

Capital, Coast and Hutt Valley District Prioritisation of Funding for 2024 Discussion Document

To: District Nursing & Midwifery Leadership (NAML) for approval
From: Anjana Naidu (Nurse Director Workforce Development, Capital, Coast & Hutt Valley District)
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Proposal

This document outlines the prioritisation principles for nurses seeking postgraduate funding to complete postgraduate certificates, diplomas and masters qualifications. The funding is an enabler to assist services in care delivery by developing a skilled and knowledgeable workforce and to maximise equitable access for workforce development to meet population needs. These funds were previously part of Health Workforce funding contracts and are managed to provide equitable access. The Capital, Coast Hutt Valley (CCHV) District Nursing and Nursing and Midwifery Leadership (NAML) team are accountable for agreeing on the principles and ensuring funds are allocated as per agreed priorities.

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.

As the health system is going through significant changes, Te Whatu Ora and Te Aka Whai

Ora have jointly created Te Pae Tata. It is an interim New Zealand Health Plan which provides a guiding vision of a health system the better serves all New Zealanders and the communities they live in. The Te Pae Tata Interim New Zealand Health Plan 2022 replaces all the 20 District annual plans and positions the foundational actions for the two years.

https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan/

The five key shifts of this reform are:

- 1. The health system will reinforce Te Tiriti principles and obligation
- 2. All people will be able to access a comprehensive range of support in their local communities to help them stay well
- 3. Everyone will have access to high-quality emergency or specialist care when they need it
- 4. Digital services will provide more New Zealanders with the care they need in their homes and local communities
- 5. Health and care workers will be valued and well-trained for the future health system

The priorities for improving health outcomes for all include:

- 1. Pae Ora: Better health in our communities
- 2. Kahu Taurima: Maternity and the early years
- 3. Mate Pukupuku: People with cancer
- 4. Māuiuitanga Taumaha: People living with chronic health conditions such as diabetes, heart disease, respiratory conditions, stroke and gout and
- 5. Oranga Hinengaro: People living with mental distress, illness and addictions.
- 6. Māori Health
- 7. Pacific Health
- 8. Tāngata Whaikaha

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

Postgraduate funding within CCHV budget has been rolled over for 2024 and as no new funding has been made available, priority areas (as above) and criteria is agreed to prior to August 2023 when applications open for 2024. Māori and Pacific applicants are prioritised per Te Pae Tata document.

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 postgraduate funding and programmes across the District.

Criteria for Application for nurses applying for 2024 postgraduate funding

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
- 0.6 FTE and above
- · Educational preparation the role requires for delivery to service outcomes
- Parameters for 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 prioritised papers include Pathophysiology/anatomy and physiology, Advanced assessment, Pharmacology for nurses on the clinical pathway. Other papers may be funded where directly relevant to the nurses role or strategic goals e.g. Māori health & wellbeing.
 - 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 prioritisation. In 2023 the online form have been updated and added to Microsoft Docs for improved data collection and analysis. 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) if applicable.

Hospital and Specialist Services (HSS)	Primary, Community and Aged & Residential Care
Applicants to have professional development and	Applicants to have professional development and
career conversations prior to application.	career conversations prior to application.
Applicants need to be current on the PDRP at time	Applicants need to be current on the PDRP at time
of application.	of application. NB: new requirement
Paper cost and clinical release costs inform the CTN	Paper cost and clinical release costs inform the CTN
code (previously informed by Health Workforce	code (e.g. CTN 21 funds paper without mentorship,
funding. e.g. CTN 21 funds paper without	CTN 22 partially funds paper that requires
mentorship, CTN 22 partially funds paper that	mentorship e.g. RN prescribing. CTN 23 funds those
requires mentorship e.g. RN prescribing when	on NP pathway for paper and clinical release,
applicable. CTN 23 funds those on NP pathway for	professional supervision, mentoring costs of
paper and clinical release, professional supervision,	doctor/NP). Nurse Practitioner practicum funding is
mentoring costs of doctor/NP). Nurse Practitioner	a contribution to enable nurses to have the

Eligibility guiding principles/criteria

practicum funding is a contribution to enable	required supervision and clinical release time in
nurses to have the required supervision and clinical	order to meet the prescribing practicum
release time in order to meet the prescribing	requirements. Travel and accommodation is
practicum requirements. Travel and	included in the contribution.
accommodation is included in the contribution. Clinical release funding not journaled to clinical areas	Clinical release funding provided to PHC and ARC
One paper per nurse allocated. Further	One paper per nurse allocated. Further
prioritisation may occur based on equity or	prioritisation may occur based on equity or
population need.	population need.
Māori and Pacific applicants prioritised as per Te	Māori and Pacific applicants prioritised per Te Pae
Pae Tata.	Tata.
Papers delivered in Wellington will be supported. RNs in MHAIDs and NICU will be supported to complete specific papers/course (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.

HSS Prioritisation Process

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

- Service Nurse Director and line managers rank applications from 1 (most supported) to 10 (less supported) 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)
 - 6. Intensive Care nurses will utilise the critical care funds for postgraduate study in the first instance prior to accessing postgraduate funding

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. Previously all HSS applicants were 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, however, Primary/ARC applications were accepted without a current PDRP with the expectation they will achieve applicable level within the year of study. With an increased amount of nurses participating in RN prescriber in community health programme and RN prescribing, NAML agrees that all nurses need to be current on the PDRP at time of application, including those working in Primary, Community and Aged & Residential Care.

Applications Open **1**st **August and close 6**th **October 2023**. Nurses can engage in and clarify the process from attending the District roadshow on 3rd August, viewing the webinar outlining the requirements is available for all nurses on the websites across the District, and individual career conversations with NAML team and staff from Workforce and Practice Development Unit.

Approved by NAML on 3 May 2023