Nurse Practitioners New Zealand
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Nurse Practitioner New Zealand Position Paper – 8 November 2012
2012 Nurse Practitioner Identified impediments to Practice and Strategies for Improvement

At the recent Nurse Practitioner New Zealand (NPNZ) Conference held in Christchurch 13 Oct 2012 the membership discussed a number of areas of concern for practice from which a list of key issues were identified. Fundamental to these issues is the ongoing struggle to practice fully as regulated health professionals within the Nurse Practitioners scope of practice.

In the 10 years since Nurse Practitioners were first registered in New Zealand there has been effort made at national government level to enable Nurse Practitioners to practice as fully intended. However, there remain legislative, organisational and individual barriers that undermine those efforts. As a consequence the Nurse Practitioners' ability to provide comprehensive and sustainable services especially in primary health care (PHC) is being thwarted and in turn, access to health care for many vulnerable New Zealanders, jeopardised.

Since the NPNZ Conference 2012 and given impetus from recent media exposure of a Nurse Practitioner led service closing in New Plymouth, we feel it timely to publish a summary of the major issues currently affecting Nurse Practitioner practice in New Zealand and offer both an explanation of our concerns and proposed strategies to address them.

1. **Nurse Practitioner Funding in PHC**

Technically, Nurse Practitioners are able to receive capitation funding, however in reality this has proved impossible for most nurse practitioners. The major issue is not capitation but the inability of Nurse Practitioners to receive GMS payments for non-enrolled patients, or administrative GMS issues on which the accessing capitation payment rests. One member writes:

> …The difficulty with an enrolled population with this age group is confidentiality, e.g. a 14 year old female attending for sexual health and contraception may have difficulty explaining to her family why she wants to enrol….. She may be happy attending her GP for a sore throat with her Mum, but may not want her family to know she is sexually active…..or a 20 year old male may not want to go to his GP regarding depression, as his Auntie works at the GP practice.

Another member writes:

> … Many of the barriers are the same across both settings… (NPs in General Practice setting and NPs in non General Practice settings e.g. NGO)… but there are some differences such as continued direction of funding to the site of the patient's enrolment if patient is choosing to use a NP service not funded by capitation for ease of access, transportation difficulties etc… …each time a funded patient for whom I receive capitation is seen by me, Medtech generates/claims a zero GMS fee that tells the MOH that I have seen the patient. This is where the problem lies! MOH cannot 'see' this zero GMS claim in my name as they only see GMS claims that have a medical council provider number and not a nursing council number attached to it…

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That Nurse Practitioners are doing the work and unable to claim GMS offsets or capitation is constraining them from providing sustainable services and contribute financially to the PHC practice, and therefore decreasing the ability to effectively utilize Nurse Practitioners (NPs). Nurse Practitioners are also disadvantaged by organisational and individual interpretation of who can access funding streams... Furthermore, some GPs and PHOs are receiving capitation funding for patients who, for reasons of locality access issues and preference, are using NP services. The funding is not being used to support the NP service which limits patient access to innovative and successful NP-led models of care that support 'better, sooner and more convenient' services, particularly for rural and underserved populations. Access to Section 88 funding for first trimester initial or pre TOP consultation is also problematic.

> … As a female in a predominantly male provider practice, I tend to see the majority of those in early pregnancy. There is provision for 1st antenatal care funding to cover this at MOH level…this falls under section 88…Here I play the game again and put the GPs name against the claim for work I have done for the practice to receive the funding to give the patient the opportunity of free visits in their first trimester. At MOH there is only provision for free care by providers who are either midwives or GPs but not NPs. The work provided … involves *pregnancy testing*, provision of scripts for folic acid, iron etc … and necessary blood tests…

Strategy

A new funding model where the money follows the patients and the funding directed to those practitioners delivering the service is ideal. As that is not the current model we would propose that GMS offset funding be made available to the Nurse Practitioners scope of practice. That would include electronic recognition of Nursing Council registration numbers as dropdown alternatives to medical council numbers. A review of the administration of funding streams with reaffirmation from MOH of Nurse Practitioner eligibility and entitlements to DHB/PHO/NGO/private practice administrators is also recommended. Reviews of other funding streams such as Section 88 are advised.

2. Life extinct/death certificates

The membership acknowledge that there is legislation that governs signing of the Medical certificate of Cause of Death (MCCD) that will need to be amended if it is to include Nurse Practitioners and we look forward to that review process. It is however evident that declaration of life extinct has been customarily the domain of medicine and more recently that of paramedics. Nurse Practitioners have identified the benefits to families/loved ones and the process for them to declare life extinct in a timely manner. As regulated health care professionals, with significant clinical expertise and experience and particularly (but not limited to) those working in areas of practice such as aged care, emergency care, intensive care, palliative care and rural practice, certifying life extinct is only practical and sensible.

