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27 May 2022

s 9(2)(a)

By email: s 9(2)(a)
Ref: H202205347

Dear s 9(2)(a)

Response to your request for official information

Thank you for your request under the Official Information Act 1982 (the OIA) to the Ministry of Health (the Ministry) on 8 April 2022 for information relating to relating to the report, *Building a Sustainable Nursing Workforce for Age Related Residential Care Services*. You specifically requested:

> *"What workstreams has the Ministry of Health (the Ministry) discussed and what work has been undertaken relating to the report, Building a Sustainable Nursing Workforce for Age Related Residential Care Services by Dr Frances Hughes dated 24 June 2020 and sent to the Ministry shortly afterwards."*

The Ministry has identified four documents within the scope of your request. All documents are itemised in Appendix 1 and outlines the grounds under which I have decided to withhold information. Where information is withheld, this is noted in the document itself. I have considered the countervailing public interest in release in making this decision and consider that it does not outweigh the need to withhold at this time.

While these documents do not the directly address the report, they relate to it, as they cover the area of nurse shortages and provides an overview of the work being carried out by the Ministry. All current nursing workforce workstreams including the Age Residential Care (ARC) are a direct consideration. This includes recent Ministry led recruitment campaigns and the return to nursing fund.

Please note that in Document 2 Appendix 2: *Initiatives currently being developed* this progress has changed since the briefing was drafted. There is currently ongoing work carried out in this area to provide support for future improvements.

I trust this satisfies your request. Under section 28(3) of the OIA, you have the right to ask the Ombudsman to review any decisions made under this request. The Ombudsman may be contacted by email at: info@ombudsman.parliament.nz or by calling 0800 802 602.

Nāku noa, nā

Lorraine Hetaraka
Chief Nursing Officer

Appendix 1: List of documents for release

#	Date	Title	Decision on release
1	2 August 2021	Aide-Mémoire: Meeting with the New Zealand Aged Care Association on 3 August 2021	Released with some information withheld under section 9(2)(a) to protect the privacy of natural persons. Some information has been identified as 'out of scope' and removed accordingly.
2	4 November 2021	Briefing: Aged Care Nursing	Released with some information withheld under: • Section 9(2)(a); and • Section 9(2)(f)(iv) to maintain the constitutional conventions that protect the confidentiality of advice tendered by Ministers and officials. Some information has been identified as 'out of scope' and removed accordingly.
3	16 August 2021	Briefing: Initiatives to grow the nursing workforce	Released with some information withheld under section 9(2)(a).
4	2 December 2021	Memo: Exploring a Nurse Entry to Practice (NETP) programme in Aged Residential Care (ARC)	Information released in full.

MINISTRY OF HEALTH
MANATŪ HAUORA

Aide-Mémoire

Meeting with the New Zealand Aged Care Association on 3 August 2021

Date due to MO:	2 August 2021	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20211739
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General, Health System Improvement and Innovation	s 9(2)(a)
Jim Nicolson	Manager, Healthy Ageing, Health System Improvement and Innovation	s 9(2)(a)

MINISTRY OF HEALTH
MANATŪ HAUORA

Aide-Mémoire

Meeting with the New Zealand Aged Care Association on 3 August 2021

Date due:	2 August 2021
To:	Hon Dr Ayesha Verrall, Associate Minister of Health
Security level:	IN CONFIDENCE **Health Report number:** 20211739

Details of meeting:
3 August 2021
4:00 pm – 4:30 pm
4.5 Executive Wing

Purpose of meeting/ proposal:
The New Zealand Aged Care Association (NZACA) has indicated it would like to discuss the following issues:

i. registered nurse (RN) shortage, pay parity and related funding issues
ii. Funding Model Review - Letter of Assurance
iii. Aged Care Commissioner
iv. health system reforms
v. COVID-19 Managed Isolation and Quarantine (MIQ) availability.

NZACA will be represented at the meeting by:

- Simon Wallace, NZACA Chief Executive
- Warick Dunn, Deputy Chair of the NZACA
- Kathryn Maloney, NZACA Principal Analyst

- Jim Nicolson, Manager, Healthy Ageing, Health System Improvement and Innovation, Ministry of Health (the Ministry) will also attend.

Key issues:

Registered nurse (RN) shortage, pay parity and related funding issues

- Aged Residential Care (ARC) providers are having difficulty retaining and recruiting RNs risking the availability and quality of care in some facilities.
- A new District Health Board (DHB) Multi-Employer Collective Agreement (MECA) settlement will exacerbate the issue.
- The Ministry, DHBs and NZACA are working on addressing nurse shortages with a range of actions including:
    - amending contingency plans developed to prepare for COVID-19 outbreaks to the current situation
    - working with the Ministry of Business Innovation and Employment (MBIE) on issues relating to the recruitment of nurses from overseas
    - increasing nurse numbers in the longer-term through education places and potentially a *return to nursing* programme
    - better use of enrolled nurses and caregivers within their scope of practice.
- The Ministry is also engaging with Te Kawa Mataaho Public Sector Commission as it develops a pay parity framework.

Funding Model Review - Letter of Assurance

- DHBs and NZACA have jointly written to the Minister of Health seeking support to continue with the development of the funding model recommended by Ernst and Young on the basis that the new model will not be implemented without agreement between the parties.
- Providers have expressed their view that they are unlikely to support the proposed model without additional funding.
- The Minister of Health's office has yet to refer the letter (attached as Appendix 1) to the Ministry of Health for comment.

Aged Care Commissioner

- Out of scope [redacted]
- NZACA wants the Commissioner to take a leadership and advocacy role, not just compliance and complaints. For example, NZACA state that the Commissioner could speak out on funding, workforce and the role aged care can play as a mainstream function of the health sector.

- Your media statement released on 31 July 2021 is consistent with NZACA's view and stated that "The Aged Care Commissioner will proactively provide leadership and advocacy for systemic change across the entire sector".
- The note to the editor with the media statement stated "The role will cover:
    - strategic oversight and stronger sector leadership to drive quality improvement in collaboration with other agencies
    - report on emerging issues and thematic improvements in the aged care sector".

Health System Reforms

- NZACA will be meeting with the Transition Unit later this week. The Ministry has asked to join the meeting.
- The Ministry has encouraged NZACA to engage with the Transition Unit and look for opportunities to play a role in improving outcomes, especially for Māori.

COVID-19 Managed Isolation and Quarantine (MIQ) availability

- ARC providers are having issues with recruiting nurses from overseas into New Zealand.
- Responsibility for MIQ places rests with the Minister of Immigration.
- Nurses are part of the critical health worker border exemption, meaning they can come to New Zealand under current border settings.
- All critical health workers are able to access time-sensitive and emergency allocation in MIQ.
- The Ministry has worked closely with MBIE to influence border settings. This has resulted in critical health workers:
    - being uncapped (one of the only categories that does not have a cap)
    - being exempt from the fees increase that was implemented for all other critical workers.

This aide-mémoire discloses all relevant information.

Clare Perry

Clare Perry
Deputy Director-General
Health System Improvement and Innovation

Talking points for the meeting with the New Zealand Aged Care Association

Registered nurse (RN) shortage, pay parity and related funding issues

You may wish to:

- acknowledge the importance and urgency of retaining and recruiting nurses in aged residential care for vulnerable older people
- reinforce the need to develop contingency plans for situations where critical nurse shortages arise in aged residential care
- refer any funding issues raised to the Minister of Health.

