Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes

Report to the Ministry of Health from the Expert Advisory Group on Post-Entry Clinical Nurse Training Programmes
This document reflects advice and recommendations to the Ministry of Health from the Expert Advisory Group on Post-Entry Clinical Nurse Training Programmes. It does not reflect the view or policies of the Ministry of Health, the Ministry of Education or any other organisation.

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A Framework for Purchasing Postgraduate Education Programmes: Recommendations

The Post-Entry Clinical Nurse Training Expert Advisory Group recommends that:

1. the Government consider a change in policy settings to allow:
   (a) all postgraduate nursing education programmes to be funded by the Ministry of Education
   (b) Ministry of Health funding to be used to support students to attend the programme
   (c) the development of a funding formula that considers employer release time and student costs.

   The Expert Advisory Group acknowledges that this would require significant work over a long time period, and therefore recommends the following strategies for the purchase of post-entry clinical nurse training programmes.

2. The Ministry of Health should fund nationally consistent first year of nursing clinical programmes for all new graduate nurses, which will require additional funding.

3. The Ministry of Health, via the Clinical Training Agency (CTA), should consider the following funding options for the support of a national first year of nursing clinical practice programme:
   (a) employers subsidise a proportion of the costs of the programme in exchange for the new graduate having reduced working hours, supervision, a planned programme of clinical education and a reduced salary
   (b) the CTA commits the remaining funding required to ensure the full cost of the programme is met.

4. The CTA should cease funding nursing programmes that equate to level 700 on the National Qualifications Framework / New Zealand Qualifications Authority / Committee on University Academic Programmes (NQF/NZQA/CUAP) over a transitional period.

5. The CTA should raise the current level at which it funds nursing programmes from level 700 on the NQF/NZQA/CUAP to level 800 on the NQF/NZQA/CUAP.
6. The CTA should fund post-entry clinical training programmes for nurses that are consistent both with government policy directions and with the following nurse practitioner scopes of practice:
   (a) mental health
   (b) disease management
   (c) perioperative
   (d) palliative care
   (e) emergency and trauma
   (f) primary health care
   (g) high dependency.

7. The Ministry of Health should develop a pricing and funding model for post-entry clinical training for nurses.

8. The Ministry of Health should reallocate ex-deficit switch funds to fund nationally specified nursing programmes that equate to level 800 on the NQF/NZQA/CUAP.

9. The Ministry of Health should review, with the Ministry of Education, current policy regarding the split in funding for postgraduate education for nurses.

10. The Ministry of Health, via the CTA, should seek increased funding to meet the demands of emerging roles within nursing (eg, to support education for primary health care, to support the emerging nurse practitioner roles, and to fund a national first year of nursing clinical practice programmes).

11. All new-initiative nursing programmes outside the scopes described in recommendation 6 should be prioritised using the proposed prioritisation framework.

12. The Ministry of Health should develop a transitional pathway over three years in order to shift current funding for postgraduate clinical education for nurses to the recommended model of purchasing 800-level programmes.
1 Introduction

In March 2001 the Ministry of Health commenced work on a national purchasing and prioritisation strategy\(^1\) for funding post-entry clinical training (PECT) for nurses.\(^2\) The project was developed because there is currently no robust, transparent framework to ensure consistent decision-making and sustainable funding for PECT for nurses.

**Vision**

All registered nurses have equitable access to postgraduate nursing education programmes, which are aligned to government strategies and workforce directions.

In order to deliver on this vision, the overall objectives of the project (see Terms of Reference, Appendix 1) were to:

1. develop a national purchasing strategy for PECT for nurses
2. develop a prioritisation framework for funding PECT for nurses
3. strengthen sector understanding of the CTA’s process for prioritising funding of PECT for nurses.

To assist with the achievement of these objectives, the following principles were developed:

- acknowledgement of the special relationship between the Crown and Māori under the Treaty of Waitangi
- improving health outcomes – the development of a national purchasing strategy for PECT for nurses is based on improving health outcomes aligned to Government strategies and priorities
- flexibility – flexibility of funding for nursing PECT is needed
- sustainability – sustainable funding is necessary to ensure the development of a skilled nursing workforce, from first year of nursing clinical practice to nurse practitioner, to meet national population health needs
- access – access to ongoing PECT is a critical factor to ensure a skilled nursing workforce to deliver on Government priorities and contribute to improving health outcomes

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\(^1\) This strategy relates to PECT for registered nurses and does not include the midwifery profession.

\(^2\) ‘Nurses’ in this document means ‘registered nurses’ unless otherwise stated.
• workforce development – the strategy needs to reflect population needs, clinical training and education requirements, in particular the priority areas such as Māori and Pacific (see Figure 1). Of particular importance are the New Zealand Health Strategy, the Primary Health Care Strategy, He Korowai Oranga and the Pacific Health and Disability Action Plan (see section 3.5).

**Figure 1: Workforce planning model**

The development of a national strategy for post-entry clinical training for nurses is closely linked to other initiatives under way. These include work being undertaken by the Tertiary Education Advisory Commission and the Health Workforce Advisory Committee.

The Tertiary Education Advisory Commission (TEAC) was established by the Associate Minister of Education (Tertiary Education) in April 2000. The broad aim in establishing TEAC was to ‘identify how New Zealand can develop a more co-operative and collaborative tertiary education sector that will better assist us in becoming a world-leading knowledge society’ (Tertiary Education Advisory Commission 2001). TEAC has completed its review and has made a number of recommendations on a new funding framework for tertiary education (see Appendix 2 for further information).

The Health Workforce Advisory Committee has been established to provide independent advice to the Minister of Health on health workforce issues. The present document will be a useful resource for the Committee.
2 Background

In June 2001 the Ministry established the Expert Advisory Group on Post-Entry Clinical Nurse Training Programmes to provide expert advice on the development of a national strategy for purchasing and prioritising PECT programmes for nurses. The Group comprised representatives from the Ministry of Health, District Health Boards (DHBs), the Nursing Council of Zealand, Māori and Pacific nursing, the Ministry of Education, and nurse educators. Members of the Group were selected on the basis of their knowledge and expertise. The Group identified problems, issues and barriers with respect to current purchasing of post-entry clinical education for nurses, and considered options and recommendations for future purchasing and prioritising of clinical nursing education.

