Clinical Training Agency

Purchase Intentions

2008/2009

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Foreword

Workforce development in the health and disability sector is undergoing a sea-change. Following significant investment by the sector in information gathering, new strategic directions are emerging from leaders within the sector. New structures and partnerships within the sector broadly, and within the Ministry of Health, are fostering alignment and consolidation of thought and positive forward progression.

Radical transformation takes time. As with all systems with limited resources, decisions about health and disability workforce issues must be made about the order of priority in which they will be addressed. New strategic directions and new policies will be realised gradually in the workplaces where health and disability services are delivered to New Zealanders.

The Clinical Training Agency (CTA) is an integral part of the movement towards new directions to address the workforce challenges faced by the sector, both now and in the future. Effective new partnerships have been forged with the key forces that are driving the shape of the future of the health and disability workforce. An important focus for the CTA currently is supporting the work of the Ministerial Medical Training Board, which has been tasked with driving forward change to progress the Government's vision for health. Under the Board's guidance the CTA is also confidently progressing development in key areas of concern for the sector, such as general practice, primary health and rural health.

This is an exciting time, as new directions for the future health and disability workforce become clearer, and the sector continues to deliver on Government's commitment to sustainable workforce development and improved health for New Zealanders. The CTA has a pivotal role to play as these new directions are implemented and begin to gain traction in the sector. We acknowledge and thank you, our partners in this journey, for your investment in the CTA. We appreciate your contribution to our work, and thank you in particular for supporting the development of our purchase directions for 2008/09. We look forward to the coming year as we work towards our common goals.

Tony Gibling
Manager, Clinical Training Agency

“To facilitate development of a health and disability workforce which can meet the future requirements of health and disability services in New Zealand.”

Executive Summary

The 2008/09 Clinical Training Agency Purchase Intentions outlines the Clinical Training Agency’s (CTA) anticipated purchases of clinical training for the 2008/09 financial year. The report also highlights key projects and activities that will be undertaken during the period, and signals some areas for future development.

Planning and managing the purchase of post-entry clinical training for New Zealand health professionals is the CTA’s core business. However, the CTA also has a strong role in leading and supporting workforce development across the health and disability sector. The CTA has been at the hub of several workforce developments across the health and disability sector.

2007/08 saw significant success in increasing the funding available for training. The CTA baseline budget has increased to approximately $120.2 million in 2008/09, including increased funding of more than $10 million for ongoing provision of the Nursing Entry to Practice (NETP), and Midwifery First Year of Practice (MFYP) programmes, as well as increased General Practice training places, and an additional 40 medical graduates expected in 2009.

The funding available for registered nurse training doubled through the introduction of two new nursing training programmes, Nursing Entry to Practice Programme (NETP) and CTA Postgraduate Nursing.

Key projects for 2008/09 include the development of a new funding model for the training purchases, and the implementation of the outcomes of the surgery review, and of the new funding model for Maori health training.

The Ministry context has changed significantly since the publication of the 2007/08 Purchase Intentions. The CTA is now part of the Health and Disability National Services Directorate, which brings together the Ministry’s national contracts for clinical training, disability support, population screening, personal health and public health. Given that the new Directorate has a focus on excellence in the management of contracted services, further enhancements to business processes are anticipated over time.

Work in partnership with the Minister’s Medical Training Board also commenced in earnest this year, and real progress is being made towards the implementation of enhanced medical training outcomes in 2008/09 and beyond.

1. Introduction

1.1 Purpose

The 2008/09 Purchase Intentions is intended to:

- communicate intended activity for the upcoming financial year, and
- provide accountability information about the management of health and disability clinical training funding.

The report follows a structure broadly related to categories of health-professional or type of health service delivery. Some categories are broader (such as 'Medical') and others are more specific (such as 'Midwifery'). This reflects the way CTA purchasing activity and contract management are generally organised.

Contracted trainee volumes are shown as FTE (full-time equivalents) for each programme funded. FTE volumes are shown standardised for calendar years that most closely approximate programme periods or 'training years'. 'Training years' define the contract service periods, and cover a wide range of actual calendar dates. Additional detail about volume calculations is given in Appendix 1. Tables compare the volumes contracted in 2007, 2008, and those forecast to be contracted for 2009. The contracted dollar value of training for each programme, by financial year, is shown in Table 10 (Appendix 2).

Only limited detail is provided about individual programmes. Details such as trainee eligibility or programme specifications are available on the CTA website at http://www.moh.govt.nz/cta.

This report is based on the information available at the time of preparation. There may be subsequent developments that will affect actual purchasing in 2008/09 and beyond. New directives from Government, results of reviews and other events can lead to changes in purchasing that cannot be predicted at the time of writing.

In particular, the close working relationship with the Medical Training Board and the Board's evolving work programme may create some presently unanticipated directions for the work programme. The Board will also generate findings and directions for future clinical workforce development which will inevitably impact on CTA activity. Emerging directions for the new Health and Disability National Services Directorate may also have an effect on the future work programme.

1.2 Background

1.2.1 Sector consultation

Input was sought from health and disability sector groups as part of the development of the 2008/09 Purchase Intentions. During 2007, the CTA Manager attended a series of meetings with DHB Planning and Funding Managers and the DHBNZ Workforce Group to gather information and invite participation in the development of the 2008/09 Purchase Intentions.

In November 2007, written invitations were posted out to 129 sector stakeholders requesting their feedback about the general direction of CTA purchasing in relation to the previous 2007/08 Purchase Intentions. Twenty-four written submissions were received, predominantly from DHBs and professional Colleges.[1] The contributions submitted, and the actions to be taken as a result of the submissions, were ratified by the CTA Purchase Board.

The CTA is happy to receive any further feedback that may help with the development of next year's plan.

1.2.2 Consultation feedback

Submissions included feedback about issues ranging from trainee numbers ('volumes') for individual training programmes through to high-level views about overall expenditure or direction in different training areas.

Positive feedback was received about recent developments in nursing, including the NETP expansion, and the ring-fencing of postgraduate nursing funding for rural and long term conditions management. The Māori training funding developments in progress were also endorsed. Plans to implement specific Pacific training funding, and to increase involvement in disability workforce development were also welcomed by the sector. Submission analysis indicated that key issues for stakeholders include:

- a high level of demand for increased funding across a wide range of areas currently funded by CTA, including allied health;
- demand for expansion of CTA funding into professions and subspecialties not currently funded by CTA;
- concern about progress in strategic areas such as primary health workforce development across professions and multidisciplinary training;
- concern at a perceived lack of coherence in strategic direction in workforce development;
- concern about perceived inequities in the distribution of funding across different health professions;
- an expectation of greater involvement in planning with the Ministry about training and development for future workforce.

[1] Submissions were from 23 different groups/organisations.

