New models of tertiary education

Submission to the New Zealand Productivity Commission

Date: 4 May 2016

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About the New Zealand Nurses Organisation

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.

NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.

NZNO embraces te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is *Freed to care, Proud to nurse*.

EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Productivity Commission's issues paper on new models of tertiary education.

2. NZNO has consulted its members and staff in the preparation of this submission, in particular our professional nursing, industrial, policy, research and legal advisers, Te Rūnanga, Regional Council and Board members and members of our specialist Colleges and Sections.

3. NZNO represents 47,000 members and has almost 2,400 undergraduate student nurse members. There are also many thousands of nurses and midwives undertaking post registration education (38% of all practising Registered Nurses and 12% of Enrolled Nurses have an additional post registration qualification.[1]

4. NZNO has focused its response to the issues paper on those areas specific to regulated nursing practice i.e. the education of enrolled and registered nurses, nurse practitioners and midwives at the undergraduate and post-graduate levels. NZNO refers the Commission to the CTU submission for further information on education specific to non-regulated health practitioners such as kaiāwhina (health care assistants and support workers).

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[1] Nursing Council of New Zealand. (2015). *The New Zealand nursing workforce*. Wellington: Nursing Council of New Zealand. P.7.

5. NZNO supports the CTU submission to the Productivity Commission.

DISCUSSION

6. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Productivity Commission's issues paper on new models of tertiary education.

7. NZNO note the Commission's document is very focused on productivity and the contribution of education to productivity. It is essential to note that the direct links between education, qualifications and productivity are not as clear cut as may be assumed. NZNO refer the Commission to the UK paper by Keep et al.[2] who note there are a lot of factors associated with increasing productivity, not least the need to reconfigure:

    a) work organisation and job design;

    b) how the employment relationship is managed – in particular the need to increase employee input and decrease command and control environments (in contrast with the high performance work organisation (HPWO) model which has been successfully used with Air New Zealand); and

    c) in response to rapid societal change, "the need is for broad-based general education for all that creates theoretical understanding and the reasoning capacity upon which subsequent education and training can be build.

8. NZNO has structured its response based around those questions of specific relevance to nursing education from level 5 on the NZQA framework and above. Each question focused on is in italics with NZNO's response beneath.

9. *Q4 What is the business model of ITPs? Do the business models of ITPs vary significantly? In what ways?*

10. The issues paper states ITP business is to provide "vocational education and training" which has traditionally been perceived as different from degree-level courses offered by universities. However, both universities and ITPs offer equivalent Bachelor of Nursing (BN) courses (NZQA level 7). BN courses make up a substantial proportion of both student numbers and income for ITPs throughout New Zealand

[2] Keep, E., Mayhew, K., & Payne, J. (2006). From Skills Revolution to Productivity Miracle--Not as Easy as It Sounds?. *Oxford Review Of Economic Policy*, *22*(4), 539-559.

where they are offered. The business model for ITPs responds to particular community needs eg Māori and Pacific nursing courses at Whitireia and MIT, SIT's no fees policy, therefore providing local access to education. The definition of ITPs is not particularly useful in the light of the content and delivery of modern education which demands a high degree of flexibility, responsiveness, and access. Business models will vary considerably depending on location and resources, but success will depend on local knowledge and input, which is likely to be reflected in its board structure and that may mean an enhanced connection between local employment/business and the ITP (universities are traditionally more dependent on international connections). It is also worth noting that ITPs provide a useful pathway to University level qualifications e.g. enrolled nurses often go onto complete Bachelor's degrees.

11. *Q7 What are the implications of economies of scale in teaching (and the government funding of student numbers) for the delivery of tertiary education in different types of providers and for different types of courses and subjects?*

    While there is some merit in large class sizes and consolidation of course offerings by geography in order to obtain the economies of scale described, the risk is that access to higher education will be limited for some students. If course offerings are limited, then either funding must be made available to students to support access (rurality/disability/etc) or alternate offerings must be developed using new and emerging technologies. Geography should not be a limitation in this day and age but students may need extra support to ensure access to technological infrastructure e.g. funding for accessing high speed internet, computers and funded access to any face to face requirements.