In addition, a range of methods and information from various sources was used to inform development of the national strategy. Literature searches were undertaken to see if there were links between registered nurses prepared at an advanced level and patient outcomes, and to provide an overview of funding mechanisms and priorities for postgraduate education internationally. DHB Directors of Nursing were surveyed in order to identify the costs incurred by health service providers in terms of the clinical component of nursing PECT programmes. Background information from tertiary institutions on the range of programmes for registered nurses also informed this report. (Further information about these methods is attached as Appendix 3.)

2.1 Nursing in New Zealand

2.1.1 Workforce

Demographic information

Nurses are the single largest group of health professionals in the health and disability sector. As of 31 March 2002 there were an estimated 35,100 actively practising registered nurses in New Zealand.\(^3\)

\(^3\) Statistics sourced from the Nursing Council of New Zealand. The figures are derived from registered nurses holding annual practising certificates as at 31 March 2002. The figures are not a ‘snapshot’ but are cumulative throughout the year. Registered nurses not working in nursing positions have been excluded. The figures have been extrapolated to distribute non-respondents to the question in the same proportion to those who responded. Nurses who indicated they live overseas and those who have sought verification to work overseas throughout the year have been deducted from the total.
Māori and Pacific peoples are under-represented in the nursing profession. For example, in 2002 registered nurses who self-identify as Māori comprised 5.9 percent of the nursing workforce compared with 14.7 percent of the total New Zealand Māori population. Pacific peoples made up 2.8 percent of the nursing workforce compared with 6.5 percent of the total New Zealand Pacific peoples population.

2.1.2 Education

Between 1973 and 1993 nursing education in New Zealand moved from hospital-based training to become wholly provided in tertiary educational institutions. Since 2000 education for nurses has been solely provided through the three-year degree programme. Approximately 1100 comprehensive nurses graduate each year from undergraduate nursing education programmes. At present approximately 18 percent of nurses hold a degree qualification or above.

In response to recommendations in The Report of the Ministerial Taskforce on Nursing (Ministerial Taskforce on Nursing 1998), in February 2000 the Nursing Council commissioned a review of undergraduate nursing education. The report provided a series of recommendations to enable the Nursing Council to ensure that comprehensive nurses are prepared to meet expected health care requirements in the future.

Proposed career pathway model

The framework presented in Figure 2 has been developed by the Expert Advisory Group to show the levels of nursing practice and the costs of education at each level of practice. All costs are Ministry of Education costs (from 2003 onwards), and the model does not show the cost of providing the clinical component of the programme. A survey conducted among DHBs revealed a large variation in the cost of providing these clinical components, so no reliable data on average costs could be included in the model. The findings from the survey suggest a need to standardise current PECT for nurses.

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4 Statistics New Zealand, 2001 Census data.
5 Statistics sourced from the Nursing Council of New Zealand.
6 Statistics New Zealand, 2001 Census data.
Levels of nursing practice

Levels of advancing
specialty nursing
practice

Clinical master’s programme (2 years):
Subsidy to institution = $12,003 pa*
Fees for student = $3,500–$4,500 pa

Advancing in a specialty*

Postgraduate diploma
(1 year @ level 800):
Subsidy to institution = $11,421 pa
Fees for student = $3,500–$4,500 pa

Postgraduate certificate
(6 months @ level 800):
Subsidy to institution = $11,421 pa
Fees for student = $3,500–$4,500 pa

First year clinical practice

Nurse practice roles

Qualification for registered nurse practice roles

Some nurses may choose to complete level 700 programmes, while others go straight to postgraduate certificate, diploma or master’s programmes.

2.1.3 First year of nursing clinical practice

The first year of nursing clinical practice marks the transition from student to practising nurse:

It is where new-graduate nurses should be strengthening and consolidating their knowledge and clinical skills, developing skills in decision-making and priority setting, and gaining confidence through the increased application of what has been learnt as an undergraduate (Ministerial Taskforce on Nursing 1998).

Until recently there was no national framework for new graduate nurses entering their first year of nursing clinical practice. Some DHBs have provided in-service new graduate programmes which have varied in length, content and quality. However, in February 2002 the Ministry of Health, via the CTA, launched pilot programmes for the first year of nursing clinical practice in Auckland, Waikato and Canterbury DHBs. The pilot programmes are DHB-based rather than hospital-based, so that new graduates will have the opportunity to consolidate their practice in

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7 The pilot at Canterbury DHB includes the West Coast DHB. Canterbury DHB is the lead provider.
primary health care settings as well as in hospital settings. There is potential for the programme to be expanded to include new graduate nurses wishing to enter primary health care settings.

The pilot programmes will be fully evaluated when completed at the end of 2002.

2.1.4 Advancing in a specialty

From their first year of clinical practice onwards, registered nurses become nurses advancing in a specialty area of practice and develop specialty competencies unique to their clinical practice area (Nursing Council 2001a). To practise at an advancing level requires preparation in terms of formal education to support the nurse to apply advanced nursing knowledge. The most common types of formal education are:

- graduate certificates (NQF level 700)
- postgraduate certificates, diplomas and master's programmes (NQF level 800).

Some nurses are currently supported by their DHBs to participate in programmes that equate to level 700 on the NQF. These programmes are funded by the CTA. The content of 700-level programmes enables nurses to upskill in specialty practice, to update on technological progress, and to receive ongoing professional development. However, these programmes do not result in a postgraduate qualification, are not nationally specified, and in many cases are in response to local rather than national need, so the qualifications nurses receive are not always nationally transferable.

Level 800 clinical education programmes prepare nurses to practise at an advancing level by providing advanced knowledge and competencies, which are applied and clearly aligned to clinical practice. To gain this level of knowledge and competence, level 800 programme content is designed to teach nurses to practise at an advanced level. This level of practice provides for:

- quality health outcomes, especially for populations with unmet need
- analytical and critical thinking
- culturally safe practice
- high levels of communication to deliver health promotion and illness prevention messages
- advanced clinical skills.

Currently, national postgraduate programmes funded by the Ministry of Health via the CTA at level 800 on the NQF are:

- palliative care (pilot programme)
- child and family
- emergency nursing.
National mental health programmes are:

- new graduate mental health
- advanced mental health
- Māori mental health.

