

Nurse Practitioners in Primary Care and Community Teams

Guiding Principles for South Island Primary Care and Community Teams

This document has been adapted with permission from Comprehensive Care resource as referenced below:

Comprehensive Care. (2019). Nurse Practitioners as part of your general practice Team.

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Introduction

The Nurse Practitioner (NP) was a new scope of practice launched by the Ministry of Health and the Nursing Council of New Zealand in May 2001. The NP is a registered nurse who has completed further education and clinical training to enable them to be responsible for providing advanced nursing care inclusive of differential diagnosis and prescribing health treatments as an authorised prescriber under the Medicines Act 1981.

This document provides a guideline for primary care and other community providers, district health boards and health professionals working across the community who may wish to employ or already employ NPs. It highlights the opportunities to serve the needs of our population and meet health and quality performance measures via a future model that incorporates NPs into primary care and community settings. It aims to highlight the opportunities available to improve population health outcomes associated with employing or contracting an NP, particularly where there is a high clinical need or a growing care demand.

Nurse Practitioner Scope of Practice

The regulatory framework for Nurse Practitioners is administered by the Nursing Council of New Zealand working under delegated authority within the Health Practitioner Competency Assurance Act (2003). This framework serves to:

- Define the scope of practice
- Provide a means for determining competence
- Protect the public

The New Zealand Nursing Council requirements for Nurse Practitioner registration include:

- a. Registration with the Nursing Council of New Zealand in the registered nurse scope of practice; and
- b. a minimum of four years of experience in an area of practice; and
- c. the completion of an approved clinical Master's degree programme for the nurse practitioner scope of practice. The programme must include relevant theory and a minimum of 300 hours of clinical learning; and/or
- d. the completion of an equivalent overseas clinically focused Master's degree qualification which meets the requirements specified in c. above; and
- e. passing an assessment against the nurse practitioner competencies by a Council approved panel¹.

The NP scope differs from registered nurses.

A comparison of the scopes is described by Nursing Council:

¹ NZ Gazette Issue No.22 2 March 2017 – Notice of Replacement and Revocation of Notice for Nurse Practitioners, <https://gazette.govt.nz/notice/id/2017-gs952>

Nurse Practitioner²

Nurse Practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a Registered Nurse.

Nurse Practitioners work autonomously and in collaborative teams with other health care professionals to promote health, prevent disease, and improve access and population outcomes for a specific patient group or community.

Nurse Practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau.

Nurse Practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions.

They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings.

As clinical leaders they work across settings and influence health service delivery and the wider profession.

Registered Nurse³

Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs and provide care, and to advise and support people to manage their health.

They practise independently and in collaboration with other health professionals, perform general nursing functions, and delegate to and direct enrolled nurses, health care assistants and others.

They provide comprehensive assessments to develop, implement, and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making. This occurs in a range of settings in partnership with individuals, families, whānau and communities. Registered nurses may practise in a variety of clinical contexts depending on their educational preparation and practice experience.

Registered nurses may also use this expertise to manage, teach, evaluate and research nursing practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards. There will be conditions placed in the scope of practice of some registered nurses according to their qualifications or experience limiting them to a specific area of practice. Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards.

² Nursing Council (2018), retrieved 13 March 2019 from <http://www.nursingcouncil.org.nz/Nurses/Scopes-ofpractice/Nurse-practitioner>.

³ Nursing Council (2018), retrieved 13 March 2019 from <http://www.nursingcouncil.org.nz/Nurses/Scopes-ofpractice/Registered-nurse>.