12. *Q7 How does competition for student enrolments influence provider behaviour? Over what attributes do providers compete? Do New Zealand providers compete with one another more or less than in other countries?*

    NZNO has received feedback over the years that this is a significant, yet poorly discussed feature of nursing education in this country. Competition for numbers results in a lack of transparency at numerous levels including a lack of sharing of curriculum information between providers[3] resulting in poor consistency across the sector in terms of curriculum content with a subsequent potential for poor quality student outcomes, and an unwillingness to work collaboratively in clinical environments. For example, where multiple education providers use

[3] Monahan, K., & Clendon, J. (2015).Strengthening public health nursing education. *Kai Tiaki Nursing New Zealand, 21*(2), 34.

one clinical provider, assessment tools are frequently different as each education provider believes theirs is best. This leads to confusion for clinical providers and nurse assessors and may result in poor quality outcomes. There is little international competition between education providers for nursing students although some ITPs have actively sought international enrolments with mixed success. There are issues at the regulatory level for international students completing programmes in New Zealand.

13. *Q11 What are the benefits and disadvantages, in terms of students' learning outcomes, of bundling together research and teaching at universities in New Zealand?*

    This is a significant issue for institutions that provide nursing degree programmes and likely other clinically based degree programmes including medicine, physiotherapy, occupational therapy etc. Nursing academics in the ITP and University sector are required to be teaching and research active and clinically active. This is a three-way demand that is nearly impossible to meet. Nurse academics in the ITP sector in particular struggle to retain research activity as the infrastructure to support this is often lacking. There is very little funding for nursing research generally and without the research infrastructure of a University to support a nurse to apply and administer any funds received, nurse academics in the ITP sector often struggle to undertake research at all. So, nurses are pulled three ways in their attempts to provide excellence in nursing education and research. Better models are needed and while some have started to use professional clinicians (clinicians who provide the clinical component of training at ITPs and Universities and who do not need to be research active), there needs to be greater support for new models such as this across the sector. However, fixed term contracts for professional clinicians means little job security and with such significant demands on other nurse academics, and salaries at the entry level paying less than what can be earned in the clinical setting, there are real risks around recruitment and retention. With an ageing nursing academic workforce, it is likely New Zealand will face an academic workforce shortfall moving forward with commensurate impact on student outcomes.

14. *Q12 What value is attached to excellence in teaching compared to excellence in research when universities recruit or promote staff?*

    An academic track record of publications and funding is a pre-requisite for any senior nurse academic position in New Zealand. There is little or no weight put on any awards for teaching or student evaluations of teaching. An expert clinical nurse with post graduate experience and qualifications in teaching is unlikely to be appointed to a tenured position within a New Zealand university unless they also have a research and publications record. As noted above, the fixed term

contracting environment of these types of staff do not make this an attractive career choice and results in job precarity.

15. *Q17 In what ways and to what extent do employers interact with tertiary providers in New Zealand? Are there practical ways to encourage employers to have greater or more productive involvement in the tertiary education system?*

    Employer/education interaction in nursing programmes is high due to the requirement for clinical placements for students to obtain the required clinical skills of their programmes. However, education providers pay employers for these placements, access to placements can be variable depending on the employer, and quality of placements can be variable due to a range of factors including staff shortages, heavy workloads and little value placed on having students in the workplace.

    In terms of staff, employers are often able to provide expert clinicians to do some teaching in specialist areas within the tertiary institution but usually require payment for this. A lack of funding within the tertiary institute for guest speakers means this model is used only where an employer can release clinical staff without incurring extra costs. More conjoint positions would help alleviate these issues – for example joint appointments between university/ITP and employer. This model is used overseas but attempts to do it here are frequently fraught with issues over accountability of the staff member in the position, who pays who and how etc. Better integrated models are required. Administrative details should not be barriers to improved partnerships between employers and education providers.

16. *Q21 What arrangements for arranging workplace training and apprenticeships in other countries could New Zealand usefully learn from?*

    Refer to previous answer. NZNO have been consulted with regard to the development of the kaiāwhina workforce action plan developed by Health Workforce New Zealand and Careerforce, the ITO for the health and wellbeing sector. NZNO have concerns regarding the role of kaiāwhina in the health sector and appreciate being involved in the consultation process.

    Other models that may be useful include nurse practitioner training models in the USA.

