

Education Policy Framework

Introduction

The New Zealand Nurses Organisation (NZNO) Vision for Nursing (NZNO, 2011, p.3) states:

“Demands on nurses to be actively involved in research, to develop and integrate new technology and treatment modalities to meet health needs, and to develop, implement and evaluate new models of care are increasing. Nursing education will proactively prepare nurses to meet these challenges and the changing health needs of New Zealanders...”

The NZNO education policy framework identifies key strategies to guide the organisation’s direction in advancing the vision up to and beyond 2020. The policy framework will be reviewed as new information and evidence comes to light.

Purpose

The purpose of this document is to articulate NZNO’s commitment to nursing education, outline NZNO’s vision for nursing education based on international and local evidence, and provide steps on how this vision can be achieved.

NZNO provides professional leadership, advice and support to members in a range of areas, including education. The majority of practising registered and enrolled nurses are members of NZNO (approximately 35,000/49,261 (Nursing Council of New Zealand [Nursing Council], 2012)), as well as a significant number of students (approximately 3700). There are also approximately 600 nurse and midwife members who identify themselves as having a role within nursing education. NZNO is committed to the representation of all members and the promotion of nursing and midwifery, undertaking significant activity across a range of sectors to ensure the nursing perspective is heard.

NZNO is also building its capacity to support nurse educators. Current activities include:

- > provision of a forum on nurse education and a range of information regarding education and education provision on its website; and an annual, internationally peer-reviewed research journal.
- > An educational DVD and facilitator guide challenging prejudicial attitudes was produced in 2012.
- > The potential of expanding NZNO’s structures to include educators from the education sector will be explored during the 2013/2014 financial year.

Current Context

Regulation and standards

Registered and enrolled nurses and nurse practitioners (nurses) are regulated under the Health Practitioners Competence Assurance Act (2003) and are accountable for ensuring all health services they provide are consistent with their education and assessed competence, are within their scope of practice, meet legislative requirements, and are supported by appropriate resourcing. Nurses are also responsible for ensuring their learning needs are met and that professional standards of nursing practice, such as those outlined in the *Standards of Professional Nursing Practice* (NZNO, 2012), are upheld.

Nursing education programme standards are set, approved and monitored by the Nursing Council. These standards are reviewed regularly with the most recent review of the bachelor of nursing programme occurring in 2008, followed by publication of new standards in 2010, which were implemented in 2012 (Nursing Council, 2010). The enrolled nurse education standards were reviewed by the Nursing Council in 2010 (Nursing Council, 2010a). Review of the postgraduate education framework is intended in the near future. Nursing Council audits education programmes on a five-yearly cycle, unless the programme fails to meet the required standards in which case more regular reviews may be undertaken.

Education context

The Nursing Council lists 17 institutions providing a three-year undergraduate degree leading to registration as a nurse (<http://www.nursingcouncil.org.nz/download/247/undergrad-info-aug11.pdf>). The degree programme is available at a range of universities, institutes of technology and polytechnics (ITPs), and wananga across the country (a level 7 qualification). Enrolled nurses complete an 18-month diploma programme (a level 5 qualification) to match their revised scope of practice (2010). It is offered at nine different ITPs. Nurse practitioners must meet the specific requirements for the nurse practitioner scope of practice, including successful completion of a clinically-focused masters degree programme approved by the Nursing Council, or equivalent qualification. Nine providers offer postgraduate nursing qualifications approved by the Nursing Council, with five of these offering courses approved for prescribing.

Although government policy has been moving away from a competitive model, competition in the tertiary education sector still exists. Education providers compete for prospective students from the same pool, and they compete for clinical placements in a number of areas. The funding model is particularly challenging and drives a degree of competition.

Nursing education is funded through both the Ministries of Health and Education, with the primary funding for universities, ITPs and wananga, where formal nursing education takes place, originating from the Tertiary Education Commission (TEC) which sits within the Ministry of Education. The Ministry of Health also provides some funding for nursing education. Each ministry has separate strategic plans that affect the direction of nursing education, including structures, mechanisms, student numbers and delivery of programmes/courses/study days.

The Performance-Based Research Fund (PBRF) is also a central driver within tertiary education. Nursing education is positioned between the education and health sectors

so is faced with competitive research drivers on the one hand, set against the infinite demands of health care on the other. Clinical training is funded under Vote Health via the Ministry of Health entity Health Workforce New Zealand (HWNZ).

Nursing needs to position itself within this wider education environment, to understand the focus underpinning funding decisions, and that funding decisions are driven by government policies. In turn, awareness of government policies under development is needed in order to influence their formation and final articulation. These understandings and their application to the health and education environments are crucial to nursing's future. There is room for better synergies to be developed between funders and providers so nursing education is better resourced to meet its stated aim of improving health outcomes.

