



**Capital, Coast and Hutt Valley District
Prioritisation of Health Workforce Postgraduate Funding for 2023
Discussion Document**

To: Health Workforce Advisory Group for discussion & Nursing & Midwifery Leadership (NAML) for approval
 From: Anjana Naidu (Nurse Director Workforce Development)
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Proposal

This document outlines Health Workforce (HW) prioritisation and how the Nursing and Midwifery Priorities (2019-2023) and Workforce Plan align with HW funding to maximise equitable workforce development to meet population need. An enabler to assist services in care delivery by developing a skilled and knowledgeable workforce, HW funds are carefully managed to provide equitable access. The Health Workforce Advisory Group (HWAG) has input into the development of funding priorities which the 2DHB Nursing and Midwifery Leadership (NAML) team are accountable for.

Taurite Ora Māori Health Strategy (2019-2030) synthesises the Ministry of Health's He Korowai Oranga: Māori Health Strategy¹ and outlines the outcomes we are measured against. A pro-equity organisation shows equity in outcomes, enabling Māori to live long and live well².

Ministers Priorities Changed 1 July 2022

The guiding vision of a health system delivering Pae Ora/Healthy Futures Bill lays the foundation for the transformation of the New Zealand Health system. The Bill proposes to:

- protect, promote, and improve the health of all New Zealanders; and
- achieve equity by reducing health disparities among New Zealand's population groups, in particular for Māori; and
- build towards Pae Ora (healthy futures) for all New Zealanders.

With the MOH change in focus to strategy, policy, regulation and monitoring, Te Whatu Ora Health New Zealand as a new entity that replaces District Health Boards. It works in partnership with the Te Aka Whai Ora Māori Health Authority to design and deliver health services to make the system simpler, more consistent, and able to focus on population health and meaningful community and consumer participation. The Health New Zealand and Māori Health Authority partnership will ensure that Māori are involved at all levels of decision-making.

CCDHB Health System Plan 2030:

The focus of the CCDHB Health System plan is to improve health outcomes for people of the region, particularly those who are currently experiencing poorer health outcomes. An investment and changes will enable a sustainable health system. The focus remains on:

- promoting health and wellbeing (by preventing and/or treating premature or avoidable morbidity)
- preventing the onset and development of avoidable illness (for example, long-term physical and mental conditions (non-communicable diseases)
- improving health outcomes (responds to acute and planned clinical need)

¹ Ministry of Health. 2014. He Korowai Oranga: Māori Health Strategy. Wellington: Ministry of Health. See the Ministry of Health webpage: He Korowai Oranga at: www.health.govt.nz/our-work/populations/maori-health/he-korowai-oranga

² Life expectancy is shorter for Māori than non-Māori, by 5.6 years for males and by 5.3 years for females, Māori are disproportionately impacted by socioeconomic deprivation in CCDHB. In 2013, Māori were more likely to live in deprived areas, be unemployed, look after an ill/disabled person, live in a low income family, live with no heating or in an overcrowded house, not have access to a car or the internet, and not have NCEA Level 2 education and Māori report experiencing significant barriers to accessing health care, specifically due to cost and lack of transport.

- supporting people to live better lives through health and well-being
- supporting end of life with dignity (effective end-of-life care planning)
- equitable public health and disability (obligations as a Ti Tiriti o Waitangi partner, Whanau Ora, acute demand, healthy aging, cancer services, bowel screening),
- access to data and digital,
- primary healthcare (diabetes and other long-term conditions).

HW funding is insufficient to fund all applicants from these priority areas and therefore requires further criteria for applications. Māori and Pacific applicants are prioritised per the Nursing and Midwifery Priority Goals and Objectives.

Career conversations are a well-established career development mechanism to promote professional development aligned with population equity needs. NAML team provides leadership, support and strategic direction regarding HW funding and programmes across the District.

Criteria for Application for nurses working in Health and Hospital Services (HHS)

Prioritisation follows the initial application supported by line managers and Nurse Directors. The criteria below is the minimum requirement for eligibility.

