

Canterbury

District Health Board

Te Poari Hauora o Waitaha



Nursing Workforce Education Plan Canterbury Health System 2015-2018



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Executive Summary

The purpose of the Nursing Workforce Education Plan is to provide an overview of the strategic direction for the ongoing development of a Canterbury nursing workforce. The last five years has resulted in major disruptions not only to service delivery but also to the ongoing workforce initiatives and to the lives of Canterbury nurses. They have played a major role in not only responding to the Canterbury earthquakes, they have been instrumental in the recovery of the Canterbury and they will continue to be a crucial force in ongoing rebuild of the Canterbury. The future Health System will need nurses prepared and supported to work at the full breadth of their scope of practice and this presents exciting opportunities for the nursing workforce and for changing models of patient care delivery. The Canterbury Health System Strategic vision is for the patient to be at the centre of all strategic planning and nursing is well placed to foster innovative delivery of models of care to meet the expectation of providing quality care within a challenging and changing environment. The challenge for nursing leadership is to provide professional development opportunities that will help provide a nursing workforce that is fit for purpose and able to deliver care in the most appropriate setting and support people to stay well.

Canterbury Nursing leaders recognise that in order to provide a nursing workforce that is responsive to changing workforce needs and models of care, strategic oversight needs to cover the continuum of the nursing career pathway from undergraduate to senior nurse roles. The generalist nature of the nursing workforce will continue to be a core strength enabling flexible deployment of nurses within and across care settings. Educational support at all stages of the nursing career continuum will allow nurses to work confidently within scope of practice. It is important to ensure that the nurse's individual career plan aligns to the strategic direction of the Canterbury nursing workforce.

Nurse leaders from across the Canterbury Health System and nursing education providers have worked in partnership to set a strategic direction for nursing advancement in Canterbury and have worked collaboratively through the Postgraduate Nursing Education Forum and Regional Directors of Nursing group to contribute to the development of this strategic nursing workforce education plan.

The intention is that this plan will be used to guide the development of service specific operational workforce education plans to meet the nursing development needs of the individual workplaces.

Strategic Goals of the Canterbury Nursing Workforce Education plan

- **Growing our workforce:** To work with and support undergraduate education providers to ensure nursing graduates are prepared for Canterbury workforce needs
- **Attracting our workforce:** To employ as many new graduates into permanent positions as the rate of staff turnover allows, and develop an HR plan to exceed turnover against future workforce needs over next 10-15 years
- **Enabling our workforce:** To support nursing life-long learning options with emphasis on active learning and relationship to the workplace
- **Extending our workforce:** To continue to develop senior nurse roles across the sector with standard requirements and expectations of roles.
- **Engaging our workforce:** To ensure every senior person in a nursing role can name at least two potential successors



A handwritten signature in blue ink, appearing to read 'W. Adams'.

Canterbury Health System

Our Population

Population estimates show the South Island of New Zealand is home to over 1,081,953 people, 23.5% of the total New Zealand (NZ) population.¹ Canterbury is home to 48% of the South Island population (529,905) and this population is projected to grow by 10% over the next ten years with 568,000 people expected to be living in Canterbury by 2016.²

In contrast to the national population, the South Island has a higher proportion of people identifying as European (90% compared to NZ 76%). At the time of the 2013 census, 8.2% of our Canterbury population identified as Maori and 2.6% as Pacific³. Canterbury has the third fastest growing Maori population in New Zealand and it is estimated that by 2026, 9.3% of our population will identify as Maori and 2.7% will identify as Pacific. These populations currently have higher rates of smoking and obesity than other population groups, are more likely to have complex or multiple long-term conditions, and have higher morbidity and mortality rates¹.

The projected change in the age of the South Island population indicates there will be small decreases in the younger age groups and larger increases in all age groups over 60 years, with a significant increase in the population aged between 70 and 80 years of age¹. Latest population predictions indicate 15.4% of the Canterbury population (81,780 people) are currently aged over 65 - higher than the national rate (14.9%) and 1.9% higher than in 2006. Of those, 6.7% (35,365 people) are aged over 75. By 2026 one in every five people in Canterbury will be aged over 65. While our older population is living “well” for longer and is fitter and more active, older people are more likely to have more complex or multiple long-term conditions, and consequently are higher users of health services.

Comprehensive population health needs analysis must underpin workforce planning and education. Populations are ageing, long term conditions are becoming more prevalent, and the needs of the vulnerable populations are escalating. The Canterbury earthquakes have generated prolonged stress, anxiety and poor living conditions which are exacerbating chronic illness and increasing demands for service. Population changes, new technologies and higher consumer expectations will influence the skill and scope the sector needs from the nursing workforce.

Expectation from the Ministry of Health is that District health Boards (DHBs) will focus on service integration across the health system with an emphasis on primary care, self-management, and supporting people to live independently at home.⁴ The Canterbury DHB vision is one of an integrated health system that keeps people healthy and well in their own homes by providing the right care and support, to the right person, at the right time and in the right place. This vision aligns to the national approach and the South Island Alliance regional plan which includes the following concepts:

- More health care will be provided at home and in community and primary care settings
- Flexible models of care and technologies will support service delivery in non-traditional environments
- Health professionals will work differently to coordinate a smooth transition for patients between services and providers
- Clinical networks and multidisciplinary alliances will support the delivery of quality health services across the health continuum

Following the earthquakes, as our health system copes with increasing demand and reduced bed capacity, the Canterbury Health System is particularly dependent on primary and community partners to support people to stay well and out of hospital. We have focused on engaging people from right across our system in the development of alternative models of care and on training and education to expand people’s capabilities and ensure we can meet the future needs of our population. Integrated models of care have fostered strong working partnerships between community, primary and secondary health professionals, not only increasing our health system’s capacity, but also

¹ Population data is sourced from South Island Regional Health Services Plan 2015-2018, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Pages/Regional-Plan.aspx>

² Canterbury DHB Annual Plan 2013-14, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents>

³ Statistics New Zealand, Census, 2013

⁴ Ministry of Health priorities available on the Ministry of Health website, <http://www.health.govt.nz/>

improving the continuity of care for patients. This also helps to attract and retain staff by promoting workforce satisfaction and engagement⁵.

In order to support a more integrated health system approach - it is crucial that we support the development of the whole of Canterbury's nursing workforce.

Our Workforce

Our ability to meet immediate and growing demand and to continue to transform our health system relies heavily on having the right people, with the right skills, in the right place.

The rebuilding of facilities following the earthquake events has provided an opportunity to re-evaluate the delivery of health care throughout the patient journey. This transformation of the health care environment will require a change in models of care along with the development of strengthened interdisciplinary teams working in partnership across care settings, and will present new challenges and opportunities for nursing.

The generalist nature of the nursing workforce will continue to be a core strength, enabling flexible deployment of nurses within and across care settings. Educational support will be required to ensure nurses will be able to move between hospital and community services and enable nurses to work to the greatest extent of their scope.

As a greater proportion of our nursing population reaches traditional retirement age, there is increasing concern over the continued availability of a sufficient workforce pool to meet predicted increases in demand. Changing workforce patterns, the expectations of younger nurses, new technology and changing community expectations also put pressure on traditional service delivery models.

As at 31 March 2014, Nursing Council New Zealand (NCNZ) reported that there were 51,406 Nurses practising in New Zealand with 129 Nurse Practitioners (NP), 48,406 Registered Nurses (RN) and 2,871 Enrolled Nurses (EN). Of all nurses holding an annual practising certificate, 94.2% were working in a role where they were directly providing services to the public, 4.6% worked in nursing management, professional or advisory, nursing education or nursing research. The remaining 1.2% retained an annual practising certificate but were not actively working in a nursing role (e.g. parental leave)⁶

NCNZ report that 12% of the national regulated nursing workforce work in Canterbury; 6 NP, 5,660 RN and 508 EN. (For full Canterbury workforce data refer to Appendix 1). They predict that current recruitment and retention strategies will mean that nursing supply will remain adequate until 2020 but then begin to diverge from health demand due to population growth and ageing which will result in a nursing shortage that will increase over the following 15 years, resulting in a national deficit of 15,000 nurses by 2035. RNs will increasingly be supported by a changing mix of second level regulated and non-regulated health workers to maintain workforce and service sustainability.⁷

Canterbury Leadership

Collaboration for Canterbury nursing workforce development is enhanced by the Regional Directors of Nursing group, Postgraduate Nursing Education forum, Professional Development Recognition Programme (PDRP) and the Nursing Entry to Practice/ New Entry to Speciality Practice Mental Health and Addiction Nursing (NetP/ NESP) partnerships. These groups have external reporting responsibilities to HWNZ and NCNZ. All groups work to engage the whole Canterbury nursing workforce in the development of improved models of care and in training that expands nurse's capabilities and capacity (Appendix 2).

Health precinct

Prior to the Canterbury earthquakes Canterbury had teaching, research and simulation rooms which were not fit for purpose. There was a loss of a number of these rooms as a result of the quake and approximately 79% of training/education sessions were affected post event because of room size or capability. Due to the small size of remaining rooms some sessions have to be delivered twice which has doubled the amount of teaching time.

⁵ Transition 2012 <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents>

⁶ Nursing Workforce data is sourced from Nursing Council New Zealand, <http://www.nursingcouncil.org.nz>

⁷ Nursing Workforce Strategy 2006, http://www.dhbsharingservices.health.nz/site/future_workforce/nursing-midwifery/default.aspx

The Canterbury Health System recognised that research and innovation were critical to further improving health outcomes and the earthquakes provided a “green field” opportunity to develop a Health Precinct and establish a ‘Knowledge Campus’ within an Academic Health Science System. This will be a campus where research, innovation, clinical and academic education and training will occur for undergraduate and postgraduate students as well as meeting the learning and development needs of clinical staff. The Health Precinct is being created in partnership with the Christchurch Central Development Unit, University of Canterbury, University of Otago Christchurch and Christchurch Polytechnic Institute of Technology.

A catalyst project is to develop the Health Research Education Facility and undertake a fundamental system redesign to promote cross-disciplinary teaching and research and the shared use of spaces. This will incorporate greater assimilation of education and research into clinical practice as well as the integration of the entire health journey of education, research and training. It is envisaged that the Health Precinct will also support the wider South Island as part of the future workforce training and the Regional Training Hub.

The Health Precinct Advisory Council has a key strategic goal to develop innovative models of professional learning and education and this includes the following outcomes:

- Increased collaboration among education providers, resulting in increased efficiencies and reduced costs
- Improved professional preparation and learning, and increased student engagement
- New models of professional learning and education are identified and implemented
- Workforce development provision is relevant, of high quality, and responsive to the needs of the current workforce⁸

The Health Precinct Advisory Council has also identified the opportunity to align simulation activities in Canterbury as an important strategic theme, as good simulation and human factors practices impact positively on patient safety and outcomes.

The key outcomes identified include

- Increased collaboration between tertiary institutions and clinicians who plan, manage and deliver simulation activities and facilities
- Reduced duplication and fragmentation and increased efficiencies in the delivery of simulation
- Increased access of the wider health workforce and those in pre- registration education to simulation activities

South Island Coordination

South Island Workforce Development Hub (SIWDH) is one of four national training hubs established through a Health Workforce NZ initiative. Its governance structure sits under the umbrella of the South Island Alliance with its steering group comprising representatives from all the South Island DHBs.

SIWDH seeks to strengthen the education and training network across the South Island by encouraging and enhancing innovative and multi-disciplinary approaches to healthcare delivery through the coordination of effective education and training processes, enabling health professionals to work at the top of their scope of practice in new and emerging models of care. Key areas of focus identified are vulnerable health professional staffing (ageing nursing workforce, aged care, rural health), promotion of advanced practice roles, developing capability and capacity in the non-regulated workforce, and supporting education and workforce aspects of the Maori Health Plan⁹

Strategic Direction

The South Island Regional Services Plan 2015-18 sets a strategic direction to improve the health and wellbeing of the population by delivering high quality and accessible health care. The challenge for nursing is to be able to provide a nursing workforce that is fit for purpose, and able to deliver care in the most appropriate setting and support people to stay well. This strategic direction underpins the Canterbury Nursing Workforce Education Plan.

⁸ Health Precinct Advisory Council Strategic Plan 2015-2020, <http://ccdu.govt.nz/projects-and-precincts/health-precinct>

⁹ South Island Regional Health Services Plan 2015-2018, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Pages/Regional-Plan.aspx>

Growing our workforce

The age, ethnicity and economic status of our future population and a changing demographic of the nursing workforce forecasts some very serious implications for the nursing services. Nursing workforce and nursing education planning strategy needs to be responsive to this, thus ensuring that we can provide the right nurses at the right place and at the right time.

