

## Summary of discussion held at the NZNO-hosted Education Forum – April 8<sup>th</sup> 2011

“And the trouble is, if you don’t risk anything, you will risk even more.”

*Erica Jong*

### Introduction

The focus of the day was on post-registration education. Initial group discussions were held on national perspectives of nursing education and on entry to practice. This was followed by smaller group discussions and analysis of continuing education, post graduate education and post-enrolment education. This document summarises the discussions, and concludes with the recommendations made regarding priority issues and research questions/topics to be explored.

As a collective group participating in these forums we are keen to develop the topics further through your feedback. We would like to collate the relevant evidence to reinforce what is known, and to further explore the questions that need to be asked. Given our collective wisdom it is vital to the profession’s ongoing development that this knowledge is shared and used well. Therefore, you are invited to contribute references, including unpublished theses, that will substantiate our ongoing discussions. In turn, having weighted strategies can only increase nursing’s influence in the health sector.

Action points will alert the reader to areas for sought feedback. And, of course, innovative thinking and/or evidence, is welcome at any point, too.

Input for this phase is required by May 13<sup>th</sup>. Once input is collated and finalized, NZNO will organize a teleconference of representatives from the nine nursing organizations to discuss the next steps.

### National perspectives on nursing education

Jane O’Malley (Chief Nurse, MoH) began the discussions outlining the current Ministry position, noting that their Statement of Intent for 2012 is just being finalized. Jane noted that government priorities are the link between quality, safety and resources, a focus on older people’s health, and moving services closer to home (Better, Sooner, More Convenient). Jane indicated that the Ministry

is now more focused on removing barriers to practice, and used the new nurse prescribing in diabetes innovation as an example of forging the way for more expanded practice, enhancing collaborative relationships between disciplines. Jane also noted further government priorities around building capacity, developing new models of care and testing them, and a whole-of-systems approach including links between hospitals and education and safe staffing and healthy workplaces (SSHW) principles? Jane also outlined a range of Ministry expectations around nursing practice in primary health care, aged care, acute care and leadership.

Brenda Wraight (Health Workforce New Zealand [HWNZ]) outlined the current HWNZ investment plan including NET-P expansion, innovations funding and workforce service reviews (more detail on these reviews – their terms of reference and composition – is needed). Brenda noted that HWNZ has started working closely with the Tertiary Education Commission (TEC) to try and develop closer synergies between health need and education funding. While indicating that funding is very tight, Brenda noted that the four regional training hubs (RTH) (Northern, Midlands, Central and Southern) were getting underway at their varying rates and that, for example, the Central RTH has a focus on nursing and allied health. Further HWNZ initiatives that are relevant to nursing include: the voluntary bonding scheme with the ‘hard-to-staff’ specialty areas being prioritised as aged care, mental health, theatre, intensive care, cardiothoracic, surgical; implementation of mandatory career planning for all HWNZ funded students from 2012; targeted funding for aged care (300 training places); the 14 service reviews underway; and the three priority funding areas of aged care, mental health and rehabilitation. Brenda **sought feedback** on how the targeted funding for aged care could be implemented and also noted that the Minister of Health was keen to address barriers to innovation.

<b>Action:</b> please provide any feedback/evidence for implementation on aged care funding.
--

Maureen Kelly (NCNZ) spoke to the upcoming Nursing Council review of post graduate education planned for 2011-12. There is no pre-set agenda for the review and it will be undertaken in four stages:

- stage one will be an initial consultation to explore the scope of the review, discuss the review with key stakeholders, undertake a review of the literature and explore what is happening internationally;
- stage two will analyse the findings from stage one and develop a discussion paper for feedback to the Council;
- stage three will be a wider consultation on the paper that is developed; and
- stage four will analyse and write up the findings from the consultation process, finishing with development of a paper for Council with a set of recommendations.

Wide consultation with the sector is intended. There is the potential for the development of a new framework around post graduate education but the review will be limited to RN practice at this point.

A group question and answer session followed with the three speakers responding. Questions around barriers to practice, issues with funding across the health and education sectors, the need

for leadership development, the value of nursing to the health sector, and the importance of robust workforce planning were all tabled.