Funding Model Review - Letter of Assurance

You may wish to:

- acknowledge the agreement between the NZACA and DHBs to progress the main recommendations by Ernst and Young in the Aged Residential Care Funding Model Review, along with a commitment to not implement case-mix approach to funding categories without agreement between the parties
- suggest that the NZACA await a response to the letter from the Minister of Health.

Aged Care Commissioner

You may wish to:

- reiterate that the Commissioner will:
    - proactively provide leadership and advocacy for systemic change across the entire aged care sector
    - provide strategic oversight and stronger sector leadership to drive quality improvement in collaboration with other agencies
    - report on emerging issues and thematic improvements in the aged care sector.

Health System Reforms

You may wish to:

- encourage the NZACA, when it is in discussions with the Transition Unit, to look for ways it can play a role in improving outcomes for older people, particularly for Māori.

COVID-19 Managed Isolation and Quarantine (MIQ) availability

You may wish to:

- note that responsibility for MIQ places rests with the Minister of Immigration
    - note that there are no barriers to nurses being eligible to come to New Zealand while acknowledging that MIQ slots still have to be available for them to do so.

MINISTRY OF HEALTH
MANATŪ HAUORA

Briefing

Aged Care Nursing

Date due to MO:	4 November 2021	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	HR 20212285
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		
Copy to:	Hon Andrew Little, Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Clare Perry	Deputy Director-General Health System Improvement and Innovation	s 9(2)(a)
Lorraine Hetaraka	Chief Nursing Officer	s 9(2)(a)

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister's Notes ☐ Withdrawn

Comment:

Aged Care Nursing

Security level:	IN CONFIDENCE	**Date:**	4 November 2021
To:	Hon Dr Ayesha Verrall, Associate Minister of Health		

Purpose of report

1. This report informs you of progress on Ministry of Health (the Ministry) initiatives to address aged care nursing shortages and provides advice on establishing a taskforce to address nursing shortages in the aged care sector. It discloses all relevant information and implications.

Context

2. There is a significant and growing shortage of nurses[1] in aged care resulting in nurse managers covering shifts, some facilities reducing intakes of new residents and others closing parts of facilities to ensure that they maintain adequate nursing cover.

3. There is a world-wide shortage of nurses in all work settings. In New Zealand:

   - the number of nurse graduates is insufficient to meet demand. The biggest constraint on training numbers is the limited number of clinical placements available during training
   - the difficulty of obtaining visas for nurses from overseas has eased and the major barrier of obtaining managed isolation places, which over-time will be alleviated by the 300 places per month for critical health workers
   - there is a particular shortage of graduate nurses of Māori and Pacific ethnicity, partly through insufficient students attaining the prerequisite subjects and partly through high drop-out rates. Drop-out rates are lower in programmes designed specifically for Māori and Pacific students.

4. In aged care, both residential and home support nurse shortages are exacerbated by:

   - the pay gap between nurse wages paid by most aged care providers and wages paid by district health boards (DHBs). The gap has widened with the recent MECA settlement for DHB nurses and may be further increased by the nurses pay equity settlement that is expected to be reached sometime before early 2022
   - the reliance on immigrant nurses (54 percent of registered nurses in aged residential care are internationally qualified) who only stay long enough to fulfil visa requirements
   - the demand for nurse vaccinators, managed isolation nurses and nurses to meet safe staffing agreements in DHBs
   - Aged residential care (ARC) providers unwillingness to use enrolled nurses.

[1] **New Zealand Aged Care Association estimated a shortage of 900 nurses in July 2021 out of total of 5,000 nurse positions but have not yet compared that to a 'normal' level of vacancies. Home care providers state that nurse vacancies are between 10 and 20 percent.**

DHB Survey of Health of Older People managers

5. A DHB Technical Advisory Service (TAS) survey in October 2021 responded to by 15 DHBs recorded the following:

   - all DHBs have had calls from ARC facilities to discuss managing nurse shortages ranging from 1-2 facilities contacting small DHBs to 10-12 facilities contacting large urban DHBs
   - nurse shortages are occurring across all types of facility
   - DHBs can offer advice to ARC providers but cannot lend nurses because of their own shortages
   - some facilities are limiting admissions, especially of residents with complex needs
   - choice for prospective residents is reduced and residents may receive fewer services
   - staff burnout creates a cycle of increasing vacancies and loss of continuity of care
   - there is also a significant health care assistant workforce shortage.

Ministry of Health initiatives

6. Initiatives that increase the supply of nurses for all work settings indirectly assist the supply of nurses to aged care because they lessen the recruitment of aged care nurses by other sectors. Most initiatives to improve the number of nurses involve additional funding and policy changes by organisations other than the Ministry.

7. s 9(2)(f)(iv) [redacted]

8. This report covers existing initiatives (Appendix 1) and additional initiatives the Ministry can progress (Appendix 2) that are particularly helpful for aged residential care. Some additional explanation of existing schemes is included in the Appendix 3.

Sector taskforce

9. You requested advice regarding the development of an aged residential care taskforce with representatives from the sector to work together to identify and implement solutions to address the shortage of nurses in the sector.

10. The Ministry has for several years worked with the New Zealand Aged Care Association to identify opportunities to address nursing shortages across aged care. Many of the initiatives developed have been included in HR20211805.

11. In late 2019 a Nursing Pre-Registration Pipeline Working Group was established to collectively progress improvements to the nursing pre-registration pipeline and to support the nursing workforce's ability to meet current and future challenges.

12. The working group has representatives from the aged care sector, DHBs, New Zealand Nurses Organisation (NZNO), Nursing Council of New Zealand, nursing educators and Ministry. Seven workstreams have been established (see Appendix 4) including one

specifically on aged residential care. This group is the best way to address the shortage of nurses in the aged care sector because its membership includes organisations that are able to collectively address nursing workforce issues.

Equity

13. Nine of the 23 possible initiatives set out in HR20211805 are directed at supporting Māori or Pacific nurses as their greater representation within the health workforce has been identified as a strategy to improve health outcomes for these populations.

14. Two initiatives aim to increase the number of nurses in rural areas as they tend to have chronic undersupply of health professionals.

15. Four other initiatives respond to financial barriers to nurse training that are the greatest barrier for students from lower socio-economic backgrounds.