### 2.1.5 Advanced nursing practice

The introduction of the role of the nurse practitioner signals a new era in New Zealand health care service delivery by offering consumers direct access to nurse-provided health care, with a greater emphasis on health promotion and prevention rather than illness. The Government’s recognition that there are opportunities to improve the effectiveness of the ‘experienced’ nursing workforce parallels the shift in emphasis to primary health care. Use of nurse practitioners will be an important part of delivering the Government’s priorities for health, as outlined in the New Zealand Health Strategy (Minister of Health 2000), the Primary Health Care Strategy (Minister of Health 2001a), He Korowai Oranga: Māori Health Strategy (Minister of Health 2001b), the Pacific Health and Disability Action Plan (Minister of Health 2002) and other Government strategies.

Nurse practitioners are the highest level of clinical expert within nursing, are prepared at master’s level, and have at least five years’ clinical experience in a specific scope of practice. Satisfactory completion of an approved programme, including pharmacology, will be mandatory for nurse practitioners seeking prescribing rights.

Seven broad scopes of practice have been developed by the Nursing Council for the practice of nurse practitioners (Nursing Council 2001b):

- mental health
- disease management
- perioperative
- palliative care
- emergency and trauma
- primary health care
- high dependency.

Within these broad scopes nurse practitioners will identify their area of practice by delineating their specialty (or sub-specialty) population or client group. The resulting matrix of potential scopes for New Zealand nurse practitioners is depicted in Table 1.

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8 National mental health programmes are funded by Mental Health ex-Mason money.
Table 1: Areas of specialisation within scopes of practice

<table>
<thead>
<tr>
<th>Practice scope</th>
<th>Infant</th>
<th>Child</th>
<th>Adolescent</th>
<th>Adult</th>
<th>Aged</th>
<th>Māori</th>
<th>Pacific peoples</th>
<th>Immigrant communities</th>
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<tr>
<td>Mental health</td>
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<td>Disease management</td>
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<td>Perioperative</td>
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<td>Palliative care</td>
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<td>Emergency and trauma</td>
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<td>Primary health care</td>
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<td>High dependency</td>
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Source: Nursing Council (2001b).

A substantial body of international research shows that nurses practising at advanced levels contribute significantly to increased quality of care and impact on overall costs of care delivery. Care-delivery models proposed by Neidlinger et al (1986) show that the intervention of advanced clinical specialty nurses resulted in decreased length of stay, earlier hospital discharge, more efficient co-ordination of services, and fewer re-admissions.

Over time it is expected that nurse practitioners will make a significant contribution not only to providing cost-effective health care and to population health gain, but also to the recruitment and retention of nurses by raising the profile of the nursing profession and by offering a clear clinical career pathway for nurses in clinical practice (Ministry of Health 2002b). In addition, they will undertake research into the health outcomes of nursing practice, enabling health workforce planning that will effect cost savings in the health system.

### 2.2 Current arrangements for funding clinical education for nurses

Following the health reforms of 1991–93 the Government split funding for health professional education between Vote Health and Vote Education. This change took effect from the 1995 academic year. The split in funding was based on policy derived from a Cabinet decision made in 1994. This determined that the CTA would fund post-entry and postgraduate programmes with a clinical component of more than 30 percent and that fitted with the Ministry of Health’s priorities; while the Ministry of Education would fund all pre-entry qualifications, and postgraduate qualifications with less than 30 percent clinical component (eg, academic or research-based).
There are now essentially four sources of funding for post-entry nursing education and training:

- Ministry of Health
- Ministry of Education
- individual employers
- individual registered nurses.

### 2.2.1 Ministry of Health

The Ministry of Health via the CTA funds identified PECT programmes where 30 percent or more of the programme is clinically based and which are required to meet health service needs nationally. Funding of these programmes is from a contestable pool of limited resources. Total CTA expenditure on nursing PECT programmes for the 2001/02 contract year was $7.9 million (excluding funding for mental health programmes) from a total PECT budget of $80 million. Of the 35,100 actively practising nurses in New Zealand, the CTA funds approximately 1333 FTEs (CTA 2001).

CTA funding of PECT for nurses takes two forms:

- specified national PECT programmes – currently national programmes funded by the CTA include advanced mental health, new graduate mental health, child and family, emergency nursing (2002/03), palliative care pilot (2002/03), and first year of nursing clinical practice pilot (2002)
- ex-deficit switch-funded training programmes – this is funding that was part of service funding for the Crown health enterprises (CHEs) to provide training. In 1995 this funding was unbundled from CHE service funding and transferred to the CTA to purchase training. The amount of ex-deficit funding allocated to each DHB through the unbundling process remains capped and is distributed on a historical rather than an equitable basis.

### 2.2.2 Ministry of Education

The Ministry of Education funds post-entry education and training programmes which are primarily academic or research-based and/or the clinical component is less than 30 percent of the total programme. Funding of these programmes is the responsibility of the tertiary education institutions through the Ministry of Education, and all enrolments are funded.
2.2.3 Individual employers

Individual employers fund continuing education or staff development programmes. These are defined as programmes that are less than six months (full-time equivalent) in length, provide skills and expertise that meet employers’ or the individual’s specific needs rather than health service requirements nationally, and/or do not lead to a national qualification.

2.2.4 Individual nurses

Individual nurses pay fees to undertake post-entry clinical nurse education programmes.

2.3 Comparative model

2.3.1 Comparison with the way medical post-entry training is provided

The first postgraduate year for doctors is spent in hospitals, rotating through clinical placements. Unlike nurses, doctors in their first year of clinical practice are unable to work unsupervised. This year of training is accredited by the Medical Council, has a national specification, and is funded by the CTA.

After the completion of this first year, and provided that the trainee meets appropriate standards, the Medical Council of New Zealand awards general registration. After completing a second year, postgraduate doctors can choose to start advanced vocational training. Under the Medical Practitioners Act 1995 a doctor working in a specialist area must hold vocational registration, or be subject to oversight from a practitioner who holds such registration. All advanced vocational training programmes are overseen by the relevant medical colleges, which set bylaws and develop and review the national training specifications. These training programmes must also obtain the approval of the Educational Committee of the Medical Council. The trainees are funded by the CTA.

There is currently no sustainable funding for nationally consistent first year of nursing clinical practice programmes.
3 Why is There a Need for a National Strategy for Purchasing and Prioritising PECT for Nurses?

