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Dear Colleagues

### **Post Graduate Nursing Training Funding**

The Clinical Training Agency (CTA) is leading the development of a Ministry of Health (the Ministry) purchasing strategy for post graduate nursing training funding. Currently there are a number of post graduate nursing training funding models available within the Ministry of Health including the CTA and Clinical Services Directorate (CSD).

Moving to single funding model for CTA and CSD nursing training, will enhance the accountability and transparency of the funding process. This transition will be carefully managed to ensure nurses continue to have options available for training throughout the transition period. The transition will be implemented in stages.

The first stage is to consolidate CTA Nursing Training funding into one funding model. Currently CTA funds the National Nursing Programmes and Ex-deficit Nursing Training. Please find attached (Appendix 1) the nurse training section of the CTA document, *Purchasing Intentions June 2006* (for the complete document please refer to CTA's "Purchasing Intentions" [www.moh.govt.nz/cta](http://www.moh.govt.nz/cta)).

The next stage will be to incorporate the Clinical Services Directorate nurse-training scholarships into the funding model. These changes will require a new specification to be developed for DHBs to administer nursing training funds. The funding model will assist DHBs to develop their nursing workforce according to their planned needs in response to Government policy.

The Clinical Training Agency (CTA) has established an Expert Advisory Group (EAG) to:

- Assist the CTA to develop a specification that outlines the criteria for postgraduate nurse training funding and complies with CTA processes.
- Develop a formula that equitably allocates Ministry postgraduate nurse training funds between DHBs for administration to both DHB provider-arm and non-provider arm nursing services.

The EAG will have DHB (both provider and non-provider arm) and Primary Health Organisation representation with advice from the Nursing Council of New Zealand and Nurse Educators in the Tertiary Sector (NETS).

We anticipate that this process will take until November 2006. If you have any questions in regard to this project please contact Ann Shaw, Project Manager, CTA at [Ann\\_Shaw@moh.govt.nz](mailto:Ann_Shaw@moh.govt.nz) or 03 372 3088 or 0274 327 050.



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## **Appendix 1: Nurse Training Section, from the Clinical Training Agency document, *Purchasing Intentions June 2006***

Nursing is a key workforce requirement in the New Zealand health system. The *New Zealand Health Strategy* (Minister of Health 2000) identifies the need for increased support and supervision of health professionals in training. Several Government strategies have identified an increased need for nurses with specialist skills in order to deliver on the objectives of these strategies. CTA's purchasing of nursing PECT is guided by the priorities set by these strategies and workforce need.

Limited funding for nursing programmes initially came from unbundling of PECT funding from various sources to Vote: Health. In 1998 the CTA received funding through the 'deficit switch' project. This funding was estimated based on the amount of clinical training that 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 DHBs. Additional funding from the base CTA budget has been directed towards DHB nursing training since then.

The CTA also funded several national nursing PECT programmes at level 8 on the New Zealand Qualifications Framework. These programmes have been developed in response to Government strategies, including child and family health, palliative care, emergency nursing and rural primary health nursing. The newest national nursing programme, Rural Primary Health Nursing is experiencing strong demand and has been positively received by trainees. The other national nursing programmes have experienced declining enrolments over the last three years suggesting that demand for these programmes have reached saturation point. The recent evaluation of the Child and Family and Emergency programmes recommended that the CTA review the funding model for nursing PECT as the national nursing PECT programmes no longer appear to be meeting the needs of employers.

In July 2005 the Minister of Health approved a 50% subsidy to fund development of a nationally consistent Nursing Entry To Practice Programme (NETP). The Ministerial Taskforce on Nursing first identified the need for a First Year of Clinical Practice programme in 1998. During 2002 CTA carried out a pilot First Year of Clinical Practice programme. The evaluation of these pilots programme informed the development of the NETP programme.

The 50% subsidy will ensure NETP programmes are delivered nationally to a consistently high standard. CTA will fund \$6,000 per graduate as a contribution to the DHB's costs of offering the programme. The funding is intended to contribute to the cost of programme co-ordination, study and development days, clinical release for graduates and preceptors and support for workload sharing between preceptor and graduate as described in the NETP programme specification. There is also additional funding set aside to assist with the education delivery and establishment of the programme.

NETP Programme development is a joint CTA and DHB project with involvement from the Nursing Council. The project is led by a Steering Group with oversight from Workforce Development Group (WDG) of District Health Boards New Zealand (DHBNZ) on behalf of DHBs. The Steering Group is currently considering the issues

around extending to programme to new graduate nurses working for services that are funded by DHBs such as Primary Care and Aged Care.

The first intake of NETP trainees for participating DHBs is scheduled for August 2006. CTA will commission an evaluation of the NETP programme using independent evaluators. The evaluation will assess the extent to which the NETP programme has achieved its intended outcomes. An evaluation report is expected December 2009.

The document “Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes”, (Ministry of Health 2004), provides advice to the Ministry of Health on post-entry clinical nurse training programmes. The document’s vision is “All registered nurses have equitable access to postgraduate nursing education programmes, which are aligned to government strategies and workforce directions”. The document indicates that CTA funds should be directed towards a first year of clinical practice programme and level 8 programmes, that may lead to the development of the Nurse Practitioner role.

Since the release of “Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes” document, CTA has lead the development of a Ministry of Health wide purchasing strategy for post graduate nursing training funding. There is variety of funding options within the Ministry of Health that would benefit from a coordinated approach. Moving to one funding model will enhance the accountability and transparency of the funding process. This transition will be carefully managed to ensure nurses continue to have options available for training throughout the transition period. The transition will be implemented in stages. The first stage is to consolidate CTA Nursing Training funding into one funding model. This will require a new specification to be developed for DHBs to administer nursing training funds. This funding model will assist DHBs to develop their nursing workforce according to their planned needs in response to Government policy. CTA will set up an expert advisory group for the first stage of this development.

Table 7: Nursing training: current purchasing and future direction

<b>Programme area</b>	<b>2005 volumes contracted</b>	<b>2006 volumes contracted</b>	<b>2007 volumes forecast</b>	<b>2008 volumes forecast</b>	<b>2009 volumes forecast</b>
Nursing Entry to Practice	0	300 approx	650	725	800
Ex-deficit nursing	800 approx	950 approx	0	0	0
DHB Nursing	0	0	1,150 approx	1,250 approx	1,300 approx
Rural primary health nursing*	50	50	50	25	0
Child and family nursing	50	35	0	0	0
Emergency nursing	40	26	0	0	0
Palliative care nursing	40	30	0	0	0

\* 2 year PG Dip