### Barriers to practice

Judy Kilpatrick asked why barriers to practice such as credentialing were being put in place and why the regional training hubs were developed by doctors. Brenda noted that the process is around accountability and that the curriculum focus needs to be on a generalist education, with specialist follow up. Brenda indicated that HWNZ's focus was now firmly on nursing and that the work being undertaken by the Southern Regional Hub was being done by nurses. Jane noted that there needs to be evidence for investment and there was a forthcoming meeting to discuss this in relation to mental health.

Sue Wood noted that really well educated nurses are restrained from expanding their practice. Sue mooted that levers to get greater system changes and ensure funding is tagged to new models of care would be helpful. Jane was concerned that ensuring funding is tagged to new models of care was a DHB issue not a policy issue – that the barriers were often internal within the DHB. Sue was also concerned that the way we deliver education reinforces a theory-practice gap and wanted to know how we can address this separation.

**Action:** please forward any evidence on addressing funding issues and the theory-practice gap.

### Issues with funding

Annette Huntington was interested in more information on HWNZs' discussions with TEC. Brenda noted that the driver is long-term discussions around the need for better links between priorities for health and funding and that there is a dislocation between TEC and health providers. At present, TEC provide funding but there is no further follow-up (accountability). Once the money is in the tertiary education institute (TEI) then funding tends to be distributed elsewhere if not used for health. TEC and HWNZ are interested in some accountability with where funding provided by TEC goes once in the TEI. TEC has welcomed this input into their planning and are also looking at their own investment return. Judy Kilpatrick noted that we need to keep funding on the agenda – we need to start getting smart on how we get it and how we use it.

**Action:** please provide any feedback on funding issues and how to address these.

### Leadership development

Susanne Trim was interested to know if funding for leadership development was going to be made available by HWNZ and whether NCNZ's post graduate review would include leadership development. Brenda noted that HWNZ might purchase leadership development but that leadership needs to be threaded through the curriculum rather than stand alone. She noted that the profession also needs to consider succession planning. Jane spoke about Sally Shaw's model of leadership development – part education, part clinical supervision/mentoring, part action learning. Jane also

noted that Safe Staffing Healthy Workforce data indicates leadership develops naturally and that education must not be too narrow so as to restrict this natural leadership development.

**Action:** Please forward any evidence on leadership development.

### Value of nursing

There was a strong call to use existing research to promote the value of nursing – in particular using Linda Aikens work, Needleman’s work, and the now strong set of New Zealand based research – for example Jenny Carryer’s work. Anne Brinkman asked how we can afford it (options), to which Jane responded that there is no value in running nurses ragged and that value for money, quality and safety is key.

**Action:** please provide any evidence including references and articles on the value of nurses.

### Workforce planning

Geoff Annals challenged the assertion that we may be producing too many new graduates and Jane noted that HWNZ and the Ministry are in constant discussion around workforce planning. Mary Gordon noted that we should not look at vacancy rates to determine workforce planning which was generally agreed across the room. Susan Jacobs noted that we graduate around 1200 nurses in NZ and import an equivalent number. She noted the importance of emphasizing NZ grown nurses and, in particular, Māori and Pacific nurses.

**Action:** please provide evidence on effective methodology around workforce planning.

### **Entry to practice**

Jevada Haitana, Jane O’Malley and Mary Gordon spoke to this topic. This was followed by a broad group discussion. Main themes arising from the overall discussion were: the lack of placements for new graduates; provisional registration; and at what level to pitch NEt-P education – level 700 or level 800? A number of research questions were identified including: exploring the new graduate voice in relation to doing post graduate papers during a NEt-P programme; how does post graduate education benefit NEt-P nurses (or not); and examining the evidence around provisional registration – advantages and disadvantages.

Jevada Haitana is Chair of the NEt-P co-ordinators group and had emailed new graduate co-ordinators across the country. Jevada outlined the main issues facing the sector at present – in particular noting the lack of available funded placements for new graduates. The co-ordinators that she spoke to all indicated that 10 months was the minimum time new graduates should be in an entry to practice programme and that research supported one rotation rather than two. Jevada noted that there was no available research to determine what the ideal length of a new graduate programme should be and that if only six months in duration then employment may be less likely to

follow a placement. There is also no evidence to support decreasing new graduate hours below 0.8FTE, but there is evidence to suggest post graduate education is beneficial for nurses. Jevada noted the importance of considering how experienced/senior nurses work alongside new graduates – do they allow the new graduate to explore and learn or do they simply tell them what to do? Jevada finished by asking how can we roll out a new graduate programme for all new graduates and how can we explore innovative practice models to free up NEt-P placements.

