

FREQUENTLY ASKED Q and A's for new and not so new NPs..... as of June 2021

[Topics listed alphabetically]

ACC

NPs can sign ACC initial assessment M45's and ARC 18's for ongoing time off work related to an approved ACC claim - either claim can include Sensitive Claims and Gradual process claims (for hearing loss or workplace created injury over time).

In Jan 2015, ACC visits were made free for children under 13yrs.

There are separate visit charges for NP, RN, GP and GP/RN combo, however there is yet to be a NP/RN combo charge. ***ACC continue to be lobbied about this by NPNZ to be in keeping with the Omnibus changes to the Health Practitioner Act. Legislation to enable changes was passed (Jan 2016).***

Accident Compensation Act 2001 (Ministry of Business, Innovation and Employment)

To the extent that health practitioners are willing and able to do so, health practitioners providing treatment to a client will be given the opportunity to participate in the preparation of the client's individual rehabilitation plans. Suitably qualified health practitioners will also be able to prescribe aids and appliances. ***Omnibus bill passed– 21 Mar 2017, Changes enacted 31st Jan 2018.***

NPs ***cannot*** claim for ACC Designated Doctor visits.

Tips:

- Ensure your admin staff know to charge your claim at NP rates not at RN rates if working in urban based position or, leave as is if on rural contract. If in urban setting and doing combined care visit with a GP, charge out at GP/RN claim rate as it is invoiced at a higher rate (and you are still essentially an RN).
- If working only with a RN, you can put two claims in for the same patient in one day, one for NP and one for the RN - but only if the patient returns for follow up later in the same calendar day i.e. for a second dressing if required for a major injury. Or, for an entirely new injury a new M45 should be processed.
- Multiple claims such as this for the same patient will likely be investigated by ACC.
- Ensure you charge out your time per ACC hourly rate to supply additional information when it is requested with pts permission for ACC purposes. Only disclose ACC related information, they do not have outright permission to peruse the patient's entire record.
- Do forms online for most efficient method of processing of M45/ ARC18 within PMS via BPAC (ACC's preferred option)

ACC Consultation processes

ACC does have an annual consultation process about ACC levies and NPNZ and other nursing groups may be able to influence ACC decision about levies for Nurse Practitioners/Mātanga Tapuhi by participating in the consultation. This link contains details about the consultation process;

<http://www.acc.co.nz/about-acc/consultation/levy-consultation/index.htm>

ACC Consultation processes as at March 2019

ACC purchases many health services through the CoTR and these regulations are reviewed on a regular basis. By listening to feedback ACC recognised GP NZ, Royal College of GP's and the NZMA representation /links were insufficient to represent the entirety of the sector and enable ACC strategic intent. As a result ACC formed a Primary Health Care Sector Engagement Group (PHC SEG) to obtain insights, advice and guidance to shape our design initiatives and business as usual work for our Primary Care Programme. NPNZ have been offered a place on the PHC SEG.

Client Relationship Manager

ACC has recently (June 2021) appointed a client relationship manager to be responsible for the NP workforce. Communication has been delivered to Client Service Delivery Staff (claims assessment and all recovery partners) regarding the role of Nurse Practitioners/ Mātanga Tapuhi and their ability to undertake all statutory requirements under the ACC act (except part 3, section 57 – lump sum compensation for permanent impairment). This will occur every three months to capture new staff.

ACC are working with internal policy regarding a combined NP/RN code under cost of treatment regulations to review if and how ACC can implement this code change; see [letter from Minister for ACC](#)

ACC will meet with the wider clinical, policy and legal teams in the next few weeks to discuss part 3, section 57 – lump sum compensation for permanent impairment with the hope to reach a reasonable decision and conclusion that will satisfy all involved.

Delay in Cost of Treatment Regulations (CoTR) changes

The all of government response to COVID-19 has forced delays to Cabinet decisions and timeframes. There was not enough time before the September 2020 general election to implement changes from the 2018 Cost of Treatment Regulations (CoTR) review. The delay caused by the global pandemic is, unfortunately, outside of our control; we will provide an update once we have a renewed timeline for implementation. ACC apologise for the delay and are aware of its potential impact on our providers. The delay will be taken into consideration when future decisions are made related to rates adjustments.

ACC Levies for self-employed NPs for the 2016/17 tax years tax return

As an interim measure ACC has determined that most applicable CU for NPs is *CU 86390 Allied health services (not elsewhere classified)*, as this CU specifically includes the activity 'Nursing service (not elsewhere classified)'. As there is not currently an applicable BIC for NPs to enter into their tax return to be assigned this CU, it is advised for NPs to use Q853975 Paramedical service until ACC adds a more specific/applicable BIC code. While this may not be the best fit in the long term for NPs (dependent on further analysis), it **does result in a significant decrease in levy rates from the previously applicable CU (\$0.18 as opposed to \$0.84 per \$100).**

Additional work and analysis required to be undertaken in order to fully ascertain the most applicable CU for NPs to be classified going forward, in particular around calculating the risk profile of NPs. Next steps, as per Adam Jennings, Commercial Advisor, Legal and Commercial Team ACC. ACC will be undertaking additional work to identify the most accurate classification for NPs going forward. This work will include updating ACC's BIC code website (<https://www.businessdescription.co.nz/>) to include a specific reference to NPs and adding a new BIC code for the 2016/17 tax years that NPs can provide on their tax return. This BIC code will; enable NPs to be correctly classified; Assist ACC to identify a relevant population of NPs so that an accurate risk profile can be developed. Without an accurate risk profile, ACC will be unable to make changes to the CUs for NPs.

It is important that all self-employed NPs use the new code in their tax return, as if this is not done a population will not be identified. Notification of this new code will occur when it has been implemented (prior to 1 April 2016). Once a decision has been made as to the most applicable CU for NPs, if a change is made, ACC will endeavour to work with the Ministry of Health and NPNZ to re-classify all NPs who are incorrectly classified. ***NZNO, NPNZ and ACC; work in progress 2015-17.***

Amended Acts of Parliament

Abortion Legislation Act 2020

New Zealand has legalised abortion, removing the practice from the Crimes Act and liberalising access to abortion services. In March 2020, New Zealand modernised its abortion laws for the first time in 40 years. Abortion is now regulated under health legislation. Abortion is legal in Aotearoa New Zealand. There is no legal age limit on having an abortion in New Zealand.

