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MidCentral District Health Board | Te Pae Hauora o Ruahine o Tararua

# Nursing Entry to Practice (NETP) Programme

Programme Learning Framework and Handbook





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## Our Vision



MidCentral District Health Board | Te Pae Hauora o Ruahine o Tararua

## Executive Summary

The goal of the one-year Nursing Entry to Practice (NETP) Programme is to enable nursing graduates to practice safely, effectively and confidently as Registered Nurses (DHB Lead Nurses Group, 2019).

The MidCentral District NETP Programme reflects the NETP National Learning Framework (2019), the Ministry of Health Nursing Entry to Practice Programme Specifications (2017), and the Central Regions' strategic priorities.

The MidCentral District NETP Programme will enable new graduate nurses to provide competent and skilled nursing care in primary and secondary health settings, promote recruitment and retention, develop nursing networks and contribute to the health of our communities.

The programme supports nurses in developing confidence in nursing practice, independence in clinical reasoning and decision making, and acceptance of the responsibility of the registered nurse role. The nurse will have access to a supported teaching and learning environment, effective orientation and preceptorship. Nurse Educators work with the new graduate nurse and preceptor, teach, coach and support them as they progress through the programme.

The Learning Framework is based on the NETP National Learning Framework, Competencies for the Registered Nurse Scope of Practice (NCNZ, 2010) and the NCNZ approved Professional Development and Recognition Programme (PDRP) competencies. The nurse will be assisted in developing a career plan, which may include post graduate education. Funding to support this is through Health Workforce New Zealand (HWNZ).

# 1. Programme overview

Working together, health care providers and consumers across our district agreed that our vision be extended from “quality living-healthy lives” to include “well communities”, encapsulating an emphasis on a more inclusive and integrated health system that includes social sector partners as well as individuals and their family, whānau and communities. They also agreed the MidCentral Districts’ Strategic Framework four key priorities are:

- Achieve quality and excellence by design
- Partner with people and whānau to support health and wellbeing
- Connect and transform primary, community and specialist care
- Achieve equity of outcomes across communities.

The four core values underpinning our work are about being compassionate, courageous, respectful and accountable.



## 1.1 Programme Requirements

The NETP Learning Framework reflects the NETP National Learning Framework (2019), the Ministry of Health Nursing Entry to Practice Programme Specifications (2017) and the Central Regions’ strategic priorities.

The NETP programme integrates the principles of Te Tiriti o Waitangi, whānau ora principles and cultural safety in practice. The new graduate will achieve a competent level PDRP at the completion of the programme.

## 1.2 Programme Oversight

The NETP Advisory Group and the Associate Director of Nursing, Educational and Professional Practice provide strategic oversight of the programme. The NETP Advisory Group includes key stakeholders from primary and secondary health care providers, tertiary training providers, cultural advisors and past and present NETP nurses. The Advisory Group gives advice on and monitors the effectiveness of the programme, and ensures recruitment, selection and retention processes support the organisational strategic imperative of achieving equity of outcomes across communities through a workforce reflective of population demographics/ethnicity.

Key responsibilities of the Advisory Group include:

- Ensuring compliance with the philosophy and regulations of New Zealand's NETP programme
- Considering reports from other groups and their impact on the NETP programme
- Receiving programme evaluation reports and recommendations
- Monitoring the provision and uptake of cultural support including NETP satisfaction and perceived effectiveness

## 1.3 Learning Outcomes

At the completion of this programme the new graduate nurse will evidence the following outcomes:

- Domain 1: Professional Responsibility- competencies that relate to professional, legal and ethical responsibilities and cultural safety. These include being able to demonstrate knowledge and judgment and being accountable for own actions and decisions, while promoting an environment that maximises client safety, independence, and quality of life and health.
- Domain 2: Management of Nursing Care- competencies related to client assessment and managing client care, which is responsive to the client's needs and which is supported by nursing knowledge and evidence based research.
- Domain 3: Interpersonal relationships- competencies related to interpersonal and therapeutic communication with clients, other nursing staff and inter professional communication and documentation.
- Domain 4: Interprofessional health care and quality improvement- competencies to demonstrate that as a member of the healthcare team, the nurse evaluates the effectiveness of care and promotes a nursing perspective within the interprofessional activities of the team.

## 1.4 Study days

Study days are facilitated by subject experts and are a blend of generic and context specific days. A variety of teaching and learning methods, including scenario-based learning are used to develop the inquiry, problem-solving ability and reasoning needed to support clinical practice. Generic study days align with MidCentral District's organizational values, and support participants to identify and develop nursing skills and attributes that are transferrable across practice areas. The study days are a mandatory component of the NETP programme.

