

FIRST REPORT:
**Nurse Practitioner Employment and
Development Working Party**

May 2006

Executive summary

This is the first of three reports required under the Working Party's Terms of Reference.

The Working Party's view is that the Nurse Practitioner role is a key component of the health and disability service workforce of the future; and has the potential to

- help improve health status, reduce health inequalities and reduce the national burden of chronic disease;
- help to make real the NZ Disability Strategy's vision of a non-disabling society;
- enhance the opportunities people have for community participation, education and employment.

However, development has stalled and the service delivery environment in which the Nurse Practitioner carries out their role will need to change in significant ways in order for Nurse Practitioners to be able to function as intended and in increasing numbers.

This Report

- explains the development of the Nurse Practitioner role to date;
- identifies the key barriers to progress; and
- presents a Strategic Plan for 2006/7.

The two key strategies are the Champions programme and the Demonstration/Pilot Employment Models. The Champions would work with organisations to inspire decision makers and identify populations whose health needs would benefit from having Nurse Practitioner services. The Demonstration/Pilot Employment Models would provide working examples and help to convey key messages about the role and its potential.

Recommendations

The Working Party recommends that:

1. The Working Party's Strategic Plan is approved.
2. The proposed budget is approved, being
 - the remainder of the \$200,000 from the Innovations Fund to be reserved by June 2006 to support the Working Party for the 2006 year;

- \$300,000 to support employment opportunities for Nurse Practitioners; and
3. The Minister considers granting further funding for 2006/7 and 2007/8 to ensure that the Strategic Plan can be implemented in its entirety and evaluated during 2006, and into 2007.

Background

The Minister of Health was first briefed on Nurse Practitioner Employment and Development in June 2005 (Ref No 20058248). That Briefing commented on the paper¹ received by the Minister from the Nurse Practitioner Advisory Committee. At that time, the Ministry expressed the belief that promotion of the Nurse Practitioner role was required and that “Nurse Practitioners require advocates to increase clinician as well as Funding and Planning buy-in within District Health Boards”. The Minister commented that the paper made no real attempt to progress the role and sought:

1. commitment to progressing Nurse Practitioners in the workforce; and
2. an innovative approach led by the Ministry.

The next Briefing was in September 2005 (Ref No 20058781). In response, the Minister of Health agreed to allocate \$200,000 from the Innovations Fund to establish a Working Party for the 2006 year to address sustainable employment opportunities for Nurse Practitioners, and a further \$300,000 was to be allocated to support opportunities for Nurse Practitioners to be employed.

Basing their work programme on the Terms of Reference, the Working Party’s outputs for the 2006 year will be:

- a Report to the Ministry of Health (this Report) including a budget and proposals for expenditure to develop employment opportunities for Nurse Practitioners;
- an interim report, due in June 2006, that builds on this initial Report by
 - identifying structured pathways for Nurse Practitioner development;
 - aligning those pathways to
 - District Health Board plans for population health gain and reducing health inequalities; and
 - disability service needs;
 - describing in detail the expectations of a Champions Programme and a range of Demonstration/Pilot Employment Models designed to
 - promote the role of Nurse Practitioner; and
 - show how barriers to Nurse Practitioner utilisation may be minimised or removed;

¹ Carryer, J and Hughes, F: Nurse Practitioners: The Next Step – creating sustainable development and employment opportunities. The Nurse Practitioner Advisory Committee of New Zealand, 2005

- setting out further details of strategic options for the promotion of the Nurse Practitioner role, once it is clear how much if any further funding is available from the Minister of Health and/or new partnership arrangements;
- a final report to the Ministry of Health, due in December 2006, including findings and conclusions.

Following a sector-wide consultation day in February and four Working Party meetings, the Working Party now submits this, the first Report required under the Terms of Reference.

Context

This section briefly explains how the role of the Nurse Practitioner has developed to date and sets out what is required of a person who wishes to register as a Nurse Practitioner.