Canterbury Nursing leaders work closely with the Ara Institute of Canterbury (previously known as CPIT) to ensure that the undergraduate nursing programme aligns with the workforce needs for nursing and the Canterbury health system. This three year programme combines theory with clinical experience to meet NCNZ competencies for the RN scope of practice. There are two intakes into the Ara Bachelor of Nursing (BN) programme of up to 150 students with an attrition of approximately 8%. Planning for enrolment numbers is based on a 20 year post-registration nursing career average and recruitment is actively aimed at setting a workforce that reflects the Canterbury ethnicity demographic. The programme includes 300 clinical placements in the community: rural, corrections, aged residential care, general practice and district nursing as well as CDHB placements. The catchment for enrolment into the Ara BN programme is Canterbury, South Canterbury and West Coast with some Nelson Marlborough students.

Ara also provide the level 5 training programme (DEN) required for EN registration as per NCNZ. The aim is for 50 students per year to enrol in this 18 month programme. Clinical placement is supported by Canterbury nursing leaders.

NCNZ have accredited the articulation agreement between Ara and University of Canterbury that enables graduates with a bachelor degree to study for a Bachelor of Nursing and a Master of Health Science simultaneously. The collaboration between Ara, The University of Canterbury and the Canterbury Health System offers a two year accelerated pathway to combine postgraduate study with the clinical skills and competencies required for registration as a NZ Registered Nurse. It is anticipated that up to 30 students per year will be enrolled to complete registration requirements via this dual qualification.

The Competence Assessment Programme is also offered through Ara Institute of Canterbury. This allows nurses who hold an international registration to credit into the New Zealand requirements for registration. Nationally numbers are decreasing for this programme and NCNZ statistics show that internationally qualified nurses applying for NZ registration have declined from previous years. The highest number of applications received nationally are from nurses qualified in India (42%), followed by the Philippines (28%) and the United Kingdom (10%). The Competence Assurance Programme also includes 'return to nursing' nurses and those requiring an assessment programme for their nursing competence requested by NCNZ.

There is also the opportunity to transition a single registration to a broadening scope through Ara Institute of Canterbury. This attracts minimal numbers per year and tends to involve UK registration transitioning to New Zealand registration scope and conditions for nursing employment.

The University of Otago Christchurch preregistration Master of Nursing Science is a two-year intensified, integrated Master's programme providing the academic and clinical knowledge and skills to enable bachelor's degree graduates to gain registration with the NCNZ as a registered nurse and obtain a Master's degree in nursing. Clinical placement is supported by the Canterbury Nursing leaders. This programme has been considered by the Committee of University Academic Programmes and is currently pending accreditation with the NCNZ. Provision has been made to accept up to 40 students per year into the programme.

The Dedicated Education Unit (DEU) model of clinical teaching and learning was developed in 1997 at Flinders University by nursing lecturers and provides a clinical environment that is dedicated to supporting undergraduate nursing students on clinical placement. This environment encourages collaborative relationships between nursing students, clinical staff, and DEU educators with Ara as the education provider. Each area identifies a clinical liaison nurse role that is undertaken by an RN in the clinical environment who coordinates the learning experience. The academic liaison nurse is a lecturer from the school of nursing at Ara who provides the link from theory to practice within the clinical area. The clinical liaison nurse and academic liaison nurse work collaboratively to facilitate the completion of learning requirements.

Currently there are 42 established DEU's across 50 clinical settings within the Canterbury and West Coast DHBs, Nurse Maude and Healthcare New Zealand with plans to expand the number of DEUs throughout the Canterbury

Health system to support the anticipated increase in student numbers required to meet the projected workforce needs

In 2014, 518 BN students, 63 DEN students, 6 Competence Assurance programme students and 14 MHSc/BN students experienced clinical placements in practice areas where the principles of the DEU model were utilised in the Canterbury Health System. West Coast DHB DEU also supported nursing students from Ara and Nelson Marlborough Institute of Technology. With the introduction of dedicated education units, the number of clinical placements for nursing students has increased in the Canterbury Health System.

Oversight for the DEU model is provided by a working group along with an over-arching governance group which includes Ara staff and clinical managers, clinical coordinators and course leaders, DEU educators, nursing workforce development managers, professional development managers, and senior nurse representatives, with Executive Director of Nursing, Mary Gordon, and Head of Department, Ara Institute of Canterbury, Cathy Andrew, jointly chairing the meeting.

In Canterbury, outside of the DEU model, Pegasus Health supports clinical placements for BN students in the 24 hour surgery and approximately 50 general practices, and is also piloting the placement of DEN students into general practice. Other primary health providers offer similar placements. Seminars are offered to final year nursing students on nursing opportunities within primary care, and community providers work in partnership with the Ara Institute of Canterbury Nursing team to ensure a strong primary care nursing focus into the undergraduate programme.

<p>Georgia Negus-Nelson – Ara Institute of Canterbury</p> <p>Choosing where and what to study can feel like a blind-leap of faith, says Georgia Negus-Nelson, who is in her third year of a Degree in Nursing at Ara Institute of Canterbury.</p> <p>“You can research and try to find out as much as you can but in the end you can’t know what your study experience is going to be like until you live it.”</p> <p>Georgia looked at a number of nursing schools before she settled on Ara Institute of Canterbury.</p> <p>“It offered a great program and has an excellent reputation. I had been away travelling in the years before I started my degree and to be honest was a little anxious about returning to Christchurch and Canterbury, committing myself to stay here for the next three years. I thought it might not have as much going on as I had become accustomed to spending time in bigger cities.”</p> <p>She soon realised she needn’t have worried. Georgia found Christchurch to be an exciting and vibrant city to study and live in.</p> <p>“The post-quake Christchurch is coming alive again; new bars, cafes, markets and music venues are opening all the time. It is exciting to see the new plans for the city take shape and this city still has a wonderful sense of community.”</p> <p>As for Canterbury, the region offers so many opportunities for anyone wanting to get out there and make the most of it, with wonderful hikes, beaches and mountains; a world of adventure right on your doorstep.</p>	<p>Ara Institute of Canterbury has been a great place to study, Georgia says. The tutors are actively engaged and passionate about their students learning; meaning there is plenty of support and encouragement. The Ara Institute of Canterbury campus is a wonderful learning environment and is in the centre of the city, close to numerous cafes.</p>  <p>“Throughout the degree you are shaped into a nurse through interesting courses and plenty of clinical hours. You get both academic and practice skills which help prepare you for the workplace.”</p> <p>One of the highlights of studying at Ara Institute of Canterbury is the close relationship it has with the Canterbury Health System. This means the students are made aware of all the exciting changes that are happening in health for Christchurch and Canterbury. Health services in Canterbury are changing and it is an exciting time to be part of the new direction they are taking, Georgia says.</p>
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Strategic outcome goal:

To work with and support undergraduate education providers to ensure nursing graduates are prepared for Canterbury workforce needs.

- Ensure undergraduate program enrolment numbers are aligned to workforce needs
- Continue to support all appropriate clinical services to be a DEU or related to one
- Provide opportunities for students of nursing to work in clinical areas as hospital aides to establish links with our future workforce
- Support initiatives to recruit students to nursing, including opportunities for connecting with high school students
- Ensure undergraduate and DEU models support the development of an understanding of teamwork, models of care, focus on person centred care, and principles of quality improvement as a fundamental part of care and students are supported to question and contribute.
- Ensure the undergraduate nurses are exposed to primary health care settings that include vulnerable groups, and groups with known health disparities
- Ensure positive factual information is released via media about graduate employment rates to promote nursing as an attractive career option
- Increase numbers of Maori and Pacific nursing student recruits to be representative of the general population

The balance we need is that we do not create a situation of excess undersupply, resulting in a shortage of nurses or excess oversupply, resulting in newly qualified nurses whose skills and knowledge can rapidly diminish if not used in real practice settings.¹⁰

¹⁰ NHS. Investing in people – Workforce plan for England 2014/15, <http://hee.nhs.uk/wp-content/blogs.dir/321/files/2013/12/Workforce-plan-investing-in-people.pdf>

Attracting our workforce

Global competition for skilled people, the expectations of younger generations of employees, the impact of emerging technologies, and rapidly changing demographics in the workplace are all ongoing challenges for the New Zealand health system.¹¹ Promoting a safe, supportive and healthy work environment and the expansion of flexible working options leads to a culture that will help attract nurses to Canterbury.

In 2014 the National Nurses Organisation (NNO) reported to Health Workforce NZ (HWNZ) that the ageing and increased life expectancy of our population, coupled with predictions showing the ageing of the nursing workforce has led to concerns about the ability of the future size, skill and attribute of the nursing workforce to meet the increased demand for health care. They suggested that healthcare organisations need to recognise the issues around turnover and look at ways to manage attrition and retain nurses, especially given the predictions of nursing workforce shortages.¹²

Their recommendations were:-

- Known and anticipated health care need must be the key driver for workforce strategy development
- Improve employment of new graduate nurses for aged care and primary health care
- Improve employment of Maori and Pacific nurses to match their population

The Canterbury Directors of Nursing are committed to on-going long-term workforce planning. Concerns in the future ability to meet the health care needs of the Canterbury populations have arisen because:

- The number of nurses >40 years of age likely to retire between now and 2035 is significant while the current influx from younger nurses feeding in from the undergraduate programme may not be sufficient to replace the numbers leaving the workforce
- Changing patterns of disease and an increase in long term conditions
- Attracting a quality workforce from overseas may be difficult due to global and ethical nursing workforce issues
- Rising incomes and demand for NZ nurses may attract nurses to move overseas
- Increasing financial constraints placed on providers of healthcare with a limited health budget
- Demand for health services will alter in response to changing population health needs towards 2035; including age and ethnic mix in the population, geographic dispersion of the population, unhealthy life style choices, increased consumer expectations and technological developments.¹³

An increasing reliance on overseas nurses is likely to create a nursing workforce that does not reflect the ethnic diversity of our population. Growing our own through the undergraduate programmes is increasingly seen as a more viable option. A long-term approach is essential and should not be influenced by immediate or short-term issues that impact on the demand for nursing services.¹⁴

To attract and retain the required nursing workforce will require some radical redesign of the structure of the nursing workforce including:-

- Development of a career progression process that supports retention of nurses within the profession in line with the Indicative Education Pathway model (*Appendix 3*).
- Flexibility of work schedules and environments to meet the needs of nurses across the continuum in balance with the needs of the health system for safe staffing levels
- Redesign work to enable nurses entering the 3rd age to remain active in direct nursing care roles
- Investment in education and training that is designed to support nurses in staying current with technological advances, including information technology that enhances the capacity of a potentially reduced nursing workforce.

¹¹ Transition 2012, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents>

¹² Report from the National Nursing Organisations to HWNZ – April 2014 <http://www.nurse.org.nz/national-nursing-organisation-nno.htm>

¹³ The Future Nursing Workforce – Supply Projections 2010-2035, <http://www.nursingcouncil.org.nz>

¹⁴ South Island Executive Directors of Nursing:-Position Statement on sustaining the South Island Nursing Workforce. 2014

- Adapting our leadership structures to meet the needs of a future workforce with a changing skill mix in workforce. This may require more direct clinical leadership especially in the after-hours space.

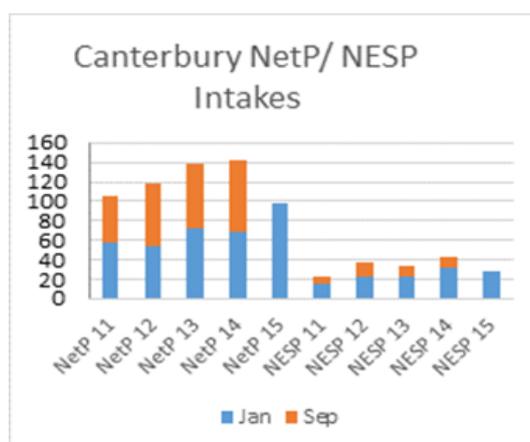
Nursing Entry to Practice/ New Entry to Speciality Practice Mental Health and Addiction Nursing

Canterbury and West Coast DHBs have worked co-operatively to provide a national programme for graduates across their region ensuring consistency of training, education and support. The NetP/ NESP programmes were developed to enable nursing graduates to be well supported, safe, skilled and confident in their clinical practice and these goals are based on NCNZ's *Standards for the Nurse Entry to Practice Programme* and the HWNZ *Service Specifications Nursing Entry to Practice Programme*. The programme has a theoretical component of 12 study days that support the clinical application of the knowledge gained during undergraduate nursing degree studies. The newly registered nurses are required to demonstrate inquiry, problem-solving ability and clinical reasoning within their practice setting throughout the programme. Strategies used to support education include presentations, skill based sessions and scenario/simulation training to extend health assessment skills, clinical knowledge and critical analysis. This programme allows for graduate RNs to enter the Canterbury Health System under a supported clinical and professional development programme that includes education, preceptorship and senior nurse support. Following a successful pilot NetP DEU, there are plans to establish the expansion of the DEU model into the NetP/NESP graduate programme where appropriate.

