

## CTA POSTGRADUATE NURSING TRAINING SPECIFICATION

To be read in conjunction with the Clinical Training Agency Head of Agreement  
and relevant Service Agreement

27 NOVEMBER 2006

### 1.0 PREAMBLE

Nurses are a key workforce within the New Zealand health system. Registered Nurses comprise 52% of the regulated health workforce (Health Workforce Advisory Committee, 2002<sup>1</sup>). Government strategies have identified an increased need for nurses with specialist skills in order to deliver on the objectives of these strategies. The New Zealand Health Strategy (Ministry of Health 2000) identifies the need for increased support and supervision of health professionals in training.

Funding for post entry nursing training programmes initially came from unbundling of Post Entry Clinical Training funding from various sources to the Clinical Training Agency (CTA). Nursing training funding was historically based on the amount of clinical training hospitals reported they were providing for nurses.

Subsequent contracting of these funds has directed similar amounts back to individual hospitals, regardless of overall need. This process resulted in an inequitable distribution of funding between District Health Boards (DHBs). This funding was only available to nurses employed in hospital-based services limiting access to nurses outside of this setting.

The CTA established an Expert Advisory Group (EAG) during 2006 to review the distribution of this funding between DHBs and to consider appropriate parameters to which this funding should be applied. This training specification is a result of that process.

This specification outlines the parameters for the application of CTA postgraduate nursing training funds to all the DHB or Ministry of Health funded health services nursing workforce<sup>2</sup>, within the DHBs specific geographic area.

The broad vision for CTA Postgraduate Nursing Training is:

Working in partnership with key stakeholders to deliver a transparent and consistent model of funding for postgraduate training that will enable nurses to improve health outcomes of New Zealanders.

<sup>1</sup> Health Workforce Advisory Committee ((2002). *The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001*. Wellington: Health Workforce Advisory Committee.

<sup>2</sup> Includes DHB provider arm, DHB non-provider arm and Ministry of Health funded nursing workforces. The non-provider-arm healthcare services include Non Government Organisation/Primary Health Organisation/Maori/Pacific/Aged Care etc healthcare services delivered via the DHB Planning and Funding contracts.

To achieve this CTA Postgraduate Nursing Training will:

- enhance the accountability and transparency of the funding process for postgraduate nursing training
- ensure that funding is targeted to meet prioritised local needs and Government strategies
- provide funds for tuition fees, travel and accommodation costs (as appropriate) clinical release and clinical supervision for nurses (trainees) to attend postgraduate nursing training programmes.
- enable registered nurses to advance nursing practice, and facilitate the pathway towards specialist nurse roles or Nurse Practitioner.

District Health Boards plan services and forecast future workforce needs for the health of their populations. The Clinical Training Agency Postgraduate Nursing Training funding will assist DHB to develop their nursing workforce according to their planned needs in response to Government policy.

## **2.0 PROGRAMME SELECTION**

District Health Boards will be responsible for prioritising appropriate postgraduate nursing training programmes, in accordance with:

- prioritised workforce needs, identified by the DHB
- the District Annual Plan and District Strategic Plan
- the Workforce Action Plan (WAP), as required by the District Health Boards New Zealand (DHBNZ)
- Government priorities and national health policy.

## **2.1 PROGRAMME DESCRIPTION**

Postgraduate nursing training programmes will build on the foundation of knowledge and skills already achieved in a pre-registration nursing programme and subsequent clinical experience and will:

- lead to a nationally recognised qualification at level 8 on the National Qualifications Framework, informing advancing nursing practice such as a postgraduate certificate, postgraduate diploma or Master's degree
- integrate theory and clinical practice to enable postgraduate trainees to develop their knowledge and skills in the specialty area
- acknowledge the cultural characteristics of New Zealand society that influence planning and delivery of health care nursing services
- have curricula developed in consultation with key stakeholders that describes the purpose, outcomes, content and process, assessment criteria and assessment methods
- be accredited by the appropriate accrediting body i.e. New Zealand Qualifications Authority (NZQA) and the Committee on University Academic Programmes (CUAP)

- be approved by the Nursing Council of New Zealand (NCNZ) or recognised by the NCNZ as contributing to the development of Nurse Practitioners.

