

on that diagnosis. NPs can oversee the full episode of care, make referrals and arrange hospital admissions. International and NZ data confirms their safety, cost effectiveness and ability to achieve patient satisfaction.

**Fact:** NPs are authorised prescribers thus their prescribing is confined only by their own clinical judgment. This enables them to provide a high level of autonomous service to the full range of presenting patients.

**Fact:** Registered nurses will in the future be able to prescribe as designated prescribers according to a defined formulary for a defined area of specialty practice. This has already commenced in the area of diabetes.

***“We have been advertising for a NP but no-one replied”***

**Fact:** There are unlikely to be many fully qualified NPs simply waiting in the wings for a position to be advertised.

### **Solution:**

Services need to look to “grow their own” by providing encouragement and appropriate leave for a local nurse to complete a masters degree and full endorsement by Nursing Council as a NP. However many nurses have already completed the masters degree and are looking for active encouragement, relevant practice experience and a prospective position before seeking full authorisation.

# **Employing Nurse Practitioners**

### **Definition:**

Nurse Practitioners (NPs) are Masters prepared advanced clinical practice nurses who work within broad areas of practice incorporating advanced diagnostic knowledge and skills into their practice. They are regulated, autonomous health practitioners who assume full clinical responsibility for patients, working both independently and in collaboration with other health care professionals to promote health, prevent disease and manage people's health needs. They provide a wide range of assessment and treatment interventions, including diagnoses, ordering and interpreting diagnostic/laboratory tests, prescribing medicine, administering treatments/therapies, admitting and or discharging from hospital and other healthcare services/settings.



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**Myth: Funding Nurse Practitioner positions for hospitals is too expensive**

**Fact:** Hospital based NP services are reimbursed for First Specialist Assessment fees and follow ups in the same manner as consultant physicians and registrar services. Data from a range of secondary based NP positions already demonstrates cost efficiencies such as shorter waiting times, reduced ICU readmissions, reduced hospitalisations, reduced presentations to A&E, and improved primary intervention for those with long-term health issues.

**Fact:** NPs are clinical leaders who enhance the capacity of the entire interdisciplinary team. As clinical leaders, NPs have developed innovative healthcare services to meet the unique needs of the population they serve. NPs have improved population health, improve patient experience and proved to be cost effective.

**Myth: NPs are too expensive for General Practice**

**Fact:** On average 800 enrolled patients (and their associated capitation, ACC, co-payments, and other income such as GMS and clinical programmes funding) will more than fully cover the approximately \$130,000 per annum full time salary for a

general practice based NP. However the expected workload ratio would in practice be about the same as a GP i.e. 1100 patients making NPs a profitable addition to the team.

**Fact:** Predicted GP workforce shortages are increasing very rapidly with 81% of GPs currently aged over 45.

**Fact:** GP Locums are expensive, generally temporary and thus may not enable continuity of care to communities.

**Fact:** 40-50 NPs are already working successfully in primary health care positions.

**Fact:** It costs over \$500k for the country to produce a GP. It costs \$120 - \$150k to produce an NP.

**Myth: Nurse Practitioners only want to be specialists**

**Fact:** Some NPs are indeed specialists in their field and provide a vital service. There are also many NPs who work specifically in primary health care, general practice and other settings.

**Myth: Residential Aged Care (ARRC) cannot afford NPs**

**Fact:** 3 monthly ARRC assessments are funded in the same manner for GPs and NPs.

**Fact:** Research shows that an ARRC based NP has reduced hospital admissions by 28%.

**Myth: NPs providing the full episode of care independently risks patient safety**

**Fact:** There have been NPs in the United States for 60 years and in NZ and Australia for nearly 15 years. Numerous studies internationally have failed to support any concern. In fact studies show that NP care is safe, cost effective and garners high levels of patient satisfaction and improved adherence to healthy behaviours. NPs seek referral for their patients in the same manner that GPs do to ensure the correct level of care is received in a timely manner, and follow up is provided.

**Frequently Heard Comments:**

**"We don't need an NP now because RNs can prescribe and they will be cheaper"**

**Fact:** NPs have a broader and deeper range of clinical expertise including the ability to order diagnostic tests such as X rays and lab tests. They also diagnose and initiate, manage, treat and prescribe based