

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Postgraduate Nursing Education Plan 2009 - 2013



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ABBREVIATIONS

CDHB	Canterbury District Health Board serving the "Canterbury" region, north of the Rangitata river
CPIT	Christchurch Polytechnic Institute of Technology / TANZ partner
CTA	Clinical Training Agency, Ministry of Health
NZHIS	New Zealand Health Information Service, Ministry of Health
NGOs	Non Government Organisations providing contracted nursing services
NP	Nurse Practitioner
PDRP	Professional Development & Recognition Programme
RNs	Registered Nurses (Headcount, not Full Time Equivalents)
UO	Centre for Postgraduate Nursing Studies, University of Otago

POSTGRADUATE NURSING EDUCATION PLANNING FORUM MEMBERSHIP

CDHB representatives:

Mary Gordon, Executive Director of Nursing, CDHB (Convenor)
Kathy Peri, Director of Nursing, Older Person's Health TPMH
Diana Gunn, Director of Nursing, Burwood Hospital
Dr Jacky Flynn, Director of Nursing, Christchurch Hospital
Heather Gray, Director of Nursing & Clinical Services, Rural Health Services
Stu Bigwood, Dave Carlyle, Mental Health Services
Michael McIlhone, Nursing Director, Child & Women's Health
Nanette Ainge, Nurse Consultant - *PG Nursing Education*, CDHB
Dr Heather Byrne, Manager, Professional Development Unit
Nancy Stewart, CDHB Planning & Funding representative

Education sector representatives:

Cathy Andrew, Christchurch Polytechnic Institute of Technology (CPIT)
Beverley Burrell, Centre for Postgraduate Nursing Studies, University of Otago, Christchurch
Paul Watson, CPIT/ Tertiary Accord of NZ (TANZ)

Sector representatives:

Linda Collier (for Pegasus Health)
Cathy Gilmore, Professional Nursing Advisor, NZNO
Sheree East, Director of Nursing, & Beverly Carter (Nurse Maude)
Angela Dredge (Healthcare NZ)

Also invited: Barbara Fox, St Georges Hospital
Daryle Deering, National Addiction Centre, University of Otago

POSTGRADUATE NURSING EDUCATION PLAN

2009 - 2013

1 Introduction

Canterbury DHB (CDHB) assumes the increased complexity of health and nursing services will continue in an environment of resource constraint. Future New Zealand healthcare needs will demand even more effective and innovative nursing services¹.

Forum members have met quarterly since 2005, refining and updating this plan, which sets out educational preparation for future services. This plan is sustained by successful education – practice partnerships.

Data about the registered nurse workforce in Canterbury has been sourced from the Nursing Council's Practising Certificate surveys in 2007/8, and is provided courtesy of the NZHIS. Within the health sector in "Canterbury" DHB region, 5,098 registered nurses were actively working. **Appendix A** contains data on demographics, qualifications and employment settings by work type.

2 Key principles for postgraduate nursing education planning

These key principles guide CDHB's approach:

1. Strategic planning occurs in the short term, medium term (5 years), and long term (10 years) supported by action plans that are responsive to workplace skill and knowledge requirements of the future including inter-disciplinary modalities for learning and practice.
2. The continuum of continuing education in nursing from undergraduate to postgraduate level must articulate closely, especially at the local level.
3. Effective working relationships/partnerships between our local providers are valued and supported. Our partnerships are long-term, convergent, strength-oriented, and work towards a shared vision.
4. Locally CDHB works primarily with the Centre for Postgraduate Nursing Studies, University of Otago (UO), and CPIT/ TANZ, as well as other providers of tertiary education e.g. University of Canterbury.
5. For courses in small nursing specialties which are not locally available, a national or international approach is supported. Canterbury DHB accesses some postgraduate courses falling into this category.
6. At postgraduate level, our workforce planning assumptions are based on an annual 5-10% participation rate in postgraduate nursing education. The resulting cumulative participation rate is dependent on the retention rate.
7. Short courses in Graduate Studies as offered by CPIT are supportive of many sectors of our workforce in the medium term and provide a platform for entry to postgraduate study.
8. All nursing education is research informed, provides opportunities for research informed practice and works with providers to support future research activity at both Masters and PhD level.

¹ Source- Madrean Schober, International Council of Nurses, Geneva Nov 2002

3 Model for Collaborative Postgraduate Nursing Education at CDHB

The first phase of collaborative development in postgraduate nursing education was focused on development of infrastructure and partnerships.

