

CLINICAL TRAINING AGENCY

PURCHASING INTENTIONS PLAN

2001 TRAINING YEAR

JULY 2000

MISSION STATEMENT

The Clinical Training Agency purchases post-entry and other clinical training for the health and disability sector workforce so that the Ministry of Health and District Health Boards can purchase services that meet the needs of New Zealanders.

CLINICAL TRAINING AGENCY PURCHASING INTENTIONS PLAN FOR THE 2001 TRAINING YEAR

CONTENTS

		Page
1	INTRODUCTION AND OVERVIEW	1
	1.1 INTRODUCTION	1
	1.2 GOALS AND OBJECTIVES	1
	1.3 CTA'S CONTEXT	2
	1.3.1 The "drivers" of PECT planning	2
	1.3.2 Balance of local and national needs	3
	1.3.3 Planning timeframe	4
	1.3.4 Funding streams for PECT	4
	1.3.5 Change management	4
2	SERVICE PLANS	5
	2.1 MAORI HEALTH	5
	2.1.1 Purchase overview	5
	2.1.2 Purchase description	5
	(a) Funding streams	6
	(b) Programmes purchases	6
	2.2 MENTAL HEALTH	7
	2.2.1 Purchase overview	7
	2.2.2 Purchase description	7
	(a) Funding streams	7
	(b) High priority training areas	8
	(c) Other mental health training purchases	9
	(d) Travel support for mental health training	9
	(e) Psychiatry training programme	9
	(f) Cultural audit and specification review	9
	(g) Resource dependent priorities	10
	2.3 DISABILITY SUPPORT SERVICES	10
	2.3.1 Purchase overview	10
	2.3.2 Purchase description	10
	(a) Funding streams	10
	(b) Programme purchases	10
	2.4 PUBLIC HEALTH MEDICINE	11
	2.4.1 Purchase overview	11
	2.4.2 Purchase description	11
	(a) Funding streams	11
	(b) Programme purchases	12
	2.5 PERSONAL HEALTH	12
	2.5.1 Purchase overview	12
	2.5.2 Purchase description	13
	(a) Funding streams	13
	(b) Programme purchases	13
	(i) HHS surgical services	14
	(ii) HHS medical services	14
	(iii) General Practice Vocational Training Programme	15
	(iv) Nursing	15
	(v) Rural health	15
	(vi) Child health	15
3	IMPLEMENTATION METHODS	16
	3.1 STRATEGIC ANALYSIS AND DEVELOPMENT CYCLE	16
	3.2 AUDIT	17

3.3	REVIEW OF OTHER SYSTEMS AND PROCESSES	17
4	RISK MANAGEMENT	18
4.1	EDUCATION SECTOR CAPABILITY	18
4.2	HEALTH SECTOR CAPABILITY	18
4.3	CONTRACTING CYCLE	18
5	FINANCIAL IMPLICATIONS	19
5.1	FINANCIAL SUMMARY	19

1 INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

The CTA contributes to improved health of New Zealanders by promoting and funding the advanced training of health and disability professionals.

Through a prioritisation process the CTA funds a range of priority areas in workforce training and post entry clinical training (PECT). Public health sector providers (Hospital and Health Services - HHS), a number of tertiary education providers (universities and polytechnics) and some private training organisations provide these programmes. The CTA's ability to access a wide range of providers delivering quality programmes is considered essential to the development of a skilled and flexible workforce.

PECT programmes are defined as:

- ?? Vocational rather than academic.
- ?? Clinically based.
- ?? Post Entry (occur after entry to a health profession).
- ?? Formal and result in a recognised qualification.
- ?? Nationally recognised.

The HFA has well-developed sets of principles that assist in this process. The CTA applies these to prioritise a strategic and nationally focussed plan and pricing structure for the funding of PECT and the development of new workforce initiatives. This is done in consultation (both formal and informal) with key stakeholders. The purchasing intentions are further developed within a framework for identifying priority, high need and workforce shortage areas as well as by applying optimal funding and pricing strategies to ensure workforce gains are met.

1.2 GOALS AND OBJECTIVES

The CTA's goal is to meet the Crown's objectives related to health gain priority areas. To achieve this the CTA will:

- ?? Buy more training for Maori to meet immediate needs.
- ?? Buy more training in Maori mental health and Maori child health.
- ?? Buy new DSS training for people working with people with autism (1 pilot).
- ?? Maintain appropriate clinical training purchases in mental health, personal health and public health services.

The CTA is currently implementing quality improvement initiatives that will review internal systems and procedures to improve efficiency, and consequently allow it to become a high performing, high impact organization. In particular this project will:

- ?? Develop key performance indicators.
- ?? Develop a high impact policy development programme.
- ?? Ensure the timely completion of this years contracting round.
- ?? Shift to multi-year contracting and funding where appropriate.
- ?? Move the CTA contracts closer to the HFA formats.
- ?? Streamline contracting, monitoring and payments.
- ?? Continue to collect and analyse workforce data and seek stakeholder advice through consultation and advisory mechanisms.