## 1.5 Clinical Practice

Clinical practice is core to the NETP vision of supporting safe, skilled and confident first year registered nurses (FYRNs) to develop and consolidate their clinical practice. The nurse will complete a minimum of 40 weeks at 0.8 FTE (4 days per week). The NETP programme does not currently offer clinical rotations.

## 1.6 Supernumerary Period

Supernumerary time is spent with an assigned preceptor. During the supernumerary period, the preceptor and new graduate nurse work together sharing a case allocation of increasing complexity. Preceptors continue to support and guide the new graduate nurses' learning and development throughout the programme.

## 1.7 Preceptorship

The Preceptor is a registered nurse who works alongside the new graduate nurse in practice to facilitate learning, teaching, assessment, evaluation and provide on-going feedback on their practice progression. The Preceptor and new graduate nurse develop, implement and evaluate an individualised learning plan that meets the learning needs of the nurse and assists effective integration into the setting. The Nurse Educator supports the preceptors through professional development as required including preceptor/assessor training.

Preceptors strengthen the application and use of nursing knowledge in clinical situations. By providing constructive feedback and facilitating critical and reflective practice they support practice development, clinical reasoning and skill development. The preceptor role is pivotal to the successful transition of the new graduate nurse into their new responsibilities, and therefore they must have regular and consistent time together throughout the programme.

Preceptors are required to meet the following criteria:

- A current annual practising certificate in the RN scope of practice
- Successful completion of a preceptor and/or assessor training programme
- Demonstrated commitment and willingness to support and encourage a new graduate nurse
- A commitment to provide feedback to the new graduate nurse and receive feedback on their performance as a preceptor.

Preceptors will initially participate in 16 hours of relevant education; with adult teaching and learning forming the foundation – and then relevant continuing education.

## 1.8 Goal Setting and Appraisals

Goal setting and performance appraisals will be undertaken to monitor progress and provide feedback in relation to expected programme outcomes.

The goal setting process is an opportunity to review progress and to discuss practice development and learning needs. Goals are set as per NETP Programme requirements and timeline. Further goal setting and review occurs as part of the performance appraisal. It is intended that goals are met in time for review at the subsequent appraisal.



The preceptor and the nurse manager provide oversight and feedback during the goal setting and appraisal process and work with the new graduate nurse to facilitate development. Other clinical staff may also provide feedback.

A performance appraisal against NCNZ competencies is undertaken at 12 weeks and at 40 weeks, prior to the submission of a competent portfolio and the completion of the NETP programme. Funding priority is given to those nurses completing the NETP programme, whose professional development and career plan at the 40 week performance appraisal meeting includes a plan of post-graduate study in their second year of practice.

## 1.9 Reflective Practice

Preceptors facilitate reflective practice within the workplace environment. Reflection involves looking at a situation and our response to it, and critically reviewing all aspects of the situation. Reflection can involve identifying positive and negative aspects of an event, as well as identifying the health-care providers' feelings and responses engendered by the event. Reflective practice conversations can include:

- Feedback on progress with goal setting and appraisals (which include joint goal development and assessment of progress)
- Progress on area specific skill development
- Ongoing education around areas requiring further development
- Contextualization of feelings and responses to particular situations
- Discussion of self-management strategies to promote health and wellbeing
- Peer support and critical reflection
- Cultural and clinical support.

Nurse Educators supporting graduate nurses, meet monthly with the FYRNs working in their practice areas, to facilitate reflective practice and to share and reflect on the graduate's experiences.

### ***Professional Supervision***

First year registered nurses participating in the NETP programme, take part in regular group Professional Supervision, facilitated by trained Supervisors. Professional Supervision is a key component of the NETP programme, and enables graduate nurses to resource their compassionate vocation, to develop resilience and to respond positively to the dynamic, changing health care environment. NETP Group Professional Supervision focuses on developing the FYRN's understanding of themselves, their motivation, feelings and responses, and to support them to consider complementary ways of thinking, being and doing. Professional Supervision helps the FYRN to lift their gaze above the specific actions and psychomotor skills associated with nursing tasks, and to integrate the four cornerstones of *taha wairua* (spiritual health), *taha whānau* (family health), *taha hinengaro* (mental health) and *taha tinana* (physical health) into their practice. The FYRN is supported to work flexibly in a dynamic, constantly evolving environment, and to safely navigate the complex professional and ethical dilemmas of nursing practice. Professional Supervision supports the FYRNs capacity to demonstrate MDHB's organisational values, enhances their personal growth and professional development, and promotes safe practice.