PHASE ONE: 1999 – 2007 DEVELOPING THE INFRASTRUCTURE & CREATING THE ENVIRONMENT		
CONTEXT	STRATEGIES	OUTCOMES
<ul style="list-style-type: none"> Clinical Nurse Educators and Specialists with postgraduate qualifications. Suitably prepared nurse managers UO / OP teaching staff working closely with CDHB clinical staff to meet strategic goals of CDHB More inter-professional collaboration Eg – Learning together in Clinical Skills Unit, Clinical Associates contribute to OP's Advanced Health Assessment course etc. Acute care focus 	<ul style="list-style-type: none"> Establishing a climate of trust Heightened spirit of nursing inquiry, more access to intranet / library resources, e-journals Increased graduate nurse recruitment at CDHB UO / OP orientation to service environment, postgraduate students report back on clinical projects Identify clinical settings conducive to advanced nursing practice 50 RNs per annum access priority postgraduate clinical nursing certificates, ongoing planning to overcome barriers Promote more access to postgraduate study , including clinical Masters CDHB support for Advancing Nursing Practice conference (2002) 	<ul style="list-style-type: none"> Increase in number of CDHB nurses graduating from postgraduate nursing programmes More CNS roles, nurse-led clinics established. Decrease in nursing turnover, increase in job satisfaction Structure for supporting new nursing initiatives and nursing research. UO /OP staff with practice and research agendas in the clinical arena Scholarly outputs increased: more published papers, multiple professional presentations Enhanced funding and revenues to support nursing education Rural & primary nursing scholarships, orthopaedic initiative, etc

Many Canterbury RNs are studying at postgraduate certificate, diploma and masters level. By 2007/8, more than 14% of the active workforce had postgraduate qualifications. [See **Appendix A**, Tables 4 & 5 with 2007/8 qualifications data.]

This significant workforce development initiative has assisted CDHB to deliver new and innovative nursing services². The CNS role has undergone spectacular growth and role expansion, which has been dependent on postgraduate education.

This supportive environment will be conducive to making the service gains in the next five years that are informed by the process of education. For an example, see Harris & Watson (2005)².

The Canterbury District Health Board (DHB) receives significant funding from the Clinical Training Agency (CTA) to support postgraduate clinical nursing education. In 2007, this funding was increased and extended to cover the nursing workforce in Non-Government Organisations (NGOs) in our region, including the Aged Care Sector, rural, Maori, Pacific and population health, contracted nursing services providers eg district nursing, and the Canterbury Primary Health Organisations.

² See for example: Harris, C. Watson, P. (2005) The Benefits of Nurse-led Pre- Assessment *Kai Tiaki* 11, 3 : 16-18

4 Identification of Skill Sets and Projected Trends

4.1 Senior Nursing Workforce development

In the DHB sector, *Designated Senior Nurse National Titles* were agreed by NZNO and DHBNZ in 2007. Required skill sets for senior nursing roles are set out in the Position Descriptions. In this section, several roles requiring similar skill sets are grouped, assuming that similar preparation is required.

Some career paths in nursing³

i) Education	ii) Advanced Clinical	iii) Management
Nurse Educator Nurse Lecturer	Clinical Nurse Specialist Nurse Practitioner	Nurse Manager, Charge N M Duty Manager Nursing Director

i) Educational Preparation for Nurses Considering Careers in Nursing Education

Table 1, Appendix A indicates that there are around 130 RNs in our region employed in nursing education. In 2008, Forum members developed this diagram, showing indicative pathways for careers in nursing education.

See **Appendix C** for further details and relevant educational qualification(s) for these roles.

ii) Educational Preparation for Nurses In Advanced Clinical Roles

Clinical Nurse Specialists (CNS)

The need for a relevant postgraduate qualification is specified in the Position Description. A significant number of CNSs have been CTA-funded to complete postgraduate qualifications. Within the DHB sector, the CNS role is the fastest growing senior nursing role, with numbers currently around 160.

Nurse Practitioner Training and new NP positions

As Nurse Practitioner registration is regulated by Nursing Council, educational requirements and competencies are found on their website. Requirements include an approved clinical Masters qualification. [Applicants after September 2009 need to meet the new competencies].

CDHB has ring-fenced CTA funding for the Practicum undertaken in the final year the clinical masters and Nurse Practitioner (NP) training. Priorities for development of NP roles are Aged Care, Mental Health and Primary Health settings.

³ Career paths in nursing are not linear. Many RNs undertake more than one of these senior nursing roles over their careers. Other paths include nurse researchers, academics or health service managers.

Applications for CTA funded NP Practicum training require full organisational support for the role. NP Training Posts are approved by the Executive Director of Nursing, in accordance with this plan.

The NP Practicum is part of the Clinical Masters qualification. Prior to the introduction of CTA funding for the NP Practicum, a number of Canterbury RNs had already gained the requisite qualification for NP roles.