Next steps

16. Officials are available to meet with you and the Minister of Health to discuss these initiatives.

Recommendations

We recommend you:

a) **Note** that pay parity for primary and community nurses is yet to be resolved

b) **Note** that there is no funding available to advance the 20 possible initiatives outlined in HR20211805 aimed at growing the nursing workforce that require additional funding

c) **Note** that the Ministry has worked with the New Zealand Aged Residential Care Association to identify options to address nursing shortages in the aged care sector

d) **Note** that a Nursing Pipeline Group has been set up with appropriate representation of sectors to initiate improvements in the supply of nurses, including to aged care

Clare Perry
Deputy Director-General
Health System Improvement and Innovation
Date: 4 November 2021

Hon Dr Ayesha Verrall
Associate Minister of Health
Date:

Appendix 1: Existing initiatives

Nursing Entry to Practice (NEtP)	NEtP programmes are for newly registered nurses, undertaking study in the Professional Development and Recognition Programme (PDRP) framework approved by the Nursing Council New Zealand. NEtP funding is $10.5 million. Placements are arranged by DHBs.	Includes graduates working in aged care, but very few make use of it (0.3 percent of NEtP participants)
Voluntary Bonding scheme	The Voluntary Bonding Scheme is a financial incentive programme offering financial incentives to improve recruitment and retention. 71 nurses were bonded to service in aged care in the 2021 intake.	Includes graduates working in aged care
Enrolled Nurse Support into Practice Programme (ENSIPP)	ENSIPP supports enrolled nursing graduates to commence their careers within a well-supported, safe, environment assisting them to become skilled and confident in their clinical practice. ENSIPP funding is $0.9 million.	Includes graduates working in aged care
Border exemption for critical health workers	While the New Zealand border is closed to almost all travellers, critical health workers can receive a visa. 300 managed isolation slots a month will also be available from November 2021.	Includes nurses seeking to be employed in aged care
Skilled migrant residency	A new one-off residence pathway for work visa holders to remain in New Zealand permanently was announced on 30 September 2021. Nurses are included in the eligible occupations.	This is very helpful for aged residential care
Gerontology Acceleration Programme (GAP)	Canterbury DHB uses Ministry funding of nurses undertaking gerontology related post-graduate papers with clinical rotations in aged care. Ministry total nurse post-graduate course funding is $12.8 million. 60 nurses working in aged care were supported to take post-graduate papers in 2020.	Southern DHB is also investigating introducing GAP
Nurse Practitioner Training Programme (NPTP)	The Ministry funds 50 nurses p.a. to complete the NPTP nurse practitioner training. Providers need to arrange for mentors, preceptors and education support.	Aged care is prioritised, but few (2 in 2021) apply because provider support is lacking.

Appendix 2: Initiatives currently being developed

Description	Progress	Next steps
1. Prioritise aged residential care (ARC) in a *support to return to practice* programme for New Zealand trained nurses without annual practicing certificates and internationally qualified nurses working as health care assistants in residential care who have a degree qualification and are permanent residents.	The Ministry has held initial discussions with the NZACA Nursing Leadership Group about piloting a programme. $2 million is available in 2021/22 for this and nurse recruitment using Nursing Accord funding. Support could include costs of assessment, and extra training required eg, English language, travel.	The Ministry is awaiting data from NZACA on the number potentially qualifying for support – ie, degree qualified permanent residents working as health care assistants in aged care.
2. Supporting Pacific trained nurses without a degree qualification, but with permanent residence, who are working as health care assistants to gain nursing registration.	The Ministry is discussing this with the Nursing Council. Currently there is no training programme or registration pathway available.	The Ministry is continuing talks with the Nursing Council with the aim of increased flexibility in the accreditation process.
3. Nursing recruitment campaign (not specifically for aged care) and include a national nursing recruitment website. It will target school leavers, Māori and Pacific and those who have left the workforce.	Out of scope [redacted]	
4. Aged residential care providers claim under their contracts with DHBs that border changes have increased their costs by more than 1.5 percent of revenue and funding needs to increase to enable them to pay nurses more.	The Ministry is supporting the DHB Technical Advisory Service (TAS) to assess the claim. Providers have been asked to quantify the basis for their claim.	It is not clear that the claim meets the formal requirements of the clause in the contract, but DHBs recognise the validity of issues of pay parity. There is no obvious source additional funding for aged care.

Appendix 3: Further detail on existing schemes

Nursing Entry to Practice (NEtP)

- NEtP programmes are for newly registered nurses, undertaking study to Level 2 in the Professional Development and Recognition Programme (PDRP) framework approved by the Nursing Council New Zealand.
- The NEtP programme includes clinical preceptor support throughout the 12-month programme, a sharing the clinical caseload for six weeks and 12 group learning or study days. The Ministry of Health makes a contribution to the cost of NEtP programme ($7,500 per graduate). DHBs allocate the funding, including to aged care providers. DHB employed graduate nurses are enrolled in NEtP as a matter of course. A limitation for aged care is the lack of nurses who have had the preceptor training. DHB Directors of Nursing may bring graduates working in aged care into their own programme or provide educators into aged care.

Voluntary Bonding Scheme

- The Voluntary Bonding Scheme (the Scheme) is a financial incentive programme for several health professions offering financial incentives to improve recruitment and retention in order to address inequities in the geographic and specialty distribution of health workforces, including representation of Māori and Pacific peoples. The annual Scheme budget for all professions is $6.92m.
- For nurses, entry to the Scheme is targeted to new graduates. Analysis of historical workforce data indicates that registered nurses on the Scheme have higher retention in hard-to-staff specialties compared to nurses not on the Scheme.
- Aged Care nurses were added to the Scheme as an eligible specialty in 2011, and since that time 601 registered and enrolled nurses have registered with the Scheme with bonded service in aged care, including 71 in the recent 2021 intake. NEtP is eligible bonded time within the Scheme. The incentives offered are after-tax payments of $8,499 for an initial three-year bond, and $2,833 each after a fourth and fifth year.

Enrolled Nurse Support into Practice Programme (ENSIPP)

- The programme is for Enrolled Nurses in their first year of practice after graduating with a Diploma in Enrolled Nursing. The Ministry funds the ENSIPP at $8,685 per graduate, including 10 sessions of clinical guidance by an experienced nurse (precepting) and training to themselves become preceptors. DHBs work with non-government organisations including Aged Residential Care, home and community providers to enrol nurses. The provider must have a clinical preceptor or preceptorship team support to enrolled nurses throughout the 12-month programme.
- The employers must release the enrolled nurse for eight study days and two orientation days.

Appendix 4: The Nursing Pipeline Pre-Registration Programme

Initiative One: Working with the education providers to identify the reasons ***why students are not completing their studies***, with a special focus on those leaving in both the first and third years of study
Initiative Two: Working in partnership with Māori Nurse Leaders and education providers to identify the reasons **why *Māori students* are *taking up to 5 years*** to complete their bachelor level nursing studies
Initiative Three: Look at options for an ***Enrolled Nursing pathway to complete bachelor level*** nursing programmes and options for a pathway to Enrolled Nursing for those who exit the Bachelor of Nursing programme

Initiative Four: ***Support and assist with Aged Residential Care (ARC) Workforce Plan***
• assist with potential changes by the Nursing Council around:
  – requirements of clinical placements in ARC
  – whether the clinical complexity ARC hospital care matches DHB hospital level for clinical hours
  – recognition of clinical simulation in placement hours
• assist ARC providers develop:
  – a programme to showcase the new world of ARC to students through a positive lens
  – retention strategies, to reduce turnover
  – scholarships, ad campaigns that highlight ARC as a nurse-led sector
  – increase number of preceptors
  – a national career pathway from student to nurse practitioners
• national quota of NEtP placements in for aged care
• increase in funding for master's entry nursing programmes

Initiative five: Review of ***NEtP*** including potentially actively matching graduates to places including in aged care through the DHB operated ACE programme
Initiative Six: Review of ***clinical placements*** during education
Initiative Seven: ***recruitment*** campaign
The pipeline project is also developing a numerical model to predict the ***supply and demand*** for nursing over the next ten years

ENDS.