### 1.10 Support for *Māori* patients, *whānau* and staff

The MidCentral DHB Strategic Plan outlines key priorities, enablers, and approaches to meet the strategic imperative of achieving equity of outcomes across communities. Within the MidCentral region health inequities continue to exist, particularly for *Māori* and Pacifica people and *whānau*/families who experience socio-economic disadvantage. Health care providers play an integral role in addressing these disparities in health status and in promoting health equity by improving health outcomes for *Māori* and other population groups.

#### ***Māori Relationship Board – Manawhenua Hauora***

Our commitment to *Māori* health is formally recognised in a Memorandum of Understanding with Manawhenua Hauora - a consortium of the four *iwi* within the district, namely;

- Ngāti Kahungunu ki Tamaki Nui a Rua
- Ngāti Raukawa ki te Tonga
- Rangitāne o Manawatu and Rāngitane o Tamaki Nui a Rua
- Muaūpoko

Manawhenua Hauora is the formal *Māori* relationship board that sits as a Treaty partner to the MidCentral DHB's Board. The Memorandum of Understanding is put into effect through an annual work programme agreed between Manawhenua Hauora and MidCentral DHB. Manawhenua Hauora and MidCentral DHB's Board hold an annual *hui* to consider progress made over the past year and to discuss the next year's work programme and priorities. Manawhenua Hauora maintains the *Kaitiakitanga* (guardianship) of our *Māori* Health Plan.

Four fundamental principles underpin MidCentral DHB's and *Manawhenua Hauora's* commitment to *Māori* health:

- a common interest and commitment to advancing *Māori* health
- building on the gains and understandings already made in improving *Māori* health
- applying the principles of the Treaty of Waitangi to work to achieve the best outcomes for *Māori* health
- partnership and mutual regard  
(MidCentral District Health Board, 2016/2017)

#### ***Staff Support***

Cultural supervision is available to all staff and is provided at *Te Whare Rapuora* or a place where they identify as being comfortable. Supervision can take place on a one-to-one basis or facilitated as a group. First year registered nurses will be introduced to sources of cultural support available during induction and orientation. Cultural supervision enables a safe environment where trust is built through a process of *whakawhanaunga*, or building relationships and cultural issues relating your practice and *whānau*/family you are working with can be discussed.

Care for *whānau Māori* "honours and responds to individual patient, needs, values, preferences and goals." It is through this lens that we describe how *whānau*-centred care should be an imperative for all health care systems within the MidCentral district.

### ***Pae Ora Māori Health Directorate***

The Pae Ora Māori Directorate is committed to increasing the health status of *Māori* by ensuring that quality and effectiveness of services they receive are enhanced for that patient and their *whānau*.

The Pae Ora Māori Health Directorate has continued to consolidate its role and function within the organisation and across primary health and *whānau ora* sectors. Learning sessions with Te Tihi o Ruahine Whānau Ora Alliance and Pae Ora teams are regularly scheduled and undertaken. These provide a forum where staff share their work initiatives and practice models across the services creating practical integration between DHB and *Iwi/Māori* Providers.

Pae Ora consult strategically to ensure a *Māori* worldview is included throughout clinical pathways and service delivery level & new initiatives

- Promoting positive health messages from a cultural context.
- Support and direction for staff/clinicians in a planned co-ordinated approach.
- Cultural supervision for new staff.
- Advocacy is purposeful and powerful for the patient and their *whānau*.
- An integrated approach throughout both primary and secondary care will provide a seamless health service to *whānau*.
- Referrals for Whānau Ora or Kāinga Whānau Ora navigators to ensure positive strength based outcomes.
- Integration of Whānau Ora -family inclusive care.
- Treaty of Waitangi and cultural responsiveness education.
- A holistic approach based on *Te Whare Tapa Whā*.

#### **1.11 Cultural Support**

Examples of cultural support networks include the Pacific People Advisory Group, the Think Hauora Pacific Team and the Palmerston North Ethnic Council. In addition, there are staff across the network who have indicated willingness and competence in the provision of cultural support. The Nurse Educators have access to these resources and can assist the new graduate nurse to access appropriate cultural support.

#### **1.12 PDRP (Professional Development and Recognition Programme) Portfolio**

To successfully meet completion criteria for the NETP programme, the FYRN must successfully achieve a Nursing Council of New Zealand-endorsed Competent Level PDRP.

Information about the PDRP portfolio and training regarding writing to evidence competency are provided during the NETP programme.

