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DRAFT REVISED
CTA POSTGRADUATE NURSING TRAINING SPECIFICATION

1.0 PREAMBLE

Nurses are a key workforce contributing to improved health outcomes for New Zealanders. Registered Nurses comprise 52% of the regulated health workforce (Health Workforce Advisory Committee, 2002¹). The New Zealand Health Strategy (Ministry of Health 2000) identifies the need for increased support and supervision of health professionals in training. Government health strategies have identified an increased need for nurses with specialty knowledge and skills in order to deliver on the objectives of these strategies.

Funding for post entry nursing training programmes initially came from the 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. The training specification was then revised in 2009 through consultation with the CTA Nursing Advisory Group (NAG) and other stakeholders, as part of a review of Postgraduate Nursing funding.

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 workforce², within the DHBs specific geographic area. Terms are defined in the CTA Head Agreement and/or Service Agreement.

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 nursing training that will enable nurses to improve health outcomes of New Zealanders.

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

² 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.

- 47 To achieve this the CTA Postgraduate Nursing Training model will:
- 48
- 49 • enhance the accountability and transparency of the funding process
 - 50 • ensure that funding is targeted to meet prioritised local needs and Government strategies
 - 51 • provide funds for tuition fees, travel and accommodation costs (as
 - 52 appropriate) clinical release and clinical supervision for nurses (trainees)
 - 53 to attend postgraduate nursing training programmes
 - 54 • enable registered nurses to advance nursing practice including the
 - 55 pathway towards Nurse Practitioner.
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58 **2.0 PROGRAMME SELECTION**

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60 DHBs plan services and forecast future workforce needs for the health of their

61 populations. The CTA Postgraduate Nursing Training funding will assist DHBs

62 to develop their nursing workforce according to their planned needs in

63 response to Government policy. DHBs will be responsible for prioritising

64 appropriate postgraduate nursing training programmes, in accordance with:

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

70 **2.1 PROGRAMME DESCRIPTION**

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72 Postgraduate nursing training programmes will build on the foundation of

73 knowledge and skills already achieved in a pre-registration nursing

74 programme and will:

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- 76 • lead to a nationally recognised qualification at level 8 on the
- 77 National Qualifications Framework, informing advancing nursing
- 78 practice such as a postgraduate certificate, postgraduate diploma or
- 79 Masters degree
- 80 • be approved by the Nursing Council of New Zealand (NCNZ) or be
- 81 credited towards a Postgraduate Diploma or Masters approved by
- 82 NCNZ.
- 83 • integrate theory and practice to enable postgraduate trainees to
- 84 develop their knowledge and skills in the specialty area
- 85 • acknowledge the cultural characteristics of New Zealand society
- 86 that influence planning and delivery of health care nursing services
- 87 • be accredited by the appropriate accrediting body i.e. New Zealand
- 88 Qualifications Authority (NZQA) and the Committee on University
- 89 Academic Programmes (CUAP)

90 Training programmes must be consistent with:

- 91 • the requirements of the Health Practitioners Competence Assurance
92 Act (2003)
- 93 • the Competencies for the Registered Nurse Scope of Practice
94 (NCNZ, 2005), and/or
- 95 • the Competencies for the Nurse Practitioner Scope of Practice
96 (NCNZ, 2005).

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2.2 PROGRAMME LEVELS

100 Eligible programmes will be funded at Postgraduate Certificate, Postgraduate
101 Diploma or Masters degree level. Trainees will need to apply to the DHB for
102 continuing funding, if on programme completion they decide to continue.

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2.3 PROGRAMME FUNDING

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

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113 Postgraduate nursing training funding that is not ring fenced must be
114 prioritised according to clause 2 of this Specification.

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3.0 PROGRAMME COMPONENTS

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

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124 The CTA Postgraduate Nursing Training funds must be spent on the following
125 components:

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3.1 Programme Co-ordination

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

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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.

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

140
141 Additionally the co-ordinator will be responsible for ensuring:

- 142 • postgraduate nursing training needs have been prioritised
143 according to clause 2.0 of this Specification
- 144 • training programmes meet accreditation and approval
145 requirements according to clause 2.1 of this Specification
- 146 • evaluation of programme occurs in liaison with education providers
- 147 • quality improvement processes occur
- 148 • reports required under the CTA Head Agreement and relevant
149 Service Agreement are provided
- 150 • liaison with other DHBs occurs eg. for the provision of training on
151 a regional basis
- 152 • an advisory group(s) is established to support the programme and
153 will include representation from trainees, clinical supervisors,
154 clinical service areas, employers and education providers
- 155 • promotion of the postgraduate nursing funding and recruitment of
156 trainees including ring fenced funding areas takes place.
- 157 • a clear written, equitable DHB wide application and selection
158 process is implemented
- 159 • liaison with employers, clinical service areas and education
160 providers occurs
- 161 • management of postgraduate nursing training funding for tuition,
162 travel and accommodation
- 163 • trainee clinical release and clinical supervision arrangements meet
164 trainee needs
- 165 • trainees are aware of available cultural support resources and
166 facilitating access to these resources
- 167 • the trainee has a career plan in place
- 168 • the trainee is supported to access resources to assist with their
169 training programme
- 170 • training is meeting trainee and employer needs
- 171 • trainees are not concurrent recipients of scholarships or other
172 funding from the Ministry of Health that covers any of the same
173 components as this Specification.