The Ara level 7 Rapid Health Assessment of the Acutely Unwell Patient course forms part of the education required during the NetP programme. NetP nurses working in Paediatrics undertake the Assessment of the Acutely Unwell Child option in line with skills that are specific to that area. NetP nurses working in the community may attend other courses as appropriate such as "Managing and caring for people with Diabetes in a clinical and community setting".

Forty nurses are engaged in the 2015 NESP programme; thirty are directly funded by Te Pou and ten are funded by the Canterbury DHB. Four of these nurses are employed by the West Coast DHB. As part of the NESP programme the RNs undertake the Postgraduate Certificate in Health Science endorsed in nursing (specialty Mental Health) through the University of Otago. The funding is utilised to support preceptorship, clinical release time to attend study days and mandatory training, individual and group supervision and supernumerary time in the orientation period and for the ten week community placement. Base funding is 20 places between Canterbury and West Coast DHB, however this year Canterbury has attracted extra funding due to other regions not utilising allocated places.

The community, primary health and aged residential care facilities are an area of rapid growth for new graduate placements. Memorandums of Understanding are established with organisations in these areas and graduates at these facilities attend the relevant education and training and also have a tailored programme depending on their area of work.



The above graph indicates numbers of graduate RNs employed in the Canterbury Health System through NetP/NESP. It does not include graduate RNs who were employed in the Canterbury region outside of these programmes (eg: Private Surgical Hospitals, Charitable Trust Facilities, general practice, some primary health organisations, some aged residential care facilities) NESP has two intakes for one programme per year.

Once nurses have graduated from this programme, individuals are responsible for maintaining their professional development within the regulations of NCNZ.

NetP/NESP programme coordinators work with the undergraduate programme providers to ensure workforce readiness. They utilise future workforce projections to strategically target potential areas of high need. Canterbury works collaboratively with the rest of the South Island DHBs and SIWDH to ensure HWNZ funding is reallocated and priority areas are used effectively. The South Island NetP Forum meets annually along with a National NetP Forum which also meets annually and is able to influence policy, quality standards and specifications that impact on the development and retention of NZ graduate nurses.

Olivia Macmillan, RN, NESP

First year Registered Nurse, Olivia Macmillan, is 10 weeks into her second workplace placement through the Nursing Entry to Specialist Practice (NESP) programme at Child and Family (CAF) rural outpatients. Before that she spent 20 weeks working at the Child and Adolescent Unit at The Princess Margaret Hospital.

“I am extremely grateful to have been in these two placements which equal the majority of my new entry year. I requested to work in this area as I have a specific interest and desire to work with children, adolescents and their families. I was thrilled that the NESP coordinators recognised this passion and gave me the opportunity,” Olivia says.

Olivia applied for Canterbury DHB’s NESP programme as she has always enjoyed the communication side of nursing and exploring with people about their lives and the impact of physical, mental/emotional, spiritual aspects and family and culture on health.

“Working in mental health gives me the opportunity to explore health holistically and most importantly focuses on emotional and mental wellbeing which I find interesting. I want to explore with people what is going on in their mind and lives.”

She enjoys the assignments, which involve a lot of reflecting on her practice and exploring mental health.

“Every month we have study days where we get to hear about some of the awesome work happening in Canterbury mental health in terms of services and exploring different tools and therapies to assist with our practice.”

“As the main skill of mental health nurses is using own self as a therapeutic too it has been extremely beneficial being able to explore my own values and beliefs and how these impact on working intensively with people and their families.”

The NESP programme learning is practical and interesting and helps with working as a psychiatric nurse on a daily basis.

“I have felt very supported in my workplaces. Staff and preceptors and the NESP team really understand and work hard to help you. I have had regular visits and support and time to talk things through.”



Olivia says she is excited about learning more about therapy work with young people and their families such as Cognitive Behavioural Therapy (CBT) and family therapy so that she can develop skills to help in a more practical way exploring thoughts and feelings and using a strengths based approach.

Strategic outcome goal:

To employ as many new graduates into permanent positions as the rate of staff turnover allows and to develop a health workforce plan to exceed turnover against future workforce needs over next 10-15 years

- Continue to hold certification as a NetP/ NESP programme provider. Annually review the number of new graduates per educator on the programme for fairness and equity
- Create placements for NetP/NESP nurses in areas where succession planning is required and support ongoing employment of NetP/NESP candidates to vacancies throughout the year
- Continue to align NetP/NESP with the undergraduate programme so that there is development and consolidation into the RN role
- Ensure RNs are trained effectively in preceptorship and supported in this role
- Showcase partnerships between preceptors and new graduates with examples of development of practice to attract applications to the programme
- Grow the pathways for ongoing education and future roles in education, practice and management so that newly graduated nurses can begin to consider a potential career pathway
- Work with South Island colleagues to maximise employment options and share resources
- Consider employment and orientation of Enrolled Nurses with changing models of care

Enabling our workforce

To make the most effective use of our current nursing workforce and ensure we have the workforce we need to meet the future demand for services across the Canterbury region.

It is imperative that nursing builds a workforce capable of meeting the needs of our current and future population. To fully utilise the capability of the nursing workforce it is crucial to ensure that education planning provides the appropriate training for role, ongoing development of the generalist nursing workforce, consideration of new and extended roles including nurse prescribing, effective annual appraisal and learning goal-setting processes; promotion of career pathways; and the development of mentoring programmes for senior roles. Our objective is to develop the nursing workforce factoring in projected growth, changing demographics, future service models and workforce needs and gaps, alongside the need to align planning with the transformational direction of the Canterbury Health System.

Training and education programmes are supporting expanded roles and enabling health professionals to work at the greatest extent of their scope¹⁵. There is an increasing understanding in nursing of scope of practice, direction and delegation and the professional obligation to maintain currency and awareness of competencies. SIWDH have identified the development of primary and secondary care health workforce to support the shift in care to be more community based as a key action point to allow the nursing workforce to respond to the changing health care environment¹⁶.

The **Professional Development Unit** is currently based at Christchurch Hospital and provides the coordination, delivery and evaluation of in-service education and professional development opportunities for nurses working across the Canterbury Health System. The Professional Development Unit and service based nurse educators plan, develop and facilitate a range of professional development programmes and in-service training for nursing staff and unregulated care givers. In 2012 a core education development framework was agreed to ensure education is coordinated across the health system and able to demonstrate translation of learning to clinical practice. <http://www.cdhb.health.nz/Hospitals-Services/Health-Professionals/CDHB-Policies/Nursing-Policies-Procedures/Pages/default.aspx>

All teaching provided on this framework is developed and evaluated using the Kirkpatrick model <http://www.kirkpatrickpartners.com/Home/tabid/38/Default.aspx>. The aim of this framework is to work collaboratively across the Canterbury Health System to achieve an effective, efficient and integrated onsite nursing education and professional development programme that is in line with the overall strategic goals and direction.

Numbers attending Professional Development Unit	CDHB	External	Total
2013	2962	211	3173
2014	2778	289	3067

e-learning There is a drive from national nursing directives to improve the way we deliver compulsory education needs in a way that is time and cost effective. The didactic study day is rapidly nearing the end for most education unless linked to application in practice. The Canterbury DHB has invested in the online learning capability and capacity to support standardisation of learning across the Canterbury Health System. Core knowledge can be delivered online before the study day allowing face to face learning to focus on skill development and applied learning including simulation. Canterbury DHB have branded the online platform “healthLearn” with the intent that this be a South Island online platform by 2016.

Key Information Technology projects for 2015 include rolling out of the Lippincott Procedures, Information Technology nursing observation tool, the South Island incident management system and the introduction of e-meds.

¹⁵ CDHB Statement of Intent 2014-2018, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Documents>

¹⁶ South Island Regional Health Services Plan 2014-2017, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Pages/Regional-Plan.aspx>

The **Specialist Mental Health Services training unit** coordinate learning and development opportunities for nurses as part of multi-disciplinary education specific to the mental health sector using the Kirkpatrick model of evaluation. This training unit is currently working with primary health and community partners to deliver a comprehensive learning and development framework across the wider Canterbury mental health sector.

The **Canterbury DHB collaborative simulation interest group** includes presentations by Nurse Educators from Paediatrics, Emergency Department, Midwifery and Ara Institute of Canterbury.

The purchase of the new Adult Life Support Manikin and close collaboration with Bio-Medical Engineering has seen simulation training improve within the Clinical Skills Unit, with the introduction of a simulation framework for users to complete regular meetings and rehearsals and end of session debriefs of faultility. The future sees increased use of simulation based learning, teamwork and cohesion, in-situ simulation and human factors awareness.

Current collaborations include:

- Emergency department team day simulation - six sessions per year (all ED nursing staff over the year, attendance approx. 100)
- Professional Development Unit deteriorating patient – eight sessions per year (attendance approx. 80-100)
- Paediatrics/ICU deteriorating baby – four sessions per year (attendance approx. 40)
- NetP – Critical thinking - four sessions per year
- Oncology/Haematology deteriorating patient – nine sessions

Future collaborations are currently being formalised with the Professional Development Unit for Hospital aide, Nurse in charge and Preceptor training (will be in excess of 150)

The **Pegasus Health** Clinical Quality and Education Team delivers a range of educational opportunities for primary health, both rural and urban. Investment in primary care education programmes has allowed practice nurses to attend peer-led, evidence based education sessions promoting clinical best practice. Aligned to the transformational change underway across Canterbury, these sessions promote the use of integrated pathways and increase the capacity of the whole system.

Health Care Assistant – as the pressure on registered nurses to provide a sustainable workforce increases, a well-supported unregulated assistant workforce will be necessary for nursing care delivery. This workforce is undergoing the same workforce issues as the regulated nursing workforce, such as ageing. The NZ Certificate in Health and Wellbeing (Care Assistants), an employer-led training model that is embedded in everyday workplace activities, can be offered to health care assistants, support workers and rehabilitation assistants and ensures that there is a foundation knowledge base from which to grow this workforce (*Appendix 4*).

Trainees gain relevant, practical qualifications in a learning environment they feel comfortable in. Training increases confidence and job satisfaction, resulting in improved employee attraction and retention¹⁷. This workplace training leads to a higher quality of care in our community, improving health and well-being outcomes.

South Island Community of Practice: SIWDH is working with South Island DHBs and community partners to support an effective and integrated collaborative programme for specialty education and training. The South Island Community of Practice group has been established with a vision to develop a nursing workforce within a collaborative environment to meet population health needs of the South Island. Key principles include a flexible

¹⁷ Career Workforce, <http://www.careerforce.org.nz/employers/workplace-training/>

fit-for-purpose workforce with transferable skills, the sharing of resources and the delivery of clinical programmes that align with regional service planning.

Lippincott's Nursing Procedures and Skills is an evidence-based nursing procedures resource that provides immediate access to skill information at the bedside. Midlands DHB initiated the introduction to New Zealand of this resource which has now been rebranded "Lippincott – the New Zealand instance". Nurses will be able to access this resource electronically within the South Island healthcare and relevant education providers. This will increase the amount of time available to provide direct patient nursing care, improve patient outcomes, reduce errors, and promote consistent standardized care. It will empower nurses with the knowledge and confidence to make clinical decisions and facilitate delivery of care in unfamiliar settings or situations and eliminate the duplication associated with developing and maintaining separate procedures, skills manuals and protocols across all five health regions in the South Island.¹⁸ These procedures are updated quarterly to reflect the most current evidence based and best practice standards. Planned roll out across the South Island is 2015 with initial access to nurses working within the DHB and then extended to community partners and undergraduate/ postgraduate nursing education providers.

Graduate Certificate in Nursing Practice (level 7) is delivered by Ara as an opportunity for RNs to gain a formal qualification in recognition of on-going professional development. The short courses are area/ skill specific and are intended to ensure competency of nursing practice. The papers are developed collaboratively with the Canterbury nursing workforce leaders and Ara to ensure workplace needs are being met. Senior staff across the Canterbury Health System teach on some papers and this generates education credit for nurses to attend the papers. Credits are also generated through placement in Canterbury of students enrolled in the Bachelor of Nursing and Diploma of Enrolled Nursing programmes.

Enrolled nurses may also to enrol in some courses.

CDHB nurses supported to attend Ara level 7 papers	
2014	126
2015	163

Professional Development Recognition Programme – Te Kāhui Kōkiri Mātanga (Advancing the Skills and Knowledge of Nurses) Professional Development and Recognition Programme was originally developed cooperatively by the Canterbury/West Coast DHBs and New Zealand Nursing Organisation representatives to advance the professional development in nursing, to support nurses in demonstrating competency to the NCNZ, and to fulfil obligations negotiated under the NZNO Nurses MECA. Since this time the programme has significantly evolved to now include the entire South Island DHBs and over 30 partnering organisations of which two are national groups, Department of Corrections, Healthcare New Zealand; and the Kaupapa Maori & Pacific Collective which has eight members within the collective.