Briefing

Initiatives to grow the nursing workforce

Date due to MO:	Monday 16 August 2021	**Action required by:**	N/A
Security level:	IN CONFIDENCE	**Health Report number:**	20211805
To:	Hon Andrew Little, Minister of Health		
CC:	Hon Peeni Henare, Associate Minister of Health Hon Aupito William Sio, Associate Minister of Health Hon Dr Ayesha Verrall, Associate Minister of Health		

Contact for telephone discussion

Name	Position	Telephone
Lorraine Hetaraka	Chief Nursing Officer	s 9(2)(a)
Pam Doole	Clinical Chief Advisor, Office of the Chief Clinical Officers	s 9(2)(a)

Minister's office to complete:

☐ Approved ☐ Decline ☐ Noted

☐ Needs change ☐ Seen ☐ Overtaken by events

☐ See Minister's Notes ☐ Withdrawn

Comment:

Initiatives to grow the nursing workforce

Security level:	IN CONFIDENCE	**Date:**	16 August 2021
To:	Hon Andrew Little, Minister of Health		

Purpose of report

1. This briefing proposes a plan of work to increase the nursing workforce in response to high levels of nurse vacancies and to support the success of the nursing recruitment campaign announced by you in July 2021. It proposes shorter-term initiatives (Appendix Table One), longer-term increased investment (Appendix Table Two) and cross agency coordination to improve the education pipeline to increase the domestic supply of nurses (Appendix Table Three).
2. This report discloses all relevant information.

Summary

3. The nursing supply of internationally qualified nurses (IQNs) has been significantly reduced during the COVID-19 pandemic.
4. Shorter-term initiatives have been identified e.g. return to nursing, prioritising border entry for New Zealand nurses returning and programmes to enable some international nurses working as healthcare assistants to gain New Zealand registration.
5. Longer term strategies to increase the domestic supply of nurses are outlined that focus on removing barriers for Māori and Pacific students. Further discussions with other agencies are planned to determine which strategies may be feasible at this time.
6. These initiatives will be developed into a programme of work and prioritised. We will identify how the programme can be resourced and funding implications and report back to you by the end of September 2021.

Lorraine Hetaraka
Chief Nursing Officer
Office of the Chief Clinical Officers
Date: 16 August 2021

Hon Andrew Little
Minister of Health
Date:

Initiatives to grow the nursing workforce

Key points

7. The COVID-19 pandemic and the reduction in the supply of IQNs has highlighted New Zealand's domestic supply issues. New Zealand (NZ) has relied heavily on IQNs to grow its nursing workforce over the past two decades. IQNs contributed 55% of new registrants in 2018/19 and 58% in 2019/20 - 5062 nurses over two years[1] or 2500/year.

8. Immigration data identifies that since the pandemic (the last 16 months) only 471 nurses have entered the country to complete a Competency Assessment Programme (CAP) prior to registration and another 354 nurses entered as critical workforce[2], a total of 820 nurses.

9. Technical Advisory Services Limited (TAS) has completed some draft projections that indicate the enrolments may increase slightly but completions will remain below 1800 per annuum for the next five years. Increased demand for nurses is expected from all parts of the health sector as the population ages[3].

10. You announced a recruitment campaign[4] to fill 1450 nursing vacancies. This campaign would initially focus on nurses who have left the workforce, NZ nurses who are overseas and IQNs based in New Zealand. Potential sources of untapped supply are limited in the current situation and strategies that focus on retention will be just as important (see Appendix Table One).

11. Recruitment, re-employment and retention will all be important for safe services for the public and safe environments for the workforce.

12. Inequities in remuneration for nurses across the sector creates problems for non-District Health Board (DHB) providers e.g. aged residential care (ARC) and primary care. Increasing remuneration for DHB nurses under the current Multi-Employer Collective Agreement (MECA) negotiation has the potential to exacerbate the shortage. Some DHB nurses may reduce their hours of work and nurses from other areas may move into DHB employment making the shortage in other areas more critical.

13. The domestic nursing education pipeline is not producing enough nurses to meet demand. Initiatives to reduce barriers and enable growth include staircasing of qualifications (Health Care Assistants (HCAs) to Enrolled Nurses (ENs) to Registered Nurses (RNs)), and working with other agencies to look at improvements to the pipeline including student funding to allow greater participation, earn as you learn options, reduction in student attrition, and the active increase in Bachelor of Nursing (BN) places by identifying more clinical learning placements and simulated practice options (See Appendix Table Three).

[1] Nursing Council of New Zealand (Nursing Council) registration data
[2] It is possible a nurse could have entered multiple times during the timeframe
[3] TAS July 2021 Unreleased modelling nursing pre-registration pipeline work
[4] The Mental Health Directorate and New Zealand Nurses Organisation (NZNO) have already planned nursing recruitment campaigns and there is a need for strong coordination across this work

14. The current nursing workforce is not reflective of the makeup of the general population with only 7% of nurses identifying as Māori and 4% as Pacific. Greater representation within the health workforce has been identified as a strategy to improve health and economic outcomes for these populations. Increasing Māori and Pacific enrolments and completions and total graduate numbers will require cross agency approaches to nursing workforce planning, funding and education models.

15. Māori and Pacific students often come from lower socio-economic communities and the costs of completing education is prohibitive. This will require significant investment and approaches that enable earn as you learn to overcome living costs and lost earnings for students from lower socio-economic backgrounds (see Appendix Tables Two and Three).

Background: Lack of growth in the domestic nursing education pipeline and barriers for Māori and Pacific students

Lack of growth and student attrition

16. Analysis of Tertiary Education Commission (TEC) data[5] identified falling enrolment in BN programmes from 2014-2018. Enrolments from Māori, Pacific and Asian students increased over this period with Māori averaging 17% per year. An average of 2432 students enter the programmes each year but completions at year three average 1800. The data points to early exit of students from BN programmes (an average of 29%) with most leaving at the end of the first year. Māori and Pacific students have lower completion rates with approximately 35% of Māori and 40% Pacific students leaving programmes. A study[6] into attrition found:

    - High attrition rates link to financial difficulties and lack of academic support and pastoral care.
    - There is a gap between social and academic language skills, which contributes towards high fail rates.
    - Informing potential students of the reality of nursing is a key element to recruitment.
    - Indigenous content and culturally appropriate care within the curricular and learning environment promotes retention.
    - A tutor with the knowledge and skills to support multicultural students boosts retention.
    - A range of strategies are needed and no one strategy will be the answer.

Increasing participation by Māori and Pacific

17. This will require interventions earlier in the education system, such as ways to lift school achievement, engagement, awareness and inspirations of under-represented students or targeted funding policies, such as scholarships that cover living costs[7].

[5] TAS (June 2021) The New Zealand Nursing Pre-Registration Education Pipeline
[6] NMIT Academic Staff https://www.nmit.ac.nz/news/review-identifies-barriers-to-success-for-nursing-students members in nursing published a literature review into barriers to success for nursing students
[7] Pii-Tuulia Nikula and Kay Morris Matthews Zero-fee policy: Making tertiary education and training accessible and affordable for all? New Zealand Annual Review of Education (2018) 23: 5-19

18. Addressing cultural and social aspects of primary and secondary education is necessary to improve participation for Māori and Pacific students. These include: the need to build positive links between schools and families; high expectations from teachers; early academic preparation and inspiration; guidance with secondary school subject options with clear educational pathways and support; and the importance of cultural 'fit'[8].