Jane O'Malley provided feedback on the Ministry's focus groups held recently to explore the lack of positions/oversupply of new graduates. She noted that there was general agreement that Directors of Nursing should continue to provide oversight of new graduate programmes, that good relationships between students and future providers is critical, that exposing students to potential colleagues means they are more likely to take them on, and that PHOs, private surgical, and aged care are now all taking on new graduates. Issues include: wage differentials between secondary and primary care providers; the model of transition; the high expectations on new graduates – particularly in aged care; the irrelevance of some NEt-P study days; that post graduate study is not always a good fit; that regional workforce planning could be strengthened; and that there is different funding available to nurses across DHBs. Some are calling for an increase to super-numery funding to increase placements. There is also a need to develop more preceptors. Bonding and a national programme for aged residential care may be helpful. Jane concluded by indicating the need for a steering group, a national database, and better supply-and-demand data.

Mary Gordon spoke to her experiences at Canterbury DHB. She indicated that there is a need to proactively manage the workforce to enable future achievements – for example, ensuring nurses take leave so that the DHB does not hold significant accrued leave liabilities. Long-term understanding of workforce needs is required and this must be regional, not local. Nursing education must be linked to the annual planning process. One of the key areas Mary advocated for was to look at the system as a whole and not in silos. Blurring of the lines between secondary and primary could be beneficial – for example general practice teams could visit patients in hospital and vice versa. Mary advocated strongly, on a personal level, for level 700 short courses believing that such courses often give nurses entry to a specialty and ensure a place for currency of practice not just extension of practice. There is a need to look at the whole workforce including the unregulated workforce and how they work as part of a team. Interdisciplinary education and simulated learning are vital, as is the development of partnerships and relationships with education, with regions, and with other employers of nurses. Mary called for improvement of education of nurses in IT and the need to remove barriers to practice.

<b>Action:</b> please provide evidence regarding any of these issues raised.
--

#### Lack of placements for new graduates

This has been a significant problem this year and the group called for better strategic workforce planning to manage the peaks and troughs of supply and demand. There was also a call for development of a national database of NEt-P students and a request to find out how much funding is available for NEt-P programmes in 2012. An example of poor availability of funding for new graduates in the far north was given.

**Action:** please forward any further evidence regarding these issues.

### Provisional registration

There was some support for provisional registration in the room but there were a seeming (no vote taken) equal number of people opposed to the idea. The discussion extended to include student registration. Ireland has introduced student registration and Australia is to introduce this, too. In general it was felt further exploration of the pros and cons of provisional and student registration needed to be undertaken.

**Action:** please forward any evidence on the advantages or disadvantages of provisional registration.

### Education of new graduates

A general discussion on what level new graduate education should be pitched at was undertaken. While some supported level 7, others supported level 8. It was generally agreed that further research into the experiences of new graduates undertaking education as part of a new graduate programme was required.

**Action:** any evidence on the benefits or disadvantages of level 700 versus level 800 post registration nursing education is welcome.

### **Continuing education**

The session began with talks from Nanette Ainge (Nurse Consultant – post graduate education, CDHB) and Daphne Manderson (Graduate Programme Leader, CPIT) followed by small group work to discuss identified issues in depth. Nanette spoke about the helpfulness of having a regional stakeholder group with members across all sectors and Daphne challenged us to consider the definition of continuing education and the place of level 700 courses. Key themes that were identified included: the importance of career planning; funding issues; short courses versus post graduate education provision; the importance of collaborative relationships between education and service providers; workforce planning; and stair-casing. These will be expanded on below. Feedback from the groups suggested many believed there is more than one way to offer post-registration education and that qualifications are only one part of continuing competence and expanded practice. There was strong belief in the group that lifelong learning is a key element of nursing practice.