All submissions were considered both by the relevant portfolio managers and also in terms of their implications for the CTA overall. Where possible, feedback provided has been incorporated into the Purchase Intentions. Some submissions sought clarification of CTA processes. For example, how changes in purchasing and funding allocations are determined and how which training areas are to receive increased expenditure is determined. This particular issue will be of interest to most stakeholders, and is addressed in Appendix 3. Some issues raised in submissions fell outside the scope of the Purchase Intentions document and process, and these are dealt with in other ways.

1.2.3 2007/08 Purchase profile and key projects

The new postgraduate nursing funding model was rolled out to all DHBs during the year – a significant task for both the CTA and DHB contacts, many of whom were dealing with CTA contracts for the first time. The CTA has received significant positive feedback about these developments since implementation. This development, along with the introduction of the Nursing Entry to Practice (NETP) programme doubled the CTA funding available for registered nurse training.

In late 2007, additional funding was sought for several urgent clinical training requirements. Subsequently, additional funding of $10 million annually from 1 January 2009 onwards was endorsed by Cabinet and announced as part of the 2008 Budget, including:

- an increase in General Practice Education Programme - Stage 1 trainee volumes (from 50 up to 74);
- an increase in General Practice Education Programme - Stage 1 high health need areas (Maori, Pacific and rural) trainee volumes (from 19 up to 30);
- an increase in Postgraduate Year 2 Rural Rotations trainee volumes (from 24 up to 50 places);
- ongoing funding for the Midwifery First Year of Practice (MFYP) programme for ongoing delivery of the programme after the two-year pilot;
- ongoing funding for the Nursing Entry to Practice (NETP) programme (up to 900 places annually).

The *Clinical Training Agency Contracting Guidelines for DHBs: Medical Portfolio including Psychiatry (November 2007)* (Clinical Training Agency 2007) was produced. This is a guide to the standard processes used by the CTA for DHB medical contracts. It addresses planning, negotiation, contracting, reporting and invoicing, includes a process map, and outlines roles, responsibilities and definitions.

The CTA hosted three training days over the past year for provider representatives to learn about CTA contracting and reporting processes. These training days mainly involved DHB staff administering postgraduate nursing training who had not worked with the CTA previously. These training days were very well received, and it is intended to provide similar opportunities again in future.

Psychiatry contracts, previously managed through separate agreements with DHBs, were integrated into the management of the DHB general medical contracting process. This provided the opportunity to streamline and align administration of these contracts with the majority of the other DHB purchases.

Several significant project work areas from 2007/08 will continue into 2008/09, including:

- the evaluation and consolidation of the Midwifery First Year of Practice (MFYP) pilot programme;
- review of Māori health training funding;
- review of surgery training;
- substantial investment in the development of medical workforce projections as part of the HWIP;
- review of public health medicine training.

The progress of these items is outlined in 1.3 below.

1.3 2008/09 CTA Purchasing and Key Projects

Funding available for training purchases in 2008/09 has increased from 2007/08, to reach approximately $120.2 million. As noted in 1.2.3 above, an additional $10 million new annual ongoing funding was secured from January 2009. This offsets the loss of short-term (or terminating) funding for several programmes, which ceases at the end of 2008. The new funding means an increased number of trainee places on these programmes with permanent ongoing funding, as shown in 1.2.3.

Anticipated purchasing in 2008/09 is similar to 2007/08, although some slight expansion of current programmes is planned. The key expansion, later in 2008, is in the Nursing Entry to Practice (NETP) programme, and is to include new graduate nurses employed in primary care (DHB non-provider arm). Trainee places in the programme will increase from 850 up to 900. Further anticipated highlights and key differences in 2008/09 will be:

- ring-fenced funding for postgraduate nursing training in primary health care, rural health care, and long term conditions;
- new ongoing funding totalling $10 million secured for increased trainee places in general practice, rural, Maori and Pacific placements, and continued provision of nursing and midwifery 'first year of practice' programmes for new graduates (shown in 1.2.3 above);
- implementation of a new funding model for Māori health-related training, and additional funding for increased trainee places;
- introduction of additional funding for Pacific trainees through the Pacific Peoples' Support programme;
- funding to pilot PGY1 primary care runs;
- review of postgraduate nursing training;
- review of costing for public health medicine specialist training;
- funding alignment of surgery training with the new Surgical Education and Training programme;

- additional funding for ophthalmology training;
- introduction of funding for trainee places on a new rural hospital medicine training programme.

As noted in 1.2.3 above, several significant projects currently underway from 2007/08 will continue into the 2008/09 financial year, including several reviews that may generate further change to purchasing that cannot yet be quantified. These are outlined below.

In 2007, a two-year pilot of a Midwifery First Year of Practice (MFYP) programme commenced. The main aim of the programme is to support new graduate midwives in their first year in the workplace to:

a) develop the necessary skills and knowledge to practice safely and competently;
b) contribute to better consumer and maternity services' outcomes;
c) improve the job satisfaction and retention of new midwives.

By early 2009, almost 200 newly qualified midwifery graduates will have received mentoring and support as part of the pilot. An independent evaluation of the project reported back in mid-2008 that the MFYP programme has been worthwhile and that, even at this early stage, there have been significant benefits for the new graduates, the midwifery profession as a whole, employers and consumers of maternity services. Ongoing funding has been secured for the MFYP programme for future years.

The review of CTA-funded Māori health training moved into its development phase, and specification development will shortly be completed in consultation with the sector and the Expert Advisory Group. Implementation of the review outcomes commences mid-2008, and any changes will be in place for the 2009 training year.

The Royal Australasian College of Surgeons (RACS) has introduced a new surgery registrar training programme, Surgical Education and Training (SET). A review of surgeon training to align the CTA training specification with SET also finishes mid-2008.

The 2007 Public Health Medicine training programme research review has reported and is available on the CTA website (Clinical Training Agency 2008). This year a review of the current training specification will be completed, including re-costing the revised specification and estimating the required numbers of public health physicians for future years.

CTA involvement with the District Health Boards New Zealand (DHBNZ) Health Workforce Information Programme (HWIP) this year yielded a pathology workforce model. To enable the prompt replacement of the workforce projections currently used for funding prioritisation with higher quality projections, the CTA will make a significant financial investment in the HWIP, through to the end of 2009. The pathology workforce model will provide the methodological basis for projections of other medical workforces. Projections for surgery and public health physicians will be the next considered by HWIP, to feed into current CTA review projects in these areas. By July 2009, projections are expected for radiology, radiation oncology,

intensive care, ophthalmology, physicians, anaesthesia, emergency medicine, obstetrics and gynaecology, psychiatry, community emergency medicine, and allied health medical technicians.