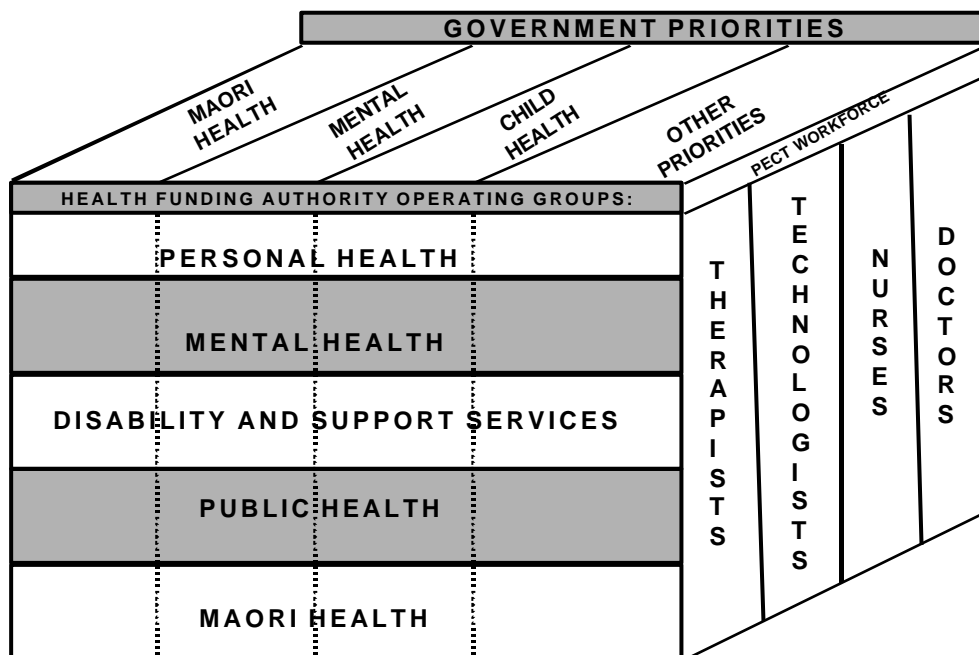
1.3 CTA'S CONTEXT

1.3.1 The “drivers” of PECT planning

A complex matrix of interests needs to be taken into account when planning for the purchase of PECT in the health and disability sector. These are shown in Figure 1. There are three major groups of “drivers” which impact the CTA, these are:

- ?? Government priorities.
- ?? Advice from the HFA’s operating groups.
- ?? Information on the PECT workforce.

Figure 1 The drivers of PECT planning



Source: CTA, 1999

The Government's strategic priorities for the HFA are contained in its Medium Term Strategy and the Funding Agreement between the Minister of Health and HFA. The relevant objectives for the CTA include the following:

- ?? Acknowledging the special relationship between Maori and the Crown via cultural responsiveness and greater participation by Maori in health sector delivery.
- ?? Improving mental health.
- ?? Improving child health.
- ?? Improving disability support services.
- ?? Decreasing long-standing disparities in health status (reflected in improved Maori and Pacific Island health).

The HFA Operating Groups input to this plan has occurred through an advisory group and has been signed off by operating group General Managers. Liaison with the operating groups is on-going and after the merger with the Ministry of Health liaison will occur with the relevant directorates of the Ministry.

The PECT workforce issues that impact this plan relate to identified needs emerging through the CTA's provider relationships and its own workforce data collection and analysis. There are also development pressures that need to be linked to training for specific health professional groups such as for nursing and medicine and also those needed to enhance skills to provide better services for specific consumer groups such as Maori and children.

Added to this matrix of training needs is the range of providers able to offer training programmes to meet these needs, in both the health and educational sectors. The matching of the matrix of interests is a complex task and has to involve a wide range of key interest groups in their development. Providers have a long lead-time when it comes to implementing new programmes. Any change to existing programmes or the implementation of new programmes needs to be advised at least 18 months ahead of the planned start date or any intended cessation of funding. A "stop/start" approach is inappropriate.

A further provider issue that impacts on CTA plans is the need for provider development in the area of Maori health. In 1999/2000 some purchasing intentions were hampered by an insufficiency of providers able to undertake and provide certain PECT programmes. The CTA and HFA will work with the Maori Health Operating Group and further develop relationships with Te Ora in order to identify appropriate strategies in this area.

1.3.2 Balance of local and national needs

The CTA has a national strategic focus based on the three major "drivers" noted earlier. This overview balances the local and national needs and ensures that skill shortages are met as far as possible and prevents local issues dominating at the expense of long term national needs. This has been achieved by a variety of methods including the bringing together of stakeholder groups to advise the CTA.

This national focus has facilitated a broader workforce view than the original “unbundled” package of largely medical training. Changes in the level and mix of post entry training have been brought about through an integrated, national approach and using a clear set of prioritisation principles. There is now a growing emphasis on nursing and multi-disciplinary issues along with other significant inputs such as the ethnic composition of the workforce.