### **Post graduate education**

Jo Walton (Head of School, Victoria University) and Helen Nielsen (Nursing postgraduate manager, WINTEC) introduced the topic. Jo spoke to the difficulties of working across the different sectors of education and health and noted that while collaboration between institutions is important, it is a cut-throat business. She also noted that while nurses are responsible for their education and

professional development and employers are responsible for creating a workforce fit-for-purpose – these are not necessarily the same thing. Jo challenged the group to consider removing the requirement for NCNZ approval for all HWNZ funded courses, considering this a significant barrier to nursing leadership, research and academic development. Jo acknowledged the competitive nature of the nursing education environment due to their academic and commercial drivers. Helen posed a number of questions that need to be asked in relation to post graduate education. The small group discussion expanded on these themes and included: discussion around career planning; collaborative relationships; funding; workforce planning; and research. These will be expanded on below.

### Post enrolment education

Robyn Hewlett (Chair, Enrolled Nurse Section NZNO) and Sandra Wilkinson (Programme Leader, MIT) spoke to this topic. Robyn advocated for EN access to the equivalent of NEt-P programmes and that there should be some credit for ENs continuing onto a registered nursing programme. Sandra indicated that as yet there is no national approach to what post enrolment education should look like. Group feedback noted that ENs are here to stay and that we have a professional obligation to support and enable their practice. It was noted that ENs must practice under supervision and that a NEt-P programme is not likely to be appropriate in this context – a longer period of orientation may be more suitable.

EN education should be designed to improve practice and maintain currency of practice in order to improve health outcomes. It was generally agreed that at present little is known about the education needs of enrolled nurses and further scoping of this will need to be undertaken once the new scope has bedded in – this should be undertaken with ENs themselves and those who utilise ENs in the workforce. There was some discussion regarding the level at which EN education should sit at. It is known that currently some ENs undertake level 700 courses alongside RNs, however, some indicated that perhaps post-enrolment education pathways for ENs should be the RN programme. Further examination of how this could be enacted needs to be undertaken – issues include how this would meet the immediate clinical needs of providers (short focused courses that improve the knowledge and skills of ENs may be more appropriate, for example, short courses on pharmacology, wound care, medication etc). There was recognition from some in the room that there is a significant need for ENs in the aged and residential care sector – particularly given the large gap between the RN and the HCA. At present, EN education gets no HWNZ funding and this is an issue that should be examined.

<b>Action:</b> please forward any further evidence regarding post enrolment enrolled nurse education.
---

### Overarching themes from the day

As noted above a number of themes from throughout the day were identified. These include: the importance of career planning; funding issues; level 700 versus level 800 education provision; the importance of collaborative relationships between education and service providers; workforce planning; stair-casing; and research. Each of these are discussed separately.