3.1 A highly skilled nursing workforce is needed to ensure quality care

A highly skilled and educated nursing workforce is essential to meet the health care needs of a rapidly changing health system and a diverse consumer population. However, like many countries New Zealand is experiencing a shortage of skilled registered nurses in some areas – particularly in the larger centres. This reduces the capacity to provide good-quality health services to the New Zealand population (Nurse Executives of New Zealand and Ministry of Health 2001), because providers are unable to have the most skilled workforce. Doctors in five countries recently ranked the international shortage of nurses as a serious impediment to the provision of high-quality health care (Blendon et al 2001).

The development of a national purchasing strategy for PECT for nurses is based on improving health outcomes aligned to Government strategies and priorities.

Nursing shortages have had a huge impact on the ability of nurses to participate in training. Anecdotal evidence and the amount of under-provision on actual versus contracted volumes of Ministry of Health-funded trainees suggest that increased clinical workloads to cover workplace shortages have reduced the number of experienced nurses participating in training. Managers have also reported being unable to release staff to attend training due to a lack of replacement staff. A survey of nurses working in primary health care settings indicated that for 20 percent of respondents, time, lack of finance and lack of relief staff are significant barriers to accessing education, yet 96 percent of respondents said that education opportunities were available to them (Ministry of Health 2001b).

A substantial amount of international evidence demonstrates the link between improved patient outcomes and nurses with advanced training. In the early 1980s the American Academy of Nursing identified a set of more than 40 hospitals with reputations for being able to recruit and retain highly qualified nurses in a competitive market during a national nursing shortage (Aiken et al 1994). These hospitals were termed ‘magnet hospitals’, and were identified according to a set of key principles. One of the characteristics of these magnet hospitals was an emphasis on professional development, including access to continuing education (Buchan 1999).
Several subsequent studies of magnet hospitals have shown that they achieve better health outcomes than comparable hospitals, and have significantly higher levels of patient satisfaction, significantly lower rates of nurse burnout and lower rates of needlestick injuries in nurses than do comparison hospitals (Aiken and Fagin 1997).

These findings are supported by the study *Nurse Staffing and Patient Outcomes in Hospitals* (Needleman et al 2001).

### 3.2 Postgraduate education is required to recruit and retain staff

Recruitment of an adequate supply of registered nurses is an increasing problem, both in New Zealand and internationally. It is clear that the profession is competing against many other career opportunities with greater earning potential and fewer personal demands.

New Zealand’s shortage of skilled nurses in some areas is due to a number of factors. A summary of research clearly demonstrates that a lack of support for, and access to, postgraduate education and clinical development is one of a variety of constantly cited reasons nurses express dissatisfaction or leave clinical practice (New Zealand Health Information Service 2000; Nurse Executives of New Zealand and Ministry of Health 2001; Quinnell 2001; Honor Society of Nursing 2000; Cobden-Grainge and Walker 2002).

In 2001 registered nurses under the age of 30 represented only 13.2 percent of the nursing workforce in New Zealand. Twenty-six percent of registered nurses were aged between 50 and 60 years, which means that a quarter of New Zealand’s nursing workforce will be due to retire over the next 10 to 15 years. Without satisfactory new graduate numbers and increased retention of nurses, there will continue to be fewer nurses available to replace those who retire or leave for other opportunities. The results of a recent survey of 4600 nurses from 24 hospitals found that 34 percent of respondents intended leaving their jobs within the following 12 months (Gower and Finlayson 2002).

Māori and Pacific peoples are under-represented in the nursing profession. Poor health status is the key driver for building Māori and Pacific peoples’ health workforce capacity. International and New Zealand evidence indicates that services delivered by providers and workers from the relevant communities are likely to be more effective than services delivered by members of other communities (Ministry of Health 2001a). Access to postgraduate education for Māori and Pacific peoples is therefore critical to ensure we have a sustainable and representative Māori and Pacific nursing workforce.

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3.3 Nurses need a career pathway

Postgraduate education is needed to support changes in the delivery and provision of health care. The use of technology, higher patient acuity levels, and the focus on primary health care have all had – and will continue to have – major impacts on the way health care is delivered. This has created a need for health professionals who are highly skilled and educated and able to work in both hospital and community settings.

At present approximately 18 percent of nurses hold a degree qualification or above. It is estimated that in 10 years’ time the majority of the nursing workforce will be degree-educated. Postgraduate education programmes need to give nurses the opportunity to build on their current qualifications and contribute to a career pathway.

3.3.1 First year of nursing clinical practice

In the future education system for nurses [first year of practice] programmes will become a critical component of the transition to practice and provide a mechanism for nurses to achieve and demonstrate registered nurse competencies... It is important that the first year of practice is considered as part of the resolution of the undergraduate programme as it is the cornerstone upon which recruitment to the profession and retention within the profession are based. (KPMG Consulting 2001: 5)

Research findings indicate that new graduate nurses are attracted to jobs that offer them support in their first year of clinical practice by offering a new graduate programme (Hall 2001). The recent review of undergraduate nursing education commissioned by the Nursing Council found unanimous support for some kind of structured and supported experience for new graduates in their initial practice following registration.

However, when the first year of nursing clinical practice pilot programmes are completed at the end of 2002, there is no sustainable funding available to support such nationally consistent programmes. It is estimated that these programmes will cost approximately $11 million per annum, assuming that up to 1100 nurses graduate in New Zealand each year at a cost of $10,000 per participant. Options for funding first year of nursing clinical practice programmes are outlined in section 4.
3.3.2 Advancing in a specialty

Since 2000 registration education for nurses is solely provided through a three-year baccalaureate degree. Subsequently, demand for postgraduate level-800 clinical education programmes has been increasing. Nurses wishing to advance their knowledge and skills now require postgraduate education opportunities.

3.3.3 Advanced

Postgraduate educational preparation is essential for a nurse to practise as a nurse practitioner. Programmes that equate to level 800 on the NQF may be used as ‘building blocks’ to assist nurses to complete the necessary qualifications to enable them to reach nurse practitioner status. International evidence clearly demonstrates that nurse practitioners improve patient outcomes and provide cost-effective health care. However, there is currently no funding to support the development of the nurse practitioner role.