While significant progress was made in 2007/08 in exploring options for specialist training in palliative medicine, diabetes specialist training is still to be progressed in 2008/09. Depending on resource availability, it is also hoped to progress development work in the area of intensive care medical specialisation this year, and a review of issues related to advanced psychiatry training and formal teaching may also be considered. Further modifications arising from the review of general practice may be explored, including the re-specification of General Practitioner Education Programme - Stage 1 (GPEP1) and General Practitioner Education Programme - Stage 2 (GPEP2).

Several additional items previously on the CTA work programme are now to be addressed as part of the Medical Training Board work programme, including PGY2, medical officer and aspects of general practice training. As described above, the CTA will continue to work closely with the Minister's Medical Training Board to enhance early post-graduate medical training and other related areas.

In July 2007, the new Ministry structure was established, and reflected some significant changes in the configuration of the directorates. The CTA moved to become part of a new Directorate, called Health and Disability National Services (HDNS). A new Deputy Director General, with strong knowledge of disability services provision and strengths in rigorous quality contracting and purchasing processes, was appointed. Under this leadership, the CTA anticipates further improvements to contracting processes over time, and alignments of processes across the new Directorate.

In this context there are also clear opportunities for the CTA to become more involved in workforce development activity across the Directorate, and particularly in the development of the disability workforce, which represents a significant proportion of the current non-regulated workforce. However, one of the key challenges facing the sector, including the CTA, is to prioritise competing demands on the limited training funds available.

The July 2007 re-structuring also involved the establishment of a number of cross-Ministry work-streams, including one with a focus on workforce policy, lead out of the Health and Disability Systems Strategy Directorate. This is expected to provide direction and policy context for CTA operations.

An overview of other relevant factors in the CTA operating environment is included as Appendix 4.

2. Portfolio Overviews

2.1 Medical

Funding commenced for New Zealand Registration Examination (NZREX) trainees on the medical Postgraduate Year 1 (PGY1) programme for all DHBs in 2007. It was also noticeable that the supply of Postgraduate Year 2 (PGY2) trainees to the DHBs reduced considerably, resulting in difficulty for some DHBs in invoicing their contracted number of trainees. This trend appears to be continuing in the 2008/9 year.

The Ministerial Taskforce recommendation to establish a Medical Training Board has now been adopted and this Ministerial Board will consider changes to junior doctor training in 2008. This has effectively halted CTA work on a national PGY2 specification, but the CTA will have input to the Board's deliberations on this topic. Accordingly, the CTA expects to see some decisions taken during the period to advance the resolution of the PGY2 definition, specification and funding issues.

Progress has been made in the establishment of training rotations in palliative medicine in the Northern Region and further work is proceeding in the Central and Southern areas. Little progress was possible in the establishment of formal positions and rotations for diabetes registrars, but CTA will continue the dialogue with DHBs with an expectation that some national agreement on formalised trainee numbers and rotations can be reached.

Some definitive work on the demographics of the pathology workforce has been conducted jointly with the DHBNZ Health Workforce Information Programme (HWIP) and the Royal Australasian College of Pathologists, during 2007 and supply/demand curves updated accordingly. This is proceeding for other medical specialties with the intention of relating demand forecasts directly to New Zealand demographics, though it may take some time to complete the first adjustments for all specialties.

A review of surgical education and training is currently underway with the intention of accurately defining the surgical workforce requirement in the public sector, utilising an expert sector reference group. This review should be completed during 2008 and will take into account the introduction of the new surgical training programme (SET) introduced by the Royal Australasian College of Surgeons. It is probable that recommendations will start to be implemented in 2009.

The CTA initiated examination of funding arrangements for didactic teaching by the Medical Schools at DHBs during 2007. This funding is a carry-over from an 'unbundling' exercise carried out in the 1990's. Responses to questionnaires sent to the medical colleges and the DHBs left a number of unanswered issues however; the Portfolio will attempt to clarify these during 2008.

For 2008/09 the Portfolio will also continue to focus on the Ministry's key priorities and strategies, and on 'shortage' specialties and other specialties showing signs of less than optimum numbers. The Portfolio will also continue with purchasing and a review of purchasing strategies for technician groups in view of the fact that the

Statutory Review of the Health Practitioners Competency Assurance Act 2003 (HPCA Act 2003) is likely to delay further registration applications. It is anticipated that the CTA will also be in a position to assist the deliberations of the Medical Training Board and the Portfolio will be required to produce analysis and information as requested.

In 2007 the CTA commissioned a review of the current Public Health training programme. The review report *Research Contributing to a Review of the Purchasing Strategy for the Public Health Medicine Training Programme* (Clinical Training Agency 2008) is now available. In 2008 the CTA will complete a review of the current public health medicine CTA training specification, including re-costing the revised specification and estimating the required numbers of public health physicians for future years.

Additional funding will be available in 2008/09 to pilot PGY1 primary care runs, align the funding of surgery training with the new Surgical Education and Training (SET) programme, increase investment in ophthalmology training, commence funding for trainee places on a new rural hospital medicine training programme.

Table 1: Medical training: Current purchasing and future directions[2]

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Year 1 House Surgeons	282	287	327	327
PGY2	340	340	340	340
Diploma in Paediatrics	32	32	32	32
Diploma in Sexual Health	14	14	14	14
NZREX - Overseas Trained Doctors	10	8	8	8
Māori Health Training Module	8	0	0	0
Medical Physics Radiology and Therapy	16	17	17	17
Anaesthetic technicians	53	53	53	53
Cardiopulmonary technicians	0	0	0	0

[2] Note that the figures shown in the table for 'academic year' approximate, but do not always exactly equal, the volumes within the date range of a calendar year.

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Physiology technicians	10	11	11	11
PG certificate in Radiation Therapy	4	2	2	2
Cytology	3	1	1	1
Ultrasonography	29	29	29	29
Dentistry - OMS	3	2	2	2
Anaesthesia	122	122	122	122
Emergency Medicine	68	68	68	68
Obstetrics and Gynaecology	41	45	45	45
Ophthalmology	15	15	15	15
Pathology	57	63	63	63
Physician training - Adult Medicine(1,2)	210	197	197	197
Physician training - Paediatrics(1)	60	65	65	65
Physician training - Rehabilitation(3)	3	4	4	4
Physician training – Palliative Medicine(3)	6	7	7	7
Physician training - Diabetic Medicine(3)	2	3	3	3
Physician training - Other(3,4)	7	9	9	9

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Public Health Medicine	35	35	TBC	TBC
Radiation Oncology	17	18	18	18
Radiology	72	76	76	76
Surgery	233	237	237	237

(1) Physician training is divided into adult and paediatric, although some positions are dedicated to specific sub-specialties, listed separately in the table.
(2) Note the reduction in 2008 is mainly due to reallocation of ten positions into additional palliative and diabetes medicine positions.
(3) These are dedicated positions, however there may be additional training in the subspecialty included under adult medicine or paediatrics.
(4) Includes sleep, sexual health, paediatric rheumatology, immunology and infectious diseases, where listed explicitly in contracts.

