



## **SUBMISSION TO THE CLINICAL TRAINING AGENCY – PURCHASING INTENTIONS 2009/10**

**FEBRUARY 2009**

**Submission to:**  
Clinical Training Agency

**Contact for this submission:**  
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## **1. EXECUTIVE SUMMARY**

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The Clinical Training Agency is seeking submissions to guide the development of its 2009/2010 CTA Purchase Intentions document.

This submission has been prepared by The College of Nurses (Aotearoa) and the College welcomes the opportunity to provide input into the establishment of the CTA's document.

The College strongly believes that there is a need to boost the health and disability services workforce capacity in New Zealand especially in light of ongoing skills shortages.

Our organisation's key concerns for CTA funding of postgraduate education centre around first, access to appropriate education and training for those nurses that practise outside the District Health Board (DHB) setting, and second that focused investment in postgraduate education be increased to support the ongoing development of the role of the nurse practitioner. Given the skills shortages we are now experiencing in some areas around New Zealand, the College believes that supporting the development of the nurse practitioner role will contribute greatly to the improved health of New Zealanders particularly in primary health care where practitioners are critically needed.

## **2. RECOMMENDATIONS**

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For the CTA's purchasing intention plan 2009/10, the College recommends to the CTA the following:

- a. Focused investment in postgraduate education is provided beyond the current funding moved from the CTA to DHBs for postgraduate and post registration nursing education
- b. Improved tracking and monitoring occur regarding the number of non-DHB nurses accessing CTA funding
- c. New funding allocated to Palliative Care Registrar training and nurse training programmes be allocated through the established CTA process and be included in the Service Agreement
- d. The CTA allow DHBs to provide CTA funding to nurses completing a relevant qualification that does not necessarily have Nursing Council of New Zealand approval
- e. The CTA exercise greater flexibility and expand the practicum criteria to include clinical practicum's at the same level of funding as for the prescribing practicum
- f. Additional incentive and structured support be provided in primary health care for the development of the nurse practitioner role



- g. That further detail be provided by the CTA on access to postgraduate funding for mental health nursing. The Purchasing Intentions Plan is currently not clear and clarity is required
- h. Consolidation and distribution of funds to DHB occur via an agreed funding formula in terms of funding currently provided for Ministry of Health funding provided to post-entry training programmes for nurses which is separate to CTA funding
- i. The CTA consider an adjustor for actual costs in relation to the level of subsidy provided for the NeTP programme which has changed little since its inception
- j. CTA Maori funding be extended to Level 8 degree / postgraduate programmes
- k. Purchasing intentions for CTA Maori funding be flexible in order to meet the needs of Maori health providers, the professionals and workforce development needs.

### **3. BACKGROUND**

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#### **3.1 The College of Nurses Aotearoa**

The College of Nurses (Aotearoa), "the College", is a professional body of New Zealand nurses from all regions and specialities both within and outside of the DHB setting. It provides a voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community.

More specifically, the purpose of the College is to:

- promote and facilitate professional development in the area of clinical practice, nursing management, nursing education and research
  - monitor, comment and advise on consistency and outcomes of education for nursing practice
  - identify, examine and take action on issues of significance to nursing practice and the health of the community
  - disseminate information on issues of significance to nurses
  - initiate, promote and publish nursing and health related research
  - adopt a collegial relationship with other professional bodies.
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## **4. SUBMISSION**

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### **4.1 Access to CTA funds for nurses outside of District Health Boards**

The primary objective of further education and training is to prepare a nursing workforce which is responsive to local, regional and national health needs, improving patient and community outcomes. The relationship of education and professional development to the quality of nursing practice is now very clear. Unfortunately it is true that many nurses in many locations are left to practice for many years without reliable access to adequately funded continuing nurse education. This is particularly true for community based and residential care nursing roles. Lack of appropriate education and professional development contributes directly to poorer quality of practice, reduced confidence and reluctance to take on new roles. This inevitably has a flow on effect for patient care and patient outcomes.