The programme is a voluntary rather than a mandatory programme except for the NetP/NESP Programme RNs who must complete a competent portfolio by the end of their first year of practice as per HWNZ specifications and NCNZ frameworks. The PDRP Advisory Committee reports to and is sponsored by the Canterbury Executive Director of Nursing and the Directors of Nursing of partnering organisations. The Committee oversees the ongoing development, monitoring and evaluation of the programme. NCNZ has a role in ongoing auditing and monitoring of the programme and last assessed the programme in 2012.

Learning and development - People and Capability, through Learning and Development, support the Canterbury nursing workforce by ensuring that learning interventions offered are aligned to the Nursing Competencies. Courses offered through Learning and Development support generic skill development for individual nurses wishing to enhance their people and management /leadership skills. This learning will complement the under graduate and post graduate nursing specific development opportunities already on offer.

¹⁸ Report from the National Nursing Organisations to HWNZ – April 2014 <http://www.nurse.org.nz/national-nursing-organisation-nno.htm>

Katie Mullord, RN and Olivia Sanders, RN

Professional development opportunities in Christchurch enable them to develop confidence in nursing practice say two mid-career Registered Nurses (RNs) at Canterbury DHB.

Paediatric Ward RN, Katie Mullord says there are study days available in a wide range of paediatric-focused areas. "The PRDP programme is encouraged within the ward and there are opportunities to attend education fairs held on site at the Christchurch Hospital campus." Katie is a Clinical Liaison Nurse for the four paediatric wards at the hospital and is in a joint Dedicated Education Unit role.

"I am involved in preceptor training study days, preceptoring student nurses and working alongside NetP nurses in a ward setting. I am also a team leader for the 'Releasing Time To Care' programme."

She enjoys working with student nurses. "It helps me remember what it was like as a new nurse and I try to use this to make the students and the NETP nurses have positive experiences and feel supported at work."



Paediatric RN, Olivia Sanders, says there is a large scope of opportunities available for professional development in Christchurch.

"We are encouraged to complete our PDRP, as well as attending as many study days and courses as we can. Since completing my degree I have completed my Certificate in Sexual Health, my B4 School Check training, several child health courses, preceptor education and that is only a few of the courses."

"The opportunities in Christchurch really are almost unlimited and we have supportive Charge Nurses and Educators who encourage us to take up these opportunities."

"I have completed the first preceptor study day and have since been a preceptor for a Return to Nursing (CAP) student, and mentored a new nurse starting on the ward. I believe that this is contributing to Canterbury nursing because I am passing on my enthusiasm to people who will be sharing my field in nursing. I truly believe that if you give your absolute best to people you are working with, they will be 100% more committed to giving their best to the job and to nursing itself. I am so proud to be a nurse who is working with people transitioning into child health." Olivia completed her new graduate year in Paediatric Outpatients and then the Public Health Nursing Service. At the end of her new graduate year she won her NetP award for clinical excellence. This encouraged her "and showed me that if I work hard I can reach new heights", she says. Post NetP, Olivia moved to Ward 22 (Children's Medical) to consolidate her skills.

"I have loved all three of these jobs and truly feel that each have significantly changed and improved me as a nurse."

Last year she and Katie had the opportunity to present about medication safety at the NCYPA conference in Auckland.

"We were so proud to represent Canterbury DHB, and it gave us such a valuable experience."

Olivia says she "truly loves" her job, and wouldn't dream of doing anything else in the world, even on the hardest days.

Strategic outcome goal:

To support nursing life-long learning options with emphasis on active learning and relationship to the workplace

- Support formal learning opportunities for regulated and non-regulated nursing workforce
- Every workplace has a framework of skills and knowledge that represents beginning, developing and extended practice
- All Canterbury DHB provided nursing education programmes are developed using the Kirkpatrick framework for education before delivery, and all programmes are evaluated for achievement of outcomes certified and approved by the nursing education development committee
- Encourage all RNs and ENs to participate in PDRPs at competent level and support to higher level if applicable
- Continue support for e-learning and education programmes within or linked to nursing frameworks
- Canterbury DHB supports a nationally accredited programme for HCA and hospital aides and will seek to fund an increasing number of the Canterbury DHB workforce within fiscal restraints
- Performance reviews include specific reference to the expected level of attainment on knowledge frameworks and learning is explicitly linked back to workplace quality improvement
- Nurses may access assistance in considering options for achieving their required education hours for NCNZ that includes both workplace sponsored and non-sponsored options
- Education frameworks and platforms are used to ensure that similar programs are not being replicated by other services
- Ensure Ara credits/education funding is available to nursing staff and used effectively
- Nurses have access to professional development in informatics commensurate with their role and scope

Merely increasing the number of nurses employed is not a solution to workforce shortages as this does not address specific demand for nursing specialist knowledge in areas with increasing demand eg: chronic and complex disease management.

Extending our workforce

The increasing complexity of nursing services in Canterbury will continue in an environment of change, innovation and fiscal restraint. There is a need to continue to unlock the potential of our nursing workforce by supporting service delivery models that enable nurses to work to the greatest extent of their scope. We need to support investment in training, professional education and leadership development that allows this direction and the development of 'new' and evolving health roles. The most important determinant of the development and maintenance of an organisation's culture is current and future leadership. Leadership development does not only focus on developing leaders for senior positions, but also looks at the foundation necessary for any nurse to develop his or her leadership potential. Collective leadership cultures are characterised by all staff focusing on continual learning and, through this, on the improvement in patient care.¹⁹

Nursing is a broad profession and the initial competencies for registered nurse practice are generalist in their nature in that they cover an extensive range of aspects of nursing practice. As nurses develop in their career they often focus on a particular aspect or area, or they may remain involved in a broad range of nursing care activities. Within this generalist area they may develop advanced practise expertise and offer extended service thus functioning as a nurse specialist in the generalist area²⁰. Expanding the boundaries of nursing practice occurs as a professional strategy in response to a changing health care need with nurses supported and being qualified to assume an increased range of independence, accountability and responsibility.

Professional supervision and mentorship provides a safe and confidential environment for nurses to reflect on and discuss their practice and this reflection supports the acquisition of new skills and experiential knowledge and enables professional growth with support. There are a number of models that incorporate supervision and mentorship as part of professional practice.

Supervision is a formal process which facilitates skills and knowledge acquisition, engages in reflective practice and ensures service delivery is following best practice standards. Types of professional supervision include:

- One to one between supervisor and supervisee
- Group supervision
- Peer Supervision

The functions of clinical supervision are described as

- Formative (the educative process of developing skills)
- Restorative (supportive help for nurses working constantly with stress and distress)
- Normative (managerial and quality aspects of professional practice)

It may provide organised support and build confidence as well as competence and this becomes increasingly important as scope of clinical practice extends and nurses acquire increasing autonomy²¹.

Mentorship can be a formal or informal arrangement and provides counsel, insight and guidance as part of professional development. The mentor acts as a sounding board for ideas that relate to the mentee's career and can help with reaching career goals, development strategies and making networks²².

Postgraduate Education

HWNZ funding supports the development of clinical nursing pathways for expanded practice roles. This funding supports the cost of university fees, clinical release to attend study blocks, clinical supervision support if a part of the paper and subsidised travel if required. Nurses are also able to apply for cultural supervision support if they meet eligibility criteria. There is a collaborative approach between Canterbury nursing leaders and the nursing tertiary education providers to ensure that the postgraduate nursing programmes that are supported by NCNZ for funding will meet the workforce development education needs.

¹⁹ South Island Regional Health Services Plan 2014-2017, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Pages/Regional-Plan.aspx>

²⁰ Report from the National Nursing Organisations to HWNZ – April 2014 <http://www.nurse.org.nz/national-nursing-organisation-nno.htm>

²¹ Kings Fund Centre for Health services Development – "Clinical Supervision – an executive summary" 1995, www.kingsfund.org.uk

²² <http://mhcc.org.au/media/10589/wfdg-pathway-8-supervision-mentoring-coaching.pdf>

Entry to the university postgraduate programmes is available to nurses meeting the requirements of registration with the NCNZ in the registered nurse scope of practice. The postgraduate nursing programmes are a stepped educational pathway with nurses able to commit to a Postgraduate Certificate or Postgraduate Diploma which can then lead on to the Master degree. There is also opportunity for the Master programme to lead into the PhD qualification. The Clinical Master programme provides a NCNZ endorsed Nurse Practitioner pathway that includes the academic and clinical components required to allow RNs to meet the competencies for the Nurse Practitioner scope of practice.

Canterbury Nursing works in collaboration with University of Otago Christchurch, as the local NCNZ endorsed provider, at both an advisory and operational level to ensure the post-registration/postgraduate needs of the nursing workforce currently, and in the future, are addressed. They provide the educational requirement for clinically based programmes required for Canterbury nursing initiatives addressing high priority workforce areas eg: the Gerontology Acceleration Programme (GAP), and NCNZ requirements for prescribing rights for suitably qualified nurses. Qualifications to support Nursing Leadership and Management are offered through the University of Otago and Canterbury University.

Canterbury nursing leaders support the HWNZ requirement for career planning and pathways, ensuring that preparation is focused on the right people for the right roles. This process of formulating career goals and mapping a plan of action to achieve these goals is an on-going future focussed professional direction and not limited to specific roles.

Canterbury works collaboratively with the national postgraduate coordinators group, the national Directors of Nursing group and SIWDH to ensure that nursing can work strategically with HWNZ and the University providers to ensure priorities and direction for funding will allow Canterbury to develop a fit for purpose senior nursing group.

The HWNZ contract prioritises funding to the primary and rural sector, and the South Island DHBs may work collaboratively to ensure that all available funding is utilised for nursing (*Appendix 5*).

The **Te Pou Clinical Leadership Programme** funds ten places for nurses working within Mental Health Services in the South Island per year. The contract is held by University of Otago (Christchurch) and supports nurses who demonstrate leadership capability to complete Post Graduate qualifications in Mental Health. Applications are considered by a committee consisting of the South Island mental health Directors of Nursing and the course Convenor and Co-ordinator. Historically Canterbury accesses five places per year and this source of funding is always keenly sought after due to its flexible application.

Telehealth

Nursing practice in Telehealth continues to undergo consolidation and ongoing development. Nurse Executives of New Zealand describe Telehealth as “the provision of information and education for health care professionals occurring through or facilitated by the use of telecommunications or electronic means”²³. This includes provision of care via telemedicine, tele-monitoring, e-health, m-health, tele-nursing and other current and emerging electronic media for providing care.

Future education and training programmes should be designed to appropriately prepare nurses for the provision of Telehealth. Programmes should contain theory around the limitations of Telehealth, clarity around nursing scopes of practice as applied to Telehealth, privacy issues when accessing integrated electronic health records and the limitations of technology supporting Telehealth.

Designated Senior Nurse Roles

Registered Nurses begin their nursing practice with a comprehensive professional education. They develop their clinical practice through continuing education, experience and ongoing competence development. Some registered nurses further develop their level of expertise through postgraduate education and experience. Their practice is characterised by greater knowledge and skill, greater complexity, more effective integration of theory practice and experience, and increasing degrees of autonomy in clinical judgements and interventions.

²³ *Nursing Executives of NZ Inc position Statement – Telehealth 2015*

RNs who have developed their expertise may expand their practice beyond the established scope of practice to include new technology, increasingly independent roles, management of health consumers with chronic conditions and through activities previously considered within the scope of other health professionals. The primary motivation for expanded scope of practice is to meet patient need or enhance health outcomes while ensuring patient safety.

Credentialing is required when RNs expand their practice and expertise beyond their traditional scope of practice. Expansion of scope of practice is based on appropriate planning and consultation, educational preparation (level 8) and a formal assessment of the nurse's competence to undertake an expanded scope of practice by a qualified competent health practitioner.²⁴

Clinical

Nurse Practitioners are responsible for diagnosing and managing care that promotes wellness and wellbeing within a population. Nurse practitioners must be endorsed by NCNZ and this endorsement requires a Master in clinical nursing and evidence of significant clinical supervision demonstrating generalist expert knowledge within the specialty. The Canterbury Health System currently has Nurse Practitioners working in palliative care, sexual health, children's haematology and oncology, gerontology, and general practice (urban and rural). Canterbury nursing leaders support the work of the Nurses Executives of New Zealand in defining and developing pathways for Nurse Practitioner development in the South Island.

Clinical Nurse Specialists are clinically expert in defined specialty practice areas with specific patient populations. The expectation for a Clinical Nurse Specialist is that they hold a Postgraduate Diploma in clinical nursing. These nurses work across the health system and are integral in the coordination and delivery of specialist nursing care across the patient journey. They are employed across the Canterbury health system in a variety of settings including primary care.

