



New Zealand Nurses Organisation

Submission to the Ministry of Health

On the

Draft Revised Nurse Entry to Practice Specifications

30 April 2010

Inquiries to: Marilyn Head
Policy Analyst
NZNO
PO Box 2128, Wellington
Phone: 04 494 6372
Email: marilynh@nzno.org.nz

ABOUT NZNO

The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over **45 000** nurses, midwives, students, kaimahi hauroa and health workers on a range of employment-related and professional issues. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated.

NZNO provides leadership, research and support for professional excellence in nursing, negotiates collective employment agreements on behalf of its members and collaborates with government and other agencies throughout the health sector. Nurses are the largest group of health professionals comprising half the health workforce.

The NZNO vision is “Freed to care, Proud to nurse”. Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations to achieve a safe, sustainable and accessible system of public health care for all New Zealanders.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Draft revised nurse entry to practice (NetP) programme specifications.
2. NZNO has consulted its members and staff in the preparation of this submission, in particular Professional Nursing, Industrial, Policy, Research, competency and Legal Advisers; Te Runanga, Regional Council and Board members; and members of our specialist Colleges and Sections including NZNO's National Student Unit (NSU).
3. There was significant interest in this document with comment focusing on:
 - the compulsory Level 8 post graduate papers;

- preceptorship;
 - rotations and study days; and
 - the availability of role-specific NetP programmes for all regulated nurses, including Enrolled Nurses.
4. Accordingly, we have summarized the extensive discussion and consensus views on these topics, in addition to specific comments in the feedback template, which, again, we found frustrating to use, difficult to save and then re-access or impossible to share and invite other direct-to-document feedback. (If the Ministry of Health intends persisting with these online feedback documents, we would like the opportunity to discuss the problems we are having with them with your IT people to see if we can arrive at a mutually satisfactory solution. We want our feedback to be in the form most convenient to the Ministry, without compromising our own processes and taking up too much time.)
5. We also draw your attention to preliminary results from NZNO's current national DHB Charge Nurse/Clinical Nurse Survey undertaken by our researcher Dr Léonie Walker which we anticipate will be able to provide some insight into useful preparation for leadership roles including preceptorship, and particularly into the relevance and timing of post graduate study. The study should soon be available in full from our website www.nzno.org.nz/activities/research
6. We trust that this will be useful and advise that NZNO would welcome further involvement in the development and implementation of NetP programmes, as our staff and members have extensive knowledge and experience in how they work in a range of health settings throughout Aotearoa.

DISCUSSION

Compulsory Post graduate Study

7. This proposed specification prompted widespread, mainly negative discussion and comment from a wide range of nursing groups, though there was strong support for access post graduate education generally, to encourage ongoing learning.
8. It was felt that credible NetP programmes should have the space to build on assessment and reasoning skills within the programmes, so that new graduates could concentrate on the clinical environment rather than worry about external academic assignments, for example.
9. In general, it was felt that compulsory 800 level papers would:
 - be inappropriate in the initial year of clinical immersion where clinical focus is paramount;
 - impose an unnecessary burden on new graduates at the wrong time in their professional career, which might affect retention in nursing and in New Zealand;
 - send the wrong message regarding the value of *clinical* experience and learning in relation to *academic* learning, including the value of academic as opposed to clinical educators;
 - limit the ability of DHBs to manage appropriate placements and training for their clinical workforce according to particular population needs; and would
 - logistically be very difficult to implement.
10. The following response from a NetP co-coordinator illustrates the latter point:
Currently we use 700 level papers within the 12 month period. The papers are very clinical and we are able to enrol the NetP participant into the most appropriate clinical course at the most appropriate time during the NetP

Programme. Should we be forced into providing only 800 level papers we would lose the clinical focus which is the very thing that the NetP participants need in this first year. In addition we would have to use either a Distance Education model or be bound to use Otago University, which does not offer a wide choice of clinical papers. A further issue is setting this in the second six months. Providers [and Universities] will have difficulty in managing unequal semester loads as the January intake is significantly larger than the September cohort”.

