Clinical Training Agency

Purchasing Intentions

June 2006

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INTRODUCTION

This Clinical Training Agency Purchasing Intentions document outlines the planned Clinical Training Purchases for the 2006/2007 financial year and where available provides a glimpse into future years.

Change is on the horizon for most of the areas the Clinical training Agency (CTA) is funding. The actual extent of changes in some areas is not yet known. Strong signals that change is imminent have been recently discussed in:

- the speech by the Minister of Health to General Practitioners, 26 May 2006
- Training the Medical Workforce 2006 and Beyond (Doctors in Training Workforce Roundtable)
- Fit for Purpose and for Practice (Medical Reference Group)
- NZIER Impact future workforce report to the Ministry of Health
- DHBNZ Future Workforce Strategies August 2005

Our key principles of working with and listening to sector groups to ensure we are focussed on the key areas of concern, and phasing change so that people in existing programmes are not disadvantaged should ensure that change will be beneficial for the future Health and Disability workforce. While general changes are signalled, specifics are not yet understood or known and it is important to note that for the forthcoming year the majority of training actually funded is remaining unchanged, with increases in some medical training planned.

The long awaited Nursing Entry to Practice programme (NETP) commences later this year. NETP has been heralded as one of the bigger developments for nursing over the last decade. Most of the national nursing programmes will no longer be funded through the "lead provider" contracting model as demand for these programmes lessens. It is proposed that funding currently allocated to the National nurse programmes be reallocated to District Health Boards for nurse training in priority areas, which include Primary Health.

New funding has been made available for a First Year of Practice for Midwives programme to be launched over the next year.

The environment has changed since the CTA formulated its Maori training strategy. Future options for funding of PECT for Maori Health training are being considered and discussed between CTA, Maori Health directorate and Tertiary Education Commission.

The CTA will be completing a review of General Practitioner training during the year. This project incorporates previous advice from the rural advisory group and is also developing a forecast of the number of GPs needed in NZ, implementation of any changes cannot be practically scheduled before 2008.

In the next twelve months the CTA would like to see progress on the development of the Medical Officer career pathway, as a strategy to obtain maximum benefit from this key workforce. A review of the Public Health Physician training model is also planned to commence around August 2006.

The CTA continues to introduce process efficiencies. A new reporting database is being phased in over the next few months. This database will streamline reporting processes, provide useful information for our stakeholders, and reduce contract compliance costs. A new funding agreement template is almost completed which includes ten year heads of agreement for standard terms and conditions that will also reduce legal and contract compliance costs.

Finally the CTA intends to continue involvement with the DHBNZ Workforce Development Group and in particular support for the Health Workforce Information Programme. Improvement in Health information and the development of forecasting tools that allow the modelling of future scenarios are badly needed to ensure that CTA funds are directed into the areas of greatest future need.

PORTFOLIO OVERVIEWS

Medical Training

National medical training is increasingly in focus as the DHBs move towards a national planning mechanism which will eliminate the need to rely on Australian Medical Workforce Advisory Committee (AMWAC) and other external population ratios and to more accurately define the New Zealand requirement although at present, it remains difficult to predict accurate forward purchasing. The Minister has indicated an emphasis on workforce issues and CTA is well positioned to assist. The Portfolio has been active in the preparation and consulting of a draft specification for Medical Officer training and will seek to establish a pilot programme in the coming financial year, if a cohesive view of this class of training can be obtained from the sector. Second postgraduate year training (PGY2) has been specified and CTA has also funded three cohorts of a 'ready for work' pilot programme for NZREX qualified doctors. This has been favourably evaluated by the Medical Council and a decision as to the future status of this programme will be taken in 2006.

Purchasing has seen a rise in overall contracted medical trainee numbers from 1611 in 2002 to 1823 in 2007 and continued growth is anticipated. Postgraduate year one (PGY1) has been notable as a significant number of university fee-paying foreign medical graduates have recently entered a DHB after obtaining residency, this is a non budgeted cost of $.75Mpa, increasing the number of funded PGY1 trainees from 280 to 308. Additionally, another 40 trainees will enter the DHB system in 2009. This increase in PGY1's may have an impact on the number of registrar places the CTA can fund in the future.