The Nursing Council will register nurses to be Nurse Practitioners when they have

- a clinically focused master's degree or equivalent;
- met Nursing Council assessment criteria and competencies;
- four to five years' experience at an advanced level in a specific scope of practice².

Nurse Practitioners have the most advanced level of clinical nursing practice and are envisaged in several models of practice:

- nurse consultancy e.g. wound care, mental health, aged care; disability services;
- direct delivery of services e.g. Whanau/family practice;
- Nurse Practitioner specialist clinics³ ;
- -integrated teams where the Nurse Practitioner follows people regardless of service location e.g. across the primary/secondary interface; and
- collaborative acute care in the tertiary setting, e.g. neonatal, high dependency.

The Nurse Practitioner role is aimed at improving access to care, removing barriers, ensuring a holistic approach to health and disability service provision, improving the health of populations and reducing inequalities. The role ideally spans the boundaries not only of health and disability service delivery but also

² Ministry of Health: Nurse Practitioners in New Zealand. 2002, p.4

³ Hughes, F and Carryer J: Nurse Practitioners in New Zealand. Ministry of Health 2002

the boundaries of service provision across a variety of other Government and Non-Government agencies.

Currently there are 21 registered Nurse Practitioners in New Zealand, five of whom have prescribing rights⁴. Fourteen Nurse Practitioners are in positions which are primarily within District Health Board provider arm services⁵. In view of the seven registered Nurse Practitioners who do not currently hold positions, it is clear that there needs to be a co-ordinated effort by employing bodies, Directors of Nursing and the potential Nurse Practitioners to undertake development work together.

Budget:

By June 2006

The remainder⁶ of the \$200,000 from the Innovations Fund will be used to support the Working Party to continue to address sustainable employment opportunities for Nurse Practitioners. This funding will be set aside to enable the Working Party to continue to perform its function until December 2006.⁷ If there is any funding left from that budget, it will be used to support employment opportunities for Nurse Practitioners.

In the 2006/7 year

- (1) \$300,000 will be spent in two ways:
1. \$150,000 on a Champions Programme⁸ in which a Champion or Champions will work to promote the role of Nurse Practitioner across District Health Boards, Primary Health Organisations, potential partner agencies (Government and Non-Government) and amongst consumer groups; and
 2. \$150,000 on a range of Demonstration/Pilot Employment Models which will each receive top-up funding of the order of \$20,000 to \$50,000.

These two key strategies, from a plan that includes six strategies in total, are key to the development of the Nurse Practitioner role. The Champions would work with organisations to inspire decision makers and identify populations whose health needs would benefit from having Nurse Practitioner services. The Demonstration/Pilot Employment

⁴ The Medicines Designates Prescriber: Nurse Practitioners Regulations 2005 and the Misuse of Drugs Amendments Regulations 2005 were passed on 12 Sept 2005. The first NPs to meet the requirements for prescribing were registered by NCNZ at the end of 2005

⁵ 2 are in Northland (Whanau Ora and High Dependency services), 1 in Auckland (Aged Care), 3 in Hamilton (Mental Health, Neonatal Care and Wound Care), 1 in Opotiki (Maori Health), 2 in the Hawkes Bay District Health Board (Adult Urology and Wound Care), 4 in Palmerston North (Diabetes Across Age Span, Adult Respiratory Care, Pain Management and Wound Care) and 1 in Dunedin (Mental Health/Intellectual Disability)

⁶ \$108,0000 at 20 April (to be confirmed)

⁷ It is proposed that any money not spent by June 2006 will be held under a Crown Funding Agreement by a non-Ministry body such as a District Health Board, to enable the Working Party to complete its tasks by December 2006, within the agreed budget.

⁸ The Champion(s) are envisaged as individual(s) highly trained in aspects of the Nurse Practitioner role. They may be Managers, General Practitioners, Pharmacists, representatives of the Mental Health Commission, consumer advocates or disability advocates. They are able to inspire decision makers and market the role's potential to improve health status and reduce disparities.

Models would provide working examples and help to convey key messages about the role and its potential.