11. It is not clear what the evidence base is for this recommendation, specifically the evaluative criteria/ measured outcomes that have been used to indicate the effectiveness of including Level 800 papers in NetP programmes. The significant fiscal, employment, professional and healthcare ramifications of this specification demand that it is securely based on robust evidence and that the gains would be real and measurable.
12. In this context we draw your attention to NZNO's current national DHB Charge Nurse/Clinical Nurse Survey undertaken by Dr Leonie Walker, the results of which will soon be available from our website. Preliminary results suggest that this will offer some very interesting and relevant insight into the effectiveness of a range of formal and informal educational preparation – training and assessment - for nursing from these clinical nurse leaders.
13. We note that the focus of the level 8 paper on assessment and clinical reasoning is similar to an existing paper already offered by one university, but that the national standards are yet to be developed. This raises a number of questions around the risks of academic learning substituting for or taking precedence over clinical learning and again draws attention to the need for rigorous evaluation within the context of developing the nursing workforce to meet New Zealand's health needs.
14. Widespread concern was expressed that this requirement would mean that new graduates would absorb most of the already very limited CTA funding

available for post-graduate nursing study, which would be highly detrimental to nurturing clinical leadership.

15. It was noted that postgraduate study is required for Mental Health nursing; however, this is a discrete, specialist role where nurses must be prepared for high level interventions at the outset where the body of knowledge within the undergraduate programme is more generalist mental health. It is not directly comparable to the nursing that a first year RN graduate would be expected to undertake.

Preceptorship

16. Preceptorship is a critical component of the successful transition from student to registered nurse practice and needs to be valued and supported at all levels within organisations.
17. While general support for the current system of Preceptorship was expressed, there was also a significant call for ensuring consistent national standards were rigorously applied. Preceptors themselves expressed concern that some new graduates are being put into the position of caring for too many patients (for example six to seven in a cardio ward) particularly on afternoon and night duties. While four is the generally accepted recommended number of patients for a new graduate, many RNs commented that it was difficult to find written notice of this recommendation and suggested that such guidelines are clarified, accessible and adhered to.
18. Similarly while there was support for the flexibility of “preceptorship provided by a team”, more rigour was called for in ensuring that *all* those involved had access to training and were working from a common knowledge and understanding of the educational principles involved.
19. NZNO supports on-going education following the initial preceptor training programme and the enforcement of the protected time for preceptor and new graduate to spend non-clinical time discussing practice issues, reflecting on practice, identifying areas for further development and setting goals etc. 16

hours of developmental time is specified for preceptor and new grad to spend together: this needs to be supported by senior nurses in clinical settings to ensure it happens.

20. Strategies need to be in place to ensure that the preceptors and clinical areas are able to comply with the NetP requirements for preceptors.

Rotations and Study Days

21. Positive and negatives were found for both single and double rotations.

22. On the positive side for one rotation:

- some new graduates are very clear about where they want to practice;
- one year in an area allows time for consolidation of practice in that particular area; and it
- reduces the chances of new graduates only going to an area of preference as a number of grads may choose to go to one particular area.

While the drawbacks may include:

- allocation to an area a graduate specifically does not want to be in;
- if it is not a supportive area and preceptorship has not gone well the new graduate has no alternative for a year and it may increase the risk of their leaving the programme early; and
- it will restrict the workforce deployment choices of the provider.

Certainly there would need to be options in place if it becomes important for new graduates to be moved to another area within a whole year.

23. With two rotations:

- experience suggests that new graduates like 2 rotations and see them as a positive;
- the chances of getting at least one preference are increased;
- it provides a broader grounding of experience;
- some new grads may not have already identified a particular area they want to work in and want to still gain variety of experience; though

- it limits new graduates ability to stay in an area if they find that that is where they work and similarly providers may not want to 'lose' graduates once they've gained experienced in the area.
24. However, by and large, most member groups supported the flexibility of being able to offer both one and two rotations, to be able to meet both the operational needs of providers and graduates' needs.
25. For example some hospital areas require the NetP participant to be work ready in a lower acuity area before they can be placed in a high acuity area such as the Emergency Department (ED). To remove the option may set some new graduates up for failure.
26. Most member groups favoured a minimum of five weeks for the rostering of a new graduate with preceptor. If there are two rotations this may need to be increased to a minimum of six weeks depending on how quickly new graduate adjusts to the new clinical setting.
27. We support the current system of twelve study days, with the flexibility of their being able to be used as orientation days, in-house study days, external provider (700 level paper) study days and self-directed study days or learning such as working with nurses in specialist roles to grow knowledge and skills in a specific area of practice.
28. Development days for graduate and preceptor must be protected and enabled to happen.