19. The non-university sector (14 Institutes of Technology and Polytechnics (ITPs) and 1 Wānanga) play a significant role in producing Māori and Pacific nursing graduates (83% of Māori and 84% of Pacific graduates were from ITPs in the year ending March 2019). Māori and Pacific BN (Bachelor of Nursing) programmes have been successful models to support these students to registration[9].

Cost barriers contribute to inequities

20. Tertiary education is available to almost everyone however the availability of funding impacts heavily on access due to the burden of student debt[10]. Students are required to pay student component fees and course related costs to the tertiary provider[11]. Students can access student loans, student allowance and student loan living costs if they meet the eligibility criteria.

21. The student allowance does not cover living costs and for lower socio-economic students foregone earnings may be a significant reason for not entering tertiary education as well as family expectations, students' own aspirations, perceptions and aptitudes, mediating factors such as prior school attended and prior achievement, availability of tertiary level study options, and broader contextual factors, such as demographic trends, economic cycles and available job opportunities[12].

22. In 2009, the training incentive allowance for sole parent beneficiaries was made available only for Level 3 and below qualifications. These changes have changed the demographic of students completing nursing degrees and excluded more mature students or parents, those who may have completed another qualification[13] or those aged over 40 years. The greatest proportion of graduates (42%) are under 25.

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[8] Ibid

[9] The programmes teach curriculum based on kaupapa Māori and Pacific perspectives and provide cultural support that can be lacking in mainstream programmes. Students graduate with dual cultural and clinical competencies that prepare them to work in Māori health with iwi and communities. TEC data from 2014 indicates the 4-year completion rate for the BN Pacific at MIT was 80% and the BN Māori at Whitireia was 82% compared with 69% for Māori students and 60% for Pacific students across mainstream programmes in all ITPs.

[10] In 2003, the average nursing student debt from all sources was $19,294. In 2017, the most common level of debt from student loans was reported to be $15,000-$29,000. 40% of nurses had four or more sources of financial support. In 2018, the Ministry of Education (MoE) reported that 75% of student debt was paid in 11.4 years

[11] The costs for nurses also include health checks, vaccinations, uniforms and equipment and transport to clinical learning experiences

[12] Pii-Tuulia Nikula and Kay Morris Matthews Zero-fee policy: Making tertiary education and training accessible and affordable for all? New Zealand Annual Review of Education (2018) 23: 5-19

[13] There are five graduate entry 2-year master's programmes that produce a small number of registered nurses but accept students with health and other degrees

Earn as you learn and staircase of qualifications

23. Earn as you learn may be a more successful pathway for some students. A staircase of qualifications from HCAs to ENs to RNs may also allow students to earn while achieving shorter qualifications. This would require employers to enable employment while they learn.

Greater coordination of programmes and providers to secure supply

24. In recent years there has been an increase in the number of providers and nursing programmes being offered but this has not led to an increase in graduates. Although nursing programme equivalent full-time student (EFTS) funding is not capped, the number of students appears to be constrained by the number of available clinical placements. Some work on the ideal number of providers, sites and methods of delivery may be beneficial. Also, greater investment in educators and quality simulated practice could increase capacity for students within nursing programmes.

25. Potential initiatives are divided into those that would require budget bids (see Appendix Table Two) and those that don't have substantial new costs or would be funded by TEC (see Appendix Table Three).

Equity

26. This briefing discusses financial and other barriers for Māori and Pacific peoples to enrol and complete nursing education programmes and proposes initiatives that would improve equity and increase the proportion of Māori and Pacific nurses. This is a key strategy to improving health outcomes for these population groups.

Next steps

27. These initiatives will be developed into a programme of work and prioritised. We will identify how the programme can be resourced and funding implications and report back to you by the end of September 2021.

ENDS.

Appendix

Table One: Short-term (1-2 years) initiatives to support the recruitment campaign

Initiatives (in order of priority)		Context	Priority for potential impact
Return to nursing NZ nurses	Focusing on NZ nurses who have left the workforce and need to complete a return to practice programme or supported orientation	Scoping work underway It is unclear how many NZ nurses may wish to return to nursing An initial pilot is being discussed with the Aged Care Association to potentially start in September	**High** Funding already allocated in 2021/22 budget using Nursing Accord underspend - $2million available this year
Coordinate advertising and incentives for NZ nurses to return from overseas	Potential to use DHB underspend from nursing vacancies to standardise overseas recruitment and relocation incentives	MIQ capacity is currently a barrier but this could be removed for nurses in Australia in two months if the travel bubble is restored The Ministry has contracted KPMG to undertake a comparative analysis of differences in remuneration and cost of living etc for nurses in Australia and New Zealand with a report back by October	**High** Dependent on border decisions

Initiatives (in order of priority)		Context	Priority for potential impact
Promote retention strategies for employers	Encourage employers to offer flexible working, wellbeing strategies, organisational support and career support to attract nurses back and support older experienced nurses within the workforce	A range of retention bundles were identified for Part C of the Nursing Accord. These could be fully developed by DHBs/Health NZ	**High** Best placed as a strategy for employers to work with NZNO Explore TAS to lead this initiative
Bridging programme for Pacific nurses	Create education/language/ registration pathways for nurses educated in Pacific countries who have migrated to NZ but have not been registered as nurses here	Proposed pilot of 35 nurses who are permanent residents to complete a 1-year bridging programme Nursing Council standards may be a barrier	**High** Funding still be to be determined
Bridging programme for other IQNs	Create education/language/ registration pathways for nurses educated in other countries who are working as HCAs in ARC but have not been registered as nurses here	Nursing Council standards may be a barrier	**High** Could include in Return to Nursing funding (above) if permanent residents
Reduce barriers to IQN migration	Work with immigration to prioritise IQNs to enter the country to complete CAPs and seek employment (time sensitive travel applications)	There are several barriers such as immigration policy and capacity and MIQ capacity that would need to be addressed. These barriers apply to NZ citizens and other critical workers etc	**Medium** Ministry/Minister continue to discuss with MBIE/Immigration Minister to influence Limited ability for Health to effect change Potential ringfence MIQ places

Table Two: Initiatives requiring investment/budget bids

Strategy	Initiatives	Potential budget bid
Funding for students Self-funding by students from low socio-economic backgrounds perpetuates inequity they may already experience because of lower educational achievement, lack of financial resources within their whānau and other life circumstances that create additional costs e.g. need for childcare, poor internet access etc Nursing as a clinical degree has additional cost for students that they must self-fund e.g. health checks, vaccinations, uniforms and equipment and transport to clinical learning experiences Barriers to loans and allowances based on previous qualifications and age can be a barrier to graduates from other disciplines	1. Work with MoE, TEC and Ministry of Social Development (MSD), Ministry of Pacific Peoples and Te Puni Kōkiri to introduce tertiary scholarships including living costs for Māori and Pacific from low socio-economic backgrounds 2. Work with MoE, TEC and MSD, Ministry of Pacific Peoples and Te Puni Kōkiri to look at funding models that limit participation in nursing education e.g. student allowance, student loan criteria and eligibility, rules for over 40-year olds 3. Work with MSD, Ministry of Pacific Peoples and Te Puni Kōkiri to reintroduce support for Māori/Pacific/all long-term beneficiaries (training incentives allowance) to undertake nursing programme 4. Work with MoE, TEC and MSD to fund clinical cost for Māori and Pacific/all students 5. Offer incentives for students to enter nursing programmes like teaching initiatives, bonding schemes, scholarships and tax credits 6. Promote Masters RN entry programmes to graduates and provide bonding for hard to staff areas e.g. ARC, rural etc	**High Priority** Potential joint budget bid with MoE, TEC, Ministry of Pacific Peoples, Te Puni Kōkiri and Health Explore feasibility of initiatives with other agencies