Legislation Links for Nurse Practitioners and Registered Nurses

Legislation	Agency	RN	NP	Activity	Education / Qualification
Accident Compensation Act 2001	MBIE	Yes	Yes	Able to prescribe aids and appliances	Within RN scope. Education as required.
Burial and Cremation Act 1964	Health	X	Yes	Able to issue certificates for the cause of death for patients in their care.	Information is available on the MoH website https://www.health.govt.nz/our-work/regulation-health-and-disability-system/burial-and-cremation-act-1964/completing-death-documents/medical-certificate-cause-death and https://deathdocs.services.govt.nz/welcome
Oranga Tamariki Act 1989	MSD	Yes	Yes	Able to complete medical examinations ordered by the court when considering whether children or young people have been abused. This can be ordered by the court or by Social Workers.	Within RN scope. Education as required.
Holidays Act 2003	MBIE	Yes	Yes	Able to certify proof of sickness or injury.	Within RN scope. Education as required.
Land Transport Act 1998	Transport	Unconfirmed		Able to request blood tests from drivers and assess and report on their fitness to drive. It is unlawful for someone to refuse a blood test from a health practitioner. Able to take blood, handle evidential specimens and appear in court to give evidence.	Amendment came into force November 2018. Information is available here: https://www.nzta.govt.nz/driver-licences/getting-a-licence/medical-requirements/information-for-health-practitioners/
Medicines Act 1981	Health	X	Yes	Enable NPs to supervise designated prescribers.	NPs only.
Mental Health (Compulsory Assessment and Treatment) Act 1992 (currently under COVID-19 response modifications until 31 October 2021 ⁴)	Health	Yes	Yes	Able to complete a health practitioner certificate for applications for assessment under the Act.	RN practising in mental health as defined under COVID-19 modifications to Act (see below). Deemed to be a “mental health practitioner” if requirements met.

⁴ Under this Act a range of modifications during COVID-19 response are active until 31 October 2021, in particular Section 8C and 10A. These include a change from “health practitioner” to “mental health practitioner”, the following persons are mental health practitioners and are able to issue certificates under section 8B of the Mental Health (Compulsory Assessment and Treatment) Act 1992: (a) a medical practitioner; or (b) a nurse practitioner; or (c) a registered nurse practising in mental health.

‘registered nurse practising in mental health’ means a health practitioner who – (a) is, or is deemed to be, registered with the Nursing council of New Zealand continued by section 114(1)(a) of the Health Practitioners Competence Assurance Act 2003 as a practitioner of the profession of nursing and whose scope of practice includes the assessment of the presence of mental disorder as defined under this Act; and (b) holds a current practising certificate.

Misuse of Drugs Act 1975	Health	Yes*	Yes	Able to prescribe controlled drugs for the purposes of treating addiction (also includes Pharmacist prescribers).	*Restricted formulary and relevant prescribing qualifications for RN prescribing and must also be working in an approved service and authorised by a Lead Clinician. Guidelines are on the MoH website ⁵ .
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⁵ Ministry of Health, <https://www.health.govt.nz/publication/prescribing-controlled-drugs-addiction-treatment-2018-guidance-nurse-practitioners-designated>

The benefits of Nurse Practitioners in general practice and other community health teams

Nurse practitioners enhance general practice and community health teams in a number of ways, including clinical, economic and other benefits. The benefits from an equity perspective are critical to Aotearoa.

