



**Capital, Coast and Hutt Valley District
Prioritisation of Funding for 2025
Discussion Document**

To: District Nursing & Midwifery Leadership (NAML) for approval
 From: Anjana Naidu (Nurse Director Workforce Development, Capital, Coast & Hutt Valley District)
 Date: May 2024

Proposal

Postgraduate (PG) funding enables the development of a skilled and knowledgeable workforce that supports the services to deliver safe healthcare. This document outlines the prioritisation principles for nurses seeking postgraduate funding to complete postgraduate certificates, diplomas and masters qualifications. The prioritisation principles enable equitable access to limited funding for workforce development to meet population health needs. This funding was previously part of Health Workforce (HW) funding contracts and are now managed within the District based on previously agreed HW contracts. As such the allocated funding amounts have not changed since 2017. 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 principles.

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.

In 2022, as the health system was going through significant changes, Te Whatu Ora and Te Aka Whai Ora jointly created Te Pae Tata, Interim New Zealand Health Plan. Although in 2024 with the disestablishment of Te Aka Whai Ora by June 2024, and name change of Te Whatu Ora to Health New Zealand | Te Whatu Ora, there is no signal to change Te Pae Tata, the interim New Zealand Health Plan. The Interim New Zealand Health Plan continues as a guide to provide 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 replaced all the 20 District annual plans and positions the foundational actions for the two years.

<https://www.tewhatauora.govt.nz/whats-happening/what-to-expect/nz-health-plan/>

The five key shifts of the reform include:

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.

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

6. Māori Health
7. Pacific Health
8. Tāngata Whaikaha

From 1 July 2024, health targets will be reintroduced and these include:

1. Faster cancer treatment – 90% of patients receive cancer management within 31 days of the decision to treat.
2. Improved immunisation – 95% of children fully immunised at 24-months of age.
3. Shorter stays in emergency departments (ED) – 95% of patients admitted, discharged or transferred from an ED within 6 hours.
4. Shorter wait times for first specialist assessment – 95% of patients wait less than 4 months for a first specialist assessment.
5. Shorter wait times for elective treatment – 95% of patients wait less than 4 months for elective treatment.

Postgraduate funding within CCHV budget has been rolled over for 2025 and no additional funding has been made available, priority areas (as above health targets) and funding allocation principles are agreed to prior to August 2024 when applications open for 2025. Māori and Pacific applicants will be prioritised per Te Pae Tata.

Career conversations are a well-established career development mechanism to promote professional development aligned with population equity needs. The career conversations with **all** applicants will continue for 2025 postgraduate funding applications (including those on the Nurse Practitioner pathway). NAML team provides leadership, support and strategic direction regarding postgraduate funding and programmes across the District.

PG funding prioritisation principles for 2025

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
- 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, Prescribing papers for Clinical Nurse Specialists
 - 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.

Eligibility guiding principles

Hospital and Specialist Services (HSS)	Primary, Community and Aged & Residential Care
Applicants to have professional development and career conversations prior to application.	Applicants to have professional development and career conversations prior to application.
Applicants need to be current on the PDRP at time of application.	Applicants need to be current on the PDRP at time of application.
Paper cost and clinical release costs inform the CTN code (previously informed by Health Workforce funding. e.g. CTN 21 funds paper without mentorship, CTN 22 partially funds paper that requires mentorship e.g. RN prescribing where applicable. If nurses on the NP pathway are unsuccessful in receiving NPTP funding, they will receive PG funding towards two papers. Nurses will negotiate with their service area for supervision and clinical release time and funding in order to meet the prescribing practicum requirements. Travel and accommodation are not included in the PG contribution.	Paper cost and clinical release costs inform the CTN code (e.g. CTN 21 funds paper without mentorship, CTN 22 partially funds paper that requires mentorship e.g. RN prescribing where applicable. If nurses on the NP pathway are unsuccessful in receiving NPTP funding, they will receive PG funding towards two papers. Nurses will negotiate with their service area for supervision and clinical release time and funding in order to meet the prescribing practicum requirements. Travel and accommodation are not included in the PG contribution.
One paper per nurse allocated. Further prioritisation may occur based on equity or population need.	One paper per nurse allocated. Further prioritisation may occur based on equity or population need.
Māori and Pacific applicants prioritised as per Te Pae Tata.	Māori and Pacific applicants prioritised per Te Pae 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 ideally 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 PG certificate is ideally 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, Professional Development and Career plans and discussion with manager to ensure the choice of postgraduate papers is appropriate to 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 **1st August and close 4th October 2024**. Nurses can engage in and clarify the process from attending the District roadshow on 1st 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 8 May 2024

Revisited by NAML on 5th June

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