Nursing workforce

Ideally, the composition of the nursing workforce should reflect that of the population it serves. Currently nursing remains a predominantly female occupation (93 per cent of the workforce) with New Zealand European ethnicity (68 per cent) being the most commonly identified group among Aotearoa/New Zealand nurses (Nursing Council, 2012). This gender and ethnic mix does not reflect the composition of the general population or the population groups that more commonly access health care. In particular, Māori men and women make up approximately 15 per cent of the population and are higher users of health care services than non-Māori men and women (Ministry of Health, 2008), yet only seven per cent of nurses identify as Māori (Nursing Council, 2012). Pasifika peoples are similarly underrepresented in nursing, as are men (NCNZ, 2012).

In the 2011/12 year, the Nursing Council registered 1444 New Zealand-educated nurses (new graduates) and 1232 internationally qualified nurses (NCNZ, 2012a). While this is a crude measure of self-sufficiency and does not capture the dynamic and specialty factors associated with the creation of a sustainable nursing workforce, nor the number of internationally qualified nurses (IQNs) already registered to practice, it gives some indication of New Zealand's reliance on IQNs to meet local workforce needs. Meeting the demands of the local health care sector through IQNs can place a significant burden on the country of origin of the IQN (Little & Buchan, 2007), and create challenges for the local health workforce (Walker & Clendon, 2012a).

IQNs in all settings need significant support in the workplace to transition to effective practitioners in the New Zealand context. IQNs often lack understanding and knowledge of the support systems available to nurses in Aotearoa New Zealand, and all workplaces must take responsibility for ensuring the transition to practice for IQNs in New Zealand is managed effectively.

Post-registration education provision

On completion of an undergraduate programme of study in Aotearoa New Zealand, newly registered nurses are eligible to apply for a nurse entry to practice programme (NEtP) or nurse entry to specialty practice (NESP) programme (mental health). Such programmes are generally offered at district health boards (DHB), some private providers, and in some primary health care settings. These programmes provide new graduates with the opportunity to consolidate the skills they have learnt during their studies in a safe and supportive clinical environment. Programme availability and content varies across districts, with demand frequently outstripping available places. Some NEtP programmes and all NESP programmes include postgraduate study as

part of their programme. A supported, national entry-to-practice programme for enrolled nurses is not currently available.

Once qualified, nurses are required to maintain their competence and must complete a minimum of 60 hours' professional development every three years (Nursing Council, 2012b). Such professional development may involve, for example, short courses and seminars, conferences, continuing professional development offered online, and/or graduate (level 7) and post-graduate (level 8) studies. Funding for nurses to attend anything other than employer-provided training and seminars is limited. Even where the Ministry of Health¹ provides funding for postgraduate study, this is limited to clinically-focused courses that are approved by the Nursing Council, and occasionally further limited by DHB-specific criteria, eg preference may be given to new graduates or nurses early in their careers.

Many organisations offer professional development and recognition programmes (PDRP) for nurses and these, along with knowledge and skills frameworks in specialty areas, are useful to guide nurses in their career development and aspirations, as well as recognising their level of expertise and additional roles they take in the workplace. Clarification of terminology related to specialty (an area of nursing practice) and specialist (a level of nursing practice) (Holloway, 2011; Holloway, Baker & Lumby, 2009) further helps nurses identify their education needs.

Principles

The following principles underpin NZNO's education policy:

- > NZNO embraces Te Tiriti o Waitangi and works collaboratively to improve the health status of all peoples of New Zealand through participation in health and social policy development.
- > NZNO supports the following seven principles of nursing education (Brinkman, 2010) that state that nursing education must be:
 - appropriate;
 - acceptable;
 - affordable;
 - accessible;
 - relevant;
 - supported; and
 - evaluated.
- > NZNO supports the following consensus statements made by the National Nursing Organisations (NNO) Consortium in 2011:²

¹ Currently Health Workforce New Zealand (HWNZ) – a Ministry of Health entity – is responsible for health workforce planning, training and funding.

² The NNO is a collaboration of the major groups representing nurses in New Zealand. The consensus statements were made at a meeting of the members of the NNO in

- 'effective workforce development requires a professional expectation that learning and teaching are part of every nurse's, role as detailed in our competencies;
- all nurses have a requirement for linking career planning to choices in education and practice area development;
- all new registered nurse graduates will have access to a Nurse Entry to Practice (NETP) or Nurse Entry to Specialty Practice (NESP) programme in their first year of practice.'

(National Nursing Organisations Consortium, 2011)

- > NZNO believes all employers and the Ministry of Health should have a stated policy of equitable access to professional development for all health professionals, including nurses.
- > Ensuring professional development is maintained is the dual responsibility of employers and nurses. Employers must ensure the working environment is conducive to supporting nurses meet their learning needs and the required standards of professional nursing practice.
- > NZNO believes education should be funded in a way that equally supports and values teaching, research and clinical practice.
- > NZNO supports the position of the NZNO Mental Health Nurses Section and Te Ao Māramatanga New Zealand College of Mental Health Nurses that all nurses entering specialty mental health and addiction practice for the first time should be able to access a NESP programme.
- > NZNO is committed to supporting educators in their role through advocacy, engagement with nursing advisory committees, contribution to programmes, research support and the work of the NZNO colleges and sections.