Table 1 showing CTA funded places for the NP Practicum by service area:

Service Setting	Training Year	CTA Funded	Status @ May 2009
Alcohol & Other Drugs	2007/2008	1	Transferred to another DHB
Womens Health	2008	1	Preparing to submit to Nursing Council
Aged Care/ Psychogeriatric	2008	1	Portfolio to Nursing Council
Palliative Care	2008/2009	1	Completing Clinical Masters
Primary Health (Wound Care)	2009	1	In Training
Primary Health Care (Rural)	2009/2010	1	Commencing Training
Child Cancer	2009/2010	1	Commencing Training
Ashburton	2010	1	
Mental Health	TBA	1	To be confirmed
Aged care	TBA	1	To be confirmed
<i>Other priorities (4 places)</i>	<i>2011</i>	<i>4</i>	<i>Review priorities</i>

By December 2011, at this rate of implementation, 14 RNs will have been fully CTA funded to complete the NP Practicum in our region.

iii) Educational Preparation for Nurses Considering Careers in Nursing Management

Section is under development.

Table 1, Appendix A indicates that there are around 214 RNs in our region who report being employed in nursing management. This figure may be understated.

4.2 RN Workforce Development using ring-fenced funding

Annually the CTA allocates ring-fenced funding for key priorities. Alongside the government's priorities, CDHB has identified the Aged Care sector as a key priority.

Te Pou [+]	Key Priorities & CTA Ringfence			CDHB Ringfence	Service Delivery
Mental Health	Primary Care	Long Term Conditions	Rural	Aged Care NGO & DHB sectors	Core Workforce
↔ Develop Maori & Pacific nursing workforce across all sectors ↔					

[+] Mental Health postgraduate nursing papers are funded by Te Pou,

A large proportion of CTA funding is used for developing the core RN workforce. These funds are allocated to what CDHB refers to as “core” or base funding. “Core CTA funding” is allocated to divisions proportional to RN FTEs.

All services require access to ongoing postgraduate opportunities for new roles, development of expertise, succession and career planning. While the majority of RNs access local courses, some RNs access national programmes in their specialty (eg Neonatal nursing in Auckland).

For example, each year out of core funding, two places are assigned for neonatal postgraduate certificates. (While the cumulative total is dependent on retention, at the end of ten years, up to twenty neonatal RNs could have this qualification).

The RN workforce participation in postgraduate qualifications is set out in **Appendix B**, which aligns CTA funding to CDHB’s District Annual Plan (DAP). It details the 2009 courses and educational providers. A third of CDHB’s annual CTA funding is allocated to the NGO sector, comprising 50 of the 153 RNs participants completing postgraduate clinical nursing education.

Numbers in our regional RN workforce with postgraduate qualifications are monitored carefully by sourcing Nursing Council data from NZHIS. Table 5B in Appendix A (Plan, p16) demonstrates an increasing percentage of RNs with postgraduate nursing qualifications.

5 Postgraduate nursing education in the medium term

Looking out five years, CDHB projects these trends:

- (1) A broad scope of priorities across the continuum from individuals to populations with special emphasis on older adults, those with chronic illnesses and co-morbidities and the specialist support of generalist practice models in hospitals and communities.
- (2) Care of acutely unwell patients in whatever environment they are found, from their own home to the ICU, with special emphasis on the interface between community and hospital.
- (3) Advancing skills in delegation and direction of other health care workforce members especially in the community, NGO and aged care settings where acute care is increasingly seen as part of the continuity of care. The assessment of health outcomes is/will continue to be a key indicator of care provided. In many settings, future care will be provided by a workforce whose qualifications span the spectrum from unregulated health care worker to Nurse Practitioner and where workforce shortages are an ongoing challenge.
- (4) We envisage extending the role of nurses within acute care and community/primary care settings such as acute care nurses being more pivotal around patient management out of hours and being front line in clinical assessment and early management of the deteriorating patient. In community/primary settings there may be some blurring of the current roles around well child, post hospital management to more chronic condition management. It may be that Clinical Nurse Specialists currently working in the hospital setting will be based in community/primary care settings in the future.

As we move to “Phase Two” of the Plan, the emphasis changes from development of infrastructure to being able to demonstrate improvements in nursing services. There is also increased focus on the NGO sector (non-provider arm).

