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- Five years as charge nurse of an oncology ward before the advent of hospice
- Developed a strong interest in pain relief, informed patients and the notion of a good death
- These were new areas of thought in late 1970s into the early 1980s
- This has meant I have retained a strong support and admiration for the work of hospices

- Strongest memory of that time was of tensions between the impetus towards treatment and the impetus towards improving quality of life and death

- As a nurse whilst respecting the value and need for aggressive treatment in some circumstances, it seemed to fit most closely with a nursing ethos of care when the time was right to begin working with a family towards the best living and death possible

- Hospices have subsequently emerged as the place where those tensions have been addressed and put aside and the focus becomes entirely on helping a person live as well as possible and die as well as possible.

- As such the staffing and clinical leadership of hospices and community based hospice care is of utmost importance
- Clear integration with primary care is essential as well

The health system is experiencing a number of pressures, which will intensify

- Workforce shortages at all levels dire predictions
- Diinished money for investment
- Safety and quality concerns
- Increasing chronicity
- Inequity of access
- Unacceptable disparities in outcomes
- Need to transform service delivery

- There is considerable un-utilised potential in nursing which is especially applicable to the needs of patients receiving palliative care whether in a hospice or at home.

- Nurse Practitioners could expand palliative care services by leading clinical teams, working across hospice and community boundaries and delivering expert clinical care to patients

NPs are no longer new

- USA NPs for 55 plus years Strong safety and acceptability data Title protection and masters education
- Canada NPs for 8-10 years. Title protection and masters
- Australia (NPs for 13 years) “
- NZ (NPs for 13 years) “
- UK uses title indiscriminately/ publishes data regardless
- Developing countries beginning role establishment

Nurse Practitioners in NZ

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

Determine scope against population group

First NP in 2001 in June 2009 (54)

Now about 140

Several hundred nurses have completed the necessary qualification but remain uncertain about employment potential

Nurse Practitioner role:

- The opportunity for nurses to provide the full episode of care where appropriate thus increasing access and continuity.

- 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

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

- 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** Gardner A, Hase S , Gardner G, Dunn, S, Carryer J, From competence to capability. Journal of Clinical Nursing, 17 250-258
- 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
- **2006** Gardener, G., Carryer, J.B. Gardener, A,. Dunn, S.D., Nurse Practitioner competency standards: findings from collaborative Australian and New Zealand research. International Journal of Nursing Studies 43. 600-610

Recent NZ research

- No difference found in Nurse Practitioners' diagnostic reasoning abilities compared to those of doctors in terms of diagnoses made, problems identified and action plans proposed from a complex case scenario.

- In times of global economic restraints this adds further support to alternative models of care.

- Pirrett, Neville and La Grow (2014)

- By expanding your knowledge and skills into medicine, and thereby acquiring some of that control, you can in fact expand into nursing…./////…..Less medicine when mixed with more nursing , is probably better medicine (or to translate, better health care)….By expanding into medicine you will need---more than ever before—to increase your consciousness of what nursing is all about .

- Bates (1974, p.686)

Comparisons

- Are useful if concerns are raised about safety but are distracting in other ways

- The NP role has a long history of demonstrating high levels of consumer satisfaction, comparable safety and efficacy data but more interestingly leads new ways of working with people and designing services for those most in need

Nursing View

- 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

Employers/ 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"

- Main driver for NP role development is as an evidence based expansion in service delivery to consumers who might otherwise have unmet needs through lack of services or reduction in workforce availability.

- However it also offers a clinical career pathway for nurses who want to progress in their careers without reducing their close engagement with patients

Comparative costs

- GP $500.000 plus for education and training (undergrad, postgrad PGY123)
- NP $120.000 for education and training (undergrad, postgrad)
- Scope of practice very similar

Challenges

- The journey to develop the role in NZ has been protracted and fraught with high levels of ignorance, misinformation, and a number of barriers; some legislative, some just custom and practice
- None of the challenges are insurmountable and show remarkable similarity to other countries

- In 2001 we identified 64 pieces of legislation which directly blocked the full practice of an NP (i.e signing death certificates, sickness certs etc).
- In 2015 a large number remain in place despite numerous MoH projects designed to address the problem and constant attention from nurse lobbyists

The barriers mostly involve the ability to:

- sign certificates of sickness, wellness and death. Plus life extinct certification
- 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.

- Ignorance of the role, the funding and the scope of practice remain

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
- Inexcusable, inexplicable delays ever since but looks promising that it may become law this year

Funding models

- NPs can now enrol patients, claim capitation and GMS
- It has been estimated that an NP on $130k needs 800 patients to be financially viable (Kim Carter, nurse owner of General Practice in, Timaru)
- An NP working across residential care and providing both acute and primary health care has reduced hospital admissions by 28% (report on HWNZ website)

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 (previously held by doctors, dentists and midwives).
- Work has now begun on RN prescribing beginning with an application for RNs to be designated prescribers in the scope of primary health care and long term conditions (will subsume the existing approval for diabetes nurse prescribers)

- However due to apparent bureaucratic “slippage” NPs cannot write standing orders
- This was not meant to be and will need to be rectified

- In 2016 we hope to have a new version of NP training in which a final full time year of the Masters degreee is
- Closely linked to clinical practice experience
- Has employer support
- Has extensive HWNZ funding support
- Completes the portfolio by the end of the year

- Demanding and expensive authorisation process/ perception of high failure rate, high level of fear of the process. This is slowly resolving as nurses come to understand the seniority of the role and the need for certainty

- Lack of focused mentorship for people in areas lacking nurse leadership

Recent developments

Simplification of area of practice definition, Council intending to support more generalist roles for NPs

Primary health care

Aged care

Child health

Mental health

This does not preclude identifying populations such as those needing palliative care.

- It is emerging clearly that in areas where the role is championed (usually by visionary nurse leadership) that development is much more rapid