Contracting will continue to be aligned with the Ministry's key priorities and strategies. The Portfolio has assisted DHBs where significant regional changes have taken place such as the Northern Equity of Access scheme, where CTA was able to assist the establishment of more balanced training numbers in the region. This is ongoing. The Portfolio also continues to update older specifications and assist Colleges to develop new CTA specifications for their programmes, where required. Intensive Care is an example. The Portfolio will again audit selected programmes during the next financial year.

Whilst there is currently debate concerning which medical specialties are in deficit, it is clear that there are training deficits in Pathology, some Physician-training subspecialties, Radiology and Emergency Medicine. The Portfolio will continue to place priority on the funding of these specialties where possible, although it is often a case that some subspecialties simply do not attract enough trainees.

The Portfolio is seeking to rationalise its contracting and is currently reviewing the contracts which it holds with academic providers for the academic component of registrar training and 'stand alone' diplomas. Unless supported by a clinical specification, the diplomas are better funded by TEC and in the case of the academic component of registrar training – (usually delivered by clinicians with joint appointments) - it is more rational for CTA to fund the DHBs as part of existing contracts. CTA will further engage this logic with providers during 2006.

Funding for Technician training is still in some disarray currently as the various technician groups apply for registration under the HPCA Act. CTA must await the outcome to determine their 'post entry' status and programme content before deciding if they fall into CTA or Ministry of Education funding mandates. The Agency anticipates some progress towards rationalising this in 2006.

Table 1: Medical training: current purchasing and future direction

Programme area	**2005 volumes contracted**	**2006 volumes contracted**	**2007 volumes forecast**	**Direction of future purchasing (volumes) 20082015**
Year 1 house surgeons	271	275	308	Future direction will be guided by information sourced from Health Workforce Information Programme and the replacement group for the Health Workforce Advisory Committee
PGY2	341.5	342.5	342.5	
Diploma in paediatrics	30	33	60.28	
Diploma in musculoskeletal	7	7	7	
Diploma of rural hospital practice	10	10	10	
Diploma in sexual health	14	21	21	
NZREX - overseas trained doctors	21	12	12	
Medical physics radiology and therapy	9	10	15	
Anaesthetic technicians	56	55	55	
Cardiopulmonary technicians	5	3	0	
Physiology technicians	16	17	1	
PG certificate in radiation therapy	10	5	3	
Cytology	1	1	6	
Ultrasonography	29	28	31	
Dentistry - OMS	20	19	21	
Dentistry - Masters in clinical dentistry	2	3	9	
Anaesthesia	115	121	123	
Emergency medicine	65	62	68	
Obstetrics and gynaecology	39.5	40	40	
Ophthalmology	16	17	17	
Pathology	53	53	56	
Physician training - adult medicine, paediatrics and rehabilitation medicine*	252.5	254.5	256.5	
Physician training - sleep, sexual health, paediatric rheumatology and diabetic medicine	7	7	7	
Physician training - palliative care medicine	2	2	4	
Public Health Medicine	35	35	35	
Radiation oncology	16	16	16	
Radiology	65.8	63.8	69.8	
Surgery	215	221	229	
Total	1724.3	1733.8	1823.08	

* excludes other physician training listed separately in the table

** see Mental Health section for Psychiatry

General Practitioner Vocational Training

The Primary Health Care Strategy has placed a strong focus on primary health care and the workforce required to deliver frontline services (Ministry of Health 2001). It is timely that the CTA is reviewing vocational training for general practitioners (The Review) over 2006.

The Royal New Zealand College of General Practitioners (RNZCGP) provides the training programme for GPs. There is considerable debate about the number of GPs required to meet the NZ population requirements and thus the number of GP trainees to meet future requirements. Further, the CTA must ensure that current purchasing the most effective training for GPs and that it continues to meet MCNZ requirements under the HPCA.

In keeping with the collaborative nature of the review the RNZCGP and the CTA agreed scope of the Review is as follows:

1. Workforce Requirements

   Identify current and future demand and supply issues in relation to the General Practitioner workforce. With the outcomes of GP forecasting, to then identify the number of training positions required to ensure a sustainable general practitioner workforce within the New Zealand primary health care sector over the medium term.

