

Summary of NPNZ 2012 & 2014 survey comparison

***= area of concern

Research practicing NP's in NZ by online survey to:

Capture employment, geographical spread, role & practice habits

Track development of practice & scopes in response to reduction of barriers to practice

2012 = 76% (n76 of 100) NZ NP's

2014 = 70% (n91 of 129) NZ NP's... missing 30% how do we find them?***

- 1/3 are situated in Auckland
- X3 unemployed as NPs, but willing to be.
- Growth in numbers both years had new NP's 18.7% & 15.7 % respectively
- Staying in the job 68% have 3-8yrs+ experience as NP,
- **Some movement to more regional areas, every DHB region now has NP*** .**
- 60% NPs employed by DHBs
- PHC area of practice is biggest growth for NPs.
- Electronic PMS majority use Medtech 32, followed by Concerto & Roers (in that order)
- Only 9% not Rxing -All intending to be prescribers by end of 2014 (21% were NOT Rxing in 2012)
- Greater access to care by pts for lab investigations from 6.8% down to 2.2% NOT ordering labs at all. 10% increase in daily lab ordering by NPs. Private lab use down by 7%. Biochem bloods ordered by 99% NPs / Microbiology by up to 90% NPs
- **Few can order Histology & are limited to smears mostly *****
- Greater access to care by pts for radiology investigations 22% increase in daily ordering by NPs. Drop from 25% to 9% of NPs NOT ordering radiology at all.
- 90% NPs order plain films, inequity of access rights/ variance across DHBs
- 4% growth in private radiology ordering
- **Very limited USS access through DHB *** (Big issue for 1st trim AN care in PHC)**
- Very Few can order CT only 12% (mostly aged care)
- Very few NPs dissatisfied with role 95% feel working at top of scope
- 80% > 91% NPs feel work environment mostly or fully supplies necessary resources & support for role.
- **On top of clinical workload NPs are doing a lot of additional work teaching 96%, mentoring 85% , presenting 76% *** & Other (NP panels, journals, MOH working groups, international presentations)**
- **Almost 90% NPs receive funding for PD (in part or full). 2014 = 10% drop in conference registration , Research & further study receiving least \$\$*****
- **25% of NPs no longer funded for non clinical time *****
- **11% drop of non clinical hours for those who had it in 2012. *****
- **More than half of NPs present or teach in their own time*****
- 1.6% drop in pilot positions for NP s (increased confidence by employers?)

Concerns :

High needs DHBs have fewest NPs ie Tairāwhiti/Northland/BOP/ Taranaki/ West Coast

Inconsistencies of Radiology ordering capabilities, particularly in PHC - USS access for 1st Tri care/TOP

Inability to order Histology is limiting to practice, particularly in PHC, limits early intervention in diag & treatment of skin lesions

Inequity in PD funding across NZ, & less PD funding, requirements for upskilling & keeping up to date is expensive & requires non clinical time

NPs doing much of the non clinical domains in their own unpaid time shows enthusiasm & grandparenting/mentoring of advancing nursing practice & prospective NPs but at massive burn out potential

Other concerns not captured on survey

- **Disability Allowance sign off**
- **ACC requesting extra info (request signage as medical officer although written to NP who saw the pt)**
- **Private Medical insurance claiming ? NP recognition/ ability**