NetP programme for regulated nurses

29. NZNO membership groups expressed strong support for having a defined, funded NetP for ENs and advocated work being undertaken with this sector to design an appropriate one, which we anticipate would involve a significantly shorter time period and fewer study/supernumerary needs.
30. It is important that additional funding is provided for NETP programme for enrolled nurses so it is not at expense of registered nurse programme.

CONCLUSION

23. In conclusion NZNO **recommends** that you:

- **note** our strong support for NetP programmes for all new graduates;
- **note** our strong reservations about compulsory post graduate study in the first year of clinical immersion;
- **agree** that such a specification has serious funding, employment and professional nursing implications and in the current environment could adversely affect the retention of new graduates and undermine the development of the nursing workforce and clinical leadership;
- **note** we believe that nationally consistent standards and education for preceptorship are necessary and that strategies need to be in place to ensure that the preceptors and clinical areas are able to comply with the NetP requirements for preceptors;
- **note** the imminent publication of NZNO's national DHB Charge Nurse/Clinical Nurse Survey;
- **note** we support the flexibility to offer either one or two rotations at a time that suits the circumstances;
- **note** our support for 12 study days allowing flexible allocation; and
- **agree** that a NetP programme for ENs. commensurate with the level of EN training, is appropriate and desirable, and would significantly contribute to the recent reinstatement and recommitment to this essential regulated nursing role.



CLINICAL TRAINING AGENCY (CTA) Nursing Entry to Practice (NETP) DRAFT REVISED SPECIFICATION FEEDBACK FORM

Thank you for taking the time to review and comment on this *draft* revised specification. You will notice that each line in the specification is numbered. We would ask that you please include the relevant line numbers when making comments.

TOPIC AND SECTION/S	SUBMITTERS COMMENTS
1.0 INTRODUCTION Page 1 Lines 7 – 47	NZNO notes that there is a high degree of variability in undergraduate nursing programmes throughout the country. What criteria are used to assess programmes to accommodate the generic principle of the NetP programme of strengthening (not repeating) learning? We suggest an assessment tool to identify new graduates' clinical knowledge would be useful to guide learning.
2.0 PROGRAMME COMPONENTS Page 2 Lines 48 – 53	We see no reason to prevent cross funding for programmes as the vast majority of NetP nurses will limit themselves to the programme and there may be very sound reasons for additional funding to be accepted either because of need or because it could cause offence if it were refused (for example it might be culturally, religiously or personally inappropriate to reject some offers). We question the basis of this punitive clause – is there a precedent which would indicate the need for it? Students, particularly female students who dominate nursing, are already handicapped by huge loans, and should be free to pursue other charitable support.
2.1 PROGRAMME OUTLINE Page 2 Lines 55 – 80	As per our accompanying submission, It is not clear what the evidence base is for this recommendation, specifically the evaluative criteria/ measured outcomes that have been used to indicate the effectiveness of including Level 800 papers in NETP programmes. NZNO rejects the need for 800 level papers in the NetP programme as they would: <ul style="list-style-type: none"> ➤ be inappropriate in the initial year of clinical immersion where clinical focus is paramount; ➤ impose an unnecessary burden on new graduates at the wrong time in their professional career, which might affect retention in nursing and in New Zealand; ➤ take up the bulk of CTA postgraduate funding for nursing, limiting the opportunities for

