

Minutes
National Nursing Organisations Meeting
Wednesday 27 February 2019

Venue: Kea Room, Level 7, 22 Willeston Street, Wellington

Attendees:

Pam Doole (NCNZ), Jenny Carryer (CoNA), Karyn Sangster (NENZ),
Margaret Dotchin (DHB DONS), Suzette Poole (NZCMHN), Cathy Andrew (NETS),
Memo Musa (NZNO), Kerri Nuku (NZNO), Margareth Broodkoorn (MoH), Jane Bodkin (MoH),
Lorraine Hetaraka-Stevens (CoNA), Donna Foxall (NCMN), Kathy Holloway (Council of
Deans)

The meeting was chaired by Jenny Carryer.

➤ **Apologies**

Apologies were received from Mereana Rapata-Hanning (NETS Wharangi Ruamano).

➤ **Minutes – Matters Arising**

The minutes from 13 November 2018 were **confirmed** as a true and correct record.

Briefings and Updates

➤ **Update from the Office of the Chief Nurse (OCN)**

Chief nurse gave an update based on the OCNO sector update.

➤ **Robyn Shearer (Deputy DDG mental health) briefing - key points**

MH enquiry response from RS

- BAU must happen while waiting for response to MH Inquiry - this is focus for next 18 months as well as building capability in the directorate
- Big gap in the mental health submissions in terms of Māori health, equity and rights-based health care focus
- Māori and Pacific submissions indicate that system not necessarily providing good services
- There has been a lack in the past of consultation with iwi and hapu.
- Need social investment and intersectoral approach, need reallocation of resourcing, wider aspects, not just health

Nursing Workforce issues

- Every nurse should be able to respond to people with mental health issues.
- NZ has 50k+ nurses, should be able to make a huge impact on wellbeing particularly in primary health care working with low to moderate level mental health issues.

- Need appropriate funding for post grad education including NESP
- Find the MOH enablers for nurses to work the way they're educated to work, not just how they're employed to work
- Need an evidence-based approach to workforce
- Supply of mental health nurses, and their wellbeing, is a concern
- Nursing is the biggest clinical workforce, should be able to help/ affect
- Leadership wider nursing representation via Toni Dal Din

➤ **Dr Ashley Bloomfield (DDG) briefing - key points**

- AB wants MOH to have conversations with TEC and Ministry of Education, and to have a whole of system approach to nursing workforce including tertiary education providers
- AB noted MOH is 'feeling the way' re Crown-Māori relations. Need to address structural issues. Learning a lot from WAI2575 re equity issues and rights-based healthcare
- NNO raised
 - Issues of data sovereignty e.g. re ACE – how it's used/ applied not always good for Māori. e.g. increase in the numbers of Māori nurses is not translating to primary care. Need iwi/ hapu approach, because there is a willingness for people to work with/ for their own communities
 - Supply fragility, 18% nurses over 60. Reliance IQN, Māori nursing workforce not commensurate with population. NZ can attract IQNs now but not sure what will happen into the future. A lot of sectors are involved in this issue but MOH needs to take leadership. Retention of nurses is vital
 - Issues for nurse leaders in accountability vs control
 - Language around workforce development is not clear. Structural framework/ plan needed e.g. learnings from HR, business, nursing management, need to galvanize.
 - Nursing had laid foundations to have a flexible workforce, have an enabling RN scope. Not gaining full benefit due to funding models and old employment models.

➤ **Update re Māori nurses meeting**

- Māori nursing representatives met with NCNZ re increasing Māori nurse representation on the Council (board). Nursing Council is supportive and have written to the Minister supporting Māori nurses letter requesting additional designated elected Māori nurse members on Council.

➤ **Reform of Vocation Education (RoVE) update**

- Link: <https://conversation.education.govt.nz/conversations/reform-of-vocational-education/>
- [Currently a consultation document with submissions closing end of March](#)
- The review doesn't mention degrees, says they are out of scope. EN will be affected (level 5 Diploma)
- Effect of dissolving ITOs, funding back 'in the pot' such as Careerforce and creation of Industry Skills Board (ISB)
- Open Polytechnic proposed to be sole provider of distance learning systems.
- Polarised views in the sector however most acknowledge that current system isn't working