The new law liberalises abortion rules, treating the practice as a health matter rather than a criminal one.

See the full act here:

<http://www.legislation.govt.nz/act/public/1977/0112/latest/whole.html>

Or for a plain English interpretation go to:

<https://www.familyplanning.org.nz/advice/abortion/the-law-around-abortion>

People will now be able to access abortions from a health practitioner in the first 20 weeks of pregnancy. After 20 weeks, people will still be able to access abortions, but only after proving to one health practitioner that an abortion is "clinically appropriate," with regard to their physical and mental health and wellbeing. That practitioner must then consult a second practitioner before proceeding.

End of Life Choice Act 2019 (2019/67) (MP David Seymour) This bill gives people with a terminal illness the option of requesting assisted dying. Parliament has passed a bill legalising voluntary euthanasia in a historic vote, and turned the final decision on assisted dying over to the public.

Politicians voted through Act leader David Seymour's End of Life Choice Bill 69 votes to 51, after a debate ending two years of fierce political arguments about the legislation and decades of attempts to get reforms through the House. It will now go to a public referendum alongside 2020 general election for a final test.

<http://www.legislation.govt.nz/bill/member/2017/0269/latest/DLM7285905.html>

Health (National Cervical Screening Programme) Amendment Bill

June 2021 - passed its third reading. The bill amends Part 4A of the Health Act 1956 to enable health professionals and screening support services staff to directly access information from the register for the purposes of conducting their work. The bill comes into effect the day after receiving Royal Assent (so soon).

2018 Legislation Changes Summary related to the Omnibus Bill

A direct result of years of active lobbying by NPNZ and the College of Nursing Aotearoa, the Chief Nurses Office and working parties; the Omnibus bill passed – 21 Mar 2017, changes enacted 31st Jan 2018.

These amendments created historic changes enabling competent health practitioners (as defined under the [Health Practitioners Competence Assurance Act 2003](#) [HPCA Act]) to better use their skills for the benefit of the people they work with, the health workforce and the New Zealand health system as a whole. Took effect across eight Acts amend references to medical practitioners to include health practitioners including Nurse Practitioners/Mātanga Tapuhi, registered nurses and, in one instance, pharmacist prescribers.

Eight Acts were given the Royal Assent on 7 November 2016:

- [Accident Compensation Amendment Act 2016](#)
- [Burial and Cremation Amendment Act 2016](#)

- [Children, Young Persons, and Their Families Amendment Act \(No 2\) 2016](#)
- [Holidays Amendment Act 2016](#)
- [Medicines Amendment Act 2016](#)
- [Mental Health \(Compulsory Assessment and Treatment\) Amendment Act 2016](#)
- [Misuse of Drugs Amendment Act 2016](#)
- [Land Transport Amendment Act 2016](#)

The Ministries of Health, Transport, Business, Innovation and Employment, and Social Development are responsible for the affected legislation. Other agencies, including ACC and the New Zealand Police, will also need to implement the changes.

Accident Compensation Act, 2001 Health practitioners providing treatment to a client will be given the opportunity to participate in preparing clients' individual rehabilitation plans. Suitably qualified health practitioners will also be able to prescribe aids and appliances.

Burial and Cremation Act, 1964 Nurse Practitioners/Mātanga Tapuhi can now issue certificates for the cause of death for patients in their care and sign off Cremation Certificates.

Holidays Act, 2003 Health practitioners are now able to certify proof of sickness or injury including suitably qualified registered nurses, if their employer and the Nursing Council of New Zealand recognise that they are competent and safe to do so.

Land Transport Act, 1998 since 8 November 2018, Health practitioners will be able to request blood tests from drivers and assess and report on their fitness to drive. It will be illegal for someone to refuse a blood test from a health practitioner. Other amendments enable health practitioners to take blood, handle evidential specimens and appear in court to give evidence.

Medicines Act, 1981 Nurse Practitioners/Mātanga Tapuhi are now able to supervise designated prescribers (such as authorised registered nurse prescribers or RN prescriber candidates).

Mental Health (Compulsory Assessment and Treatment) Act, 1992 Nurse Practitioners/Mātanga Tapuhi, or registered nurses working in mental health, will be allowed to complete a health practitioner certificate for applications for assessment under the Act. An NP will also be able to conduct an assessment examination if approved by the Director of Mental Health. The Director can delegate this approval to the Director of Area Mental Health Service.

Misuse of Drugs Act, 1975 Nurse Practitioners/Mātanga Tapuhi, registered nurses working in addiction services and pharmacist prescribers will be allowed to prescribe controlled drugs for the purposes of treating addiction.

Oranga Tamariki Act, 1989 (formerly the Children, Young Persons, and Their Families Act 1989) Health practitioners will be able to carry out medical examinations ordered by the court when considering whether children or young people have been abused, if the court considers that these health practitioners are qualified for that purpose. In addition, a social worker will be able to ask for medical examinations to be completed by health practitioners qualified for that purpose.

Auditing your practice

Auditing should be routine cross check of your work on a regular basis; it proves what you do and can identify areas requiring change in practice skills or approaches to care delivery. Use Query Builders in Medtech 32 or other PMS software to keep track of what you are doing, no of patients seen and easily countable data such as frequently seen conditions, immunisations given, laboratory and radiology investigations ordered, or scripts written.