	<p>experienced nurses to advance their knowledge and creating a barrier to nursing leadership</p> <ul style="list-style-type: none"> ➤ send the wrong message regarding the value of <i>clinical</i> experience and learning in relation to <i>academic</i> learning, including the value of academic as opposed to clinical educators; ➤ limit the ability of DHBs to manage appropriate placements and training for their clinical workforce according to particular population needs; and would ➤ logistically be very difficult to implement as both providers and universities would have to accommodate widely variant student numbers in January/September intakes. <p>We support keeping the flexibility for the benefit of both providers and new graduates of allowing one or two rotations, though we note that sound processes/guidelines are needed to ensure that national standards are not sacrificed to meet local needs causing an overall lowering of quality and consistency.</p> <p>Please note the imminent publication of NZNO's national DHB Charge Nurse/Clinical Nurse survey which will contain useful information regarding training and assessment for preparation for nursing.</p>
2.2 LEARNING ENVIRONMENT Pages 2 – 3 Lines 82 – 102	
2.3 CLINICAL PROGRAMME Page 3 Lines 104 – 111	
2.3.1 CLINICAL PLACEMENTS/ROTATIONS Page 3 Lines 113 – 135	<p>Note previous comment on rotation. Flexibility must be maintained but not at the expense of national standards or consistency of the NetP Programme. As stated in the introduction, this programme is directed at strengthening new graduates application and use of knowledge in clinical situations, rather than meeting employer needs.</p> <p>We note the loose configuration, subject to wide interpretation, inherent in terms such as “the preceptor and new graduate” “Working together” (how?); named preceptors (how many?); “preceptorship provided by a</p>

	team (comprising how may, with what training etc?) and suggest that nationally consistent education, guidelines, illustrative examples, and assessment tools are developed and made accessible.
2.3.2 CLINICAL PRECEPTORSHIP Page 4 Lines 137 – 178	Line 342 states that the preceptor is allocated an additional 16 hours for development days (with graduate), however this is not made clear in section 2.3.2: lines 148-149
2.4 FORMAL TEACHING (EDUCATION) PROGRAMME AND EDUCATIONAL SUPERVISION Page 5 Lines 180 – 194	We note that the focus of the level 8 paper on assessment and clinical reasoning is similar to an existing paper already offered by one university, but that the national standards are yet to be developed. This raises a number of questions around the risks of academic learning substituting for or taking precedence over clinical learning and again draws attention to the need for rigorous evaluation within the context of developing the nursing workforce to meet New Zealand's health needs.
2.5 PROGRAMME CO-ORDINATION Pages 5 – 6 Lines 196 – 229	#6 We suggest that the programme coordinator needs adequate preparation to ensure the NetP programme strengthens undergraduate learning. #8 We recommend the evaluation/survey tools are based on national templates rather than chosen by individual coordinators #10 Nationally consistent principles for the quality improvement plan should be clearly stated.
2.6 OTHER TRAINING PROGRAMME COMPONENTS THAT THE CTA FUNDS/SUBSIDISES Page 6 Lines 231 – 240	
2.7 LENGTH OF TIME FOR WHICH CTA FUNDING IS AVAILABLE Page 6 Lines 242– 244	
3.0 ELIGIBILITY	
3.1 TRAINEE ELIGIBILITY FOR FUNDING FROM CTA Pages 6 – 7 Lines 249 – 278	

3.2 PROVIDER ELIGIBILITY Page 7 Lines 280 – 286	
4.0 ASSOCIATED LINKAGES Page 7 Lines 289 – 298	“must establish links “ is so vague as to be meaningless. Meaningful guidelines and measurement of the quality of the links must be stipulated to avoid this being a token empty gesture.
5.0 PURCHASE UNIT AND REPORTING UNIT	
5.1 PURCHASE UNIT Page 8 Lines 303 – 312	
5.2 REPORTING UNIT Page 8 Lines 315 – 322	
6.0 QUALITY STANDARDS: PROGRAMME SPECIFIC Page 8 Lines 325 – 329	
7.0 REPORTING REQUIREMENTS: PROGRAMME SPECIFIC Page 8 Lines 332 – 336	
8.0 TRAINING PROGRAMME FUNDED COMPONENTS SUMMARY Page 9 Lines 339 – 343	Line 342 states that the preceptor is allocated an additional 16 hours for development days (with graduate), however this is not made clear in section 2.3.2: lines 148-149.