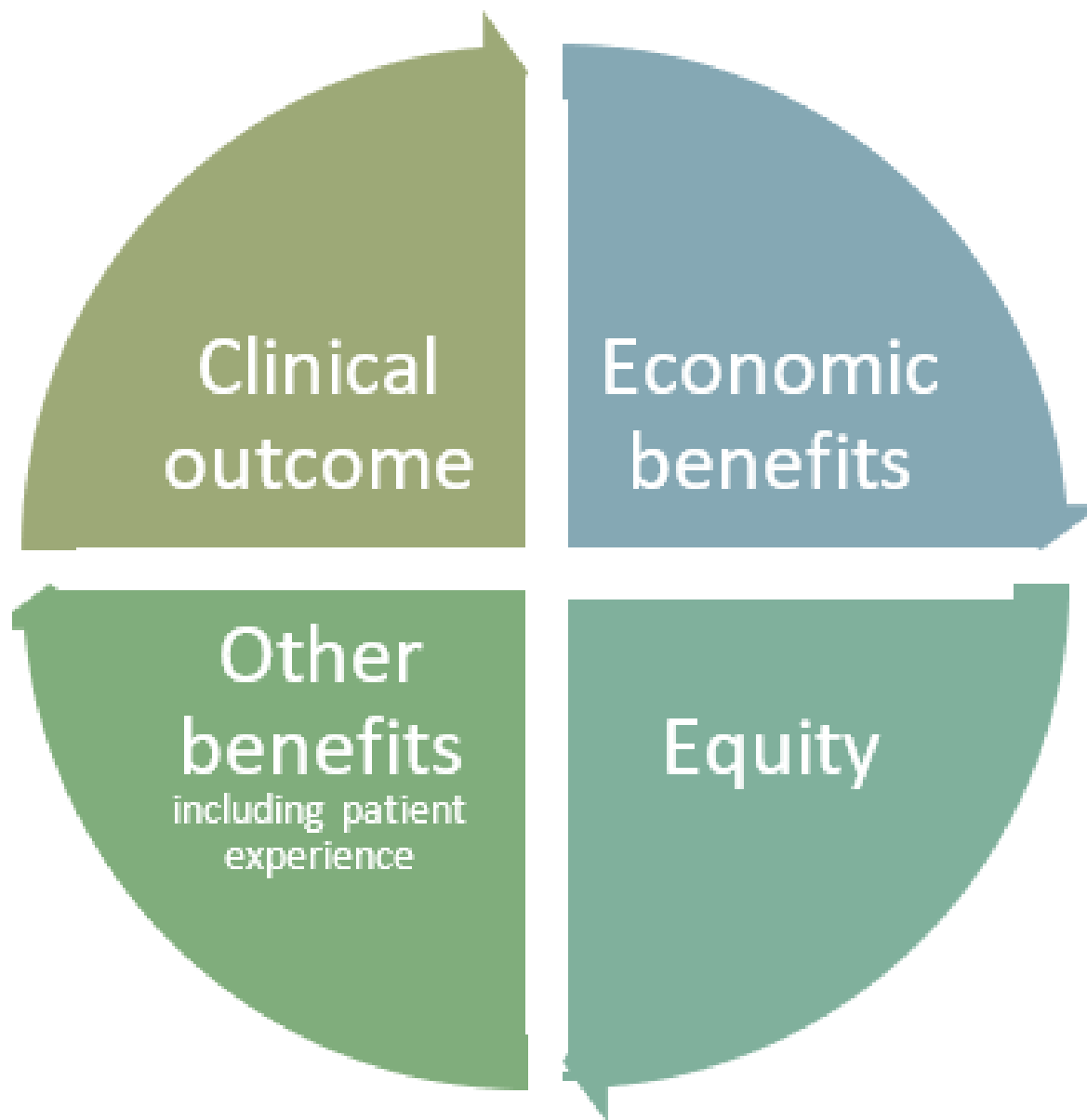


Figure 1 (Comprehensive Care, 2019. P11)

The flexibility and fit with the service need is critical and will be dependent on the context of the general practice or community health team (i.e. a small, medium or larger integrated family health centre,

specialist versus generalist service). The following table summarises potential benefits of a NP to general practice and community health teams.

Clinical outcome benefits	Economic benefits	Equity benefits	Other benefits including patient experience
Improved/additional access	Opportunities for new revenue streams	Available and focussed access to expertise for Tangata Whenua, Pacifica and other underserved population groups	Shared patient outcomes, and improved organisational culture
Increased choice	Cost efficiencies	Rural NP offers people, family/ whānau skilled care opportunity	Patient satisfaction
Improved continuity	Practice workforce recruitment is based on skill and knowledge requirement rather than a vacancy driven model	Outcome focussed NPs can start to close the equity gap	Addresses workforce issues and potential shortages
Longer consults	Potential reduction in hospital admissions due to improved efficiencies	Quality Whānau Ora or Advanced Kaupapa Māori NP based care	NP services may be commissioned to practices or other providers where there is an identified need
Case management and care coordination	High productivity/ profitable	Mobile NP services to meet those people most in need (home visits/outreach) Aged residential care in-reach support	Work/life balance for practice owners, continuity of care for patient
Interdisciplinary decisions and teamwork are fostered and enabled	Can provide additional up-skilling services to RNs in the workplace	Interdisciplinary community based NPs bringing services closer to home	Education and training portal/support for new nurses
New services for patients		Services become easier to access rather than patients labelled as 'hard to reach'	Role modelling for RNs considering NP candidacy
All practitioners in a setting are working to the full extent of their knowledge and skills	Workforce stratification and efficient use of practitioners results in less waste and potential cost savings	Practitioner time is focused where a given skill set can be best utilised and the most vulnerable patients are targeted and able to be seen	High standard of competency/professionalism

Clinical leadership/clinical innovations leadership		Clinical leadership/clinical innovations leadership	Holistic generalist approach centred on supplementation to the clinical team not substitution Quality interventions
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Clinical outcome benefits

Workforce recruitment in all community settings is based on skill and knowledge requirement rather than a vacancy driven model. Rather than replacing like for like, for example GP for GP, the clinical gain may come from considering the skill, knowledge and behaviour needed to deliver a particular service. In this way appropriate roles can then be deployed, which may mean consideration of a Nurse Practitioner.

