Health Workforce
Advisory Committee
Kōmiti Taunaki Kaimahi Hauora

Health Workforce Advisory Committee

Second Annual Report

to the

Minister of Health

December 2002

Published by
the Ministry of Health
Wellington
New Zealand
PO Box 5013 Wellington
http://www.hwac.govt.nz
January 2003
ISBN 0-478-25701-5 (Booklet)
ISBN 0-478-25702-3 (Internet)
HP 3602

Foreword

This is the second annual report of the Health Workforce Advisory Committee. The committee provides independent advice to the Minister of Health on workforce issues across the spectrum of health workers from support workers to specialised health practitioners, working across primary, secondary and tertiary environments. Health workforce issues continue to command a high profile both in New Zealand and internationally. This creates an ongoing tension for the committee between addressing short-term imperatives and the longer-term strategic developments needed to secure a capable and responsive health workforce.

In April 2002 the committee published its first *Stocktake* report on the issues and capacity of the New Zealand health workforce as at 2001. This report compiles baseline information on the current workforce supply and highlights gaps in knowledge and major issues for the various health workforce groups. Based on the findings in the *Stocktake* report, the direction for health service delivery outlined in the New Zealand Health Strategy and the New Zealand Disability Strategy, and consultation with the sector, the committee identified key strategic areas for workforce development. The committee website was also established this year. It can be found at http://www.hwac.govt.nz.

The committee views health workforce development as a social process that must engage all key stakeholders in determining the shape and direction for the future health workforce. To engage the health workforce and other stakeholders in the process of developing national goals for health workforce development in the New Zealand context, the committee released a discussion document *The New Zealand Health Workforce: Framing Future Directions* in October 2002. This document explores six strategic areas identified for workforce development and poses a series of questions for the reader. It also puts forward some proposed next steps for consideration by the sector.

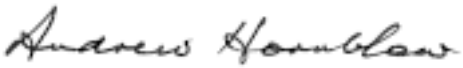
Following release of *Framing Future Directions* the committee has engaged with the sector in a series of consultation meetings, hui and a fono will

be held in early 2003. Submissions on the document will be received until 31 January 2003 and a summit meeting will be held on 26–27 March 2003 to seek agreement on goals for health workforce development. The committee will report to the Minister of Health following the summit with recommendations on the strategic directions identified in *Framing Future Directions.*

The committee appreciates the participation of people with an interest in the New Zealand health workforce and their willing contribution to the committee deliberations. It has met with a wide range of stakeholder organisations at its committee meetings, via speaking engagements and by invitation. The committee specifically values its working relationship with the Ministry of Health and District Health Boards New Zealand. The ongoing interest of the Minister of Health is also appreciated.

Other commitments forced Dr Erihana Ryan to resign from the committee in 2002. Prof Colin Mantell joined the committee in August 2002.

The work programme agreed with the Minister of Health is a challenging one, but the committee value the opportunity to contribute to the delivery of culturally appropriate, quality health services to improve health outcomes for all New Zealanders.



Prof Andrew Hornblow CNZM
Chairman

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The Health Workforce Advisory Committee —

The Health Workforce Advisory Committee (HWAC) is established under Section 12 of the New Zealand Public Health and Disability Act 2000. The role of the committee is to advise the Minister of Health on health workforce issues that the Minister specifies by notice to the committee.

The advice given by the committee to the Minister is to be formulated after consultation with people involved in the funding and provision of services and any other people that the committee considers appropriate.

The committee will report its advice to the Minister of Health.

Terms of Reference

Accountability

The committee is established by and accountable to the Minister of Health.

Key tasks

The committee's key tasks, in line with the requirements of Section 12 of the New Zealand Public Health and Disability Act 2000, are to:

1 provide an independent assessment for the Minister of Health of current workforce capacity and foreseeable workforce needs to meet the objectives of the New Zealand Health and Disability Strategies

2 advise the Minister on national goals for the health workforce and recommend strategies to develop an appropriate workforce capacity

3 facilitate co-operation between organisations involved in health workforce education and training to ensure a strategic approach to health workforce supply, demand and development

4 report progress on the effectiveness of recommended strategies and identify required changes.

Other tasks may be undertaken as agreed between the Minister and the committee.

In developing its advice, the committee may consider:

- what is currently known about the workforce, in particular
  - a stocktake or analysis of previous reviews and reports
  - patterns of shortage, excess or other imbalance in existing workforce capacity, geographically or in specific service areas
- the type of workforce required for the future
  - taking account of service, educational, societal and technological trends and public expectations
  - the changes necessary to move from the present to a recommended health workforce capacity
  - utilising current system strengths that can be built on
  - identifying barriers and possible resolutions
- co-ordinated strategies or co-operative approaches to achieve necessary changes in education, training, recruitment and retention, and occupational regulation
- any other issues impacting on workforce (for example, interagency or intersectoral issues, funding, training support)
- such other matters as the Minister specifies by notice to the Committee.