17. *Q32 To what extent are graduates meeting employers' expectations with respect to hard or technical skills? What about soft skills and capabilities?*

    The quality of the education received is reflected in the comments from employers regarding work-readiness in nursing. The shift from an

apprenticeship system to a bachelor's degree as point of entry has been demonstrated internationally as a key determinant in patient outcomes – the more nurses in a workplace who have degree level qualifications, the better the patient outcomes in a range of measures including failure to rescue and mortality among others.[4]

However, employer complaints that nurses are not work-ready on graduation has led to the development of a transition to practice programme entitled Nurse Entry to Practice (NEtP) and Nurse Entry to Specialist Practice (NESP). The NEtP/NESP programme is available in all DHBs most years and provides a supported period of practice and study for up to 12 months (content and length of the programme varies by DHB). Outcomes from these programmes show new graduate nurses are more confident and competent in their practice and that recruitment and retention in DHBs is enhanced.[5]

Unfortunately, access to a NEtP/NESP programme is not universally available due to a lack of government funding. Just over 50% of new graduate nurses obtain places in a NEtP/NESP programme[6]. It is essential that new graduates have a structured transition programme in order to support their consolidation of learning into the workplace setting. As noted earlier, insufficient clinical placements while students are studying contributes to a lack of on the job training while attending a tertiary institute. Better funding of and access to clinical placements during training is recommended as is extending funding to ensure all new graduate nurses have access to a NEtP/NESP programme.

18. *Q34 What is being done to develop, assess and certify non-cognitive skills in tertiary education in New Zealand? Do approaches vary across provider types, or between higher, vocational, and foundation education?*

Nursing theory is based on humanistic, relational concepts revolving around the interpersonal relationship a nurse forms with a patient regardless of setting. The development and assessment of non-cognitive skills such as communication, presentation and care have long been cornerstones of nursing education. Other disciplines may find the assessment tools developed in nursing useful.

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[4] Aiken, L. H., Sloane, D. M., Bruyneel, L., van, den. Heede., Griffiths, P., Busse, R.,… Sermeus, W. (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *The Lancet, 383*(9931), 1824-30. doi:http://dx.doi.org/10.1016/S0140-6736(13)62631-8

[5] Haggerty, C., McEldowney, R., Wilson, D., & Holloway, K. (2010). 'We need to grow our own': an evaluation of nurse entry to practice programmes. Whitireia Nursing Journal, (17), 16-20.

[6] "Taking action over lack of nurse entry places." *Kai Tiaki: Nursing New Zealand* Feb. 2016: 36.*Academic OneFile*. Web. 25 Apr. 2016.

19. *Q36 What challenges and opportunities do demographic changes present for the tertiary education system?*

    The most significant impact in nursing education will be the ageing academic workforce. The average age of the nurse is now 48 years with the average age of the nurse academic well over 50.[7] A group of leading nurse academics from Universitas 21 identified the challenges facing most schools of nursing were almost universal and related to academic staffing, clinical placement experiences and expectations of academic and clinical performance. Basically, academia is not attractive to nurses.

    Reasons for faculty shortages were listed as: global migration; ageing faculty; decreased satisfaction with faculty role; lack of funding; poor salaries; persistent devaluation; reduction in FTE; and a decreased number planning to teach (Bogossian, 2016).[8] A shortfall of nursing academics is likely to have a profound impact on the provision of nursing education in this country unless effective measures are taken to address pay disparities between university and ITP equivalent positions and the clinical setting, actively encourage younger nurses to take on academic study, and address issues identified earlier.

20. *Q44 How has internationalisation affected New Zealand's tertiary education system? What are the ongoing challenges and opportunities from internationalisation of the tertiary education system?*

    Many New Zealand ITPs offer certificate of proficiency programmes for nurses who may have trained overseas but wish to meet Nursing Council of New Zealand requirements for registration in this country. These courses have resulted from both international demand and also demand internally to ensure nurses registering in this country meet competence requirements to practice here. Currently 27% of New Zealand's nursing workforce are internationally qualified and it is likely reliance on these nurses will grow as population growth and an ageing nursing workforce impact on domestic supply.[9] The challenge for ITPs providing courses for internationally qualified nurses sits around the availability of clinical placements. The availability of clinical placements is limited and many providers place priority on students who are completing bachelor programmes. New approaches to clinical practice including simulation, virtual reality and gaming will and have addressed

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[7] Nursing Council of NZ (2015) *The NZ nursing workforce: a profile of nurse practitioners, registered nurses and enrolled nurses 2014-15.* Nursing Council of NZ, Wellington.