- Current portfolio on the Professional Development and Recognition Programme (PDRP) at time of application (excludes primary)
- 0.6 FTE and above
- Educational preparation the role requires for delivery to service outcomes
- Parameters for HHS applicants eligibility for one paper are:
 - Competent RNs may be funded to PG certificate level (2 papers) based on service specifications/role
 - Proficient RNs may be funded to PG certificate/diploma level (2 to 3 papers) based on service specifications/role
 - Expert RNs may be funded to PG diploma level (4 papers) based on service specifications/role
 - The first 3 prioritised papers include Pathophysiology/anatomy and physiology, Advanced assessment, Pharmacology for nurses on the clinical pathway
 - RN Expert on a service agreed Nurse Practitioner pathway may be funded to Masters level based on service specifications. This may include nurses that have previously completed Masters degree
 - Nurses in senior designated roles may be funded to Masters level
 - Nurse Educators may be funded to Masters level with a focus on education

The web-based application and approval process introduced in 2015 has enabled improved data to inform HW prioritisation. In 2017 NAML agreed that career conversations would assist nurses to align their educational expectations with population need and organisational requirement. Applications are ranked by their service line manager and Nurse Directors with a final decision made by the Chief Nursing Officer (CNO).

Eligibility guiding principles/criteria

Hospital and Health Services (HHS)	Primary, Community and Aged & Residential Care
Applicants to have professional development and career conversations prior to application.	Applicants to have professional development and career conversations prior to application.
Applicants need to be current on the PDRP at time of application.	
Paper cost and clinical release costs inform the CTN code (e.g. CTN 21 funds paper without mentorship, CTN 22 partially funds paper that requires mentorship e.g. RN prescribing when applicable. CTN 23 funds those on NP pathway for paper and clinical release, professional supervision, mentoring costs of doctor/NP). Nurse Practitioner practicum funding is a contribution to enable nurses to have the required supervision and clinical release time in order to meet the prescribing practicum requirements. Travel and accommodation is included in the contribution.	Paper cost and clinical release costs inform the CTN code (e.g. CTN 21 funds paper without mentorship, CTN 22 partially funds paper that requires mentorship e.g. RN prescribing. CTN 23 funds those on NP pathway for paper and clinical release, professional supervision, mentoring costs of doctor/NP). Nurse Practitioner practicum funding is a contribution to enable nurses to have the required supervision and clinical release time in order to meet the prescribing practicum requirements. Travel and accommodation is included in the contribution.
One paper per nurse allocated. Further prioritisation may occur based on equity or population need.	One paper per nurse allocated. Further prioritisation may occur based on equity or population need.
Māori and Pacific applicants prioritised per Nursing and Midwifery Priority Goals and Objectives.	Māori and Pacific applicants prioritised per Nursing and Midwifery Priority Goals and Objectives.
Graduates who completed NETP in 2021 will be prioritised for funding in 2023 to complete a PGC.	Graduates who completed NETP in 2021 will be prioritised for funding in 2023 to complete a PGC.
Papers delivered in Wellington will be supported. RNs in MHAIDs and NICU will be supported to complete PG Cert (excluding the NESP PG Cert) at Auckland (costs of paper, subsidised travel and accommodation). Study beyond postgraduate certificate is supported locally.	Papers delivered in Wellington will be supported. RNs in MHAIDs if applicable will be supported to complete PG Cert at Auckland (costs of paper, subsidised travel and accommodation). Study beyond PGC is supported locally.

HHS Prioritisation Process

Once applications are processed considering eligibility criteria above, the following prioritisation occurs:

- Identify areas by headcount relative to applications and decide how many applicants per area are funded by CTN codes.
- Service Nurse Director and line managers rank applications from 1 (most supported) to 10 (less supported) based on headcount calculation above, using prioritisation order:
 1. Māori and Pacific Nurses
 2. PDRP participation at correct level as per criteria for application
 3. Paper choice relevant to clinical practice
 4. Senior nurses
 5. NETP graduates (if not funded in previous year)

PDRP Expectation

PDRP is fundamental to the commitment Capital, Coast and Hutt Valley District has to Nursing workforce development as it supports nurses to articulate their practice which is key to identifying nurses' unique contribution as part of the healthcare team. In 2018 and 2019 after several years of working with the Primary/ARC sector, the DHB aligned the requirement for PDRP participation. This was regionally agreed but is variably implemented across the DHBs. Although all HHS applicants are required to be progressing or maintaining PDRP at the appropriate level (including having a current (not older than 1 year) Performance Review and PDCP and discussion with manager to ensure the choice of postgraduate papers

is appropriate to scope, level of practice, and role), Primary/ARC applications will be accepted without a current PDRP with the expectation they will achieve applicable level within the year of study.

Applications Open **1th August and close 7th October 2022**. A webinar outlining the requirements is available for all nurses followed by individual career conversations with NAML team and staff from Workforce and Practice Development Unit.