## 2 Programme Requirements

### 2.1 Minimum Entry Requirements

To be eligible for the funded programme the new graduate nurse will:

- be engaged in the training programme described in this specification
- be a New Zealand citizen or hold permanent residency
- hold a pre-registration nursing degree from a Nursing Council accredited programme
- attain the nursing degree no longer than 24 months prior to commencement on the NETP programme
- hold registration with the NCNZ within the Registered Nurse Scope of Practice, 'in good standing' (i.e., have no restrictions on practice)
- have a current annual practicing certificate
- be currently employed as a Registered Nurse with in a MDHB/Ministry of Health funded health service, working a minimum of 0.8 FTE (32 hours/week)
- have not practised as Registered Nurse continuously in New Zealand for longer than six months before commencing the NETP programme
- complete the NETP programme within a minimum of 40 weeks and a maximum of 52 weeks.

While the funding for any new graduate nurse cannot exceed 12 months, the NETP programme provider is able to consider extending the timeframe for completing the NETP programme requirements in cases of illness or other individual special circumstances.

### 2.2 Recruitment and Selection

Nurses in their first year of practice apply via the Advanced Choice of Employment (ACE) process. Advanced Choice of Employment uses a centralised match process, which simultaneously considers the applicants work-place preference as well as the employers' preference of applicants.

The NETP Programme Coordinator manages the ACE process for recruitment and screens applications, facilitates interview and selection processes and liaises with nurse managers to facilitate employment of nurses. Graduate nurse recruitment into acute practice areas is aligned with the MidCentral District's organizational values, and applicants are invited to demonstrate their strengths through an assessment centre interview process.

### 2.3 Support Structures and Resources

The ongoing development, co-ordination, implementation and evaluation of the programme are the responsibility of the Nursing Practice Development team in partnership Nurse Leaders/Managers, preceptors and new graduate nurses.

The NETP programme policy (MDHB-2750) details each person's responsibilities in facilitating and supporting the Programme. The NETP Programme Coordinator and Practice Development team are responsible for:

- Supporting the nurse to identify their learning needs
- The development of preceptors working alongside the FYRN

- Monitoring service trends, professional and legal issues impacting on practice incorporating these into the programme
- Moderation processes, review and update of the programme.

## **2.4 Individualised Learning Plans**

The preceptor, FYRN, Charge Nurse and Nurse Educator will negotiate an individualised learning plan that identifies personal and organisation specific learning needs. This assists the preceptors and nurse educators to be more responsive to the individual requirements of each FYRN.

## **2.5 Confidentiality Requirements**

Internal processes are established to ensure confidentiality of the collection and storage of data related to programme participants and employing organisations. This is maintained on password protected computer databases. Participating organisations are notified of and consent to the information being collected and released to Nursing Council and Health Workforce New Zealand.

## **2.6 Completion of NETP Programme**

The FYRN must meet the following criteria:

- attend and participate in all study days
- work the minimum clinical hours as contracted (0.8 FTE minimum)
- have satisfactory performance appraisal at 12 weeks and 40 weeks
- complete mandatory and core training and enhanced learning requirements
- achieve a Competent Level PDRP Portfolio.

## **2.7 Exit Points**

Nurses exiting the programme prior to completing requirements will be provided with a transcript outlining education and competencies attained, including certifications gained.

## **2.8 Programme Delivery**

Study days are integrated throughout the programme to support self-directed learning and clinical practice experiences. There are a variety of teaching/learning strategies used, including clinical experts, self-directed learning activities, reflection, critical evaluation and case reviews. All FYRNs have access the MidCentral Centennial Clinical Library and the on-line learning platform Ko Awatea.

## 3 Assessment

### 3.1 Assessment Process

Activities such as individual learning plans, journaling, case review, and self and peer assessment will assist the nurse to reflect on practice, develop new knowledge and plan their ongoing development. Presentation of this work, in the form of a portfolio, will provide evidence of achievement.

### 3.2 Assessment Timeline

Assessment timeframes are outlined on the NETP timeline, and can be formal or informal and include the application of theory to practice. Assessment is based on mandatory, core and enhanced requirements and PDRP.

### 3.3 Inability to meet NETP Requirements

If a FYRN is having difficulty in meeting assessment requirements, it is recommended the Nurse Manager follows the process outlined in Appendix 2.

### 3.4 Appeals Process

If the FYRN does not achieve assessment standards they have the right to appeal the decision. This can be done by clearly stating their grounds for appeal in writing and forwarding this to the NETP Programme Coordinator within one week of notification of the assessment outcome.

On receipt of notification, the NETP Programme Coordinator will assemble a review panel who will assess the documented evidence and interview the applicant and preceptor within two weeks of notification of appeal. A written report and decision will be sent to the applicant with copies to the Nurse Manager within seven days of the review. The decision of the assessment review panel is final.

### 3.5 Programme Evaluation

The programme will be evaluated at 12 months. Included in the evaluation process are the nurses, preceptors, Nurse Educators and Charge Nurse/Nurse Managers.