Strategy	Initiatives	Potential budget bid
Earn as you learn apprenticeship programmes Earn as you learn is a model that is being reintroduced for some vocations and could be explored for nursing. Teaching has a programme in NZ and an apprenticeship degree has been introduced in the UK	7. Pilot and fund apprenticeship programmes for BN and EN diploma	Propose a joint budget bid with MoE, TEC and Health Explore feasibility of initiatives with other agencies
Support graduates for longer and to work in non-DHB settings Extending Nurse Entry to Practice (NEtP) programme for additional years would enable the level 8 paper to be introduced later and in second year rotation to ARC and Primary Health to broaden the experience. Māori and Pacific nurses could be given the option of completing papers in their culturally specific leadership programme	8. Extend NEtP funding for Māori/Pacific/all nurses to enable employment in ARC and primary health and development of leadership skills	**High priority** Budget bid for Health required

Table Three: Initiatives to improve the pipeline through cross agency coordination

Strategy	Initiatives	Potential benefits	Priority
Pre nursing Promote nursing as a career in primary and secondary education and work with Iwi/Māori and Pacific communities to prepare students for entry	1. Work with MoE, TEC, NZQA, Kia or ahau ora, education providers and science academy etc, to coordinate effort and review effectiveness 2. Explore fees free foundation and entry to nursing programmes with TEC[14]	Anecdotal evidence suggests that nursing is not always well promoted early enough to attract students with the right NCEA subjects for entry This would reduce the debt burden for students without adequate NCEA English, Science and Maths	**High**
Earn as you learn Most students must work at the same time as studying. Employers would like them to have more work ready skills. Some employers are already offering students HCA positions	3. Explore employment of students by health employers and recognition of clinical hours with Nursing Council, education providers and employers	This would help students finance their studies and be socialised to the healthcare setting	**High**
Retention of Māori and Pacific students The strategies to reduce attrition of diverse learners are multiple and need to be understood and addressed within education	4. Explore with Te Pūkenga to develop more Māori and Pacific BN programmes 5. Work with the Nursing Pipeline group to examine causes of attrition including online learning 6. Encourage education providers to identify strategies to retain students within education particularly Māori and Pacific students	Specific māturanga/kaupapa programmes are successful at providing cultural and pastoral support for diverse learners All programmes need to increase their strategies to retain diverse learners	**High**

[14] Many students spend their fees free year attempting/completing these programmes which leads to three years of fees for the BN

Strategy	Initiatives	Potential benefits	Priority
Better coordinate and maximise the education pipeline Nursing graduate numbers are not currently planned to meet future workforce demand and there is no agency that provides oversight	7. Work with TEC, Nursing Council, education providers and health providers including iwi/rural providers to: a) determine the ideal number of providers and institutions and ideal number of graduates in each region and; b) to maximise student placements/substitution with simulation	Increasing coordination of providers and programmes could maximise resources and graduate output Increase clinical placements to reduce barriers to student numbers and learning experience types Improve the amount and quality of simulated practice experiences	Medium
Develop a staircase of qualifications Provide a career pathway and exit points for students to complete qualifications and then work. They could then re-enter and complete higher qualification	8. Request the Nursing Council to review the EN and RN Education Standards with Careerforce to establish a pathway and exit points for HCA/support workers, ENs and RNs 9. Explore the option of reintroducing a diploma in nursing for RNs (see comments above about attrition caused by requirements for academic language) 10. Promote EN programme fees free to students and employers[15]	This would have benefits for learners allowing them to enter the pathway at certificate level and then exit and later progress to a diploma and then a degree This could reduce academic and financial barriers and student debt	Medium

[15] This programme is fees free until 2022 under the Targeted Training and Apprenticeship Fund (free trades training)

MINISTRY OF HEALTH
MANATŪ HAUORA

Memo

Exploring a Nurse Entry to Practice (NETP) programme in Aged Residential Care (ARC)

Date:	2 December 2021
To:	Lorraine Hetaraka, Chief Nursing Officer
Copy to:	Andrew Wilson, Acting Deputy Director-General Health Workforce, Clare Perry, Deputy Director-General Health System Improvement and Innovation, Mark Powell, Group Manager, Community Health System Improvement & Innovation, Laura O'Sullivan, Acting Group Manager Policy and Insights Health Workforce
From:	Pam Doole, Clinical Chief Advisor Nursing, Office of the Chief Nursing Officers
For your:	Information

Purpose of report

1. This paper explores the potential for piloting a Nurse Entry to Practice (NETP) programme for nurse graduates employed in Aged Residential Care (ARC) by discussing the current context, other factors affecting the ARC nursing workforce including pay parity, over reliance on internationally qualified nurses (IQN) and underinvestment in the development of the nursing workforce.

2. It also discusses what can be learnt from a previous ARC NETP pilot, and other work that informs a potential approach which would require cross health sector cooperation, a dedicated development resource and additional funding depending on the model developed.

Current context

3. There is a significant and growing shortage of nurses[1] in aged care resulting in nurse managers covering shifts, some facilities reducing intakes of new residents and others closing parts of facilities to ensure that they maintain adequate nursing cover.

4. In aged care, both residential and home support nurse shortages are exacerbated by:

   - the pay gap between nurse wages paid by most aged care providers and wages paid by district health boards (DHBs). The gap has widened with the recent MECA for DHB nurses and may be further increased by the nurses pay equity settlement that is expected to be reached sometime before early 2022
   - the reliance on the immigrant nurses (54% of registered nurses (RNs) in ARC are internationally qualified nurses (IQNs)) who often only stay long enough to fulfil visa requirements

[1] New Zealand Aged Care Association estimated a shortage of 900 nurses in July 2021 out of total of 5,000 nurse positions but have not yet compared that to a 'normal' level of vacancies. Home care providers state that nurse vacancies are between 10 and 20 percent.

- the demand for nurse vaccinators, managed isolation nurses and nurses to meet safe staffing agreements in DHBs
- ARC providers unwillingness to use enrolled nurses (ENs).

5. Last year New Zealand Aged Care Association (NZACA) Nursing Leadership Group developed a report[2] on nursing workforce issues and proposed strategies to be funded by education and health to build a sustainable workforce. One of the strategies they proposed was that additional NETP funds be allocated to ARC providers. They note that "current NETP programmes are directed by DHBs and as such are focused predominantly on nursing in a hospital environment".

Background

High proportion of international nurses employed in ARC

6. The ARC sector which has a high proportion of IQNs (54%) and is currently affected by nursing shortages due to the COVID-19 pandemic and the reduction in supply of IQNs. Border closures have significantly reduced the number of IQNs entering New Zealand.

7. The over reliance on IQNs is concerning because nurses from overseas (the majority are from the Philippines and India) usually work in aged care as their first position in New Zealand when they are acculturating to a new country, culture, and health system.

8. ARC facilities generally do not have the same infrastructure to support new nurses through an extended orientation, professional development, and mentorship. New RNs will be expected to quickly take accountability for all residents' care working with a team of care givers.