2011 and recorded in their minutes. The statements have been taken directly from these minutes without any modification.

Policy statements

General Statements

Recruitment

NZNO supports initiatives aimed at increasing uptake and diversity of the profession – in particular, those initiatives targeting prospective and current Māori, Pasifika and male students.

Rationale

Recruitment into the profession must aim to reflect the diversity and needs of New Zealand's population to further promote and integrate culturally acceptable and appropriate care.

Recommended actions

NZNO:

- > supports employer and education providers' efforts to recruit into the nursing profession – this may include the judicious use of social media to enhance visibility of the nursing profession, expressing support for initiatives designed to recruit more diverse groups into the health professions, e. Kia Ora Hauora; and supporting efforts of educators from early childhood education to secondary school to promote nursing as a career;
- > recommends research be undertaken examining school leavers' career intentions and their perspectives on nursing as a career choice;
- > seeks and uses media opportunities to showcase positive images of nursing, eg taking advantage of opportunities to undertake television interviews relevant to the professional practice of nursing;
- > provides media training opportunities for organisational leaders (NZNO office holders and staff); and
- > supports the National Student Unit (NSU) and Te Runanga Tauria in promoting nursing as a career to potential students.

NZNO recommends that education providers:

- > develop and/or continue to develop supportive pathways for diverse groups to enter nursing, eg provide foundation nursing courses that include science subjects, recognise prior qualifications, provide culturally appropriate support, and encourage career guidance counsellors in secondary schools to support students to study subjects relevant to nursing, including science;
- > use and promote opportunities to showcase nursing, eg 2011-12 UNITEC television advertising campaign;
- > work with careers adviser groups to ensure nursing is offered as a positive career option within schools; and
- > work with local Māori groups to support recruitment of Māori into nursing.

- > work with local Pasifika groups to support recruitment of Pasifika into nursing.

NZNO recommends that clinical providers:

- > work with education providers to promote work experience opportunities to encourage nursing as a career option.

The internationally qualified nursing workforce and workforce planning

NZNO believes all nurses have the right to practise in a safe and supportive environment that acknowledges the strengths and differences of an international workforce.

NZNO acknowledges the challenges of achieving and maintaining a nursing workforce that meets demands for appropriate skill mix and numbers.

NZNO supports moving toward greater self-sufficiency and sustainability of the New Zealand nursing workforce within the global setting and reducing reliance on IQNs. NZNO supports policies that will achieve this including both educationally-focused policies, eg reducing student attrition and establishing affordable return to nursing programmes; and policies that address working environments, eg increasing nurse retention through the creation of healthy work environments, career planning, supported professional development opportunities and improved remuneration.

NZNO demands the Ministry of Health demonstrates responsibility for undertaking evidence-based nursing workforce planning to identify medium and long-term workforce supply/demand to ameliorate nursing workforce shortages and surpluses, and for the Ministry to liaise closely with the Tertiary Education Commission to ensure appropriate numbers are funded, recruited and supported in nursing programmes.

Rationale

At present, New Zealand is heavily reliant on IQNs to support the local nursing workforce. Without effective workforce planning, this reliance places us at significant risk, if predicted worldwide nursing shortages (International Council of Nurses [ICN], 2007) continue. IQNs are important to the New Zealand workforce (Nursing Council, 2012a) and, while it is likely that New Zealand will always require some IQNs to support the local nursing workforce, the ICN has called for developed countries to attain a level of self-sufficiency and sustainability in meeting their needs for a qualified health workforce (Little & Buchan, 2007). Self-sufficiency/sustainability is defined as the creation of a sustainable stock of locally educated nurses to meet service requirements where stock incorporates broader elements such as distribution, mix, quality, productivity, and retention (Little & Buchan, 2007). While New Zealand works toward this goal, employers and education providers must ensure those IQNs who do come to New Zealand are appropriately supported to transition to the workforce effectively and efficiently. This includes providing supportive work environments, and accessible and affordable competence assessment programmes (Walker & Clendon, 2012a).

Recommended actions

NZNO:

- > reflects support for increasing self-sustainability in policy documents, media statements and other work;
- > continues research into factors that will enhance retention of nurses;
- > supports the promotion and delivery of cultural safety and cultural competence education for international nurses (and all other nurses) to ensure safe and effective nursing practice;
- > supports the development of industry specific language testing that is culturally and occupationally appropriate;
- > continues emphasis on safe staffing, healthy workplaces and care capacity demand management work, including robust evaluation;
- > works with other nursing groups toward reducing reliance on IQNs;
- > reviews government policy and influences it through submissions and lobbying;
- > provides guidelines for employers on appropriate support mechanisms for IQNs who work in New Zealand;
- > provides information on the NZNO website for IQNs considering nursing in New Zealand;
- > continues to work with the Ministry of Business, Innovation and Employment to ensure employer accreditation requests for IQNs are timely and appropriate; and
- > continues to lobby the Ministry of Health to ensure it undertakes appropriate workforce planning, including research. NZNO recommends education providers:
 - > are appropriately funded and resourced to respond to health and workforce needs, as determined by robust, evidence-based workforce projections;
 - > are appropriately funded and resourced to provide relevant educational opportunities at all levels (undergraduate, postregistration and postgraduate) and for all nurses, to ensure skills are matched to patient health needs and demand. This includes providing affordable competency assessment programmes for IQNs and nurses returning to practice where identified as required and with priority given to New Zealand nurses returning to practice.

