

# Workforce Directions

## Workforce role critical to improving health system

**Health workforce issues remain our biggest challenge to creating a unique New Zealand health system, offering quality, accessible services to improve health outcomes for everyone.**

The Health Workforce Advisory Committee (HWAC) plays a pivotal role in taking on that challenge, setting the long-term strategic direction for the sort of workforce we need. It is also active in joining up key players both within and outside of health to ensure a more collaborative approach is taken to investment in health workforce development.

HWAC's strength lies in its independence, extensive networks across the health and disability sector and its specific focus on workplace issues. It is distinct from the DHBNZ and the Ministry of Health but it is vital it works closely with them. There is a wealth of information and innovation within the health sector. The committee's role is to harness it so it can contribute to the delivery of appropriate, quality services on as many fronts as possible.

I am encouraged by the work and progress made by the committee since its inception. It has taken stock of what exists already, and by identifying what workforce priorities need to be addressed, has sketched out a framework for action. The priority action areas identified in *Future*



Hon Annette King,  
Minister of Health

*Directions* must be picked up by the sector in order for us to reach our health and disability goals. The establishment of the Medical Reference Group at the end of last year and the Māori Health and Disability Workforce Subcommittee this year illustrate my endorsement of the continuing worth and work of HWAC.

It is really encouraging to see things actually starting to happen, with tangible improvements in areas of medicine, nursing, rural and mental health. But there is so much still to do and HWAC can't do it alone.

It is essential the Ministry of Health, district health boards and the wider health sector become involved in short to medium-term actions to counter the gaps caused by lack of planning in the past. Organisations representing health professionals are rightly focused on their own concerns, but maximum benefit will be gained by nurturing an open and innovative approach to solving general workforce issues that affect the delivery of health care.

Workforce development doesn't bring change overnight. It is an evolutionary, collaborative and ongoing activity. The more health professionals are prepared to work together, however, the sooner we can offer improved services for everyone.

Hon Annette King, Minister of Health

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[www.hwac.govt.nz](http://www.hwac.govt.nz)

# Making progress towards an empowered and responsive workforce

**Much has happened in the last three years. When the Health Workforce Advisory Committee (HWAC) was established in April 2001 the New Zealand health sector was emerging from over a decade of neglect of strategic development of the health workforce.**

HWAC's 2002 Stocktake drew together the first comprehensive overview of the health workforce, documenting current capacity and data gaps. The 2003 Summit highlighted the need for culture change if the health workforce was to be nurtured and developed. Subsequent recommendations to the Minister provided a framework for action, and work is now well advanced in identified priority areas.

HWAC is one among many stakeholders with an interest in and commitment to strategic development of the health workforce. Work undertaken by the Ministry of Health has resulted in one of the most significant health

sector legislative changes in decades, the Health Practitioners Competence Assurance Act, which has reshaped the framework regulating an evolving health workforce. District health boards, working with DHBNZ, are improving their workforce information systems and regional and national data sets. They are also facilitating a range of initiatives, from application of Magnet principles to innovation in health care delivery. Professional colleges and associations are addressing scope of practice issues, in a context of increasing team care.

Despite significant progress, much of this work is at an early stage.



Prof Andrew Hornblow

Momentum must be maintained if current strategic initiatives are to achieve the desired results – a responsive and empowered workforce contributing to improved health outcomes for all New

Zealanders. HWAC's hope is that this newsletter will facilitate informed reflection on and discussion of workforce issues, through documenting processes of change and innovation. Facilitating constructive change is an inescapable challenge for us all.

For more information about HWAC and our work, visit the committee's website [www.hwac.govt.nz](http://www.hwac.govt.nz)

Prof Andrew Hornblow  
Chair, HWAC

## Work plan 2003/2004 onwards

### Future Directions – Recommendations for HWAC implementation

**The Māori Health and Disability Workforce Subcommittee** will provide the leadership and support required to promote, develop and strengthen Māori health and disability workforce development initiatives.

**The Medical Reference Group** has been established to address medical workforce issues. The Medical Reference Group is developing its own work programme.