### Career planning

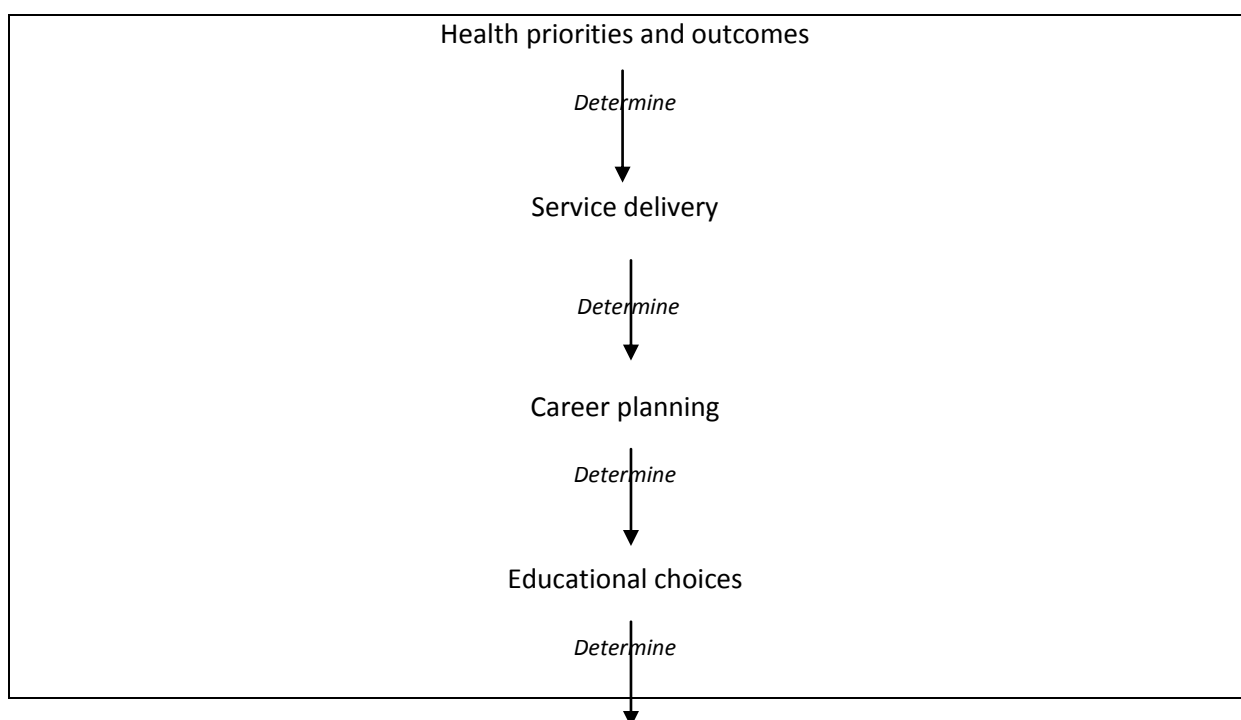
There was strong support for the implementation of career planning and that this needed to be implemented early in a nurse's career. Cautions were given that although no-one can stop a nurse following a certain career pathway, if the DHB is using clinical money to fund study then the nurse is obliged to follow a certain course associated with workforce priorities. It is important to be realistic with nurses about their choices. It was noted that the post graduate academic model is working well (apart from issues with funding for certain areas such as research and leadership), but it is important that nurses understand the way the system works and that planning is done early. Effective workforce planning (see below) will assist in enabling nurses through a career pathway that will meet both their needs and the needs of the employer. It was noted in the feedback sheets that employer needs may also not be in line with politically identified imperatives.

**Action:** please forward any evidence on career planning activities for nurses.

### Funding

The key issue identified in relation to funding is the need for funding to be flexible. The group identified issues associated with continued NCNZ approval processes and how this limits the nursing profession's ability to grow research, leadership and managerial capacity. It was, however, noted that the NCNZ approval processes do serve to restrict access to a limited pool of money – providing both a barrier and a quality mechanism and that any change to the approval processes would need to be carefully considered. It was apparent that some leeway was possible if the 'outside-of-nursing' courses were detailed within the qualifications specifications by the TEI.

Groups identified that at present funding is driving educational choices whereas it should be the other way round. One group identified the following model that should drive funding availability:





## Funding

There was some call for funding to be expanded to level 7 courses (see below for discussion on level 7 versus level 8 courses).

The majority of the group considered it important that barriers to (the limited) funding for post registration education be removed to ensure growth of the profession.

**Action:** please provide evidence regarding effective funding mechanisms and/or means of addressing funding issues.

## Level 7 versus level 8 education

Currently CPIT offer the majority of level 700 courses for registered nurses. These courses are generally clinically specific, relatively short in duration and tend to be cheaper than post graduate courses. CPIT currently have 800-1000 nurses doing level 700 courses per year. While a clear mandate regarding whether level 700 courses should be made available for registered nurses nationally was not given, there did appear to be growing support among the groups that level 700 courses are meeting the needs of some nurses and that further research into the benefits of these courses for nurses and patients needs to be undertaken. There was one suggestion that ITPs did not need to offer level 700 courses and that they could be offered by nurse educators. As noted above, there was also a call to extend funding availability to level 700 courses.

**Action:** please forward any evidence on the benefits or disadvantages of level 700 versus level 800 post registration nursing education.

## Collaborative relationships

This was a very clear theme from the first education forum and was prominent again at this forum. Groups recognised the importance of education and service providers working closely to identify workforce and education needs. It was recognised that while education and service providers may not always agree on priorities, opportunities such as developing joint positions and working closely to meet education needs were to be encouraged. While consensus on the need for education and service providers to work together more collaboratively was identified, further work on strategies to develop collaborative relationships in light of the difficulties identified by Jo Walton (see earlier) is required.

**Action:** please provide any evidence regarding effective collaborative relationships between education and health service providers.