Budget

The Health Workforce Advisory Committee has a baseline budget of $400,000 (excl. GST) per annum. Residual funding from the 2000/2001 year enabled actual expenditure $488,718 (excl. GST) for the year ended June 2002.

Committee meetings

The Committee held 12 meetings during 2002.

Health Workforce Advisory Committee

Professor Andrew Hornblow (Chair)

Professor Hornblow is a psychologist, and is former Dean of the Christchurch School of Medicine and Health Sciences, University of Otago. He is currently also Chair of the Alcohol Advisory Council. He has served on the Health Research Council and the Public Health Commission, was Foundation President of the NZ Public Health Association, and is a former Chairman of the Mental Health Foundation.

Karen Guilliland (Deputy Chair)

Karen Guilliland is a midwife and has been the CEO or National Director of the New Zealand College of Midwives since 1991. She is currently a director of PHARMAC and a member of the Minister of Health's Health Advisory Group.

Mr Mike Gourley

Mike Gourley has been self-employed since 1995 working on contract to National Radio and Long White Cloud Productions. He has been employed by the Wellington College of Education as a lecturer in Disability Studies, and is a member of the New Zealand Disability Strategy Sector Reference Group.

Ms Jane Lawless

Jane Lawless is a staff nurse at Waikato Hospital, and Chairperson of the College of Emergency Nurses New Zealand (New Zealand Nurses Organisation).

Professor Colin Mantell

Colin Mantell is Professor of Māori and Pacific Health and Head of the Māori and Pacific Health Department, at the University of Auckland.
He is a Professor of Obstetrics and Gynaecology at National Women's Hospital and has held head of department posts at National Women's Hospital and Middlemore Hospital in South Auckland. Colin is a past member of the Health Research Council of New Zealand and a member of the Māori Health Research Committee. Colin's Iwi affiliation is Ngai Tahu.

Dr Clive Ross

Clive Ross is a dental practitioner in Auckland, and is also registered as a specialist in restorative dentistry. Clive actively participates in the World Dental Federation, which represents dental associations and individual dentists worldwide. He is also a member of the World Health Expert Advisory Committee, and he chaired the joint WHO/World Dental Federation study on workforce methodology. He is a past Chairman of the Dental Council of New Zealand.

Dr George Salmond

George Salmond is a consultant, who has been involved in research activities related to the health workforce and health services over a number of years. He was Director-General of Health from 1986 to 1991.

Dr Margaret Southwick

Margaret Southwick is the Director, Pacific Health Research Centre, Whitireia Community Polytechnic, and Senior Lecturer, Department of Nursing and Midwifery, Victoria University of Wellington.

Dr Ralph Wiles

Ralph Wiles is a general practitioner practising in Tokoroa. The practice has a high number of Mäori and Pacific patients. Ralph is the immediate past Chairperson of the Royal New Zealand College of General Practitioners.

Mr Ian Wilson

Ian Wilson is an experienced Company Director and is the Chair of MidCentral District Health Board and the Institute of Environmental Sciences and Research Limited. He is also a Director of a number of other private and public companies.

Summary of the Committee's 2002 Work Programme

The Health Workforce Advisory Committee is pleased to report that during 2002 it has released and promoted two major publications and, in the process, facilitated wide discussion of health workforce issues and directions. The first report *The New Zealand Health Workforce: A Stocktake of Capacity and Issues 2001* provided an initial stocktake of workforce data, data sources and health workforce issues. The second report *The New Zealand Health Workforce: Framing Future Directions* is a discussion document that proposes future direction for health workforce development in New Zealand. The substance of these reports is outlined below.

The New Zealand Health Workforce: A stocktake of capacity and issues 2001 (released April 2002)

Purpose

This stocktake is a preliminary assessment of the capacity of the current workforce, and issues that must be addressed to meet the objectives of the New Zealand Health Strategy and the New Zealand Disability Strategy.

A key message from this report is that to achieve the vision for our health service, as outlined in the New Zealand Health Strategy and the New Zealand Disability Strategy, a major paradigm shift is required. This will impact on the roles of health practitioners delivering health services, the way health practitioners are educated and trained, and the way they are managed.

Health workforce planning and development

Workforce planning in New Zealand has had a chequered history over the last 25 years. The health reforms of the 1980s and 1990s led to a decreasing emphasis on centralised workforce planning and a view that planning should reside with health sector employers, with the market ensuring optimal outcomes. Sadly, this was not a successful policy decision and the infrastructure and knowledge around workforce development was largely lost.