It is important that a focus on skill acquisition and investment in related training for an NP is enabled, so that a solid basis for ongoing quality service provision can be fostered and achieved to benefit the community requirements.

Workplaces have the opportunity to choose how to maximise the work allocation within the team. Examples include:

- Offering new access arrangements for patients at a cost-effective rate, which will result in comprehensive patient assessment and management that includes:
 - Clinical and critical assessment
 - Diagnostic testing
 - Prescribing
 - Referral
- A role that complements the medical and nursing services available within the practice or provider
- Offering increased choice for patients
- Providing the potential to increase enrolments and/or access to care by providing additional and complementary service cover, including after-hours care where clinics may include diagnostic acute care management; a long-term condition focus; mental health focus; children, older adults or lifespan including aged residential care support
- Improving or maintaining clinical flow by easing bottlenecks through skilled responsive NP focussed activity
- Addressing target or system level measurement, which is significant in terms of New Zealand policy directives
- Enabling interdisciplinary working within teams where decision-making is collegial and horizontal, i.e. a joint process improving education, training and coaching opportunities, through NP clinical leadership. This can provide up-skilling and training for CNS, NP Interns and RNs within the practice or provider eg supervision and support for RN prescribers, standing orders; and support growth of new leadership and clinical succession planning of practice/network/cross sector teams, plus career development of new and existing nurses. This is critical with projected workforce challenges.

Economic benefits and considerations

Economic benefits include opportunities to:

- Increase revenue for a general practice
 - Enrol more patients
 - Increase fee for service or flexible funding activity
 - Secure additional revenue streams
 - Increase patient co-payment (rules-based)
- Reduce expenditure
- Increase efficiencies
- Purposefully designed effective staffing mix and /or service capacity while reducing the average cost per consultation, (this relies on a team philosophy and interdisciplinary decision making)
- Provide flexibility for appointment scheduling and opening hours
 - Reduction of unnecessary appointments
 - Provision of patient centred clinics, for example Long Term Conditions management
 - Working remotely for follow's up etc, do not need to be based in a clinic necessarily
 - Providing care in other settings such as homes, marae
 - Utilise alternative admin roles for non-clinical activity

Financial impacts for the practice or provider

These are influenced by:

- The employment or contracting arrangement/agreement with the NP
- Additional income associated with the NP and with other changes in practice or provider configuration, model of care and activity
- Cost effective and efficient use of funding streams such as fee for service and sector service stream payments.
- In general practice, an increase potential enrolment capacity across a whole practice (not just with a new NP).
- Number of consultations per hour undertaken by an NP. Important to note the level of expertise of the employed NP, that is, a newly registered NP or an experienced NP. Also need to consider NP's working in mental health in primary care - appointment times don't work in 15-minute slots for full mental health assessments – some NPs get an hour for interview (and then still have to do the documentation following this). Also, clients who have mental health assessments may require several follow-ups to be scheduled.

Remuneration

There are a number of available options when considering a Nurse Practitioner remuneration package. For example; is the NP a salaried employee, is the NP being contracted for their work on a sessional basis or within

the DHB, Primary Health environments (NGOs Aged Residential Care and Māori providers), is the position going to be part of a collective MECA or is this a shared position across the DHB/PHO sector.

There are a variety of salary ranges for Nurse Practitioners and like any private enterprise the ability to negotiate (or have someone do this on your behalf) should be considered based on experience required and the experience and qualifications of the Nurse Practitioner. Consideration should also be made in relation to the value and cost of “Lead Roles” which are being seen more frequently as the number of NP roles grows.