The objective of the **Healthy Workplace Environments guidelines** project is to improve retention and recruitment of staff by promoting practices that will address organisational performance and individual quality of work life issues.

**The Monitoring and Evaluation project** will establish a framework to enable monitoring of the implementation of HWAC's recommendations in *New Zealand Health Workforce Future Directions – Recommendations to the Minister of Health 2003*.

### HWAC key projects supplementing work on recommendations

**The workforce innovation project** aims to identify, describe and promote health and disability workforce innovations occurring in New Zealand.

The purpose of the **Primary Health Care Workforce Initiatives project** is to gain a better understanding of the characteristics and processes for change management and new paradigms for service delivery in primary health care.

# Interprofessional learning

**'Occasions when two or more professions learn with, from and about one another, to improve collaboration and the quality of care.'**

Professor Debra Humphris, Director of the Health Care Innovation Unit at the University of Southampton, heads the team leading the programme in interprofessional training for the UK's National Health Service. She presented seminars in Auckland and Wellington and was the keynote speaker at the forum on interprofessional learning and practice at AUT in February. She says the New Zealand system is small enough to make the changes work and the time is right for New Zealand to develop interprofessional training. Notes from Debra Humphris' seminars are available on the CLANZ website [www.clanz.org.nz](http://www.clanz.org.nz)

## Momentum for action on interprofessional learning

There has been a groundswell of interest in interprofessional learning in recent months with considerable momentum for action.

The AUT forum in February brought together people from a wide range of backgrounds in health and disability services, health education and professional bodies and policy makers to explore and debate the opportunities for strengthening interprofessional learning and practice.

A group of delegates from a wide range of disciplines focused on 'interpersonal, communication and relationships skills' as a crucial element in interprofessional learning and practice and committed to a joint series of actions which were endorsed by an MOH workshop in Wellington including people from most of the regulatory bodies, HWAC, Ministry of Education, TEC, DHBNZ and others.

The actions from the Auckland forum include:

- Issuing a formal statement to health professional regulatory bodies and to policy makers about the fundamental importance of advanced interpersonal communication and relationship skills for all health professions and the need to make competence in these skills mandatory.

- Organising a national forum to bring together representatives of the regulatory bodies and other key stakeholders and leaders from health and education to advance an interprofessional agenda.
- To work with TEC to ensure that Tertiary Education Organisations' Charters and Profiles include ongoing consultation with health providers about interprofessional learning and practice.

## The interprofessional project

A significant decision to come out of the forum was support for a major health education collaborative project based around interprofessional learning and practice.

A joint initiative between AUT, Auckland DHB and Waitemata DHB, it is anticipated the project will enable shared curriculum development for team based interprofessional learning, bringing together students from different professions into practice based learning models, with the project spanning several health service providers and tertiary education organisations. The Interprofessional project will potentially link the three Auckland DHBs and several significant TEOs.

The project will seek funding from the TEC Innovation Fund.

Further details about the project and the Interprofessional Action Group (IAG) are available on the Clinical Leaders Association of New Zealand (CLANZ) website [www.clanz.org.nz](http://www.clanz.org.nz)

## Common learning – the UK programme

At the Universities of Southampton and Portsmouth, a common learning programme is designed to improve communication and working relationships between young health professionals. All students studying audiology, medicine, midwifery, nursing, occupational therapy, pharmacy, physiotherapy, podiatry, radiography and social work are given the opportunity to learn and work together through an interprofessional model of education, designed to equip people to work in teams in the context of modern health and social care services.

## District Health Boards action plan makes progress

District Health Boards set up a collaborative workforce action plan in 2003. The DHB/DHBNZ Workforce Action Plan is based on the work of the Health Workforce Advisory Committee and the New Zealand Health Strategy. It aims to promote a coordinated approach to workforce development across DHBs and the wider sector.

Dwayne Crombie, Chair of DHBs Workforce Development Group, is pleased with the plan's progress. 'DHBs have now agreed their collaborative workforce projects for 2004/05. This provides the DHB sector with a clear set of workforce activity. National activity reflects and complements local and regional workforce projects.'