2. Delivery of Training

   Review mechanism for delivery of general practice vocational training.

3. Training Specifications

   Review the current General Practitioner vocational training specifications (includes training for rural general practice), to ascertain if the specifications are appropriate and relevant to produce a General Practitioner workforce with the skills and competencies to deliver on the aims of the Primary Health Care Strategy.

4. Funding

   Determine the cost of the General Practitioners training based on the review's recommended option.

The Review will produce a written report describing GP vocational training both internationally and in New Zealand. The report will recommend the numbers of GP registrars to train in New Zealand and the preferred option for their training. A draft report is due to go to the Minister of Health in December 2006.

The planned approach for the review will include:

- a literature review
- building a model to forecast required General Practitioners workforce numbers
- a survey of key informants
- analysis and documentation of findings
- establishing an expert advisory group to consider findings, analysis, the draft and final reports including recommendations to the Minister of Health.

An Expert Advisory Group will be established and will meet by teleconference to review and advise on the findings at regular stages through the Review.

The review will be completed in time to allow for any changes to be implemented for the 2008 training year.

In 2003 CTA commenced a review of rural GP training and the future needs of the rural sector. Dr. Pat Farry prepared a report to CTA on the perceived need for specific rural general practice vocational training and how such training could be deployed in the future. The Rural Medical Training Reference Group was established in 2005 to generate recommendations on the preferred training programme from this report. The Reference Group's recommendations will now be incorporated into the wider GP review.

The Royal New Zealand College of General Practitioners (RNZCGP) evaluated the Postgraduate Rural General Practice Education Programme - Rural Rotations, after the first two years of operation. Surveys of both trainees and trainers found positive attitudes to rural general practice as a career, with over one-third having applied for and been accepted as Registrars on the GPEP1 programme. As shown in Table 3 the volumes for this programme has increased significantly since the programme's establishment.

Table 2: GP Training

Programme Area	2005 volumes contracted	2006 volumes contracted	2007 volumes forecast	Direction of future purchasing (volumes) 2008-2017
General Practice –Basic (GPEP1)	54	54	54	Under review
General Practice –Advanced (AVE)	100	100	100	Under review
Scholarships for Rural General Practice	10	10	10	Under review
Postgraduate Rural General Practice Education Programme (PGY2 Rural Rotations)	10	24	24	Under review

Pharmacy Internship Training

Pharmacists have an important role in meeting local health needs at the primary care level. In the future this role is likely to be further utilised with the implementation of the Primary Care Strategy (Ministry of Health, 2001). Developing closer integration between primary care practitioners and working with local communities, are some of the key areas of the strategy that will require pharmacists' involvement.

CTA provides a contribution towards funding the pharmacy internship year. This year is completed immediately after the undergraduate pharmacy degree and is a compulsory requirement for graduates wanting to practice as a pharmacist in New Zealand. With the introduction of the HPCA Act 2003, intern pharmacists must be registered with the Pharmacy Council of NZ and hold an Annual Practising Certificate.

The pharmacy internship year consists of practical training in a pharmacy setting approved by the Pharmaceutical Society of New Zealand Incorporated and the completion of the Society's Pre-registration Programme. The practical training carried out will be under the supervision of a registered practising pharmacist.

In the next couple of years the CTA intends to maintain the current funding level, whereby a contribution is made to the pharmacy internship training based on 110 to 170 contracted volumes. This arrangement will continue until 2008 and will then be reviewed.

Table 3: Pharmacy training: current purchasing and future direction

Programme area	2005 volumes contracted	2006 volumes contracted	2007 volumes forecast	Direction of future purchasing (volumes) 2008–2015
Pharmacy intern training	110 to 170	110 to 170	110 to 170	To be reviewed

Mental Health Training

Psychiatry

The Advanced Vocational Training in Psychiatry programme is registrar training that leads to specialist psychiatry qualifications. Trainees in this programme form an essential role in the delivery of mental health services, and therefore are a key component of the mental health workforce.

