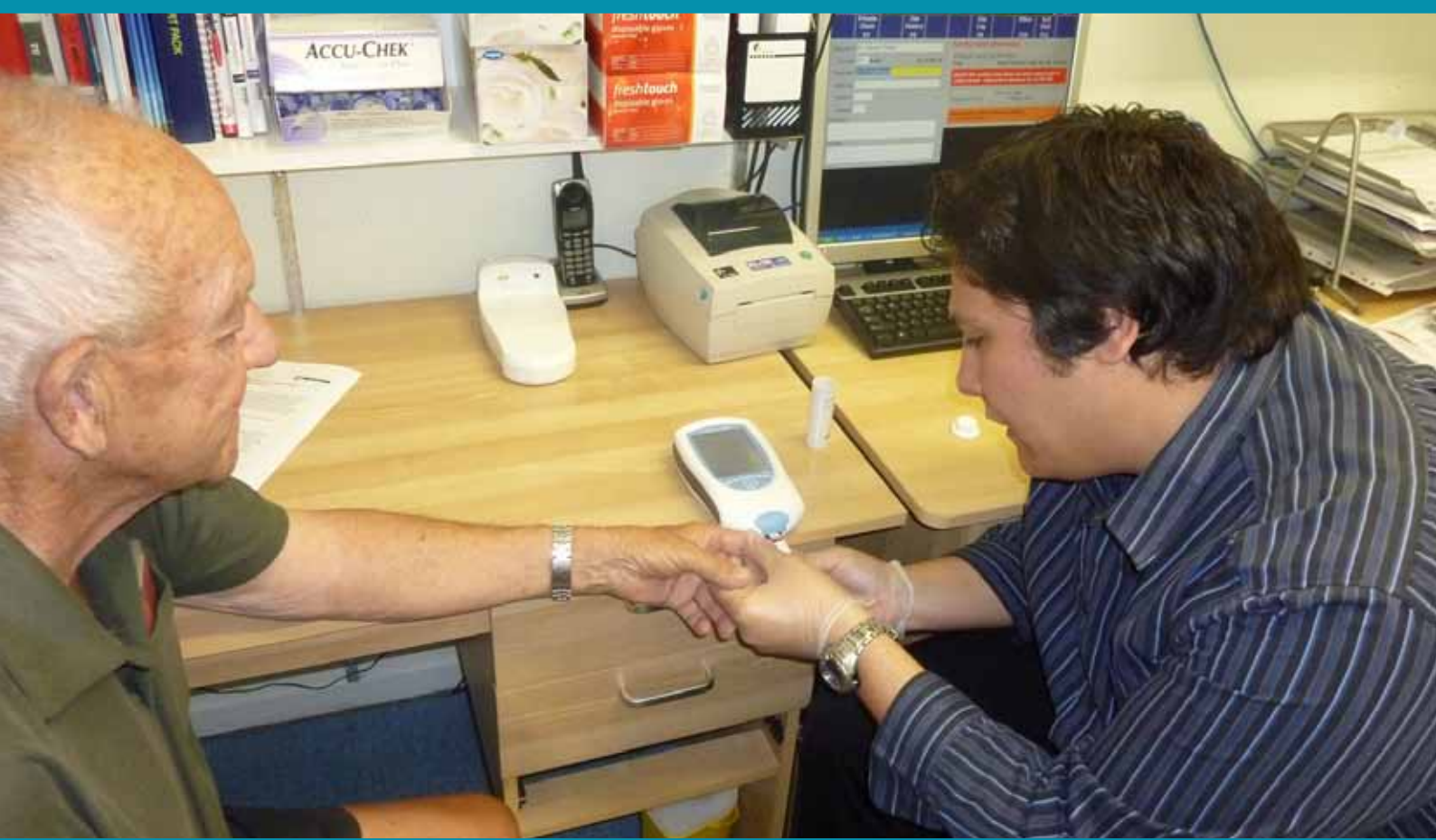


# Workforce Innovations



Health Workforce New Zealand aims to ensure we have a fit-for-purpose, high-quality and motivated health workforce. Workforce innovations are essential to give us the range of skills required to meet the growing needs of all New Zealanders, now and into the future.