Evaluation (self-review and external evaluation) of the Champions Programme and the Demonstration/Pilot Employment Models is to be included in the budgets for those programmes.

Detailed budgets will need to be prepared for the June Report, and once the figures are known, the current 50/50 split may change, so that Champions may, for example, receive \$200,000 and Demonstration/Pilot Employment Models \$100,000.

- (2) If additional funding is available from Vote Health, it will be used to support additional Demonstration/Pilot Employment Models and workforce development⁹, including recruitment of Nurse Practitioners from the USA to
- hold places;
 - provide exemplars of Nurse Practitioner practice; and
 - show how such roles can be supported in the medium term.

Barriers to Nurse Practitioner development:

In considering the development of the role of Nurse Practitioner in the health and disability service delivery environment to date, the Working Party has identified five key barriers from a range of inhibiting factors:

- 1 The funding, purchasing and contracting environment is hampering appropriate workforce development:**
The current contractual model perpetuates the inflexibility in the funding and purchasing environment around Primary Health Care and most District Health Boards have flagged the need for more flexible ways of delivering services¹⁰.
- 2 Structural problems are limiting the development of the Nurse Practitioner role:**
The current health and disability service delivery environment does not, in most situations, foster the development of the Nurse Practitioner role.

In particular:

- a. although Nurse Practitioners have been identified in several Ministry of Health policies and strategies as a key vehicle to deliver on health and disability service goals, the development to date has been around individuals, rather than around the services or environments in which they can deliver their practice.

⁹ The Working Party is aligning its workforce development strategies to those of DHBNZ.

¹⁰ The requirement for only General Practitioners to carry out three monthly assessments¹⁰ is in itself a major limiting factor for Nurse Practitioners.

This needs to change so that the role is perceived to be of value in a variety of boundary spanning situations;

- b. while District Health Boards (funder and provider arms) are responsible for integrated population-based approaches to health and disability service provision, there is a need for more examples of integrated workforce approaches which are led by, or include, Nurse Practitioners; and
- c. the current District Health Board funded workforce (both primary, secondary and tertiary) is structured around existing workforce configurations and is defined by existing funding streams and contracting mechanisms. This has created organisational barriers to developing new roles and models of delivery. Currently, Nurse Practitioner positions have to come out of existing nursing budgets but would be better to be configured out of total workforce budgets.

3 There are legislative barriers to the development of the role of Nurse Practitioner

A scan in 2002 identified 63 pieces of legislation containing references to medical practitioners.

Legislation imposes many restrictions to the development of the Nurse Practitioner role and the benefits that would accrue as a result of that development. Examples are legislation which

- o restricts medical examinations, mental health assessments and general health assessments to medical practitioners;
- o covers off-work certificates (predictive) and sickness certificates (retrospective);
- o allows General Practitioners to be paid more than Nurse Practitioners by ACC; and
- o allows nurses to provide death certificates only in time of disaster such as response to a pandemic.

4 There are training and development barriers:

There is no designated national funding for Nurse Practitioner training. Further detailed work needs to be done in this area and the Working Party notes that:

- 1 It should be possible for District Health Boards to support and facilitate training and development for Nurse Practitioners in a nationally consistent way.
- 2 The Clinical Training Agency does not currently support funding for the training of Nurse Practitioners for the future, and the

Working Party suggests that one costing example that could be applied is the one used for psychiatric registrar training.¹¹.

- 3 The under-graduate and post-graduate nursing curriculum needs to include papers that contribute to an understanding of the NZ Disability Strategy. The Working Party notes that
 - o appropriate clinical or specialist papers, including disability service papers, need to be accessed at some location in the country; and
 - o Nurse Practitioner practice needs to be integrated into any courses funded by the Disability Services or Mental Health Directorates.

5 There are barriers caused by a lack of understanding:

- a. in the disability sector of the role, there is lack of understanding of the benefits of nurses and Nurse Practitioners¹²;
- b. among nurses themselves and the public, as well as in the health, disability and non government sectors, there is a lack of understanding of what being a Nurse Practitioner means.