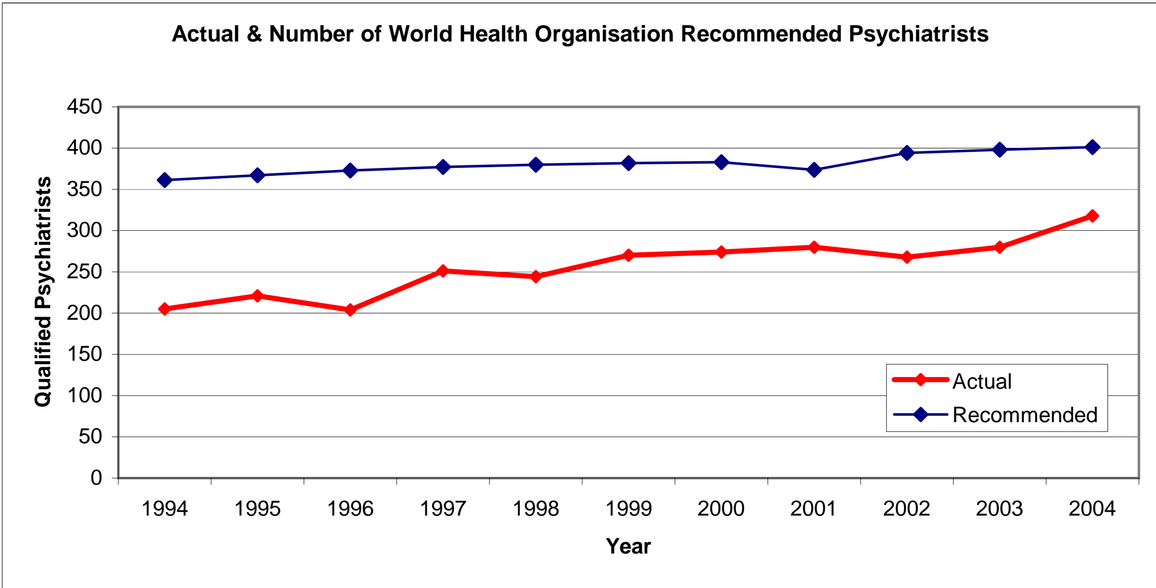
The Medical Council of New Zealand's annual workforce survey data (2004, unpublished) shows that there were 318 vocationally registered psychiatrists practising in New Zealand as at June 2004. This represented a ratio of approximately one psychiatrist for every 12,714 people. The New Zealand Medical Register at June 2005 indicates that the number of vocationally registered psychiatrists is 490, however, this figure includes doctors who may be inactive, hold more than one vocational registration or are working as administrators rather than practitioners.

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) recommend a range of specialist to population ratios, including:

- 1:7,500 for deprived locations
- 1:10,000 for urban areas
- 1:20,000 for large rural areas.

The WHO recommended ratio for psychiatrists in a population is 1:10,000 (Andrews, 1991). This ratio is acknowledged as an appropriate guideline for this plan. Based on the 2004 Medical Council's workforce survey data this indicated that New Zealand had a workforce deficit of approximately 83 qualified actively practising psychiatrists in 2004.

Figure 1: Number of qualified practising psychiatrists, actual versus recommended by WHO, New Zealand 1994 – 2004



Advanced Vocational Training in Psychiatry is a five-year registrar programme that takes most trainees between six and seven years to complete. The CTA funds all eligible trainees on this programme on a named trainee basis, contingent upon satisfactory progress and subject to available funds. Satisfactory progress is based on expected programme completion within seven years and is monitored by CTA in collaboration with the RANZCP.

In November 2002, the RANZCP ratified new regulations for training and assessment, replacing the previous RANZCP Training and Examination By-Laws. Key changes included a greater focus on supervision; involvement in training of people with mental health illness, carers, non-governmental and other community organisations; and mandatory training in addiction psychiatry, electro-convulsive therapy and the psychiatry of old age. The structure of the training has also changed; the programme now involves a minimum of three years basic training and two years advanced training, which requires specialisation in a specific area.

In 2004, following consultation, the psychiatry registrar training specification was revised to reflect the new RANZCP training requirements. The programme was repriced based on the revised training specification and the overall budget for psychiatry training was increased by 30% to cover the increased cost of the new requirements.

