

CLINICAL TRAINING AGENCY
1/B52: HAUORA MĀORI TRAINING FUND SPECIFICATION

1.0 PREAMBLE

The development of the Māori health and disability workforce¹ is an identified priority in the New Zealand Health Strategy (Minister of Health, 2000) and the New Zealand Disability Strategy (Minister for Disability Issues, 2001).

Increased Māori participation and decision-making in the health and disability sector are pathways to improving Māori health in the Government's policy framework for Māori health development, He Korowai Oranga: Māori Health Strategy (Minister of Health and Associate Minister of Health, 2002). One specific objective is to increase the number and improve the skills of the Māori health and disability workforce at all levels.

Raranga Tupuake: Māori Health Workforce Development Plan 2006 (Ministry of Health, 2006a) presents the 10-to-15-year strategic framework for Māori health and disability workforce development. Two of the three goals identified in the plan are to:

- a. expand the skill base of the Māori health and disability workforce
- b. enable equitable access for Māori to training opportunities.

A priority for this funding is the non-regulated health and disability workforce, which has historically been limited in its access to formal training opportunities. A report to the Ministry of Health and the Health Research Council (Taupua Waiora and Hauora.com, 2007) highlighted that the need remains for training opportunities for the non-regulated Māori health and disability workforce, such as community health workers.

This specification for the Hauora Māori Training Fund ('the Fund') provides for access to formal training programmes² for the significant proportion of the Māori health and disability workforce that is part of the non-regulated workforce. This training will support the non-regulated workforce to develop formal competencies in their current roles, and develop their potential to move into other health sector roles as relevant.

The broad vision for the Hauora Māori Training Fund is:

a spirit of partnership between the Ministry of Health, the health and disability sector and Māori stakeholders to facilitate the development of the non-regulated Māori health and disability workforce. This will be achieved by facilitating access to relevant, formal training opportunities for those who

¹ Includes DHB provider arm, DHB non-provider arm and Ministry of Health funded Māori health and disability workforces.

² Includes programmes provided by Private Training Establishments (PTE), Institutes of Technology and Polytechnics (ITPs), Wananga and Universities.

deliver and provide health and disability services to Māori as part of the non-regulated workforce.

To achieve this, the Hauora Māori Training Fund will:

- provide flexibility and responsiveness for District Health Boards (DHBs) to address the training and development needs of their local/regional Māori health and disability workforce
- improve access to relevant training opportunities for the non-regulated Māori health and disability workforce by supporting them to obtain entry into and through relevant educational opportunities
- provide a funding allocation model that balances local Māori health and disability workforce development needs and government strategies
- provide the opportunity for DHBs to work with local training providers to develop suitable training programmes to address identified local training and development priorities
- extend and improve access to formal training for a wider pool of potential trainees in the non-regulated Māori health and disability workforce
- provide funds for tuition fees, travel and accommodation costs (as appropriate) clinical release, clinical supervision, cultural supervision, and mentoring for trainees to attend Māori health and disability training programmes.

The Hauora Māori Training Fund will assist DHBs to develop their Māori health and disability workforce according to both local DHB Māori health and disability workforce strategies and plans, and government priorities and national health and disability policy.

2.0 SELECTION OF PROGRAMMES

2.1 District Health Boards will be responsible for prioritising and purchasing appropriate training programmes, in accordance with:

- prioritised workforce needs, identified by the DHB
- local DHB Māori health and disability workforce strategies and plans
- the Workforce Action Plan (WAP), as required by the District Health Boards New Zealand (DHBNZ)
- Government priorities and national health and disability policy.

2.2 The Hauora Māori Training Fund is to be used to provide prioritised training opportunities that are open to eligible employees of the Māori health and disability workforce. Training opportunities will be considered for workers across the range of Māori health and disability service delivery settings. Settings include:

- a. DHB non-provider arm healthcare, including iwi providers, primary health care, aged care (community, rest homes and hospitals), and rural health care
- b. DHB provider arm healthcare (clinical / healthcare services provided by DHB hospitals and community-based settings)
- c. Ministry of Health funded NGOs, health and disability services.