2.2 Psychiatry

During 2007, the funding of psychiatry training was consulted, simplified and passed to the Medical Portfolio. As a result, from 2008, Psychiatry training occurs as a purchase unit on DHB medical training service agreements. DHBs now agree their training requirements with the regional training coordinators and convey the information to CTA. The Portfolio will continue to fund all eligible trainees for 2008/9.

Table 2: Psychiatry: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Psychiatry[1]	167	167	167	167

(1) Includes training at three different levels: Basic 1, Basic 2/3, and Advanced.

2.3 General Practitioner Vocational Training

The 2007 CTA *General Practitioner Vocational Training* review report was used as the basis for a request for ongoing funding of the 104 General Practice Education Programme - Stage 1 (GPEP1) training places funded in 2007, and for an additional 50 trainees for 2009 onwards, to make a total of 154. The request to fund the total

volume of 104 places in 2008 was successful, and the CTA continues to advocate that an additional 50 places (154 in total) need to be funded on an ongoing basis.

The total 104 GPEP1 places funded include 30 places in rural areas and in areas with significant population numbers of Māori and Pacific peoples (an increase of 11 from 2007 volumes).

Ongoing funding has also been secured for a total of 50 Postgraduate Year 2 Rural Rotations places (an increase of 26 from 2007 volumes).

The CTA has not been able to secure any increased funding for General Practice Education Programme - Stage 2 (GPEP2) training and the volumes remain the same as in previous years.

Using the recommendations of the 2007 review report, the CTA intends to review the specification for the first and second years of general practice training in partnership with the Royal New Zealand College of General Practitioners and the Medical Training Board.

Table 3: General Practice training: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
General Practice Education Programme - Stage 1 (GPEP1)	50	74	74	74
General Practice Education Programme - Stage 1 - Targeted Placements (Māori and Pasifika)	4	10	10	10
General Practice Education Programme - Stage 1 - Rural Scholarships	15	20	20	20
General Practice Education Programme – Stage 2 (GPEP2)	100	100	100	100
Postgraduate Rural General Practice Education Programme (PGY2 Rural Rotations)	24	50	50	50

2.4 Nursing

Nurses are a key workforce within the New Zealand health system, with registered nurses comprising 52% of the regulated health workforce (Health Workforce Advisory Committee, 2002).

2007 saw the introduction of two new nursing training programmes, Nursing Entry to Practice (NETP) and CTA Postgraduate Nursing, which more than doubled the CTA funding available for registered nurses (specifications are available on the CTA website http://www.moh.govt.nz/cta).

A Nursing Advisory Group was established to provide a national strategic overview of implementation and ongoing management of both the NETP and Postgraduate Nursing training funding.

All DHBs are now providing a NETP programme approved by the Nursing Council of New Zealand. CTA has commissioned an evaluation of the NETP programme, which will assess the extent to which the NETP programme has achieved its intended outcomes. The final evaluation report is expected December 2009.

The NETP programme will be expanded from January 2009 to include new graduate nurses employed by a health service funded by the DHB non-provider arm or Ministry of Health. A national coordinator has been appointed by DHBNZ and funded by CTA to assist DHBs to establish the infrastructure to expand the NETP programme to include new graduate nurses whose employers meet the specified criteria of the NETP Expansion programme. Additional funding will be made available as these programmes become established.

The CTA Postgraduate Nursing funding enables registered nurses employed by either a DHB (or a health service funded by the DHB non-provider arm) or the Ministry of Health to access funding for postgraduate studies.

CTA Postgraduate Nursing training provides funds for tuition fees, travel and accommodation costs (subsidised), clinical release and clinical supervision for registered nurses to attend postgraduate nursing training programmes. Funding is available for postgraduate certificates, postgraduate diplomas and clinical masters degrees.

The primary and rural scholarships from the former Clinical Services Directorate, Ministry of Health, were integrated with the CTA Postgraduate funding to streamline nursing training funding from July 2007. These funds remain ring-fenced and are in addition to the CTA budget for nursing.

CTA Postgraduate Nursing funding will be increased again in 2008 with the introduction of ring-fenced funding for a postgraduate certificate in long term conditions management to support the Primary Care Strategy.

It is intended that a review of Postgraduate Nursing funding be undertaken once the new funding model has been fully implemented for a period of two years.

The CTA Postgraduate Nursing training allows nurses to study on a part-time basis (and a significant number does so) at all levels of training. The number of individual trainees participating in these programmes is thus significantly higher than the training unit volumes shown in Table 4.

Table 4: Nursing training: Current purchasing and future direction

Programme Area	Volumes Contracted (Training Units)[1]		Volumes Forecast (Training Units)	
	2007	2008	2009	2010 onwards[4]
Nursing Entry to Practice[2]	815	949	800	800
Nursing Entry to Practice Expansion	0	50	100	100
Postgraduate Nursing[3]	1,493	1,532	1,603	1,603

(1) 'Training Units' are the same as the training 'FTE' used to measure volumes for most CTA-funded programmes. Note that many trainees participate in Postgraduate Nursing training part-time, rather than full-time, which means that the volumes shown do not equate to the number of trainees. The number of individual trainees involved is significantly greater than the number of training units shown.
(2) Additional funding provided for an extra 115 places in 2007 on a one-off basis and 149 additional places in 2008 on a one-off basis.
(3) The forecast for 2009 is based on the volumes contracted in 2008, plus an estimated number of additional places that will become available from new CTA funding for training in long term conditions.
(4) All forecasts for 2010 onwards are based on the volumes forecast for 2009.

2.5 Midwifery

The Midwifery First Year of Practice training programme is currently a two-year pilot being held in 2007 and 2008 that funds mentor development, mentor support time, training courses, trainee clinical release and national coordination. The main aim of the programme is to support new graduate midwives in their first year in the workplace to:

a) develop the necessary skills and knowledge to practice safely and competently;
b) contribute to better consumer and maternity services' outcomes;
c) improve the job satisfaction and retention of new midwives.

Evaluation outcomes are positive, and to date nearly all new graduates have completed the one year programme. The final evaluation report, completed in June 2008, has provided the CTA with more information to progress the issue of securing ongoing funding for the training and whether or not a training provider needs to be identified via a contestable process. The current training provider is the New Zealand College of Midwives, which has worked hard to develop and deliver the two year pilot.

The CTA is supporting the development and implementation of training support for midwives who undertake postgraduate education. The details are still to be determined, and it is likely that an expert advisory group will be established to assist with this work. Some areas of postgraduate training, for example complex care in the

secondary and tertiary setting, are likely to be prioritised. Funding dependent, this initiative is planned for implementation for the 2009 training year.

