

Sector Update from the Office of the Chief Nursing Officer

November 2018

Office Update

Advertising for the Chief Nursing Officer position closed on 7 October and the interview and appointment process is well underway. Dr Jill Clendon finished at the Ministry 2 November to take up a position as Associate Director of Nursing and Operations Manager for Ambulatory Care at Nelson Marlborough District Health Board. After two years of commuting from Nelson each week, Jill's family is thrilled to have her back home. We will miss her keenly though and would like to thank her for the work she has done in the Acting role over the past 9 months. Jane Bodkin will be Acting Chief Nursing Officer until the recruitment process is completed.

The Director-General of Health Dr Ashley Bloomfield has completed his restructure of the tier two positions across the Ministry and we can report that the Chief Nursing Officer position remains at the executive leadership table and will report directly to the Director-General. This ensures good continuity for the Office and its role across the Ministry.

Safer Staffing Accord

On 30 July 2018, representatives of the New Zealand Nurses Organisation (NZNO), district health boards (DHBs) and the Ministry of Health signed an Accord committing the parties to there being sufficient nurses and midwives in our public hospitals to ensure both their own and their patients' safety.

The Accord commits the Parties to the following:

- a) to explore options for providing employment and training for all New Zealand nursing and midwifery graduates, taking into account the current model for doctors, and report to the Minister of Health by the end of November 2018
- b) to develop any accountability mechanisms that the Parties believe are necessary (over and above those already agreed) to ensure DHBs implement the additional staffing needs identified by CCDM within the agreed timeframe (June 2021) and report to the Minister of Health by the end of February 2019
- c) to develop a strategy for the retention of the existing nursing and midwifery workforce and the re-employment of those who have left the workforce, and report to the Minister of Health by the end of May 2019.

This is a significant commitment to nursing by the current government and the Office is working closely with all parties involved to lead the programme of work required to develop the reports for the Minister. Our focus is currently on developing the first report exploring options for the employment and training of all New Zealand nursing and midwifery graduates. This includes enrolled nurses.

We are reporting regularly to the sector so please keep an eye out for updates. These will be available on our website. We are also seeking feedback from the sector in a variety of areas so may be in touch with you.

Care Capacity Demand Management (CCDM)

As part of the government's commitment to addressing issues raised by nurses during the 2017/18 MECA negotiations, \$38 million was made available to address immediate staffing issues and \$10 million for CCDM implementation support. DHBs are currently pulling together plans for how they will use the funding made available and submitting these to the Safe Staffing Healthy Workplaces Governance Group for review. Once reviewed and approved, the Governance Group forwards these to our Office for sign off and release of funding. Support and guidance on the funding is being provided by the Office to all DHBs and we are pleased to see the progress being made in identifying areas of pressure and recruiting to address these.

Of course one of the challenges of such a large injection of funding to the sector is where the extra nurses are coming from. Part of the Accord work outlined above will be to develop strategies to mitigate these issues, however we do expect immediate pressures on aged and residential care, primary health care and NGOs as recruitment takes place. We are encouraging all DHBs to consider the flow on effects of their recruitment strategies to these sectors and work with providers to minimise impact. This may include working with providers to identify and address issues other than pay that may be causing retention challenges such as workplace culture or joint professional development opportunities. Once the Accord work is complete, clearer pathways associated with recruitment and retention will be evident.

Registered Nurse workforce data

The number of Māori and Pacific nurses is increasing at a faster rate than other ethnicities. Table 1 is based on HWNZ forecasting¹ and Nursing Council data and shows the actual and forecast numbers (head counts) of practising Māori and Pacific RNs compared with the total number of practising RNs, at five-yearly intervals between 2013 and 2028.

Table 1: Registered Nurse actual and forecast numbers

	APC Year	Māori	Pacific	All Registered Nurses
Actual	2013	3,124	1,552	47,005
	2018	3,890	2,017	53,507
Forecast	2023	4,525	2,430	57,674
	2028	4,953	2,729	60,231

Between 2013 and 2018, the number of practising Māori RNs grew by 25%, and Pacific RNs by 30%, compared with overall growth of 14% of all RNs. The forecast growth over the 15 years from 2013 to 2028 for Māori RNs is 59%, and for Pacific RNs 76%, compared with an overall increase of 28%. This is still not sufficient to reach the goal of matching the proportion of Māori nurses with the proportion of Māori in the population, meaning we must continue our work in this area.

Nursing Pipeline

The Office has received data from the Ministry of Education (MoE) on completion rates for nursing students by ethnicity. This is useful in better understanding our nursing workforce pipeline. As always there are caveats and limitations to the data. In particular it is important to note that completion rates have been calculated for cohorts of students starting with all

¹ HWNZ nursing workforce **forecasts** are based on trends for the last three years (2016-2018) for each five-year age band in entries of new RNs, re-entries (after a break of less than five years) and exits from nursing. The three-year averages for these trends are projected forwards to produce the 10-year forecast. The **actual** numbers are the numbers of RNs with annual practising certificates as at 31 March 2013 and 2018.

enrolments at year one of the programme. Also, students completing a programme starting in the mid-year will be counted as having completed over four years, not three years, therefore we include four year completion rates here.