Tip

BPAC NZ has available 'MyBPAC' a personalised audit of some laboratory and community prescribing practices of individual NPs in PHC, which is available to via their web page [since 2013 pilot]:

<http://www.bpac.org.nz/>

Once on the site, log into 'MyBpac' and create an account for yourself follow the prompts or contact BPAC directly for help

Other ways of Auditing include:

- Researching your work
- Using READ coding to monitor the complexity of your patients
- Counting Reduction in ASH admissions / early discharges improved HbA1cs, reduction of DNAs, improved QOL scores
- De- prescribing due to your care or planning
- Place a direct request to your DHB lab to provide a log of what you have ordered. Radiology services can probably provide this type of log as well
- Classifications and demographics can track your workload and population types

Driver's Licencing

From 8th November 2018 NP's working within their scope of practice, can now issue medical and eyesight certificates for driver licencing and can assess suitability for Driver's licencing as per LTSA legislation. While you have a responsibility for making recommendations about licence conditions, LTSA have the responsibility of imposing them. If you have any concerns about a particular case, please write to Chief Medical Adviser at the Transport Agency's Palmerston North Office.

Download this essential reference tool:

<https://www.nzta.govt.nz/driver-licences/getting-a-licence/medical-requirements/information-for-health-practitioners/>

Health practitioners have two main legal obligations relating to fitness to drive under transport legislation:

1. Health practitioners must advise The Transport Agency (via the Chief Medical Adviser) of any individual who poses a danger to public safety by continuing to drive when advised not to (section 18 of the Land Transport Act 1998 – see section 1.4)
2. Health practitioners must consider Medical aspects of fitness to drive when conducting a medical examination to determine if an individual is fit to drive.

Who must have a medical certificate?

Some drivers must have a medical or eyesight certificate to apply for or renew a driver licence or endorsement – drivers who:

- Are applying for or renewing a heavy vehicle licence (class 2,3,4,5) and who've not provided a certificate within the last five years
- Are applying for or renewing endorsements for passengers (P), vehicle recovery services (V), driving instruction (I) or testing (O) and who've not provided a certificate within the last five years
- Have a medical condition that may affect their ability to drive safely
- Are 75 years old or more and applying for or renewing any licence or endorsement
- LTSA have asked to provide one.

The evidence LTSA requires is a medical or eyesight certificate: 'DL9' is a pre-printed LTSA form completed by a New Zealand registered health practitioner (optometrists, ophthalmologists, general practitioners, registered nurses, Nurse Practitioners/Mātanga Tapuhi, neurologists and occupational therapist driving assessors) that is **not more than 60 days old**.

Use the [Medical Aspects of Fitness to Drive: A Guide for health professionals](#) to set out your responsibilities and guide you in assessing a person's fitness to drive. Placing licensing restrictions on a driver is a serious matter. But so are the consequences of allowing someone to continue to drive if they are unfit to do so.

Have concerns about an older driver?

If you are satisfied that an older person of 75+yrs is medically fit but have concerns about their ability to drive safely, you can recommend that they sit an 'on road' safety test. This is done at the person's own cost of approx. \$400.00 with a certified Occupational Therapist. Simply tick the box for this recommendation on the NZ Transport Agency pre-printed medical form. The driver licensing agent will then arrange the test when the person presents their medical certificate.

You can recommend conditions to be imposed on a driver's licence to improve their driving safety. Commonly imposed conditions include:

- Correcting lenses must be worn at all times while driving
- Only vehicles with an automatic transmission may be driven
- Vehicle must have rear view mirrors on both sides
- Must not drive during the hours of darkness

There are two formats to DL's forms to use – hard copy [easier to access but easier to miss things out] or electronic format [which will not send until all essential fields completed- but, is a little trickier] you need to register with the Department of Internal Affairs "Real Me" login as a first step:

<https://glsgwpro01.transactpro.nzta.govt.nz/gateway/access.aspx>

Once you have registered with Real Me, you may be contacted by an NZTA representative in respect of your application. A decision on your application is expected to take up to 10 working days. You will be notified by email once the process has been completed.

If you have a query about your registration application, please contact the NZ Transport Agency by phoning: 0800 108809

To acquire a NZ Transport user account, you may need to work with your practice administrator from here on.

Application access

Registering for an NZ Transport Agency user account

Thank you for requesting access to the NZ Transport Agency online services.

If you are the delegated administrator for your organisation, please select the application you want to access from the list below and select 'Login'.

If you are not the administrator for your organisation, please select 'Cancel'.

Please note: To continue with your access request, you will be required to log in or register for a RealMe login, if you do not already have one.

Select the NZ Transport Agency application you want access to

DL9 (Medical Practitioners Only)

Cancel

Login with RealMe

Real Me Login

Create an account

Copies of Medical certificate for driver licence (DL9) for health practitioners to use are available on the automated ordering system or from the Transport Agency's Palmerston North office (0800 822 422).

Tip

Resource to have to hand <http://www.nzta.govt.nz/resources/medical-aspects/5.html>
For ALL general information from LTSA <https://www.nzta.govt.nz/driver-licences/>

Land Transport Act 1998 (Transport)

NP's are able to request blood tests from drivers and assess and report on their fitness to drive. It will be illegal for someone to refuse a blood test from an NP. Other amendments enable NP's to take blood, handle evidential specimens and appear in court to give evidence. Omnibus bill passed – 21 Mar 2017 Changes enacted in Nov 2018. NPNZ worked closely with LTSA to achieve progression, enacted 31st Jan 2018.

Death certificates/Life extinct certificates

Life extinct certificates

Can be signed off by either an NP or RN (Oct 2015).

Burial and Cremation Act 1964 (Health)

NPs can issue death certificates and Cremation Certification for patients in their care. NPNZ, MOH's Chief Nurse and Working party successfully lobbied for change since start of 2014. Omnibus bill passed– 21 Mar 2017, enacted 31st Jan 2018. NPNZ exec worked closely with government to test and amend the electronic forms.

Death Documents

Available electronically, this service that allows medical practitioners and Nurse Practitioners/Mātanga Tapuhi to complete medical certificates of cause of death and cremation forms on-line has been in operation since 1 March 2018. You can access these on: <https://deathdocs.services.govt.nz/welcome>

Tip

Add the above link to your Favourites.

Getting started

To start you may find it helpful to view this short video on the completion of the online forms: Welcome to Death Documents – YouTube: Ministry of Health tutorial (9 mins, 32 secs)

A downloadable podcast by 'Ward Calls' host Dr Sam Holford (Middlemore Hospital, Auckland) about verifying and certifying death is available at this website: Verifying and Certifying Death – Ward Calls. This podcast is particularly good if you are new to certifying death.