The College is aware that in many cases, it is difficult for community and primary health care nurses to access Maori Support and Access funding. Community organizations have reported difficulties in accessing this funding and have not had the opportunity to be involved in planning and decision making processes. This has resulted in Maori nurses, who have been approved funding for postgraduate studies and would therefore be eligible for Maori Support and Access Funding, not being able to access this funding.

In addition, funding made available for long term condition programmes has not had a good uptake and this is primarily because of the disconnect between those nurses practising in primary health care settings and those within the District Health Board. The College considers that better tracking and monitoring of the numbers of non-DHB nurses who have accessed this funding, needs to occur and this could be included in CTA reporting. Further, additional options for accessing this funding need to be identified as currently the process is unclear.

### **4.2 Development of the Nurse Practitioner role**

The College is strongly supportive of the development of the nurse practitioner role within New Zealand's health and disability sector and has provided previous submissions to the Ministry of Health providing recommendations on the development of the role.

Nurse practitioners offer our health sector the opportunity to:

- a. fill gaps in health care and disability service provision; and
- b. address the burden of chronic disease because of the population health approach taken by nurse practitioners.



Previous research conducted by the CTA has found that the demand for GPs will outstrip supply in future years unless we deliver services differently. Nurse practitioners outcomes can be seen in terms of the NZ Disability Strategy and the implementation of the Primary Health Care Strategy and in particular improving chronic care management. They are needed to practise as family NPs, rural NPs and to lead service delivery in areas including the prevention and management of chronic disease. The critical areas for NP development are in primary health care, mental health, aged care, physical disability, and a range of other disability services.

However, to enable Nurse Practitioners to function fully and for the role to develop further training funding is required. The College emphasises that this funding should not be diverted from existing postgraduate nursing funding but should be new funding provided to allow the NP workforce to grow and be maintained.

#### **4.3 Palliative Care Training**

The College supports the new funding allocated to Palliative Care Registrar training and nurse training programmes. Our organization considers that this funding should be allocated through the established CTA process and be included in the Service Agreement. We believe it should occur via this mechanism since the Ministry of Health's trend to contract training outside of the CTA contracts creates unnecessarily complicated contracting processes which could be simplified.

#### **4.4 Nursing training**

##### **Requirement for programmes to be Nursing Council approved**

Some College members have expressed concerns regarding eligibility for CTA funding being limited to those programmes / courses of study that are within Nursing Council of New Zealand approved programmes. There is a view that only Nursing Council approved programmes contribute to the professional development component of Registered Nurses practising certificates. However nurses undertaking study in a variety of other non Nursing Council approved programmes find these meet their need for advanced education in subjects such as rehabilitation, primary health care, public health, psychological medicine, ethics and research (for example). This approach excludes nurses who wish to develop their clinical practice (and are relevant to their clinical specialty) by taking courses offered by other schools within the academic institution (such as counselling for example).



The same issue restricts entry to some multidisciplinary courses / programmes. Interdisciplinary education philosophically aligns with a number of different work streams particularly for those in primary health care and rehabilitation as it is fundamental to clinical practice in this area. In addition, interdisciplinary programmes can be viewed as meeting the Government's strategic ideals about working collaboratively.

The College therefore recommends that this area be subject to further careful consideration before any decisions are made.

### **Prescribing practicum**

The allocation of funding for nurses undertaking the prescribing practicum (\$25,093 per training unit) is set at about three times greater than the level set for other training programmes. This is on the basis that the cost of clinical supervision by an authorised prescriber (currently medical practitioners) is more costly. Changes in senior nursing roles (such as the nurse practitioner role) and the RMO workforce shortage have resulted in some senior nurses undertaking activities of care that require the use of extensive assessment and diagnostic reasoning skills developed through a clinical practicum. Like the prescribing practicum, this practicum requires that a medical practitioner be the clinical supervisor.

