**NP transition programme: supported placements for newly registered NPs in PHC providing general and MH&A holistic care**

The intent of the funding is to ensure newly registered NPs have the time and opportunity to be well oriented and integrated into practice.

The transition placement provides time for the transition NP to adapt to their new role and scope of practice, consolidate newly acquired skills and accountabilities, and enable the development of their vision for NP practice.

A requirement is for NPs to deliver holistic models of primary health care that substantively include mental health and addiction, with the explicit purpose of increasing access to services and improving health outcomes and health equity.

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| **Applicant Details** |  | Date of application |  |
| Health service name, address & region |  | PHO or affiliated organisation |  |
| Name of NP & ethnicity  NP email address |  | *Signature of NP* | |
| Key contact person, position, and contact details |  | *Signature of key contact* | |
| *(Key contact to respond)*  Once the NP candidate is registered, will they immediately be employed as a Nurse Practitioner in your organisation? | *If not immediately, please provide further information.* | | |
| **Achieving health equity under the obligations of Te Tiriti o Waitangi** | | | |
| Tell us about your population demographics e.g ethnicity, age, deprivation etc |  | | |
| What are you doing as a health provider to ensure that every interaction actively promotes equity of health outcomes particularly for Māori? e.g models/strategies that underpin organisational behaviour/culture | *Why are we asking the question: we want to hear if at all levels of the organisation equity is accounted for, kāwanatanga to on the floor, active protection* | | |
| How do you ensure that models of care are culturally safe and protect vulnerable populations? | *Why are we asking the question: engagement and consideration of different ways of working to promote ongoing engagement with the disenfranchised* | | |
| **Improving healthcare access for marginalised and underserved populations and communities, and particularly increasing access to MH&A care and services** | | | |
| What are the key population health needs that you expect this position to address? | *Why are we asking the question: what are the identified needs? Are they based on gaps and promote equitable outcomes?* | | |
| How will this position integrate access with other providers, including community and secondary services? | *Why are we asking the question: pathways, knowledge of community and professional relationships for best outcomes for whanau* | | |
| What consumer input or kōrero have you had (or do you intend to have) in designing this model of care and ensuring the appropriateness of it for the population cohort it is focusing on? | *Why are we asking the question: partnership, tino rangatiratanga* | | |
| **Developing a model of NP care that optimises the scope of NP practice to promote Hāuora** | | | |
| Describe the NP model of care to be delivered:  Including locations e.g., outreach, marae-based, facility, clinic, school | *Why are we asking the question: thinking outside the BAU service provision box? Is the role a NP role that utilises their skillset comprehensively?* | | |
| How will the role provide holistic care that integrates MH&A and generalist care provision? | *Why are we asking the question: whole of person care and service provision* | | |
| Tell us how you expect this model will improve health outcomes? | *Why are we asking the question: does this align with the gaps?* | | |
| **Any other comments?** | | | |
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