

ACDN Membership Workforce Development Report 2016

Prepared by Liz Allen /ACDN National Committee Membership /Workforce Development member

Background:

In the 2015 AGM the ACDN Planning Report was released. This Report provided a national analysis of priority-need DHB regions by way of risk potential for poor diabetes outcomes. Risk potential was assessed using epidemiological incidence, population deprivation and % Maori of the total diabetes population, alongside diabetes nurse workforce skills and qualification status.

This analysis formed the basis of the **ACDN 2015 Workforce Development Report**, which are available on the ACDN Website.

ACDN Workforce Development (WD) Initiatives in 2016 in response to the recommendations

1) Determining what Barriers or Support processes are in operation in relation to Diabetes Nurse Professional Development

- a) The ACDN Member Survey- Diabetes Nurse Prescribing (Dec 2015) was designed and distributed to help establish the current status (numbers, location & pay scales) for diabetes nurse prescribers and determine and existing barriers & supports to Workforce Development in operation in the various DHB regions. The survey drew a 25% response rate from ACDN membership!

Findings are as follows...

- Some DHB's, including two large urban DHBs with Specialist endocrine services and ACDN accredited Nurse Specialists (indicating a readiness of the nursing workforce for advanced practice), still have no Diabetes Nurse Prescribers, whilst another large DHB has one ACDN Accredited Nurse Specialist and no Prescribers.
- In contrast, other DHBs that have actively encouraged and supported the professional development of their nursing staff through the ACDN accreditation and nurse prescribing processes, are now richly resourced with nurse clinicians who are appropriately equipped with the knowledge and skills required for advanced diabetes nursing practice and leadership roles eg: nurse-led clinics, prescribing.
- Inequitable remuneration is also evident across the DHBs. Salary grading for Clinical Nurse Specialist (CNS) roles varies considerably from (RN4 to G7) and is unrelated to additional responsibilities. Additionally, CNS with advanced professional development in post-graduate academic study and clinical

competencies (such as NDNK&SF Expert level) as required for ACDN accreditation and/or Nurse Prescribing, are likewise not being paid equally. CNS Prescribers, who have been scoped through the National Job Evaluation Review Committee (JERC) scoping process, are at Senior Nurse – Grade 5.

- b) ACDN Accreditation database (Oct 2015) analysis supports the Survey findings above regarding inequitable qualifications across the national diabetes nursing workforce. Again, some rural DHBs with the highest-risk populations, have no accredited Nurse Specialists or Specialist Diabetes services.
- c) The ACDN Questionnaire for Nurse Prescribers attending the Novo-Nordisk / NZSSD Nurse Prescribing Study days in Auckland in March 2016 revealed that approximately half the attendees were being paid by their employer as a normal duty, whilst the majority of others were expected to use their Study Leave. Anecdotal feedback seemed to indicate that payment as a normal duty was determined by the Clinical Nurse Manager's level of awareness that these NZSSD study days are an invaluable resource for clinical learning and networking for Nurse Prescribers, in addition to meeting the Nursing Council's requirement for 20 hours prescribing – specific education.

2) Developing Support Strategies for High-Needs areas

- a) The ACDN 2015 WD Report has increased awareness of the need for collaborative support across our membership and the DHB boundaries, to counter some of the existing inequities. Some regions determined as high – need by both by diabetes population and workforce development status in the 2015 ACDN WD Report have made progress through either organisational efforts or those of individual nurses. In some cases this has been with the support of neighbouring DHB colleagues who have offered inter-DHB professional nursing support & shared educational resources with these regions.
- b) ACDN National Committee has revised the On Target newsletter and Website to facilitate equitable access to educational and clinical resources to help counter some of the risks related to silos of practice. Specific sections focussing on sharing of educational resources, professional development opportunities and of relevant evidence-based clinical initiatives and experiences, aim to promote the synergy of shared quality practice, even for the most isolated of practitioners.

3) Key contact person roles for each DHB.

These roles are planned to be established from 2016 ACDN AGM.

- 4) Support Networks for Nurse from the Three Main Ethnic Groups
Contact people for the Maori and Pacific Support Networks have been established. A volunteer for this role for the Indian Support Network is now to be sought from the membership.
- 5) Annual updating of ACDN membership and members' contact details.

Done but Ongoing.

- 6) **Quality initiatives by ACDN membership to improve equity of opportunity**
Although anecdotal feedback is that resource-sharing is occurring across membership and DHB's, no formal offers of resource-sharing have been recorded. One request for support by an individual has very recently been received.
- 7) **Collaboration and Support between ACDN committees and health partners**
- a) **ACDN Accreditation Chairperson and the ACDN NC are working collaboratively** in sharing of database information, analyses and developing strategies for improvement.
- b) **National Committee has formed Memorandums of Understanding** with NZSSD and the National Clinical Network, Children & Young People's Diabetes Services to enhance collaboration and quality standardisation in diabetes care.
- c) **NZSSD has continued to willingly share educational resources and medical expertise** (Special thanks to Drs Paul Drury and Tim Cundy in their continued support for the development of Nurse Prescribers).

2016: Conclusions & Recommendations:

Implementation of the recommendations from the 2015 ACDN WD Report will continue in 2016 /2017.

The ACDN National Committee proposal to align the Accreditation and National Diabetes Nurse Knowledge & Skills Framework in 2016, will refine both processes and facilitate membership engagement.

Inequity across the DHBs of accredited Nurse Specialists and /or Nurse Prescribers continues to pose barriers to achievement of an equitable national standard in diabetes workforce development and care. The underlying reasons for this situation warrant further enquiry by ACDN-NC with its members working within these organisations. . Anecdotal comments by some members to date, suggest resistant attitudes towards advanced nursing practice amongst key stakeholders within their organisations, which then constrains their opportunities for advancement. Further feedback is welcomed in response to this Report. The benefits of nurse prescribing to all stakeholders have been well-documented in the Registered Nurse Prescribing in Diabetes Care Project (NZSSD, 2013). Furthermore, Nursing Council is in the process of expanding nurse prescribing to other nursing specialties. Also ACDN diabetes nurse accreditation process has been endorsed by the Ministry of Health (MOH) in the Quality Standards for Diabetes Care Toolkit (MOH, 2014). Therefore, these advanced clinical roles and qualifications for diabetes nurses, align to the values and directions of contemporary health care leadership and need to be supported. Active involvement by all members in advocating and effecting equitable opportunity for professional development, both within their own workplace and for neighbouring DHB colleagues, will strengthen our nursing workforce and ultimately improve health outcomes for PWD.

References

Aotearoa College of Nurses. (2015) *Workforce Development Report* (unpublished)

Available ACDN Website:

http://www.nzno.org.nz/groups/colleges_sections/colleges/aotearoa_college_of_diabetes_nurses

Ministry of Health (2014). *Quality Standards for Diabetes Care Toolkit*. Wellington: Ministry of Health.

New Zealand Society for the Study of Diabetes (2013) *Registered Nurse Prescribing in Diabetes care –Project Report*. Wellington: NZSSD