NZNO recommends clinical providers:

- > recognise, respect and value the contribution IQNs make to the workforce by:
 - implementing appropriate and effective orientation programmes for IQNs, including cultural safety;
 - appointing IQNs at a salary level commensurate with their experience and qualifications (this may be subject to a probationary or 'settling in' period); and
 - providing pastoral support to assist new immigrants settle into the New Zealand health sector;
- > work collaboratively with the Ministry of Health, the Nursing Council and education providers to ensure data is available to support workforce planning; and
- > implement care capacity demand management tools and other initiatives to assist with nurse retention.

NZNO recommends the Nursing Council:

- > ensures clear advice on registration and emigration to New Zealand is electronically available to IQNs; and

- > regularly reviews the English language and entry requirements for IQNs and recognises relevant Aotearoa New Zealand specific English for speakers of other languages (ESOL) programmes and qualifications.

NZNO recommends the Ministry of Health:

- > establishes sound systems to predict workforce requirements;
- > works with the Tertiary Education Commission (TEC) to:
 - ensure funding supports enough students entering nursing education programmes to meet future workforce need; and
 - ensures intersectoral goals are compatible;
- > undertakes evidence-based workforce planning, including future workforce planning as outlined in the HWNZ Terms of Reference (HWNZ, 2011).

Partnership

NZNO supports activities that build on and promote partnerships and collaboration between and among nursing education and clinical providers.

Rationale

The provision of effective nursing education in Aotearoa New Zealand depends on the existence of strong relationships among and between nursing education and clinical providers. There are excellent examples of collaborative approaches to education in many settings including research partnerships, curriculum sharing arrangements, dedicated education units (DEU) and clinical education models (Spence, Vallant, Roud & Aspinall, 2012; <http://www.cdhb.govt.nz/deu/default.htm>; Betany & Yarwood, 2010).

Formal collaboration and partnership among and between nursing education providers and clinical providers promotes optimal resource use, supports smaller nursing education providers, and increases the potential for improved student outcomes (Jamieson, et al., 2008).

Recommended actions

NZNO:

- > supports activities that promote partnership and collaboration between education and clinical providers in policy documents, media statements and other work;
- > continues to play an active role in school of nursing advisory committees;
- > continues to host an annual meeting between the NSU and representatives of Nurse Educators in the Tertiary Sector (NETS) and Council of Deans;
- > continues to meet representatives of NETS annually to discuss the findings of the NZNO nursing student survey; and
- > continues to deliver educational sessions within the nursing curricula.

NZNO recommends education providers:

- > continue to research and evaluate learning opportunities and teaching practices that enhance partnership and collaboration across the tertiary nursing education continuum;

NZNO recommends clinical providers:

- > develop or continue to develop effective partnership and collaboration models with the education sector.

Academic Staff

NZNO supports initiatives by teachers' unions to improve the remuneration of nurses who take up academic positions.

NZNO supports initiatives to ensure students receive quality clinical and academic education from appropriately qualified, experienced and supported staff, in relevant settings.

NZNO supports initiatives to implement succession planning in the education sector, particularly in the medium to longer term.

Rationale

Academic staff face significant challenges in delivering clinically up-to-date, research inclusive curricula. Academic staff are required to hold postgraduate qualifications and maintain a balance between academic and clinical demands. Remuneration for academic staff does not equate to remuneration for clinical staff in many settings – particularly in smaller ITPs – and recruitment and retention of academic staff will remain an issue as long as this situation continues. In addition, nearly half of registered nurses working in education are aged over 50 (Nursing Council, 2012a), indicating that robust succession planning for this particular workforce will need to be addressed in the medium to longer term. The expansion of career pathways in education is essential to ensure the development and retention of strong leaders capable of negotiating the diverse pressures in the sector.

Recommended actions

NZNO:

- > articulates support in its policy documents, media statements and other work.
- > for improved remuneration of nurses in academic positions in order to attract and retain competent and inspiring staff members NZNO recommends education providers:
- > work closely with the Nursing Council and the Ministry of Health to develop succession planning for academic staff;
- > explore and analyse current and future employment structures to ensure high quality, relevant education continues to be provided, given anticipated workforce pressures;
- > remain cognisant that restructuring of education delivery to accommodate student numbers and diversity as a result of future workforce pressures may impact on employment structures;
- > work to expand and articulate career pathways in education to ensure effective recruitment to, and development of, the education workforce.

