REFERENCES

1. Declaration of Alma-Ata: International Conference on Primary Health Care, September 6-12, 1978; Alma-Ata, USSR, WHO/Europe. www.who.int/hpr/NPH/docs/declaration_almaata.pdf
2. Finlayson M, Sheridan N, Cumming J. Nursing developments in Primary Health Care 2001–2007. Wellington: Ministry of Health. Accessed from www.moh.govt.nz/moh.nsf/indexmh/primary-health-care-nursing-developments-2001-2007; 2009.
3. Cumming J, Raymont A, Gribben B, Horsburgh M, Kent B. Evaluation of the implementation and intermediate outcomes of the primary health care strategy. Wellington: Health Services Research Centre; 2005.
4. Lyford S, Cook P. The Whanaungatanga model of care. Nursing Praxis 2005;21(2):26–36.
5. Renouf P. Working life as a nurse practitioner in child and youth health. Ministry of Health; 2007. www.hpac.govt.nz/moh.nsf/indexmh/nurse-practitioner-case-studies-child
6. Department of Health. Whaia Te Ora Mo Te Iwi: Strive for the good health of the people. Wellington: Department of Health; 1992.
7. Department of Health. Circular Memorandum No 1986/70. Wellington: Department of Health; 1986.
8. Minister of Health. The New Zealand health strategy. Wellington: Ministry of Health; 2000.
9. Minister of Health. The primary health care strategy. Wellington: Ministry of Health; 2001.
10. Ministry of Health. Primary health care and community nursing workforce survey—2001. Wellington: Ministry of Health; 2003.
11. Nursing Council of New Zealand. Report of the Nursing Council of New Zealand for the year ended 31 March 2008. 2008. www.nursingcouncil.org.nz
12. Ministry of Health. Nurse practitioners in New Zealand. Wellington: Ministry of Health; 2002.
13. District Health Boards New Zealand. Registered nurse practitioners in New Zealand. 2008. www.dhbnz.org.nz/site/future_workforce/nurse-practitioner/default.aspx
14. Primrose J, Jones M. Primary health care in New Zealand: achievements and future directions. Paper presented at: Primary Health Care Nursing Leaders Forum; 2009 February 27; Wellington.
15. Sheridan N, Kenealy T, Parsons M, Rea H. Health reality show: regular celebrities, high stakes, new game. NZ Med J 2009; (In Press).
16. Minister of Health. Letter of expectations for 2009/10. Media release; 2009 February 19; Wellington.

Trends for primary health care nurses

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Writing this brief commentary means confronting the fact that the absence of good data remains a major challenge for nursing workforce strategy. The Nursing Council of New Zealand is constantly improving its data collection strategies and ultimately will become a useful resource. District Health Board New Zealand has developed the Health Workforce Information Programme, a strategic framework that plans to deliver a health workforce information system to enable a central point for the collection of health workforce data throughout the health sector. But right now it is difficult to provide any robust data about the primary health care (PHC) nurse workforce. This seems extraordinary given the number of stock-taking exercises (for example, the Health Workforce Advisory Committee) and other previous processes for reviewing workforce data in New Zealand since 2000.

In 2001, the New Zealand Health Information Service surveyed PHC nurses and found that they were, on average, older than the general nursing workforce, with 56% in the 40–54 age group. Importantly, core themes reported by the survey were barriers to educational opportunities and poor access to appropriate leadership structures. Undergraduate nurses frequently state that they will 'never work in a hospital', and many show interest and enthusiasm for community-based practice as a result of the health-oriented focus of the undergraduate degree. However, for many reasons they continue to be channelled through hospital or other acute settings at the time of graduation. This is at odds with national intentions to move more and more health services into the community. The nursing entry to practice programme (first year of practice support) has been slower to accommodate primary health placements, sometimes because District Health Boards do not have it as a priority and sometimes because it has proved difficult to find placements for students. Lack of structured nurse leadership in primary health care settings and limited governance has especially hindered such development.

Currently, potentially good news is the increased level of interest in nursing as a career with some nursing schools recently reporting they have had to turn away well-qualified applicants. This

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means the opportunity for increasing degree placements, and critically examining the processes of transfer into primary health nursing as the career destination. The obstacles of concern to increasing enrolments will be the international phenomena of 'greying of the faculty' and the very low Tertiary Education Commission funding of nursing education places which is a challenge to quality education. Improving the transfer of nurse graduates into PHC employment is something the health sector must own jointly and work strategically to improve.

In 2009 Finlayson et al. provided an excellent research-based review of the many achievements in the utilisation of PHC nurses since the strategy implementation, but also reiterated the key issues, which still need addressing if we are to fully utilise this large resource.[1] They identified the funding model as in need of significant review, the importance of leadership, mentoring and governance, attention to recruitment, retention and education. The challenges are therefore not new, but worthy of careful attention in order to attract and retain available graduates in PHC nursing practice.

Reference

1. Finlayson M, Sheridan N, Cumming, J. Evaluation of the implementation and intermediate outcomes of the Primary Health Care Strategy Second report: Nursing developments in primary health care 2001–2007. Wellington: Health Services Research Centre; 2009.

Community physiotherapy workforce issues

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Although Primary Health Organisations (PHOs) were established to provide coordinated primary health care involving a range of providers, physiotherapy involvement in PHOs is limited. This means that access to physiotherapy services often is not available for the treatment of chronic conditions (such as osteoarthritis of the knee, for which there is good evidence).

In August last year, the New Zealand Society of Physiotherapists (NZSP) released to members and interested organisations a working party report, *Engaging in Primary Health Care*, in order to raise awareness of physiotherapists' potential contributions to primary health care.

A good example of a physiotherapy-led community programme is the Otago Exercise Programme, for which evidence indicates a high level of effectiveness in preventing falls amongst the frail elderly.

Examples of physiotherapy in primary health published in *Physio matters*, the NZSP monthly newsletter, have included involvement in a PHO pulmonary rehabilitation team; exercise programmes for diabetics; and PHO community rehabilitation to reduce social/avoidable admissions to hospital/rest homes.

As of March 2009 there were 2993 physiotherapists with a current Annual Practising Certificate (APC): 77% female and 41% between the age of 26 and 35. There is a risk that many of this age group will leave New Zealand to work overseas, or change careers.

Physiotherapists in New Zealand are employed in two main areas—through the provider arms of District Health Boards (DHBs) (29.7%) and in private practices (50%). There are currently workforce shortages in all areas of practice, although the effects of these are felt more acutely in rural areas. NZSP currently has a support network for rural practitioners. It is disappointing that recent government initiatives to overcome workforce issues in rural areas failed to include physiotherapists, who are an essential part of an effective health care team.