Ethnicity has been calculated using total response ethnicity: each nurse may report up to three ethnicities, and all these ethnicities are included here, therefore the ethnic groups overlap and overcount total numbers.

Table 2: Completion rates after 4 years for all fulltime domestic students starting BN degrees 200-2014 by ethnicity (total response)

Cohort commencement year	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
European	72%	71%	75%	74%	72%	70%	75%	74%	73%	77%	78%	79%	77%	78%	78%
Māori	57%	55%	58%	58%	48%	52%	54%	66%	56%	62%	60%	68%	69%	64%	68%
Pacific	37%	45%	49%	52%	58%	50%	55%	53%	48%	60%	65%	63%	64%	65%	70%
Asian	63%	62%	62%	71%	66%	70%	66%	65%	69%	74%	69%	76%	73%	71%	75%
Other	71%	70%	60%	67%	70%	57%	74%	72%	60%	66%	75%	71%	78%	72%	70%
Total	68%	67%	69%	71%	68%	67%	71%	71%	69%	74%	74%	76%	75%	74%	76%

Overall fourth-year completions for all nursing students have increased in the last fifteen years (from 68% for those starting in 2000 to 76% for those starting in 2014). The increase in rates for Pacific students has been dramatic, from 37% for the 2000 cohort to 70% for the 2014 cohort. This increase in completion rates for Pacific students coincides with the establishment of Pacific scholarships in 2005 and commencement of the Bachelor of Nursing (Pacific) programmes at Whitireia in 2007 and Manukau Institute of Technology in 2012. Rates for Māori have also increased to 68% but remain at 10 percentage points lower than European. Rates for Pacific are 8 percentage points lower than European.

Completion rates for Māori and Pacific students in BN Māori and BN Pacific programmes at institutes of technology and polytechnics are considerably higher than the overall BN completion rates for Māori and Pacific students. The data analysis by the MoE is for domestic full-time students starting their degrees between 2011 and 2014. Rates are for completion within four calendar years, allowing for students who start mid-year.

The outstanding success stories here are the completion rates for Pacific students in the BN Pacific programme at Manukau Institute of Technology (80%), and the completion rates for students in the Bachelor of Nursing Māori at Whitireia Community Polytechnic (82%). The overall four-year completion rates across all education providers are 66% for Pacific BN students and 69% for Māori BN students. It's great to have evidence of the value of these programmes where curriculum is based on kaupapa Māori and Pacific perspectives.

We will be continuing to explore this data as part of the Accord work and in discussions with the nursing sector.

Nurse Practitioner Training Programme (NPTP)

Health Workforce New Zealand (HWNZ) have been consulting with the Council of Deans of Nursing and Midwifery regarding the Nurse Practitioner Training Programme (NPTP). HWNZ will roll-over the current funding model for 2019 due to the limited time-frame to conduct a procurement process and the need to provide certainty for the 2019 cohort of NPTP students.

Health Workforce New Zealand and the Office of the Chief Nursing Officer will host a working group in February 2019 that will include an invitation to all Nurse Practitioner Programme

providers. The purpose of the working group will be to explore future options for funding mechanisms for NPTP for the following academic year (2020).

This will include considering options such as altering the funding model. An example could be that funding may follow the student. If this were to be the case, University and Polytechnic providers would bid for places.

The group could also consider opportunities to combine all nurse practitioner funding streams to optimise the growth of a work-ready nurse practitioner workforce.

In preparation for the February meeting, and in the interests of transparency, the NPTP programme model will be shared with all Nurse Practitioner Programme providers.

Older Persons Health

The aged care nursing workforce has been a focus of much discussion across the sector in the last few months, with heightened concerns about recruitment and retention. Concerns raised by providers include that turnover of staff is increasing, vacancies are taking longer to fill and there is increased use of a reducing pool of bureau nurses, especially in Auckland.

Aged care providers are also concerned that immigration settings are causing uncertainty for overseas nurses in aged care, contributing to turnover and shortages, and potentially leading to overseas nurses looking to other countries instead for work.

This last point about overseas nurses is not being seen in current data. Visa statistics show New Zealand remains an attractive destination, with increasing numbers of internationally qualified aged care nurses coming to New Zealand, although last year fewer came under the points based Skilled Migrant Category and more were on temporary visas. (Note that nurses on temporary visas are defined as high skilled so can continue to renew their visas and are not subject to the three year limit and stand down policy that affects migrant carers.)

There are a number of pieces of work underway to address concerns. As previously noted parties to the Nursing Accord are considering ways to minimise the impact of aged care nurses leaving to take up positions in DHBs. OCNO, HWNZ and the Health of Older People teams in the Ministry are also working together to prepare advice to the Hon Jenny Salesa on aged care nursing workforce issues, and a Briefing is due in November. In addition the DHB Health of Older People Steering Group are currently considering funding of aged care as part of their discussions, with a recommendation expected later this year.