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## Our workforce innovation programme supports the development and implementation of demonstration sites that test new and extended workforce roles and new scopes of practice.

These new ways of working have the potential to improve the quality of patient care, increase productivity, reduce costs in the long term and unlock the potential of the wider workforce.

Demonstrations are carefully evaluated to establish whether they offer benefits to patients and staff and can be sustained nationally before decisions are made about extension or roll-out of the projects.

A range of new or extended roles is being demonstrated around the country.

- The **physician assistant (PA)** demonstration involves two US-trained PAs working with the surgical team at Middlemore Hospital, with the aim of freeing up junior doctor time for training. PAs are trained in a clinical role that complements both nursing and medicine. It is already clear from the feedback of their colleagues that the PAs are adding real value to the surgical team.
- The **gerontology nurse in primary health care** demonstration offers the first career pathway based in primary health care for registered nurses caring for older adults. The demonstration focuses on need analysis and care co-ordination, aiming to achieve efficient management of services, sharing of patient information and improved liaison between community and secondary care services.
- The **registered nurse first surgical assistant** demonstration builds on the theatre nurse role and provides a new specialist career pathway and portable qualification. It will help improve

workforce numbers for elective surgery and provide continuity for surgeons, as well as aiding the recruitment and retention of the nursing workforce.

- Through extending the role of registered nurses practising in diabetes health, the **diabetes nurse prescribing** demonstration enables qualified diabetes nurse specialists to prescribe a limited range of diabetes-related medications. This role will potentially increase the continuity and reduce the complexity of care for patients. It will also reduce pressure on health practitioners and assist patients by reducing the need for a second appointment for routine prescriptions.
- The **pharmacy anti-coagulation management services** demonstration sees pharmacists working under standing orders to manage warfarin patients and, if necessary, modify a prescription in collaboration with GP colleagues. Benefits include better management of patient health care, access via a single point of care, and improved cost-effectiveness.

If you have any feedback or questions relating to workforce innovations please email [innovations@healthworkforce.govt.nz](mailto:innovations@healthworkforce.govt.nz) or for further information and updates on all innovation projects please visit our website <http://www.healthworkforce.govt.nz/our-work/new-roles-and-scopes>



# Physician assistant

Kristan Wheeler



A demonstration site for the role of physician assistant (PA) has been established by Health Workforce New Zealand in collaboration with the Northern Region DHBs (Northland, Waitemata, Auckland and Counties Manukau) and partnered by The University of Auckland's Faculty of Medical and Health Sciences.

PAs are health care professionals trained in a clinical role that complements both nursing and medicine, and who work under the supervision of a senior doctor. PAs are an established part of the US health system working in hospitals, clinics and other health facilities, and performing tasks such as taking patient histories, undertaking physical exams, diagnosing and treating illnesses, ordering and interpreting tests, and assisting in surgery.

The foundation training to be a PA generally involves medical school for three or four years, with one of those years being clinical.

Kristan Wheeler is one of the two US-trained PAs taking part in the demonstration, which began in September 2010. She says it is helping to establish a better understanding of the value of her role.

Kristan began her working life as a high school maths teacher but had always wanted to work in health. After having children, she began working as a midwifery assistant then child birth educator and nursing mother's counsellor. From there, she went on to train as a PA.

As a PA, Kristan worked for eight years in a rural health clinic. 'This involved setting up a school-based clinic providing free health care, immunisation and education as well as rest home visits and delivering health care to a developmentally delayed boys' home. I also had



an internal medicine outpatients practice, where I managed my own patients.'

Kristan also worked at a large teaching hospital, supporting the training scheme in general surgery. 'In the USA I would assist in general surgery in theatre . . . I taught laparoscopic techniques to junior doctors and was considered a floating resource, someone able to fill the gaps as necessary'.

In New Zealand Kristan works with the surgical team at Middlemore hospital, taking care of patients on a ward, in a role that supports the house surgeon (resident medical officer). 'I can evaluate patients, prepare them for discharge, take blood . . . Basically I free up house surgeons so they have the freedom to do more of what interests them.'

