NETS Providing a proactive voice in nursing education

CDNM COUNCIL OF DEANS OF NURSING AND MIDWIFERY (Australia & New Zealand)

Recognising Nursing & Midwifery Leadership

NETS & CDNM Feedback

To: Closing the Gaps in the New Zealand Nursing Workforce Concept Paper: The Nursing Undergraduate Pipeline, DHB Lead Nurses (DoN) Group (latest update, March 2020).

Concept Paper – Overview

The Concept Paper prepared by the DHB Lead Nurses (DoN) Group puts forward a case for a coordinated management of the undergraduate nursing pipeline. The paper is premised on a number of claims – including that:

- there will be increasing – and considerable – pressure on the nursing workforce over the next decade.
- the nursing pipeline is fragmented and disjointed and there is a lack of coherent and specific intelligence on this pipeline, which has a negative impact on workforce planning.
- students' clinical learning requirements will increase significantly.

The Concept Paper identifies "a sense of urgency about the development and implementation of coherent nursing workforce planning and policy" (p. 2); and further asserts that "the overall leadership and oversight of the undergraduate nursing pipeline…should be led by nursing leaders" (p. 8).

Whilst the Concept Paper primarily addresses programmes leading to registration as a nurse, it notes that future work will also include other foci[1].

Concept Paper – Identification of the Problems/Gaps

A central tenet of the Concept Paper is a claim that there is a paucity of both national and regional data regarding the undergraduate nursing pipeline. The Paper further asserts that there is no coordination or visibility of enrolments, and that there are "unpredictable and unreliable completion numbers for pre-registration education programmes for nurses in New Zealand" (p. 5).

In addition to this central tenet, the Concept Paper also draws attention to issues relating to:

- a lack of consistency in enrolment criteria to nursing programmes and no national monitoring of enrolments.
- the need for graduates to be well and appropriately prepared to work with older people and those with mental health and addiction healthcare needs.

[1] We have made an assumption that future foci refers to postgraduate nursing education (and possibly Competence Assessment Programmes), although as this not elucidated or stipulated, this is only an assumption.

- the failure to attract enough Māori and Pacifica students into undergraduate programmes, and subsequent failure to be able to develop a nursing workforce that is demographically representative of New Zealand's population.
- achieving Māori health equity.
- a gap between demand/need (for example in Aged Residential Care (ARC), mental health and addiction services, and perioperative areas) and supply.
- the need for nursing graduates to be well prepared "to serve New Zealand's populations' health and wellness needs" (p. 6).

Concept Paper – Identified Solutions

The Concept Paper proposes a number of solutions, with the primary one being the establishment of a national Nurse Education and Training Board[2] to lead the oversight and planning of the undergraduate nursing pipeline. The Paper suggests that all planning needs to be underpinned by robust data that is modelled to meet population needs. There is also a health equity rhetoric to address inequalities in Māori health outcomes.

NETS and CDNM– Feedback

We would like to start by acknowledging our role in educating (not training) nurses, and remind the group that the Schools represented by the Nurse Educators in the Tertiary Sector (NETS) and the Council of Deans Nursing and Midwifery (CDNM) graduate all RNs and ENs in New Zealand, through diploma, undergraduate degrees, and graduate entry programmes. That a Concept Paper purporting to address perceived shortcomings in available undergraduate data, preparedness of nursing graduates, and problems with the nursing pipeline[3], has been developed without any consultation with the Tertiary Education Sector, is somewhat surprising. However, we do acknowledge that we have now been included and now have the opportunity to be a part of on-going consultation and collaboration.

NETS and CDNM do also acknowledge the work that has been put into the Concept Paper, and the commitment to developing a fit for purpose nursing workforce that is in line with population and healthcare sector needs. Whilst this is a laudable aim, and one that aligns with that of NETS' and CDNM's members, we believe that the Paper has conflated issues of nursing education with nursing workforce issues. As a consequence, the Concept Paper will struggle to meaningfully address the issues it identifies.

Education leading to nursing registration is monitored and approved by two authorities – an academic authority (either the New Zealand Qualifications Authority [NZQA] or the Committee on University Academic Programmes [CUAP]), and the Nursing Council of New Zealand [NCNZ]). These authorities ensure that entry criteria to nursing programmes are consistent across all institutes, and that graduate profiles reflect the scope of nursing practice for the programme students are graduating from.

[2] As per the recommendations of the 2009 Len Cook report for the Ministry of Health (MoH), titled 'A Nurse Education and Training Board for New Zealand'.

[3] We suggest that 'nursing pipeline' (rather than 'undergraduate nursing pipeline') is more appropriate as nurses join the register through routes other than just undergraduate education.

For both registered nurse (RN) and enrolled nurse (EN), graduates are generalists and can work in any area of healthcare in New Zealand.

Therefore, the claims made in the Concept Paper questioning whether nursing graduates are prepared to meet the health and nursing needs of the population are moot. It is here that we believe issues of education and workforce have been conflated. Attracting graduates to work in certain areas – e.g. mental health, Aged Residential Care (ARC), Primary Health Care (PHC) – is not an issue of education, and it cannot be solved through any control or oversight of the programmes that lead to nursing registration. Employers must attract graduates to employment positions/areas.