- NENZ putting forward a submission. Need to consider safest future for nursing education
 - Risk of potential nursing applicants being discouraged from applying while review underway including international market
 - Need collective nursing voice through NETS who are with NZNO Sue Gasquoine.
ACTION: Suggest Sue meet with NENZ as well.
 - Issue with recruitment of nurse academics in ITP sector with 1/3 to 1/2 starting 2019 understaffed Recruitment issue impacted on by salary differential with DHB MECA as well as financial issues for some meaning no recruitment despite vacancies
 - NETS group facing challenges in ITPs – nursing programmes are big contributors to bottom line
 - Funding vs fees – trades vs nursing, need to consider resourcing vs funding
 - Māori and Pacific specific programmes very important, potential impact on distinctiveness if a national curriculum is implemented – some under stress already – NZNO supporting students from one provider.
- **Federation of Primary Health Aotearoa Update**
- Current rep now employed MOH and therefore step down by end of March
 - Agreed that candidate with strong primary health care background, strong personality, governance background, experience in working with Māori and Pacific communities is needed
 - **ACTION:** Jenny to clarify process around appointments and replacements and update NNO.
- **NPTP update**
- Workshop upcoming Friday 1 March –interested NP programme providers.
 - Noted that the purpose of the workshop is to seek advice from providers to inform MOH decision making acknowledging the vested interests
 - Concerns raised about destabilising what has been in place for NPs past 3 years
 - Concerns raised about spreading existing funding across more programmes
 - Nursing Council worked closely to make sure NPTP candidates get through the registration process in a timely manner, relationships with providers important to build trust in the quality of the provider assessments
 - Noted currently there is 2-tier pathway for NPs, one better funded, majority less well funded
 - Māori providers have no budget to take up NPs. Inflexible funding structure. Especially practices that run low-cost services. Business model disadvantages Māori and Pacific providers where community owns, not GP.
 - NNO queried whether the money for NP training can come out of contestable funding. Want equity lens, to grow all NPs including Māori and Pacific
- **NETP**
- Discussion on mixed views around NETP nurses doing PG paper. NNO is not in consensus around this issue with some evidence the first year of practice is too early to do PG study and some evidence that supports this approach
 - Evidence Māori and Pacific nurse completion rates low
 - Need for Kaupapa Māori NETP programme discussed
 - Idea of having 2 post graduate years PGY1 and PGY2 for new nurse, could be especially good for second chance learners. Need for more discussion about how this would look. Note that as some places hard to staff, could rotate new grads between settings.

- **Violence against nurses**
 - Consistent issue of concern for NZNO.
 - NZNO starting to work on a position statement. Focussing on all settings (not only mental health)
 - Sue Gasquione leading that work. **ACTION:** Sue to connect with NNO.
 - NZNO connected with Worksafe as this issue had not been on their radar, rather focussing on industries such as forestry death rates.

- **NZNO member survey 2019**
 - Due shortly. Will share messages when ready

- **Therapeutic Products Bill Submission – update from Pam Doole**

Link <https://www.health.govt.nz/publication/therapeutic-products-regulatory-scheme-consultation>

 - Proposes moving regulation of health practitioner prescribers into HPCA and managing under scopes. In principle this is good.
 - Concerns about perpetuating current problems with medicines schedule that Minister has to sign off on changes to prescribing scopes of practice
 - Authorised prescribers only (i.e. no more designated). Everything will be placed in the scope i.e. whether they can prescribe, what medicines
 - Category 3 meds can be supplied and administered by health practitioners without standing orders. NCNZ will maybe submit re category 2 for nurses
 - Support prescription for some appearance medicines
 - Come into effect in about 3 years
 - Consultation meeting March 2019
 - **ACTION:** Pam to email Jenny to include Jill Wilkinson in NZNO-NCNZ meeting regarding submission

- **Nursing Now update**
 - Memo to work with OCNO to lead work on recognising the indigenous workforce

- **Nurse prescriber remuneration process**
 - Job Evaluation Review Committee (JERC) process used in DHBs
 - Primary health care nurses on individual contracts
 - **ACTION** Memo to look up info regarding primary health care MECA

- **Issue re nursing data**
 - Data collection failing to capture nursing contribution in primary health care settings
 - **ACTION:** Jenny Carryer to draft letter to Ashley Bloomfield drawing on expertise from Erin Meads

The next meeting is on 29 May 2019

The meeting ended at 3:30pm.