The current DHB/NZNO MECA

<https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/District%20Health%20Boards%20NZNO%20Nursing%20and%20Midwifery%20MECA%20Agreement%20Aug%202018%20to%20July%202020%20WEB.pdf> is indicative of a salary range. The current Primary Care MECA

<https://www.nzno.org.nz/Portals/0/Files/Documents/Support/CA/PHC%20MECA%202018%20March%202019%20to%20August%202019%20WEB2.pdf> does not currently contain an NP scale however it is highly likely that the next iteration of this agreement will. Alternatively, some Providers may offer contract/session rates (exclusive of Kiwisaver, annual leave, professional development leave etc.) Any salary packages would also need to determine whether Employer Kiwisaver contributions are inclusive or exclusive to any salary package.

A reasonable professional development allowance should be factored in. This should include funding and study leave. Professional Supervision should also be considered and is recommended for NPs by the Nursing Council of New Zealand.

Equity benefits

Correcting unfair differences in health care and health outcomes is a priority. The contribution by Nurse Practitioners, particularly those working in deprived urban and remote rural areas, adds significant value to people, family/whānau and connects people back into their health and wellbeing journey of care. With NPs acting as agents of connectivity,⁶ offering skilled and focussed care via Very Low Cost Access⁷ practices, home visit approaches, mobile nursing alongside or as part of community service providers, their effectiveness when responding to Māori and Pacific people can arguably result in a better level of care for those most vulnerable, most at risk and most open to earlier mortality.

For some NPs, demonstrating their strong commitment to the acceleration of Māori health improvement and gain is one driver towards the elimination of inequity for Māori via a workforce capability role and its development. The Te Waipounamu South Island Health Services plan demonstrates a clear obligation to address health equity in the South Island region.⁸

⁶Phillips, C. B., et al. (2009). Enhancing care, improving quality: the six roles of the general practice nurse, *Medical Journal of Australia*; 191 (2): 92-97. Retrieved 13 March 2019 from <https://www.mja.com.au/journal/2009/191/2/enhancing-care-improving-quality-six-roles-general-practice-nurse>.

⁷Very Low Cost Access (VLCA) practices have an enrolled population of 50% or more high needs patients (defined as Māori, Pacific or New Zealand Deprivation Index quintile 5) and the practice maintains patient fees at a low level. <https://www.health.govt.nz/our-work/primary-health-care/primary-health-care-subsidies-and-services/very-low-cost-access-scheme>

⁸South Island Alliance. (2019). *Te Waipounamu South Island Health Services Plan 2019-22*.

Other benefits including patient experience⁹

The NP provides a holistic generalist intervention; A NP can deliver similar outcomes to that of a medical practitioner, although consultations tend to take more time and cost efficacy indicators may not be so well reported, unless demonstrated via patient outcome metrics. Their work is delivered according to the context and philosophy of nursing values, knowledge and practice.

Potential to increase patient experience of care and satisfaction, plus health outcomes, as a result of expert nursing clinical input and expertise; peer and colleague up-skilling, coaching and training opportunities and importantly improved access arrangements for patients to enable timely and responsive care.

General practice team and other provider reconfiguration: *right skill, right person, right time.* An opportunity to work within a multidisciplinary team and support decision making that is interdisciplinary. Accountability for actions is individually observed and jointly agreed upon in many instances. Enrolment numbers can be increased (where applicable) and workload assigned to a practitioner with the identified expertise.

A long-term workforce development and sustainability approach to support the primary health sector: workload and workforce issues are addressed through more efficient use of skill-sets, the patient is afforded greater choice and an extra point of access. Bottlenecks and workflow may be enhanced by freeing up practitioner time through channelled care and appropriate division of labour.

Considerations when employing a Nurse Practitioner

District Health Boards (DHBs) in alliances with Primary Health Organisations have a responsibility for health care planning and delivery across their specific geographical area within budgetary limitations. Evidence¹⁰ would suggest that augmentation of health services through the development of the NP role makes a significant contribution to the management of ill health and promotion of wellness in the community. This has the added potential benefit of reducing demand on secondary care services. In line with this is the need to provide timely, accessible, affordable, quality services whilst maintaining the caring, patient centred therapeutic relationship (Nice) (see Figure 1).

District Health Board planners and funders, general practice owners, primary health care teams, employers and networks, NGOs and PHOs are encouraged to consider the opportunities and identify priority areas for developing their capacity and capability through an NP role.