With the continued shortage of qualified psychiatrists in New Zealand the CTA intends to fund all eligible trainees within budget as in previous years. Emphasis will also be placed on progressing trainees through the programme within acceptable timeframes and retaining medical health professionals in psychiatry.

To date there is limited information available to support appropriate forecasting for the new sub-specialty areas within the advanced training component of the programme. CTA intends to work with the sector to develop more information about the requirements for advanced subspecialty training, to inform future directions in this area.

Table 4: Psychiatry: current purchasing and future direction

Programme area	2005 volumes contracted	2006 volumes contracted	2007 volumes forecast	Direction of future purchasing (volumes) 2008–2015
Psychiatry	160	163	167	Under review

Other mental health

The Mental Health Directorate (MeHD) is responsible for the national allocation of funds for Mental Health Workforce Development and for implementing the three-year Ministry of Health Mental Health & Addiction Workforce Development Plan, Tauawhitia te Wero – Embracing the Challenge, (2006-2009).

The Clinical Training Agency (CTA) has been purchasing mental health PECT programmes on behalf of the Mental Health Directorate since the mid 1990s. The Mental Health Directorate and Clinical Training Agency are aware that the current Post Entry Clinical Training (PECT) programmes are not meeting the needs of the mental health and addictions sector workforce.

Changes to the mental health workforce and service delivery over the last few years have meant a review of how the Ministry purchases mental health and addiction training programmes is required to ensure training matches service delivery. Tauawhitia te Wero (MOH, 2005) also signals the development of core competencies and a national training plan which is aligned to service delivery and leads to clinical career pathways and workforce redesign issues.

A review of options for the transition of PECT programmes, to programmes that better meet the mental health sector needs and work outlined in the national workforce plan is to be undertaken in 2006. Implementation of the approved transition programme is expected to be complete by the end of the 2007 training year. Programmes affected include:

- New Graduate Mental Health Nursing
- Advanced Mental Health Nursing
- Child & Youth Mental Health
- Dual Diagnosis
- Cognitive Behaviour Therapy
- Allied Mental Health
- Maori Mental Health.

In addition, the CTA intends to continue funding the two Forensic and one Dual Diagnosis programmes funded directly by CTA in 2007 training year.

Table 5: Forensic and Dual Diagnosis programmes - current purchasing and future direction

Programme area	**2005 volumes contracted**	**2006 volumes contracted**	**2007 volumes forecast**	**Direction of future purchasing (volumes) 2008–2015**
Forensic	33	20	31	Under review
Dual Diagnosis	5	13	10	Under review

Disability Issues Training

The focus of the New Zealand Disability Strategy is on creating an inclusive society in which people with impairment can participate. A large proportion of the Disability workforce is in the unregulated category that provides predominantly non-clinical roles and is therefore outside of the PECT criteria. The rehabilitation process is aimed at enabling persons with disabilities to reach and maintain their optimal sensory, intellectual, psychiatric and/or social functioning to ensure a high level of independence. Clinical Rehabilitation is an area where vocational training is required to enable qualified health practitioners to practice at an advanced level.

Table 6: Clinical rehabilitation current purchasing and future direction

Programme area	**2005 volumes contracted**	**2006 volumes contracted**	**2007 volumes forecast**	**Direction of future purchasing (volumes) 2008–2015**
Clinical Rehabilitation	20	18	18	Under review

Nurse Training

Nursing is a key workforce requirement in the New Zealand health system. The *New Zealand Health Strategy* (Minister of Health 2000) identifies the need for increased support and supervision of health professionals in training. Several Government strategies have identified an increased need for nurses with specialist skills in order to deliver on the objectives of these strategies. CTA's purchasing of nursing PECT is guided by the priorities set by these strategies and workforce need.

Limited funding for nursing programmes initially came from unbundling of PECT funding from various sources to Vote: Health. In 1998 the CTA received funding through the 'deficit switch' project. This funding was estimated based on the amount of clinical training that hospitals reported they were providing for nurses. Subsequent contracting of these funds has directed similar amounts back to individual hospitals, regardless of overall need. This process resulted in an inequitable distribution of funding between DHBs. Additional funding from the base CTA budget has been directed towards DHB nursing training since then.