Advice to the Ministry of Business and Employment (MBIE) is also being prepared as part of the annual review of the Essential Skills shortage lists. MBIE and Immigration NZ are currently considering submissions to shift aged care nurses off the Immediate Skills Shortage list back to the Long Term Skills Shortage list (LTSSL). Being on either list means employers do not have to demonstrate a labour shortage before recruiting from overseas. A shift back to the LTSSL would not directly increase numbers of migrant nurses, as whichever list nurses are on the number able to enter New Zealand is the same. But being on the LTSSL does have the advantage of providing some bonus points for residency.

A range of factors influence the attractiveness of aged care as a practice setting, how long nurses stay there, and whether internationally qualified nurses apply for residency, and a range of responses will be required. Leading aged care providers are already taking steps to attract and retain New Zealand and overseas nurses, including support for professional development, career planning and supported transition to practice programmes for graduates. It will be important for aged care and DHB nurse leaders to continue to work collaboratively on solutions to varying factors and we would be interested in your ideas and examples of strategies.

On that note, the Health Quality and Safety Commission is also interested in hearing about what is working well in the sector as part of their quality improvement in aged residential care project. They will share examples on their website – see <https://www.hqsc.govt.nz/our-programmes/aged-residential-care/projects/your-stories/> for more.

Primary Health Care

The working group formed following the primary health care nurse leaders workshop early in the year continues to work on a range of initiatives and ideas relevant to primary health care nursing. One key area of discussion has been how to promote the visibility and professionalism of nurses working in general practice. A simple thing we can do is to review our organisational websites and ensure all nurses are listed with their full name and qualification and any areas of specialty interest. There continues to be hesitancy among nurses regarding using their last name in public fora. There is no evidence that nurses are at any greater risk than doctors or other health professionals if they use their last name. We strongly encourage all nurses to introduce themselves in full in all encounters, wear name badges that include their full name and designation e.g. RN or EN, and ensure their details are included on organisational websites in full. These activities will help to promote the professional role of nurses and build understanding among colleagues and clients on the value of nurses.

The key messages from the primary health care nurse leader's day are now available on our website:

<https://www.health.govt.nz/our-work/nursing/nursing-leadership/primary-health-care-nursing-leadership>.

Mental Health and Addictions Update

The Director-General has announced his intention to establish a Mental Health Directorate at the Ministry with a Deputy Director-General sitting on the Executive Leadership Team. This signals an increased focus on mental health and addictions within the Ministry in line with the Government's priorities. The Office of the Chief Nursing Officer will continue to be involved in discussions on the mental health and addictions work programme and advise on mental health nursing practice and professional issues.

The Inquiry into Mental Health and Addictions has received over 5,500 submissions. A short extension has been given to the Panel for delivery of the Mental Health and Addictions Inquiry Report. The Ministry has made a submission to the inquiry which sets out its advice on developing a cohesive approach to mental health and addictions. You can read the submission here.

<https://www.health.govt.nz/our-work/mental-health-and-addictions/mental-health/mental-health-work-ministry/submission-government-inquiry-mental-health-and-addiction>

Guidance for nurse practitioners, designated prescriber nurses and designated prescriber pharmacists prescribing controlled drugs in addiction treatment was published on the Ministry's website in September. This guidance relates to changes made to the Misuse of Drugs Act that came into force in January 31, 2018.

<https://www.health.govt.nz/publication/prescribing-controlled-drugs-addiction-treatment-2018-guidance-nurse-practitioners-designated>

The 'Let's Get Real' framework is a framework for developing the right knowledge, skills, values and attitudes to effectively support people with mental health and addictions issues. On behalf of the Ministry, Te Pou have refreshed the framework with a broader focus for those working with people who are experiencing mental health problems and addiction wherever and whenever they are involved in or in contact with the health system – regardless of the

service context. This reflects the changing landscape of service delivery, such as closer integration of primary and secondary health services.

<https://www.tepou.co.nz/initiatives/lets-get-real-framework-refresh/192>

Jane Bodkin recently attended and presented at the Mental Health and Addictions Nurse Educators Forum in Auckland on 13 September and the 3DHB Mental Health and Addictions and Intellectual Disability Service Nursing and Allied Forum on 11 October.

Therapeutics Bill

The Government is working on a new and comprehensive regulatory regime to regulate therapeutic products in New Zealand which will replace the Medicines Act 1981 and its Regulations. The Minister of Health has confirmed his intention to consult with the sector on a draft of the Therapeutic Products Bill before it goes into the formal parliamentary legislative process. The Ministry is working towards having a draft of the Bill out for consultation before the end of the year. The policy team at the Ministry are leading this work. Jill Clendon and Jane Bodkin have been involved in the development so far.

Once we have a confirmed timeframe for consultation we will update the Ministry website and let you know.