1.3.3 Planning timeframe

CTA contracts relate, among other things, to varying sector academic years and the rotational requirements of hospital doctors in training. This means that most contracts impact on two financial years. CTA planning is therefore complicated by the need to cover an academic year or rotational year over part of two financial years.

1.3.4 Funding streams for PECT

The CTA’s available funding for purchasing PECT is largely base funding, i.e. the funding is allocated from the CTA’s base allocation to ongoing programmes which are not amenable to significant change at present. In addition to base funding, monies are also available from other funding streams such as “Mason” money in mental health and HFA “prioritisation” allocations in Maori health and personal health. The CTA has limited discretionary funding at its disposal.

1.3.5 Change management

The Government’s decision to merge the HFA and the Ministry of Health presents challenges to the CTA in managing its operations and external relationships during the transition.

The CTA is required to maintain effective and positive relationships with a diverse range of sector stakeholders throughout the transition. These stakeholders include:

- ?? Hospital and Health Services - in transition to District Health Boards.
- ?? Medical Colleges and Associations.
- ?? Nursing.
- ?? Other professional groups.
- ?? Education providers e.g. medical schools, polytechnics, universities and wananga.

The CTA will also revise a number of its systems and procedures to streamline its performance given the new operating environment. Such changes include the simplification of current CTA contracting methods by shifting to selective multi-year contracting. Other processes to be reviewed include payment and monitoring systems.

2 SERVICE PLANS

2.1 MAORI HEALTH

2.1.1 Purchase overview

The CTA is negotiating to form a partnership with Te Ora and Te Wananga Hauora a Aotearoa. Successful forming of this partnership will enable the partners to review, develop and implement increases in:

- ✂✂The number of support plans for Maori in CTA funded programmes.
- ✂✂The number of trainees receiving travel assistance.
- ✂✂Maori provider placements extended to include nurses (20 trainee nurses).
- ✂✂Child health programmes (2 pilots).
- ✂✂“Train the trainer” programmes (from to 1 to 2 programmes).
- ✂✂Targeted posts in the General Practitioner Vocational Training Programme (total of two posts).

?? Developmental work for initiatives in 2002 and beyond.

?? Implement previously planned work:

- ✂✂Maori provider placements for post graduate year 2 doctors.
- ✂✂Provider development for “by Maori for Maori” training in Maori mental health and Maori child health.

?? Maintain existing volumes in targeted posts for Maori trainees in public health medicine.

2.1.2 Purchase description

Maori health is a priority area for the CTA. The CTA aims to ensure a health and disability workforce that is sensitive to and able to provide improvements in the health care of Maori. This is crucial in eliminating the significant discrepancy between Maori and non-Maori health status.

The CTA’s policies on Maori health PECT are guided by Keri Lawson-Te Aho’s Maori Health Workforce Strategic Plan¹, the Maori Health Operating Group’s National Strategic Plan for Maori Health 1998-2001².

Advances have occurred in the proportion of Maori participating in PECT. To assist in defining further training directions for Maori the CTA is negotiating to secure a Maori partner.

¹ A Strategic Plan for Post Entry Clinical Training for Maori, Keri Lawson-Te Aho, 20 Dec 1997

² National Strategic Plan for Maori Health, HFA, 2 June 1998 (v4)

(a) Funding streams

Maori Health purchases for 2001 will be derived from two funding streams – base CTA funds and an allocation from the 1999 prioritisation round. There is no discretionary funding.

(b) Programme purchases

The year 2000 has seen the implementation of funding for support plans for Maori in CTA funded programmes. These support plans incorporate additional mentor support and cultural supervision. The CTA has also provided funding for trainees in 2000 who may otherwise experience difficulty in accessing programmes. Subject to evaluation, the CTA will continue to fund these initiatives in 2001 and beyond.

A pilot programme for a graduate certificate in clinical teaching for Maori health professionals was introduced in 2000. This initiative is aimed at increasing the number of teachers who can work with Maori and non-Maori to teach and mentor those who provide health and disability care to Maori clients and their whanau. This programme will continue in 2001, subject to evaluation, and another provider will be sought.

Maori provider placements for doctors have also been funded by the CTA in 2000. This allows Maori and non-Maori trainees to experience training with a Maori provider. Subject to evaluation the number of placements will be increased in 2001. In 2001 a placement scheme will also be introduced for nurses. Table 1 outlines the CTA's intentions for the 2001 training year.