There is significant planning underway with the development of these clinical senior nursing roles. Ashburton and rural hospitals have employed an Intern Nurse Practitioner Gerontology, based in Ashburton with the intention of a future Nurse Practitioner role working alongside/complementary to the Rural Hospital Medicine Specialists. This role is hospital based but with a significant community focus. They also have a new Clinical Nurse Specialist in Palliative Care appointed with an intended pathway to Nurse Practitioner which will provide a collaborative model meeting the requirements of the new Palliative Care Framework and Guidelines. Planning is underway for an Integrated Family Centre in Ashburton where there is an intent for a Nurse Practitioner training programme in primary care, a commitment for future advanced nursing practice.

Nurse Prescribing

Currently Registered Nurses practising as diabetes nurse specialist having the additional authorisation by NCNZ to prescribe diabetes related medicines and products to people with diabetes. A proposal has been prepared by NCNZ in consultation with national nursing leaders to expand this limited prescribing option into other nursing specialties. This is pending final approval from Ministry of Health and Canterbury nursing leaders are waiting for NCNZ release of the prescribing guidelines.

Current eligibility requirements for limited prescribing are

- NZ Registered Nurse
- Completion of at least a Postgraduate Certificate (NCNZ proposal is to extend this to Postgraduate Diploma) which must include pathophysiology, clinical assessment and decision making and pharmacology
- Demonstration of a clear understanding of specialty at level 8
- Completion of a 6-12 week practicum with an authorised prescriber demonstrating knowledge to prescribe safely all specified diabetes medications and knowledge of the regulatory framework for prescribing

²⁴ Nursing Council Guideline: Expanded practice for Registered Nurses, Sept 2010, <http://www.nursingcouncil.org.nz>

Education/Research/Professional Development

Nurses in education and research roles are responsible for promoting, facilitating and providing clinical education to maximise health care delivery, enhancing patient outcomes, and promoting excellence and evidence-based nursing practice. These roles facilitate access to expert advice, teaching and supervision for registered and student nurses. They may undertake research as a core component of their position. The expectation is that Nurse Educators hold a qualification in adult learning and a relevant postgraduate qualification.

Tertiary educators

As with the clinical nursing workforce, educators in the tertiary sector are an aging workforce and workforce planning needs to anticipate a possible shortage alongside the general nursing workforce shortage to ensure that we are able to develop and maintain a training programme for the student nursing group.

Lecturers in undergraduate programme (BN)

- RN with current practising certificate and hold a Master degree
- Have at least three years full time post registration nursing practice experience
- Lecturers must have completed a programme in adult teaching and learning within two years of appointment
- Lecturers must maintain and update knowledge and skills relevant to the area in which they are teaching

Lecturers in post registration programmes

- The academic qualification of the educator is beyond the level of the programme
- The expertise/ qualification of the nurse teaching the specialty nursing programme reflects the particular specialty area or scope of nursing practice

The role of a **clinical nurse researcher** is central to the conduct of clinically relevant research and the integration of research findings into nursing practice within patient settings. Developing a scientific base of nursing knowledge is a mandate to the discipline. "Lack of funding, isolation from educational settings and nurse's lack of confidence in their research abilities are major hindrances to the development of nursing knowledge"²⁵. Research being undertaken within clinical practice environments is as important to the profession as the research being undertaken by nurses in academia as there is an increasing awareness that research is most valuable when it can be translated into nursing practice which improves care to patients. Organisational and colleague support were critical to the visibility and viability of the clinical nurse researcher role ²⁶

The pressure on all health professionals to be involved in research is increasing and inquiry, research and evidence are part of everyone's role whether they be in clinical practice, management or education.

Management/Leadership

At the executive level, strategic thinking, political astuteness and an understanding of the whole health system are required for leadership in nursing in line with the Canterbury Health System vision. Collaboration with nurse leaders from across the Canterbury/ South Island area and sharing of education resource will support the development of nursing leadership.

Nurses in leadership and management roles provide advice and leadership at the executive/corporate level as well as unit or team management. These nurses are responsible for the efficient and effective operational management of a service ensuring that systems, processes and resources enable nurses to meet the needs of patient care. Examples of these roles include Director of Nursing, Nursing Directors, Charge Nurse Manager,

²⁵ Sigsby, L & Bullock L. 1996, Nursing Education and Research in NZ, IMAGE: journal of nursing scholarship volume 28, number 3

²⁶ South Island Regional Health Services Plan 2014-2017, <http://www.cdhb.health.nz/About-CDHB/corporate-publications/Pages/Regional-Plan.aspx>

Nurse Consultant, Duty Manager and Head of School of Nursing. There is an expectation that these senior nurses will hold a relevant postgraduate qualification.

Strategic outcome goal:

To continue to develop senior nurse roles across the sector with standard requirements and expectations of roles.

- Clear educational pathways for development to allow staff to prepare for their future career balanced with information about the number of available roles
- Utilise HWNZ funding to support people whose qualification will best support practice and who will best contribute to nursing practice
- Continue the Canterbury DHB requirement for PDRP participation for HWNZ funding to enrol in postgraduate papers
- Within Canterbury DHB all nurses appointed to senior roles have been on the PDRP and hold at least a postgraduate certificate or equivalent
- Expanded and extended practice is credentialed through the approved process
- Support the South Island Nurse Practitioner development team in defining the pathway to Nurse Practitioner and advanced practice and ensure we are preparing the right people for the right roles
- Work with NCNZ to develop prescribing legislation and processes that work across the sector. Work with other prescribers in audit development and processes to share resources and ensure consistency.
- Consider the level of support needed for practicum work and make it a condition of funding that successful students support the next student in the area as mentor and guide.
- Support development of collaborative research models between nurses in education and practice that describe and advance nursing practice through publication
- Use all Canterbury HWNZ contracted funding and ensure effective redistribution of any spare capacity within the South Island
- Showcase not just clinical expertise but also leaders, educators, policy writers and researchers.
- Further develop relationships with tertiary providers in other centres who increasingly support sub-specialty education and who are not currently actively involved in the Canterbury Health system.
- A defined pathway is developed in primary health to support the role progression of Nurse Practitioner
- Support clinical and professional supervision models within daily practice that are sustainable within current resource constraints
- Development of education support in informatics to lead the changes in using information systems and technology
- Nursing leadership structures are configured to provide effective leadership across the 24/7 care continuum

Willem Vink, Sue Price, Gill Currie, NP

The careers of three Christchurch Nurse Practitioners (NPs) show the range of opportunity in the health system for those in the role.

NPs Willem Vink (Palliative Care) Sue Price (Rural Primary) and Gill Currie (Urban Primary) talk about the significant benefit of an NP to the patient journey and models of care and give some insight into the preparation required to enter an NP role.

Palliative Care NP, CDHB, Willem Vink, begins each day with a review of patients that the palliative care team is currently consulting on



“The morning reviews are an opportunity for teaching and mentoring both the registrar (usually working with us on a six monthly cycle) and any other trainee, visiting nurse or health professional.”

Teaching and mentoring is built into the day as he reviews patients and consult with the primary care team both across the hospital and with their General Practice Team and Nurse Maude community palliative care CNS.

Thoughts of post graduate study and working towards becoming a nurse practitioner began about 10 years ago when I took up the position of CNS for CDHB’s Palliative Care Service.

There were challenges along the way particularly during the difficult years of, working full-time as a CNS, husband and father to four children plus studying towards a Masters degree.

“However my goal was (and continues to be) being the best person at the bedside with the patient as I could possibly be. The postgrad study particularly the pharmacology and assessment papers have enhanced my expertise and skill in order to fulfil my goal.”

As he completed each paper his confidence and competence/expertise began to grow, this reinforced his commitment and he was able to apply what he was learning directly to improve patient care.

Willem recently spent four months with the Nurse Maude community specialist palliative care team seeing patients in Aged Residential Care facilities. This increased his skills further as he had to be more self-reliant and did not have the immediate support of the hospital environment.

“From the outset I was able to recognise the strategic importance of the nurse practitioner role and was appointed to what is now known as the Canterbury Integrated Palliative Care Service Governance Group, unique in New Zealand, providing an integrated service partnered with Nurse Maude as a NGO across primary and secondary care.”

As well as the formal and informal teaching and mentorship integrated into the nurse practitioner role was the recognition of workforce development and succession planning. With this in mind as part of the integrated palliative care service myself and colleagues from Nurse Maude applied for a Palliative Care Donny trust trainee to be based here in Christchurch.

This has provided the opportunity for a RN with an interest in palliative care to up skill clinically and academically in palliative care during a two-year program paid for by the Donny Trust.

“I am the lead clinical mentor for this trainee. Other opportunities have also arisen, for example utilising a maternity leave position to second three RNs (part-time) from ward positions to work with our specialist service over a period of seven months.”

Out of these opportunities and working alongside other nurses I see the potential for another nurse practitioner in palliative care in the future, ideally working across primary and secondary care.

“The nurse practitioner role continues to provide opportunities for development personally and professionally and I look forward to the future with confidence in palliative care nursing and our profession,” Willem says.

Sue Price, a Primary Health Nurse Practitioner, currently working in rural General Practice. She works doing week day clinics offering a range of services including acute presentations and chronic disease management, women’s health, child health and ACC presentations.



She also provides on-call cover afterhours for acute presentations and PRIME/emergency calls.

“I frequently liaise with local service providers including district nursing, pharmacy, physiotherapy, local counseling services. I also interact at a broader level coordinating patient care with services such as Acute Demand, referral to specialist care or hospital admission.”

Sue provides mentorship to nurses taking on advanced roles in the primary health care setting. I also offer and receive support through peer group meetings with a number of nurses in advanced roles.

Sue worked in nursing education for a number of years and was involved in postgraduate education including the nurse practitioner pathway so understood the academic requirements and where the role was positioned.

“In 2005 I returned to Nursing Practice in Primary Health Care, then in 2010 commenced an advanced nursing role providing after hours and PRIME/emergency cover in a rural area. I was

fortunate to be encouraged and supported by an NP and GPs to pursue the NP route. I recommenced postgraduate study to complete the clinical requirements for the NP pathway. I was working in both urban and rural environments at this time and all were supportive in the study process.”

She had a Masters of Nursing from her teaching days so postgraduate level study was familiar, but says stepping up to more autonomous advanced practice role required a new skill set and a large amount of courage.

“Having appropriate frameworks and support systems to keep safe was fundamental to succeeding and knowledge gained and integrated from study was integral to succeeding in the roles I took on. It has been a varied and exciting journey.”

The pathway to NP requires patience, tenacity and a degree of stubbornness to keep going, Sue says.

“The portfolio application process took detailed preparation and was an opportunity hone my thinking. I was challenged by how to demonstrate the breadth of my PHC practice in the portfolio application in a way that was clear, transparent and not too detailed. The process helped clarify my thinking in a way that really helped with the Nursing Council panel process.”

“I have been fortunate that I had an NP predecessor in my main area of employment so the role has been well accepted. My role definitely overlaps with the GP role, but how I approach people and situations comes from my nursing background.”

“Patients I see rarely question my role or credentials and, as I work in an area where nurses have been offering acute and after hours care for many years, the community are very accepting. To me it is about having the right skill set to meet the needs of the community. Forming strong collaborative relationships and working in a team environment has been important to me stepping into the role and developing my NP practice.”

“I think this comes back to need. In rural areas where I work long term sustainability of health services is going to require a range of experienced practitioners of various kinds and NPs can definitely be part of this mix.”

Partnerships between DHBs, education and practice would really help with NP development in the future to formalise the type of support and development I required. As numbers of NPs increase and broader level understanding of the role ensues, NPs could well be key providers across many PHC settings, Sue says.

Gill Currie is Christchurch’s first Nurse Practitioner (NP) working exclusively in urban General Practice.

Gill has over 30 years of nursing experience within many areas of Canterbury DHB, including a role as Clinical Charge Nurse. She worked in General Practice for over 14 years after leaving secondary care.

It was a desire to offer an expanded clinical service to patients and increase her own knowledge that led her to study to become an NP—a role she has held for the past year.

“When I moved into a community setting I began to increasingly recognise and value the role patients have in their own healthcare,” Gill says.

At the same time the nursing role was developing and becoming more autonomous.

“I really valued the progression and advancement of nursing that would enable us to offer patients an expanded service. I decided to make my foray into a Clinical Master’s qualification because being grounded in clinical practice is where I felt I could make a difference”.

Gill says that it quickly became apparent that post graduate study was indeed enabling her to make a difference to patients. “The advancement of my practice, my increasing independence and autonomy and critical thinking lends itself to NP practice”.

“Being an NP gives me the opportunity to practice autonomously and independently and enable increased access and choice for patients. The trusting relationships I already had with patients increased to another level.”

Gill says reaching her goal involved many years of arduous work, academically and clinically. She feels privileged to be surrounded by nursing and medical colleagues who have supported and enabled her progression to the NP role.

“I have patients who request to see me specifically and who seek the opportunity to enrol with me. I see patients with all presentations and all ages.”

Gill says her valued and respected GP colleagues and GP mentor at Ferry Road Medical Centre recognise that the NP role and its scope requires collegiality and collaboration.