3.4 Funding of postgraduate education is fragmented

Funding for postgraduate education is split between the Ministry of Health (via the CTA) and the Ministry of Education. The Ministerial Taskforce on Nursing (1998) identified that funding arrangements are a major barrier to enhancing the effectiveness of postgraduate education for nurses.

CTA funding for nursing PECT programmes is capped and represents only 10 percent of the CTA’s total PECT budget. It is not clear how emerging roles such as the nurse practitioner will be supported. Clearly there is a need to increase funding to better meet these deficits in training needs, because funding has not kept up with demand.

While the Ministry is currently funding pilot programmes for the first year of nursing clinical practice, there is no sustainable funding available to support the extension of national first year of nursing clinical practice programmes.

There are currently two CTA funding streams for PECT for nurses:

- national post-entry clinical training programmes
- ex-deficit switch funding.

Allocation of ex-deficit switch funding remains inequitable and is based on the amount that CHEs were spending on nursing in 1994. In some cases this now funds programmes that meet local rather than national needs, limiting transferability of skills. Overall this totalled 8 percent of the hospital training budget in 1994. The majority of programmes purchased from ex-deficit funds are not nationally specified, and many have not yet gained Nursing Council approval.
There has been no sustainable increase in ex-deficit switch funding since the initial transfer of funds.

3.5 Government directions

A future framework for the purchase and prioritisation of PECT for nurses needs to be aligned to government policy and workforce directions, and needs to ensure that we have an appropriately educated nursing workforce to deliver on the priorities of these strategies. Of particular importance are the:

- New Zealand Health Strategy
- Primary Health Care Strategy
- Māori Health Strategy (He Korowai Oranga)
- Pacific Health and Disability Action Plan
- Health Practitioners’ Competence Assurance Act.

All of these strategies emphasise the need for a well-educated health workforce to ensure the highest benefits for our population, and to reduce the inequities in health for Māori and Pacific peoples. Two, in particular, are worth discussing in more detail.

3.5.1 Primary Health Care Strategy

Implementation of the Primary Health Care Strategy is the top priority for the Government (Minister of Health 2001a). The strategy contains recommendations for the future of primary health care nursing, and in response the Ministry has established an expert advisory group to provide advice to the Ministry on a future framework of primary health care nursing in New Zealand.

The draft framework has identified that the primary health care nursing workforce is fragmented and that access to ongoing education and professional development is a major issue for nurses working in the area (Ministry of Health 2002a). There is a lack of infrastructure to provide education and training in the primary health care setting. In addition, there is no framework for new graduate nurses to consolidate their practice in a primary health care environment, and there is little or no funding to ensure the workforce is aligned with the priorities of these strategies.

In June 2002 the Minister of Health announced that $8.1 million would be provided to support the establishment of innovative models of primary health care nursing practice. Part of this funding, $850,000, will be used for individual scholarships for nurses undertaking postgraduate education in primary health care programmes.
3.5.2 Health Practitioners’ Competence Assurance Act

The Health Practitioners’ Competence Assurance Act (HPCA) will support the development of scopes of practice for individual practitioner groups. The HPCA and the development of scopes of practice are crucial to enabling flexibility in the utilisation of health practitioners. Development of new skills and roles will need to be encouraged and enabled by the HPCA, and PECT for nurses will need to reflect this.
4 A National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes

Current policy splits funding for clinical education between the Ministry of Health and the Ministry of Education (see section 2.2). Best practice is based on best evidence, which includes integration of both research and practice. The ongoing separation of the two components is a major barrier to the effectiveness of postgraduate education for nurses. The Expert Advisory Group considers that to ensure the effectiveness of postgraduate nursing education programmes and a sustainable nursing workforce, the following issues need to be considered.¹⁰

Recommendation

1. The Government should consider a change in current policy settings to allow:
   (a) all postgraduate nursing education programmes to be funded by the Ministry of Education
   (b) Ministry of Health funding to be used to support students to attend the programme
   (c) the development of a funding formula that considers employer release time and student costs.

The Expert Advisory Group acknowledges that this would require significant work over a long time period, and therefore recommends the following strategies for the purchase of PECT programmes for nurses.

4.1 Education

4.1.1 First year of nursing clinical practice

Beginning practitioners require additional knowledge, support and clinical experience to work effectively in nursing practice. Research indicates that access to graduate programmes is an important factor new graduates consider during the recruitment process. A national framework for first year of nursing clinical practice would provide new graduates with the support that research indicates is important, and would ensure national consistency in programmes. To ensure that nurses have the opportunity to consolidate their practice in primary health care

¹⁰ These views do not reflect the views of the Ministry of Health or the Ministry of Education.
environments, it is recommended that nationally consistent first year of nursing clinical practice programmes be aligned to DHBs rather than to hospitals.

**Recommendations**

2. The Ministry of Health should fund nationally consistent first year of nursing clinical programmes for all new graduate nurses, which will require additional funding.

3. The Ministry of Health, via the CTA, should consider the following funding options for the support of a national first year of nursing clinical practice programme:
   
   (a) employers subsidise a proportion of the costs of the programme in exchange for the new graduate having reduced working hours, supervision, a planned programme of clinical education and a reduced salary
   
   (b) the CTA commits the remaining funding required to ensure the full cost of the programme is met.

**4.1.2 Advancing in a specialty**

Although 79.5 percent of active registered nurses have gained their registration through completing hospital-based and diploma-level programmes, registered nurses in New Zealand are now solely educated via a three-year bachelor of nursing degree. This means that postgraduate education for nurses is now located at level 800 on the NQF, which in the future will significantly reduce the demand for programmes at level 700 on the NQF. The following recommendations will ensure that the future purchasing of PECT programmes for nurses is aligned to changes in undergraduate nursing education, and ensures we have a highly skilled and educated nursing workforce, which is essential to meet the health care needs of a rapidly changing health system and diverse consumer population.

**Recommendations**

4. The CTA should cease funding nursing programmes that equate to level 700 on the NQF/NZQA/CUAP over a transitional period.

5. The CTA should raise the current level at which it funds nursing programmes from level 700 on the NQF/NZQA/CUAP to level 800 on the NQF/NZQA/CUAP.
4.1.3 Advanced practice

Education programmes need to provide nurses with an opportunity to build on their existing qualifications and obtain qualifications that are in line with a career pathway. The introduction of the role of the nurse practitioner establishes the most advanced level of nursing clinical practice and provides a career pathway for our expert nurses. The Nursing Council has developed seven broad scopes of practice for nurse practitioners. These scopes are subject to changes as the Nursing Council further develops the scopes of practice, so future purchasing of PECT programmes for nurses needs to be aligned to any changes occurring in these scopes.