Table 5: Midwifery First Year of Practice: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009(1)	2010 onwards
Midwifery First Year of Practice	90	98	117	117

(1) Numbers in 2009 will depend on the number of graduating midwives at the end of 2008.

2.6 Māori Health

He Korowai Oranga: Māori Health Strategy (Minister of Health, 2001) sets the strategic direction for Māori Health in the health and disability sector and outlines four pathways of action, which are described in greater detail in *Whakatātaka Tuarua: Māori Health Action Plan 2006–2011* (Ministry of Health, 2006b). *Te Ara Tuarua: Pathway Two,* seeks to increase Māori participation in the health and disability sector.

Raranga Tupuake: Māori Health Workforce Development Plan 2006 (Ministry of Health, 2006a) is a strategic framework that will guide the development of the Māori health and disability workforce over the next 10 to 15 years, including the purchase of CTA-funded Māori health training programmes.

The CTA initially focused on setting up Māori health training programmes at pre-entry level, due to the low level of Māori eligible to participate in post entry clinical training, and a lack of training opportunities for Māori community health workers and traditional Māori healers. The programmes established included Hauora Māori, Rongoā Māori, Clinical Teaching (Māori health) and Māori Child and Family Health. Since that time, there has been a significant increase in the number of pre-entry Māori health training programmes funded by the Tertiary Education Commission (TEC).

A review of future options for the funding of Māori health training programmes commenced in 2007. This work involves an Expert Advisory Group consisting of DHB Māori Managers and Ministry officials, and will complete a sector consultation process in mid-2008. Any changes will be implemented in time for the 2009 training year. Additional funding is likely to be available for increased trainee places from 2009.

Māori health workforce development continues to be supported in mainstream post entry clinical training through programmes such as Postgraduate Nursing and Nursing Entry to Practice. There is also targeted funding for general practice trainees committed to Māori health.

In addition, support will continue to be offered to trainees in both Māori health and mainstream training programmes through the Māori Support and CTA Travel Assistance Grant programmes. The purpose of the Māori Support funding is to enhance the likelihood of Māori trainees successfully completing CTA-funded training programmes. CTA Travel Assistance Grants promote equity of access to CTA-funded training programmes for trainees that are employed in areas that are remote from the location of the training programmes.

Table 6: Māori health training: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)
	2007	2008	2009 onwards
Clinical Teaching	18	18	Subject to review. CTA is reviewing the Purchase Plan for Māori Health-related training
Hauora Māori	111	117	
Child and Family	60	60	
Rongoā Māori	16	16	
Māori Support	190	190(1)	

(1) Numbers are confirmed at 85 for semester 1, and estimated at 85 for semester 2.

2.7 Pacific Peoples Health

Pacific peoples health workforce development is supported in mainstream post entry clinical training through programmes such as Postgraduate Nursing and Nursing Entry to Practice (NETP). There is also targeted funding for general practice trainees committed to Pacific peoples health.

In addition, support will be offered to Pacific trainees through the Pacific Peoples Support and CTA Travel Assistance Grant programmes. The purpose of the Pacific Peoples Support funding is to enhance the likelihood of Pacific 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 that are remote from the location of their training programmes.

2.8 Pharmacy Internship

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* (Minister of Health, 2001). Developing closer integration between primary care practitioners and working with local communities are two key areas of the strategy that will require pharmacists' involvement.

The 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 practise as a pharmacist in New Zealand. Under the HPCA Act 2003, intern pharmacists must be registered with the Pharmacy Council of New Zealand 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 is carried out under the supervision of a registered practising pharmacist.

The CTA continues to part-fund 110 to 170 contracted training places in line with previous years' funding strategy. The training provider has also identified the need for more clinical supervision for trainees and is addressing this issue.

It is likely that the CTA will carry out a review of pharmacy training in 2009, depending on information available at that time.

Table 7: Pharmacy training: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Pharmacy internship	110 to 170	110 to 170	110 to 170	110 to 170

2.9 Mental Health

The Mental Health Directorate of the Ministry of Health has engaged a new host purchaser, Te Pou. This organisation advised providers of plans for future purchasing, beginning in 2008. The CTA transferred funding to the Mental Health Group so that the two mental health programmes the CTA funded in 2007, would continue intact in 2008. The programmes are the University of Auckland's Dual Diagnosis programme, and Whitireia Polytechnic's Forensic Mental Health programme.

The CTA Purchase Board approved continued funding of these two programmes for one more year, on the basis of sector need. Both providers were able to

demonstrate interest in, and relevance of their programmes, justifying the funding, which will total $285,000 (GST excl) for the 2008 calendar year.

Beyond 2008 Te Pou will make changes to the purchasing model to improve access to mental health training. This is governed by their contract with the Mental Health Group. The CTA will be involved in the Te Pou Advisory Group that oversees changes in future purchasing.

Further information about mental health post entry clinical training is available at the Te Pou website, www.tepou.co.nz.

2.10 Clinical Rehabilitation

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 non-regulated category that provides predominantly non-clinical roles and is therefore outside the post entry clinical training criteria.

However, over time the CTA will be looking for opportunities to contribute to the development of disability-related training and should opportunities arise to support the training of the non-regulated workforce, we are keen to do so.

The CTA sees its role as being able to provide advice and assistance in the development and purchasing of new initiatives (where the budget is available from other sections of the Ministry). We also have a role to play regarding all of the CTA-funded post entry clinical training in terms of emphasising the need for all training to consider disability issues and needs in general.

Currently the CTA has a very limited budget available for disability-related training needs and purchases one postgraduate certificate programme, which aims to improve and enrich the rehabilitation process for the client, family and practitioner.

In 2007, 16 rehabilitation practitioners completed postgraduate training in rehabilitation. Some difficulty has been experienced in securing mentors for a small number of trainees working in isolated areas such as the West Coast. However, the training provider has put in place arrangements to manage this situation, and one of the outcomes of this course will be to increase the numbers of staff with expertise in this field available to act as mentors in future years.

Table 8: Clinical rehabilitation: Current purchasing and future direction

Programme Area	Volumes Contracted (FTE)		Volumes Forecast (FTE)	
	2007	2008	2009	2010 onwards
Clinical Rehabilitation	18	18	18	18

3. Financial

Table 9 shows a summary of the CTA training budget for 2008/09. The 2007/08 budget included for comparison is the version updated as at February 2008.

Additional information about changes in budget areas between 2007/08 and 2008/09 is contained in the relevant sections of this report.