**PHASE TWO (2009 – 2013) AFFECTING PATIENT OUTCOMES
CDHB HOSPITAL SETTINGS**

CONTEXT	STRATEGIES	OUTCOMES
<ul style="list-style-type: none"> • Stable staff, "forces of magnetism" underpin a stable workforce • NETP Programme & PDRP securely established • Increased number of nurses with postgraduate qualifications who can serve as mentors • More joint initiatives with regional DHBs • Established structure and pattern for increasingly effective collaboration between nursing education providers and the CDHB. • Expanding focus to include community DHB providers of care and interfaces with non-DHB services • More e-learning & CD ROM learning 	<ul style="list-style-type: none"> • Continue to invest in postgraduate education to support more nurse-led services in selected practice settings in partnership with medical and allied health. • Implement pg educational pathways for Years 2 & 3 SNs, • Expand educational infrastructures to other sectors through innovative models of collaboration • Support research-based initiatives that validate unique nursing interventions focused on health outcomes and complementary to inter professional practice • Use collaboration frameworks to link innovative services across settings • CDHB hosts regular regional PG Education Strategic Planning Forum – for collaborative strategizing with key stakeholders • Consider support for clinical doctorate pathways in nursing 	<ul style="list-style-type: none"> • Specific health professional education is linked to improved outcomes in the high priority populations identified in the CDHB annual plan. • Nursing research findings demonstrably inform practice and policy decisions at all levels • The spirit of inquiry fosters the ongoing development of excellent nursing practice, ↑publications and presentations • Development of a growing nursing workforce with expertise as advanced practitioners and mentors in collaborative inter professional care. • Nurse Practitioner (NP) & Nurse Researcher roles will be evident. • Research projects and quality initiatives are funded regionally & nationally on the basis of their potential ability to improve outcomes of care • Improving the patient journey: the transition of care between providers will improve across nursing services.

PRIMARY HEALTH - including Rural, Maori & Pacific Health

<p>NGO sector ⁴</p> <p>The context is ↑complexity and ↑ acuity.</p> <p>Harness nursing expertise in Long Term Condition (LTC) management.</p> <p>NP Intern roles established in a few primary care settings</p> <p>NETP expansion to Primary Care – 2009</p>	<p>Support for roles that lie in the 'interface' between hospital and PHC through broad based programmes such as primary care, palliative care LTC management and gerontology</p> <p>↑ access to CTA funded courses ↑ Access to study skills and mentorship role to support RNs.</p> <p>Base initiatives in safe staffing and healthy workplace context Work to support inter - disciplinary education recognition as a component of nursing qualifications.</p> <p>Development of NP roles in primary, mental health and aged care</p>	<p>Service and educational provider partnerships are strengthened to ensure course content reflects sector needs</p> <p>A growing number of clinical experts who are academically qualified in the nursing workforce</p> <p>NP positions established and functioning effectively, with inter disciplinary cooperation.</p>
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⁴ See our website www.cdhb.govt.nz (Planning and Funding section) *Framework for the Management of Chronic Conditions* (September 2007) especially Section 5, Burden of chronic conditions in Canterbury pp 10 & 11.

AGED CARE SECTOR		
CONTEXT	STRATEGIES	OUTCOMES
<p>Declining and aging RN workforce in resthome sector ⁵</p> <p>Numbers in younger age bands will be insufficient to replace those retiring in the next decade.</p> <p>↑complexity and co-morbidities in the patient populations resulting in ↑nursing acuity.</p> <p>InterRAI tool being introduced</p> <p>Consider introducing NETP to aged care sector</p>	<p>Collaborative approach, attend Aged Care Forum</p> <p>Target Aged Care sector for CTA funded posts. (Access to study skills, mentorship & e-learning may help to reduce professional isolation).</p> <p>Consider mechanism for ↑ participation in level 7 CPIT Gerontology courses as a platform for postgraduate studies.</p> <p>Explore feasibility of setting up a six month rotation to aged care sector as part of NETP</p> <p>Strengthen “on the spot” mentor role(s) to assist with clinical supervision for Advanced Health Assessment paper, coaching, teaching, peer support etc.</p>	<p>Aim to increase RN numbers and correct demographic imbalance within this sector</p> <p>Continue to work closely with Planning & Funding Team to respond to issues arising.</p> <p>10% ↑ in RNs studying per annum with an aim to match CDHB service levels in 10 years</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>SCORECARD</p> <p>✓ CTA funded PG study: 18 RNs in 2008 19 RNs in 2009</p> </div>

6 Next Steps

Canterbury DHB is keen to see a synergistic process to postgraduate nursing workforce planning which avoids duplication, enhances local capability, without any diluent effect on viability. The CDHB Forum meets four times a year. Its **Annual Work Plan** for 2009 includes

- 1) Development of preferred pathway(s) of Postgraduate Educational Preparation for
 - a) Nursing Management roles (various titles)
 - b) Clinical Nurse Specialist role
- 2) Consultation on indicative pathway(s) for RNs: Careers in Nursing Education
- 3) Establishment of Nurse Practitioner Position(s) in 2009
- 4) Participation in the Review of CTA funding for postgraduate nursing education
- 5) Consistent CDHB approach to prioritizing nursing research
- 6) Other work streams to be identified and signed off at the Forum Meeting 24/02/09.

It is acknowledged the views of key stakeholders are important in shaping this Plan. Feedback from stakeholders from the nursing community in Canterbury is welcomed.

⁵ *Issues related to the RN workforce in the Aged Care Sector* - an internal CDHB Report by Nanette Ainge, 6 August, 2007. Data sourced from NZHIS courtesy of Nursing Council of New Zealand (NCNZ) 2006/7.