NZNO recommends clinical providers:

- > work closely with education providers to explore facilitative employment structures, eg exploring the potential of permanent, collaborative appointments, flexible secondments, and protected return to senior positions.

Interprofessional/interdisciplinary education

NZNO supports and promotes activities designed to develop interprofessional/interdisciplinary education in New Zealand in order to augment future interdisciplinary health team work.

Rationale

Interprofessional or interdisciplinary education ‘...occurs when one or more professionals learn with, from and about each other to improve collaboration and the quality of care’ (UK Centre for the Advancement of Interprofessional Education, 2002). While challenges exist regarding the implementation of interprofessional education, the benefits include:

- > improvement in communication among and between health professionals;
- > improvements in interdisciplinary practice; resulting in
- > improvements in health outcomes.

(Pecukonis, et al., 2008; McKinlay & Pullon, 2007; Pullon & McKinlay, 2007)

Recommended actions

NZNO:

- > articulates support in its policy documents, media statements and other work.
- > for interprofessional/interdisciplinary education NZNO recommends education providers:
- > continue to work collaboratively with other disciplines/schools to develop relevant approaches to interprofessional/disciplinary education (academic and clinical) that are appropriately resourced and managed.

NZNO recommends clinical providers

- > continue to develop relevant and appropriate opportunities for interprofessional/interdisciplinary education in collaboration with education providers..

Access to information and communications technology (ICT) in the workplace

NZNO supports initiatives to ensure all nurses have access to up-to-date information and communications technology in their workplaces to support evidence-based practice. NZNO will continue to lobby the National Health Board to ensure ICT systems are nationally integrated, accessible and useful to nurses.

Rationale

The ability to use ICT is an essential element of evidence-based practice – the ultimate outcome of which is improved patient care and outcomes. The demands of new and emerging technologies require nurses to gain ICT skills and confidence in their application.

Recommended actions

NZNO:

- > in its policy documents, media statements and other work supports initiatives to ensure all nurses will have access to up-to-date information technology in their workplaces.

NZNO recommends education providers:

- > continue to develop and offer appropriate ICT learning opportunities in undergraduate and postgraduate programmes.

NZNO recommends clinical providers:

- > invest in ICT infrastructure and training relevant to nursing needs.

Undergraduate programmes

Fewer Curricula

Fewer undergraduate curricula will reduce costs, improve quality, and strengthen clinical experiences for students. NZNO believes a steady consolidation in the number of curricula, with the ultimate aim of halving the number of curricula by 2030, is appropriate and achievable.

Rationale

There is a range of evidence that supports consolidation in the number of nursing curricula. This includes:

- > research undertaken with student members of NZNO (Walker & Clendon, 2012b; Walker, 2011), along with anecdotal evidence from attendance at provider advisory meetings, demonstrating that quality of the student experience differs across the country;
- > increasing mobility of the New Zealand population – particularly those aged under 25 (Statistics New Zealand, 2007) – along with research evidence from students who have attempted to change programmes (Walker & Clendon, 2012b; Walker, 2011), that personal and government costs are increased and programme completion is delayed due to poor transferability of learning between programmes;
- > the resource burden of preparing multiple curricula for academic approval processes such as through the Committee on University Academic Programmes (CUAP), the New Zealand Qualifications Authority (NZQA) and internal institutional processes;

- > the increasing cost of Nursing Council monitoring and accreditation fees;
- > the impending retirement of a significantly knowledgeable component of the academic workforce,³ is likely to further increase the individual burden on schools of nursing when undertaking resource intensive development of curricula, and teaching and learning tools;
- > clinical providers find it difficult to manage student evaluation where more than one nursing education provider has students in the clinical setting. This makes it more difficult for the clinical providers to offer effective clinical placements (Counties Manukau District Health Board, 2012).

Each unique curriculum has a range of strengths and weaknesses. An effective consolidation process would allow the strengths of various curricula to be drawn together to improve overall quality across the sector. Where a consolidated curriculum was offered, strong academic leadership across the different campuses would facilitate wider exposure of staff to urban, rural and provincial settings, contexts and knowledge, professional development opportunities, and broadthinking across different settings and health services. provision.

While multiple curricula may allow greater choice for students, and fresh thinking and ideas to contribute to the clinical environment, the decreased costs, increased quality, and strengthening of the student experience is likely to outweigh these aspects.

Recommended actions

NZNO:

- > within its policy documents, media statements and other work, NZNO supports decreasing the number of undergraduate nursing curricula;
- > supports education and clinical providers to identify the core strengths of respective curricula to assist in moving toward consolidation;
- > recommends research be undertaken to examine the impact of curriculum consolidation

NZNO recommends education providers:

- > work collaboratively to identify an appropriate process for progressing consolidation of curricula.

