Health Workforce Advisory Committee

First Annual Report
to the
Minister of Health

December 2001
Foreword

This is the first annual report of the Health Workforce Advisory Committee. The Committee was established in April 2001 and held its first meeting in May. A secretariat was appointed in August, comprising two analysts, and recently a half-time executive assistant completed the team. The Committee has now embarked on a work programme that provides strategic advice to the Minister of Health on workforce issues that are currently facing the health and disability sector both in New Zealand and internationally.

The Committee is implementing a workplan agreed with the Minister of Health. This includes an initial stocktake of current workforce capacity and issues, and a vision for the future direction for workforce development. It has also provided some ‘here and now’ advice on issues that arose as the Committee was being established.

The Health Workforce Advisory Committee has met with many of the key stakeholders with an interest in workforce development and received presentations from Ministry of Health officials on the future direction of health and disability service delivery. The Committee acknowledges with appreciation the participation of health workers, professional and provider organisations and people in government and non-government agencies who responded to its early request for information on workforce capacity and key issues and concerns. This information has been used to inform the early deliberations of the Committee.

The Committee’s role is to provide independent advice to the Minister of Health on issues impacting on the spectrum of health workers, from support workers to highly specialised health professionals, working across a diverse range of primary, secondary and tertiary environments. These health workers are the key essential resource for the delivery of accessible, culturally appropriate, quality health services to improve the health of New Zealanders.

Andrew Hornblow
Chair
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The Health Workforce Advisory Committee —

The Health Workforce Advisory Committee (HWAC) was 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.

Terms of Reference

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:

- 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 Strategy and New Zealand Disability Strategy
- advise the Minister on national goals for the health workforce and recommend strategies to develop an appropriate workforce capacity
- facilitate co-operation between organisations involved in health workforce education and training to ensure a strategic approach to health workforce supply, demand and development
- 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 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 (eg, interagency or intersectoral issues, funding, training support)

• any other matters as the Minister specifies by notice to the Committee.
Membership of the Health Workforce Advisory Committee as at December 2001

Membership of the Health Workforce Advisory Committee is broad-based – members bring extensive sector networks and other linkages and perspectives to Committee deliberations. The Committee meets monthly to discuss issues related to the Terms of Reference and review progress on the work programme against timetable and reporting requirements.

Professor Andrew Hornblow (Chair)

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

Karen Guilliland (Deputy Chair)

Karen Guilliland is a midwife and has been the National Director of the New Zealand College of Midwives since 1991. She is currently a director of Pharmac and a member of the Ministry of Health’s Primary Care Reference Group.
Dr Ralph Wiles

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

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 and is also a member of the World Health Expert Advisory Committee. He chaired the joint WHO\World Dental Federation study on workforce methodology.

Dr Erihana Ryan

Erihana Ryan is a psychiatrist and is Clinical Director of Adult Psychiatric Services and Te Korowai Atawhai, the Māori Mental Health Services at Canterbury District Health Board. Erihana’s activities in Māori health centre on service development including workforce development and developing a clinical practice within Māori mental health.
**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.

**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. George Salmond was Director-General of Health from 1986–91.

**Jane Lawless**

Jane Lawless is a staff nurse at the Emergency Department at Health Waikato and Chairperson of the College of Emergency Nurses New Zealand (NZNO).
Dr Margaret Southwick

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

Ian Wilson

Ian Wilson is the Chair of Waikato District Health Board and MidCentral District Health Board and a member of Whanganui District Health Board.
Summary of the Committee’s 2001 work programme

The Health Workforce Advisory Committee is pleased to have been charged with the challenging task of providing the Minister of Health with independent advice on the workforce development required to achieve the goals of the New Zealand Health Strategy and New Zealand Disability Strategy.

Introduction to the work programme

The initial work programme for the Committee was outlined by the Minister of Health in a letter dated 27 July 2001. This required the Committee to undertake:

- an initial stocktake of workforce data, data sources and health workforce issues, to be completed by mid-December 2001
- a preliminary analysis of future directions for health workforce development in New Zealand (the vision), to be completed by 28 February 2002
- provision of ‘here and now’ advice on:
  - dental therapy education
  - recruitment and retention issues.

Both the stocktake and the vision should include particular consideration of the mental health workforce, recruitment and retention of New Zealand’s health workforce (a medium-term approach), clinical leadership and clinical governance, the medical workforce with reference to the specialisation/generalisation dimension, and also draw on the work under way in respect of the nursing workforce.
Stocktake

The stocktake report is the first activity of the Committee and has been undertaken under tight time constraints. It aims to provide a preliminary overview of health workforce capacity and issues that impact on the health workforce. It has been compiled from existing data sources rather than original research. It is to be viewed as a basis for advice to the Minister and as a working document to inform Committee deliberations. It will be updated as and when new information becomes available.