The CTA also funded several national nursing PECT programmes at level 8 on the New Zealand Qualifications Framework. These programmes have been developed in response to Government strategies, including child and family health, palliative care, emergency nursing and rural primary health nursing. The newest national nursing programme, Rural Primary Health Nursing is experiencing strong demand and has been positively received by trainees. The other national nursing programmes have experienced declining enrolments over the last three years suggesting that demand for these programmes have reached saturation point. The recent evaluation of the Child and Family and Emergency programmes recommended that the CTA review the funding model for nursing PECT as the national nursing PECT programmes no longer appear to be meeting the needs of employers.

In July 2005 the Minister of Health approved a 50% subsidy to fund development of a nationally consistent Nursing Entry To Practice Programme (NETP). The Ministerial Taskforce on Nursing first identified the need for a First Year of Clinical Practice programme in 1998. During 2002 CTA carried out a pilot First Year of Clinical Practice programme. The evaluation of these pilots programme informed the development of the NETP programme.

The 50% subsidy will ensure NETP programmes are delivered nationally to a consistently high standard. CTA will fund $6,000 per graduate as a contribution to the DHB's costs of offering the programme. The funding is intended to contribute to the cost of programme co-ordination, study and development days, clinical release for graduates and preceptors and support for workload sharing between preceptor and graduate as described in the NETP programme specification. There is also additional funding set aside to assist with the education delivery and establishment of the programme.

NETP Programme development is a joint CTA and DHB project with involvement from the Nursing Council. The project is led by a Steering Group with oversight from Workforce Development Group (WDG) of District Health Boards New Zealand (DHBNZ) on behalf of DHBs. The Steering Group is currently considering the issues around extending to programme to new graduate nurses working for services that are funded by DHBs such as Primary Care and Aged Care.

The first intake of NETP trainees for participating DHBs is scheduled for August 2006. CTA will commission an evaluation of the NETP programme using independent evaluators. The evaluation will assess the extent to which the NETP programme has achieved its intended outcomes. An evaluation report is expected December 2009.

The document "Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes", (Ministry of Health 2004), provides advice to the Ministry of Health on post-entry clinical nurse training programmes. The document's vision is "All registered nurses have equitable access to postgraduate nursing education programmes, which are aligned to government strategies and workforce directions". The document indicates that CTA funds should be directed towards a first year of clinical practice programme and level 8 programmes, that may lead to the development of the Nurse Practitioner role.

Since the release of "Towards a National Strategy for Purchasing Post-Entry Clinical Nurse Training Programmes" document, CTA has lead the development of a Ministry of Health wide purchasing strategy for post graduate nursing training funding. There is variety of funding options within the Ministry of Health that would benefit from a coordinated approach. Moving to one funding model will enhance the accountability and transparency of the funding process. This transition will be carefully managed to ensure nurses continue to have options available for training throughout the transition period. The transition will be implemented in stages. The first stage is to consolidate CTA Nursing Training funding into one funding model. This will require a new specification to be developed for DHBs to administer nursing training funds. This funding model will assist DHBs to develop their nursing workforce according to their planned needs in response to Government policy. CTA will set up an expert advisory group for the first stage of this development.

Table 7: Nursing training: current purchasing and future direction

Programme area	**2005 volumes contracted**	**2006 volumes contracted**	**2007 volumes forecast**	**2008 volumes forecast**	**2009 volumes forecast**
Nursing Entry to Practice	0	300 approx	650	725	800
Ex-deficit nursing	800 approx	950 approx	0	0	0
DHB Nursing	0	0	1,150 approx	1,250 approx	1,300 approx
Rural primary health nursing*	50	50	50	25	0
Child and family nursing	50	35	0	0	0
Emergency nursing	40	26	0	0	0
Palliative care nursing	40	30	0	0	0

* 2 year PG Dip

Maori Health Training

He Korowai Oranga: Maori Health Strategy (Ministry of Health 2001b) sets the strategic direction for Maori Health in the health and disability sector and outlines four pathways of action, which are described in greater detail in Whakatataka: Maori Health Action Plan (Ministry of Health 2002). Te Ara Tuarua: Pathway Two, seeks to increase Maori participation in the health and disability sector required the development of a Maori health workforce development plan.