Table 1 Maori Health training purchases for 2000 and 2001 and beyond

MAORI HEALTH				
<i>Programme Area</i>	Contracted Volume in 2000	Volume in 2001	Proposed Volume in 2002	Proposed Volume in 2003
	(FTEs)	(FTEs)	(FTEs)	(FTEs)
Enrolled nurse transition	24	-	-	-
Support for Maori	59	100	150	200
Regional support co-ordinator	1	3	5	5
Access grants for Maori	29	50	50	50
Maori placements (1 & 2)	74	90	100	110
Train the trainers (2)	14	35	50	65
Maori child and family health (2)	-	15	30	45
“By Maori for Maori” training	-	-	15	30
Targeted purchasing (3)				
?? GPVTP	1	2	2	2
?? Public Health Medicine	2	2	3	3

Notes

- 1 70 for doctors in each year with the balance for nurses – 4 in 2000, 20, 30 and 40 in successive years beyond that.
- 2 These pilots will be reviewed as they near completion.
- 3 These volumes are also reported under General Practice Vocational Training Programme and public health medicine training.

The CTA will continue to collate and analyse ethnicity data and seek ways to ensure Maori are not disadvantaged in accessing PECT programmes. Responsiveness of mainstream programmes to Maori health, as specified in the Reporting Requirements and Quality Standards of the CTA contracts, will continue to be monitored.

New initiatives for 2001 will include provider development in order to facilitate “by Maori for Maori” training in the areas of Maori mental health and Maori child health. Other new initiatives are being developed to meet growing demands. Initiatives relating to Maori Disability Support Services (DSS) are discussed in section 2.3.

The CTA will continue to work with the Maori Health Operating Group and its Ministry of Health successor to increase the number of Maori providers so that the intended plans can be implemented. The Maori Health Reference Workforce Group will continue to provide advice to the CTA.

2.2 MENTAL HEALTH

2.2.1 Purchase overview

- ?? Increase FTEs trained in Maori mental health and child and youth mental health.
- ?? Review psychiatric registrar programme to improve throughput and to reduce the intensity of monitoring from monthly to quarterly (work with RANZCP).
- ?? Implement previously planned work in cultural audit and review specifications to ensure cultural appropriateness.
- ?? Maintain planned (2000) volumes in:
 - ☞Dual diagnosis.
 - ☞Cognitive behavior therapy (subject to review)
 - ☞New graduate mental health nursing.
 - ☞Advanced mental health nursing.
 - ☞Primary mental health.
 - ☞Forensic psychiatric care.

2.2.2 Purchase description

The Mental Health Commission’s “Blueprint for Mental Health Services in New Zealand 1998” and the national mental health strategy document “Looking Forward 1994” and “Moving Forward 1997” provide a basis for the purchase of mental health services and associated workforce development. These documents in conjunction with Mental Health Operating Group’s funding strategy and the HFA’s prioritisation process provide the basis for the CTA’s mental health training purchases.

(a) Funding streams

Mental Health purchases are funded via two sources. Mason monies, which arose from the Government’s response to the 1996 Mason Report, provide the principal funding stream. A second funding stream from the CTA’s base appropriation supplements this. There is no discretionary base funding in Mental Health.

Table 2 sets out contracted volumes for 2000 and intended purchase volumes for the 2001 training year by programme area and type.

Table 2 Mental Health training purchases for 2000 and 2001

MENTAL HEALTH				
Programme Area	Contracted Volume in 2000	Volume in 2001	Funding Source	Programme type
	(FTEs)	(FTEs)		
Maori Mental Health <i>(See note 1)</i>	23	35	Mason	Multidisciplinary
Child and Youth <i>(See notes 2)</i>	53	73	Mason	Multidisciplinary
Dual diagnosis	15	30	CTA Base/Mason	Multidisciplinary
Cognitive Behaviour Therapy <i>(See note 3)</i>	37	37	Mason	Multidisciplinary
New Graduate Mental Health Nurses	84	84	Mason	Nursing specific purchases
Advanced mental health nurses	114	114	Mason	Nursing specific purchases
Psychiatry in General Practice	12	12	CTA Base	Medical specific purchases
Psychiatry registrars <i>(see note 4)</i>	All Eligible Trainees subject to progress	All Eligible Trainees subject to progress	CTA Base	Medical specific purchases
Forensic Psychiatric Care	15	20	CTA Base	Multidisciplinary
	(EFTS)	(EFTS)		
Dual Diagnosis	6	6	Mason	Multidisciplinary
Child and Youth	12	12	Mason	Multidisciplinary
Forensic Psychiatric Care	24	24	CTA Base	Multidisciplinary
Certificate in Community Psychiatric Care	7	7	CTA Base	Multidisciplinary
Diploma in Mental Health	15	15	CTA Base	Multidisciplinary
Psychiatry Registrars	20	20	CTA Base	Medical specific purchases

Notes

- 1 Includes 3 FTEs Maori trainees in the new graduate mental health programme.
- 2 Includes 4 FTEs in a child and youth stream within the New Graduate Mental Health programme.
- 3 Subject to review outcome.
- 4 Refer to 2.2.2.(e)

(b) High priority training areas

Child and youth mental health and Maori mental health are high priority areas for PECT training. The CTA will actively pursue the further development and delivery of additional PECT programmes in these areas in 2001. (See also section 2.1 Maori Health).