A usual working day for Kristan starts with a run to the train station and a 6.30 am start at work. Rounds start at 7.00 am and she doesn't usually leave until at least 5.00 pm, sometimes 7.00 pm. 'It's a long day but there are no weekends and no nights.'

**'I can evaluate patients, prepare them for discharge, take blood . . . Basically I free up house surgeons so they have the freedom to do more of what interests them.'**

One of the things Kristan enjoys most about her job here is working with the patients. 'It's very multicultural here at Middlemore, and everyone seems very grateful for the care they're receiving.' She says there is some lack of understanding of this new role. 'It would be good to have a worldwide acceptance of the role. The lack of understanding does at times mean I can't use all of my skills. Initially, there was some reluctance here in allowing me to do my job properly but I find now the house surgeons seem to be very happy to accept my help. We have an ongoing dialogue on how I can support them better.'

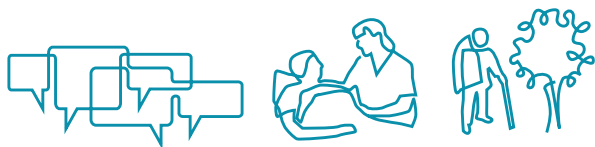
There is interest from other DHBs across New Zealand in developing the PA role. Following evaluation of the Middlemore demonstration, a decision will be made about roll-out of the project and whether a PA training programme should be developed in New Zealand.

On the PA role Kristan says, 'You need a commitment to hard work, as well as needing to be a team player, to genuinely enjoy people and to be committed to excellent patient care and ongoing learning.'



# Gerontology nurse in primary health care

Elly Dagley



Harbour Health PHO, Waitemata DHB and The University of Auckland are working in collaboration with Health Workforce New Zealand to provide comprehensive gerontology assessments in the community.

Elly Dagley is the gerontology nurse responsible for providing an enhanced service designed to improve the health and quality of life for older people in Waitemata. The demonstration aims to achieve efficient management of services, sharing of patient information and improved liaison between community and secondary care services.

Elly began her nursing training in 1985 and then worked in residential care nursing and as a practice nurse before becoming a nurse educator in primary health care. 'Although I enjoyed being a nurse educator, I missed clinical work; I love the face-to-face contact and it's incredibly rewarding working with older adults.'

The gerontology nurse demonstration, she says, shows how well proactive screening can work. 'There is a simple questionnaire that older adults are asked to fill out and post back to us. I work closely with GPs and the multidisciplinary team to ensure that each client is getting the most appropriate support and services. Typically, if it's been established that an assessment would be helpful, I make an appointment to see a client so we can talk about what's working for them and what's not. It's a trust-based relationship and I'm very clear that I'm there to help them with what they want. I want them to get the best care so they can have the quality of life they want.'

**'I believe in the value of postgraduate education, it helps to further where nurses sit within the spectrum of health care service provision and expands the scope of what we can do.'**



As a gerontology nurse Elly likes the challenge of improving or reversing conditions and finding ways for people to retain their independence and improve their quality of life. 'A significant part of what I do is finding out what's important to people. What's important clinically is often not that important to the client; if they've got a problem that means they can't hang out their washing then we focus on that. The solution has to be patient-centric. There's a real need to provide services to cope with the growing health needs of the older population. Early intervention prevents deterioration and improves quality of life as well as saving health dollars long term.'

Having a family and working full time, while working towards a Master's degree, has been quite a juggling act at times but Elly says it's one that has its rewards.

'I believe in the value of postgraduate education, it helps to further where nurses sit within the spectrum of health care service provision and expands the scope of what we can do.'

'The role requires a collaborative approach that includes family members as much as possible and GPs, and often there are other services the client can be linked in to. Of course each step is only taken if it fits with what the client wants.'

# Registered nurse first surgical assistant

Amelia Howard-Hill



**The Registered Nurse First Surgical Assistant (RNFSA) is a key role in theatres, supporting and enabling surgeons to carry out safe and efficient operations.**

It is already well established in the United States, the United Kingdom and Canada, and nurses commonly undertake the dedicated first surgical assistant role in New Zealand private hospitals.

The University of Auckland and Health Workforce New Zealand have established the RNFSA demonstration, which provides the first formal postgraduate training programme for the RNFSA role in New Zealand. The advanced role builds on the theatre nurse role and the training programme prepares registered nurses with the scientific concepts, knowledge and skills to carry out the role in the operating theatre.