174 **3.2 Tuition Fees**

175 Full payment of tuition fees charged by the tertiary education provider
176 for the cost of the trainee attending the programme of study.
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3.3 Travel

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

3.4 Accommodation

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

3.5 Clinical Release

Clinical release is cost (per hour) of releasing the trainee while the trainee attends the formal aspects of their training programme, including academic and clinical supervision requirements during the trainees working hours. Where an employer requires a trainee to take annual leave or leave without pay to attend the formal aspects of their training, the employer will not be eligible for clinical release funding.

3.6 Clinical Access

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

3.7 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

Funding is not available for clinical supervision already provided by the tertiary education provider as part of the training programme.

226 **4.0 EXPECTED OUTCOMES**

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228 **4.1 TRAINEE OUTCOMES**

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230 Expected outcomes are :

- 231
- application of advancing nursing practice in the provision of care
- 232
- demonstration of meeting organisational nursing workforce requirements
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- provision of leadership, management and mentoring skills
- 235
- conferring/awarding of a postgraduate certificate, postgraduate diploma or Masters degree
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238 **4.2 CLIENT / SERVICE OUTCOMES**

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

- 241
- accessible, skilful and timely nursing assessment, management, and co-ordination of client care needs in the relevant health care setting
- 242
- interdisciplinary approaches to care including establishing an appropriate plan of care and ongoing management
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- culturally competent clinical care and family, whanau and fono support
- 244
- the benefit of applied, evidence based nursing practice in the relevant health care service settings.
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252 **5.0 ELIGIBILITY**

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254 DHBs will have a clear written, equitable DHB wide application and selection
255 process, in accordance with clause 2.0.

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

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- be registered as a nurse under the Health Practitioners Competence Assurance Act (2003)
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- hold a current annual practicing certificate (APC) with no restrictions on that APC that would negatively impact on their ability to participate in the programme.
- 261
- be currently employed as a registered nurse by a health service that is funded by the DHB or Ministry of Health from Vote Health
- 262
- be a New Zealand citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service
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- have evidence of support by their current employer to meet the training requirements
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- meet the entry criteria required by the education provider
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The minimum employment FTE is defined by the DHB.

5.1 EMPLOYMENT SETTINGS

Eligible trainees must be employed by an organisation funded through vote Health and may be employed in the following settings:

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.
- Palliative Care
Health Care services for people of all ages with a life-limiting condition.
- 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.

6.0 ASSOCIATED LINKAGES

The DHB 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

- 317 • relevant Pacific health services and other Pacific stakeholders
- 318 • primary health organisations
- 319 • aged care providers
- 320 • clinical service areas funded by the DHB
- 321 • health related non-government organisations
- 322 • professional nursing organisations
- 323 • other DHBs
- 324 • other relevant organisations.

7.0 PURCHASE UNIT

Each Purchase Unit is represented by One Training Unit which is equivalent to:

- Postgraduate Certificate or the first year of a Postgraduate Diploma or Masters or
- Second year of a Postgraduate Diploma or Masters or
- Third Year of the Masters or
- Final Year of the Masters without Prescribing Practicum or
- Final Year of the Masters with Prescribing Practicum

Part-time study will be funded on a pro-rata basis in relation to the Training Unit. Employment FTE is not part of this calculation.

For example:

A Postgraduate Certificate is equal to One Training Unit:

- In a two course Postgraduate Certificate each course/paper is worth 0.5.
- In a three course Postgraduate Certificate each course/paper is worth 0.33.
- In a four course Postgraduate Certificate each course/paper is worth 0.25.

The Contracting Guidelines for Nursing contain a Postgraduate Nursing Training Unit Calculation Guide with further examples.

361 **8.0 REPORTING REQUIREMENTS**

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363 This section should be read in conjunction with Schedule 1 Part 1 of the CTA
364 Head Agreement, which specifies generic reporting standards for all
365 programmes provided under this contract

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368 **9.0 QUALITY REQUIREMENTS**

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370 This section should be read in conjunction with Schedule 1 Part 3 of the CTA
371 Head Agreement, which specifies generic quality standards for all
372 programmes provided under the contract.

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