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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Fact: NPs have a broader and deeper educational background.

Frequently Asked Questions

Myth: Nurse Practitioners only provide care for patients in the same manner that GPs do.

Fact: Nurse Practitioners extend care to patients in a timely manner and follow up to ensure the correct level of care is received in a timely manner. This allows for better coordination of care and improved adherence to health plans. NPs are better able to detect potential problems and provide a more personalized service.

Myth: NPs are less expensive than GPs.

Fact: NPs are already funded in the same manner for GPs and NPs.

Myth: Residential Aged Care (RAC)

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

Myth: Residential Aged Care (ARCC)

Fact: NPs are already funded in the same manner for GPs and NPs.

Myth: Residential Aged Care (RARC)

Fact: NPs are already funded in the same manner for GPs and NPs.

General Practice

Myth: NPs are too expensive for patients to use.

Fact: NPs have developed innovative healthcare models that successfully integrate the expertise of the entire primary care team. These models have improved patient health outcomes and reduced costs. NPs support any practice environment, including those with a sole practitioner.

Myth: Nurse Practitioners only provide care for patients.

Fact: Nurse Practitioners provide a wide range of services, including care for patients with chronic conditions, chronic disease management, and preventive care. They also provide care for patients in the acute care setting, including emergency departments and inpatient units.

Myth: NPs are less expensive than GPs.

Fact: NPs are already funded in the same manner for GPs and NPs.

Myth: NPs are less experienced than GPs.

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