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Submission on:

Investing in New Zealand's Future Health Workforce

Post-entry training of New Zealand's future health workforce: Proposed investment approach

Submission To: info@healthworkforce.govt.nz

The College of Nurses is a professional body of New Zealand registered nurses and Nurse Practitioners from all regions within New Zealand and specialties both within and outside of the District Health Board ('DHB') setting. It provides a voice for the nursing profession and professional commentary on issues that affect nurses, and also the health of the whole community, aiming for excellence in nursing practice and health care delivery which addresses disparities in health.

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Context

- Health Workforce New Zealand (HWNZ) is consulting on the way in which postgraduate training is funded in New Zealand. There is a strong consensus that this needs to change so that it can be more responsive to future health need. There has been considerable confusion as to whether it is the funding of post graduate medical funding or the entire fund that is being reviewed.
- Models of change for how the money might be allocated in the future have been put forward by sector stakeholders. There is general agreement that there needs to be a more strategic framework aligning to current health priorities congruent with evolving models of care and service.
- It is of significant concern that no clear workforce strategy exists to inform the future decision making processes and there appears to be a lack of courage to make the necessarily difficult decisions which clearly need to be made.

Specific nursing background and relevant achievements to date

- Nursing has excellent workforce data which is readily accessible.
- Nursing philosophy and practice aligns well with the current health drivers, principles and models, as evidenced by the NZ Health Strategy, with its focus on a wellness, holistic model; person centered care; integrated health and social support systems, and working across agencies. The Bachelor of Nursing and Master of Nursing degrees prepare students deliberately to underpin their practice with a population health and social determinants focus.

- Nursing is the largest regulated health workforce in NZ and is very well distributed around NZ.
- Nursing probably has the closest and most regular contact with people and their families and whanau, e.g. many nurses visit homes and therefore understand the wider health issues facing people, e.g. Maori and Pacific people and disadvantaged/ vulnerable groups.
- The registered nurse scope of practice has been redesigned to be enabling with clear pathways for accepting and supporting expanded roles where community or patient need would benefit.
- The HWNZ Nursing Governance Group has set targets to align its nursing workforce with the wider population, e.g. match its number of Maori nurses to the proportion of Maori in the population by 2028.
- Following a prolonged period of concerted work/lobbying at the political and policy level, NZ now has Nurse Practitioners as authorised prescribers who can also write standing orders and RN prescribing as designated prescribers is well under way. The passage of the Health Practitioners Statutory Reference Bill and some significant changes to funding structures support increased utilisation of RNs and NPs in primary health care especially following appropriate education.
- Nurse Practitioners(NP) are increasing in number and proving their worth, with evidence of steadily increasing advertisements of NP positions and an oversubscribed NP training program also demonstrating growing employer demand.
- Nursing is keen to consider the proper alignment of postgraduate funding with nursing's capacity to contribute even more effectively to the changes required by the NZ Health Strategy.

Response

1) In principle we support a review of HWNZ distribution of postgraduate funding. We agree there is a poor correlation between investment and Health Strategy priorities. There is also a bias towards postgraduate medical education and hospital settings. The funding of nursing is somewhat ad hoc and constrains development of this large essential health workforce. The funding of medicine is based on historical patterns and does not anticipate the changes coming through exponential increase in technologies nor does it do anything to address issues of poor access and growing health disparities.

2) The allocation of funding to nursing is already inadequate. Nursing is a large and highly flexible workforce with demonstrated ability to take up the exact challenges raised by the current refreshed Health Strategy (2016). Proper funding would ensure much greater achievements towards strategy goals. We know from a comprehensive survey conducted in 2016 that 1/3 of nursing students are currently self-funding their education (Carryer, 2016)

3) It is unclear from the consultation document from where exactly the contestable funds will be drawn. We note that it is intended to use funds from the conclusion of trainee programs. It is of significant concern to nursing if there is any suggestion that our already fragile and inadequate funding will be further reduced.

4) Nursing has worked hard in recent years to create masters level education which is by its nature able to prepare registered nurses to move into a very wide range of areas of practice as is required by such a large and diversely distributed profession working in a small country which must consider economies of scale in terms of education provision. **As such most innovations in practice or service delivery can easily be prepared for within the existing masters programs.** There are some small exceptions to this of course, such as the move to prepare nurses in the field of endoscopy which requires a special additional focus. Nursing has already prepared and demonstrated the efficacy of its existing programs to prepare Nurse Practitioners for diverse settings and registered nurses who can prescribe in community settings for people with long term conditions. Graduates of existing programs are already stepping into many expanded roles in primary health care.

5) Our postgraduate training is largely academically based whereas for medicine it is very much in the apprentice style with funding closely involved with the bottom line of DHBs. This creates a non-level playing field for contestability.

6) It is likely that Medical Colleges will have significant resources at their disposal to prepare bids for contestability in a fast and flexible manner. Because tertiary institutions are required to seek CUAP or NZQA approval for new programmes, they are by nature slower to create new programs this may create significant difficulty in bidding for additional funding.

7) We see little use or value in bidding for new programs because of the work already done in nursing to produce flexible, generic education at masters level. Our requests would more usefully be for more funding for more nurses to complete post graduate training. The question then becomes how would this compare with other bids in the current environment when the words “disruptive innovation” carry significant currency in terms of their approval rating. Better and fuller use of existing nurse and nurse practitioner positions has the potential to create significant positive disruption to the status quo.

8) We suggest that the contestability process as proposed will be bureaucratically complex, expensive and time consuming. Sector stakeholders will be asked to invest considerable time in the convoluted process and we would suggest that their time could be better spent. Discussion with

nursing leaders reveals that they would have very limited time or resource with which to engage fairly in a competitive process.

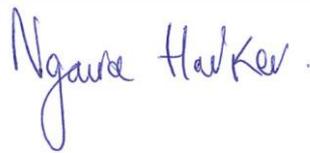
Conclusion

It is important that nursing participation in improved models of service/care is supported by appropriate investment in postgraduate education funding. Nursing should not take on extended and expanded roles as required by new ways of working without appropriate postgraduate education.

The College of Nurses believes that with the exponential growth of technologies and the increasing demands on the health sector for preventative pro-active community based care that the current spend on medical training is not producing a fit for purpose future oriented workforce. We argue that change is required with far greater urgency than that allowed through a time consuming and very costly, piecemeal process of limited contestability.



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