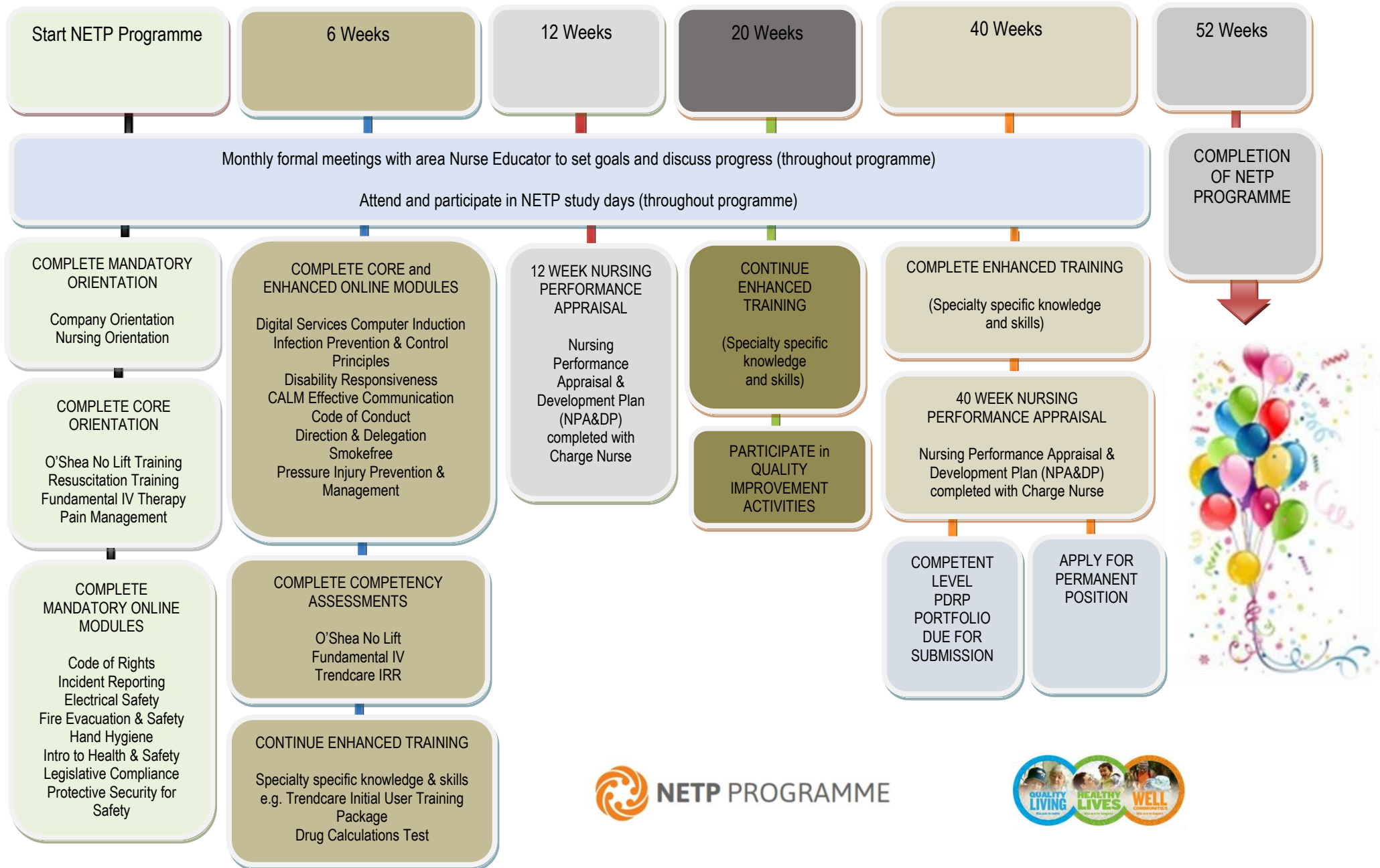
### 3.6 Moderation

The moderation process is designed to monitor validity, reliability and fairness of assessments and programme requirements as well as the uniformity of standards. The Nurse Educators will monitor the nurses' progress overall, including assessments and programme requirements. The NETP Advisory Group will monitor compliance with programme requirements.