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Strategy

The practice of declaring life extinct by medicine and now by the unregulated paramedic workforce is based in custom. We suggest that there is no barrier to Nurse Practitioners performing this final episode of care for our patients. We propose that Nurse Practitioners receive access to a small package of specific education (preferably on-line) required to complete the process safely, accurately and ethically and the recognition of the Nurse Practitioner scope of practice to declare life extinct be circulated to all stakeholders.

3. **Nationally consistent approach to accessing laboratory and radiological tests**

The Nurse Practitioner scope of practice clearly articulates that:

> …They provide a wide range of assessment and treatment interventions, including differential diagnoses, ordering, conducting and interpreting diagnostic and laboratory tests, and administering therapies for the management of potential or actual health needs… http://www.nursingcouncil.org.nz/index.cfm/1,41,0,0,html/Nurse-Practitioner

…but still, organisational and individual barriers persist in denying Nurse Practitioners to practice to the full extent of their scope. Of interest, the Royal Australian and New Zealand College of Radiologists support "appropriately qualified Nurse Practitioners within their area of practice" ordering diagnostic tests but with the condition that it is with the approval of the local licensee. This neither acknowledges the Nurse Practitioner scope of practice nor does it promote a national consistency amongst Nurse Practitioners, organisations or individuals. The membership is able to relate many stories of the challenges they faced as new Nurse Practitioners as well as ongoing issues regarding the type of diagnostic radiology they can access. NPNZ forum has frequently been a sounding board for the frustrations of newly registered Nurse Practitioners being repeatedly challenged and professionally disabled. Needless to say many of these frustrations relate to decreased access to patient services because NPs cannot practice to the full extent of their scope.

Strategy

Nurse Practitioners are Clinical Masters level qualified and regulated under the HPCA Act to differentially diagnose, provide treatment and prescribe medicines within their scope of practice. It is impossible to provide a high standard of diagnosis and treatment without access to relevant diagnostic laboratory and imaging tests and procedures. To that end NPNZ propose there needs to be recognition of our scope of practice and clear direction from the Minister, Chief Medical Officer, DHB and PHO Medical Directors and Directors of Nursing to ensure Nurse Practitioners are enabled to practice to the full extent of their scope including undisputed access to diagnostic modalities.

4. **Funding for Nurse Practitioner Training**

Health Workforce New Zealand (HWNZ) state that:

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The prescribing practicum funding is a significant amount of funding available by HWNZ as a subsidy for those nurses in the final year of a masters degree with the prescribing option. This funding enables the nurse to have the required supervision and clinical release time in order to meet the prescribing practicum requirements.

Each DHB develops its own process for the management of this funding and it is highly variable and is often not directly applied to actual cost of supervision, reimbursement needed for clinical practice time for the Nurse Practitioner in training, and backfill for the services they usually provide. We seek similar provision for training programmes as are funded for medicine trainees.

The members have concerns that at a DHB/PHO level this funding and its distribution at times, lack transparency. We have been advised that the value of the funding for a prescribing practicum is $25,000. Our experience suggests that there is little evidence for accountability of the distribution of those funds.

It is highly recommended that a thorough process is developed for clinical training of Nurse Practitioners, and that the application round as well as the management/ invoicing of the actual practicum and funding be reviewed. Experience has shown that having this process in place will promote Nurse Practitioner training and development.

Strategy

We propose that funds distributed to individuals or organisations for Nurse Practitioner development be

- paid on invoice only and the Nurse Practitioner candidate confirm that the invoice be directly attributed to their professional/clinical development

And that the HWNZ recommendations for the use of this funding as set out below are followed.

- What supervision/ supervisor is available for the specific clinical area
- How clinical release time etc will be arranged and reimbursed
- How supervision time will be arranged and reimbursed
- Whether the service/ organisation is fully supportive of the prescribing practicum
- How the progress of the nurse will be monitored

5. Health Workforce NZ – expenditure

NPNZ is concerned that Health Workforce New Zealand (HWNZ) has directed a large amount of funds for the development of another position of unregulated workforce in the form of physicians' assistant when there is currently development of the registered nurse scope of practice to both advance and expand. Within the fiscal constraints of the current economic climate it would appear reckless in the least to be introducing another layer of unregulated health worker to the current mix when there is a regulated workforce that is contributing to increasing access to health services for the New Zealand population. NPNZ notes the lack of direction and the complete absence of a

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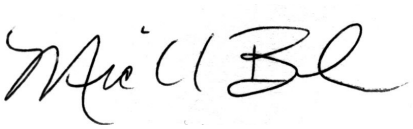
workforce plan for the nurse practitioner scope and questions HWNZ's rationale for choosing their current strategic direction and use of tax payers' money.

Strategy

In the interest of transparency and accountability NPNZ invites HWNZ to fully outline its strategic direction, expenditure and rationale for supporting nurse practitioner practice across all specialties, including training programmes (similar to those offered to medicine) and sustainable funding arrangements for Nurse Practitioner practice.

Kind Regards,



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