9. ARC facilities have many residents with co-morbidities leading to high and complex care needs, and specialist dementia units. The NZACA Nursing leadership Group report[3] also requests funding for preceptors to support students and nurses entering ARC.

10. Several factors have led to this migration pathway for IQNs including:
    - differences in pay between ARC and DHBs means ARC is less attractive to New Zealand nurses
    - long term care is the only long term skilled migrant pathway for nurses
    - DHBs have largely ceased providing or have reducing placements for Competence Assessment Programme[4] (CAP) over time
    - agents and private CAP providers work to promote this employment pathway and;
    - migrant nurses are often dependent on the ARC employers for their initial visa.

11. It should also be noted that New Zealand benefits from this migration pathway by not having to invest in the undergraduate education of these nurses. The migration pathway is costly to the IQN and has the potential to lead to migrant exploitation.

[2] Hughes F. (2020) Building a sustainable nursing workforce for age related residential care services.
[3] Hughes F. (2020) Building a sustainable nursing workforce for age related residential care services.
[4] Nurses from the Philippines and India must enter New Zealand on temporary visas to complete a competence assessment programme before they can be registered in New Zealand.

High turnover, pay parity and pay equity issues

12. Nursing staffing issues in ARC have been identified over the past decade and been exacerbated by the DHB MECA settlement in 2018 that has increased the disparity in pay drawing RNs to DHB employment. The gap has widened with the 2021 MECA for DHB nurses and may be further increased by the nurses pay equity settlement for DHB nurses that is expected to be reached sometime in early 2022[5].

13. ARC experiences high nursing turnover estimated to be 42%.[6] This is attributed to the pay gap with DHBs but also to migrant nurses transferring to other settings with "higher status" once they have met the conditions of their work visa.

14. In 2019 and 2020, 31% of IQNs left ARC employment after one year of practice. It appears that most nurses are then employed in DHBs (10-15%) or other health areas but 4-5% become non practising and could leave the country. It may be that they use New Zealand registration as a steppingstone to Australia[7]. This creates churn and loss of nursing knowledge and expertise.

15. Care and support workers' pay equity settlement agreement in 2017 has increased their pay so that Level 4 caregivers now earn more than the entry level pay for graduate RNs.

Under investment in the ARC nursing workforce

16. Investment in nursing workforce development can come from the employer or from the Ministry of Health (the Ministry) through Health Workforce (HW) funding. HW funding is currently available for NETP, postgraduate nursing education and the Nurse Practitioner Training Programme (NPTP).

17. ARC currently employs about 9% of the nursing workforce but funding is accessed by very few ARC nurses. In 2019, 34 new graduate RNs were employed through Advanced Choice of Employment (ACE) and 46 RNs received postgraduate nursing funding. In 2020, 51 new graduate RNs were employed through ACE and 60 RNs received postgraduate nursing funding.

18. Only a small number of RN graduates identify ARC as a preference for employment through the ACE DHB scheme (see Table One).

[5] Note that ARC employers pay nurses at different rates – with a small minority paying the same as DHBs.
[6] Hughes F. (2020) Building a sustainable nursing workforce for age related residential care services.
[7] Most nurses who seek verification to practice in Australia from the Nursing Council are IQNs. In 2019-2020 they were 64% of the 1786 nurses seeking verification and 66% of the 1864 seeking verification in 2020–2021. It is not known how many nurses leave New Zealand.

Table One: ACE Applicants who expressed a preference for ARC and resulting employment status by annual intake[8]

	2017		2018		2019		2020	
	Mid Year	End of Year	Mid Year	End of Year	Mid Year	End of Year	Mid Year	End of Year
Applicants preferencing ARC (all preferences)	**34**	**39**	**35**	**59**	**19**	**59**	**26**	**72**
Applicants with ARC as first preference	*8*	*7*	*4*	*5*	*3*	*7*	*0*	*6*
Applicants with ARC as second preference	*12*	*10*	*5*	*11*	*3*	*10*	*1*	*16*
Applicants with ARC as third preference	*14*	*22*	*5*	*11*	*3*	*10*	*10*	*14*
Applicants with ARC as fourth preference			*7*	*12*	*4*	*9*	*7*	*15*
Applicants with ARC as fifth preference			*14*	*20*	*6*	*23*	*8*	*21*
Applicants employed to ARC who chose it as a preference	5	11	4	7	4	11	7	11
Applicants employed to ARC who did not chose it as a preference	3	22	10	17	3	16	4	29
Applicants who preferenced ARC and employed in Other settings	13	16	21	39	12	33	9	46
Applicants who preferenced ARC and were not employed and were in the talent pool when it closed	14	6	8	5	1	7	9	10
Applicants who preferenced ARC and withdrew or declined an offer	2	6	2	8	2	8	1	5

Data source: ACE Nursing Service (via TAS)

19. Although aged care is a priority area for the NPTP, University of Auckland, report only 2/50 positions being taken up by aged care nurses in 2019 and 2020. There are difficulties for ARC nurses to find employer support and mentoring.

20. This analysis indicates that ARC nurses are only accessing a very small proportion of NETP (3%) and postgraduate nurse funding.

21. The large numbers of IQNs in ARC will not be eligible for funding unless they are New Zealand residents.

22. The ARC funding contract between DHBs and ARC providers requires them to provide professional development for all care staff including orientation and mandatory training in care of the older person within six months. A minimum amount of eight hours per year is stipulated.

23. Other professional development for nurses may be provided but it is dependent on the employer and there is variation in the collective agreements within the sector.

24. The Voluntary Bonding Scheme (VBS) is a financial incentive programme offering financial incentives to improve recruitment and retention. 71 nurses were bonded to service in aged care in the 2021 intake.

Previous pilot of ARC NETP programme

25. In 2013, the Ministry funded and evaluated an ARC NETP programme that involved 7 DHBs, 11 ARC facilities and 15 RNs. This programme was given additional funding of $12,800 per place in addition to standard funding of $7,200 (total of $20,000). The evaluation found that:

- most of the graduates where not intentionally seeking a placement in ARC
- the DHBs made little change to the content of their programmes in response to the pilot and;

[8] Please note that these are primarily graduates employed by DHBs to an ARC practice setting. Ryman are currently the only aged care provider who engage in ACE and they are only employing a small number of NETP applicants at present.

- the additional funding was not necessarily the incentive for ARC facility participation but rather that the investment in supporting the graduate would result in their continuing to work in the facility for a second year.

26. 64% of the graduates completed the pilot. Most of these intended to seek positions in medical or surgical positions in DHBs within 6-12 months.

    Several recommendations were made to improve an ARC NETP including:

    - increased lead in time
    - promotion of ARC within undergraduate programmes as a career option
    - improved recruitment through ACE
    - criteria for selecting ARC facilities against criteria to be included in the programme including a preceptor who is not responsible for line management
    - permanent employment for graduates rather than a one-year contract
    - strengthened preceptorship and tailoring of the NETP to the ARC setting
    - the graduate assessment and the continued inclusion of the level 8 paper were thought to need review as they added stress and did not provide clear career progression.