REFERENCES

- ☞ *CDHB's District Annual Plan.2008/9*
[Health Gain & Disease Priorities identified in Sections 6.1 & 6.2.]
- ☞ *CDHB's District Strategic Plan.*
- ☞ *CDHB Quality Strategic Plan 2007-2010.*
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APPENDIX A
& Supplement to APPENDIX A

Tables showing
Registered Nurses actively working in
Canterbury DHB region in 2007/08

Data collected by the Nursing Council's Practising Certificates survey;
sourced from 3 quarters of 2007 and 1st quarter of 2008.
and provided courtesy of the NZHIS.

APPENDIX A

Profile of our region's RN workforce in 2007/08

This data has been obtained from NZHIS courtesy of Nursing Council of New Zealand (NCNZ). It is sourced from the annual Practising Certificates of RNs active in the Canterbury DHB region (ie it excludes the South Canterbury TLAs).

Limitations / changes in the data include:

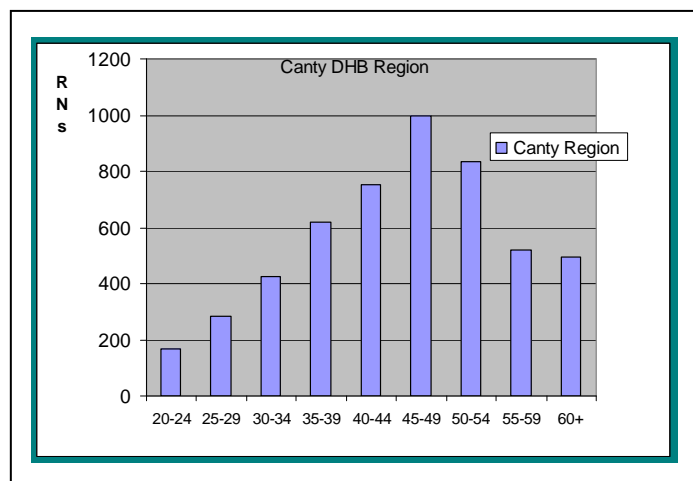
- RNs, not FTEs.
- NCNZ collects this data quarterly by birth month, rather than annually.

Table 1 shows the active RN workforce by Work Type and Employment Setting. This .xls data is attached as a **supplement** to Appendix A. Overall the Canterbury DHB regional workforce has increased by 227 since 2006.

Table 2 profiles the RNs in our region by Age Bands.

TABLE 2: Age Bands of Active RNs – 2007/08 (CDHB area)

Age Group	Number	%
20-24	167	3.3%
25-29	284	5.6%
30-34	424	8.3%
35-39	619	12.1%
40-44	754	14.8%
45-49	1000	19.6%
50-54	834	16.4%
55-59	520	10.2%
60+	496	9.7%
Total	5098	100.0%



Using a crude method of calculation, given the age bands, the average age is around 43 years.

Table 3 RNs by ethnicity 2007/08 (CDHB area).

Ethnicity description	Number	%	
NZ European	3911	76.7%	
Other European	659	12.9%	
NZ Maori	184	3.6%	3.6% 7.2% Maori
South East Asian	45	0.9%	} 2.2% 6.1% Asian
Other Asian	34	0.7%	
Chinese	32	0.6%	
Indian	23	0.5%	
Samoan	17	0.3%	} 1% 2.2% Pacific
Other Pacific	10	0.2%	
Tongan	7	0.1%	
Fijian	5	0.1%	
Cook Island Maori	5	0.1%	
Niuean	3	0.1%	
Tokelauan	2	0.0%	
Other	155	3.0%	
Not Reported	6	0.1%	
Total	5098	100.0%	

2006 Census data in bold
Canty population, DAP p 11

REGISTRATION QUALIFICATION

Data about the **qualifications** of RNs in our region was gathered from responses to Questions 22 and 23 on the *Nursing Council Guide*, Dec 2007.

TABLE 4: First Qualification gained by active RNs – 2007/08 (CDHB area)

First Qualification	2007/8	%
Hospital – based training - <i>registered nurses (all categories)</i>	2304	45%
Diploma of Nursing – <i>comprehensive</i>	1331	26%
Degree in Nursing (BN, BScN)	1190	23%
Other (various & not reported)	273	
Total RNs	5098	

The number of RNs with a degree as first qualification has increased to **23%**. RNs who first registered from a hospital based programme now comprise only 45% of our workforce

Table 4 data suggests that nature of preparation of our workforce is changing quite rapidly.

OTHER QUALIFICATIONS

The next section of the 2007/08 Nursing Council survey asked “what are your other completed tertiary qualifications?” Data was collated under “Other Qualification 1” and “Other Qualification 2”.