Table 9: 2008/09 Clinical Training Agency training budget

	2007/08 Budget	2008/09 Budget(1)
Nursing	$11,100,498	$12,368,997
Nursing – NETP	$5,999,323	$6,167,184
Non Vocational Medical	$21,801,247	$23,194,454
Vocational Medical	$56,441,862	$60,067,519
Psychiatry	$9,241,432	$9,500,007
Mental Health	$302,481	0
Pacific Peoples Health	$2,760	$162,160
Disability Support	$303,535	$319,815
Mäori	$2,536,677	$3,249,610
Midwifery	$2,000,000	$1,856,467
Other (2)	$2,875,187	$3,333,787
Total	$112,605,002	$120,220,000

(1) FFT is included in the budget figures for both years.
(2) The ‘Other’ category includes Pharmacy Internship training and Public Health Medicine.

Appendix 1: Explanatory Notes

i) Reporting of trainee volumes

The numbers of trainees, or 'volumes', the CTA has contracted for, and intends to purchase, is reported for funded training programmes for the 2008/09 year.

The majority of changes to programme volumes are likely to occur at the commencement of a new training year, rather than being aligned with a new financial year. Therefore volumes are displayed in calendar years rather than financial years.

The volume figures shown are based on the volumes contracted at the start of the relevant training year that falls within the identified financial year. For example, the volumes shown for any period of 2007, such as 1 July to 30 November 2007, represents the volumes contracted as at the start of the 2007 training year for that programme. Volumes for 2007 and 2008 represent the volumes actually contracted. Volumes for 2009 and onwards, where available, are estimated values.

ii) Contract volume management

The volumes that are contracted by the CTA with a training provider are distinguished from those paid for by the CTA. This is because there is often a difference between the contracted volumes of trainees and those actually delivered by a provider. Changes to the volumes the CTA intends to purchase, and that the provider hopes to deliver, can occur for a number of reasons. Providers may face a range of circumstances that mean they are unable to deliver the volumes of training contracted for with the CTA. For example, the provider may be unable to recruit the anticipated number of trainees, or trainees may drop out before completing the programme.

The CTA is able to respond to these changes through flexible contract management processes that allow the transfer of funding from areas of undersupply to areas of oversupply. For example, a training provider may have provided training to fewer trainees than contracted for on one programme, but provided training to a greater number of trainees than contracted for on another. The budget can be moved from the under spent area to the programme with over-provision.

iii) Contracts Structure

At the end of 2006, the CTA implemented a change to its contracting methodology to streamline and standardise its contracting arrangements with training programme providers. Under this new arrangement CTA standard terms and conditions are evergreen, and only one Head Agreement is required for each organisation that CTA contracts with for the provision of training services.

Programme Specifications are in place to provide detailed descriptions of programmes and can be viewed at www.moh.govt.nz/moh.nsf/indexmh/cta-specifications. Specifications reduce the terminology required in service agreements, are uniform across providers and are transparent.

Individual service agreements are negotiated with each training provider organisation to determine the detail of training to be purchased. These service agreements sit beneath a Head Agreement, and are small, easy-to-read documents, detailing price, quantity, the training to be delivered and any additional programme or provider specific clauses.

The Head Agreement and service agreement initiative will significantly benefit the majority of contracted training provider organisations (who hold multiple agreements with the CTA) in that it will reduce administration costs and shorten timeframes for signature for both providers and the CTA.

Appendix 2: Contracted and forecast dollar values of training

Table 10 shows the forecast value of contracts with training providers for 2008/09, and the value of training contracts in 2006/07 and 2007/08. Note that the contracted financial value figures shown in this table are usually slightly higher than actual expenditure, as training providers cannot always deliver the contracted trainee volumes.

Table 10: Value of contracted training purchases

Programme Area	Contract Value ($)		Amount Forecast ($)	
	2006/07	2007/08	2008/09	2009/10 onwards
Year 1 House Surgeons	8,948,678	9,459,737	9,459,737	
PGY2	6,454,379	6,653,618	6,653,618	
Diploma in Paediatrics	1,285,751	1,327,709	1,327,709	
Diploma in Sexual Health	191,942	193,525	193,525	
NZREX - Overseas Trained Doctors[(1)]	0	0	904,000	
Māori Health Training Module	41,667	18,124	0	
Medical Physics Radiology and Therapy	368,744	439,062	439,062	
Anaesthetic technicians	1,543,147	1,662,326	1,662,326	
Cardiopulmonary technicians	21,443	0	0	
Physiology technicians	315,728	430,268	430,268	
PG Certificate in Radiation Therapy	61,055	64,468	64,468	
Cytology	34,644	94,810	94,810	
Ultrasonography	743,901	825,367	825,367	
Musculoskeletal Diploma	17,698	17,844	17,844	
Dentistry - OMS	730,346	725,533	725,533	
Overseas Trained Doctors - Refresher	220,000	0	0	
Rural Hospital Practise	172,511	176,642	176,642	
Anaesthesia	6,726,505	7,070,147	7,070,147	
Emergency Medicine	3,724,323	3,881,192	3,881,192	
Obstetrics and Gynaecology	1,998,858	2,212,786	2,212,786	
Ophthalmology	725,695	720,216	720,216	
Pathology	3,596,673	4,025,582	4,025,582	
Physician training - Adult Medicine	8,501,599	8,980,537	8,980,537	
Physician training - Paediatrics	2,691,018	2,921,736	2,921,736	
Physician training - Rehabilitation	188,429	267,311	267,311	
Physician training - Palliative Medicine	274,071	261,123	261,123	
Physician training - Diabetic Medicine	42,663	122,827	122,827	
Physician training - Other	346,192	391,685	391,685	
Psychiatry	8,821,922	12,412,203	9,535,694	
Public Health Medicine	1,457,320	1,482,828	1,501,279	
Radiation Oncology	934,952	1,010,765	1,010,765	
Radiology	3,610,651	3,986,515	3,986,515	
Surgery	11,940,155	12,552,808	12,552,808	

Programme Area	Contract Value ($)		Amount Forecast ($)	
	2006/07	2007/08	2008/09	2009/10 onwards
Medical Programme Co-ordination	968,612	1,016,526	1,016,526	
General Practice – Basic (GPEP1)	3,684,469	4,569,486	5,489,500	
Targeted Placements (GPEP1)	209,987	564,310	831,900	
Rural Scholarships	610,725	1,296,625	1,521,800	
General Practice – Advanced (GPEP2)	235,000	215,417	235,000	
Postgraduate Rural General Practice Education Programme (PGY2 Rural Rotations)	720,000	1,175,000	1,500,000	
Nursing Entry to Practice	2,965,037	5,858,810	6,455,850	
Nursing Entry to Practice Expansion(2)	0	42,188	42,188	
Postgraduate Nursing(3)	3,494,714	8,052,574	8,952,289	
Primary Health Postgraduate Nursing	0	960,715	1,110,151	
Rural Postgraduate Nursing	0	305,570	578,409	
Long Term Conditions	0	630,203	1,249,920	
Ex-Deficit Nursing	1,967,855	0	0	
Other Nursing(4)	1,695,884	795,676	0	
Midwifery(5)	780,371	1,761,883	1,500,000	
Clinical Teaching	84,291	63,546	129,325	
Hauora Māori	793,863	919,155	595,455	
Child and Family	773,634	604,762	509,600	
Rongoā Māori	229,792	264,600	127,360	
Hauora Māori Training Fund	0	0	1,250,000	
Clinical Release and Access	104,204	119,320	113,812	
Māori Support	268,414	242,118	242,118	
Pharmacy	902,118	876,960	889,920	
Disability Rehabilitation	289,748	298,336	303,246	
Mental Health	551,780	331,663	0	
Totals	98,063,160	115,354,735	117,061,478	

