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8:55 - 9:20 The Role of Nurse Practitioners

NPs: International

- USA NPs for 60 plus years Strong safety and acceptability data Title protection and masters education
- Canada NPs for 20 years. Title protection and masters
- Australia (NPs for 17 years) “
- NZ (NPs for 17 years) “
- UK uses title indiscriminately/ publishes data regardless
- Developing countries beginning role establishment but in an ad hoc manner
- ICN attempting some level of control

Nurse Practitioners in NZ

Prepared through 2 year masters degree following 3–4 years post graduate practice experience

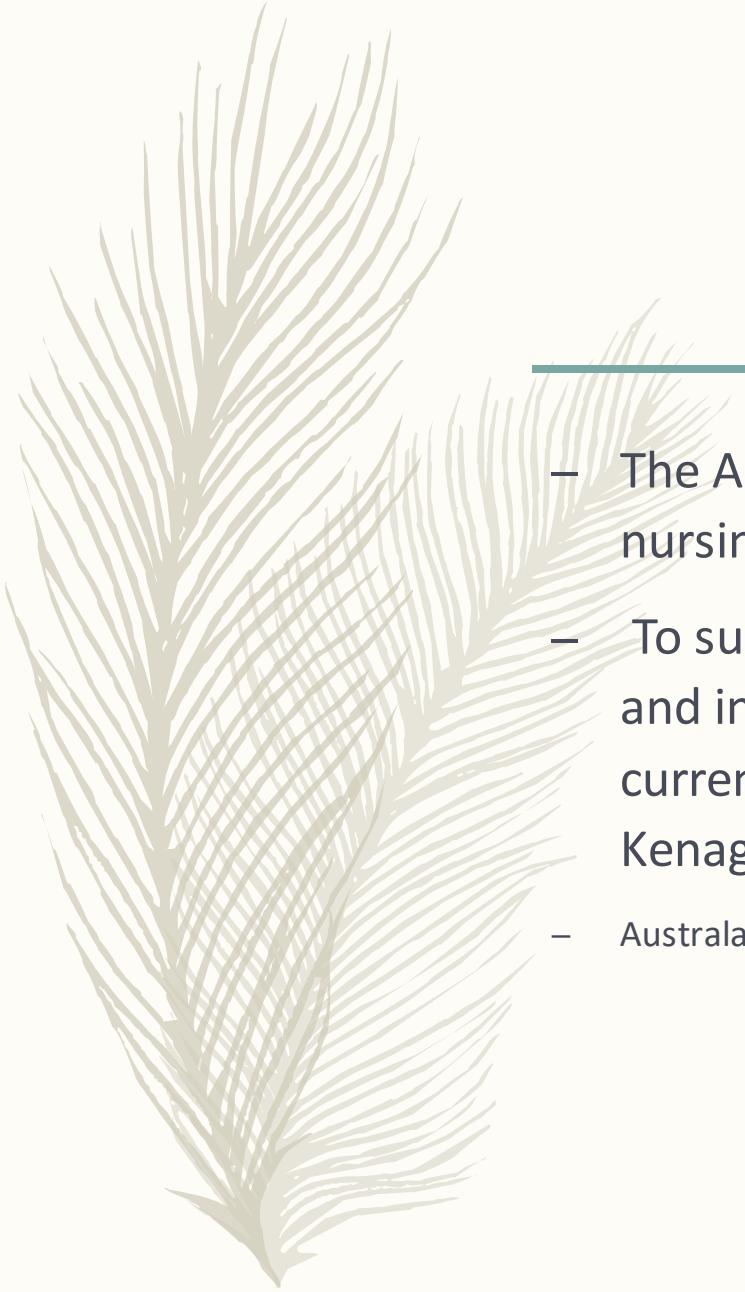
Determine scope against broad population group

First NZ NP in 2001 Now about 280

At least 2500 nurses have completed the qualification but remain uncertain about employment potential

Vision: New form of health service.
Access to diagnosis and treatment within nursing and population approach to partnership and wellness promotion