### 3.7 Industry Involvement

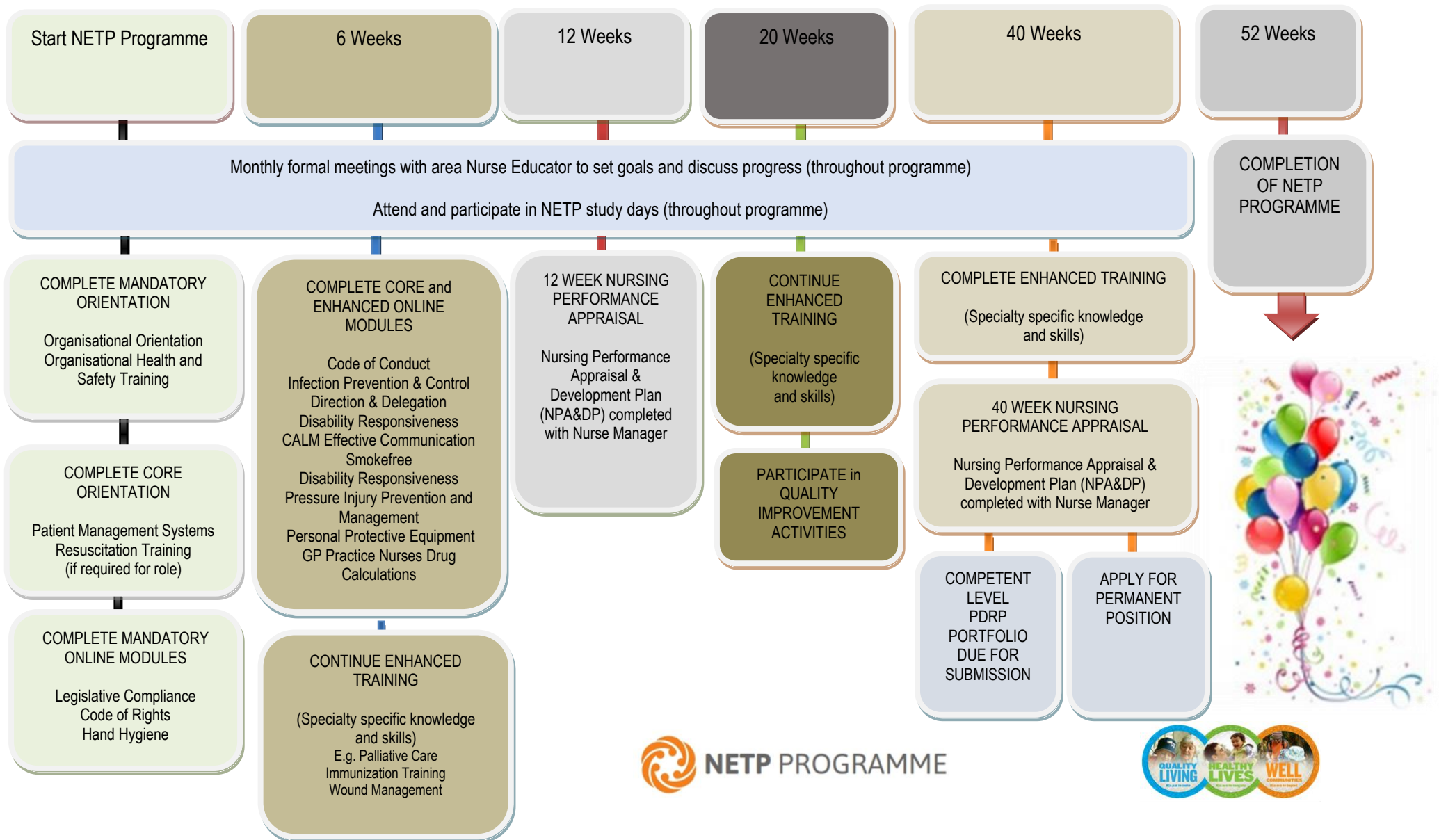
In our District the two main centres for tertiary nursing education are UCOL and Massey University, whose undergraduate nursing students access our health care settings for clinical practice experience. Nurse Educators work with the advisory groups of both providers on curriculum development and implementation, ensuring a smoother transition from student to registered nurse.