There are some things you can do now to make it quicker to use Death Documents when you have a certificate to complete:

- Make sure you have a RealMe login o If you don't have one yet you can create a RealMe login in a couple of minutes when you first visit Death Documents – just click Login
- Find your HPI-CPN (Health Provider Index – Common Person Number) available from the Nursing Council website
- Register with Death Documents or Log in to Death Documents and complete your registration. You only need to do this once and your details will be automatically populated onto any death documents you complete.

Tip

If something isn't working or doesn't make sense you can get in touch with the Ministry of Health Contact Centre: 0800 505 125 or customerservice@moh.govt.nz

If Death Documents isn't working for you, you can use the old paper forms. Death Documents intend to be as user-friendly as possible so please feedback: <https://deathdocs.services.govt.nz/contact-us>

End of Life Choice Act 2019

The current wording of the act defines the “attending nurse practitioner” as a Nurse Practitioner/Mātanga Tapuhi who is acting under the instruction of an attending medical practitioner (or replacement medical practitioner). NPNZ is aware this is not consistent with the autonomous role of a Nurse Practitioner/Mātanga Tapuhi and has contacted the MOH in regards to this.

Under the act a Nurse Practitioner/Mātanga Tapuhi is able to be involved in the prescribing and administration process of assisted dying – please refer to the act for specific details: <https://www.legislation.govt.nz/act/public/2019/0067/latest/DLM7285905.html>

The first online training module providing an overview of the Act and assisted dying is now available for health professionals. The End of Life Choice Act 2019: Overview (learnonline.health.nz) module will help health professionals develop a working knowledge of their roles and responsibilities under the Act, including conscientious objection. Log in to LearnOnline using your existing account, or to create a new account, to access the End of Live Choice Act 2019 overview learning module: <https://learnonline.health.nz/enrol/index.php?id=444>

This 20-minute module covers:

- An overview of the Act and assisted dying
- Some of the key safeguards in the assisted dying process; and
- How assisted dying fits into existing health professional roles.

Alongside the learning module, three information sheets are available on the Ministry of Health website:

- [Information for health professionals about the Act and assisted dying](#)
- [Information for health service providers about preparing for the implementation of assisted dying](#)
- [Information for the public about the Act and assisted dying](#)

First-trimester Antenatal Visits

NPs are not currently (2014) funded to deliver this package of care as it is tied to Section 88 funded services which are claimed exclusively by Lead maternity Carers/ GPs. An NP may assess and diagnose pregnancy, miscarriage, or ectopic pregnancy and workup the patient: order first AN blood tests, do smear and swabs, prescribe routine and PRN antenatal meds, however the GP must sight the patient to lodge the claim for first trimester Antenatal care in the PHC setting.

NPNZ is lobbying MOH for change of funding structure. Section 88 is a highly problematic Notice.

NO movement – since March 2016

Abortion Legislation Act 2020 (2020/6)

Omnibus bill amends the law to decriminalise abortion, better align the regulation of abortion services with other health services, and modernise the legal framework for abortion currently set out in the Crimes Act 1961 and the Contraception, Sterilisation, and Abortion Act 1977. Allows a woman to self-refer to an abortion service provider. Allows a wider range of registered health practitioners (eg doctors, midwives, Nurse Practitioners/Mātanga Tapuhi) to provide abortions (subject to scopes of practice and training). Due to Covid-19 pandemic the roll out of the new legislation is still being implemented.

For full information on the ACT:

<http://legislation.govt.nz/bill/government/2019/0164/latest/LMS237550.html>

<https://www.health.govt.nz/our-work/regulation-health-and-disability-system/abortion-legislation-information-health-practitioners>

Laboratory Investigations

Latest DHB review of laboratory Services was Oct 2013, officially deems NP's hold limited access to testing; this is variable per DHB at present depending on how tightly lab services are watching their budget. Histology requests (other than smear cytology) and expensive tests such as TTG (marker for Coeliac Disease) are generally declined in the PHC setting and NPs are asked to defer the request to a medical colleague to order, this may be different for other NP scopes. ***NPNZ continue lobbying to achieve same accessibility as GPs and LMC's for tier one testing, and tier two testing with consultant consultation/approval. In March 2018 DHB Laboratory Services Review has indicated NPs will be consulted in the next review.***

See document 'Completion of the Laboratory Schedule Review Oct 2013' on www.dhbsharedservices.health.nz

Tip

It is recommended to meet with your laboratory manager to discuss what is in their contract covering NP ordering.

Immunisations

NPs can prescribe scheduled immunisations in accordance to their population group/ client base NPs have full authority to Rx and administer the vaccines on the Schedule.

Tip

Prescribe travel vaccines as you would any other medication apart from Yellow Fever and Mantoux/BCG as these vaccinations are gazetted vaccines and require special training and certification to order and administer.

NPs are able to claim for scheduled immunisations given just as a General Practitioner can. ***NPNZ are lobbying for change to this inequity – [Jan 2016]***

Insurance Medicals

Not accepted where the information must be completed and signed off by a GP/ Medical Officer.

Kiwi Saver has recently acknowledged NP as entitled to sign off certification of their documentation relating to early withdrawal of funds due to Serious Illness in July 2017. ***NPNZ successfully lobbied for change - July 2017***

Indemnity Insurance

Indemnity insurance covers you for claims related to your professional practice:

- Negligence claims or errors that may lead to injury, death or damage.
- Disciplinary and competency proceedings eg. Nursing Council, Health and Disability Commissioner Investigations
- Coroners Inquests

The current Accident Compensation Corporation (ACC) scheme means that generally health practitioners cannot be sued for compensation however there are still some circumstances where patients may sue. Health practitioners may also face or be involved with other forms of legal action where they require legal representation as specified above and you can be sued to punish you for your actions

College of Nurses Aotearoa [CNA] Chair Prof Jenny Carrier
<https://www.nurse.org.nz/npnz-conference-2019.html>

CNA insures you for:

Civil liability arising from an error while performing your professional services and the legal costs and expenses of defending claims against you. Importantly, this includes the costs of representing you at a legal or quasi legal process into whether any professional code of conduct has been breached, as well as complaints against you by a registration board and coronial enquiries etc. Any costs or damages awarded against you in any medical malpractice / negligence claims will be met under the policy, together with any other defence costs, irrespective of whether the claim against you is successful.