**'I will complete my Master's this year and then I intend to attain nurse practitioner status with prescribing rights in 2012.'**

Amelia Howard-Hill, based at Southern Cross Hospital in Palmerston North, is one of the first cohort of 13 nurses training to be an RNFSA in New Zealand.

The opportunity it offered her to remain with the clinical work she loved rather than change professions to further her career was the catalyst for her decision to become an RNFSA. 'The surgeon I assist for inspired me. Before I started working for him I was at a crossroads and was exploring options to leave nursing due to feeling that I had got as far as I could. He convinced me that becoming an RNFSA was a great career move so I moved back to New Zealand from Australia to work with him.'



A couple of options Amelia considered included dentistry and medicine but with her introduction to the RNFSA role, an alternative challenging and rewarding career path began to take shape. It is a role that requires specialist training: in addition to her initial Bachelor of Nursing, she has a postgraduate certificate in perioperative specialty nursing, and is currently completing her final year of a Master of Nursing, specialising in RNFSA.

Amelia spreads her time between the private and public sectors, working in the operating theatre as registered nurse and RNFSA.

'A usual working day often starts at 6.30 am at the private hospital as an RNFSA where I go early to ensure that everything is ready for the list ahead. When the surgeon arrives we ward round together on any inpatients, then we see any patients that are being admitted for our morning operating list. I would have already been in contact with these patients, arranged their pre-operative work-up, and made necessary admission and surgical arrangements. When we get into theatre my role varies depending on the case. For large cases I am his assistant and for the smaller ones I'm his scrub nurse.'

The intra-operative role of an RNFSA includes the traditional surgical assistant roles, with extended practice roles of bone graft harvesting, removing metal ware, suturing, tissue dissection, haemostasis (a process that prevents excessive blood loss in the body) and infiltration of local anaesthetic.

Often Amelia is working independently on one area of the patient while the surgeon is working on another. Her afternoon may involve a list at the DHB or at the private hospital or a clinic. 'After this list has finished, I meet my boss for another ward round of our patients before going home.'

Amelia says the most enjoyable part of her role as an RNFSA is developing relationships with patients, seeing them pre- and post-op and having the privilege to assist them through their perioperative journey.

'There is nothing more rewarding than seeing a patient who had previously been troubled with an orthopaedic problem presenting to our clinic at their six-week check with a spring in their step and a smile on their face.'

Amelia's plans for the future are already in place. 'I will complete my Master's this year and then I intend to attain nurse practitioner status with prescribing rights in 2012.'

Running alongside that, Amelia wants to build on the extended RNFSA role and find more surgeons who see the benefit in working with an RNFSA.



# Diabetes nurse prescribing

Mary Meendering



The diabetes nurse prescribing demonstration, established by Health Workforce New Zealand in collaboration with the New Zealand Society for the Study of Diabetes, involves extending the role of diabetes nurse specialists to allow them to prescribe a range of medications for their patients.

For the past 15 years Mary Meendering has been working as a clinical nurse specialist, caring for people with diabetes across every age group and condition, from children, adolescents, women in pregnancy, and adults with type 1 diabetes, to those with complex type 2 diabetes.

As one of the newly designated diabetes nurse prescribers at MidCentral DHB (one of four demonstration sites) Mary has found her role is already increasing her job satisfaction. 'Professionally, I have the skills and knowledge to safely prescribe and I also have the support from colleagues and clinical supervisors for this project. The benefits to my patients are clear: it will help to reduce barriers for many who would otherwise need to see their GP for a prescription – it will improve the health outcomes for my patients.'

If there is a significant change in a patient's diabetes status, they will still need to see their GP or specialist. If not, however, nurses like Mary will often be the best person to monitor a patient's condition, help them manage it and provide routine prescriptions.

A typical day varies, with newly diagnosed children or gestational diabetes patients taking priority. 'I organise my own nurse-led clinics and attend the routine paediatric, young adult clinics and the high-risk antenatal/diabetes combined clinic.