There is currently no funding to support the development of the nurse practitioner role in New Zealand. Level 800 programmes may be used as ‘building blocks’ to assist nurses to complete the necessary qualifications to enable them to reach nurse practitioner status if they wish to apply to the Nursing Council for certification as a nurse practitioner. To ensure postgraduate nursing education aligns with, and contributes to, a nursing career pathway, the Expert Advisory Group recommends the following.

Recommendation

6. The CTA should fund PECT programmes for nurses that are consistent with both government policy directions and with the following nurse practitioner scopes of practice:
   (a) mental health
   (b) disease management
   (c) perioperative
   (d) palliative care
   (e) emergency and trauma
   (f) primary health care
   (g) high dependency.

4.2 Funding

Until now funding for PECT for nurses has been ad hoc, inconsistent, inequitably distributed and not aligned to a national strategy or framework. Funding for nursing PECT programmes currently represents approximately 10 percent of the Ministry of Health’s total PECT budget. In addition, the policy that currently splits funding for postgraduate education has not served the best interests of the nursing workforce. To ensure sustainable funding for effective postgraduate education programmes, the Expert Advisory Group recommends the following.
Recommendations

7. The Ministry of Health should develop a pricing and funding model for PECT for nurses.

8. The Ministry of Health should reallocate ex-deficit switch funds to fund nationally specified nursing programmes that equate to level 800 on the NQF/NZQA/CUAP.

9. The Ministry of Health should review, with the Ministry of Education, current policy regarding the split in funding for postgraduate education for nurses.

4.3 Government directions

The New Zealand Health Strategy provides the platform for setting the policy direction for health care in New Zealand. Under this overarching strategy, a number of other strategies have been developed setting the scene for the future of health care in New Zealand. In particular, the Primary Health Care Strategy, a priority for the Government, signals increasing emphasis on preventive care, health education and promotion, and developing new and innovative models of primary health care practice. In parallel, achieving the priorities of the Primary Health Care Strategy will mean a change in how the primary health care workforce is utilised. As the largest health professional workforce it is critical that nurses have access to the appropriate education to deliver on the priorities of this and other strategies.

No substantial or sustainable funding has been identified to support emerging roles within nursing.

Recommendation

10. The Ministry of Health, via the CTA, should seek increased funding to meet the demands of emerging roles within nursing (eg, to support education for primary health care, to support the emerging nurse practitioner roles, and to fund national first year of nursing clinical practice programmes).
4.4 Prioritisation framework

Demand for PECT programmes for nurses currently exceeds the available funding for these programmes. This means that decisions involve purchasing some programmes but not others. The prioritisation process determines how the Ministry of Health informs future purchasing decisions.

A prioritisation framework for assessing new-initiative programmes that fall outside the scopes described in recommendation 6 has been developed to ensure consistent decision-making about the purchase of PECT programmes for nurses, and to ensure transparency and understanding of the Ministry’s process for prioritising nursing PECT programmes (see Table 2).

Note: for each assessment criterion listed in Table 2 there is one or more compliance standards, with an attainment score against which levels of compliance can be measured. These standards and scores are provided to improve consistency around the evaluation of key provider business processes and service conventions (eg, cultural values).

Table 2: Programme evaluation sheet

<table>
<thead>
<tr>
<th>Compliance standard</th>
<th>Score</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prioritisation for:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 1: Direction from Government</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does a Government directive exist stipulating the programme must be funded?</td>
<td></td>
<td>Two scoring options only: 110 for Yes, 0 for No.</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>(Maximum 110 points)</td>
</tr>
<tr>
<td>If a directive exists, stop here.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Section 2: Government strategic priority</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evidence provided establishing the programme will address current and/or predicted workforce need/shortage in an area related to a specific Government strategic priority area?</td>
<td></td>
<td>Score up to 10 points</td>
</tr>
<tr>
<td>Evidence provided establishing that the programme will address current and/or predicted workforce need/shortage in an area related to more than one Government strategic priority area?</td>
<td></td>
<td>Score up to 10 points</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>(Maximum 20 points)</td>
</tr>
<tr>
<td>Compliance standard</td>
<td>Score</td>
<td>Comment</td>
</tr>
<tr>
<td>---------------------</td>
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</tr>
<tr>
<td><strong>Section 3: Workforce need</strong>&lt;br&gt; Evidence (needs analysis) provided establishing that the programme will address current and/or predicted shortages in identified health gain areas (e.g., child, mental, disability, primary health care).</td>
<td></td>
<td>Programmes where the existence of actual or predicted workforce shortages can be evidenced should receive a higher rating than programmes that cannot. Where there is evidence that there is no actual or potential workforce shortage the programme should receive a score of zero.</td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 20 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 4: Māori development</strong>&lt;br&gt; Training programmes that contribute to Māori workforce development and facilitate effective Māori participation in the co-ordination of Māori PECT priorities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 20 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 5: Effectiveness</strong>&lt;br&gt; Programmes produce better training and health outcomes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 10 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 6: Equity</strong>&lt;br&gt; Applies to issues of access to training and whether programmes have the potential to decrease disparities in health gains.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 10 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 7: Acceptability</strong>&lt;br&gt; Focuses on the views of the agency’s advisory networks on proposed programmes.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 10 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 8: Efficiency</strong>&lt;br&gt; Recognises the agency has limited resources and has to make choices based on which options are cost effective in addressing priority needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 10 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Section 9: Risk management</strong>&lt;br&gt; Is concerned with managing predictable as well as uncertain events which may or may not be within the agency’s of control (e.g., specifying standards and monitoring results).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>(Maximum 10 points)</td>
<td></td>
</tr>
<tr>
<td><strong>Sum total scores</strong></td>
<td>(Maximum 110 points)</td>
<td></td>
</tr>
</tbody>
</table>
Recommendation

11. All new-initiative nursing programmes outside the scopes described in recommendation 6 should be prioritised using the proposed prioritisation framework.