There is now renewed interest in workforce planning and development in the health sector, both in New Zealand and internationally and new approaches are emerging and gaining attention. For example, the 'models of care' approach considers the total workforce skill mix available for the delivery of quality health care and has a person-centred and patient-involved focus. It no longer sees professions in isolation but gives consideration to all workforce groups. It is oriented towards competencies and continuing skill and knowledge development, and requires responsiveness on the part of the practitioner to the person needing health services.

Prescriptive central workforce planning based on detailed estimation of the required numbers of individual practitioners is no longer adequate to address strategic issues. There is, however, a need to establish the level of responsibility for various aspects of workforce development. Some activities require central support, while others are more appropriately the responsibility of employers with support and co-ordination from a central unit. These issues require broad sector debate.

The New Zealand health and disability sector

The future direction for New Zealand health sector development is clearly signalled in the New Zealand Health Strategy. This strategy signals a shift in service delivery towards prevention and primary health care to meet the health needs of an increasingly ethnically diverse and ageing population. This raises questions about the competencies required to meet this new service direction, and the selection and education of the

future health workforce. To enable this new direction, a significant reorienting of many existing health practitioners will be required. The concept of life-long learning will be a feature of the new paradigm.

The implementation process of the Primary Health Care Strategy is still unclear, but it is here that major innovative workforce practices and efficiency and effectiveness gains could be achieved for the health sector. Clarity about what constitutes work as a 'team' is needed. Some groups – such as dietitians, psychologists and podiatrists – have the opportunity to provide increasing services in the primary setting, but current funding and governance structures do not readily facilitate this.

The strategies are relatively silent about secondary and tertiary health services, yet much of the health workforce is currently deployed in this sector and will continue to be so in the foreseeable future if recent trends continue. This has important implications for the availability of health practitioners with the appropriate skills to implement the strategies; for example, the integration of primary and secondary care.

Quality issues and legislation

Quality and 'best practice' are important to achieving improved health outcomes within capped budgets, as they emphasise efficient and effective health care delivery. There are a number of initiatives in varying stages of implementation which have associated workforce implications, including evidence-based practice and the use of guidelines, credentialling, clinical governance and the proposed Health Practitioners Competence Assurance Bill, due for enactment in 2003. The Bill is intended to enable flexible workforce development, and regulatory bodies will be required to develop scopes of practice for practitioners.

The development of new institutions, such as the office of the Health and Disability Commissioner, over the last 10 years has improved consumers' ability to address concerns and complaints about health service delivery. It has also led to a higher level of scrutiny of all health practitioners, and a fear of medico-legal risk that is detrimental to service delivery innovations.

Environmental trends

This report highlights environmental trends and issues that impact on the supply of and demand for health professionals, and that will ultimately drive health workforce changes. Globalisation, technology, labour costs, increased consumer knowledge and expectations, and the ageing and increasingly diverse population are likely to be the key drivers of change over the next few years.

Globalisation is leading to increased mobility of health practitioners, particularly highly skilled practitioners, who now face lower restrictions with increasing mutual recognition of qualifications between jurisdictions and increasing collaboration and internationalisation of standards for credentialling processes and training programmes. The question of the cultural competence of non-home-grown practitioners is of increasing importance. New Zealand has historically had a relatively high percentage of overseas-trained practitioners, but only recently have programmes been developed to address the associated cultural issues.

The New Zealand health sector knowledge management project, *Working to Add Value through E-information* (WAVE), has large but as yet unquantified implications for the health workforce. The gains in terms of integration and co-ordination between primary and secondary care may lead to a change in workforce skills in the longer term. In the short term, the programme may place heavy demands on providers to upskill the existing workforce to utilise and support the available technology. Other impacts of technology via new diagnostic techniques, advances in surgical techniques, drugs replacing labour-intensive treatment approaches and increased consumer knowledge and expectations will have a huge impact on the workforce over the next 20 to 30 years. Further assessment of the impact of technology development on the workforce is required.

The economic outlook for New Zealand will affect the future health status of individuals and the proportion of GDP spent on health. Increasing health care demands in an environment of financial restraint

will lead to the development of innovative, effective and efficient health services. This may drive skill-mix adjustments and opportunities for substitution within the workforce.

Education

The education system is being refocused to take a more strategic approach to addressing the skills, knowledge and innovation that New Zealand needs. This will help facilitate changes to meet national needs, including those in the health sector. Funding is available to provide increasing support for Māori and Pacific peoples entering health practitioner education programmes, and increasing attention is being paid to criteria for entry into health programmes and the alignment of these criteria with processes for selecting students. Demographic shifts will also determine the number and profile of students choosing to enter health professions.

Consumer expectations

Consumers have increasing access to knowledge via the Internet, and a greater choice in terms of providers, and in recent years they have displayed increasing expectations of health practitioners.