(c) Other mental health training purchases

Other mental health training for the 2001 training year that will continue to be funded at the same level as in 2000 including dual diagnosis, cognitive behaviour therapy, new graduate mental health nursing, advanced mental health nursing, primary mental health and forensic psychiatric care.

Note that continued funding for the cognitive behaviour therapy course will be subject to review at a date which is yet to be set. Dependent upon the outcome of the review, ongoing funding for this programme may not be available.

(d) Travel support for mental health training

The CTA provides funding for travel assistance for trainees from geographically remote areas who access CTA funded mental health training programmes. Subject to available funding, the CTA will continue providing this support in the 2001 training year.

(e) Psychiatry training programme

Since 1997 the CTA has funded all eligible psychiatric registrars subject to satisfactory progress through the programme. The CTA anticipates that for the 2001 training this will be between 132 and 142 trainees.

The monitoring and review of trainee progress has been done in collaboration with the Royal Australian and New Zealand College of Psychiatrists (RANZCP). In 2001 the CTA intends to review the success of the current funding and monitoring strategy in relation to:

?? improving trainee throughput by investigating trainees who do not progress satisfactorily.

?? the potential to reduce the monitoring of trainees from monthly to quarterly.

As Child and Adolescent Psychiatry is a high priority area the CTA will actively work with providers and the RANZCP to target increased training in this area.

?? Retain Director of Training positions in both Christchurch and Auckland.

?? Actively participate in proposal development initiated by Directors of Training to target increases in the number of FTEs in child and adolescent psychiatry training.

(f) Cultural audit and specification review

Maori are over represented in mental health service statistics. They also comprise a disproportionate number of the 3% of New Zealanders who have a serious mental illness.

In 2001 the CTA will begin planning for a cultural audit of mental health training programmes as part of a wider audit programme discussed in section 3.2.

A review of mental health training specifications will be conducted in 2001 to ensure that they are:

?? culturally appropriate

?? in line with mental health service directions e.g. recovery focused.

(g) Resource dependent priorities

Should additional resources become available the CTA will invest in the following priorities:

- ?? Review all mental health training specifications to ensure they adequately address competencies required for working with children and youth and with Pacific Island people.
- ?? Participate in developmental work with the Ministry of Education regarding curricula relating to mental health training.
- ?? Review current child and youth training programmes.
- ?? Review the mechanisms in place for monitoring the performance of mental health training providers in relation to meeting trainee, service provider and Ministry of Health needs.

2.3 DISABILITY SUPPORT SERVICES (DSS)

2.3.1 Purchase overview

- ?? Increases – purchase 1 pilot (Autism).
- ?? Review pilot before purchasing further training.
- ?? Developmental work for initiatives in 2002 and beyond.

2.3.2 Purchase description

In 1999 the CTA developed a framework to support investment in PECT in the disability sector. This arose from the recommendations on DSS training priorities from the CTA's advisory group and the HFA's prioritisation processes.

(a) Funding streams

DSS training programmes are purchased from the CTA's base funding. There is no discretionary funding.

(b) Programme purchases

A pilot programme is currently being established to provide training for health and disability professionals working with people with Autism. This will commence early in 2001.

Subject to available resources, developmental work will be undertaken in 2001 for training to be delivered in 2002. The training developed will be in line with Assessor Certified Competent for Environmental Support Services (ACCESS). The outcome sought is a workforce competent to deal with DSS issues relevant to both Maori and the culture of disability, and will include:

- ☞☞ Environmental support
- ☞☞ Habilitation
- ☞☞ Rehabilitation.

In particular, the developmental work will have an initial focus on allied health professional groups e.g. occupational therapists and physiotherapists.

This development is in line with existing Government strategies around habilitation and rehabilitation and the development of a national disability strategy.

The CTA will continue to work closely with the DSS Operating Group and the equivalent Ministry of Health's Disability Issues directorate to enhance the range of training available in the disability sector. Table 3 indicates the intended purchases for disability services training.

Table 3 Disability Service training purchases for 2000 and 2001

DISABILITY SUPPORT SERVICES		
Programme Area	Contracted Volume in 2000 (FTEs)	Volume in 2001 (FTEs)
Autism related training	<i>Developmental work in 2000</i>	1 pilot
Rehabilitation		<i>Developmental work in 2001 subject to resources</i>
Maori DSS		<i>Developmental work in 2001 subject to resources</i>

2.4 PUBLIC HEALTH MEDICINE

2.4.1 Purchase overview

?? Maintain existing volumes without change.

2.4.2 Purchase description

(a) Funding streams

Funding for this programme is ring fenced by the Ministry of Health and built into the base funding of the CTA. There is no discretionary funding.

(b) Programme purchases

Total trainee numbers will be maintained within this funding. In 2000, two targeted places were funded in order to increase Maori participation in the public health medicine workforce in line with government objectives. These targeted places will be maintained and funded for the full four years of training within the programme. Table 4 shows the intended purchases for 2001.