4.5 Implications for stakeholders

The proposed model for future funding of PECT for nurses, if implemented, is a significant change from historical arrangements. It involves a review of the 700-level programmes provided, a major review of Ministry of Education and Ministry of Health policy, and a change in programmes funded through Vote Health.

The recommendations proposed have wide-ranging implications for all stakeholders, including registered nurses. These implications and the stakeholders affected are described in further detail below to ensure that the overall aim of enhancing the professional skills of registered nurses is achieved.

4.5.1 Ministry of Education

It is recommended that the Ministry of Health, together with the Ministry of Education, undertake a major review of the policy that currently splits funding for postgraduate nursing education between Vote Health and Vote Education.

4.5.2 Registered nurses

It is proposed that, incrementally over time, Vote Health funding for level-700 certificate programmes be phased out and Vote Health funding be used only to fund level 800 programmes (postgraduate certificate, postgraduate diploma and masters). There will therefore need to be a transitional pathway during which nurses currently undertaking level 700 programmes funded by Vote Health can complete these programmes.
4.6 Transitional arrangements

A transitional pathway is needed over a five-year period to:

- shift from current funding arrangements to the proposed new model of funding postgraduate clinical nursing education
- enable education providers to convert current level 700 certificates to nationally approved 800-level programmes.

**Recommendation:**

12. The Ministry of Health should develop a transitional pathway over three years in order to shift current funding for postgraduate clinical education for nurses to the recommended model of purchasing 800-level programmes.
Appendix 1: Terms of Reference

These Terms of Reference set out the objectives and process for developing a national purchasing and prioritisation strategy for funding post-entry clinical nurse training.

Objectives

1. Develop a national purchasing strategy for post-entry clinical nurse training.
2. Develop a prioritisation framework for funding post-entry clinical training.
3. Strengthen sector understanding of the Clinical Training Agency’s process for prioritising funding of post-entry clinical nurse training.

Process

The Expert Advisory Group will:

- provide input into the analysis of current post-entry clinical nurse training conducted in New Zealand and its relevance to workforce deficit issues
- provide expert advice into the development of a national framework for purchasing and prioritising post-entry clinical nurse training
- provide input into the development of a costing model for post-entry clinical nurse training.

The Ministry of Health will:

- develop a pricing and funding model
- undertake economic analysis
- undertake workforce analysis
- identify budget options and make recommendations.

Measurement of outcome success

Successful completion of this project will include the following outcomes:

- funding for post-entry clinical nurse training clearly aligned to government strategies
- clarity regarding prioritisation of funding for post-entry clinical nurse training for the sector
- identification of deficiencies in current purchasing of post-entry clinical nurse training in relation to workforce deficit issues
- transparency of funding decisions
- nursing skills effectively utilised to deliver on Government strategies
- guidance and advice provided to the Health Workforce Advisory Committee.
Appendix 2: Tertiary Education Commission

The Tertiary Education Commission (TEC) has been established to oversee the implementation of the new Tertiary Education Strategy. This strategy, which is the centrepiece of the tertiary reforms, is one of a number of mechanisms designed to ensure that the tertiary sector is collaborative and co-operative and well aligned to New Zealand’s social, economic and environmental needs.

The TEC will be responsible for allocating funding of over $1.6 billion annually to public and private providers. It will also be responsible for building the capability and capacity of tertiary education and training to achieve the goals set out in the Tertiary Education Strategy.

The mechanisms developed to assist in aligning the tertiary system to New Zealand’s social, economic and environmental goals are the:

- tertiary education strategy
- tertiary education priorities
- charts and profiles
- assessment of strategic relevance
- integrated funding system.

Tertiary education system

The new tertiary education system will lead to:

- greater alignment with national goals
- stronger linkages with business and other external stakeholders
- effective partnership arrangements with Māori communities
- increased responsiveness to the needs of, and wider access for, learners
- more future-focused strategies
- improved global linkages
- greater collaboration and rationalisation within the system
- increased quality, performance, effectiveness, efficiency and transparency
- a culture of optimism and creativity.

The new tertiary education system is depicted in Figure A1.
Figure A1: The new tertiary education system

New Zealand’s national development goals

Tertiary education strategy
Sets tertiary education system priorities, including links for other relevant government strategies:
• national goals
• key changes
• specific strategies

Statement of tertiary education priorities

Assessment of strategic relevance
• Defines assessment criteria for charter and profile approval and for considering structural decisions
• Forms the framework for the TEC’s negotiations

Charters and profiles
• Gather from tertiary organisations information on their strategic direction and activities
• Charters reflect an organisation’s strategic direction with respect to the tertiary education strategy
• Profiles reflect how an organisation will give effect to the charter, and will include performance indicators

Assesses

Approval

Funding: aligns with key directions in the strategy
Student component, industry training, training opportunities and youth training, research, student support, adult and community education

Funding

Monitoring and evaluation
Measuring system-wide progress to inform future annual statements and strategies and other evaluation activities that inform future direction

Tertiary education system and organisational capability that reflects New Zealand’s national goals

Research that supports New Zealand’s national goals and develops the capability of our researchers
Equips New Zealanders with the skills and knowledge they and the nation need to prosper

Tertiary education strategy

The tertiary education strategy provides a five-year blueprint for a more connected tertiary education system and covers all forms of tertiary learning. The strategy contains six goals to enhance the performance of the sector and help New Zealand meet future social and economic challenges. Each goal sets out specific objectives to strengthen links and partnerships, encourage greater innovation and ensure that best practice is widely established throughout the tertiary
sector. The aim is to achieve significant progress in a host of areas over the next five years. The six goals are:

- strengthen system capability and quality
- contribute to the achievement of Māori development aspirations
- raise foundation skills so that all people can participate in our knowledge society
- develop the skills New Zealanders need for our knowledge society
- educate for Pacific peoples’ development and success
- strengthen research, knowledge creation and uptake.

Figure A2 summarises the strategies for tertiary education.
Appendix 3: Methods Used to Collect Information on PECT for Nurses

A range of methods and information from various sources were used throughout the analysis process. These included:

- literature searches
- identification of key Government strategies for improved health outcomes and health workforce development
- data collection – conclusions from a DHB survey identifying the costs incurred by the health service providers in terms of the clinical component of post-entry clinical nurse training programmes
- an internet literature search on funding mechanisms and priorities for postgraduate nurse education internationally.