27. Following the completion of the pilot the Ministry allocated one-off initiative funding for an additional 160 NETP and 40 ARC NETP placements in 2015. It has been reported that this year showed better results in terms of graduate completions in ARC. When this funding ceased, new graduates employed in ARC could sometimes access NETP programmes. Some DHBs provided NETP places for ARC new graduates above the HW funding rate. However, the focus on the initiative ceased and additional funding for NETP places was not secured until the Nursing Accord in 2018.

The Safe Staffing and Care Capacity Demand Management: Effective Implementation Accord (the Nursing Accord)

28. The MECA agreement between DHBs and the New Zealand Nurses Organisation (NZNO) included a Nursing Accord section that focused on the employment of all new graduate nurses. HW funding increased to support more graduate nurses to complete funded NETP programmes. Since 2019, funding for an additional 480 NETP training places has been available. This amount has been underspent in the last two years with an additional 406 nurses supported in 2020 and 294 in 2021.

29. Because improved pay for DHB nurses would have detrimental effects on other parts of the sector, the Ministry undertook to include primary health and aged care within the Nursing Accord work. A meeting was held with aged care and DHB representatives, NZNO, the Ministry and the Northern Regional Alliance (NRA) who administer ACE employment in 2019 to look at employment of new graduates in ARC.

30. Reasons for the low uptake of graduates to ARC were explored. These include:[9]

- the reputation of the sector
- stigmatisation in society for aging people
- perception that it is "basic care"
- failure of students and others to understand the breadth and complexity of gerontology and potential career options e.g., nurse practitioner
- the high levels of responsibility e.g., number of residents and care givers and lack of RN team support on shift and after hours
- exposure of students in pre-registration programmes could be off-putting in the first year and there is a lack of preceptors and mentors
- perceptions of low pay and lack of career opportunities
- lack of GP support for nurses in ARC
- lack of cohesion between ARC and DHBs
- level of staffing means that graduates cannot be supernumerary and released for study days
- lack of pay equity and parity.

31. There was discussion on the need to change the model and these suggestions were made:

- a seamless service between ARC and DHBs
- rotation of staff between settings including primary health and mental health
- ring fenced funding for ARC
- a positive campaign about aged care nursing for students and enhance placements through joint appointments
- provision of support for IQNs alongside graduates
- increase the focus on a career pathway for new nurses in ARC
- new bonding models
- extend the NETP to 18 months to allow for rotation
- make it like the Nurse Entry to Speciality Practice (NESP)[10] programme in mental health and addictions
- develop preceptor capability in ARC
- promote and support the nurse practitioner pathway
- develop a workforce advisory group to work across DHB and ARC
- provide incentives for ARC providers to achieve centres of excellence status to support graduates and their region
- improve gerontology content and placements in the undergraduate programme
- ensure NETP has ARC specific content and coordinators.

It was also noted that nurses in ARC need to learn to use the InterRAI care planning system in their first six months and that needs to be factored into planning.

[9] 2019 Workshop notes: supporting new graduates in aged care.

[10] The programme combines theory, supported clinical experience, clinical preceptorship, and supervision. Nurses receive a Postgraduate Certificate in Mental Health and Addiction Nursing. The programme is highly structured and new graduate nurses need a good level of support from employers. Nurses on the programme receive: regular professional supervision (in addition to routine supervision provided as part of employment) for a minimum of 10 hours and up to 20 hours during the programme, access to a preceptor at all times, provided by the employer, time away from the clinical setting (in addition to rostered days off) to attend formal learning.

The Gerontology Acceleration Programme (GAP)

32. Canterbury DHB has been coordinating a GAP since 2013 and has supported 28 RNs. The programme commences mid-year and is a 12-month nursing acceleration programme which provides extended learning and experience for RNs working with the older adult population. This programme provides the opportunity for nurses to participate in clinical rotations which may include acute medical or surgical, older persons' health and ARC settings, in conjunction with postgraduate education to enhance participant's knowledge, skills and understanding of the older persons journey through the care continuum.

Recent developments

33. The concept of a Centre (or Centres) of Excellence in aged care was identified by the Nursing Accord Group as one of a range of potential actions to improve workforce recruitment and retention in this sector. A discussion paper was developed in September 2020. The assumption was that a Centre (or Centres) of Excellence[11] would attract nurses to working in aged care, improve the quality of both student and graduate nurse practice experience, support their ongoing professional development, and improve staff retention. This initiative was not progressed.

34. In August 2021, nursing workforce initiatives were put forward to the Minister of Health including a proposal to extend the NETP to include a second or third year which would allow for rotations or deferral of the postgraduate paper until the second year. The Ministry have not been invited to make a budget bid to progress this initiative.

35. The postgraduate education specifications and NETP framework will be looked at in 2022 in preparation for any 2023 contracting arrangements.

36. The Nursing Pipeline project has recently commenced related subprojects including:

- support and assist with Aged Residential Care Workforce Plan and;
- a review of NETP/NESP Programme including looking at whether the postgraduate paper should be included in programmes.

Potential approach

37. This should be developed within a long term strategy for nursing workforce as global shortages are expected to increase over the next 10 years. ARC needs to be part of this strategy as demand for ARC services will continue to increase based on population aging

38. The Nursing Council should be encouraged to develop a different registration pathway that is less likely to lead to exploitation by agents and others.

39. The increasing disparity in pay and the lower valuing of this nursing work both need to be addressed. Regional collaboration between providers to share/support each other's staff development, recruitment and retention should be encouraged.

40. An ARC NETP has merit but to make lasting sustainable change other strategies need to be implemented alongside it. The most important of these is pay parity with DHB nurses.

[11] In the literature the term 'centre of excellence' commonly refers to a programme, institution, or unit with high levels of expertise and resources, which demonstrates integration, innovation, and collaboration, and has the required organisational culture and leadership support to ensure success.

41. Although Nursing Accord funding is available to support return to nursing it would be more useful to put resources towards developing a model for a NETP/NESP ARC and securing long term funding rather than completing a short term pilot based on existing NETP programmes that is not sustainable.

42. It should be noted that the Nursing Pipeline Group are reviewing NETP particularly the inclusion of a postgraduate paper in the first year of employment.

43. A longer programme with clinical rotation to other areas such medical/surgical, primary health, home health or mental health with a focus on gerontology or older persons health that includes postgrad papers in the second and third years could be explored. There is potential to integrate this with the VBS to enhance commitment to employment.

44. Consideration could be given to whether a NESP programme would be more appropriate given its success in mental health. This programme is funded at a higher rate and includes rotations and mentoring as well as postgraduate specialty papers.

45. Many of the strategies suggested by the previous pilot report and the 2019 meeting should also be considered including developing a career path for nurses in ARC, preceptor and mentor programmes, clinical rotations, and specific ARC content.

46. ARC could also consider growing their own nurses and this could potentially open access to earn as you learn funding and pathways for students particularly from Māori and Pacific communities. The student may be supported to gain health care assistant certificates, EN and RN qualification while working. MSD have signalled an interest in supporting this.

47. The ARC funding contract could be a vehicle for embedding more support for new graduates and IQNs to complete professional development and develop careers within ARC/gerontology.

48. A joint workforce committee between DHB and ARC and other providers should be established to guide this work it could be positioned with the existing nursing pipeline project.

49. These initiatives could be included in additional health workforce funding for 2022/23.

50. If the ARC/NETP is supported, resource would need to be allocated to develop a viable programme with ARC, DHB Directors of Nursing and the nursing sector.