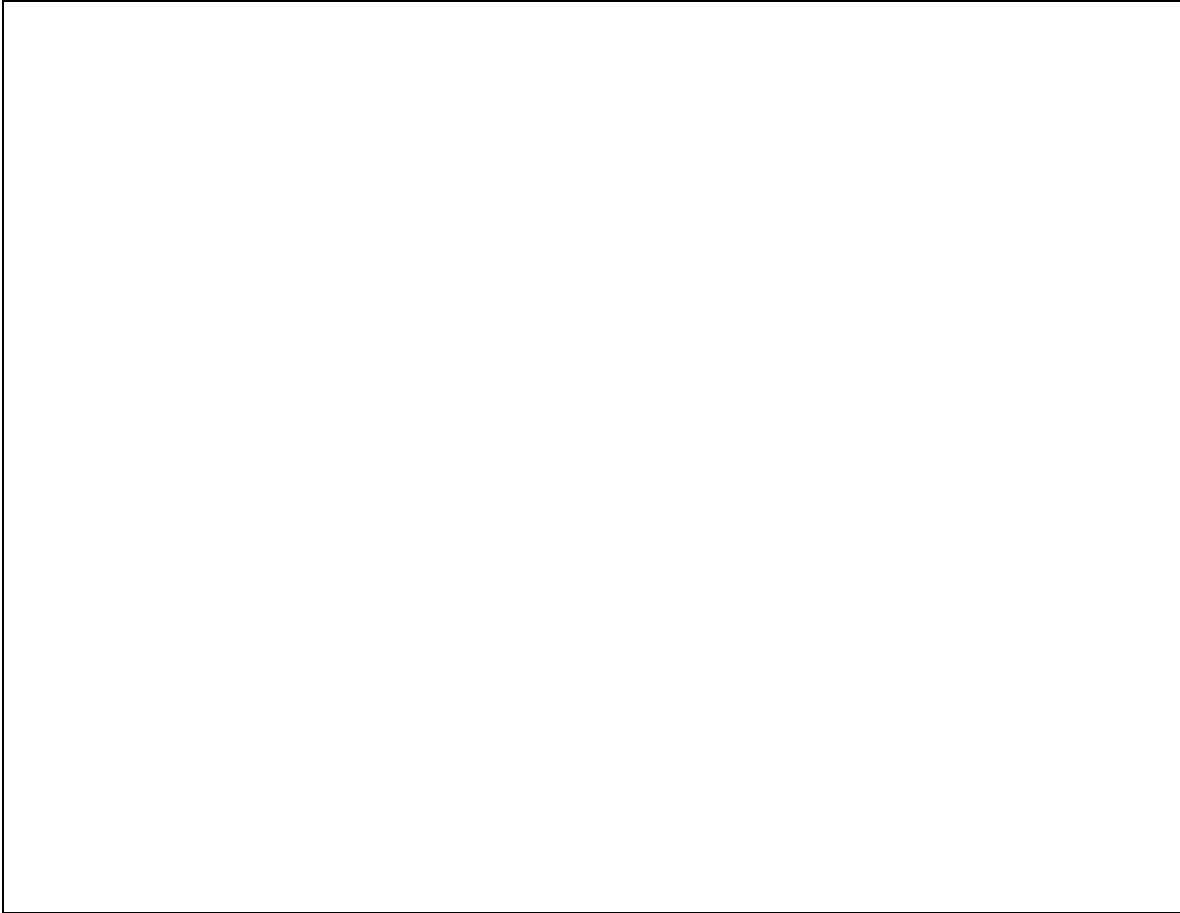
Please add any further comment you would like to make:

Please note NZNO’s submission which accompanies this feedback form.

NZNO recommends that you:

- **note** our strong support for NetP programmes for new graduates;

- **note** our strong reservations about compulsory post graduate study in the first year of clinical immersion;
- **agree** that such a specification has serious funding, employment and professional nursing implications and in the current environment could adversely affect the retention of new graduates and undermine the development of the nursing workforce and clinical leadership;
- **note** we believe that nationally consistent standards and education for preceptorship are necessary and that strategies need to be in place to ensure that the preceptors and clinical areas are able to comply with the NetP requirements for preceptors;
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- **agree** that a NetP programme for ENs. commensurate with the level of EN training, is appropriate and desirable, and would significantly contribute to the recent reinstatement and recommitment to this essential regulated nursing role.



Name of organisation/individual:

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