**Literature searches**

The study *Nurse Staffing and Patient Outcomes in Hospitals* (Needleman et al 2001) was based on 1997 data from more than five million patient discharges from 799 hospitals in 11 states in the US. It found a strong and consistent relationship between nurse staffing and five outcomes in medical patients: urinary tract infection, pneumonia, shock, upper gastrointestinal bleeding, and length of stay. A higher number of registered nurses was associated with a 3 to 12 percent reduction in the rates of adverse outcomes, while higher staffing levels for all types of nurses was associated with a decrease in adverse outcomes of between 2 and 25 percent.

In response to this study and the emerging nursing shortage, the US Department of Health and Human Services increased funding for nurse training programmes, and in 2001 announced $27.4 million of grants and contracts to 82 colleges, universities and organisations.¹¹

¹¹ See [www.nursezone.com](http://www.nursezone.com).
International examples of funding for postgraduate nurse education

Australia (Victoria)

Strategies for funding mechanisms and priorities for postgraduate nurse education have been developed as part of Victoria’s wider recruitment and retention strategy. The Victorian Nurse Recruitment and Retention Committee recently reported to the Australian Government on a strategy that includes:

- the provision of $469 million over four years to include developing 1300 new nursing positions, to reduce the workload and to improve conditions of employment
- funds for universities and hospitals to include scholarships for 200 university postgraduate courses; postgraduate study assistance for 1000 nurses; refresher courses for nurses wishing to re-enter the workforce; 50 FTE nurse educators; 50 FTE clinical nurse consultants; and 50 assistant directors of nursing
- training and development grants for nurses
- $250 per nurse for nurses studying at a university that undertakes clinical placement at a distance from where the nurse is employed.

United States

Nurse Education Act – not meeting the nursing shortage – solution – fast track nursing faculty scholarship and loan programme. Includes economic incentives to master’s and doctoral students who commit to serving as faculty members fast track faculty programme to enable students to complete without a break in their studies.

For their National Institute of Nursing Research – requesting the Senate for an increase in their research funding from $89.522 million to $92.524 million. The argument for new funding is based on the nursing contribution to the smooth transition from an episode-based hospital delivery system to an integrated continuum of care and the severe nursing shortage.

Canada

In response to the nurse shortage in Alberta, funding has been allocated to increase enrolment by 32 percent each year to the Master of Nursing programme.
Survey on the cost of providing PECT programmes in publicly funded health services

The purpose of the survey was to collect information on the inputs into providing post-entry clinical nurse training programmes in DHBs. It was intended that this information would inform the work to develop a purchasing framework for PECT training for nurses in New Zealand.

Scope of the survey

The survey encompassed DHBs that supported nurse training programmes for the current training year (1 December 2000 to 30 November 2001) and that were:

- post-entry (ie, trainees were registered nurses)
- clinically focused (ie, the clinical component of the programme was over 30 percent)
- at least six months in duration
- level 700–800 on the NZQF
- accredited by the NZQA, CUAP or New Zealand Polytechnics Programme Committee
- going to result in the awarding of a qualification that is a minimum of graduate certificate.

The survey did not include programmes that are part of in-house service training or ‘paper only’ courses.

Methods

The information was collected by using a structured questionnaire. The Directors of Nursing for each DHB were asked to complete details of training inputs for each training programme they currently supported. It was acknowledged in the early planning process of the survey that this would be an extremely labour-intensive task for the Director of Nursing, which could increase questionnaire resistance and reduce the response rate.

All information was coded and then entered onto a spreadsheet for analysis. It was noted at the onset of the survey that as there are no national specifications for the majority of post-entry clinical nurse training programmes, it was likely that the comparison of data between programmes would be limited, and would not provide financially accurate information.

Response rate

The overall response rate was approximately 50 percent.
Findings

The findings showed that there is no consistency in terms of programme structure or cost of inputs into post-entry clinical nursing training across programmes. The large range of the costs of inputs suggests that the data was unreliable and could not be used for policy and planning. Further analysis proved that in some cases the total clinical and educational hours were not consistent with the overall structure of the programme. Ethnicity of trainees was also not well completed by providers.

These findings highlight the need for measures such as the development of national training specifications to increase the consistency for PECT for nurses. Providers also indicated that the CTA should consider funding the costs of guest lecturers, books, accreditation and credentialling costs, and any additional course fees.
Glossary

Committee on University Academic Programmes (CUAP) Approves and monitors university qualifications.

Ex-deficit switch funding Funding that was part of service funding for the then Crown health enterprises (CHEs) to provide training. In 1995 this funding was unbundled from CHE service funding and transferred to the Clinical Training Agency to purchase training. The amount of ex-deficit funding allocated to each District Health Board through the unbundling process remains capped and is distributed on a historical rather than an equitable basis.

Level 700 Equates to level 700 on the National Qualifications Framework.

Level 800 Equates to level 800 on the National Qualifications Framework.

National Qualifications Framework (NQF) A way of structuring national qualifications, which is administered by the New Zealand Qualifications Authority. The NQF is designed to provide:
• nationally recognised, consistent standards and qualifications
• recognition and credit for all learning of knowledge and skills.

New Zealand Qualifications Authority (NZQA) Established to co-ordinate national qualifications. It took over the functions of several agencies that had run schools, trades and vocation examinations. It also assumed new responsibilities, such as the development of a national qualifications framework, and approval of non-university degrees.

Nurse practitioner A registered nurse educated at master’s level with at least five years’ clinical experience in a specific scope of practice, who has been certified by the Nursing Council of New Zealand to practise as a nurse practitioner.

Post-entry clinical training (PECT) programme The Clinical Training Agency provides funding for PECT programmes. These programmes are:
• vocational, rather than academic or research based
• clinically based, with a substantial clinical component where employment in a clinical setting is integral for completion of the qualification
• post-entry, occurring after entry to a health profession, so that a person is eligible to practise in a particular occupation
• formal training programmes: which lead to a recognised qualification
• six months: equivalent to a minimum of six full-time months in length
• nationally recognised by the profession and/or health sector, and meet a national health service skill requirement rather than a local employer need.

TEC The Tertiary Education Commission, established on 1 July 2002 to oversee the implementation of the new Tertiary Education Strategy. TEC will play a key role in shaping the tertiary sector to meet the challenges of developing New Zealand’s knowledge society (see Appendix 3).
References