- 2007 Carryer, J.B. Gardener, G., Gardener, A,. Dunn, S.D., Clinical protocols limit capability of Nurse Practitioners Australian Health Review. 31(1), 108-115
- 2007 Carryer, J.B. Gardener, G., Gardener, A,. Dunn, S.D., The core role of the nurse practitioner: practice, professionalism and clinical leadership" Journal of Clinical Nursing 16, 1818-1825
- Kooienga S, Carryer JB. (2015) Globalization and Advancing Primary Health Care Nurse Practitioner Practice. *Journal for Nurse Practitioners,* 11(6) DOI: 10.1016/j.nurpra.2015.06.012
- Carryer J, Yarwood J. (2015). The nurse practitioner role: Solution or servant in improving primary health care service delivery. *Collegian* 22(2):169-174
- 2016 Carryer, J., Adams, S Nurse practitioners as a solution to transformative and sustainable health services in primary he alth care: A qualitative exploratory study http://dx.doi.org/10.1016/j.colegn.2016.12.001 1322-7696/© 2016 Australian College of Nursing Ltd. Elsevier



- The Australasian model of nurse practitioner practice is firmly grounded in nursing and resistance to medicalisation is very strong.
- To suggest certain tasks are forever to be performed by medicine is to be rigid and inflexible and a recipe for the cumbersome and costly health system that currently fails to address significant consumer need (Christensen, Bohner & Kenaghy, 2001; Saffreit 2002).
- Australasian Standards project (2004) Gardner, Carryer et al

Diagnosis

- Recent doctoral research has shown that

Nurse practitioners identified a mean of 10.30 (range=4-17, *Mdn*=10, mode=9, *SD*=3.09) correct diagnoses, problem and action items as identified by the expert panel whereas registrars identified a mean of 10.88 (range=6-21, *Mdn*=10, *SD*=3.88); there was no statistically significant difference between the two groups (*U*=238.5, *z*=-.04, *p*=.97).

Pirret, Neville and La Grow (2014)

Communication style

- Numerous international and some NZ studies have shown that consumers enjoy a nursing approach to consultation. In general consumers report that after consults with NPs (and nurses) they feel

- That they are known as an individual with a context
- That they have greater knowledge about their condition
- That it was safe to ask questions
- That they had time to ask questions
- That they understand their own contribution to becoming or staying well

Prescribing

- NPs are now “authorised” rather than “designated” prescribers. This became law in July (2014)

- Authorised means open access limited only by professional judgment, access to special authority drugs (currently held by doctors, dentists and midwives).

Adopters/ Funders/world view

- Substitution for medical care
- Cheaper but more dangerous
- Agenda for nursing promotion
- Impossibility of admitting unmet need in a country with fully funded health care service
- Yet everyone talks of the need for “new ways of doing things”

Comparative costs

- GP $550.000 plus for education and training
- NP $120.000 for education and training
- Scope of service is identical

Health Practitioners Statutory Reference Bill

- An omnibus bill designed to remove all references to medical practitioner and change it to health practitioner

- First drafted in 2005
- Now passed in late 2016 but will be at least year before regulations are actually changed

The barriers mostly involve the ability to:

- sign certificates of sickness, wellness and death
- examine, treat, or refer clients in some settings
- assess clients as fit or unfit for a particular job
- assess clients for eligibility for ACC and social welfare benefits
- take samples from drunk drivers.

Funding clarity

- NPs can now enrol patients, claim capitation and GMS . ACC payments remain different from GP payments
- It has been estimated that an NP on $130k needs approximately 800 patients to be financially viable (Kim Carter, Nurse GP business owner, Timaru)
- NPs can conduct residential care assessments as per the contract

- Since 2016 we have a new version of NP training in which a final full time year of the masters is
- More losely linked to clinical practice experience
- Has employer support for a position on completion
- Has some HWNZ funding support
- Completes the portfolio by the end of the year

Recent developments

Simplification of area of practice definition, Council requires more generalist roles for NPs

Primary health care

Aged care

Child health

Mental health

- Rather than advertising for a ready made NP, practices need to consider providing support and encouragement to local nurses to undertake the education and training pathway