2.3 This specification excludes mental health training programmes.

3.0 DESCRIPTION OF TRAINING PROGRAMMES

3.1 Training programmes purchased through the Hauora Māori Training Fund will provide access to formal training opportunities for the non-regulated Māori health and disability workforce. The programmes will provide the opportunity for this group to obtain a formal educational qualification relevant to their employment in providing health and disability services to Māori. Training programmes are intended to support the delivery of health and disability services to Māori across the range of health and disability settings.

3.2 The fund will be used for the purchase of formal training and will thus enable trainees to participate in programmes of study that will enhance their knowledge and improve their effectiveness in the delivery of health and disability services to Māori communities in a range of service delivery settings. Programmes will support trainees to improve their understanding and effectiveness in practice in balancing the relationship between cultural knowledge and health and disability service delivery.

3.3 As a result of knowledge and skills gained, the trainee will be able to contribute more competently and confidently to the provision and development of health and disability services that meet Māori health and disability needs and achieve specific health gains for Māori.

3.4 Training programmes will:

- be accredited by New Zealand Qualifications Authority (NZQA), the Committee on University Academic Programmes (CUAP) or Institutes of Technology and Polytechnics Quality (ITPQ)
- lead to, upon successful completion by the trainee, a nationally accredited qualification at levels 3 to 7 on the National Qualifications Framework
- be provided at certificate, diploma or graduate certificate level (excluding degrees)
- integrate theory and health and disability service delivery to enable trainees to develop their knowledge and skills in the context of Māori health and disability service delivery
- have curriculum developed in consultation with key stakeholders that describe the purpose, outcomes, content and process, assessment criteria and assessment methods.

3.5 Training programmes must be consistent with:

- local DHB Māori health and disability workforce strategies and plans
- A Career Framework for the Health Workforce in New Zealand (Ministry of Health and District Health Boards New Zealand Future Workforce, 2007)
- He Korowai Oranga: Māori Health Strategy (Minister of Health and Associate Minister of Health, 2002)
- Whakatātaka Tuarua: Māori Health Action Plan 2006-2011 (Ministry of Health, 2006b)
- Raranga Tupuake: Māori Health Workforce Development Plan 2006 (Ministry of Health, 2006a).

4.0 TRAINING PROGRAMME COMPONENTS

Funds from the Hauora Māori Training Fund are only accessible once the details of trainees undertaking training programmes are forwarded to the CTA. This is a monitoring requirement. This section should be read in conjunction with the CTA Head Agreement and relevant Service Agreement, which specifies terms for all programmes provided under the contract.

Funds must be spent on the following components:

4.1 DHB Coordination of Funding

A designated DHB Programme Coordinator will be responsible for coordination of the funding and training that occurs as described in this Specification.

The DHB Programme Coordinator will inform the CTA annually of the details of the training categories and levels they wish to purchase from the total funds available for that DHB.

Additionally the Programme Coordinator will be responsible for ensuring that:

- local DHB Māori health and disability workforce training needs have been prioritised according to clause 2.0 of this Specification
- each trainee has a career plan in place
- each trainee is supported to access resources to assist with their training programme
- training programmes meet accreditation and approval requirements according to clause 3.0 of this Specification
- DHB/s demonstrate engagement with key stakeholders in the funding and training process, including representation from trainees, clinical supervisors, clinical service areas, employers, training providers, and other DHBs as relevant, for example, for the provision of training on a regional basis
- a clear, written, equitable DHB-wide trainee selection process is implemented according to clause 2.0 of this Specification

- management of the funding received through the Hauora Māori Training Fund for tuition, travel and accommodation occurs
- trainees are aware of available cultural support resources, and facilitating access to these resources
- quality improvement and evaluation processes occur
- reports required under the CTA Head Agreement and relevant Service Agreement are provided to the CTA in the timeframe required
- audit, review, and evaluation processes are participated in by the DHB as required under the CTA Head Agreement and relevant Service Agreement
- trainees are not concurrent recipients of scholarships or other funding from the Ministry of Health that covers any of the same components as this Specification.

4.2 Tuition Fees

Tuition fees are the cost of the fees that are charged by the training provider for the cost of the trainee attending the programme of study. This does not include the costs covered by the funding that the training provider receives from the Tertiary Education Commission.

4.3 Travel

Travel subsidy is for actual trainee costs, for trainees who are required to travel further than 100kms by road one way from the usual place of work to the agreed training programme location.