NZNO recommends clinical providers:

- > support education providers to identify the key strengths of existing curricula as they move toward curricula consolidation.

³ Nearly half of registered nurses working in education are aged over 50 years of age (Nursing Council, 2012). NZNO research has found that nearly 60% of all nurses aged over 50 will retire in the next 10 years (Walker & Clendon, 2012c) and although further research is required to examine the retirement intentions of this specific cohort of nurses, the findings are likely to be broadly applicable to nurses in education.

Curricula Content

NZNO believes curricula needs to be future focused, with growing emphasis on primary health care, age-related care and long-term conditions' management in the community.

NZNO supports the provision of holistic assessment and screening (including mental health and gerontological assessment) skills education within undergraduate programmes and the integration of these skills into everyday practice.

Rationale

While acute care will always be required, prevention and early intervention through effective primary health care are now considered essential to:

- > address inequalities in health;
- > prevent illness;
- > improve health outcomes;
- > reduce costs (World Health Organisation, 2008; National Expert Commission, 2012).

The New Zealand Health Strategy (Minister of Health, 2000) outlined 13 priority population health objectives and the current government continues to focus on these (Minister of Health, 2012). An emphasis on preventative approaches to health care and the management of long-term conditions require health professionals educated and able to meet these objectives. In addition, increasing population pressures and an ageing population require a reorientation of health care toward home and community-based care which, in turn, will require nurses to be able to effectively meet these challenges (National Expert Commission, 2012; Institute of Medicine, 2010). An increasing focus on patient and family-centred care, and whānau ora will also see the need for broad assessment skills.

Recommended actions

NZNO:

- > in its policy documents, media statements and other work will continue to promote a primary health care, population-based focus; ;
- > will support NZNO members as delivery systems for clinical practice change, and encourage them to enable students to access the new clinical experiences available within changing systems

NZNO recommends education providers:

- > nurture appropriately educated and experienced academic staff to implement curriculum changes that integrate the theoretical and practical needs of primary health care nursing, long-term conditions' management, gerontological nursing including dementia, and mental health;
- > encourage the integration of primary health care principles throughout the curricula to enhance education and nursing practice outcomes including whānau ora.

NZNO recommends clinical providers:

- > work with education providers to ensure appropriate primary health care clinical placements are available for students, acknowledging that primary health care is far broader than the provision of care in general practice; and
- > support students to practise their assessment skills in the clinical environment, through effective role-modelling, precepting and other appropriate clinical teaching processes.

Clinical placements

NZNO supports the provision of good quality, supported, innovative, and evaluated clinical placements for students.

NZNO supports the expansion of clinical learning to incorporate relevant areas of health care that may not necessarily be nurse-led but will provide valuable learning opportunities for students.

NZNO supports the limited replacement of clinical placement hours with simulated learning hours and the development of associated national standards to ensure quality implementation.

Rationale

Clinical placements have a significant impact on future intentions of students (Walker & Clendon, 2012b). To ensure a workforce fit-for-purpose, clinical learning opportunities must match the current and future health needs of the population, must be appropriately supported by both clinical and education providers, and must provide relevant experience in the field of practice (Henderson, Forrester & Heel, 2006).

A range of challenges to achieving good quality placements in the workplace exist. These may include a lack of appropriately trained clinical staff, and limited capacity for clinical staff to meet the needs of students, given the reported workplace pressures (Budge, Carryer, & Wood 2003; Christmas, 2008; Haitana & Bland, 2011). To ensure quality, clinical placements should be evaluated using a relevant clinical learning environment evaluation tool.

Recommended actions

NZNO:

- > will continue to promote the importance of good quality, supported clinical placements for students in its policy documents, media statements and other work;

NZNO recommends education providers:

- > continue to explore innovative ways of providing the best possible clinical placements for students;
- > continue to develop protocols and best practice around simulated learning

NZNO recommends clinical providers:

- > work closely with education providers to develop policy around best practice in clinical placements;

- > support and recognise staff who provide student preceptorship;
- > work to ensure sufficient numbers of quality placements are available.

NZNO recommends Nursing Council:

- > consider limited inclusion of simulated learning hours into required clinical learning hours and the development of associated national standards.

Post-registration education

Professional Development

NZNO supports the provision of level 700 courses as an appropriate means of meeting the professional development needs of some qualified nurses and will continue to review this position.

NZNO supports the continuing provision of relevant educational opportunities based in and funded by workplaces.

NZNO supports the development of a national framework for mandatory workplace skills to enable transferability of such skills across work settings, eg IV management, CPR.

NZNO supports the employment of senior nurses in leadership roles, eg clinical nurse educators, who provide essential support to clinical nurses in the workplace.