CNA covers you for:

\$1,000,000 per policy period (per year) for civil liability and \$100,000 per policy period for Nursing Council or HDC complaints. You do not pay any excess on a claim, the College of Nurses will pay the excess for you. You are covered 24 hrs a day, during work hrs as well as outside of work hrs anywhere within New Zealand. You are covered whether you are working in your regular job or assisting at a roadside accident.

You must contact the College office as soon as you are aware of a possible claim or complaint against you:

Andrea Bond
College Administrator
T: (06) 358 6000
E: admin@nurse.org.nz

For urgent Indemnity Insurance matters outside office hours please call Andrea Bond - 021 179 9340 or Jenny Carryer - 027 4491 302

New Zealand Nurses Organisation

https://www.nzno.org.nz/membership/indemnity_insurance

NZNO covers you for:

The policy provides cover up to \$500,000 liability and \$500,000 for legal defence costs for each incident or event (regardless of how many members are involved in the incident/event). Each member can make multiple claims up to a total of \$1,000,000 per year. Criminal defence costs are covered to a maximum of \$200,000. NZNO pays the excess under the indemnity insurance policy of \$25,000 per incident/event, so you don't have to. The NZNO policy covers you 24 hours a day, seven days a week, whether you are on or off duty.

Conditions of cover:

NZNO members' indemnity insurance covers the main scenarios where you may need it. However, there are some conditions of cover and exclusions, which include:

- Temporary work (e.g. placement or as part of a project/programme) anywhere outside NZ, except USA and Canada, is not covered if you are outside NZ for longer than 90 days. We recommend separate indemnity insurance for longer periods overseas, or if you are doing temporary work in USA or Canada.
- You are not covered for issues arising as a result of your practice in appearance medicine if you are an owner, or part-owner, of the appearance medicine business.
- You are not covered if the claim relates to a time when you were under the influence of alcohol or drugs.
- If you are found guilty of a criminal charge you may be required to repay amounts covered.

Making a claim:

If you are involved in an incident, please contact the NZNO membership support centre 0800 28 38 48 as soon as possible. It is essential you report a claim or possible claim to NZNO as soon as you become aware of it, to ensure coverage by indemnity insurance. If legal assistance is required, it will be provided through NZNO. You will be responsible for any costs if you use your own lawyer. **Do not sign any statements requested by the police or any other authority until you have spoken with an NZNO lawyer.**

What if your employer provides indemnity insurance?

Some employers hold an indemnity insurance policy and say that it will provide cover for their employees. However, NZNO advises against relying on an employer's policy because there may be:

- No automatic right for you to claim
- A direct conflict of interest if your employer lays a complaint about you
- Fewer situations covered compared to NZNO's members' indemnity insurance policy

MAS

www.mas.co.nz

A membership-based insurance and investment company for New Zealand professionals. They have advised they would cover NP's under the NUR grade (Nurse non-cosmetic) annual subscription would be \$322.00 [2017].

Contact: **Lynne McLennan** | MPS Administrator

DDI 0800 225 5677, **MAS**, PO Box 13042, Johnsonville, Wellington 6440.

Phone 0800 800 627. Facsimile 04 477 0109

New Zealand Medical Professionals Insurance (NZMPI)

<https://www.medicalprotection.org/newzealand>

<https://nzmpi.co.nz/allied-health-insurance/>

NZMPI Provides **medical indemnity insurance** to **medical practitioners** and health professionals. NZMPI has been providing indemnity insurance for **medical professionals** since 1990.

Executive

See who's who on the current list: <https://www.nurse.org.nz/meet-the-executive.html>

Web and Social Media

Facebook

NPNZ has both a main public Facebook page and a private members Facebook group. You can find the members group by searching "NPNZ: Nurse Practitioners New Zealand – Members Forum" and clicking "join". Your request will be reviewed and you will be added to the group once membership has been confirmed. You can post directly to the members page (admin will approve your post so may not show immediately). If you would like something shared on the public page please message the main page (NPNZ – Nurse Practitioners New Zealand) with the link or information you would like shared. Our public page is fully accessible to the general public currently has over 1.7 K "likes".

Twitter

NPNZ has a twitter page, follow us on @NPNZ1

Webpage

<https://www.nurse.org.nz/npnz-nurse-practitioners-nz.html>

The website contains resources relevant to Nurse Practitioners/Mātanga Tapuhi , NP Interns and Supervisors. There is a members only forum where you can post topics for discussion with other members, you can access it by following the below link and logging in. <https://www.nurse.org.nz/login.html?return=%2Fnpnz-forum-only.html>

Our webpage is in the process of being upgraded (2021).

Membership

Free when subscribed as a CNA member <https://www.nurse.org.nz/membership.html>

If working as an NP in NZ we highly encourage you to join if you have not already.

Mission

NPNZ is an organisation that provides a collective voice to advance NP Practice and enable high quality integrated and accessible healthcare throughout New Zealand.

Values

- Excellence in health through service delivery, research and policy
- Provide better, sooner, more convenient care
- Honest and respectful partnerships
- Nurse Practitioner/Mātanga Tapuhi leadership for New Zealand Nurse Practitioners
- The Treaty of Waitangi is the foundation for Nurse Practitioner/Mātanga Tapuhi practice

Aims

- Promote excellence in advanced clinical nursing through practice, education and research
- Enhance capacity of the Nurse Practitioner/Mātanga Tapuhi practice in New Zealand
- Provide Nurse Practitioner/Mātanga Tapuhi leadership for legislation, regulation and policy development
- Provide resource and consultation for healthcare practice in New Zealand
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Office of the Chief Nurse, MOH

<https://www.health.govt.nz/our-work/nursing/nursing-leadership/chief-nursing-officer/office-chief-nurse>

Margareth Broodkoorn, Chief Nursing Officer, MoH and her team of Nursing Advisors are very happy to assist NPs facing barriers to practice and want to hear from you - as does NPNZ. We are constantly working to address barriers other issues that NP's face, including IT and workforce development.