⁹ Carryer, J., & Adams, S. (2017). Nurse practitioners as a solution to transformative and sustainable health services in primary health care: A qualitative exploratory study. *Collegian*, 24, 523-531 Retrieved 13 March 2019 from [https://www.collegianjournal.com/article/S1322-7696\(16\)30189-5/pdf](https://www.collegianjournal.com/article/S1322-7696(16)30189-5/pdf).

Gagan, M.J., Boyd, M., Wysocki, K., & Williams, D. J. (2014). The first decade of nurse practitioners in New Zealand: A survey of an evolving practice. *American Association of Nurse Practitioners*, 1-8. Retrieved 13 March 2019 from <https://onlinelibrary.wiley.com/doi/full/10.1002/2327-6924.12166> (access required).

¹⁰ Gagan, M.J., Boyd, M., Wysocki, K., Williams, D.J. (2014). The first decade of nurse practitioners in New Zealand: A survey of an evolving practice. *Journal of the American Association of Nurse Practitioner*, 1-8. Retrieved 13 March 2019 from <https://onlinelibrary.wiley.com/doi/full/10.1002/2327-6924.12166> (access required).

Useful questions for providers to consider:

1. How through cross working or joint working can we meet the needs of our community, our hapū and iwi?
2. Are we delivering enough services to meet the needs of our community?
3. Are we deliberately focussed on the needs of our Māori and Pacific populations to redress the imbalance in health outcomes and early mortality?
4. What is the infrastructure requirement? (Technology enablement/relationships/ authorisation and accountabilities). How is the data going to be captured if NP's new models of care involve working across multiple settings and different IT systems?
5. Would this responsive service meet the needs of our population in a comprehensive way?
6. Would employing a NP complement the current access arrangements for patients/clients/consumers/people we have and the services and skills we are currently offering?

Considerations

- NPs attract higher rates of pay than registered nurses due to their advanced preparation and level of clinical expertise; alongside the unique role they contribute within a team (refer to scopes earlier)
- Service needs must be carefully considered so the fit is right within the team. (For example, is there a growing patient population? Are there diversity needs? Is there a large youth or older person population or other?)
- Funding mechanisms need careful consideration noting NPs will generate revenue if in general practice
- Position description needs to fit the role (Appendix 2)
- Ongoing professional development and appraisal framework is required specifically aligned to the NPs level of experience and expertise (Appendix 3)
- Clear communications and commitment to the NP role is conveyed to the whole team, the fit is clarified with the current practice team/staff, and the importance in serving the population/patient is made known
- The NP role is fully visible and patients their whānau and the community understand the gains for them and the added value the role can offer
- Provision of office space, furniture, equipment and IT resource
- Strong interdisciplinary coaching and support is fostered through joint clinical case review/ peer review/team sessions
- Replacement for leave/study needs to be factored in.

Timely, Accessible, Affordable, Quality care is critical to our people, family/whānau and communities. Central to this is ensuring we are 'nice' to our people, in that we pay greater attention to treating people with kindness, respect, emotional and culturally unbiased, personalised care.



Figure 2 (Comprehensive Care, 2019. P22)

Appendix 1: Nurse Practitioner Position Description

Position

Nurse Practitioner – Primary Health Care

Location/FTE

Overview

Describes the organisational/practice setting, the population demographics, health settings, relationships and context for this role. This may include a vision, values or statement of purpose from the employing organisation.

Position purpose

Describes the breadth and depth of this NP role and the expectation for changes in people's health care outcomes. This section may include the patient/family/whanau group, type of health care delivery and/or model of care. These statements should be future focused and aimed at achieving equity.