This is an appropriate development, driving a more person-centred approach to health services delivery. It has also led to a number of high-profile cases coming before the Health and Disability Commissioner as consumers become more aware of their rights and the appropriate quality of care.

Service delivery developments

The increasing complexity of patient conditions and increased throughput of patients in hospital settings require increasingly skilled health practitioners. Trends impacting on the health workforce include: decreased length of stay from 6.6 days in 1988/89 to 3.2 days in 1999/00,

increased day-case rates across all specialities, increasing outpatient attendances, increased activity in primary care settings, a shift from care in hospitals to ambulatory and community-based settings and new technologies and discoveries, which continue to increase our ability to prevent, diagnose and cure illness and injuries.

Recruitment

Recruitment issues occur at three points in the system: admission to health education programmes, new graduate appointments in New Zealand health workplaces and the appointment of experienced personnel, including those returning to work.

There appears to have been a decline in recent years in the number of new entrants to nursing programmes, although the reasons for this are unclear. There is also a well-documented need for increasing Māori practitioners across all health practitioner groups. Development of the Māori community health worker is seen as a major opportunity to develop by-Māori-for-Māori services.

Recruitment and retention issues are the result of a number of factors, including increasing globalisation and international shortages of health practitioners, and increasing health demands from ageing populations. These factors lead to increasing opportunities for skilled New Zealand trained practitioners to gain overseas employment. High levels of student debt, along with wellpaid overseas opportunities, are encouraging young doctors to leave New Zealand earlier than in the past. The length of overseas experience for recent graduates is unclear.

Retention

This is a major issue, with difficulties experienced across many health practitioner groups, particularly with regard to experienced workers. It is not confined to the public sector, although there is concern that the public sector cannot compete with the private sector in some areas.

Overseas work environments are attractive to New Zealand staff as they are perceived to provide improved education and career opportunities, better remuneration and working conditions.

Even where sufficient numbers of Māori are being trained (for example, in midwifery), the high expectations in the workplace cause retention issues such as 'burn out'. This needs urgent attention by employers and provider organisations in order for Treaty of Waitangi obligations to be met.

Workplace environment – 'good employer issues'

The legacy of the health sector reforms of the 1990s is still manifesting itself in the level of stress and instability, and erosion of morale and job satisfaction in the clinical workforce. Contributing factors identified in submissions to the Committee include workloads that are perceived to be unrealistic, decreasing numbers of staff coping with increasing throughput, and increasing expectations to extend work hours to absorb new clinically oriented responsibilities (for example, clinical audit, quality and risk management activities).

Certain areas and populations have specific issues. Rural health is an ongoing concern, and while initiatives have been put in place, these need evaluating because problems persist. The opportunities to develop teams and new ways of working in the rural sector may well lead to innovative changes in service delivery. The flow-on effect might be that these changes are transferred to urban practices.

Workforce capacity

Part II of the *Stocktake* provides a snapshot of the over 100,000 practitioners who comprised the New Zealand health workforce in 2001. The capacity of and issues for each group of practitioners are summarised, and the groups are clustered to reflect areas of practice in line with the New Zealand Health Strategy.

This snapshot indicates that there are approximately 67,000 health practitioners supported by an estimated 30,000 support workers delivering services to New Zealanders. A further 10,000 alternative and complementary health workers also offer services directly to the public. Given the lack of a central database, an inevitable consequence of having to draw on widely dispersed and variable sources of data is that information on some categories of health practitioners is good, while that on others is minimal or lacking. The lack of data is a significant issue in a rapidly evolving health system, with increasing emphasis on scopes of practice and co-ordinated care. Of the estimated 107, 000 health and disability practitioners in New Zealand almost 60 percent are regulated, including 8,615 medical practitioners and 34,895 nurses. For these groups, information on capacity and trends is comprehensive, sourced largely from the Medical and Nursing Councils. Information is sparse on the 30 percent or so of the health and disability workforce who are informal support workers, and the 10 percent or so who provide complementary and alternative health services. There are 19 unregulated workforce groups for which there are no demographic data available. Similarly, there is no reliable information on the numbers of community health workers, counsellors, health promoters and health managers. Data on workplace setting indicate that around one third of the regulated health and disability workforce are deployed in a community context. Data on ethnicity indicate that Māori comprise only 5.4 percent of the regulated health workforce, and Pacific peoples only 1.8 percent, far below the desired level. The *Stocktake* is available on the Health Workforce Advisory Committee website www.hwac.govt.nz.