TABLE 5A: Other Qualifications gained by active RNs - 2007/08

(Canterbury DHB catchment area)

Other Qualifications (Quals.)	RNs
RNs with no other reported Qualification	2746
RNs with “other” Qualification(s)	2352
Total ~ Canterbury DHB region	5098
Canty RNs with postgraduate quals.	712 RNs (14%)
% of NZ* RNs with postgraduate quals.	6.2%

* NZ % was sourced from Nursing Council presentation, 2006 data

It is encouraging that the number of RNs reporting **postgraduate** qualifications continues to increase. Over 46% of the region’s RNs reported another qualification(s) as well as their Registration qualification.

Table 5B sets out types of other qualifications, including RNs with graduate level qualifications and some “other” qualifications. Some respondents entered qualifications without relevancy to nursing (eg a diploma in floristry). These have been removed from Table 4B (n = 20).

TABLE 5B: Type of Other Qualifications gained by active RNs – 2007/08

(Canterbury DHB catchment area)

Type of Qualification	Other Qual (1 st)	Other Qual (2 nd)
PhD (Doctorate)	15	1
Masters	120	21
Diplomas		
<i>Postgraduate Diploma</i>	<i>188</i>	<i>56</i>
<i>Diploma</i>	<i>347</i>	<i>123</i>
Certificates		
<i>Postgraduate Certificate</i>	<i>389</i>	<i>108</i>
<i>Graduate Cert. or Certificate</i>	<i>411</i>	<i>138</i>
Bachelors eg BA, BSc	515	201
Other ” <i>may not be tertiary.</i>	347	147
TOTALS <i>excluding discards (n =20)</i>	2332	795

As the quality of the NZHIS/ Nursing Council data improves, it should prove useful in monitoring the cumulative numbers with postgraduate and graduate nursing qualifications.