NETP TIMELINE HOSPITAL SERVICES



**Appendix 2: NETP Timeline Primary & Community Settings**

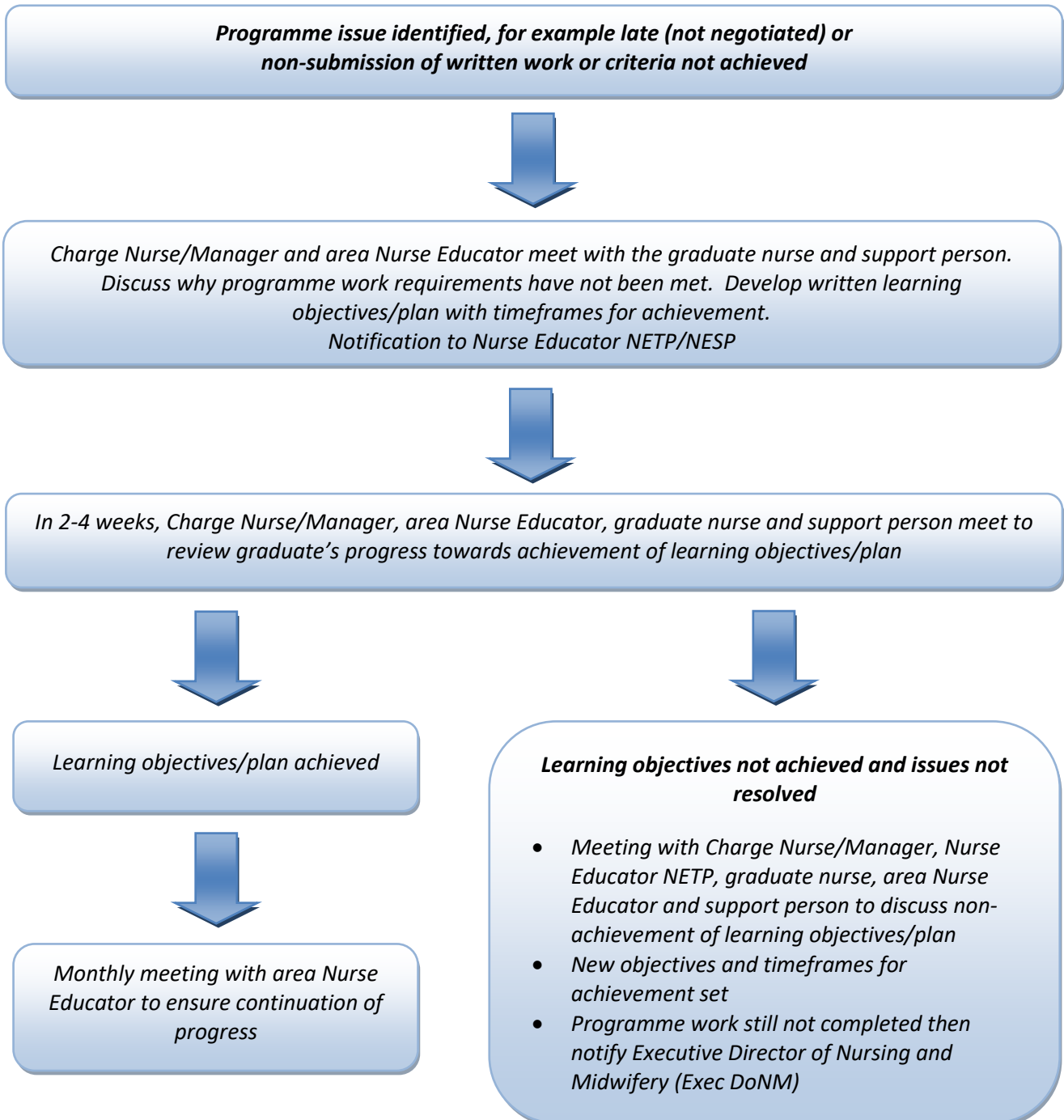
**NETP TIMELINE PRIMARY and COMMUNITY SETTINGS**