The *Stocktake* aims to identify the issues that impact on the development of the health workforce, and the drivers for change. Many of the issues identified cannot be solved by individual employers, or indeed, individual countries. Solutions need to be found collaboratively and successful innovations shared. Workforce issues are complex, and anxiety is created by challenges to traditional professional boundaries and roles. The present recruitment and retention issues also lead to institutions being challenged, boundaries blurred and tasks redistributed to ensure

that effective health service delivery is maintained. Technology is likely to play an increasing role as skilled workers continue to be in short supply. If innovative solutions are to work, health practitioners need to be able to fulfil their career aspirations in a healthy workplace environment. Despite technological and workplace changes, health practitioners will continue to be central to the delivery of effective, efficient, quality, person-centred health care. The challenge for workforce development is to nurture those qualities and skills that enable adaptation of health care to meet tomorrow's needs.

Framing Future Directions (released October 2002)

Purpose

Framing Future Directions is a discussion document which describes six priority areas for health workforce development in New Zealand, and proposes steps that can be undertaken to build the capability, capacity and responsiveness of the health workforce to meet our health service delivery needs. The intention is to involve the sector in developing solutions to workforce issues, and to agree on the national goals and strategies that will lead us to a responsive health workforce that meets the needs of all New Zealanders.

Further work, debate and discussion will be required to gain agreement among stakeholders on the appropriate way forward for workforce issues raised in this document. An extensive consultation process has been undertaken in 2002 and a summit is scheduled for 26–27 March 2003 of invited participants to set goals for the New Zealand health workforce on the issues outlined above.

The Committee will then make recommendations to the Minister of Health on these goals. By setting goals the sector will have something to collectively aim for and will be able to measure its achievements.

Context

The New Zealand Health Strategy provides the platform for the Government's action on health. It challenges the sector to focus on population-based strategies, but little attention has been given to the workforce implications of such a move. This report considers key issues that must be addressed to achieve the vision for health outlined in the New Zealand Health Strategy and the New Zealand Disability Strategy.

The changing demographic profile of New Zealand is also driving health workforce changes. There is increasing demand for a workforce that is culturally appropriate and knowledgeable to deliver acceptable services to diverse communities. The ageing population is growing and, along with people experiencing disabilities, this increases demand for an adequate support workforce. The provision of more community-based health and disability support services is a cornerstone of the New Zealand Health and Disability strategies, and the use and availability of an appropriately skilled support workforce will influence the achievement of these strategies. This group of health workers has traditionally not had a high priority in workforce development initiatives.

Global influences – such as increased mobility of doctors and nurses, international shortages of many health practitioner groups and increasing funding being available for health services in other jurisdictions – will continue to put pressure on the availability of the health workforce in New Zealand.

Collectively these influences, along with changing disease patterns and technological advances, are impacting on the health system and service delivery in various ways, particularly recruitment and retention of the health workforce. They signal the need to review the way we educate, train, deploy and reward our health practitioners to ensure that they are able to deliver high-quality, culturally appropriate, effective services in a rewarding work environment.

Approach to workforce development

The Health Workforce Advisory Committee has made a deliberate move away from the traditional 'disciplinary silo' workforce planning approach to a person-centred approach, with an emphasis on interdisciplinary development around people's health needs. Complementing this, the committee has also adopted a systems approach, which considers the systems that influence the work environment and workforce education. Workforce developments in mental health services provide a local example of these two approaches.

Moves towards interdisciplinary approaches to workforce development emphasise connectivity, alignment and collaboration between health promotion and prevention services, first-level primary care services, and secondary and tertiary services. In these approaches patient needs becomes the focus for workforce developments, and the various competencies required to meet patient needs are considered. This provides the opportunity for exploring the mix of available health practitioners in relation to the required competencies to meet patient needs. It provides significant challenges to workforce planning at a national level, but may offer a solution to some of the current issues of workforce supply in some locations, specialist areas and population groups such as Māori, Pacific peoples and individuals experiencing disability.

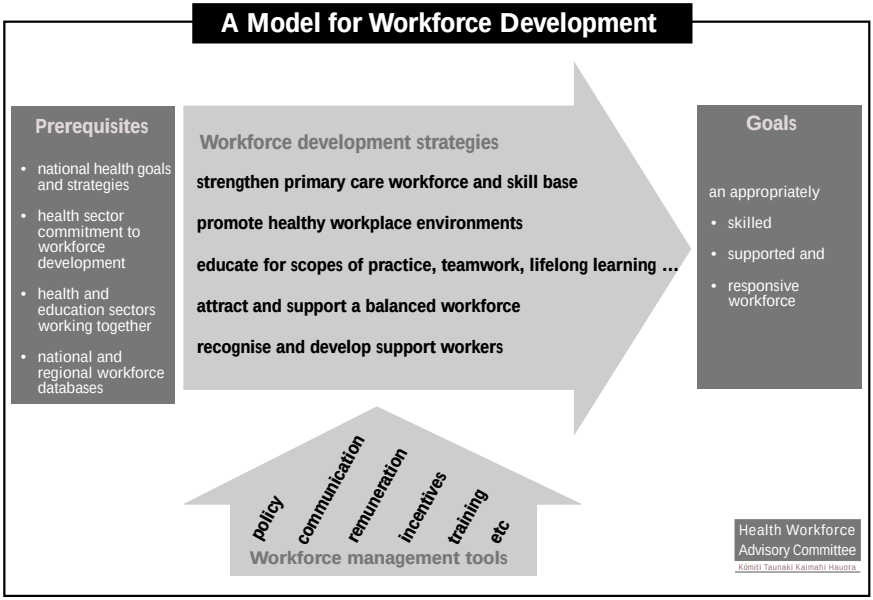
The boundaries between the workforces delivering health services and social support are increasingly blurred, and new approaches to health workforce development acknowledge this continuum and emphasise interdisciplinary and intersectoral collaboration. Often no one practitioner has the full set of competencies to meet an individual's needs, and teams of practitioners with a variety of competencies are best placed to ensure needs are met. This leads to working in new ways and requires a planned but evolutionary process rather than forced and sudden change. All stakeholders need to be involved in shaping this development to enable health practitioners to work effectively within their scopes of practice and contribute their competencies in the most efficient way.