(1) The NZREX programme concluded its initial one-off funding, and commencing in the 2008/09 financial year will be funded through the medical baseline budget.
(2) Figures for an expected forecast for NETP are not yet available for 2008/09. The contracted value from 2007/08 was used in the calculation of the overall total for the 2008/09 financial year.
(3) Postgraduate Nursing incorporates postgraduate training not including primary, rural and long term conditions training.
(4) 'Other Nursing' includes all tertiary provided nursing programmes funded prior to the postgraduate model, including programmes for rural health, long term conditions, palliative care, primary care, child and family, and emergency nursing.
(5) The forecast for 2008/09 for midwifery is an estimated figure, as the funding framework is likely to change for that period.

Appendix 3: Determination of changes to purchasing and funding allocations

The CTA aims to maintain the stability of its funding within the health and disability training sector. For the most part, the training funded remains stable from year to year. The CTA determines whether any change in the current purchasing mix is required in response to a number of factors, including:

- specific direction from Government;
- Government strategic priority;
- documented current and/or future workforce need;
- Māori development;
- price acceptability;
- known programme effectiveness;
- other relevant factors.

Where there are documented unmet training needs (documented through a formal process involving CTA Purchase Board approval), the CTA looks to either fund more places on existing programmes or develop appropriate new ones, if additional funding can be made available. Where training needs appear to have changed, or new priorities become apparent, the CTA will seek opportunities to reduce spending in such areas without de-stabilising the sector.

Where possible, the CTA phases in changes to the funding it allocates across training programmes so that people in existing programmes are not disadvantaged and to ensure that such changes will be to the greatest benefit of the future health and disability workforce.

Appendix 4: Clinical Training Agency (CTA) Additional Contextual Information

It is now widely accepted that workforce shortages exist in many areas of the health and disability sector. The Minister of Health stated, “Workforce issues are a critical area for any health system, and I am committed to ensuring an effective national workforce strategy is progressed rapidly.” (Minister of Health, 2008)

Without active intervention now, these shortages will reach critical status in the future. The CTA has a key role in the development of the future health workforce, and is tasked with facilitating some of the solutions to the current concerns. The CTA is responsible for purchasing and managing the provision of a range of post entry clinical training for health and disability professionals so as to ensure that New Zealanders have access to a workforce appropriately trained to meet their needs.

The CTA has a particular, but not exclusive, focus on funding post entry clinical training programmes that deliver clinically-focused training (at least 30 percent of programme time) for health practitioners who are eligible to practice under the Health Practitioners Competence Assurance Act 2003. Programmes must be equivalent to a minimum duration of at least six months full-time, and lead to a nationally recognised qualification (NZQF).

The CTA works with health and disability sector employers and training providers to determine the training areas in greatest need of resources and development. CTA regularly reviews its programmes, and workforce need, to ensure that it is investing in the right mix of training to support the development of a workforce with the skills and expertise to provide for the future health and disability needs of the New Zealand population.

Purchasing decisions are closely linked to the *New Zealand Health Strategy* (Minister of Health, 2000), *Primary Health Care Strategy* (Ministry of Health, 2001), *He Korowai Oranga: Māori Health Strategy* (Minister of Health and Associate Minister of Health. 2002), *Pacific Health and Disability Action Plan* (Minister of Health, 2002)-, and other key strategic documents. The CTA also works with the Tertiary Education Commission (TEC) to ensure consistency of funding in the sector between the two bodies.

In 2007/08 the CTA managed a training budget of $112.6 million, as shown in Table 9. Funding increases for training have been provided through Future Funding Track and one-off initiative funding through the Minister of Health, and the CTA has carefully managed within these allocations, by dampening down sector expectations and juggling contracts to fit the finances.

This year however, marked a critical point where additional new funding had to be secured in order to avoid cutting back on baseline programmes in priority areas such as Medical and GP training, or having to halt progress on key new initiatives, including one-year transition programmes to support new graduate nurses and midwives to reach safe and confident practice levels.

CTA Partnership with Medical Training Board

In 2007, the Minister of Health set up a Medical Training Board (the 'Board') to respond to the recommendations of the Workforce Taskforce 2007 report to the Minister of Health and the Minister for Tertiary Education, *Reshaping medical education and training to meet the challenges of the 21st century.*

In view of the obvious overlaps between the interests of the Board and the CTA, it is very pleasing that the Board's work programme has created space for synergies between the two. Since the Board began its work in earnest this year, the CTA and the Board have developed an effective working relationship to progress the issues on the Board agenda.

The Board has established two workgroups to progress specific aspects of the work programme. These workgroups focus on:

- the pre-vocational years (pre-registrar training, postgraduate years one and two), specifically what learning should be achieved during these years and how can this best be achieved;

- 2021 and beyond, particularly what workforce needs might be in 10, 20 and 30 years time, and how to ensure the best possible chance of meeting those needs.

The primary task of the Board is to identify changes necessary to the transition years for doctors, between the university environment and the service delivery environment, including recommended actions and a timetable for change. The Board will initially define the competencies required before entry to a vocational training programme, develop a process for assessing competence, and provide guidelines for the curriculum needed to attain the competencies.

The Board is first examining the training of junior doctors during the period from their intern year to post-graduate year two, with the object of improving training and the capability of doctors exiting this process. The Board will work jointly with the Medical Council on this project.

There are obvious synergies between the work of the Board and the CTA, and an effective partnership and working relationship has already been established. For example, the CTA is assisting the Board's 'pre-vocational' work group and will provide draft specifications of work already prepared. The CTA will also advise on funding options and re-cost any new specifications developed.

Time permitting, the Board may also consider the integration of 'medical officer' training for those doctors who elect not to go on to a vocational training programme at exit from the second post-graduate year. The CTA has established a specification for this training for the Board to consider, as a starting point for this work.

Ministry of Health Priorities for 2007 and beyond

The Ministry's priorities for the health and disability sector are outlined in the Ministry of Health's Statement of Intent (SOI) for 2007–10. A strong focus on workforce is still one of the Minister's priorities for the sector, and leading change in health and disability workforce development is central to this priority. The development of the health and disability workforce also has a critical role in assisting the Government to achieve its other health priorities (in particular, chronic disease, child and youth services, elective services, primary health, and the health of older people).