Table 4 Public Health medicine training purchases for 2000 and 2001

PUBLIC HEALTH		
Programme Area	Contracted Volume in 2000	Volume in 2001
	(FTEs)	(FTEs)
Public Health	28.5	28.5
Targeted posts for Maori	2	2

2.5 PERSONAL HEALTH

2.5.1 Purchase overview

?? Increases in:

- ☞☞ Peripheral centre posts for advanced medical trainees.
- ☞☞ Targeted posts in the General Practitioner Vocational Training Programme (two for Maori and one for Pacific Island trainees).
- ☞☞ Targeted support for Maori nurses undertaking PECT.
- ☞☞ Pathology.

?? Review:

- ☞☞ Specification for basic surgical training.
- ☞☞ Workforce planning for surgical trainees.
- ☞☞ Review trainee shortages in pathology and clinical genetics.
- ☞☞ Child and family health pilots.

?? Previously signaled tasks:

- ☞☞ Implement two pilots for emergency nursing.
- ☞☞ Increasingly specify previously unspecified HHS nursing purchases

?? Maintain:

- ☞☞ Existing levels of advanced vocational training in medicine and surgery.
- ☞☞ Existing rural health programmes.

2.5.2 Purchase description

(a) Funding streams

Personal health training is funded entirely from CTA base funds. A Price Path Adjuster (PPA) and a cost overhead allocation was allocated to the CTA during the recent prioritisation round which has been passed on to HHSs in the 2000/2001 fiscal year. There is no discretionary funding for personal health.

(b) Programme purchases

The CTA funds a range of training programmes linked to personal health. These include postgraduate years one and two, registrar training, medical diplomas, a range of nursing initiatives and some dental training. Prioritisation for purchasing is based on consultation with key sector stakeholders e.g. providers, medical colleges and workforce analysis. Personal health service training purchases are shown in Table 5.

Table 5 Personal health service training purchases for 2000 and 2001

PERSONAL HEALTH		
Programme Area	Contracted Volume in 2000	Volume in 2001
	(FTEs)	(FTEs)
Nursing – priorities <i>(See note 1)</i>	Unspecified nursing training (ex-deficit switch) continues with some specified	Unspecified nursing training (ex-deficit switch) continues but expected to move to be more specified
Child & Family Health Nursing <i>(See note 1)</i>	75	75
Emergency Nursing	12 <i>(see note 2)</i>	2 pilots
Year 1 House Surgeons	All eligible trainees	All eligible trainees
PGY2 (Senior House Officer)	Unspecified training (ex-deficit switch) continues.	Unspecified training (ex-deficit switch) continues.
Diploma (Obstetrics & Gynaecology, Child Health/ Paediatrics)	75	75
Anaesthesia	105.5	105.5
Emergency Medicine	50	50
General Practice Vocational Training Programme <i>(See Note 3)</i>	50	50
Internal Medicine and Paediatrics	211	214
Obstetrics and Gynaecology	35.5	35.5
Ophthalmology	13	13
Pathology	36.8	39.8
Radiology	54.3	55.5
Radiation Oncology	10.5	10.5
Surgery	159.5	159.5
Dentistry	3	4
Sonography	20	20
Technicians	48	48
Pharmacy Intern Training	86	86

	(EFTS)	(EFTS)
Dentistry	27	27
Nursing	44	44
Diploma / Certificate in Rural Health	20 (see note 5)	20
Postgraduate Diploma in Rural Hospital Practice		5
Postgraduate Medical Diplomas	57	57
Registrar Formal Teaching (See note 5)	82	83

Notes

- 1 Priorities spelled out in section 3.5.5. Some Deficit funding in HHS sector. Likely to involve partnerships with education sector.
- 2 Additional specified nursing purchased from HHSs.
- 3 Vocational training places funded = 2 for Maori and 1 for Pacific Island trainees.
- 4 Includes 5 EFTS for the Postgraduate Diploma in Rural Hospital Practice.
- 5 Psychiatry registrar formal teaching is shown under Table 3 Mental Health training purchases.

(i) HHS surgical services

CTA notes the changes to the basic surgical training programme proposed by the Royal Australasian College of Surgeons (RACS). The introduction of modules and skill based courses will need to be evaluated in the context of the current training specification. CTA plans to continue its discussions with the College and the sector in order to progress this training programme. In the short term a revised training specification will be developed in discussion with the wider sector.

There is a growing gap between the number of advanced surgical trainees and accredited posts. The CTA will continue to work with the RACS and providers to ensure that the number of trainees matches the long-term workforce requirements.

(ii) HHS medical services

In 2001 the CTA plans to maintain its current level of investment in most registrar programmes. The CTA expects some local variations due to the movement of trainees between providers and to support priority areas in pathology and clinical genetics as well as introducing a new pilot for advanced medicine trainees in peripheral centres.