The Workforce Action Plan framework and projects are now also connected with DHB District Annual Plans. The development of the Workforce Action Plan will continue to be linked to DHB annual planning cycles.

2004/05 projects continue to build on progress against the Action Plan's three priority areas:

- workforce information
- co-ordinated relationships, and
- building the strategic capability of the health workforce.

Workforce information projects are already under way and will provide the sector with accurate and comparable workforce data. Ongoing development of relationships throughout the sector is an essential part of achieving a shared direction across all groups with an interest in workforce issues. There is also a broad range of planned activity for 2004/05 to provide a foundation for continued development of the sector's workforce capability. Key initiatives include projects on healthy work environments; leadership development; enhancing the sector's profile as a career option and sector-led conference activity.

## British model offers New Zealand possibilities

A health workforce study tour in the UK gave Anne Amoore and Marilyn Goddard a chance to see first hand how the UK's National Health Service (NHS) changing workforce programme operates and the possibilities it has for New Zealand.



Anne Amoore (front row far left) and Marilyn Goddard (front row fourth from left) visiting one of the pilot sites involved in the NHS changing workforce programme.

Anne, group manager of human resources at MidCentral District Health Board, and Marilyn, Principal Analyst, Sector Policy Directorate at the Ministry of Health, visited some of the 18 pilot sites involved in the NHS changing workforce programme.

The fundamental redesign of the NHS workforce is based on 'more staff working differently' – and centres on four basic types of change to health roles; moving a task up or down a traditional ladder, expanding the breadth of a job, increasing the depth of a job and establishing new types of jobs. The changes are designed to encourage flexibility, be more patient focused, meet the European Working Time Directive and improve the recruitment and retention of staff.

Anne and Marilyn saw how the new roles worked. Surgical practitioner roles were developing, with nurses receiving additional training and undertaking minor surgery. Wide consulting with key stakeholders at all levels was undertaken before the changes were introduced, with the appropriate education and development provided.

In one area of London where diabetes was a particular problem, health care assistants were trained to assess and monitor patients before they were referred to specialists, reducing waiting times and use of specialist expertise.

Anne says the key to the success of the pilot projects is the support provided by the NHS. Some 28 Workforce Development Confederations had been established and these Confederations provided support to the pilot sites.

She says the challenges facing the NHS are similar to those facing the health sector in New Zealand. All pilot sites she visited were excited and proud of the achievements they had made. Similar changes could be implemented in New Zealand with funding and support from the centre.

## The Māori perspective

**The proposal to establish a national Māori body entrusted with the task of advising the Minister of Health on Māori Health Workforce issues was voiced at the HWAC summit in 2003. One year later, the body, the Māori Health and Disability Workforce Sub-committee of HWAC, had its first meeting, on 14 April 2004.**

The committee's key tasks are to:

- provide independent advice on Māori health and disability workforce development
- facilitate collaboration between providers and educators on where development funding should be directed
- monitor performance of Tertiary Education Commission and Clinical Training Agency in supporting Māori workforce development
- monitor implementation of HWAC's recommendations to the Minister in relation to progressing Māori health and disability workforce development.



Committee members from left: Fiona Pimm, Taima Campbell, Dr Paratene Ngata, Lynette Stewart, Prof Colin Mantell (Chair) absent: Haydon Wano.

Chair Colin Mantell says they are indeed high level tasks set for the committee members who began putting their considerable Māori health experience to work identifying key workforce

issues at their first meeting. The committee will consider issues including the need for national co-ordination of targeting and recruitment strategies, full involvement of Māori health networks in the recruitment and training of personnel and robust analysis and research in Māori health sector needs. Maintaining links with other sector groups and facilitating collaboration between secondary schooling, tertiary training, health provider and community groups will also be important roles for the committee.

## Pacific peoples' involvement vital

**There will be many more Pacific people in the New Zealand workforce in the future and progressing Pacific workforce development has to become a priority in mainstream thinking and planning, says HWAC committee member, Dr Margaret Southwick.**



Dr Margaret Southwick

Dr Southwick says in the next 10 to 15 years, the Pacific population leaving school will be crucially important to the economy and society and she says there is a need for a framework for co-ordinating some of the efforts rather than people working in isolation. At the workforce level, she says there are HR policies and employment and retention issues to address.

