



Nurse Education in the Tertiary Sector

Nurse Education in the Tertiary Sector (NETS)

Submission in response to

New Zealand Nurses Organisation

Consultation document

2020 and Beyond: A Vision for Nursing- second draft

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Nurse Education in the Tertiary Sector (NETS) Response

Thank you for the opportunity to comment on the questions associated with the second draft of *2020 and Beyond: A Vision for Nursing*. Our response on this occasion addresses only these questions.

1. *Will current undergraduate and postgraduate educational structures meet the future demand for highly clinically and academically skilled nurses? If not, why not? If so, in what way?*

The formation and enhancement of strong links between service providers and education providers is the best way to ensure that educational programmes meet both the current and future health service demands. These linkages already exist at local levels and are becoming strengthened at national level.

Nursing education has been in the tertiary education sector for some 38 years, and continues to evolve as it responds to the demands of both the health and education sectors. The biggest challenge will continue to be access to practice placements for undergraduate students. The challenge takes different forms depending on location. For example in Auckland the challenge of the pressure on placements because of multiple providers will need a different solution than a regional provider of nursing education where access to specialist experience only available in main centres may be the challenge.

The document seems to assume that nursing education programmes are at a 'funding disadvantage'. There needs to be clarity about what this funding disadvantage means for the funding of nursing education – it is funded at a similar level to other health disciplines, for example Medical Imaging, and better funded than others, for example Social Work.

2. *What do you think of the suggestion that the Nurse Entry to Practice (Net-P) programme be structured as a compulsory provisional registration year?*

Whilst not opposed to formal recognition that a period of time is often needed to consolidate the confidence and competence of a new registered nurse, this suggestion raises several issues that would need to be addressed. Further thinking and policy development is needed to consider:

- the issue of provision of adequate places for Net-P graduates, with some recognition that additional FTE will be required per employer for support;



- funding issues for a provisionally registered nurse;
- the pay scale for the provisionally registered nurse;
- further discussion over the measure of success of the provisional registration year. For example for teachers there are two standards – graduating then registered teacher (both set by Teachers Council).

In the current environment where not enough Net-P places are available for the number of graduates, the new graduate is at a disadvantage. How would a graduate who cannot get a Net-P place achieve registration?

In a different environment, where there are more Net-P places than graduates, the District Health Boards (DHBs), which have the majority of Net-P places, may find it difficult to staff their services appropriately with registered nurses.

Perhaps most importantly however, new graduate nurses meet the competencies for the registered nurse scope of practice through completion of a degree, and passing the State Final Examination of the Nursing Council of New Zealand (NCNZ). Provisional registration suggests a different level of competence.

3. *What is your opinion on establishing a national undergraduate nursing curriculum – what would be the advantages or disadvantages of this?*

There is already a national curriculum in that the learning outcomes and graduate profile of learners is set by NCNZ through the competencies for registration as articulated in the second standard for education programmes. This requires that the programme has a structured curriculum that enables students to achieve the programme outcomes in the Council's *Competencies for the registered nurse scope of practice* (December 2007). Further details are provided within this standard as to content, structure, clinical experience and evaluation – leaving some room for adaption to local contexts.

A national curriculum for the enrolled nurse programme is in the process of being established. This provides a worthwhile opportunity to work through the challenges of a national curriculum before it is considered for nursing degree programmes.

We recognise that one curriculum may have advantages for students being able to transfer more readily from one education provider to another, but that is more of a programming and timetabling issue than a curriculum issue.



No matter the curriculum, the NCNZ standards for nursing education programmes still need to be met and the graduates of programmes still need to achieve the NCNZ competencies for registered nurses.

4. *What would be the advantages or disadvantages of basing future nursing education in universities? What would be gained, what would be lost?*

The ITP sector educates approximately 75% of the current RN workforce. Nursing undergraduate education in the university sector means Auckland and Wellington. Two universities with postgraduate nursing education programmes do not have undergraduate nursing programmes.

How would the university sector provide registered nurses for more rural and remote areas? Currently this sector cannot meet the requirements for medical staff needed in remote and rural areas with special incentives required to attract doctors to these poorly staffed areas. How would the university sector offer a well prepared nursing workforce for 'hard to staff' areas?

We consider that the site of education is a less important issue than the spirit of collaboration and partnership with health service providers to provide positive learning environments for nursing students.

This question is a distraction to the central question, which is the future of nursing service requirements for New Zealand and how education and service partner to continue to meet that demand.

5. *What are the priority curriculum options for nursing education in the future?*

Any useful discussion about undergraduate preparation needs to be prefaced by clarifying assumptions about the future role of nursing in the New Zealand Health Care system, and the opportunities/responsibilities of all nurses (regardless of their role) in workforce development as a professional project.

It is clear from the RWJ documents and Patricia Benner's latest book that we need to focus not only on content, but on **how** nurses are taught in order to foster clinical judgment, a sense of salience and ethical comportment - including cultural safety. The importance of life-long learning, systems knowledge and research mindedness is also crucial.



Considering the key areas of predicted health service demand (as required by the NCNZ standards), a focus on chronic disease, aged care, primary health care, health promotion and community based care are all important priorities. In terms of practice skills, work is already being done in the UK and Australia that we can learn from.

Finally, we believe that there is a wider strategic issue associated with this question, which relates to DHBs having a clear commitment to workforce development and support for clinicians to engage in a learning organisation culture. This would be more sustainable than just addressing one portion of the system.

Thank you again for the opportunity to comment.