The CTA recognizes the pressure on the emergency training programme and will continue to work with the Ministry of Health, personal health and sector provider groups to advance its planning in this area. In addition, the CTA plans to extend its funding of emergency nursing programmes.

In pathology, the CTA plans to continue to extend its purchases targeting anatomical pathology over the next two to three years. The CTA expects to fund an additional two to three posts to address identified workforce shortages.

The CTA plans to continue its current level of investment in the advanced medicine training programme but will continue to progressively specify posts within this. In 2001 the CTA plans to pilot placements in at least two peripheral centres. CTA will work with providers to develop medium term strategy to ensure that the number of trainees in sub-

specialties matches projected workforce requirements. This is contingent upon further workforce analysis being completed and as resources within the CTA and sector allow.

(iii) General Practice Vocational Training Programme

In 2001, the CTA plans to hold the investment in this programme at its current level. The targeting of funding to support two Maori and one Pacific Island trainees will continue. In 2002 this will increase to three Maori and two Pacific Island trainees.

(iv) Nursing

The changing face of nursing e.g. nurse prescribers and the development of second level nurses is leading to a need for skill substitution and the development of more specialised skill sets in nursing. In recognition of this the CTA plans to continue with the development of training opportunities for nurses during 2000/2001 in the key areas, of emergency nursing and child and family health.

The CTA has purchased pilot extensions for two child and family health nursing programmes. A third pilot programme is to commence in 2000. These programmes will be evaluated in 2000.

The specification for emergency nursing is currently under development and will be completed in 2000. The CTA will purchase two emergency nursing pilot programmes in the 2001 training year.

Other initiatives include the targeting and support of Maori nurses undertaking post registration training. Unspecified nurse training (ex deficit switch funding) will continue to be further specified via data collected on current programme provision.

Further information on nursing initiatives can be found in sections 2.1 Maori Health, 2.2 Mental Health, Table 5 above, sections 2.5.2 (b) (v) Rural Health and (vi) Child Health below.

(v) Rural Health

In 1999 and 2000 the CTA piloted, through the University of Otago, a Postgraduate Certificate/Diploma in Health Sciences (Rural Primary Health Care). Subject to evaluation, the CTA will continue to fund this programme in 2001. This programme targets the special needs of doctors and nurses working in the rural sector, enabling them to work more effectively in professional and social isolation.

(vi) Child Health

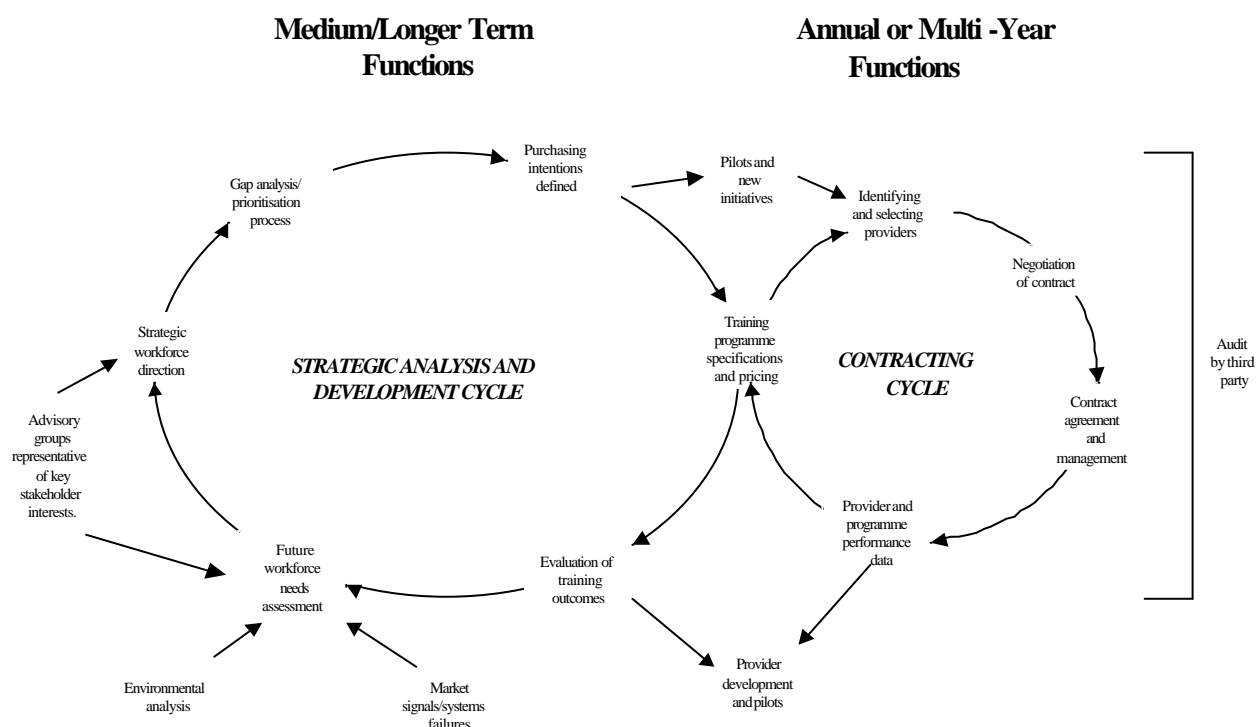
Child Health is a priority area and a CTA focus within the Maori Health, Mental Health, DSS and Personal Health portfolios. The CTA will commit approximately \$5m in 2000 for training in child health.