“They have not only supported me, but accepted the challenge of the changing nature of the nursing scope.”

Gill is supported with a strong nursing team and is a small group leader for education within Pegasus Health as well as external education involvement and membership on advisory boards. Gill sits as nurse representative on the Canterbury faculty of RNZCGP.



“My nursing colleagues supported me by increasing their working hours to ensure that I could attend study days”

“Succession planning is important as the NP role becomes an integral part of the fabric of healthcare. We need young NPs to be nurtured to ensure a longevity of time in the NP role.”

Engaging our Workforce

Succession Planning

In addition to supporting education requirements for registered and enrolled nurses, nursing workforce development must include succession planning for senior nurse positions and ensure that registered nurses are being prepared for future leadership and advanced clinical practice roles. Models of care are increasingly relying on nurses endorsed in expanded practice, particularly in community areas. Succession planning becomes imperative to ensure that the Canterbury Health System may continue to effectively maintain patient care as the nursing workforce ages and retires.

Canterbury needs to identify skill level that is about education and practice and not years of service and allow a step down to a lower level of skill if there is a need to do so for a period of time and it is planned with the service. This will allow opportunities of secondment for developing nurses for senior nursing roles and will ensure that the knowledge and skills of a senior nurse are not lost to the Canterbury Health System.

Succession planning should include career planning, postgraduate education, clinical experience opportunities, mentorship and exposure to leadership responsibilities.

Mentoring is an advisory role in which an experienced senior colleague guides an individual in the development and examination of their own ideas, learning and personal and professional development. The relationship is dynamic, complex and reciprocal. It supports growth and bridges the gap between the educational process and the workplace. The relationship identifies the talents the mentee already possesses and the nurturing and encouragement of these talents in order to develop the skills for senior nurse roles. It is important that the level of mentoring is appropriate to the nurse's knowledge and skill and that theory and practice are well integrated.²⁷

Strategic outcome goal:

To ensure every senior person in a nursing role can name at least two potential successors.

- Nurses know what skills or knowledge they need to access to be a contender for their chosen role
- A pathway is developed for potential leaders with opportunities to mentor nurses into new roles.
- Consider mentoring across the sector to foster a better understanding across the different areas of the health system
- Develop mentorship programmes that can be counted as professional hours for NCNZ
- Create opportunities for nurses to do research or other activity to refresh their skills and enthusiasm.
- Encourage nurses with disabilities or incapacities, whether temporary or permanent, to consider utilising their skills and knowledge in new ways that benefit the profession and are manageable within employer constraints.
- Senior Nursing leaders understand key roles that will come up in the next two years and are able to develop nurses who may be available to fill them.

²⁷ Mentoring Guideline April 2015, Counties Manakau Health

Diane Topschij, Facility Manager

"To engage nurses working in aged care and prepare them for future leadership roles we must develop their existing skills and encourage them to share this with others," says Ultimate Care Bishop Selwyn Facility Manager, Diane Topschij.

"It's about allowing education to enable them to have special areas of expertise, working as a team, not in silos, empowering staff, and always recognising their contributions and strengths."

The Gerontology Acceleration Programme (GAP) has helped identify potential leadership and enhanced the networking opportunities/ changing models of care between Aged Residential Care (ARC) and CDHB by allowing staff to consider the opportunities in aged care and have an education plan with a goal in mind.



"For ARC staff it has given a better understanding of the way the DHB works and has allowed networking, therefore being able to access services for advice."

"Canterbury DHB staff have recognised the acuity is higher than expected and the complexity of the decision making process in aged care," Diane says.

GAP, with its dedicated mentorship, clinical rotation experience, postgraduate education and participation in PDRP supports succession planning within aged care nursing.

"This has resulted in promotion of aged care nursing in a positive way," she says. "The rotation has enabled networking, respect and understanding of the work area. Education has been brought back to the facility and promoting strengths and allows staff to have clear direction."

"This has enabled us to identify potential leaders and enabled us to tap into their strengths and help them grow.

GAP attracts and retains nurses to Aged Care by opening up the opportunity to see what happens on the other side, it takes away the unknown and validates the decision of placement /employment, Diane says.

Nursing Workforce Priorities

Being cognisant of priorities will allow nursing workforce education planning to assist in setting strategic direction. Some of this will be centrally driven by the Ministry (e.g. health targets), others identified at a local area (e.g. unprecedented increases in mental health demand not being experienced by other DHBs and is unique to Canterbury²⁸) and some will be determined within the workplace (e.g. succession planning)

Priority	Issues	Workforce planning
Rural	Isolation of communities Difficult to staff	<p>Telemedicine, outreach clinics and connected electronic patient information and referral systems have allowed nursing to provide supervision and advice to colleagues nursing in rural nursing practice.</p> <p>Education opportunities include advanced practice and PRIME training, preparation for limited prescribing</p> <p>Postgraduate Diploma in Rural Nursing promoted</p> <p>Succession Planning for senior nurse roles</p>
Older Persons health	Ageing Workforce Difficult to staff Increasing acuity of care High ratio of unregulated workforce	<p>NetP aged residential care funded placements</p> <p>Gerontology Nurse Specialist role to increase collaboration between primary and secondary health services. They seek to improve assessment and coordination of patients and provide professional development, mentorship and peer support for nurses working in aged care</p> <p>Gerontology Acceleration Programme offered to nurses working in aged care. This year long programme includes clinical rotations, postgraduate education, PDRP and mentorship.</p> <p>Community Rehabilitation Enabling Support Team to enable proactive application of home-based rehabilitation to enable earlier discharge following acute admissions and to avoid hospital re-admissions and admissions to aged residential care.</p> <p>Walking in another's shoes – dementia care education programme using patient's life experiences to influence nursing care.</p> <p>Development of Nurse Practitioner role in rural aged care</p>
Child and Family	Increasing complexity and demand	<p>Development of level 7 Graduate Certificate in Nursing Practice endorsed in paediatrics</p> <p>Consideration of Child health acceleration programme offering clinical rotation, postgraduate nursing education, PDRP and mentorship</p> <p>Focus on education to support whanau of children with complex chronic conditions to care for children at home</p> <p>Succession Planning for senior nursing roles and further development of Nurse Practitioner roles</p> <p>Ensure child health and neonatal education frameworks align with the Children's workforce competency framework</p> <p>www.childrensactionplan.govt.nz</p>

²⁸ CEO update Feb 23, 2015 <http://www.cdhb.health.nz>

Mental Health	Increased demand particularly in child and youth and emergency presentation. Poor physical health status of mental health consumers	<p>Support and develop advanced clinical roles</p> <p>Promote education in key areas of mental health</p> <p>Increased provision of consultation and liaison nursing roles across government sectors (e.g.: school based mental health team)</p> <p>Increased emphasis on holistic health status and increased education for mental health nurses on physical health issues for mental health consumers</p> <p>Increased education and support for practice nurses in engaging with mental health consumers</p>
Primary	Increasing acuity and demand as services move to community based	<p>Ensuring a strong primary care nursing focus into the undergraduate programme</p> <p>Postgraduate diploma in Primary Health care/ Rural Health is promoted</p> <p>Mentorship is provided to nurses new to Pegasus general practices</p> <p>Supporting advanced practice roles and preparation for limited prescribing opportunities</p> <p>Collaboration between health care providers in education programmes to support changing models of care</p> <p>Nurses are supported to acquire skills to enable increased community based care such as IV certification/cannulation, long term conditions management, acute care management, preventive and population health, etc.</p> <p>Complexity of working with employers in general practice to ensure nursing workforce development is meeting their needs</p> <p>Consideration of an advanced nurse pathway and credentialing of advanced practice skills at 24 hr surgery</p>
Cancer Care	Increasing demand and complexity	<p>Cancer care coordinators act as a single point of contact across different parts of the health service, to support and guide patients and keep them fully informed.</p> <p>Many nurses, in different settings, work with patients who have cancer or palliative care needs, and with their families and whanau. Core knowledge and skills are needed for all nurses. Different cultural needs of care are addressed through appropriate culture safety education for nurses in all specialties.</p> <p>Specialty cancer development is promoted - brachytherapy, women's cancers, new technology and faster cancer treatment times</p>
Palliative Care	Increasing demand for home based or hospice management	<p>Support level 1 Advanced Care Planning electronic training for all nurses</p> <p>Development and succession planning for Senior Nurse and Nurse Practitioner roles</p> <p>Preparation for limited prescribing opportunities</p> <p>Consider NetP placement in hospice</p>
Long Term Conditions and	Increasing demand on nursing for	Development of Long Term conditions education group to coordinate training resources available

Rehabilitation	people to stay at home, maximise independence, staying active and connected to their communities.	<p>Support nurses to undertake postgraduate opportunities in respiratory, renal, cardiovascular and diabetes care</p> <p>Support level 7 education opportunities in long term conditions specialties</p> <p>Preparation for limited prescribing opportunities</p> <p>Promote Health pathways for care management</p>
Acute Care	<p>Increasing capacity with hospital rebuild</p> <p>Increasing acuity due to early discharge to community</p> <p>Increasing complexity of care with presentation of multiple LTC</p>	<p>Support education opportunities for increasing knowledge in key areas as determined by specialty education frameworks</p> <p>Determine areas in hospital rebuild that will require additional skill of specialty nurses</p> <p>Promotion of “deteriorating patient” and health assessment skills</p> <p>Good quality education for supervision and educators</p> <p>Retention of the RN scope with specialty practice with RNs who have more than general knowledge and skill and develop these nurses with specific high end skills</p> <p>Supporting tertiary education at the higher end of skill aligned with workplace needs and personal experience.</p>
Research	Increasing expectation and requirement of research in nursing roles	<p>Support Research opportunities</p> <p>Publish at least one research outcome every year either independently or jointly with a tertiary provider</p>

References

Unless specifically stated, all Canterbury DHB documents referenced are available on the DHB website (www.cdhb.health.nz).

All Ministry of Health or National Health Board documents referenced are available either on the Ministry’s website (www.health.govt.nz) or the National Health Board’s website (www.nationalhealthboard.govt.nz).

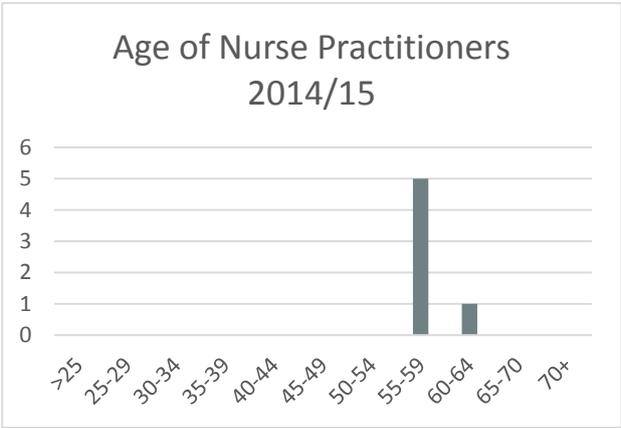
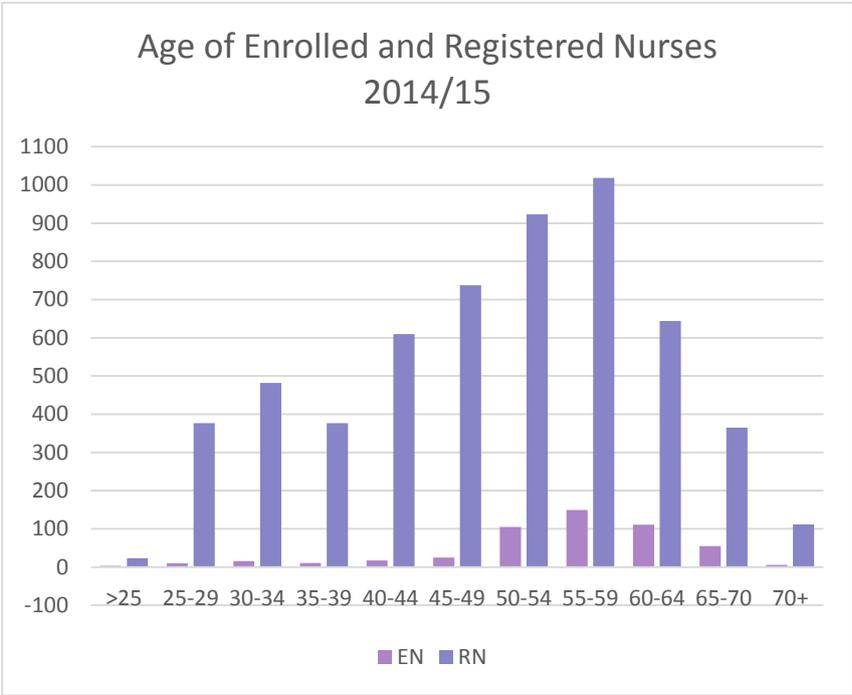
Appendices

Appendix 1: Regulated Nursing Workforce 2014-2015

Data accessed from NCNZ practising certificate register 2014-15. Information was sought for nurses residing Kaikoura, Hurunui, Waimakariri, Christchurch, Selwyn and Ashburton geographical areas. There is a total of 6,183 practising nurses or 12% of the national nursing workforce.