Training programmes must be consistent with:

- the requirements of the Health Practitioners Competence Assurance Act (2003)
- the National Professional Development and Recognition framework (2003/2005)
- the Competencies for the Registered Nurse Scope of Practice (NCNZ, 2005), and/or
- the Competencies for the Nurse Practitioner Scope of Practice (NCNZ, 2005).

## 2.2 PROGRAMME LEVELS

Eligible programmes will be provided at Postgraduate Certificate, Postgraduate Diploma or Master's degree level. Trainees will need to apply to the DHB for continuing funding, if on programme completion they decide to continue to the next level.

## 2.3 PROGRAMME CATEGORIES

From time to time Government health initiatives may result in a requirement to direct funding to specific clinical service areas or training needs.

The CTA may also be directed by Government to target funding to particular clinical service areas or training needs. In this situation the amount of funding to be directed to the targeted training will be described and ring fenced in the relevant service agreement.

Postgraduate nursing training funding not ring fenced in the relevant service agreement must be prioritised according to clause 2 of this Specification.

It is expected that postgraduate nursing training will be identified in at least the following areas.

DHB provider arm healthcare:

- Clinical/healthcare services provided by DHB hospitals and community based settings.

DHB non-provider arm healthcare:

- Aged care:  
Healthcare services provided to the elderly in the community, rest homes and hospitals.

- **Primary health care:**  
First-point-of-contact care, population health, health promotion, disease prevention, wellness care and disease and chronic disease management services provided by primary health care services.
- **Rural health care:**  
Healthcare services provided in rural communities served by a general practitioner who scores 35 points or more on the rural ranking scale, or a doctor or nurse to whom the DHB has assigned “notional” rural ranking scale using equivalent criteria.
- **Maori health care:**  
Healthcare services provided to Maori in the community.
- **Pacific health care:**  
Healthcare services provided to Pacific peoples in the community.

### **3.0 PROGRAMME COMPONENTS**

Funding can only be accessed once the details of trainees undertaking postgraduate nursing training programmes are forwarded to the CTA. This is a monitoring requirement. This section should be read in conjunction with the CTA Head of Agreement and relevant Service Agreement, which specifies terms for all programmes provided under the contract.

The CTA Postgraduate Nursing Training funds must be spent on the following components.

#### **3.1.1 Programme Co-ordination**

A designated DHB programme co-ordinator will be responsible for the co-ordination of the CTA funded postgraduate nursing training described in this Specification. The programme co-ordinator will be a registered nurse who has or is on a pathway to a postgraduate qualification.

Annually the DHB co-ordinator will inform the CTA of the mix of postgraduate nursing training categories and levels required within the total funds available for that DHB.

Additional funds may be requested, however will only be available on a one off basis, providing other DHBs are not taking up all of their funding allocation in that year.

Additionally the co-ordinator will be responsible for ensuring that:

- postgraduate nursing training needs have been prioritised according to clause 2.0 of this Specification
- the trainee has a career plan in place

- the trainee is supported to access resources to assist with their training programme
- training programmes meet accreditation and approval requirements according to clause 2.1 of this Specification
- liaison with other DHBs occurs eg. for the provision of training on a regional basis
- an advisory group(s) is established to support the programme and will include representation from trainees, clinical supervisors, clinical service areas, employers and education providers
- a clear written, equitable DHB wide application and selection process is implemented
- liaison with employers, clinical service areas and education providers occurs
- management of postgraduate nursing training funding for tuition, travel and accommodation
- trainee clinical release and clinical supervision arrangements meet trainee needs
- training is meeting trainee and employer needs
- trainees are aware of available cultural support resources and facilitating access to these resources
- evaluation of programme in liaison with education providers occurs
- quality improvement processes occur
- reports required under the CTA Head of Agreement and relevant Service Agreement are provided.