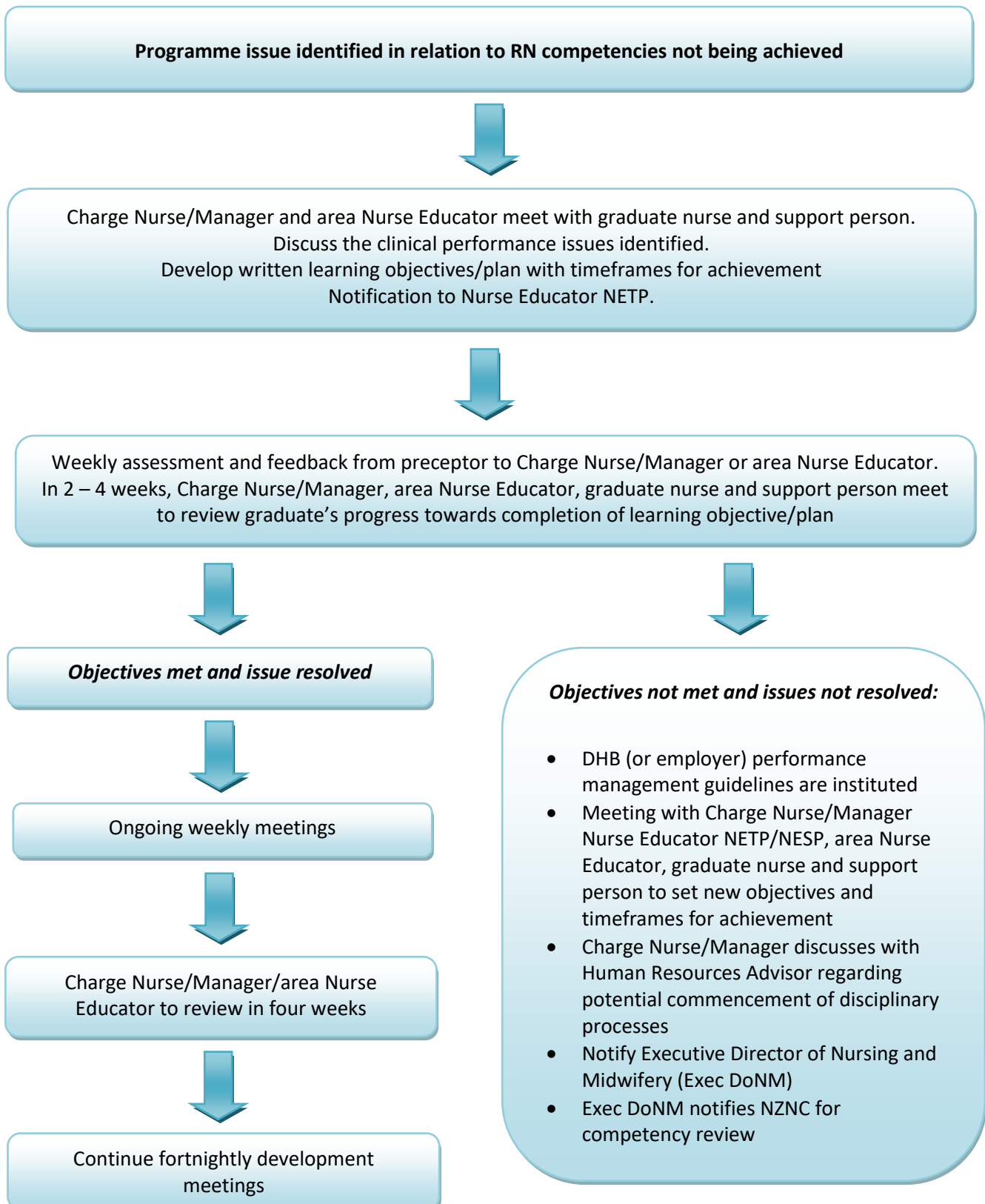


### Appendix 3: Process for Programme and Clinical Performance Issues

#### Process for Programme Performance Issues



## Process for Clinical Performance Issues



**Appendix 4: BIBLIOGRAPHY/REFERENCES**

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**Appendix 5: GLOSSARY**

**Assessment:** A systematic procedure for collecting qualitative and quantitative data to describe progress, practice and achievement.

**Competence:** The combination of skills, knowledge, attitudes, values and abilities that underpin effective performance as a nurse.

**Competency/ies:** The knowledge skills and attributes required to perform key functions to the pre-determined standards expected of a nurse in practice.

**Evaluation:** The means by which the effectiveness of a programme and outcomes is measured, taking into account the views of those affected by the process.

**Evidence based practice:** Practice which is based on decisions that combine systematic assessment of relevant information in the scientific literature with clinical judgment.

**Performance appraisal / review:** A formal process between the employee and employer/manager of defining expectations, reviewing performance and planning goals for the future.

**Professional Development & Recognition Programme:** Competence based programme that assesses nursing practice against competencies, recognises level of practice and supports ongoing professional development.

**Practising:** Nurses who work in a capacity for which a nursing qualification is required in order to practise in direct relationship with clients or in nursing management and administration, nursing education, nursing research or nursing professional advice or policy development require practising certificates.

**Preceptorship:** an individualised teaching/learning method [in which] each student is assigned to a particular preceptor... so that she/he can experience day-to-day practice with a role model and resource person immediately available in the clinical setting.

**Preceptor:** is an experienced nurse who works with a preceptee in the clinical setting to develop, implement and evaluate an individualised education program that meets the learning needs of the preceptee and assists effective integration into the clinical setting. The preceptor is an educator, socialiser and role model for a determined time period.

**Preceptee:** is a 'new' nurse requiring guidance and support to successfully integrate into the clinical setting. The nurse's previous clinical experience may span from a new graduate nurse to experienced practitioner in another setting, or a nurse returning to practice after a period of absence.

**Reflective practice:** A process where each nurse critically analyses his/her own clinical decision making, client interactions and the consequences of his/her nursing actions as a means of improving practice.

**Socialisation:** The process of learning interpersonal and interactional skills that in are in conformity with the values of one's society.

**DOCUMENT CONTROL**

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