3 IMPLEMENTATION METHODS

3.1 STRATEGIC ANALYSIS AND DEVELOPMENT CYCLE

Environmental analysis informs the CTA of changes to information gained through current purchases or the need for new initiatives. Inputs to the strategic analysis and development cycle include: feedback from providers, prioritisation work, consultation specifications developed by the CTA, workforce analysis, processing of Requests for Proposals, evaluation of training programmes and the contribution of groups such as the Maori Health Workforce Reference Group. These examples demonstrate the inputs sought by the CTA in defining a strategic direction for health workforce training and associated developmental initiatives. This work then feeds into the CTA's funding and contracting intentions. The relationship between these functions is set out in the following figure:

Figure 2 Strategic and contracting functions of the CTA



Source: CTA, 1999

As resources allow, the CTA plans to recommence its workforce analysis of the advanced vocational programmes, progressively updating the work completed in 1997.

3.2 AUDIT

In 2001 the CTA will audit compliance with contract quality standards relating to Maori health across relevant contracts and associated specifications should resources be available. The Maori Health Workforce Reference Group will provide the CTA with advice on aspects related to the audit.

Planning will begin for a cultural audit of mental health training programmes.

The CTA audited all HHS and several education and private sector providers on two of its quality requirements in late 1999. Providers who were either partially compliant or non-compliant are required to address the relevant issues.

The CTA proposes to follow up this audit with random site visits of partially compliant and non compliant providers during 2000/2001.

3.3 REVIEW OF OTHER SYSTEMS AND PROCESSES

Subject to sufficient staffing resource in 2000 and 2001 the CTA will:

- ?? review its current reporting formats with a view to simplifying them.
- ?? shift to the CMS payment system.
- ?? review its methodology for allocating programme volumes.
- ?? continue reviewing internal systems and procedures to ensure they are relevant, effective and efficient.

4 RISK MANAGEMENT

Risks and risk management strategies are reported monthly to the HFA Board. The CTA's ability to deliver on this plan has the potential to be affected by a number of factors. These are discussed below.

External threats to the CTA's ability to deliver include issues of sector capability and the constraints of environmental change in the health sector over the next 12 to 18 months.

4.1 EDUCATION SECTOR CAPABILITY

As noted elsewhere in this document, education providers have a long lead-time before new programmes can be implemented. In addition, some education providers in 2000 have found it difficult to attract sufficient trainees to run intended programmes.

4.2 HEALTH SECTOR CAPABILITY

The HFA and the Ministry of Health will merge late in 2000. The merger poses a number of challenges and opportunities which will impact on the sector's ability to deliver training and new initiatives.

4.3 CONTRACTING CYCLE

Training providers perceive short term (1 year) contracts as a barrier - e.g. training providers cannot offer tenure to teaching staff and they maintain "set up" costs are significant in the lead-time for programme development. Where possible the CTA intends to overcome this in 2001 with the introduction of multi-year contracting.

5 FINANCIAL IMPLICATIONS

5.1 FINANCIAL SUMMARY

A summary of CTA financial budgets is shown below in Table 1. This information relates to financial years and not CTA contract training years. For each financial year show, there are two contract training years for CTA, so that this financial information differs from any information shown by contract training year.

Table 1 CTA financial summary for the 2001 training year

	1999/00 Budget \$000	2000/01 Budget \$000
Nursing	4,978	6,515
Education	2,807	2,994
HHS Sector	44,268	43,124
Other – Community, Public Health	4,560	4,576
Mental Health (including Psychiatry)	11,163	11,366
Disability Support Services	600	604
Maori	1,602	1,178
Total Provider Expenditure (Including Mason)	69,978	70,357
Less Mason (Ex Mental Health Operating Group) <i>see Note 1</i>	4,809	5,188
Total Provider Expenditure (Net of Mason)	65,169	65,169
Plus		
Price Path Adjuster	-	620
Maori Prioritisation	-	1,380
Overhead Adjuster	-	12,200
Total Provider Expenditure	65,169	79,369
Operating – Personnel and Related Costs	556	620
Other	148	119
Total Operational Expenditure	704	739
Total Expenditure	65,873	80,108

Note 1: The \$5.188M Mason funding ex Mental Health Operating Group is the maximum amount to be funded. Mason funding is made on 'actual' volumes delivered by providers and should there be under-delivery for Mason funded training programmes then the \$5.188M will be reduced accordingly.