### **3.1.2 Tuition Fees**

Full tuition fees are charged by the tertiary education provider for the cost of the trainee attending the programme of study. This does not include the costs covered by the funding that the tertiary education provider receives from the Tertiary Education Commission.

### **3.1.3 Travel**

Travel subsidy is for actual trainee costs for trainees who are required to travel further than 100kms by road one way from the usual place of work to the agreed training programme location.

### **3.1.4 Accommodation**

Accommodation subsidy is for actual trainee costs for accommodation required at the agreed training programme location.

### **3.1.5 Clinical Release**

Clinical release is cost (per hour) of replacing the trainee while the trainee attends the compulsory aspects of their training programme during the trainees working hours. These costs do not include organisation overheads.

### **3.1.6 Clinical Access**

Subsidised clinical access costs for Nurse Practitioner prescribing practicum(s).

### **3.1.7 Clinical Supervision**

Clinical supervision is the provision of coaching and mentoring to support the trainee to meet the requirements of the training programme.

Clinical supervision will be provided when required by the particular training programme being undertaken by the trainee or identified by the programme co-ordinator. The clinical supervisor role will be undertaken by designated experienced nurses or relevant registered health professionals who have the required qualification. The trainee remains accountable for their practice at all times.

The clinical supervisor will ensure that:

- the level of supervision will be appropriate to the trainee's knowledge and skills
- theory and clinical experience (as appropriate) are well integrated
- trainees participate in quality improvement processes

This does not include the costs covered by the funding that the tertiary education provider receives from the Tertiary Education Commission.

## **4.0 EXPECTED OUTCOMES**

### **4.1.1 Trainee Outcomes**

Expected outcomes are:

- conferring/awarding of a postgraduate certificate, postgraduate diploma or Master's degree
- application of evidence based practice in a range of treatment/care models relevant to the health care service setting
- application of advancing nursing practice in the provision of clinical care to people and their families
- demonstration of meeting organisational nursing workforce requirements
- provision of clinical leadership, clinical management and mentoring skills

- provision of care and facilitation of service coordination between relevant healthcare services required for the client and their family

#### **4.1.2 Client / Service Outcomes**

Trainees will be able to contribute to improved client and/or service outcomes by providing:

- accessible, skilful and timely nursing assessment, management, and co-ordination of client care needs in the relevant health care setting
- interdisciplinary approaches to care including establishing an appropriate plan of care and ongoing management
- culturally competent clinical care and family, whanau and fono support
- the benefit of applied, evidence based nursing practice in the relevant health care service settings.

### **5.0 ELIGIBILITY**

District Health Boards will have a clear written, equitable DHB wide application and selection process, in accordance with clause 2.0.

To be eligible for CTA Postgraduate Nursing Training funding each trainee shall:

- be registered as a nurse under the Health Practitioners Competence Assurance Act (2003)
- have a current annual practising certificate
- be currently employed as a registered nurse by a health service that is funded by the District Health Board or Ministry of Health from Vote Health
- be a New Zealand citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service
- have evidence of support by their current employer to meet the training requirements
- meet the entry criteria required by the education provider

The minimum employment FTE is defined by the DHB. Part-time trainees will be funded on a prorata basis.

### **6.0 ASSOCIATED LINKAGES**

The DHB programme co-ordinator will ensure that there are established links with:

- tertiary education institutions
- Nursing Council of New Zealand
- relevant local iwi, Maori health services and other Maori stakeholders

- relevant Pacific health services and other Pacific stakeholders
- primary health organisations
- aged care providers
- all relevant clinical areas within the DHB
- health related non-government organisations
- relevant professional nursing organisations
- other DHBs
- other relevant organisations.

Replaced by 1/B57 August 2009