APPENDIX B –CTA FUNDED POSTGRADUATE EDUCATION 2009

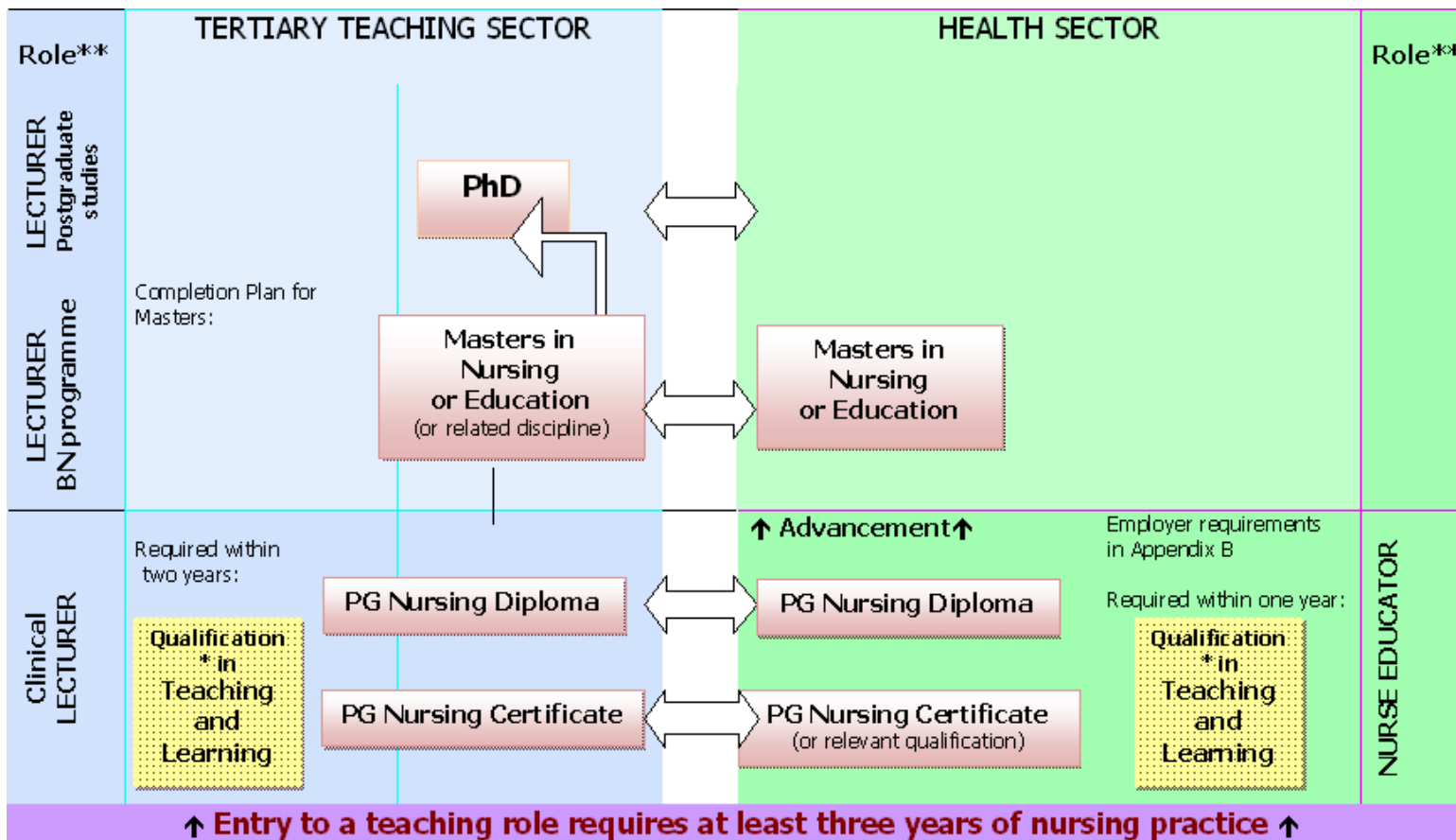
Key Focus	CDHB DAP Reference	Programme Name	Hospital	NGO Sector	Total
Page	DAP (District Annual Plan) 2008/9	Clinical Masters Pathway			
6.1.4	↑ Primary and palliative care services	Advanced Nursing Practicum (NP Pathway)	2	1	3
8.1.2	Mental Health increased nurse-led initiatives ↑ increased nurse-led initiatives	Clinical Master of Nursing - Years 3 & 4 (<i>Otago, VUW & others</i>)	12	3	15
		Other Master of Nursing - Post Masters COPs	2	2	4
	Papers such as research & pharmacology	Postgraduate Diplomas (PG Dip.)			
5.5	Encourage quality, productivity, CNS roles -> ↑ Primary Health services	Postgraduate Diploma in Health Sciences (Nursing)	25	12	37
		Other PG Diplomas <i>VUW (Auck (2) & others)</i>	5	1	6
7.1.2	Developing our health workforce	Postgraduate Certificates (PG Cert.)			
pp 24- 26	Improving the patient journey (IPJ), Project RED	Emergency & Trauma Nursing (<i>VUW</i>)	4		4
6.1.2	Older Persons Health falls prevention	Gerontology Nursing	3	2	5
pp 24- 26	IPJ, Surgical programme , RTC	High Acuity Nursing + NGOs = 2 Advanced Health Assessment	6	2	8
5.3, 7.1.2	↑ organisational fitness, workforce resilience	Leadership & Management – <i>see Note 2</i>	19		19
5.3 & 6.2	Managing LTC – Diabetes	Long Term Condition Management - <i>see Note 3</i>	6	3	9
6.1.1	Child & Youth Health	Neonatal Nursing (<i>Massey</i>) , Child Health (<i>Univ. of Auckland</i>)	4		4
Pp 18,26	Surgical programme; Managing LTC	Orthopaedics (<i>AUT</i>) ; Respiratory (<i>Univ. of Auckland</i>) ,	2		2
6.2.1	Cancer Control Strategy,	Oncology/Cancer (<i>Univ. of Auckland</i>)	2		2
Pp 50; 59	End of life care	Palliative Care - Hospice (<i>Whitireia</i>) - <i>see Note 4 VUW(1)</i>	2	12	14
6.1.4	IPJ ,Managing LTC	Renal (1) (<i>VUW</i>), Wounds (3) (<i>Massey</i>)	3	1	4
pp 24- 26	Increase elective services, Surgical programme	Perioperative Specialty Nursing (<i>Whitireia</i>)	6		6
6.1.4	Primary Health Services, Acute Demand Service	Primary Health Care Nursing		3	3
6.1.1	Child & Youth Health ↑ immunisation coverage	Primary Health Care Nursing - Well Child (<i>Whitireia</i>)		8	8
TOTAL			103	50	153

Notes

1. Educational provider is University of Otago unless otherwise specified. VUW = Victoria University of Wellington
2. More Leadership & Management trainees enrolled in PG Diplomas
3. Participants include Practice Nurses, diabetes specialist nurses
4. Part time trainees counted as 0.5. There are 13 trainees undertaking PG Cert in Palliative Care
5. Data excludes Mental Health Nursing certificates (funded via a different pathway). Data @ 28 January, 2009.

APPENDIX C: INDICATIVE PATHWAYS FOR CAREERS IN NURSING EDUCATION

Diagram updated by Canterbury PGNE Forum members, 11 November, 2008



* For a list of providers of qualifications in Teaching & Learning, see **APPENDIX C:1.**

** Requirements for roles in Nursing Education – see **APPENDICES C:2 & C:3.**

APPENDIX C:1

Local Educational Providers with Qualifications in Teaching & Learning

Christchurch Polytechnic Institute of Technology (CPIT) www.cpit.ac.nz

Certificate in Adult Teaching (Level 5)

Diploma in Adult Teaching (Level 7)

University of Canterbury www.canterbury.ac.nz

Graduate & Postgraduate Certificates in Clinical Teaching

Level 7 designed for health professionals working in a range of healthcare settings who are responsible for supervising students, junior practitioners and other staff in healthcare settings. The qualification is delivered in collaboration with local District Health Boards and regional education providers throughout New Zealand.