"In Aotearoa New Zealand, people have differences in health that are not only avoidable but unfair and unjust. Equity recognises different people with different levels of advantage require different approaches and resources to get equitable health outcomes". (Ministry of Health, 2019)

Reports to	Professional Operational
Complexity	<ul style="list-style-type: none"> The Nurse Practitioner communicates with a variety of health professionals within and external to our organisation, which are likely to be national and international. This role requires excellent communication and negotiation skills to ensure that appropriate and timely clinical care provided in a cohesive way across the care continuum. The Nurse Practitioner is also required to interact on a frequent basis with a range of colleagues including stakeholders and health care teams working across the region, as well as throughout New Zealand. The Nurse Practitioner will be regularly challenged by a wide range of complex and unpredictable issues related to clinical care. The range of issues will be diverse and will require solutions customised to meet the needs of individuals accessing this health care. <p>This will require:</p> <ul style="list-style-type: none"> an innovative approach to problem-solving that is inclusive and understanding of other disciplines, team members, and services the ability to coordinate staff at all levels across the care continuum the ability to exercise sound judgement and negotiation skills aimed at achieving people-centred outcomes empowerment to make decisions and recommendations related to health services and enhancing professional nursing practice across the region.

This Nurse Practitioner position description is a generic guide for primary health care

Key accountabilities	Deliverables
<p>1. Clinical practice</p> <p>Works with patients, their whānau, and other members of the healthcare team to improve health outcomes.</p> <p>Communicates at an advanced level with all involved in the person's care, including communication via clinical documentation.</p> <p>Documents accurately and professionally and maintains data security.</p>	<ul style="list-style-type: none"> • Demonstrates advanced clinical management of patients • Makes nursing decisions based on an advanced level of clinical judgement, scientific evidence, critical reasoning and patient determined outcomes • Makes differential and definitive diagnoses • Plans and prioritises care by collaboratively identifying health promotion and disease management goals that are important to the patient/whānau • Performs therapeutic and/or diagnostic procedures based upon the patient's clinical status, and documents the patient's response to these • Orders and interprets appropriate diagnostic and laboratory tests, and explains the necessity, preparation, nature, and anticipated effects of procedure(s) to patients/whānau and care team members • Uses a formal approach to monitor and evaluate client responses to interventions • In partnership with the patient/whānau, identifies educational needs to improve health literacy • Advocates on behalf of the patient/whānau and colleagues as appropriate • Effectively and safely prioritises own caseload • Works closely with members of the clinical team to provide clinical guidance, assistance, education and support • Communicates, collaborates and coordinates care with other health professionals to ensure best outcomes for patients and their whānau • Documents nursing care and ensures patient/whānau involvement in decision-making is visible • Ensures all collected information is stored and access-protected in accordance with the Health Information Privacy Code • Demonstrates an ability to prevent and manage adverse reactions/emergencies/crises • Modifies practice to consider the impact of the wider determinants of health, including changes to health policy and funding
<p>Prescribing</p>	<ul style="list-style-type: none"> • Uses professional judgement and best practice guidelines to prescribe medications and to effectively manage drug therapy • Prescribes and administers medications legally and according to established New Zealand prescribing processes • Works collaboratively with patients/whānau and colleagues; provides accurate medication information • Demonstrates knowledge of the use, implications, contraindications and interactions of prescription medications with other medications
<p>2. Leadership and consultancy</p>	<ul style="list-style-type: none"> • Takes a leadership role within the team to achieve positive outcomes for specific population group and nursing issues • Is a resource and for specific population group and complex patients

This Nurse Practitioner position description is a generic guide for primary health care

Provides expert advice	<ul style="list-style-type: none"> • Uses innovative approaches to meet patient needs • Identifies barriers to service delivery and patient satisfaction, and leads/participates in appropriate evidence-based actions to address these • Contributes to the development of policies and procedures to guide consistency in standards of care • Contributes to the development of national and local health policy through membership and participation in sector groups • Recognises and acts accordingly to concerns of professional standards involving colleagues • Demonstrates skilled mentoring/coaching for colleagues
Conducts relevant research and audit	<ul style="list-style-type: none"> • Relevant nursing and related research is critiqued and applied in all aspects of the role • Presents and publishes research that challenges and improves practise at a local, national, and international level • In collaboration with the Quality Team, leads and participates in clinical audit to evaluate and develop practice
3. Nursing practice development Works with nursing staff to continuously improve nursing practice and patient outcomes. Works with clinical staff to develop individual clinical practice.	<ul style="list-style-type: none"> • Demonstrates ongoing commitment to the professional development of others • Actively engages in various local, regional, and national forums to promote understanding of advanced nursing roles and their contribution • Promotes advanced nursing roles, as appropriate, to other nurses facilitating career progression and succession planning • Demonstrates skilled mentoring, coaching and teaching, including the ability to provide professional feedback • Leads other forms of peer review, case review, and de-briefing activities • Participates in the role of Issuer (as confidence and skill allows) to support nurses on a prescribing pathway and/or those working with Standing Orders
Responsible for own continued clinical competency and professional development	<ul style="list-style-type: none"> • Attends monthly clinical/professional supervision (externally) with an agreed supervisor • Maintains clinical expertise and knowledge in accordance with evidence-based practice • Maintains a portfolio of practice in accordance with the Nursing Council of New Zealand's Nurse Practitioner requirements for continuing competence
4. Quality Improvement	<ul style="list-style-type: none"> • Champions qualitative improvement methodology with a focus on high standards of care • In collaboration with the Quality Team, leads and participates in clinical audit to evaluate and develop practice