The thinking and discussing the Working Party has carried out, together with looking for examples of strategies that have been successful in other countries at similar stages of Nurse Practitioner development, have led to the development of the following strategic plan to address the barriers.

Strategic Plan

Strategy	Contribution of Ministry of Health	Contribution of partner agency
1. Instigate from 1 July 2006 a Nurse Practitioner Champions Programme to create a positive profile of the role and investigate new opportunities for Nurse Practitioners to be employed, in a range of situations in which they can reduce health inequalities and improve the health status of communities. Champions	\$150,000	To be discussed with potential partner agencies. Note: The number Champions, their location and the extent of national coverage by Champions is to be agreed on for the June Report. Their capacity to influence DHB decision makers

¹¹ For psychiatric registrar training, the CTA fund approximately 160 FTE positions at varying rates depending on the year, at three levels: Basic Year 1 \$55,000 per FTE per year, Basic Years 2 and 3 \$46,000 per FTE year, Advanced \$35,000 per FTE year (Source: Carryer J and Hughes F : The Next Step – creating sustainable development and employment opportunities. The Nurse Practitioner Advisory Committee of New Zealand, 2005)

¹² There is a perception among the disability sector that nurses are essentially clinical and their model of service is inappropriate for people with disabilities.

are to be incentivised to self-review ¹³ .		will be crucial to their success.
2. Identify and top up a range of Demonstration/Pilot Employment Models to run for a year, commencing 1 July 2006, with self-review and external evaluation to run concurrently.	\$20,000 - \$50,000 for each top up, for an increase to salary and operating costs	50/50 share of the top-up from the partner agency, e.g. Primary Health Care, Secondary or Tertiary services, Mental Health, Disability Services (Intellectual and Physical Disability), Aged Care or NGO (s).
3. Identify and recommend flexible funding models in District Health Boards, across Primary Health Care, Disability Services, Mental Health, Aged Care and Government and Non-Government agencies	\$50,000 to employ an analyst, if DHBNZ cannot provide analyst services.	DHBNZ could be asked to provide analyst services
4. Inter-agency agreement on removing the legal barriers that can be removed	Top-sliced funds (overhead allocation) have already been allocated for this work. (Health Legal)	n/a
5. Once the environment is receptive, recruit Nurse Practitioners from overseas to come to NZ as locums	\$20,000 - \$50,000 per recruit as a top-up of their salary; additional costs may be incurred for advertising.	The Minister of Health and Minister of Ministry of Foreign Affairs and Trade might agree in principle and let Cabinet colleagues know of the initiative. MFAT newsletters can promote the idea and attract NZ applicants.
6. Address issues in Nurse Practitioner training, funding and registration, including curriculum development, working with the Nursing Council and gaining agreement from the Clinical Training Agency.	CTA needs to address the issue of funding for Nurse Practitioners and the issue of under-spend in the nursing scholarships budget	No dollar cost but the Nursing Council needs to be required by the Minister of Health to develop an approach to registration which is more streamlined for nurses coming to NZ as locums.

¹³ Self review might consist of Champions and those responsible for Demonstration/Pilot employment Models writing reports on what they want to achieve, what they've done, how they know if they've been effective, and if not, what is to be done about it. See also Footnote 16.