The SOI identifies the need to consolidate existing plans, strategies, research, and information, and for clear strategic leadership in the sector to progress in this area. The July 2007 Ministry restructure created a cross-Ministry work stream to focus on providing such leadership to implement integrated workforce development in the sector.

Appendix 5: Postgraduate Nurse Funding

Figure 1: Postgraduate Nurse Funding by Qualification

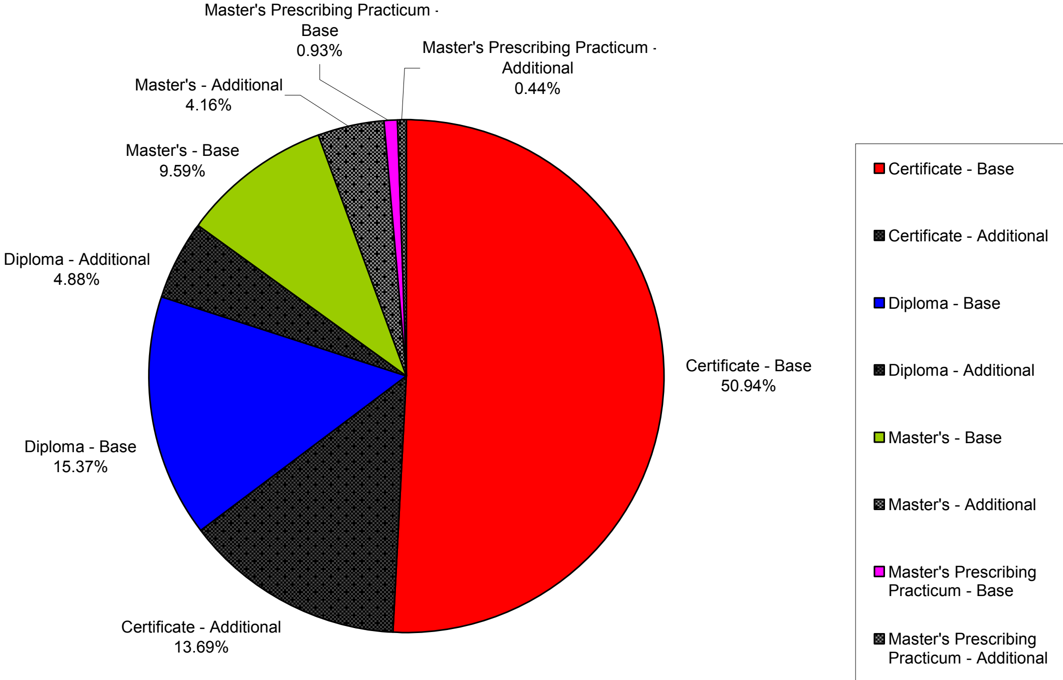
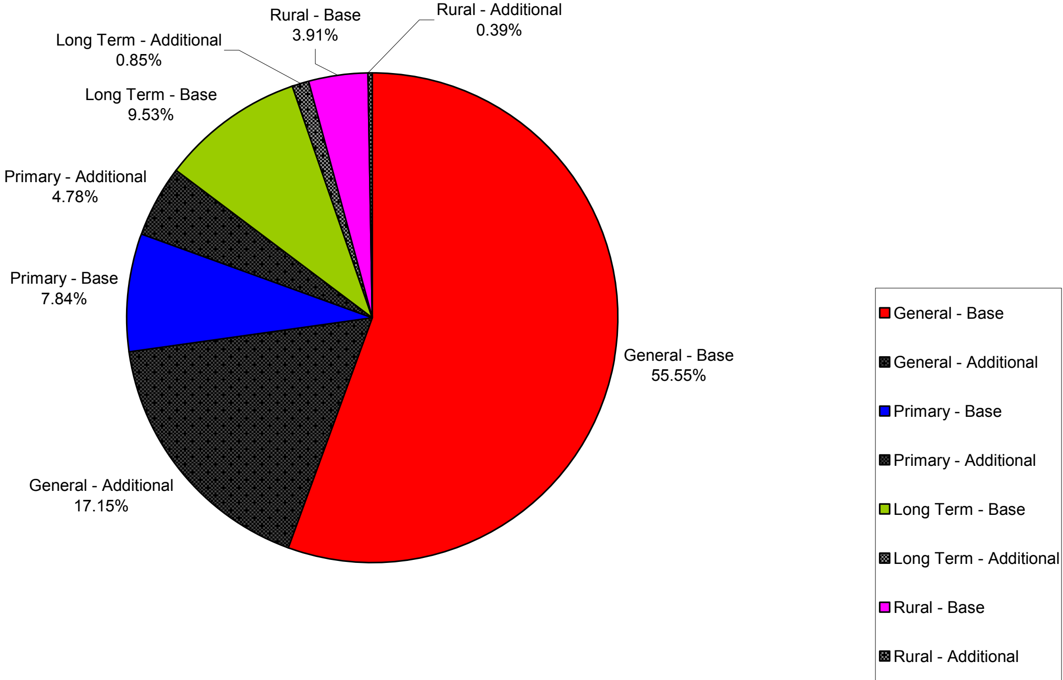


Figure 2: Postgraduate Nurse Funding by Specialty



References

Clinical Training Agency. 2007. *Clinical Training Agency Contracting Guidelines for DHBs: Medical Portfolio including Psychiatry (November 2007).* URL: *http://www.moh.govt.nz/cta*

Clinical Training Agency. 2008. *Research Contributing to a Review of the Purchasing Strategy for the Public Health Medicine Training Programme.* URL: *http://www.moh.govt.nz/cta*

Health Workforce Advisory Committee. 2002. *The New Zealand Health Workforce: A Stocktake of Issues and Capacity 2001*. Wellington: Health Workforce Advisory Committee.

Minister of Health. 2000. *New Zealand Health Strategy*. Wellington: Ministry of Health.

Minister of Health. 2001. *The Primary Health Care Strategy*. Wellington: Ministry of Health.

Minister of Health. 2002. *The Pacific and Disability Action Plan.* Wellington: Ministry of Health.

Minister of Health and Associate Minister of Health. 2002. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health.

Minister of Health. 2008. *Minister commits to medical workforce planning.* 6 March 2008. URL: http://www.beehive.govt.nz/release/minister+commits+medical+workforce+planning. Accessed: 1 May 2008.

Ministry of Health. 2006a. *Raranga Tupuake: Māori Health Workforce Action Plan 2006.* Wellington: Ministry of Health.

Ministry of Health. 2006b. *Whakatātaka Tuarua: Māori Health Action Plan 2006–2011: Discussion document*. Wellington: Ministry of Health.