Key areas for workforce development in New Zealand

In response to the vision of the New Zealand Health and Disability strategies and environmental issues described in the *Stocktake*, the committee has identified six priority areas for workforce development, each of which is summarised below. In line with the Committee's chosen approach, all of the chapters are relevant to all service delivery areas and practitioner groups. Chapters 1 to 3 focus on strategic and system issues. Chapters 4 to 6 address the workforce development needs for strategic priority population groups, which are Māori, Pacific peoples and people experiencing disability. The Committee did not comprehensively address any specific service areas, which include government priority areas such as mental health or rural health. Neither did it focus on specific professional development, such as nursing roles. There is substantial work under way within the Ministry of Health on all these areas, and the Committee considers that they fit within the framework offered by this discussion document. System issues related to regulation of the health workforce have been a major focus for the Ministry of Health over the last few years while developing the Health Practitioners Competence Assurance Bill, and they are not a focus of this report.

The committee's strategic and systems approach to health workforce development is illustrated diagrammatically in Figure 1.

Figure 1: Workforce development model



Addressing the workforce implications of the Primary Health Care Strategy

The Primary Health Care Strategy is one of the largest changes to health service delivery since 1935, and it provides significant opportunities and challenges for the health workforce. This chapter explores the dimensions of primary health care, the role of District Health Boards (DHBs) in developing capable governance and leadership of primary health organisations, the impact of the redesign of primary health services on health workforce education, training and deployment, and the opportunities for innovative skill mix solutions that may help to address some of the current maldistribution and shortages of health practitioners.

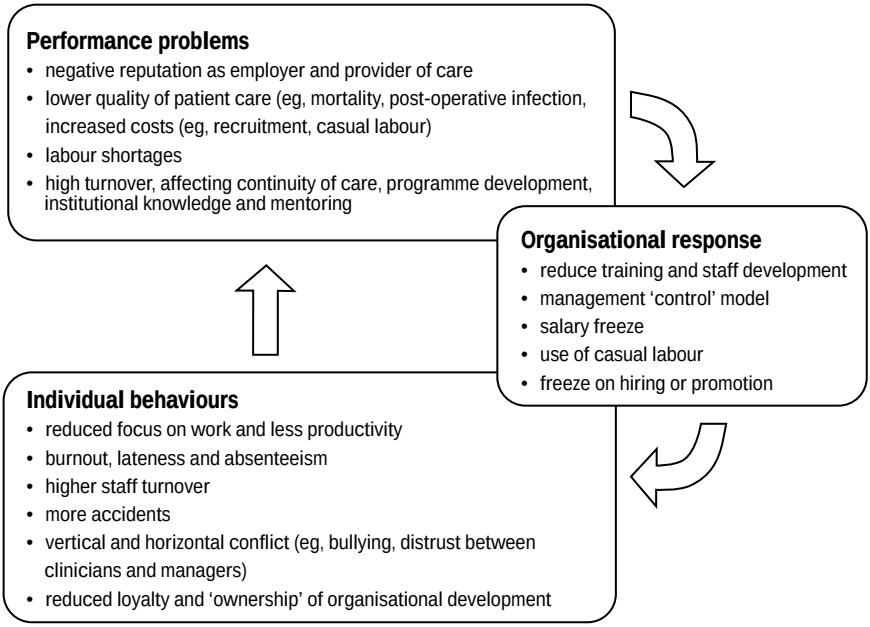
The Committee considers it essential that local innovation be encouraged to develop a greater diversity of roles and functions for primary health practitioners. The collaboration of workforce groups and providers within the primary health care sector itself will be a key success factor and a trigger for changing traditional roles of health practitioners.