Rationale

While the provision of postgraduate education will meet the advanced practice needs of nurses, not all nurses currently have the capacity, commitment and/or time to undertake study at this level (Brinkman, Wilson-Salt & Walker, 2008), and not all nurses need to be qualified at a postgraduate level. However, these nurses are still required by law (HPCA Act, 2003) to remain competent and up-to-date with best practice in their respective areas of practice and many choose to pursue education at level 700 on the NZQA Framework to meet these requirements (Brinkman, Wilson-Salt & Walker, 2008). Until further research on the impact and efficacy of level 700 professional development education for registered nurses indicates otherwise, NZNO supports the provision of such education.

The provision of education in the workplace provides context-specific learning that enables nurses to adapt and respond rapidly to the changing needs of the health environment. This education should be funded by health care providers and include activity such as risk minimisation related to adverse patient events.

As part of their work, nurses in most settings must obtain and maintain a set of fundamental clinical skills to enable safe patient care. These include, for example, IV management, CPR, safe patient handling, family violence intervention and smoking cessation. At present, these skills are generally not transferable.. Nurses shifting to new employment settings are usually required to undertake training in these areas, even if they have completed similar training in their previous workplace. This replication of

work is a highly ineffective use of health resources, and it also leads to a great deal of frustration for nurses and employers. It also means nurses must use valuable funded study leave to complete the same work, and their cumulative professional development hours will include replication. By creating a nationally transferable framework which defines statutory, mandatory and specialty-specific requirements and recommended intervals for updates, nursing education hours would be more effectively used to support nursing development and improved patient care.

Clinical nurse educators are senior nurses who provide essential clinical leadership in the workplace, providing support and education for nurses in clinical practice (Swain, 2011). A systematic review (Wong & Cummings, 2007) examining the relationship between nursing leadership and patient outcomes found a range of positive outcomes associated with effective nursing leadership, including:

- > improved patient outcomes including significantly reduced adverse patient events and complications;
- > an positive association between leadership and mortality rates, eg through retention of greater staff expertise;
- > increased patient satisfaction where positive leadership behaviours were present.

Recommended actions

NZNO:

- > provides information to members to facilitate their understanding of the difference between level 700 and level 800 courses in terms of their own career pathway;
- > encourages nurses embarking on study to seek academic counselling and alignment with career planning advice;
- > encourages collaborative research into outcomes for nurses undertaking level 700 professional development education.

NZNO recommends education providers:

- > undertake collaborative research into the impact and efficacy of level 700 professional development education for registered nurses;
- > ensure all education reflects national and local workforce needs.

NZNO recommends clinical providers:

- > work closely with education providers to ensure nurses have access to courses relevant to them and their workplaces;
- > work collaboratively with education providers to facilitate research into the impact and efficacy of level 700 professional development education for registered nurses;
- > undertake work on developing a nationally transferable framework for mandatory workplace skills.

Postgraduate education

NZNO does not support level 800 postgraduate courses for registered nurses as a compulsory component of a NETP programme in the first year of practice. NZNO supports research to evaluate learning outcomes from the NETP programmes being offered across the country.

NZNO supports improved and equitable Ministry of Health funding of postgraduate education to prepare nurses to take up advanced and specialist positions clinically, in research, in leadership, in management and in education, based on clear and representative workforce data.

NZNO supports the provision of Ministry of Health funding for identified postgraduate studies in specialties where there is no education programme provided in New Zealand, eg infection control, and for appropriate interdisciplinary postgraduate programmes, e. continence rehabilitation, leadership.

Rationale

Postgraduate education increases confidence and self-esteem, enhances communication, increases knowledge and understanding, increases application of knowledge, improves analytical thinking and decision-making, and provides personal and professional growth among nurses (Barnhill, McKillop & Aspinall, 2012; Cotterill-Walker, 2012). Some research has also found improved patient outcomes as a result of baccalaureate and master's level education (Aiken, Clarke, Cheung, Sloane & Silber, 2003). Despite barriers to implementation of the knowledge obtained during postgraduate education (Barnhill, McKillop & Aspinall), such education has substantial benefits for the nursing workforce and population health outcomes. It must, therefore, be resourced equitably and appropriately by the Ministry of Health to ensure a workforce fit-for-purpose and nurses able to practise at the top end of their scope.

Given the sparse population and limited capacity of New Zealand postgraduate nursing education providers to offer such courses in all specialties, funding is essential for nurses in some specialty areas to attend Australasian programmes to ensure competence, specific knowledge and skills bases, for example in infection control, stomal therapy. Funding must also be extended to include multidisciplinary/interdisciplinary courses that are relevant to nursing practice. Ministry of Health funding for postgraduate education should also be extended to non-DHB employed nurses, such as those working in private hospitals (who often do DHB-contracted work) and educators.

Recommended actions

NZNO:

- > in its policy documents, media statements and other work
- > promotes the importance of ensuring postgraduate education for nurses
- > in its policy documents, media statements and other work articulates support for clear workforce data collection and analysis by the Ministry of Health and the provision of appropriate, accessible and equitable funding for postgraduate education NZNO recommends education providers:

- > work with clinical providers to facilitate robust research into NEtP and NESP outcomes, in particular the inclusion of postgraduate courses during the programme;
- > promote sound, supported career planning for/with new graduates and other nurses.