**'It's a fascinating area of practice and I am inspired by many of my colleagues who are passionate about caring for people with diabetes.'**



Phone assessments, crisis intervention and clinical management are a large part of the work as well.'

Mary's interest in diabetes has developed over time, stimulated by psycho-social as well as complex clinical aspects. When the opportunity to become a designated prescriber diabetes nurse came up, Mary applied. 'It's a fascinating area of practice and I am inspired by many of my colleagues who are passionate about caring for people with diabetes.'

Having completed her Master of Nursing in 2010, Mary was academically well placed to take part in the project. She believes postgraduate education in subjects such as pharmacology and pathophysiology is essential to underpin knowledge and clinical decision-making confidently and safely. 'I think it is essential to have a sound understanding of the drugs we use in practice. The support of the clinical sponsors and physician supervisors has strengthened relationships within the team and we work well as colleagues.'

With the extended role Mary can benefit from the recognition of her expertise and knowledge and she enjoys the learning and clinical discussion with case reviews. 'I find it rewarding professionally to be continually expanding my knowledge . . . Professionally I think that the ability to prescribe will grow the relationships we have with general practitioners and pharmacies. I am hopeful it will also remove some of the frustrations that a delay in treatment changes or delay in getting basic repeats can represent for patients.'

# Pharmacy anti-coagulation management

Samuel Martin



The community pharmacy anti-coagulation management services demonstration, established by Health Workforce New Zealand and the Pharmaceutical Society of New Zealand, sees pharmacists use *standing orders* to dispense warfarin to selected patients as well as having the authority to modify a prescription in collaboration with GP colleagues.

Traditionally, anti-coagulation management in New Zealand has been based in general practices, often delegated to a practice nurse under the supervision of the GP. Managing warfarin in pharmacy settings should mean fewer general practice visits, offering more convenience for patients and freeing up valuable GP and practice nurse time.

Sam Martin is a pharmacist at one of 15 demonstration sites nationwide that are taking part in the extended practice project.

Sam, pharmacist at Huntly West Pharmacy, chose community pharmacy because he likes being part of the community and working with local people. 'I like interacting with people and being there "at the top of the cliff" rather than at the bottom.'

Sam says the pharmacy has been getting some very positive feedback since the demonstration began in late 2010. 'Patients are finding it easier to come to the pharmacy, and like that they can come any time of the day. They can discuss what's going on for them and this helps us to help them manage their condition better. We're finding they're becoming more involved in their own care.'

In the beginning, Sam says, patients were a bit hesitant to discuss matters but after a few tests they opened up more and have been happy to take part in the trial. 'Some have become more like a friend and building that relationship helps to get ideas about their treatment over to them.'



It's easier to educate a patient when they feel comfortable discussing things in their day-to-day lives that might affect their medication.'

Sam says that the pharmacist is more likely to have the time to sit down and have a longer talk about the patient's condition than their doctor or practice nurse. The majority of patients are seen every two to three weeks so a good relationship is established quite quickly and some will call in between times if they've got a question.

**'Our local GPs seem to be pretty happy with the result and the practice nurses have found that they've had their time freed up to do other things. It's a truly collaborative effort with the GP and results are reviewed straight away.'**

'Our local GPs seem to be pretty happy with the result and the practice nurses have found that they've had their time freed up to do other things. It's a truly collaborative effort with the GP and results are reviewed straightaway. Previously some patients would have to phone their doctor to get their dose and with either no home phone or no credit on their mobile it was making the process difficult.'

Sam says that it was important to take time to gain the trust of GPs but progress has been good. He also recognises the importance of the project in changing the public perception of what community pharmacists do and in showing

there's a lot of room for growth in the services community pharmacies can provide. 'In the past we've been seen as retailers and dispensers but we can teach about warfarin and review medication to ensure patients are receiving the correct dose and I think that's positive. I find working in the community rewarding, I'm well supported and mentored, I've learned how to deal with people and offer a valuable service.'

Now the services at Sam's pharmacy are being extended and he sees the potential for further expansion. 'I'm consulted a lot more on other things now that people are coming to terms with what a pharmacist can do and are becoming familiar with our area of expertise. It opens doors and gets you thinking in a different way. I'm looking forward to seeing how projects like this can be applied to other situations.'