An effectively functioning primary health care sector will impact over time on the volume and nature of demand for hospital-based services. Delivery of these services is currently challenged by difficulty retaining health workers. The Committee believes that identifying the workforce requirements to meet this new direction in the primary health care sector is a priority.

Promoting a healthy hospital environment

The workplace culture and environment must be addressed to ensure a situation in which all health workers feel valued and are engaged in meaningful work that has positive outcomes for people requiring health care. The reforms over the past decade have left a legacy of poor morale and lack of trust in the New Zealand public health system. This has been particularly apparent in the hospitals, with poor relationships between managers and clinicians which are taking time to heal. Recruitment of health practitioners is becoming increasingly difficult as they have many opportunities for employment in the increasingly global environment (see Figure 2).

Figure 2: Workplace environment: Negative performance spiral

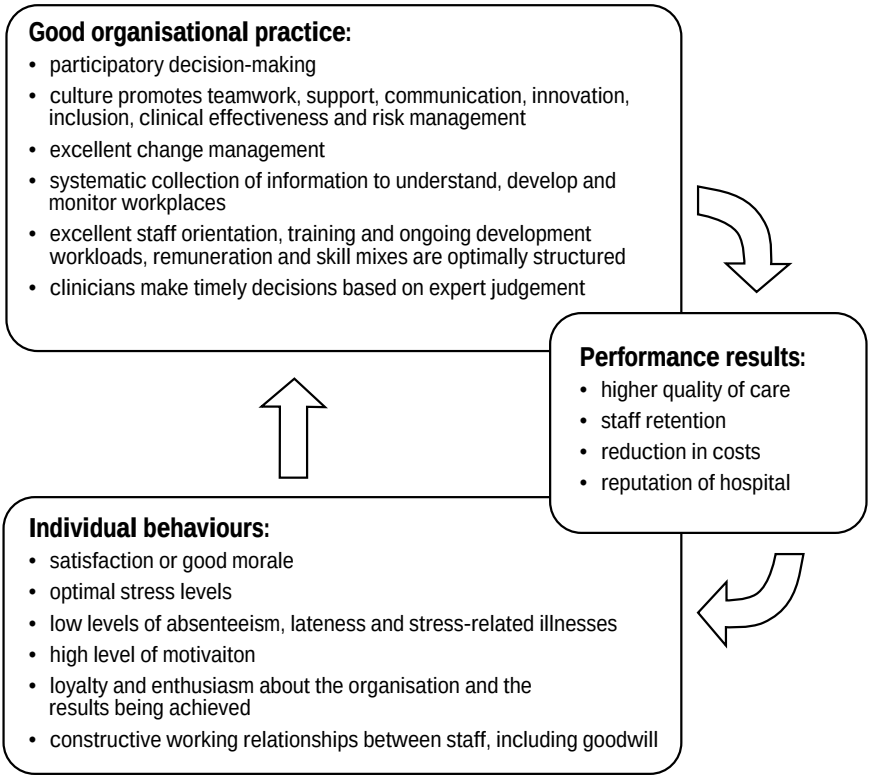


Source: Adapted from Norman 1999; Becker and Huselid 1998[1].

This chapter aims to highlight the need for good organisational practices to ensure that the most important health sector asset – the health workforce – is valued and its capacity is maintained and enhanced. Strategies explored include ensuring staff can participate in decision-making, providing a supportive environment, effective change management, understanding staff requirements, and ensuring staff have development opportunities (see Figure 3). Although this chapter on work environment focuses on hospitals, many of the strategies are also relevant to other health settings.

[1] For these and other references see:
Health Workforce Advisory Committee, 2002, The New Zealand Health Workforce, Framing Future Directions discussion document, Wellington

Figure 3: Workplace environment: Positive performance spiral



Source: Adapted from Norman 1999; Becker and Huselid 1998.

Educating a responsive health workforce

The education sector is seen as being too slow to respond to developments in the health sector, and a more collaborative, controlled, and strategically focused approach to education and training is required. Policies over the last decade have not encouraged engagement between health and education sectors, because, with the transfer of funds to Vote Education, the health sector effectively let the education sector take charge of educating the health workforce.

The health sector now needs to reclaim its role in determining the skills required by health workers. The reform in the education sector provides a timely opportunity for this to occur, and the committee wishes to ensure that this opportunity is maximised.

The Tertiary Education Strategy 2002/07 identifies several key changes which relate to the relevance, connectedness and quality of tertiary education and will help to facilitate more co-operation between the health and education sectors. Organisations involved in training and education must also collaborate more effectively with each other to provide focus and a co-ordinated direction to health workforce development.

This chapter of the report explores: recruitment practices, key competencies and the development of curricula, the transition of health practitioners from education into the workforce and opportunities for continuing professional development and ongoing learning, research and development.