[8] Bogossian, F. (2016). The view from our corners of the world: The future of tertiary education for nurses in research-intensive universities. Paper presented at the 6th International Nurse Education Conference, Brisbane, Australia.

[9] Nursing Council of NZ. (2013) *The future nursing workforce: Supply projections 2010 – 2035.* Nursing Council of NZ, Wellington.

some issues but there will always be a need for patient interaction to demonstrate competence. Better funding for clinical placements and the infrastructure within employers to support this is also required.

IELTS is a culturally and clinically inadequate tool with which to assess communication skills in New Zealand health settings and should be replaced with a more useful fit-for-purpose tool.

21. *Q59 How innovative do you consider the New Zealand tertiary education system is? Do you agree that there is "considerable inertia" in the system compared to other countries? If so, in what way and why?*

22. NZNO supports the CTU's submission and notes there is considerable innovation in education in New Zealand. In particular, NZNO note the introduction of the nurse practitioner qualification and workforce. While education through a Master of Nursing leading to the nurse practitioner scope of practice has been a feature of nursing post graduate education since the 2000s, this innovation has not been matched by employment opportunities for nurse practitioners – while several thousand nurses hold the required qualifications, there are only 142 nurse practitioners in the country.

Other important points:

23. In the UK, nursing students represent 7% of all students in higher education in the UK. 50% of students in higher education are women, 12% of this 50% is made up of nursing students. Nursing therefore contributes significantly to women in higher education. While the specific figures for students in nursing in New Zealand are unknown, and it is difficult to compare due to the differences in definition of higher education, it is likely that nursing education in New Zealand contributes significantly to the number of women in higher education here. This overall contributes to greater gender equality, improved socio-economic status of women, improved health outcomes for women and their children and wider whānau, and other benefits that cannot necessarily be measured economically. These outcomes may be difficult to measure in economic terms but are a direct result of women engaging in higher education. Greater support for nursing degree programmes and the women who complete them is warranted – particularly Māori and Pacific women.

24. Funding for post graduate education for nurses is made available through Health Workforce New Zealand (HWNZ) (previously the Clinical Training Agency [CTA]). HWNZ fund post graduate education for a range of health professionals including doctors and nurses. Nursing is the largest regulated health workforce and supervises the largest unregulated health workforce however nursing currently receives just 15% of the funding available to health professionals for post entry clinical training. This funding is designed to support new

entrants to practice (see point 17 above) and experienced nurses seeking post graduate qualifications. The inequities in funding mean nurses are frequently unable to access post graduate education due to cost and accessibility issues. While nursing education contributes significantly to improving the socio-economic status of women generally (see point 23), funding inequities such as these contribute to the pay equity gap experienced by women and, further, limits nurses ability to provide the expert care the ageing New Zealand population will need moving forward.

CONCLUSION

25. In conclusion NZNO recommends the Commission note:

- NZNO's concern regarding the emphasis in their report on productivity and note the importance of broad-based education;
- The importance of ITPs in meeting the specific educational needs of the communities they serve and the stepping stone they provide to further education;
- The growing impact emerging technologies will have on the provision of education throughout all education and employment sectors;
- The poor outcomes that can result from a lack of transparency between education providers;
- The extreme difficulties those in health professional education have in being clinical, research and teaching experts;
- The impact of fixed term contracts and resultant precarious work;
- The issues associated with providing quality clinical placements for students including cost;
- The need to fund post graduate transition programmes (NEtP and NESP) for nurses;
- That nursing approaches to teaching and assessing humanistic skills may be useful across the wider tertiary education sector;
- The growing challenge that shortages of nursing academics will have on the provision of tertiary education for nurses moving forward;

- The value of nursing education in contributing to gender equality, improved socio-economic status of women and improved outcomes for women, their children and wider whānau;
- The need to fund post graduation education of nurses to levels commensurate with physicians.

26. NZNO thanks the productivity Commission for the opportunity to comment on the new models of tertiary education issues paper.

27. NZNO will be happy to meet with the Commission to discuss this submission in further detail as required.

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