Raranga Tupuake: Maori Health Workforce Development Plan 2006 (Ministry of Health 2006) is a strategic framework that will guide the development of the Maori Health and disability workforce over the next 10 to 15 years. Raranga Tupuake: Maori Health Workforce Development Plan 2006 (Ministry of Health 2006) guides the CTA purchasing of Maori health training programmes.

CTA initially focused on setting up Maori health training programmes at pre-entry level, due to the lack of training opportunities for Maori Health Workers and traditional Maori Healers, and the low levels of Maori participating in PECT. Since then there have been an increase in the number of pre-entry Maori health training programmes funded by Tertiary Education Commission (TEC). In the short term, current Mäori health training programmes at pre-entry level will continue to be funded by CTA subject to further review. These programmes include Hauora Mäori, Rongoā Mäori, Clinical Teaching (Mäori health) and Mäori Child and Family Health. The recent evaluation of the Hauora Maori and Clinical Teaching programmes noted that while these programmes are meeting CTA's strategic objectives for Maori health they did not meet CTA's funding criteria for PECT.

Future options for funding of the pre-entry Maori health training programmes are being considered. These include CTA, TEC or the Maori Health Directorate (Ministry of Health).

Maori health workforce development continues to be supported in mainstream PECT through targeted funding for medical trainees committed to Maori health in the general practice and public health medical training programmes.

In addition, support will continue to be offered to trainees in both Maori health and mainstream training programmes through the CTA Travel Assistance Grant and Maori Support programmes. The purpose of the Maori Support funding is to enhance the likelihood of Maori trainees successfully completing CTA funded training programmes. CTA Travel assistance grants promote equity of access to CTA funded training programmes for trainees employed in areas remote to CTA funded PECT training programmes.

Future work includes exploring options to promote equitable uptake of PECT by Maori, in conjunction with the Maori Health Directorate (Ministry of Health).

Te Puni Kokori (TPK) carried out an audit of CTA Maori Health Training programmes during 2004. TPK commented that overall CTA was making a significant contribution to the Ministry of Health's strategic goal for Mäori health, and was responding to emerging workforce trends and changing needs. The State Service Commission (SSC) completed a further review of these programmes in June 2005. As a result of this review Cabinet directed CTA to make changes to trainee eligibility.

Table 8: Training in Mäori Health: current purchasing and future direction

Programme area	2005 volumes contracted	2006 volumes contracted	2007 volumes forecast	Direction of future purchasing (volumes) 2008
Clinical teaching	18	18	18	Subject to review
Hauora Mäori	109	109	109	
Child and Family	40	40	40	
Rongoä Mäori	16	16	16	
Mäori support and access	190	190 approx	190	

Pacific Health Training

The CTA funds a Pacific provider to provide mentoring and support to Pacific trainees on CTA funded programmes. An audit of the programme is planned, for late June. At that time a decision will be made to either continue with the contract or fund the Pacific trainees, using CTA processes, in a similar fashion to the Maori Support programme. Information is not available at the time of writing on the number of trainees being provided with support.

FINANCIAL

Detailed below is a summary of the Clinical Training Agency's training budget for 2006/07. The difference between 05/06 and 06/07 is made of Future Funding Tract (FFT) and some 2005/06 funding carried forward for nurse training.

Table 9: Clinical Training Agency Budget 2006/07

	Budget 2005/06	Budget 2006/07
Nursing	$ 9,692,289	$ 14,608,682
Non Vocational Medical	$21,071,601	$ 19,832,692
Vocational Medical	$45,846,995	$ 51,524,343
Other	$ 2,824,635	$ 2,408,666
Psychiatry	$ 8,408,889	$ 8,709,869
Mental Health	$ 600,000	$ 624,301
Pacific Health	$ 325,000	$ 110,280
Disability Support	$ 444,444	$ 294,400
Maori	$ 2,709,814	$ 2,616,767
Overseas Trained Doctors	$ 973,333	-
Total	**$92,897,000**	**$100,730,000**