The committee considers that health workforce education must be realised through life-long learning, and that health education needs to be accessible and attractive to people who represent diverse populations if these populations are to be represented in the health workforce.

Building Māori health workforce capacity

Māori health workforce development is seen as part of wider Māori development and is a key strategy for supporting Māori participation in the health sector. The disparities in Māori health compared with others and the increasing Māori population highlight the need to advance the speed and extent with which Māori are participating in the health workforce.

This chapter outlines the key issues driving the need for Māori health workforce development and the trends in the Māori population and

workforce, and puts forward options for building Māori health workforce capacity. These options include a multi-level approach to workforce policy, planning and interventions that are consistent with He Korowai Oranga: The Māori Health Strategy and other national policy.

Building Pacific health workforce capacity

This chapter explores the many serious issues facing the Pacific health workforce and how to use the scarce human resources available to support further workforce development. It explores options for development including: support for Pacific peoples to pursue a health career, development of the education sector to better meet the needs of the Pacific populations, Pacific provider development and developing Pacific policy and planning capacity.

The Committee considers it critical that future initiatives build on existing work, support the small pool of Pacific expertise currently available and find mechanisms to increase the pool.

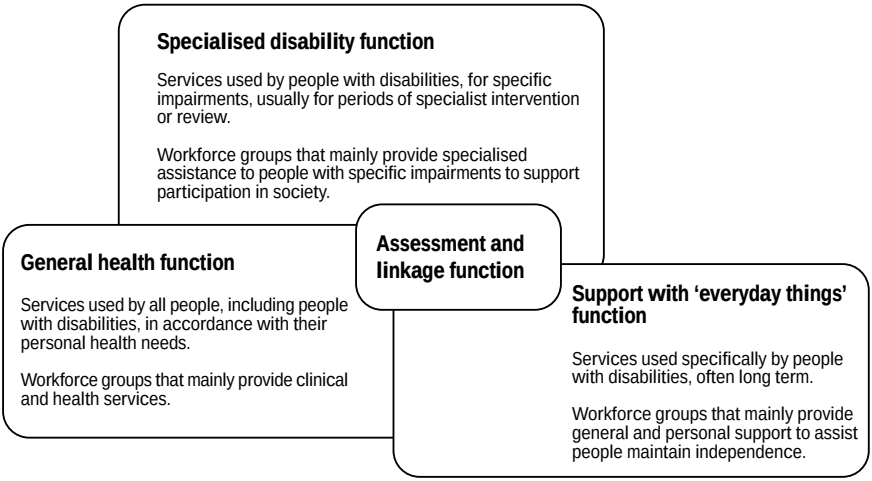
Building the health and support workforce capacity for people who experience disability

The New Zealand Disability Strategy sets a new direction for the delivery of services for people who experience disability. This is not a homogeneous group, although there are common themes relating to workforce development. Evolving workforces in community-based service settings straddle the health, education and social service sectors, and an intersectoral approach must be taken to developing this workforce. This raises challenges for the existing health and support workforce.

Four key challenges are addressed in this chapter of the report: fostering a well-informed and responsive health workforce that values and better meets the health needs of people who experience disability, developing the capacity of the disability specialist workforce, developing an adequate

support workforce that helps remove barriers to participation, and developing an adequate workforce for disability assessment and linkage mechanisms (see Figure 4).

Figure 4: Health and support function framework



Consultation framework

The committee believes that health practitioners hold a wealth of knowledge that should be harnessed in health workforce planning and development. The committee also believes that all stakeholders should be represented in collaborative and consultative processes, to develop the health workforce. Workforce development should be an ongoing and shared commitment for all in the health sector, not a marginalised activity or a response to crises.

In order to develop a set of national goals for workforce development in New Zealand, this discussion document provides background on the six priority areas summarised above. The report provides a consultation framework and proposed steps to progress each of these six priority areas.

There are a number of prerequisites to workforce planning and development. To ensure these are met, the committee strongly supports immediate action on the following three objectives:

- to improve communication and collaboration between the health and education sectors
- to improve health workforce information collection and dissemination
- to ensure that workforce planning and development are done at local, regional and national levels.

These objectives are a necessary basis for the further steps in the six priority areas outlined in the report. The Committee invites debate on the issues raised and the suggested next steps in *Framing Future Directions*. Further work, debate and discussion will be required to gain wide agreement among stakeholders on the appropriate way forward and to engage the sector in the implementation of national goals for health workforce development.

Secretariat to the Health Workforce Advisory Committee as at December 2002

Alison Hannah – Team Leader

Sheryl Hall – Executive Assistant

Tessa Thompson also worked in the Health Workforce Advisory Committee Secretariat during 2002. Her valuable contribution to the HWAC's work programme is greatly appreciated.

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