Next steps

The Working Party proposes for its June report to

1. set out a decision process for the implementation of the Champions Programme and the selection of Demonstration/Pilot Employment Models;
2. set out how those two programmes will need to be shaped, in order to inspire decision makers;
3. describe the self-review and external evaluation programme and set out a detailed budget for it; and
4. explore in more detail the opportunities for Nurse Practitioner development that arise from the Strategic Plan, in particular:
 - the funding and contractual arrangements made by District Health Boards, Primary Health Organisations and Non-Government Organisations;
 - the potential for collaboration and partnership between the health and disability sectors (Government and Non-Government) and Work and Income NZ in developing and supporting consumers and consumer groups;
 - opportunities for new working arrangements, designed to enable the role of the Nurse Practitioner to be fostered among:
 - the Ministry of Health's Clinical Services, Mental Health and Disability Services Directorates;
 - the Ministry of Health, District Health Boards, Primary Health Organisations and Non-Government Organisations;
 - these offices and the Office for Disability Issues and other departments of the Ministry of Social Development as well as ACC, Te Puni Kokiri, the Ministry of Education and perhaps other Government agencies;
 - workforce development patterns¹⁴ which can influence the Nurse Practitioner role, including the public health workforce and Maori provider development;
 - consumer involvement and advocacy training;
 - legislation, particularly legislation that differentiates for funding purposes between Nurse Practitioners and other Health Practitioners;

¹⁴ to be worked on in conjunction with DHBNZ

- the Nursing Council's registration process; and
- identifying flexible funding models in District Health Boards, across Primary Health Care, Disability Services, Secondary and Tertiary Care, Mental Health Aged Care and government and non-Government agencies.

For the end of year Report, the Working Party plans to be in a position to

1. review the impact and effectiveness of the aspects of the Strategic Plan which have been implemented during 2006;
2. present a range of strategic options for the development and employment of Nurse Practitioners, should further funding be available;
3. comment on issues of sustainability, with particular reference to
 - a. whether decision makers have been inspired by the Champions Programme and the Demonstration/Pilot Employment Models to ensure that increasing numbers of Nurse Practitioners in the workforce are included in strategic and annual planning;
 - b. consumer participation;
 - c. workforce development;
 - d. flexible funding models among District Health Boards, Healthpac and/or other funders; and inter-agency collaboration and partnership.

Conclusion

While there have been some steps taken along the road to having Nurse Practitioners as part of the multi-disciplinary teams, the Working Party has identified that there are funding and purchasing barriers, structural barriers, legislative barriers, training and barriers to the further development of the Nurse Practitioner role and barriers created by a lack of understanding of the role.

To remove these barriers, the Working Party has explored a range of options and has concluded that a Strategic Plan, with six components, needs to be implemented.

The six components are a Champions Programme, a series of Demonstration/Pilot Employment Models, exploration of flexible funding models, removal of legislative barriers, recruitment of overseas Nurse Practitioners, making training and the registration of Nurse Practitioners increasingly relevant and taking steps to increase understanding of the role across the health and disability sectors and among consumer groups.

The Working Party sees the opportunity for the Minister of Health to prepare the ground for the implementation of the Strategic Plan by instigating the development of the role of Nurse Practitioner by

- requiring the Ministry of Health and the District Health Boards to indicate that Nurse Practitioners are in their work programmes;

- requiring the Ministry of Health and District Health Boards to work with the Clinical Training Agency; and
- ensuring that there is monitoring of the development of the role.

The Strategic Plan involves winning commitment first from the Minister of Health and the Directorates within the Ministry of Health and then from other Government and Non-Government agencies, Primary Health Organisations and consumer groups.

New working arrangements and partnerships are envisaged and an inter-agency approach is seen as the key to embedding the role of Nurse Practitioner across the health, disability, mental health, education and employment sectors, and across consumer groups.

Many opportunities will arise out of the implementation of the Strategic Plan and the Working Party's role during implementation will include:

- investigating potential partnership opportunities between and among District Health Boards, Non-Government Organisations and Primary Health Organisations;
- reviewing the funding and contractual arrangements made by District Health Boards, Primary Health Organisations and Non-Government Organisations;
- considering workforce development patterns, particularly
 - the ways in which the Nurse Practitioner functions as part of a multi-disciplinary team; and
 - recruitment Nurse Practitioners from the USA;
- identifying which of the current legislative barriers can be removed, and a process for achieving this;
- exploring issues concerning the curriculum and funding of academic programmes;
- giving further consideration to ways of influencing the Nursing Council's registration process; and
- reviewing, through the evaluation process, the impact of the various strategies for inspiring decision makers.