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Current discourse

- The tsunami of need
- The burning platform of primary health care



Increasing marginalisation. Concern for child poverty



Beneficiary despair



Investing in Health

- Prof Martin McKee (August 2014) speaking to treasury noted that evidence showed there could be a 'virtuous circle', where investing in health improved the economy, which then allowed reinvestment in health.
- The title of our guiding document for PHC nurse development in 2003!!

- We cannot afford to ignore marginalisation, poverty and despair.
- Besides being morally unacceptable, it will be to our longer term economic peril
- In this regard Prof McKee was also critical of the NZ business model of General Practice as being counter productive to the goals of PHC.

- Regardless of philosophical beliefs about the models of care delivery there are some compelling concerns confronting us

Nursing workforce

- The BERL(2014) report noted the need for an increase in nurse graduates if we are to sustain sufficient nursing numbers.
- But issues of retention, graduate employment, immigration and full utilisation are all well known to you as a vital part of the mix.
- With good management and attention nursing is a large, widely deployed and sustainable workforce with untapped potential

Medical workforce

- *Senior doctors warn public waiting lists will lengthen and hospitals could become unsafe if a chronic shortage of specialists is not urgently addressed. The Association of Salaried Medical Specialists says the shortage will swell to 670 full-time positions in the next seven years.*
- <http://www.radionz.co.nz/news/national/251839/warning-of-looming-specialist-shortage>

- *Dr Malloy says in this week's GP Pulse it is estimated 81 per cent of GPs are aged over 45, 45 per cent are aged over 55 and 40 per cent of GPs want to retire in the next decade (NZ Doctor, May 21 2014).*

Nursing = Workforce potential

- Important to consider all nurses as holding untapped potential for utilisation
- NPs are perhaps the most glaring example where we have wasted much precious time trying to sort the extremely obvious

Toxic mix for NP establishment

- Real barriers embedded in legislation (and seemingly in concrete as well!!)
- Covert resistance from medical practitioners
- General ignorance re labs, radiology etc and extremely slow recognition that funding streams can be harnessed for NP services
- General ignorance about the role potential
- Ministry could have provided more directive leadership ..ignorance supported

Persisting ignorance

- If we employ NPs in our practice can they claim capitation? (2014)
- Can NPs enrol patients? (2014)
- Scene for this ignorance was set in 2002 when we undertook the road shows
- Pamphlets released today to try and help.....

- The definition of a General Practice team as requiring a GP has been perhaps the worst example of creating a new barrier this year



- Definition was based on the notion that a NP cannot deliver all of the same services as safely as a GP in front line PHC
- I proposed a moot for J of Primary Health Care (back to back series)
- Moot “NPs can deliver front line primary care services as safely as GPs”
- No takers for the NO!!!! Despite wide searching

Real sense of emergence and hope in 2014



FAQ (in 2014)

- “So where **are** all these NPs; we have been trying for weeks to find one for our practice.”



- Strong Chief Nurses Office with more staff to watch over Ministry policy
- Increasing discourse about unmet need
- Some key resisters have begun to come onboard
- Launch of nursing pipeline work from NNO and HWNZ



- A willingness from the MoH under the guidance of the CNO to address the barriers
- Forthcoming workshop on September 29th



Critical moment



- As I have argued previously in this forum it is not in the interests of the people who are currently missing out, for us to simply shore up the current model of primary care service delivery and the current heavy reliance on GPs
- Yet despite glaring and long term evidence to the contrary our country continues to do just that
- Where will we stand on that issue?

Where the
magic happens

Your
comfort
zone



Focused rather than floating

- Accept that not all NPs will make the same choices about practice location and nature
- Vigorously support those that are able and willing to step outside their comfort zone and forge new boundaries
- Remain tightly focused on aligning our practice with community and patient need

In a challenging environment

- Become better and better at talking to and with each other.
- Keep each other briefed.....both ways
- Develop trust, trust and more trust; of each others intentions, ability and integrity
- Recognise the still pioneering nature of the role.
- Many new NPs are working in incredibly difficult and damaging environments; they need our support

- The end goal for all of us in NP development is impeccable clinical care delivered in a way that genuinely improves access , appropriateness and ensures the comfort and safety of those for whom we care.
- I look forward to the day when **all** we need to talk about at conferences is clinical evidence and innovation.

‘Good leaders go where there is no path
and leave a trail ‘

- MacMurray , A. (2007). Leadership in primary health care: An international perspective. *Contemporary Nurse*, 26(1), 30-36.