

Advanced practice

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* New buzz statement

* “practice at the top of the license”

Workforce flexibility

- * RN scope has been expanded to involve expanded and extended practice
- * NC guidelines now make it simple to extend RN responsibilities safely
- * NP role allows even greater expansion and supports appropriate recognition and remuneration for the level of responsibility

- * A position statement has been created by the College of Nurses and NZNO to try and clarify difference between RN level 4 and Clinical Nurse Specialist roles

Nurse Practitioners

- * Ten year journey in NZ to achieve a small number of NPs (105).

Global movement characterised by medical resistance, bureaucratic reluctance and lack of consistency across countries

Offers potential for transforming service delivery

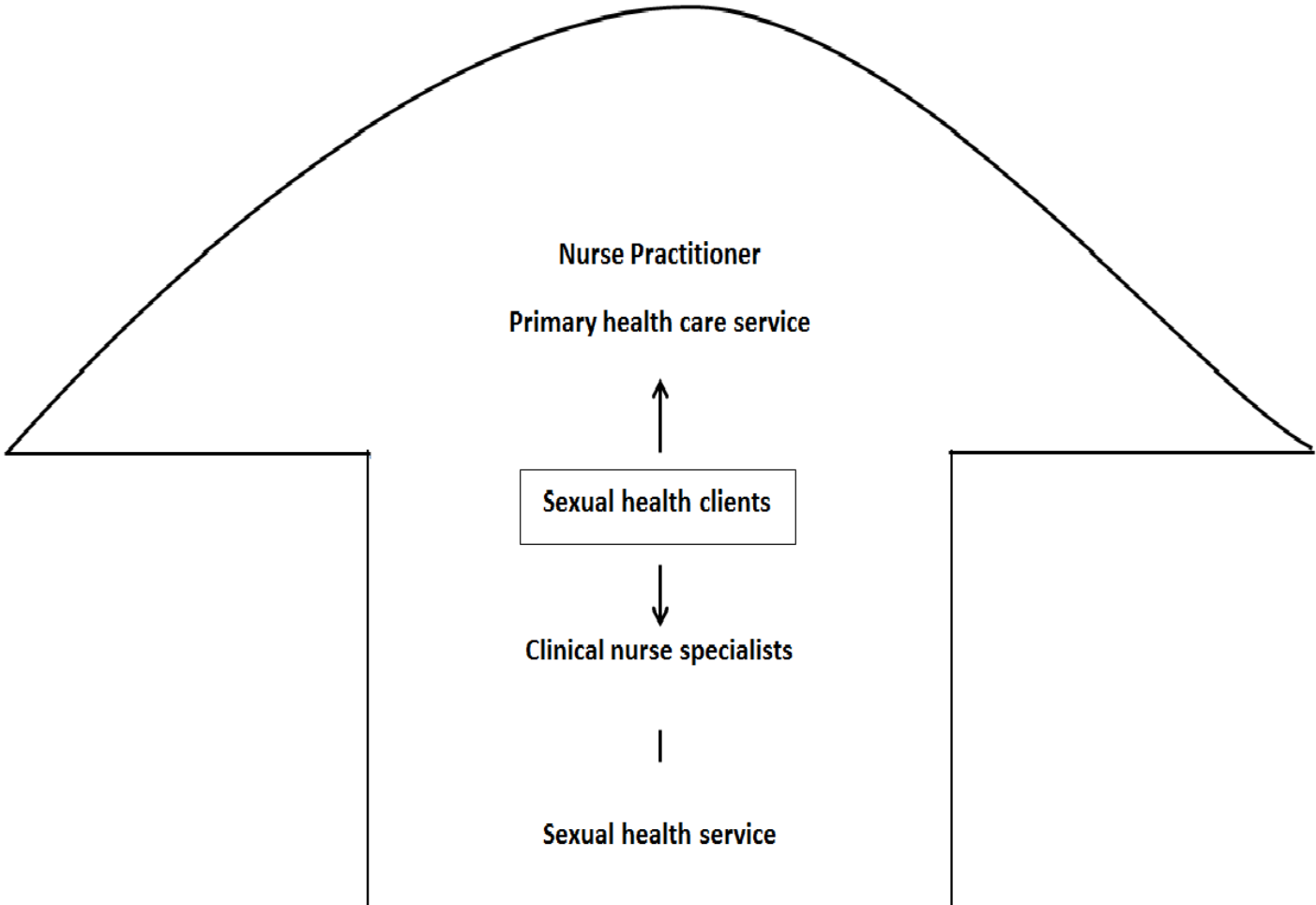
- * Change is always difficult and despite excellent intent is often poorly communicated within the profession
- * Myths abound and it is never possible to have everyone on the same page
- * Personal responsibility and going to the source is the best way to be accurately informed

- * NP role was initially constructed as being in line with specific population groups i.e broad focus such as child health or aged care
- * Canada has only Adult, Child and Family Nurse Practitioners
- * In NZ we have somehow allowed a proliferation of rather narrowly defined and even disease defined NP roles.
- * But many potential debates and ways of defining narrow.

- * IN 2008 Nursing Council signaled its intent to return to earlier goals of authorising NPs in more population focused roles
- * At the same time Council has also recently signalled that no more NPs will be authorised as non prescribers

* What exactly does narrow and broad mean?

* What exactly does it mean for someone practicing in the area of sexual health?



External Barriers

- * In 2001 we identified 63 legislative barriers to NP practice (such as signing death certificates, off work certs etc) or lack of ACC reimbursement.
- * In 2012 approximately 50 remain!!!!
- * Why?

External barriers

- * Current executive Chair of HWNZ is not helping the development of Nurse Practitioner roles

Custom and practice barriers

- * Despite a letter from the College of Radiologists explaining that NPs are legitimately able to order X-rays, all over the country individual NPs have had to resolve this issue locally and sometimes have been unable to do so
- * Many other examples exist

- * As demand for service rises and the workforce contracts the need for workforce flexibility becomes more pressing

The way forward

Legislative barriers

- * Health Practitioner's Statutory Reference Bill is currently somewhere in the system.
- * Facillitates the change from “medical practitioner” to “suitably qualified health practitioner”
- * Given that this change was first mooted in 2007 we are holding our breath!!!

- * Custom and practice issues are very hard to challenge given that this derives from either ignorance or simple lack of awareness or sometimes deliberate obstruction
- * A focus on client need, attention to the evidence that NPs are extremely safe practitioners and recognition that there is enough work for everyone should help???

- * NP development workshops run by the College of Nurses offer an excellent opportunity for intending nurse practitioners to shape their practice role

Nothing stands still; New challenges

- * RN prescribing in NZ
- * International move towards doctoral level education for NPs
- * Some reduction in HWNZ funding

- * Opportunities for developing sustainable health services in NZ rest very clearly with continued development of the nursing workforce
- * Education is key to supporting that development
- * Continued activity at the political, professional and policy level remain essential if we are to provide the service our clients and patients need