4.4 Accommodation

Accommodation subsidy is for actual trainee costs for accommodation required at the agreed training programme location.

4.5 Clinical Release

Clinical release is the cost (per hour) of replacing the trainee while the trainee attends the compulsory aspects of their training programme during the trainee's working hours. These costs do not include organisation overheads.

4.6 Clinical Supervision

Clinical supervision is the provision of coaching and mentoring to support the trainee to meet the requirements of the training programme.

Clinical supervision will be provided when required by the particular training programme being undertaken by the trainee or identified by the programme

coordinator. The clinical supervisor role will be undertaken by a designated experienced person/s or relevant registered health professional/s who have the required qualification. The trainee remains responsible for the delivery of health and disability services specific to their role.

The clinical supervisor will ensure that:

- the level of supervision will be appropriate to the trainee's knowledge and skills
- theory and clinical experience (as appropriate) are well integrated
- trainees participate in quality improvement processes.

This does not include the clinical supervision costs covered by the funding that the training provider receives from the Tertiary Education Commission.

5.0 EXPECTED OUTCOMES

5.1 Trainee Outcomes

Expected outcomes for trainees are:

- improved education opportunities for trainees
- improved opportunities to gain a formal educational qualification, through the conferring or awarding of a certificate, diploma, or graduate certificate
- acquisition of skills and knowledge to improve their understanding and application of culturally appropriate care in the provision of care to Māori consumers of health and disability services and their whānau
- development/expansion of peer and professional networks within the Māori health and disability workforce.

5.2 Client / Service Outcomes

Graduates of these training programmes will be able to contribute to improved client and/or service outcomes by providing:

- culturally competent care to Māori consumers of health and disability services, and in whānau support
- accessible, skilful and timely assessment, management, and co-ordination of client care needs relevant to their role in a wide range of care settings across the health and disability sector
- interdisciplinary approaches to care including establishing an appropriate plan of care and ongoing management.

5.3 Local / Regional DHB Health and Disability Workforce Outcomes

DHBs will experience improvements resulting from:

- increased capacity to meet their overall workforce priorities, including increasing participation by Māori in the delivery of health and disability services

- increased capacity and capability to meet the health and disability needs of their Māori service consumers and their whānau, through an increase in skill levels of the workforce at the local DHB level.

5.4 National Māori Health and Disability Workforce Outcomes

National strategies and plans for the Māori health and disability workforce will be facilitated by increasing capacity in the Māori health and disability workforce at the local/regional DHB level.

5.5 National Health Outcomes for Māori

Increased capacity in the Māori health and disability workforce at the local/regional DHB level will facilitate improvements in Māori health outcomes nationally, over time.

6.0 TRAINEE ELIGIBILITY

District Health Boards will have a clear written, equitable DHB regional application and selection process, in accordance with clause 2.0 for determining the trainees on an annual basis.

To be eligible for funding, each trainee shall:

- be currently employed by a DHB health/disability service, or by a health/disability service that is funded by the District Health Board or the Ministry of Health
- demonstrate a commitment to and/or competence in Māori health and/or disability studies
- have whakapapa and/or cultural links with Te Ao Māori and Māori communities
- be a New Zealand citizen or hold a New Zealand residency permit as conferred by the New Zealand Immigration Service
- have evidence of support by their current employer to meet the training requirements
- meet the entry criteria required by the training provider

Trainees are not eligible for this funding if:

- they receive scholarships or other funding from the Ministry of Health that covers any of the same components as this specification
- they are employed in mental health services.

Part-time study will be funded on a pro-rata basis, where the trainee meets all other eligibility criteria. The minimum employment Full Time Equivalent (FTE) of trainees will be determined by the DHB.

7.0 ASSOCIATED LINKAGES

The DHB programme coordinator will ensure that there are established links with:

- tertiary education institutions
- relevant local iwi, Māori health and disability services, and other stakeholders
- Primary Health Organisations
- all relevant clinical areas within the DHB
- health and disability related non-government organisations
- Māori health and disability workforce organisations
- other DHBs
- other relevant organisations.

8.0 REFERENCES

Minister for Disability Issues. 2001. *New Zealand Disability Strategy*. Wellington: Ministry of Health.

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