Chief Advisor Jane Bodkin holds the NP portfolio in the OCN

Email: Jane_Bodkin@moh.govt.nz

Off work certificates

Holidays Act 2003 (MBIE)

Nurse Practitioners/Mātanga Tapuhi are now able to certify proof of sickness or injury. Omnibus bill passed– 21 Mar 2017, enacted 31st Jan 2018.

Tip

If it is an ACC M45 off work certificate is including as part of the claim, or an ACC ARC 18 certificate.

Pay scales for NPs

Most NP's will be on the **equivalent of the Grade 8 of the Senior Nurses scale in the NZNO DHB MECA**, if they are starting at the lower end of the senior nurse salary (as per DHB MECA) ensure there are stated time periods to review the salary and agree on a procedure to review proof of effectiveness etc. For DHB NPs it is an annual increment up to 4 steps. NZNO are negotiating in this current MECA (2021) to have Nurse Practitioners/Mātanga Tapuhi removed from the senior nurse scale and have their own separate scale (at the same pay rate) to create clarity around NP pay scales.

As a new Nurse Practitioner/Mātanga Tapuhi YOU need support to face lots of new challenges to your practice and challenges in embedding a new role/ model of care, try to connect with other NPs in similar roles before you sign a contract.

Tip

If you are looking at an individual contract with a private provider NPNZ would also recommend some pitfalls to avoid;

- Adequate Annual Leave (up to 6wks),
- Study leave to cover the 40hrs a year professional development a year that Nursing Council New Zealand require
- Professional development budget of at least \$5-6 thousand
- Reimbursement of fee for the Annual Practicing Certificate and one set of professional fees, ideally one that will provide indemnity insurance.
- Paid clinical supervision monthly, is also very advisable
- Take it home and get advice Before you sign anything
- Note few PHC providers are part of the PHC MECA

Prescribing

From 1 July 2014, the Medicines Amendment Act 2013 and Misuse of Drugs Amendment Regulations 2014 came into effect. The change allowed NPs to be **'Authorised Prescribers'** within their field of practice i.e. PHC, youth health, or older persons care. NPs are no longer limited to the list of drugs originally approved for NP use as 'Delegated Prescribers'. ***NPNZ and Office of Chief Nurse successfully lobbied change.***

As a new Prescriber

It is recommended you introduce yourself in person or by letter (if in a large centre) to the Pharmacies your patients are most likely to present your scripts to, it familiarises the Pharmacy with developing NP practice and is good for relationship building.

Medsafe regularly provides Prescriber Updates and other information on their website, and offers a service where practitioners can sign up for email information and alerts through the links below:

- Medsafe <http://www.medsafe.govt.nz>
- Prescriber Update and the Early Warning System <http://www.medsafe.govt.nz/profs/subscribe.asp>

NZ ePrescription Service

<https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/emedicines/new-zealand-eprescription-service/setting-and-using-nzepps>

Enables a prescription to be generated by the prescriber, transmitted to the NZePS health information exchange broker, and downloaded electronically at a community pharmacy. The prescriber can note the reason for prescribing and make other comments at the time of prescribing. The 'Getting Started' guide is written for general practices and pharmacies to enable a smooth transition to NZePS; the guide includes:

- NZePS controlled drugs – approval process, conditions and requirements
- Support a clinical walkthrough at the practice of core NZePS functionality
- Guide the practice administrator in incident prevention and efficient incident handling
- Guide the practice's IT technical support in ensuring NZePS technical requirements are met, and in efficient incident handling.

The Medicines Act 1981 (Health)

Enables Nurse Practitioners/Mātanga Tapuhi to supervise designated prescribers; Omnibus bill passed– Mar 2017, enacted 31st Jan 2018.

Misuse of Drugs Act 1975 (Health)

Allows Nurse Practitioners/Mātanga Tapuhi, registered nurses working in addiction services and pharmacist prescribers to prescribe controlled drugs for the purposes of treating addiction. Omnibus bill passed– Mar 2017, enacted 31st Jan 2018.

Prescribing controlled drugs in treatment (Section 24A of MODA)

The document 'Prescribing Controlled Drugs in Addiction Treatment: Section 24 Misuse of Drugs Act 19754' has been integrated into section 12 of the OST guidelines 2014. It should be read alongside these guidelines and other relevant best-practice guidance. Section 24A of MODA governs the prescribing of controlled drugs to treat dependence to controlled drugs. There are two pathways of prescribing as described below:

Health practitioners working in a Specified Place

The legislation does not restrict the period of authorisation of a health practitioner working at a Specified Place (Pathway One). In practice, however, the lead clinician should review the approval of the authorisation regularly in line

with the guidelines. This regular review should involve assessing the practitioner's professional development, including continuing education and participation in appropriate clinical networks.

A Nurse Practitioner/Mātanga Tapuhi, designated prescriber nurse or designated prescriber pharmacist should, as a minimum, meet all of the criteria outlined in section 10.2: Workforce training and professional development of the OST guidelines 2014.

Health practitioners working in primary care

In accordance with the OST guidelines 2014, health practitioners accepting transfer of a client from a specialist service to primary care can continue to prescribe controlled drugs to treat the client's addiction with the authority of the lead clinician or an approved medical practitioner working in the service (Pathway Two).

Controlled drugs

Opiates or other drugs of addiction (class C drugs), can be supplied for the maximum of ONE MONTHS supply in line with GP prescribing practice. Need to be done on **MOH Controlled Drug Supply form H572 (triplicate copy)** an ordinary prescription will not be accepted by a pharmacy. All three copies must be presented to a pharmacy for dispensing.

The number of the script, patient's name and drug dosage and amount scripted with the prescriber's name and signature must be recorded in a controlled drug book which is to be kept in a double locked safe/ space along with any unused script pads. The prescriber (NP) is accountable to keep this standard and can be audited at any time.