At secondary schools there is a need to encourage Pacific students to stay in study to enable them to achieve the entry criteria to get into programmes.

'We need to get rid of the thinking that Pacific students are not up to it and stop counselling them out of sciences, as

has been the case. It's about changing the whole mindset in relation to what a Pacific workforce is capable of,' says Dr Southwick.

There has been some progress with an acknowledgement of particular issues and work on the capacity and capability of the Pacific workforce. Dr Southwick says there are signs that ideas are being developed in terms of the non-regulated workforce. There are offers of scholarships for masters and PhD levels across disciplines for Pacific practitioners and some work being done on identifying funding streams for programmes.

At Whitireia Community Polytechnic, where she is Dean of the Faculty of Health Education and Social Services, a Bachelor of Nursing for Pacific students started this year, with 26 students enrolled.

She says while that's encouraging, there is an urgency to do much more. 'Demographics show us that in the next 10 to 15 years, the Pacific workforce will make up an increasing share of our working-age population. Developing Pacific workforce development is a priority for HWAC that needs to translate into mainstream thinking and action.'

## Health Workforce Advisory Committee

Prof Andrew Hornblow, CNZM (Chair)  
Karen Guilliland, MNZM (Deputy Chair)  
Taima Campbell  
Mike Gourley  
Jane Lawless  
Prof Colin Mantell, Chair Māori Health and Disability Workforce Sub-committee  
Dr Clive Ross, CNZM  
Dr George Salmond, Chair, Medical Reference Group  
Dr Margaret Southwick  
Dr Ralph Wiles  
Ian Wilson

## Secretariat

Alison Hannah – Team Leader  
Kanita Nikora – Senior Analyst  
Nicholas Kildare – Analyst  
Sheryl Hall – Executive Assistant

HWAC is pleased to welcome Liz Stephenson to the secretariat. Liz's iwi affiliation is Te Ati Awa, and she will be joining the secretariat in June 2004 as a Senior Analyst supporting the Māori Health and Disability Sub-committee. Liz comes to the secretariat following a gruelling eighteen months with IPAC undertaking a review of new initiatives in 360 primary care organisations. Prior to that, Liz completed a Diploma in Public Health after an extensive career in the secondary health sector as a laboratory scientist. Welcome Liz.

## Workforce Directions Mailing list

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## In brief

### Health Workforce Information Systems

HWAC fully supports DHBNZ's work on developing robust and quality workforce information systems for the health and disability sector. HWAC sees this work as a vital tool to inform decision-making as well as to capture quality information for evaluation of health workforce development over time.

### Magnet Principles

HWAC supports Magnet principles as a positive way forward in addressing nursing issues and nurturing healthy workplace environments. The Committee acknowledges and supports the work of Magnet New Zealand in promoting the adoption Magnet principles in New Zealand.

### Disability Support Workforce

HWAC values the research being undertaken by the Ministry of Health on the disability support workforce. Later this year, when information from the worker and consumer surveys is available, HWAC intends to hold a forum to explore the appropriate agency to oversee the long-term development of the disability support workforce.



The Health Workforce Advisory Committee  
Back row (from left): Dr George Salmond, Ian Wilson, Dr Clive Ross, Prof Colin Mantell, Dr Ralph Wiles, Mike Gourley.  
Front row (from left): Jane Lawless, Prof Andrew Hornblow (Chair), Karen Guilliland.  
Absent: Dr Margaret Southwick, Taima Campbell

### Workforce quiz

1. Which band sang 'Cover of the Rolling Stone'?
2. Steve Martin sang about which health workforce discipline in the movie of the musical 'Little Shop of Horrors'?
3. Sonic Youth released an album named after which health workforce professional?
4. What was New Zealand band Coup D'etat's most popular song?
5. 'Mr Pharmacist' was a song by which English band?

1. Dr Hook; 2. Dentistry; 3. Doctor, I like your Medicine; 4. The Fall

Answers: