

**CLOSING THE GAPS IN THE NEW
ZEALAND NURSING WORKFORCE**

Concept Paper:

The Nursing Undergraduate Pipeline

The DHB Lead Nurses (DoN) Group

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Introduction

Nursing workforce pressures in New Zealand will escalate considerably over the next 5 to 10 years, placing at risk the operational and clinical capacity and capability of our health system. The 20 District Health Boards' (DHBs') Lead Nurses (DoN) Group has developed this paper; which explores current and future challenges for the nursing workforce in New Zealand. It presents a particularly compelling case for change in the coordination of the undergraduate nursing pipeline. While there is a strong focus on undergraduate nursing, the intent of the paper is to establish the first in a series of necessary strategic and innovative steps to ensure nurses contribute more effectively to a growing, sustainable health system where New Zealanders live well, stay well and get well.

Context

Current long-term investment, regional and DHB plans signal an urgent need to ensure that the health services to be developed for and in the future, can be supported by the health workforce of the future. The number and capability of nurses in all scopes of our workforce will need to grow significantly to meet the demand for health care. However, in many DHBs and across the health system we are not currently meeting nursing workforce needs to match population health needs - for example in aged care, perioperative, as well as mental health and addictions services.

Accompanying this pressure, there are a number of high-level reviews within the health and disability and wider public sector, that impact on or have implications for the nursing workforce in New Zealand. These include but are not limited to:

- The New Zealand Health and Disability System Review;
- He Ara Oranga - Inquiry into Mental Health & Addiction;
- The Treaty of Waitangi Health Services and Outcomes Inquiry;
- The Nursing Council Standards Review; and
- The Reform of Vocational Education Review.

In March 2019 the DHB Chief Executives endorsed the position statement by DHB national Māori General Managers/Directors, *Te Tumu Whakarae*, on Māori Workforce. The position statement recommends three key influencers to improve workforce responsiveness:

- New and future staff - i.e. growing our proportion of Māori workforce to reflect the ethnic makeup of NZ society;
- Current and existing staff - i.e. realise cultural competence throughout the entire workforce; and
- Making our environment conducive to greater uptake by Māori to improve recruitment and retention of Māori.

Additionally, DHBs nurse leaders are experiencing a sense of urgency about the development and implementation of coherent nursing workforce planning and policy; that ensures the right nurse is educated and employed in the right place for the right patient or population. These concerns reflect a fragmented, disjointed nursing pipeline; as well as the dynamic between the education sector, industry and employers in the health sector and the Ministry of Health. This is not to suggest that government, nursing and education leaders are not committed to nursing workforce development. Rather, it indicates a vital need for coordinated collaborative leadership and actions that will join up the systems and processes that contribute to developing the nursing workforce in New Zealand.

There is a clear need for a more collaborative, coordinated, whole of system approach to managing the nursing undergraduate pipeline through transformative change - to ensure that future nursing workforce needs for New Zealand health services are met.

Len Cooke Report

In 2009, Len Cook wrote a report for the then Minister of Health, titled *A Nurse Education and Training Board for New Zealand*. Eleven years on, the issues that Len Cook identified in that report are still applicable and have worsened over time making them now critical to address. The DHB Lead DoNs have reflected on the report's contents; and consider that the following recommendations are key to developing a more collaborative, coordinated, whole of system approach to managing the nursing undergraduate pipeline:

1. The establishment of a national Nurse Education and Training Board; and
2. The need for a dedicated focus on achieving Māori and Pacific health equity through nursing workforce development via the undergraduate pipeline.

Strategic Alignment

In considering the nursing workforce it is key we take a whole of system view including the impact of:

The Safe Staffing Nursing Accord

The proposed change agenda aligns with the following key focus areas within the Safe Staffing Accord:

- Supporting and managing the undergraduate training pipeline by providing employment and training for all New Zealand nursing graduates;
- Creating the environment to support retention which is directly influenced by safe staffing, wellbeing, and nurses seeing opportunities for professional development and career pathways; and
- Supporting implementation of the Care Capacity Demand Management (CCDM) programme, which is designed to balance the requirement for DHBs to deliver safe staffing, quality patient outcomes in a quality work environment in a way that makes efficient use of health resources. CCDM is an approach to ensure patient care demand is matched accurately and effectively with the nursing resources required. Safe staffing is a key influencer of both recruitment and retention. Workforce modelling is a key aspect of CCDM.

Māori Health Equity

Achieving Māori health equity is a key priority for our health system. While addressing inequity is complex and requires multiple interventions; workforce development is modifiable, and a deliberate and specific action that can be taken. *Te Tumu Whakarae*, has identified workforce development as a crucial component in achieving Māori health gain. This initiative will support the development of workforce interventions which can address modifiable human factors; including increasing Māori participation in the health workforce as a critical enabler to achieve health equity for Māori.

Science, Technology, Engineering and Mathematics (STEM)

The uptake of and participation in STEM subjects and occupations has been identified by successive New Zealand governments as a priority. This is consistent with an increasing global focus on STEM learning over recent decades. Increasing the uptake of STEM capability is considered essential for improving economic and social outcomes for New Zealanders, particularly for Māori, Pacific and women – groups which have had low participation in STEM learning achievements historically. STEM capability is critical for the nursing undergraduate pipeline.

Mental Health and Addictions

The *He Ara Oranga*, report of the Government Inquiry into Mental Health and Addiction in New Zealand was presented to government by the inquiry panel in November 2018. The report made a number of urgent recommendations; while recognising that many would require detailed reviews establishing new bodies, consultation, or legislative change. Recommendations also include significantly increasing access to publically funded mental health and addiction services for people with mild to moderate, and moderate to severe mental health and addiction needs. Workforce planning to meet this increasing service provision is critical to success.

Reform of Vocational Education

In November 2019, the government announced it will introduce seven key changes to create a sustainable system for all vocational education that is fit for the future of work; and delivers the skills that learners, employers and communities need. The key changes include: creation of workforce development councils, regional skill leadership groups, establishment of a NZ Institute of Skills and Technology, establishing centres of vocational excellence and unifying funding.

Together, these changes aim to create a vocational education system that is ready for a fast-changing future of skills, learning and work. This unified system will:

- Deliver to the unique needs of all learners, including those who have been traditionally under-served, such as Māori, Pacific peoples, and disabled learners, particularly as Māori and Pacific peoples will form a growing part of the working-age population in the future;
- Be relevant to the changing needs of employers;
- Be collaborative, innovative and sustainable for all regions of New Zealand; and
- Uphold and enhance Māori Crown partnerships.

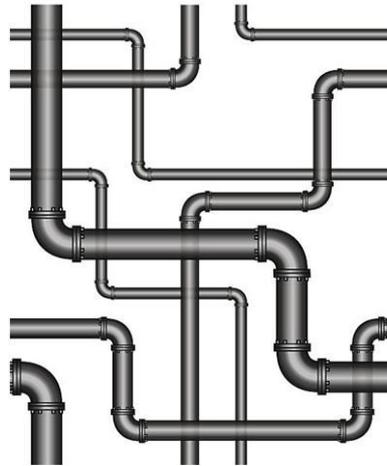
Identifying the Gaps

Intelligence on the Pipeline

Health care providers and the sector generally, have very little coherent and specific intelligence on the active and future undergraduate nursing pipeline. As such, there is no consolidated view at a national or even regional level, of how many nursing students are in the education system, where they are, or who they are.

Enrolments in Nursing Pre-registration Education Programmes are not coordinated nationally and there is variable visibility

- There are 14 polytechnics and 4 universities in New Zealand offering nursing pre-registration programmes.
- These programmes are either a Bachelor of Nursing / Bachelor of Health Sciences (Nursing), Master of Health Science / Master of Nursing Science degree or a New Zealand Diploma in Enrolled Nursing; are accredited by the Nursing Council; and could lead to registration as either a registered nurse or as an enrolled nurse.
- Entry is not nationally monitored and there are varied entry requirements.



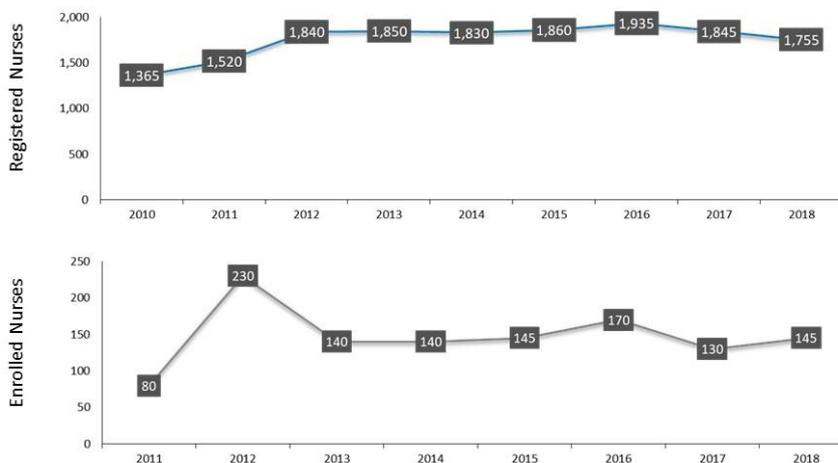
- There are fragmented cohorts and unpredictable numbers of students enrolled in nursing pre-registration programmes in New Zealand.
- Entry requirements vary and enrolment numbers are not monitored - resulting in poor visibility of enrolment numbers.
- Enrolments are not stable - with unpredictable changes of majors within a Bachelor of Health Sciences degree.
- Planning to accommodate uncoordinated cohorts can be very challenging.



This gap in the visibility and co-ordination of the nursing student pipeline confounds nursing workforce planning. It also impairs the ability for our health system to plan, educate and then employ Māori and Pacific nurses in the areas where they need to be grown and employed to support equitable health outcomes for Māori and Pacific. Achieving this equity, including nursing workforce participation for Māori and Pacific, is a key responsibility for the health sector.

DHBs in New Zealand are actively supporting the Enrolled Nurse (EN) pipeline. However, there is limited national and regional intelligence on these students to inform their development and employment in the health system in a planned way. We know that many of these EN students are using the diploma, only to staircase to the bachelor's degree. This is a long and costly pathway to registered nursing practice, for our systems, and the students. There is a need for better workforce intelligence and planning to maximise the training and capability of this nursing resource in our health system.

Unpredictable & Unreliable Completion Numbers for Pre-registration Education Programmes for Nurses in New Zealand



- Planning to accommodate and manage the employment of a fluctuating and unpredictable number of nursing graduates, can be very challenging
- Annual national completion numbers for nursing pre-registration programmes in New Zealand are unreliable and vary from year to year.

Data provided by the Ministry of Education is indicative, as all values including totals, are rounded to the nearest 5 to protect the privacy of individuals.



Nurse leaders do not know at a national or regional level how many international undergraduate nursing students are in our education system at any given time. Such intelligence is vital since some of these graduates may not be employable by DHBs due to their inability to participate in a funded New Entry to Practice Programme; yet are reliant on DHBs in particular for the completion of their degrees. This is one of several issues created by the different drivers of education providers and health providers. There are improvements to be made, to manifest the benefit of educating international undergraduate nursing students in our system.

More recently, graduate entry Master of Health or Nursing Science programmes have become part of the entry pathway to the nursing workforce pipeline in New Zealand. This is an exciting development. Better planning and coordination of these programmes will be needed to ensure that there is capacity for their learning and employment needs in the health system of the future.

The Nursing Council of New Zealand data provides valuable information. However, this data is solely about registration and post-registration places of work. The Council has a role in the standards and performance of undergraduate training programmes.

In the years ahead, nursing students' clinical learning requirements will increase significantly. Clinical placements are key and need to be well planned and co-ordinated.

The Profile of the Graduate Nurse

Undergraduate nursing students should be well prepared through their education, to serve New Zealand's populations' health and wellness needs. Priorities should include indigenous, vulnerable, disabled, impoverished and chronically unwell populations. Meeting such needs to improve equity of health outcomes through excellent nursing care is the responsibility of New Zealand's nurse leaders.

Primary mental health and addiction care needs transcend all populations across the lifespan. Therefore, undergraduate curricula need to incorporate the theory, practice and attitude required of the contemporary nurse - to support the mental wellbeing of our populations, no matter where their needs present or are being met. This also applies to older people. Nursing older people may be acute, ambulatory or long term. It is known that nursing students and new graduates are not attracted to this specialty area as well as they should be. Further effort is therefore needed to orient nursing students to the health care needs of older people, no matter where they are in our health system. New Zealand's ageing population demands, better workforce planning to provide for older peoples' health and nursing needs.

The health system will not improve the health outcomes for our populations if we do not address biases; to train and employ a nursing workforce that reflects the populations we serve.

Leadership and Oversight of the Pipeline

DHB Lead DoNs are responsible for planning and developing the nursing workforce in their districts; to best serve their populations' health needs. To achieve this, nurse leaders across the system must work collaboratively to coordinate and actualise a transparent undergraduate nursing pipeline. There needs to be strong leadership in the following areas: policy development, programme development, enrolment numbers and programme outcomes.

Some important related work on the nursing workforce pipeline has been undertaken in the Ministry of Health; and in other agencies such as TAS and in regional alliances. There remains however, a gap in the overall leadership and oversight of the undergraduate nursing pipeline; that should be led by nursing leaders.

Our Vision

Our vision for the undergraduate nursing pipeline is that the planning and oversight of the undergraduate nursing pipeline is led through the establishment of a National Nursing Education and Training Board to ensure:

- The capacity and capability of new graduate nurses is matched to demand and population health need;
- A Treaty based response to Māori health inequity and accelerating health gain for Māori in Aotearoa through workforce development / workforce development that supports the elimination of Māori health inequity;
- That undergraduate nursing workforce planning is driven by robust data and modelled effectively to meet population need;
- A National Undergraduate Nursing Training Workforce Plan and Framework is developed;
- The National Undergraduate Nursing Training Workforce Plan and Framework is a living blueprint for action being continuously aligned and responsive to key health policy and population health need; and
- That the principles and practice of commissioning undergraduate nursing students are applied to the pipeline - to ensure high value education, effective transition to practice and employment, equity, and population health responsiveness.

Progress to date

In late 2019, the DHB Lead DoNs consulted with the 20 DHBs' Chief Executives, the Workforce Strategy Group (WSG), and the Ministry of Health's Chief Nursing Officer - to seek support and endorsement of a national change programme collaborating with nurse leaders across the system; to ensure a co-ordinated nursing undergraduate pipeline to meet nursing workforce needs and demands of the future for New Zealand.

In January 2020, the DHB Lead DoNs agreed that through further discussions with National Nursing Organisations (NZ) and the MOH's Health Workforce Directorate; the DHB Lead DoNs would like to further explore the recommendation to:

Establish a whole of health sector National Nursing Education and Practice Board that will:

- Work within the current New Zealand educational and health delivery system to recognise, respond to and drive change ensuring that the profile of the student nurse and newly graduated nurses match the needs of the population;
- Require health delivery organisations to provide evidence of working with Schools of Nursing to ensure quality student placements support the right student profile by the end of the programme;
- Require Schools of Nursing to provide evidence of an equity focus that increases Māori and Pacific student numbers; and

- Require health delivery organisations to provide evidence of an equity focus that increases Māori and Pacific nurse employment.

In January 2020, the DHB Lead DoNs took this proposal to the cross sector National Nurse Leaders Group (NNLg); which was formerly titled NNOg or National Nursing Organisations group. NNLg participants include the New Zealand Nursing Council, Nurse Executives of New Zealand (NENZ), tertiary education providers (universities and polytechnics), the College of Nurses, the College of Mental Health Nurses, the Council of Māori Nurses, the MoH's Office of the Chief Nurse, the New Zealand Nurses Organisation (NZNO), and other stakeholders. The NNLg supported the recommendations for further discussion.

Next Steps

- The DHB Lead DoNs are seeking endorsement and support to work with National Nursing Leaders (NNLg) and the MOH's Workforce Directorate to progress the concept of establishing a National Nurse Education and Practice Board.
- This paper will be presented to the WSG, to gain support prior to it going to the DHB CEs and the MoH.
- The DHB Lead DoNs' working group and representatives of the NNLg are planning to draft proposed Terms of Reference (ToR) for a National Nurse Education and Practice Board in April 2020. The draft ToR will be taken to a NNLg consensus workshop planned for early May 2020, for further development.
- The DHB Lead DoNs' are seeking funding for data intelligence support to do some horizon scanning of available data and forecasting on what is needed to inform where the gaps are. The group considers looking at the data used by Len Cook for the Medical Training Board would be worthwhile, as it is likely the same level of analytics and data intelligence is needed for this work. The group is mindful that there are currently gaps in information for current levels of planning and forecasting.