Tip

Keep a record of the CD script # and details of the prescription on the prescription tab within your PMS records

For a small amount of controlled drugs oral or injectable stock (i.e. Morphine), to have to hand for PRN use, complete the in triplicate controlled Medication form and present all three copies must be presented to the dispensing pharmacy. Any medication stock of this nature is to be managed as explained above for safety, transparency and auditing purposes.

Nurse Practitioner/Mātanga Tapuhi Supply Order

For limited stock supply of non-controlled medication and medical appliances (HCG, child/adult Spacers, low / high range peak flow meters, blood glucose test strips) to provide urgent one-off dispensing. Rural NPs are entitled to order a much wider range of Rxs than urban NPs.

Supplies of these forms may be obtained from Wickliffe Ltd, telephone 0800 259 138, and quote reorder no. 74169 Use the same MOH pre-printed Green Practitioner Supply Order Forms No# 74169. The rules regarding the care of these forms is the same as the controlled drug forms and it is your responsibility to ensure that they are accounted for if in your possession.

Standing Orders

The Medicines (Standing Order) Amendment Regulations 2016

Extended the definition of who are permitted to issue standing orders to include optometrists and Nurse Practitioners/Mātanga Tapuhi .

Nurse Practitioners/Mātanga Tapuhi can issue standing orders and must comply with the regulatory requirements for monitoring and audit of the standing orders they issue ([Standing Order Guidelines 2016, Ministry of Health](#)). NPs are able to supervise designated prescribers (such as authorised registered nurse prescribers or RN prescriber candidates). MOH lobbied by NPNZ to change currently standing legislation regarding standing orders. Omnibus bill passed— Mar 2017, enacted 31st Jan 2018.

Special Authority (SA) Applications

The medications listed for SA are always changing at any given point according to funding schedules decided by Pharmac - particularly so with supply changes created by Covid 19 [some have been Waivered], and the medications listed which NPs can initially apply for on behalf of their patients is somewhat limited in comparison to a Vocationally Registered GP or Specialist.

Some drugs SA's may be renewed by an NP although they must be initially applied for by a specialist. There are other drugs including some nutritional supplements, may only be applied for at any stage by a vocationally registered GP/ Specialist or Dietician.

All SA treatments are required to meet certain pre-set criteria to gain approval.

SA can be accessed by either electronic application with a 3 minute turn around response inbox within electronic PMS, or by faxing a completed hand written form and faxing it to 0800 505 125 approval can take several weeks using this method.

Increasingly electronic PMS are geared to process NZNC registration numbers through the same portals that accept NZMC colleagues can use for an instant response of acceptance/ decline of SA applications. SA application process in MedTech is available for those using MedTech at the March 2015 upgrade- just follow the notes they send out and it will be good to go

Tip

This option requires accessing a Digi-Cert (proof from your DHB Manager and Clinical Director that you are able to hold such responsibility on behalf of your employer)

Contact the Online Helpdesk on 0800 505 125 or,
Email: onlinehelpdesk@moh.govt.nz regards Electronic Special Authority.

In order to send you the required application forms, you need to provide the following details:

- Pharmacy, Hospital, Practice Name
- Address
- Nurses Council Number
- Practice Management Software at your practice i.e. MedTech, Next Generation

Once you have gained the Digi –Cert, contact your IT dept to load it onto your computer system. Once loaded, a NP can directly access Pharmac SA's online through a special portal. Unfortunately, the portal does not link directly back into your PMS.

Once SA has been granted you as the prescriber will be required to write the CHEM no and expiry date on the prescription for the said SA medication. Pharmacy will not dispense without this. The HPCA can audit your records at any time if there is any question relating to your delivery of care. ***NPNZ are lobbying MOH and Pharmac for changes to enable NPs to be equitable prescribers of SA drugs as per Vocational GP lists– March 2017***

Tip

If you do not know the SA no and expiry date for any medication a patient is already on, phone the patient's pharmacy to ask for it.

Download the latest SA forms here:

<https://www.pharmac.govt.nz/wwwtrs/SAForms.php>

These documents are part of your patient's medical file. If applied for electronically they automatically enter the patient's inbox. Scan and copy hand written forms into electronic records or, copy and paste SA approval/ decline into the Inbox of your patient's PMS.

Professional Membership

College of Nurses Aotearoa (Headed by Prof. Jenny Carryer)

<https://www.nurse.org.nz/membership.html>

Benefits of membership

- Belonging to an organization which is bicultural in its structure and organisation
- Receiving up to \$1million indemnity insurance in New Zealand (Not applicable for Retired members)
- Automatic subscription to the journal Nursing Praxis in New Zealand published three times a year
- Receipt of Te Puawai, the College's professional publication also published twice a year
- Subscription to Nursing Review (bi-monthly APN publication)
- Belonging to an organisation whose focus is on the professional issues of nursing and on the health of our communities
- Contributing to an organisation with significant influence on health policy decision making at the national level
- Involvement with a dynamic network of professional nurses committed to high standards of nursing practice
- Opportunities to contribute to relevant submissions
- Online specialty network forums
- Weekly online or email NZ and International News Bulletin with items specifically selected for our members areas of interest

Additional benefits of being a fellow: Recognition as a leader in your specific field of nursing. Use of FCNA(NZ) after your name.

Te Ao Māramatanga New Zealand College of Mental Health Nursing

<https://www.nzcmhn.org.nz/>

The professional body for practising mental health nurses in New Zealand. "Partnership, Voice, Excellence in Mental Health Nursing". By joining the College you will receive collegial support and access to current information that will be useful to you in your practice.