One central tenet of the Concept Paper is that the nursing pipeline is fragmented and disjointed with unpredictable and unreliable graduation numbers. However, there is no basis for this statement and the data presents exactly the opposite picture in terms of a very stable nursing pipeline:

- Since 2012, the numbers of RNs graduating have ranged from a high of 1,935 to a low of 1,755.
    - This represents a maximum range of difference of just 180 nurses (<10% of total numbers of graduates).
- Since 2013, enrolled nursing numbers have been similarly stable, with a maximum of 170[4] and a minimum of 130 graduates.
    - In four of the years since 2012, there were either 140 or 145 graduates each year – a maximum difference of just five nurses year-on-year.

The claim of a lack of visibility or availability of undergraduate and graduate data is also misleading, as Schools of Nursing report all this data to the NCNZ on an annual basis – it is therefore, freely available and highly visible.

The solution proposed in the Concept Paper to all the issues is the establishment of a Nurse Education and Training Board with control and oversight of the nursing pipeline. We note that this proposal is based on an 11-year old report (2009). In addition to the age and likely lack of currency of this report, we also have some concerns that the report was not written by nurses and so may not best serve either nurses' or healthcare's best interests. We also do not see how this Board and the control of the nursing pipeline can address issues of health equity, Māori and Pacifica enrolments, graduate employment, cultural competence in workplaces, supply-demand gaps and difficult-to-staff areas, and workforce development. Finally, we would be uncomfortable with any reference to 'training' in the name of a Board associated with nursing, based on the fact that in order to meet the complex demands of the provision of healthcare, nurses are educated and not trained.

Whilst we do not agree – as is claimed – that there is a compelling case for change in the coordination of the nursing pipeline, we are excited at the prospect of nurse education working closely with healthcare

[4] The large number of graduates in 2012 (170) was not sustained, due in part to the paucity of employment opportunities – primarily with DHBs failing to recognise or employ this workforce.

providers nationally[5]. We see this as an opportunity to strengthen the clinical education experience for nursing students, improve employment opportunities, and contribute to nursing workforce development and planning through a coordinated approach that includes postgraduate education.

Strategic Alignment

The Concept Paper identifies a number of key strategic alignment initiatives. We are fully supportive of these and would welcome the opportunity to work with DoNs and the wider healthcare sector (including Health Workforce and the Ministry of Health) to progress these initiatives. Key foci identified from the Concept Paper include:

- a commitment to 100% employment of all nursing graduates.
- work on creating supportive work environments (including professional development and career pathways) to reduce rates of attrition amongst nurses.
- a commitment to safe staffing (primarily through the Care Capacity Demand Management programme).
- workforce development to address health inequities.
- work to encourage students to take science, technology, engineering, and mathematics (STEM) subjects (identified as crucial to the nursing pipeline).
- the need for significant workforce planning if mental health and addiction goals and targets in healthcare are to be addressed and met.
- recognising the importance of the role of the Government's Review of Vocational Education (RoVE) and establishment of the New Zealand Institute of Skills and Technology (NZIST) to replace the Institutes of Technology and Polytechnics (ITPs)/Industry Training Organisations (ITOs)/Private Training Establishments (PTEs).

However, and as noted above, we do not agree that the issues identified throughout the Concept Paper (and including the workplace issues articulated here) can be addressed either through the establishment of a Nurse Education and Training Board, or any control of the nursing pipeline. Indeed, we would suggest that a more strategic approach would be through workforce planning aligned with targeted postgraduate education, alongside a commitment to the provision of high quality supported practicum experiences for all nursing students.

Recommendations

- To progress this work beyond this initial Concept phase, a group needs to be formed that contains appropriate representation from the Education Sector. This group would need to include:
    - at least four NETS members.
    - the Chair of Wharangi Ruamano

[5] The majority of tertiary institutes already enjoy close working relationships with local DHBs and other key stakeholders in the joint delivery of nursing education across the spectrum of ENs, RNs, and advanced practice roles.

    - at least one Council of Deans (CDNM) member.
- In addition to representation from the Education Sector, the Nursing Council of New Zealand needs to have representation – this should be from the Education Directorate.
- The two arms of healthcare delivery and education need to work together and include:
    - Health workforce planning being developed and shared with the Education Sector.
    - This is especially true in the postgraduate education space as we plan for advanced practice roles.

Closing Statement

We at NETS and CDNM, as key representatives of Nursing Education in New Zealand, agree that there is a need for a whole of system approach to tackling the provision of healthcare in New Zealand. Further we agree that as educators we need to work closely with healthcare providers to ensure that we can meet the needs of New Zealanders and positively impact health outcomes and health inequalities.

To this end, we look forward to a collaborative and all-of-systems approach that values nursing education and recognises that nursing is a critical and educated profession that plays a crucial role in delivering high quality healthcare to all New Zealanders.