Gender

	Male	Female
Registered Nurse	451	5218
Enrolled Nurse	21	487
Nurse Practitioner	1	5

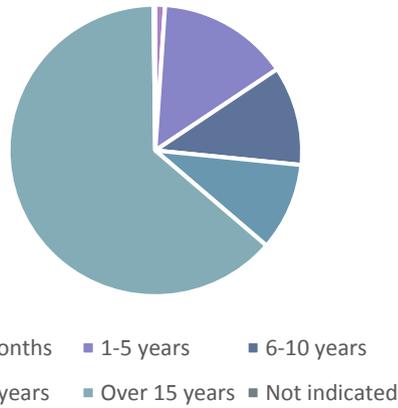


Age groups of active registered nurses working in nursing- CDHB region, 2014/15

Age Group Bands	% of RNs	% of RNs in ARC
20-24	1.5%	0.9%
25-29	8.5%	12.6%
30-34	8.8%	16.7%
35-39	7.0%	0.5%
40-44	10.8%	9.7%
45-49	12.9%	8.0%
50-54	15.9%	10.1%
55-59	17.1%	12.6%
60+	17.5%	23.3%

Ethnicity	Number
NZ European	4,354
Other European <i>British and Irish</i>	478
Other European <i>Dutch</i>	77
Other European <i>German</i>	16
Other European <i>Australian</i>	71
Other European	221
NZ Maori	226
Samoan	21
Cook Island Maori	4
Tongan	6
Niuean	2
Fijian	5
Other Pacific Peoples	2
South East Asian	13
Filipino	285
Chinese	59
Indian	77
Other Asian	21
African	49
Other	193
Not indicated	3
Total	6,183

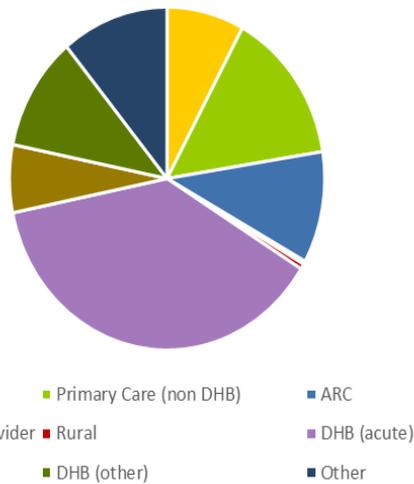
Canterbury RN/EN/ NP Years of practice



Qualification that lead to initial registration

	NZ qualified EN	NZ qualified RN	International qualified EN	International qualified RN
Certificate EN or equivalent	68 (14%)		12(33%)	
Diploma EN	71 (15%)		14 (34%)	
Hospital Certificate	333(71%)	1622 (36%)	10 (32%)	395 (33%)
Diploma in Nursing		1209 (27%)		318 (27%)
Batchelor Nursing		1655 (37%)		470 (40%)
Total	472	4464	36	1183

Employment setting



Practice settings	Number
Emergency & Trauma	201
Assessment & Rehabilitation	350
Child Health, including Neonatology	282
Continuing Care (elderly)	606
District Nursing	230
Family Planning/Sexual Health	16
Intellectually Disabled	51
Intensive Care/Cardiac Care	188
Medical (including educating patients)	537
Nursing Administration and Management	240
Nursing Education	130
Nursing Professional Advice/Policy Development	24
Nursing Research	32
Obstetrics/Maternity	50
Occupational Health	38
Palliative Care	58
Perioperative Care (Theatre)	414
Primary Health Care	262
Public Health	44
Surgical	694
Other (specify)	447
School Health	12
Youth Health	9
Practice Nursing	416
Mental Health (inpatients)	397
Mental Health (community)	221
Addiction Services	31
Cancer	51
Non-nursing health related management or administration	27
Other non-nursing paid employment, Working in another health profession	23
Not in paid employment	36
Not indicated	66
Total	6,183

Appendix 2: Canterbury Leadership

Postgraduate Nursing Education forum

The PGN Forum was established to enable Nursing in Canterbury to meet HWNZ responsibilities and achieve the Canterbury Health System vision through strategic planning that is responsive to nursing workforce needs and ensures a continuum of continuing education from graduate to postgraduate level. The structure is determined by HWNZ requirements and by our commitment to participatory engagement and clinical leadership. The forum meets quarterly and strives to maintain successful education – practice partnerships that support nursing advancement

CDHB

Executive Director of Nursing – **Chair**
Director of Nursing, Christchurch Hospital
Director of Nursing, Older Persons Health and Rehabilitation
Director of Nursing, Specialist Mental Health Services
Nursing Director, Women’s and Children’s Health
Nursing Director, Older Persons Health,
Manager, Nursing Workforce Development
Nurse Consultant, Specialist Mental Health Services
Nurse Manager, Professional Practice Development
Nurse Coordinator, Postgraduate Nursing Education
Representative, Planning and Funding

Rural PHO

Director of Nursing

Ara Institute of Canterbury

Head of Department, Ara Institute of Canterbury

Lecturer, Ara Institute of Canterbury / EIT

University of Otago

Director, Centre for Postgraduate Nursing Studies
Lecturer, Dept of Psychological Medicine
Lecturer, Dept of Psychological Medicine
Lecturer, Centre for Postgraduate Nursing Studies

St Georges Hospital

Director of Nursing

Nurse Maude Association

Director of Nursing
Nurse Educator

Pegasus Health

Director of Nursing
Nursing Development Coordinator

NZNO

Advisors x2

NetP Advisory Group

The NetP Advisory Group provides advice to the Directors of Nursing on the further development of the programme, monitors the quality and outcomes of the programme and makes recommendations to the Directors of Nursing on any changes and ensures the NetP Programme specifications meet the Canterbury health region needs. It reviews and acts on relevant annual reports on evaluation, recruitment/retention and completion criteria. It provides a conduit for issues relating to the NETP programme.

CDHB

Executive Director of Nursing - **Sponsor**
Director of Nursing Representative
Nurse Educator Representative – NESP (ex officio)
NetP Programme Coordinator
Nurse Educator Representative – NetP
Charge Nurse Manager - Hospital & Specialty Services
Preceptor, Hospital & Specialty Services
Preceptor, Older Persons Health and Rehabilitation
Nurse Educator (clinical) - Hospital & Specialty Services
Registered Nurse – 1 post NetP/NetP Expansion Programme (up to 2 years)
Graduate Nurse September 2013
Graduate Nurse January 2014

Graduate Nurse September 2014

Graduate Nurse January 2015

Nurse Maude

Nurse Educator - Expansion Programme Representative

Dept of Corrections

Nurse Leader – Expansion Programme Representative

Healthcare NZ

Preceptor, Expansion Programme Representative

Primary Health

Maori Health Representative

Graduate Nurse January 2015

Ara Institute of Canterbury

Lecturer x2 (ex officio)

Professional Development Recognition Programme

The purpose of this committee is to oversee the ongoing development, monitoring and evaluation of the Regional Nursing PDRP for Te Kāhui Kōkiri Mātanga. The committee acts in an advisory capacity taking cognisance of the DHB MECA agreement principles in addition to other employment agreements of partnering organisations, and makes recommendations regarding the strategic management of this programme to the Directors of Nursing of participating organisations. Their key objectives are:

1. To oversee the ongoing development, monitoring and evaluation of the programme.
2. To review the provision of the programme, ie resources and staff training.
3. To identify any issues/gaps in the provision of the programme
4. To identify possible solutions to issues raised
5. To ensure a participative process

CDHB

Executive Director of Nursing
Director of Nursing, Medical/Surgical Division
Director of Nursing, Older Person's Health and Rehabilitation
Nursing Director, Women's and Children's Division
Nurse Manager, Nursing Workforce Development
Nurse Educator - PDRP
CNM representative, Older Persons Health and Rehabilitation
Nurse Manager representative, Women's and
Nurse Consultant, Specialist Mental Health Services
CNM Representative, Med/Surg Division
Nurse Manager, Professional Practice
Development

NZNO representatives:

RN Representative - Specialist Mental Health Services
RN Representative - Women's and Children's
RN Representative Older Person's Health and Rehabilitation
EN Representative
Advisors x2

West Coast District Health Board

Associate Director of Nursing

South Canterbury District Health Board

Nurse Educator

Nurse Maude Association

Nurse Educator

St. George's Hospital

Nurse Educator

Pegasus Health

Nursing Development Coordinator

Nelson Marlborough District Health Board

Nurse Educator

Southern District Health Board

Nurse Co-ordinator PDRP

Department of Corrections

Clinical Director of Health

Access Home Health

Vacant

Rannerdale Veterans Care

PDRP representative

Forte Health

Education/IPC co-ordinator

Kaupapa Maori & Pacific Collective

Clinical co-ordinator

Healthcare NZ

PDRP representative

The CDHB has membership on the National Nursing PDRP Committee. This Committee has been set up to provide professional support and consultation for PDRP issues and to make recommendations to Nursing Executive NZ regarding PDRP developments. The Committee works to ensure national consistency through ongoing development of the National Framework for Nursing PDRP and provides a national influence and consensus perspective in the relevant MECA PDRP section regarding professional practice requirements.

Appendix 3: Career Planning

Career planning is based on 4 principles:

- Knowing yourself
- Exploring possibilities
- Making choices
- Making it happen

Career planning involves looking at both individual aspirations and needs and health sector workforce needs and good career planning processes will

- Support individual health professionals in their careers
- Provide the basis for DHBs and other employers to recruit, retain and grow the staff that they need
- Deliver the workforce that the health sector requires in the future
- Ensure training investment is matched to the needs of the health system

← Indicative Educational Pathways →

Nursing / Health Management

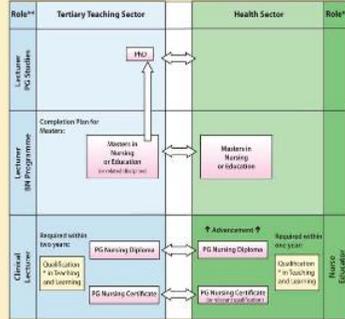
There are many career opportunities within nursing and/or health service management.

Role Focus	Nursing Focus	+ Health Focus
Senior Manager	Master in Health (Nursing) (University of Otago)	Master of Business Administration (UC)
2nd Line Nurse Manager	PG Diploma in Health (Nursing)	PG Diploma in Health Management (UC)
1st Line Nurse Manager	PG Cert Health Nursing (Leadership & Management)	Graduate Diploma in Management (UC)

Entry to a management role requires at least three years of nursing practice, and a demonstrated ability to lead a team

Examples of postgraduate qualifications offered by the University of Canterbury (UC) or the University of Otago (UO)

Nursing Education



Entry to a teaching role requires at least three years of nursing practice

Advanced Clinical Practice

Clinical Nurse Specialist

"The CNS's advanced practice reflects knowledge and skills gained through education and experience".

CNS role varies according to context:	Unit Based CNS	CNS Nurse LEU Clinics/Initiatives	CNS Working Across Health Settings Case Management
Clinical Nursing Masters	New Zealand Competence plan for Clinical Masters in Nursing (NZCNS) (Advanced Practice in paper)		
PG Nursing Diploma	Nursing Research, Clinical Leadership, Teaching / Academic	Nursing Research 1 + Pharmacology	Nursing Research, Teaching / Adults, Teaching Family Practice
PG Clinical Certificate	Advanced Health Assessment, Advanced Health Assessment, Advanced Health Assessment	Advanced Health Assessment, Advanced Health Assessment, Advanced Health Assessment	Advanced Health Assessment, Advanced Health Assessment, Advanced Health Assessment

Entry to a CNS role usually requires five or more years of nursing practice, including experience in the clinical specialty and a relevant clinically-focused postgraduate qualification

Notes:
 1. Postgraduate qualification preferred at Diploma level, with postgraduate Certificate as a developmental step
 2. Papers on 'Indicative Pathway' are examples - paper titles in Clinical Masters programmes vary
 3. Attainment may be by educational equivalence

1. Durgin Deering, Advanced Practice Nursing Strategy for the Addiction Treatment Sector: A Discussion Document. Christchurch: The National Addiction Centre, University of Otago, and Inland Risk National Addiction Treatment Workforce Development, July 2003

Nurse Practitioner

Regulated by the Nursing Council

Preparation for this role requires organisational support. Please discuss this with your Director of Nursing.