Benefits of membership

- A subscription to the online publication of the International Journal of Mental Health Nurses (present and past issues available via the members' area of the College website)
- Access to the membership section of this website
- Regular newsletters
- Access to College scholarships

Represent	The professional interests of psychiatric and/or mental health nurses in Aotearoa New Zealand and those enrolled nurses who work in mental health setting in Aotearoa New Zealand
Promote	And develop the identity of psychiatric/mental health nurses as specialists working in a clinical speciality field via representation and liaison
Obtain	Recognition of the professional status of psychiatric/mental health nurses and to promote public awareness of mental health nursing
Advance	The educational and clinical expertise of members
Promote	Encompass the three articles of the Treaty of Waitangi and the principles of Kawa Whakaruruhau
Approve	National standards of practice taking into account the unique cultural, social and political conditions existing in Aotearoa New Zealand to guide members in their professional practice
Develop	And support research which may benefit the community and the profession
Promote	Clinical career pathways within the clinical speciality field
Promote	Role of those members
Form	Links with other health professional bodies in Aotearoa New Zealand and internationally

NZNO (Headed by Memo Musa)

<https://www.nzno.org.nz>

Benefits of membership

- Professional and industrial support
- Indemnity insurance
- Legal support
- A wide range of scholarships and grants
- A specialist health library, and
- Lots of member benefits like discounts on travel and accommodation.
- If you work part time in the health sector, you'll only need to pay the reduced subscription rate that applies to caregivers and health care assistants.

Publicity

Inform both your colleagues and the public if you are a new NP, or your role is a new one. Even though NPs have been around for nearly 20yrs in NZ many people both colleagues and the public have never experienced working with one, so give them the chance to read the low down on what is an NP before they come in for their appointment or prior to their care in a department. Take the opportunity to be interviewed, present at conference or publish your study to promote the work of NPs in NZ and afar.

Tip

Make a laminated flyer to leave at reception counter or place on the wall such as the simple example below.



Radiology

DHB based

Although NPs are in theory entitled to order radiological investigations to diagnose or rule out conditions, in reality the Head Radiologist for each DHB gate keeps this as it is on their say so as to whom is approved to order in any particular DHB ([See Radiology letter, March 2009](#))

NP ordering of Ultrasound and CT

This is becoming far more accessible, e.g.; for specific scopes e.g. Urology/ PHC NP ordering Renal Ultrasound, or an Older Persons/ PHC NP ordering a CT scan for dementia diagnosis. Although may remain dependent on DHB contracts.

DHB protocols do vary, however, **NPs cannot order publicly funded Ante-natal Ultrasound scans for TOP referrals or urgent Ante Natal care** as the funding for these investigations are tied up with Section 88 funding to which an NP is unable to access [unless you happen to hold dual certificate of Midwife / Lead Maternity Carer as well].

Tip

A pelvic USS for Gynaecological investigation or lower quadrant abdominal pain is permissible and may rule out an Ectopic pregnancy.

MRI ordering is generally not accessible by NPs or GPs

They are generally considered 'specialist only' to rationalise use/ expenditure however, it is acknowledged that some DHBs allow niche specialist field NPs to enable MRI ordering with consultant support. ***NPNZ are lobbying the MOH Chief Nurse for change to this ruling to gain same access as GP colleagues and for a NZ wide agreement for equity to access across all DHBs.***

Radiology Private

There is far greater acceptance by Private Radiology Services for NP ordering examinations as the patient pays in full or partially relating to ACC injuries including ultrasound and plain films.

An NP can privately order a scan for dates as it is the patient who is paying for this service.

Tip

NPs can recommend mammography for national breast screening purposes and refer for diagnostic mammogram/ breast ultrasound via DHB pathways. If your patient is willing to pay for a private radiology appointment there seems not to be the same issue.

Residential Aged Care

Competency Assessment

See below webpage for information on mental capacity and toolkit for assessing capacity:

<http://www.alisonouglass.co.nz/>

EPOA

An enduring power of attorney (EPOA) is a legal document which sets out who can take care of your personal or financial matters if you can't. That person is called your attorney. You can set up an enduring power of attorney through a lawyer or trustee corporation. You don't need to go through the Family Court to set it up but the Family Court gets involved if any issues need to be sorted out:

<https://www.justice.govt.nz/family/powers-to-make-decisions/the-court-and-enduring-power-of-attorney-epa/>

The forms needed to use to set up an enduring power of attorney for matters relating to your personal care and welfare, and financial matters (property), are below:

<https://www.justice.govt.nz/assets/Documents/Forms/epa-in-relation-to-personal-care-and-welfare.docx>

<https://www.justice.govt.nz/assets/Documents/Publications/standard-explanation-epa-personal-care-and-welfare.pdf>

<https://www.justice.govt.nz/assets/Documents/Forms/epa-in-relation-to-property-v2.docx>

<https://www.justice.govt.nz/assets/Documents/Publications/standard-explanation-epa-property.pdf>

IMPORTANT: Due to the current COVID-19 situation, the [process for signing and witnessing EPAs has changed](#)

Tip

The Ministry of Social Development has more information about how an enduring power of attorney works and how to get one: [Ministry of Social Development website](#)

Funding and contracting

What are the criteria for entry into residential care?

People can enter residential care of their own accord without having a needs assessment by a DHB or DHB Needs Assessment Service Co-ordination agency (NASC), but as a consequence they are personally liable to pay the full cost of their care: <https://www.health.govt.nz/.../residential-care-questions-and-answers>

Work and Income

Children, Young Persons, and Their Families Act 1989 (MSD)

Health practitioners will be able to carry out medical examinations ordered by the court when considering whether children or young people have been abused, if the court considers that these health practitioners are qualified for that purpose. In addition, a social worker will be able to ask for medical examinations to be completed by health practitioners qualified for that purpose.

Holidays Act 2003

Health practitioners are now able to certify proof of sickness or injury including suitably qualified registered nurses, if their employer and the Nursing Council of New Zealand recognise that they are competent and safe to do so. NPs can as of Nov 2018 complete and sign off Work and Income's certifications:

- 'Work Capacity Certificate'
- 'Child Disability Allowance'
- 'Adult Disability Allowance'
- 'Dependent Persons Benefit'
- 'Supported Living Allowance' (nee Invalids benefit) under the Social Security Act 1964.

An NP can now also apply for funding to complete Designated Dr certifications. NPNZ actively lobbied for change for many years and MSD legislation was amended in 2018 to meet the provisions set out in the Omnibus Bill of 2016.