Notes from Around the Table NP discussion

1. Q & A After Jenny Carryer's talk on the Future of Nurse Practitioners in NZ

Q: There is one governing body that still has the majority of governing power – should this still be the case?

A:

- We are short NPs
- There is a large number of people who cant be seen at the moment.
- The answer is that nurses should be more involved in every sector.

Q: NP numbers are growing. Do we need to be expanding the role outside of clinical needs? A:

- Demand for NPs is outweighing how many NPs we have currently.
- We have to remember that NPs are firstly clinicians but:
 - Moving into a leadership role can be difficult as it's hard to balance the leadership and the clinical.
- NPs need to be involved in teaching
- The ability for development is there for the taking unfortunately, there is no funding.

Q: NPs are being asked to take on projects that no one wants in their clinics/DHBs. We are taking them on because we have a more significant amount of knowledge in the area. Does this also mean that I have no clinical time?

A: This is the movement to the teaching side that I alluded to earlier. It won't be easy to do both.

S: There is an imbalance of power with Gps in private business. Moving patient means more money for the GP. Autonomy in the NPs is our challenge. We need to be able to move more freely A: No argument

2. Q & A After Liz Manning's talk on NPs in National Health Policy: Challenges and Opportunities

Q: The way comms comes from the college is challenging A: I will pass on this info.

S: Mark Baldwin: We have become more proactive within NPNZ with policy creation. We need to know who has what specialities within NPNZ to know where/who to go to. We need to be proactive in forums, petition logs, watching parliament TV etc. Our next stage is to be lobbying petitions and not waiting for this to occur before taking action.

Q: Any remuneration for Policy Creation? A: No

3. Q & A After Lois Boyd's talk on Primary Mental Health & Addiction Credentialing Programmes

Q: Is there a link between unregulated roles and nurse roles within this type of credentialing programme?

A: My answer to that is we were here first. We want to be able to upskill everyone in the medical space.

Q: Is there any education opportunities for credential mental health learning regarding pharmacotherapy for a wide range of mental health treatment? A: Yes, but basic/limited information.

Q: Do you have access to E-Learning? A: Not currently

Q: If GPs want to attend the course, can they? A: Yes – who is invited locally to the courses is up to you. Although, only nurses receive the credentials as that's what we specialise in.

Q: Is working with culturally diverse populations a part of the programme? A: Yes

4. Q & A After Sue Adams talk on NP Workforce Development Programme Funded by MoH

Q: How can we get in touch with you in regards to accessing funding? A: Email me (Sue) or Sandy to forward it on.

5. Q & A After Christine Maxwell talk on Nurse Practitioners as Leaders

• No questions

6. Q & A After Susie Hill talk on How to be Strategic in advocating for the NP Role

S: People don't know what an NP does.

S: People don't understand the differences between RN, NP, Nurse Specialists etc.

S: Queenstown created a video on their Facebook page, which did very well. The Video educated the viewers on NPs.

S: Even immediate family don't understand/know the difference.

Q: Can you talk with us about budgets?

A: Health Navigator worked very hard. They completed extra contacts to get funds to put towards publicising/marketing which they were. It's been very incremental and hard work to get it to the polished look they have today.

Q: How do we go about getting the NPNZ logo on your website? A: We sit down and discuss a partnership.

Q to NPNZ Members: Is this something that we need to discuss in the AGM? Do we need to put money towards marketing?

Round the Table Discussion:

Q: Nurse uniforms within a leadership role or going to meetings in scrubs when everyone else is in business attire. What are peoples views on this?

A1: I have had this happen to me. I feel as though I don't get a second look when I'm in scrubs, but I tend to get more say in casual wear.

A2: Pegasus have uniforms, but they symbolise that we are NPs. It has worked very well.

A3: Auckland now has different colour uniforms to identify the wearer as an NP.

Q: Special Authority and ACC Funding. At times we are not included in Special authority when we are meant to be?

A: ACC is more difficult than other governing bodies. We have section 29 going to the minister, and Section 88 is an ongoing battle. We are continuing to go through everything.

*note – this is something I'm not familiar with, and therefore, my notes may not be clear. Apologies.

Q: ACC Funding for ACC554 form. We are not being allowed to sign this off. ACC says they need a GP to do this?

A: This should not be the case anymore. NPNZ have written letters stating that this should not be happening.

A: We need to be asking someone at ACC if we can help identify these areas and make the changes to the policies that need updating.

S: Kiwisaver should now be allowing NPs to request early release of funds for terminally ill patients.

Q: End of life Act: Only a GP can action the end of life act on a patient's behalf. Although, NPs can administer/prescribe the medication. Is this correct?

A: Yes, this is correct. It was something that was missed when the bill went through. Sandy is raising it.

S: It will be a problem as the bill is going to go through without NPs being on the bill as being allowed to do this.

Q: Capacity Testing – Why can't we do this?

A: This is a decision that is made on a case by case basis.

- A: Some DHBs are saying that insurance can be voided if an NP does this.
 - We need to find out who it is who is saying these things.

Q: Who is updating the FAQ Document?

A: We are getting onto this in the near future.

Q: In relation to PR/Education of who NPs are – What happens in medical schools? We need someone to go and teach these students who we are.

A: There has been movement in this within Christchurch.