A clinically focused Masters Degree programme approved by the Nursing Council of New Zealand, or equivalent

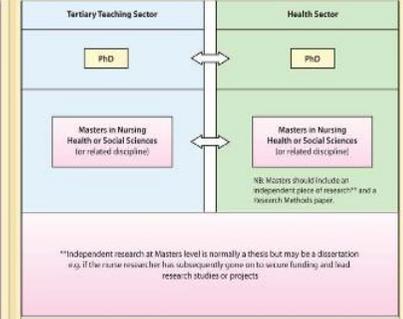
AND

A pass in a Nursing Council assessment of Nurse Practitioner competencies and criteria

Nurse Practitioners seeking registration with prescribing rights are required to have an additional qualification

Visit the website at nursingcouncil.org.nz

Nursing Research



Entry to a Nurse Researcher* role requires at least three years of nursing practice and demonstrated ability to undertake and lead nursing/health research.

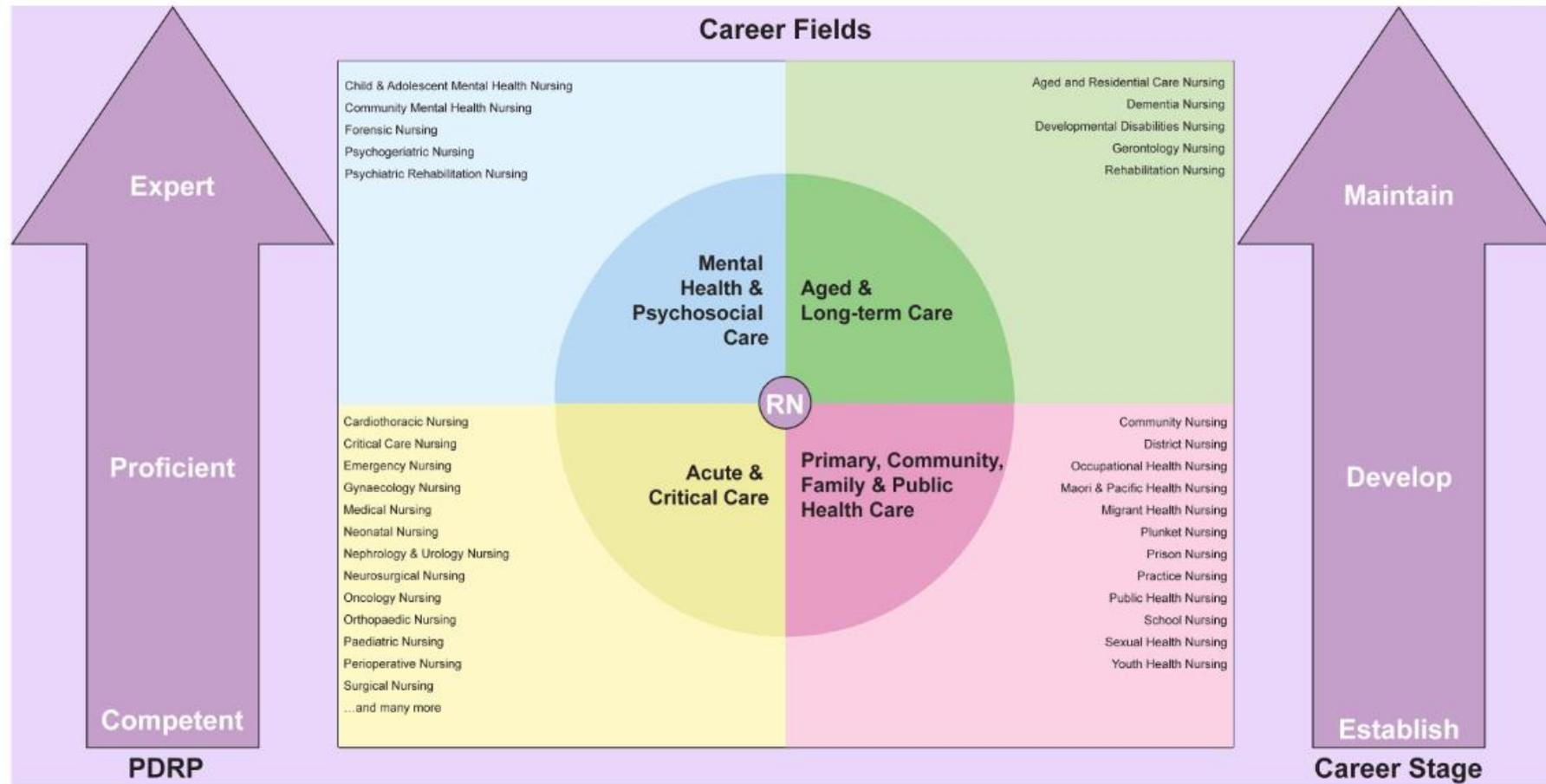
Experience in securing external funding grants is desirable

Definitional Notes:
 1. Nurse Researcher* leads and undertakes research and development activity with a nursing or interdisciplinary approach, with a focus on individual or population health or health services research, using accepted research methodology, locally, regionally and/or nationally. (Endorsed National Senior Nurses Titles NZNO / DHNBZ 30 January 2007).
 2. Other senior nurse roles may participate in and contribute to research projects, but do not usually lead research as a predominant part of their role.
 3. The role of Clinical Research Nurse follows a different educational pathway (see NZ Competency Framework for Clinical Research Nurses Version 6, 2015).

To learn more about these postgraduate qualifications, visit the CDHB Intranet at <http://intranet/division/ed/pg/default.aspx>

Schematic Diagram prepared by members of Canterbury DHB Postgraduate Nursing Education Forum 2011

Registered Nurse Career Planning



Career planning is the process of formulating career goals and developing a plan of action, steps and resources needed to achieve these goals. It is an ongoing future-focussed professional pathway and not limited to specific jobs:

- Performance planning and appraisals – centred on specific job skills and knowledge with short term goal setting (1 year)
- Development planning – focused on future interests and development intentions with long term goal setting (3-5 years)

Self Assessment is a core element in career planning. This takes place formally during the annual performance appraisal process, which includes short term goals. The performance appraisal is an ideal time to check with your line manager if personal career focus is in line with strategic directions of the organisation.

Career planning support is available from your Line Manager, DONs, HR, senior nursing colleagues, Nurse Educator and mentors.

If you plan to progress to a senior nursing role in the future e.g. CNM, CNS, NE then please review the 'Indicative Educational Pathways' diagrams, which are available on the CDHB Intranet. Go to Nursing – Home > Post Grad Education > Career Planning: http://intranet.cdhb.local/Pages/CDHB_CustomPages/CDHB_DisplayRightLarge.aspx?url=/local/Pages/CDHB_CustomPages/CDHB_DisplayRightLarge.aspx?url=http://intranet.cdhb.local/nursing/

Appendix 4: Health Care Assistants

New Zealand Certificate in Health & Wellbeing (Level 3) Health Assistance



Qualification overview

This qualification is aimed at recognising the skills and knowledge required to provide person-centred support in health and wellbeing sectors.

The graduates will benefit by gaining recognition of transferable skills and knowledge valued across the health and wellbeing sector, and the specific skills and knowledge required to perform a role within the sector.

Programme overview

This industry training programme aims to develop the skills and knowledge required to provide care under the direction and delegation of a health professional in a range of contexts including; aged residential, acute, primary and rehabilitative care.

This programme is targeted at people who are employed as health assistants in various health and wellbeing settings.

How long will it take?

Average duration	Credits
12 months	70

Learning and assessment resources

Free download of learning and assessment resources is available online from April 2015. These can be customised to your organisation.

Visit: library.careerforce.org.nz

To purchase printed learning and assessment resources, please visit: shop.careerforce.org.nz

Welcome to Careerforce

Careerforce is New Zealand's health and community support services Industry Training Organisation. Through workplace training, we help to improve the health and wellbeing of everyday New Zealanders.

Replacement information

This qualification replaces the National Certificate in Health, Disability, and Aged Support (Core Competencies) (Level 3) and the National Certificate in Health, Disability, and Aged Support (Health Assistants) (Level 3) with strands in Dietician Assistance, Dental Assistance, Healthcare Assistance, and Rehabilitation Assistance.

What's new and different?

The newly developed programme has increased relevance across a wider range of roles in the health and wellbeing sectors.

This qualification and its associated unit standards provide flexibility to enable its application to a broad range of workplace settings.

Contact us:

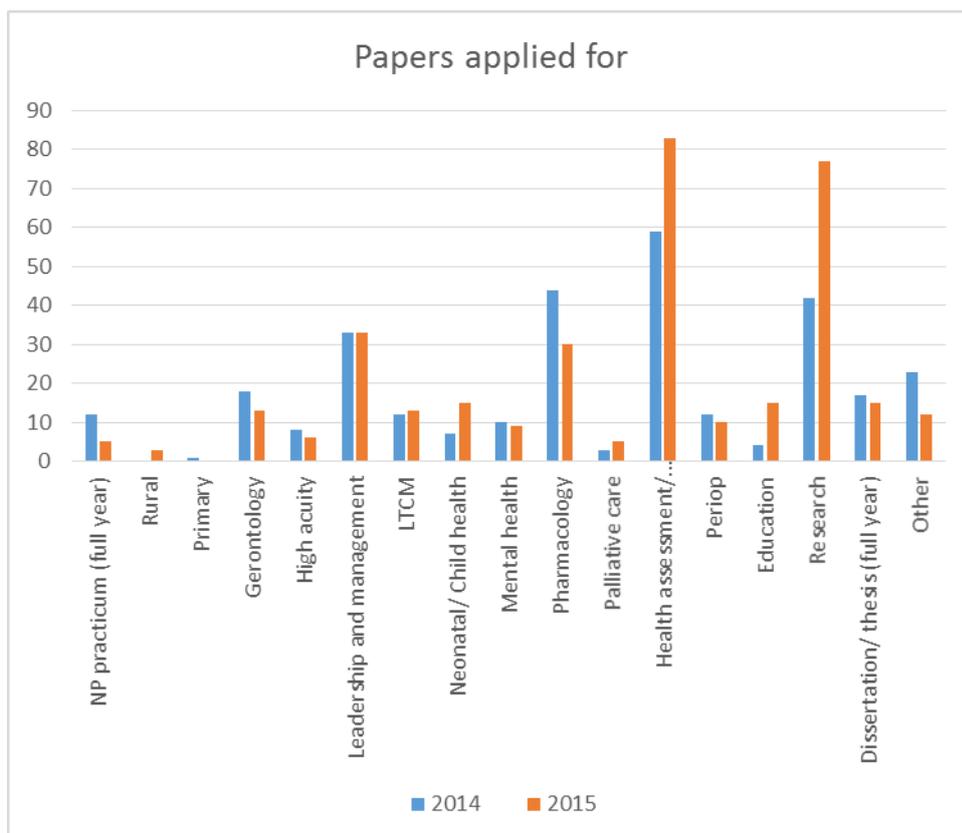
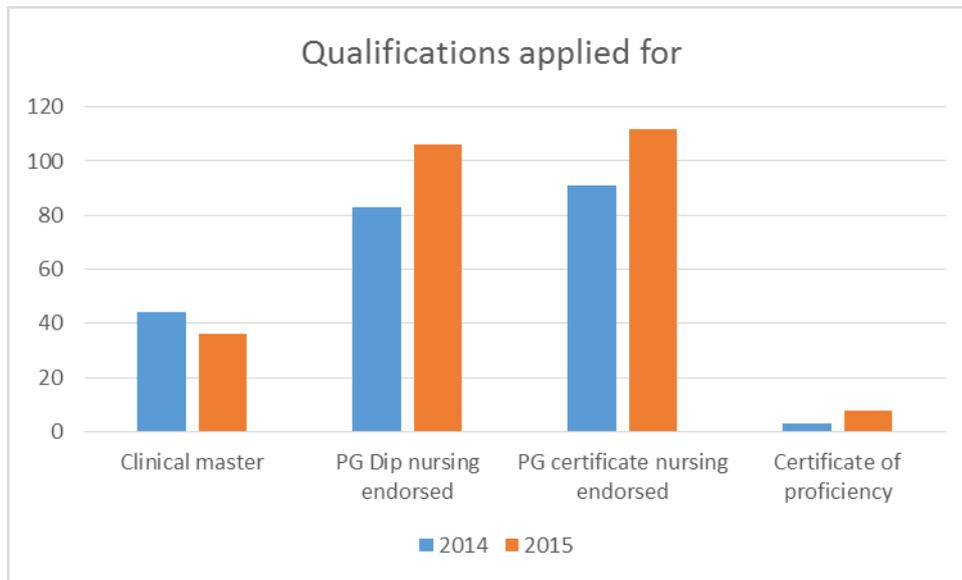
Your Careerforce Workplace Advisor can answer any questions and help your workplace transition to the New Zealand Certificate in Health and Wellbeing.

Phone: 0800 277 486

Email: info@careerforce.org.nz

Visit: www.careerforce.org.nz

Appendix 5: Postgraduate Education – HWNZ funded



Data excludes PG Cert – nursing mental health as part of NESP (funded via different pathway)