In order to inform this stocktake, the Committee wrote to a wide range of stakeholders with an interest in workforce issues asking for input about current information sources and key concerns and challenges. This process elicited more than 80 submissions and the information provided is included in the report. In addition, all recent reports on the health workforce were reviewed along with current information from the annual workforce surveys undertaken with the purchase of annual practising certificates for the regulated workforce groups.

The report consists of two parts. Part 1 covers the following issues and aspects of the health workforce.

- Background to the Health Workforce Advisory Committee and its relationship with other groups with an interest in the health workforce.
- New Zealand’s experiences with health workforce planning.
- Strategic direction of the New Zealand health and disability sector.
- Quality initiatives and legislation.
- Key stakeholders.
- Environmental trends and issues.
- Rural workforce issues.
- Māori workforce development.
- Pacific workforce issues.
Part 2 provides an analysis of 36 individual regulated and non-regulated workforce groups which provide health and disability services.

This report and subsequent debate will inform the Committee’s next major task – the identification of directions and options for the health and disability workforce to meet health needs signalled in the New Zealand Health Strategy and the New Zealand Disability Strategy for the 21st century.

The stocktake will be presented to the Minister of Health in December 2001.

**Recruitment and retention advice**

Recruitment and retention issues compounded as the year progressed. In response to a request by the Minister of Health on 2 July, the Committee agreed to provide some ‘here and now’ advice on short-term strategies to assist health service providers manage current recruitment and retention problems in the health and disability sector. The Committee consulted with a range of stakeholders representing the larger workforce groups. It is acknowledged that recruitment and retention is impacting across the entire health workforce to some degree.

A range of factors was identified at a HWAC workshop as impacting on recruitment and retention of health professionals in the workforce. These factors included lack of ownership for workforce development over the last decade, poor health workforce morale and job satisfaction, inadequate recruitment of Māori and Pacific trainees, shortages in specific specialties and geographic regions, student fees and the global market.

Recruitment and retention issues are complex, and their causes are multifactorial. Sustainable solutions will require well-organised and concerted efforts over a considerable time. It is important that short-term measures to address urgent problems take due account of, and do not undermine, longer-term strategic objectives. Given this proviso,
several short-term initiatives were suggested, as options that are likely to improve recruitment and retention. These initiatives included:

- a co-ordinated MATCH scheme for matching graduating doctors’ preferences for work locations with house surgeon positions in DHBs
- development of a loyalty payment financial incentive scheme for key health workforce groups
- investment in a package of initiatives targeted at recruitment and retention of new graduate nurses and midwives
- targeting recruitment and retention of the Māori and Pacific health workforce.

**Dental therapy training**

The Committee also advised the Minister of Health on the establishment of a new programme to train dental nurses. At the Minister’s request the Committee considered the proposal from Auckland Institute of Technology to establish a three-year degree course for dental therapists in Auckland.

Subsequent to the request to HWAC the Committee on University Academic Programmes (CUAP) approved the setting up of the course with an anticipated intake of up to 24 students.

The Committee raised a number of concerns regarding the request for and provision of advice on this issue. The workforce data presented by Auckland University of Technology and Waitemata Health was not scrutinised by an independent health body, nor was the issue of workforce requirements considered by CUAP before their decision was made. As the University of Otago also provide a two-year diploma course for therapists there is now the prospect of two different training programmes preparing dental therapists for the same work.
The Committee recommended that:

- the University of Otago Faculty of Dentistry and Auckland Institute of Technology be encouraged to ensure that the qualifications from both institutions are in accord

- the Oral Health Advisory Committee accept the role of looking closely at workforce implications across their sector and advise HWAC accordingly

- encouragement be given to the dental therapist workforce to investigate their own long-term workforce needs and develop a good data collecting infrastructure

- there is better liaison between the health and education sectors regarding the need for expansion of, or establishment of, new health workforce training programmes.

**New work planned for 2002-2003**

The Committee is currently developing its workplan for the future and this will be advised when agreed with the Minister of Health.
Conferences attended

13th Commonwealth Health Ministers Meeting

Professor Andrew Hornblow presented a keynote address on Human Resources in Health at the 13th Commonwealth Health Ministers Meeting held in Christchurch in November 2001. The Parallel Event conference was also attended by Alison Hannah.
Secretariat to the Health Workforce Advisory Committee as at December 2001

Alison Hannah – Senior Analyst
Tessa Thompson – Analyst
Sheryl Hall – Executive Assistant

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