This Nurse Practitioner position description is a generic guide for primary health care

	<ul style="list-style-type: none"> • Provides expert advice regarding the development, or review, of standards of practise, protocols, and policies • Provides expert advice to investigations, incidents, and reviews of clinical outcomes. Collaborates on changes and follows up as appropriate. • Communicates and escalates threats to quality service provision
5. Health and Safety	<ul style="list-style-type: none"> • Demonstrates personal commitment to health and safety, with a focus on preventing harm • Complies with all New Zealand legislation relevant to Health and Safety • Complies with organisational health and safety policies, including those related to: handling of instruments, storage of drugs, disposal of sharps and any other potentially dangerous equipment and substances • Ensures all accidents/incidents are reported in the incident reporting system • Complies with health and safety policies and standards when providing care in the community • Communicates and escalates threats to health and safety
6. Honouring cultural diversity Demonstrates commitment to Treaty of Waitangi principles when working with tangata whaiora and whānau Consistently demonstrates awareness and sensitivity of cultural differences when working with patients and their families/whānau	<ul style="list-style-type: none"> • Consistently uses Tikanga Best Practice guidelines • Demonstrates personal commitment to addressing inequity for Māori, Pacific and vulnerable populations • Works in collaboration with colleagues to develop strategies aimed at addressing inequity and inequality • Consistently respects the spiritual beliefs and cultural practises of others, including colleagues

Person Specification**Qualifications, Skills and Experience****Essential criteria**

- Registered with Nursing Council New Zealand as a Nurse Practitioner
- Hold a current Nursing Council of New Zealand Annual Practicing certificate
- Current Driver's License

Experience

- Client focussed and committed to the Treaty of Waitangi principles
- Experience and credibility with the health care team as a professional resource in area of practice specialty
- Minimum 4 years clinical practice within the defined scope of specialty practice

The intent of this position description is to provide a representative summary of the major duties and responsibilities performed in this job classification. Employees may be requested to perform job related tasks other than those specified.

Appendix 2 - NP Professional Development Requirements

Every three years Nurse Practitioners are required to provide evidence that they have maintained continuing competence, when they apply for their practising certificate.

This evidence includes:

- Competence Assessment - A competence assessment that demonstrates their competence as a mātanga tapuhi nurse practitioner completed by an authorised prescriber.
- Professional Development - A minimum of 40 hours of professional development activities per year over the past three years.
- Nursing Practice - A minimum of 40 days of practice as a mātanga tapuhi nurse practitioner per year over the past three years, confirmed by their employer.

For further information go to:

https://www.nursingcouncil.org.nz/Public/Nursing/Scopes_of_practice/Nurse_practitioner/NCNZ/nursing-section/Nurse_practitioner.aspx?hkey=1493d86e-e4a5-45a5-8104-64607cf103c6

Appendix 3 – Useful Resources

Further sources of information include:

College of Nurses Aotearoa NZ and the Nurse Practitioners New Zealand section, website

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

- What is an NP
- Do you want to become an NP in New Zealand?
- Information for employers
- Supervisors for NP interns resource toolkit
- Examples of job descriptions and business case proposals
- Research
- NP resources
- FAQs
- Job vacancies

Ministry of Health – Nurse Practitioners in New Zealand.

<https://www.health.govt.nz/system/files/documents/pages/nurse-practitioners-in-new-zealand.pdf>

Includes information on:

- Guidance for employers
- Nurse Practitioner training
- Links to further information