## Workforce planning

Workforce planning was identified as key to ensuring workforce education needs were identified and met. Issues such as how many RNs, ENs, specialty nurses and NPS are needed in the workplace and what knowledge and skills they require can be identified through strategic workforce planning. This planning was identified as needing to be done regionally in consultation with a wide range of stakeholders, and in relation to long term planning cycles. There was a suggestion that a workforce planning taskforce be established.

**Action:** please provide evidence on effective methodology around workforce planning.

### Stair-casing

There was widespread support in the group for the potential of stair-casing from level 700 courses to level 800 courses. Group members indicated that nurses who had completed significant level 700 studies should not be disadvantaged when continuing on to level 800 education. It was felt that level 700 courses enabled nurses who may lack the skills for level 800 studies, obtained many of these at the 700 level and were able to successfully transition to level 800 studies as a result. However, significant issues were identified with stair-casing. Universities do not and cannot recognise level 700 courses as level 800 courses due to clear academic regulations. An example was given regarding a 'special topic' where a substantive portfolio was developed for assessment and then (later) awarded credit for level 800 equivalency – but this is not widespread. Some groups indicated that while level 700 courses may facilitate access to level 800 studies for some nurses, a key element was to ensure that nurses enrolling at any level clearly understood the education pathway that their enrolment will lead to. A model that clearly outlines the expectations between level 700 and level 800 courses was offered by one group:

Level 700 courses – currency of practice  
Level 800 courses – expansion of practice

**Action:** please forward any evidence on effective approaches to stair-casing of qualifications.

## Research

All of the groups identified key research questions around post registration education and these are summarized below. There was a clear call for more funding of research, identification of the need to link education with health outcomes and quality, and that planning around workforce development needed to match future need. There were also calls for nursing to be utilizing HWNZ evaluations to demonstrate the difference that nurses make in terms of health outcomes, and for a national conversation on research topics. There was also a call for the publication of a summary document which reports both published and unpublished data on the value of post graduate education on patient outcomes.

Potential key research questions identified:

- What would the advantages and disadvantages of provisional registration be?
- How do post grad programmes meet patient needs and outcomes?
- How has thinking changed as a result of post graduate education, where are these people now, what has their contribution been?
- Evaluation of nursing initiatives.
- How does an advanced clinical assessment paper affect patient outcomes?
- What are the pros and cons of a level 800 paper as part of NEt-P – what is the impact on the nurse, what is the impact on the patient?
- What are models of care, what is the readiness of the workforce to provide care under these models, and what are the barriers and enablers?
- What is nursing's capacity to develop and deliver new models of care including quality and care?
- What do we need to do to get RNs into hard to staff areas?
- What are the post-enrolment education needs of enrolled nurses and how can these be met?

**Action:** Please forward any further relevant research questions.

## Summary of findings

The key issues identified by the group include:

- strong support for improved workforce planning as a means for ensuring effective education planning;
- further examination of the needs of Māori and Pacific nurses
- Information Technology is a priority education need.
- recognition of the importance of collaborative relationships between education and service providers but no clear plan for how this can be achieved;
- the need to address barriers to practice;
- strong support for career planning;
- recognition that professional development sits on a continuum of which qualification is only one component;
- strong support for a stair-casing approach to qualifications but the significant difficulties associated with a blanket approach make this particularly challenging. Individual student approaches are more likely.
- the importance of supporting enrolled nurses to maintain competency in a structured manner;
- mixed support for continued investment in level 700 education provision with a clear swing in favour of this;
- the importance of improving the flexibility of funding for post registration education – in particular examination of the need for NCNZ approval processes for post graduate funding;
- the need to identify and manage new graduate placements more effectively;
- the need to extend funding for entry to practice programmes to all new graduates;
- the need to find employment for nurse practitioners;
- significant support for a model or framework of funded education that also supports nursing leadership, research and management development;
- the importance of supporting enrolled nurses to maintain competency in a structured manner.

**Action:** Please forward any further key issues that we have missed.

## Conclusion

We welcome your contributions to further develop this paper together as we work towards identifying appropriate means to improve patient outcomes through increasing the capability of the nursing profession.

Jill Clendon  
Anne Brinkman  
Susanne Trim

14 April 2011