition of Maori health rights. We particularly support its expression as an assessable expectation of practice rather than solely as a statement of principle. We mark 'No' because NP Descriptor 4.6 does not identify the patient's usual practice team, and we recommend the amendment set out below.	
3. Are there any changes you would make to pou four?	☒ Yes ☐ No
Comments: NP Descriptor 4.6 requires timely communication and referral to members of the inter-disciplinary team, but does not identify the patient's usual practice team. The College recommends that this descriptor explicitly include timely, documented communication with the patient's usual practice team when medicines are initiated, changed or discontinued.	

Part three: Prescribed qualifications for NPs and RN prescribers

These questions relate to the prescribed qualifications for NPs and RN prescribers. If you only want to feedback on the NP or RN prescriber standards of competence, please go to Parts One and/or Two.

Registered nurse prescriber: proposed prescribed qualifications

1. Do you agree that registered nurses currently designated to prescribe in primary health and specialty teams should move directly (be grandparented) into the new prescribing scope?	☐ Yes ☒ No
Comments: If the new RN prescriber scope and standards represent a substantive change in expectations, a clear transition pathway is needed for existing authorised prescribers moving into the new	

scope. The College recommends that the Council set out the transition arrangements for existing authorised prescribers.	
2. Do you agree that registered nurses currently designated to prescribe in diabetes health should move directly (be grandparented) into the new prescribing scope, with the proposed limiting conditions? *(See standards of competence consultation document for further information on limitations.)*	☐ Yes ☒ No
Comments: The proposed arrangements change supervision for nurses prescribing in diabetes from an "authorised prescriber" to an "experienced prescriber". The College recommends that the Council define "experienced prescriber", including the level of experience required and whether the supervisor must be competent in the relevant area of practice.	
3. Overall, do you support the proposed prescribed qualifications for RN prescribers?	☐ Yes ☒ No
Comments: The proposed qualification changes several existing safeguards simultaneously: the experience requirement reduces from three years to two; the full-time equivalent requirement is removed; the supervised practicum with an authorised prescriber is removed; and an assessment by an "authorised prescriber" is replaced with assessment by a "Council approved assessor". The deletion of "full-time equivalent" is particularly significant because two calendar years of part-time practice would now satisfy the requirement. Each change may be reasonable individually. Taken together, however, they materially change the assurance framework for nurses entering the prescribing scope. The College recommends that the Council clearly set out how equivalent assurance of prescribing competence will be achieved under the proposed framework, define the requirements for a "Council approved assessor", including whether the assessor must be an authorised prescriber, and clarify how sufficient clinical experience and supervised prescribing practice will be assured.	

Nurse practitioner proposed prescribed qualifications

1. Do you support the proposed registration pathway for internationally qualified nurse practitioners?	☐ Yes ☒ No

Comments:

The proposed domestic pathway for NPs requires one year of practice in a New Zealand healthcare setting, while the pathway for internationally qualified NPs contains no equivalent requirement. The College recommends that the Council clarify the rationale for this difference and how internationally qualified NPs will be supported to practise safely within the Aotearoa New Zealand context.

2. Overall, do you support the proposed prescribed qualifications for nurse practitioners?	☐ Yes ☒ No

Comments:

The current prescribed qualification of NPs requires relevant theory and a minimum of 300 hours of clinical learning. These requirements are not specified in the proposed prescribed qualification. Clinical hours are a proxy rather than a measure of competence themselves, and what matters is sufficient breadth, depth and supervision of clinical learning to enable the required competencies to be demonstrated. However, minimum requirements provide an important baseline for consistency across programmes, particularly given the Council's own evidence review. The College recommends that the prescribed qualification continue to specify relevant theory and a minimum supervised clinical learning requirement. Separately, the proposed qualification replaces assessment by a "Council approved panel" with assessment by a "Council approved provider". Our concern is that the threshold for registration should be applied consistently across education providers, and we recommend a mechanism for nationally consistent assurance of readiness for registration, such as national moderation or external assessment, together with clarification of what constitutes a "Council approved provider".