NZNO recommends clinical providers:

- > work in collaboration with the Nursing Council and clinical providers to ensure NEtP education provision meets the needs of new graduate students and consumers; and
- > promote sound, supported career planning for/with new graduates and other nurses.

NZNO recommends t the Ministry of Health:

- > continues to provide funding for postgraduate nursing education and worka toward ensuring this provision is equitable;
- > providea funding for identified postgraduate studies in specialties where there is no education programme in New Zealand, eg infection control; and
- > provides funding for appropriate interdisciplinary postgraduate programmes, eg continence rehabilitation, leadership.

Enrolled nurses

NZNO encourages health and education organisations to: provide appropriate continuing education for all enrolled nurses; implement a supported entry-to-practice programme and professional development and recognition programme relevant to enrolled nurses; and formally recognise the continuing education enrolled nurses undertake within employment agreements.

Rationale

Since implementation of the expanded scope of practice for enrolled nurses in 2010 (Nursing Council of New Zealand, 2010b), enrolled nurses have focused on transitioning and embedding the new scope in practice. The next step will be facilitating access to professional development and continuing education that ensures all enrolled nurses maintain a lifelong learning approach to safe practice, and are able to meet the needs of the people they nurse. Enrolled nurses must also be formally recognised for the post-enrolment continuing education they undertake.

Recommended actions

NZNO:

- > in its policy documents, media statements and other work supports initiatives that enable educational opportunities for enrolled nurses;
- > supports the Enrolled Nurse Section and its provision of conferences and seminars.

NZNO recommends education providers:

- > evaluate the quality and outcomes of the current eEnrolled nurse curricula introduced in 2010;

- > ensure appropriate learning opportunities for enrolled nursing students and graduates are developed in collaboration with clinical providers; and
- > ensure enrolled nurses are facilitated to transition to a bachelors programme, as required.

NZNO recommends clinical providers:

- > invest time and money in developing appropriate learning pathways for enrolled nurses to augment their contribution to the health care team(s).

NZNO recommends the Ministry of Health:

- > provides funding to support an entry-to-practice programme for enrolled nurses.

Career pathways

NZNO supports the development of structured and resourced career pathways that enable people to move from health care assistant, to enrolled nurse, to registered nurse, to nurse practitioner in a seamless and supported manner.

NZNO supports individual career planning for nurses to ensure development of a robust, fit-for-purpose workforce.

Rationale

NZNO has already articulated its commitment to a structured educational framework that provides for a stair-cased approach to qualifications as follows:

Qualification	Programme	NZQA level at completion	Post initial education
Health care assistant	Various certificates available	1,2,3,4	Continuing education <ul style="list-style-type: none"> - employer provision of education for job - in-service education modules - nationally consistent course
Enrolled nurse	18 month diploma	5	Continuing education <ul style="list-style-type: none"> - by employer - in-service education - conferences (NZNO) - specialty modules - specialty endorsements &

			certificates
Registered nurse	3 year undergraduate degree	7	Continuing education - by employer in-service education - Specialised nursing papers (Level 7) - Specialty conferences (NZNO) - HWNZ funded postgraduate courses - Specific Requirements prescribed by NCNZ
Specialist nurse and other advanced nursing practice roles including the clinical nurse consultant, nurse manager, nurse researcher, nurse educator, and nurse adviser	Post graduate certificate, diploma or degree	8	
Nurse practitioner	Post graduate degree	9	

In addition to the basic educational framework outlined above, NZNO proposes the development of structured pathways that support people seeking a career in the health services. These structured pathways will enable realistic and achievable transitions for people from health care assistant to enrolled nurse to registered nurse to nurse practitioner in a structured and supported manner. In particular, enrolled nursing has traditionally been an access point for many Māori into health careers and the new enrolled nurse education programme could be promoted as a useful entry point to a nursing career.

Recent implementation of career planning as a requirement for receipt of postgraduate education funding from the Ministry of Health is an important step in ensuring the development of a robust, fit-for-purpose workforce. Career planning for all nurses regardless of participation in postgraduate education should be the next step.

Recommended actions

NZNO:

- > in its policy documents, media statements and other work supports initiatives to develop structured and resourced career pathways;

NZNO recommends education providers:

- > adopt the NZNO educational framework specifications for developing programmes for unregulated health care assistant;
- > support nurses to develop, implement and evaluate relevant career plans when choosing education pathways.

NZNO recommends clinical providers:

- > work with nurses to develop relevant career plans as part of a robust performance development review process that combine educational and clinical career pathways that will meet individual/patient and population health needs.

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Mission statement

NZNO is committed to the representation of members and the promotion of nursing and midwifery.

NZNO embraces Te Tiriti o Waitangi and works to improve the health status of all peoples of

Aotearoa/ New Zealand through participation in health and social policy development.

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