Level 8 > competent educators within a wide range of healthcare settings and gain the skills and preparatory work toward a research project or educational project.

Diploma in Adult Teaching and Learning

Caters for a wide range of people who have an educational or training role with adults, including those working as teachers, trainers, tutors or mentors in workplaces such as health care settings.

Master of Education (*under redevelopment*)

Master of Health Science

Regulations allow courses in education to be part of a candidate's course of study

Postgraduate Certificate in Tertiary Teaching (University of Canterbury/University of Otago) suited to those currently teaching in a tertiary context

University of Otago www.otago.ac.nz

Centre for Postgraduate Nursing Studies

Post Graduate Diploma in Health Sciences (Nursing) including paper

NURX 418 Nursing Education – Principles and Practice

NOTES:

1. This list will evolve according to changing requirements eg e-learning.
2. University of Canterbury supplementary information provided by Paul Watson.
3. Other universities have relevant programmes; this is a list of local options.

APPENDIX C:2

ROLES IN NURSING EDUCATION EMPLOYER REQUIREMENTS

1. HEALTH SECTOR EMPLOYMENT REQUIREMENTS:

1a) Nurse Educator in DHB (2007 MECA, DHBNZ & NZNO)

Rationale – focuses on skill development and education of nurses.

Role Descriptor - Facilitating learning that may include:

- Development and/or delivery of education programmes and resources that apply within the service and/or across the DHB.
- Delivery in both clinical and classroom settings.
- Meeting quality and safety standards.
- Developing the competency and capability of the nursing workforce.
- Informing and contributing to the development of organisational policy.
- Input into the development and/or assistance with the delivery of graduate and/or postgraduate programmes.
- Develop and deliver postgraduate programmes from a tertiary education institute.

Includes positions that educate nurses in specific programme areas as well as in areas of clinical specialty, such as: Nurse Educator: – IV Therapy or Surgical Services or NETP or postgraduate programme

Required Qualifications (CDHB)

1. Holds or substantially completed a postgraduate qualification relevant to the specialty within which the education role operates

2. Holds or working towards a qualification in Adult Education or Clinical Teaching

~ see Position Description for other requirements ~

1b) Nurse Educator (other providers – non DHB)

Rationale – focuses on skill development and education of nurses.

Role Descriptor -may include: (NM & Pegasus to complete)

Includes positions that educate nurses and other health team members , such as:

Nurse Educator –

Add other titles

Required Qualifications (to be completed)

Working towards ... a postgraduate qualification

To be completed from Position Descriptions

APPENDIX C:3

ENTRY LEVEL ROLES

NURSING COUNCIL REQUIREMENTS

2. EDUCATIONAL SECTOR

2 a) Lecturers in undergraduate programme (BN).

Cited in: Nursing Council of New Zealand. (2005). Education programme standards for the registered nurse scope of practice. Wellington, New Zealand: Author.

STANDARD FOUR The curriculum is implemented by lecturers who are qualified for their role.

Criteria:

- 4.1 Nurse lecturers must be registered nurses and hold a Masters degree, or have a professional development plan in place which demonstrates progression towards a Master's degree, and have experience relevant to the area in which they are teaching.
- 4.2 The person responsible for coordinating the programme must be a registered nurse and have a relevant Master's degree.
- 4.3 Nurse lecturers hold a current practising certificate under the Act.
- 4.4 Nurse lecturers have had at least the equivalent of three years full time post registration nursing practice experience.
- 4.5 Lecturers have completed a programme in adult teaching and learning within two years of appointment.
- 4.6 Lecturers maintain and update knowledge and skills relevant to the area in which they are teaching.
- 4.7 The tertiary institution implements a plan for staff development and support for lecturers.

Career pathway for tenured positions as per employer specifications.

2 b) Lecturers in post-registration programmes.

Cited in: Nursing Council of New Zealand. (May 1999). Handbook for Post-Registration Nursing Practice Programme Providers. Wellington, New Zealand: Author.

STD FOUR The programme will be facilitated by nurse(s) with the appropriate clinical expertise and qualifications within the particular speciality area(s) or scope(s) of practice in collaboration with nurse educators and appropriate health professionals both with academic qualifications beyond the level of the programme. *Criteria*

- 4.1 The expertise/qualifications of the nurse(s) facilitating and teaching the specialty nursing practice programme reflect the particular specialty area(s) or scope(s) of nursing practice.
- 4.2 The academic qualifications of the nurse educators facilitating and teaching the specialty nursing practice programme are beyond the level of the programme.
- 4.3 There is evidence of collaboration in the planning and delivery of the programme.
- 4.4 There is evidence of appropriate inclusion of health professional input into the development and delivery of the programme.
- 4.5 There is evidence that all of the teaching within the programme is undertaken by people who are recognised as experts in their field(s).

Career pathway for tenured positions as per employer specifications.