The College considers that the CTA exercise greater flexibility and expand the practicum criteria to include clinical practicum's at the same level of funding as the prescribing practicum.

Similarly, in primary health care the development of the nurse practitioner role depends on general practitioner (GP) support for mentoring and supervision. Some additional incentive and structured support is urgently required in order to ensure that this important role continues to develop.

### **Postgraduate funding for mental health nursing**

Postgraduate funding for mental health nursing is not clear in the purchasing intentions and further clarification is required.

The College understands that Te Pou holds the contract for mental health nursing funding (both graduate and postgraduate) but the current funding model is not clear. The College also considers that it is not responsive to the needs within mental health nursing services. For example, access to mental health nursing postgraduate programmes is via nationally specified programmes delivered by tertiary education providers. This model was changed for all other CTA funded programmes some time ago in favour of allocating funds to DHBs based on a population-based funding formula to enable DHBs to purchase the appropriate programmes. The allocations of funds to DHBs is an appropriate



system which is responsive to the needs of both individual nurses and DHBs and is useful in terms of workforce planning.

Further, access to funding for postgraduate mental health nursing is inequitable. Currently, CTA funded programmes enable registered nurses (in non-mental health settings) to access programmes to Masters level. This is critical for the development of senior nurses and nurse practitioners. The College's understanding is that funds available to mental health nurses do not support study beyond postgraduate certificate level. This may be due to funding constraints but has resulted in inequity with nursing peers.

#### **Funding for post-entry training for nurses outside CTA funding**

The Ministry of Health currently funds other post-entry training programmes for nurses separate to the CTA's funding such as funding for Maori nurses to undertake Well Child training through the Maori Innovation Team. Maori and Pacific Development Funds are also used for post-entry (and in some cases pre-entry level) nursing programmes. These initiatives are commendable but in terms of transparency of expenditure and sustainability, the College does not consider this to be the best funding model long term. Consolidation and distribution of funds to DHBs as per an agreed funding formula is a more appropriate option.

#### **NeTP Programme Funding**

The level of subsidy for the NeTP programme has changed little since its inception. At that time, the level of subsidy was promoted as being 50% contribution. According to our organisation's calculations the cost of the programme at the outset was \$18,000 making the CTA contribution about 33% of the cost. In the years since, salaries and associated release time costs have increased at a greater rate than FFT. The College asks that the CTA consider an adjustor to match actual costs.

The introduction of the NeTP expansion to non-DHB provider arm services this year is a positive move to encourage, for example primary health care and aged care, to employ new graduate nurses.

#### **Maori health training**

The College is supportive of the introduction of the new Hauora Maori specifications at pre-entry level. This initiative provides an opportunity for a larger pool of Maori health workers to access training.

While it is still too early to understand what the uptake of training will be, the College is disappointed no funding was made available to support the establishment of training programmes with education providers or to support initial implementation as has occurred with programmes such as the NeTP



expansion programme. One-off implementation funding may go some way to supporting the uptake of this training, in particular to establish workforce priorities (survey needs) and network with Maori health providers.

The College believes that the CTA Maori funding needs to be extended to Level 8 degree / postgraduate programmes. The current restriction of Level 3 to Level 7 creates inequity for Maori workforce training and is inconsistent with other programmes. The College considers that purchasing intentions need to be flexible to meet the needs of Maori health providers, the professionals and workforce development needs. For example, Maori allied health professionals requesting CTA support for postgraduate studies; Maori health workers entry in to (part-time) degree papers.

#### **Pacific health training**

The College acknowledges the Support and Access Funding made available by the CTA for Pacific nurses and that funding has been directed to DHBs to manage. We consider this to be the appropriate model.

### **CONCLUSION**

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There is a need to boost workforce capacity in New Zealand in light of the skills shortages we are currently experiences. While some inroads are being made in terms of CTA funding for postgraduate education, the College considers that further work is needed to ensure a highly skilled workforce that delivers on Government policy and is responsive to the changing needs of our population.

