



Annual Review

2010–2011

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Executive Chairman's introduction

Health Workforce New Zealand (HWNZ) was set up in 2009 to unify and simplify the processes through which we plan, train and fund health workforce development in New Zealand.

The purpose of this is to generate a sustainable and fit-for-purpose health workforce, which will benefit staff, patients and the public.

We are introducing more discipline, rigour and transparency in the way we work. This review of our first full year of operation is part of that. I hope you find it useful.

Professor Des Gorman
Executive Chairman
Health Workforce New Zealand



Director's overview of the year

Our first annual plan set out a range of pragmatic and ambitious work programmes as we aim to meet the future workforce needs of all parts of the New Zealand health system.

While we continue to invest in existing workforce roles, we have also taken a more strategic approach to health workforce development. The objective is to move New Zealand away from thinking only of increasing workforce numbers and towards investing in improved services and workforce planning as well as continued development of the workforce.

Our approach is flexible as we look to embrace new ideas and ways of working to achieve our goals. In the past year we have introduced new initiatives to help ensure the necessary framework is in place for improving clinical training experiences. Important initiatives include postgraduate training hubs and career planning.

We have established strategies to support recruitment and retention, with targeted initiatives such as Advanced Trainee Fellowships and the Voluntary Bonding Scheme, as well as supporting new roles and extended scopes of practice in a managed way.

We are continuing to consolidate workforce responsibilities, improve efficiency and ensure enhanced collaboration and alignment of decision-making.

One of our most ambitious work programmes has been the establishment of the Workforce Service Reviews, in which multi-disciplinary groups of clinicians were asked to describe a vision of the service and workforce required for 2020. These reviews provide an important platform for future workforce planning and development.

Professional organisations, the education and training sector, consumers, communities and services play a pivotal role in the development of the health and disability workforce, and we have worked hard to foster strong relationships and partnerships with the sector over the 2010/11 year. We have established a range of memoranda of understanding that will secure lasting engagement, and look forward to continuing to work in collaboration through the new business year.

Brenda Wraight
Director
Health Workforce New Zealand



Investment and purchasing

Our investment work programme for 2010/11 focused on the establishment of new approaches to ensure that our investment decisions align with changing workforce priorities, service configurations and models of care, which is essential to ensure a sustainable and fit-for-purpose health workforce.

In 2010/11 HWNZ purchased approximately 5690 postgraduate training places:

- non-vocational medical (593)
- vocational medical (1298)
- general practice (459)
- nursing (2406)
- midwifery (144)
- Māori training (205)
- Māori support (229)
- medical technology (159)
- pharmacy internship (190)
- clinical rehabilitation certificate (7).

A robust postgraduate training investment prioritisation methodology and funding formula have been developed to ensure transparency and accountability of investment decisions, and this will guide our investment plan from 2012 onwards. By identifying priority workforce needs and directing the majority of training funds to trainees in those clinical areas, we can ensure value for money as well as responsiveness to government priorities, changing models of care and service delivery, and areas of workforce criticality and vulnerability.

We have also established the Health Workforce Intelligence Unit, 'to ensure forecasts of health workforce need, and purchase of workforce development activity and training, are soundly based on evidence and comprehensive analysis', as outlined in our inaugural annual plan. The Intelligence Unit's four main functions are to:

- establish a comprehensive, accessible national workforce data set

- develop and publish short-term trend measures around changes in the state of the health sector's labour market
- analyse scenarios and workforce projections based on economic system modelling
- expand the range of available data sources and data collections to address information deficiencies.

In conjunction with the Health Workforce Information Programme (HWIP) we have completed forecasts for a number of specialties, including nursing, physicians and psychiatry, in 2010/11. Technical workforces are also a focus of forecasting activity, and work is under way on radiation therapist supply and demand.

The existing workforce data sources have been reviewed, and we are now exploring options to improve the collection and availability of data and trend statistics as well as developing an overarching economic model that is able to inform workforce planning and policy.

The consolidation and rationalisation of workforce development activity was also identified as a priority in the inaugural annual plan. Part of this work involves transferring all contracts in the Ministry of Health that are relevant to health workforce development to HWNZ, ensuring clarity of responsibility and providing the opportunity to unify activities.

Workforce development contracts for mental health, disability support services and midwifery have now transferred to HWNZ, and we aim to transfer the remaining contracts in public health, and Māori and Pacific workforce development by the end of 2011.

Building strong relationships with employers, education providers and professional bodies to ensure we are responsive and have a good understanding of capacity and demand is a priority for us, and work is continuing to simplify the investment contracting and reporting processes to make them more relevant in informing future investment.

Education and training

Regional training hubs

Prior to HWNZ's establishment, the RMO Commission and the Medical Training Board concluded that new arrangements were needed to improve training opportunities for new medical graduates, support trainees and restore an apprenticeship model of learning.

As part of this initiative HWNZ has worked with DHBs, education providers and professional bodies to establish four regional training hubs that will oversee the planning and delivery of clinical training, ensuring it meets the needs of local communities as well as trainees and aligns with regional service planning.

The four hubs, each covering a population of approximately one million people, serve the 20 DHB regions:

- Northern (Waitemata, Auckland, Counties Manukau and Northland DHBs)
- Midland (Waikato, Taranaki, Lakes, Bay of Plenty, Tairāwhiti, MidCentral DHBs)
- Central (Whanganui, Hawke's Bay, Wairarapa, Capital & Coast, Hutt Valley DHBs)
- South Island (Southern, Canterbury, South Canterbury, West Coast and Nelson Marlborough DHBs).

The development of the hubs was supported by a national reference group including representatives from universities, employers, clinical and multi-disciplinary team leaders, RMO coordinators and trainees. Through 2010/11 the four regions have worked on establishing governance arrangements and developing short and medium-term priorities, ready to become operational by the end of December 2011.

While the initial focus of the hubs was on oversight of training for medical trainees, the hubs will eventually be responsible for coordinating training for all professional groups.

The hubs will report to HWNZ through the NHB reporting framework, with HWNZ providing strategic direction and maintaining a monitoring and oversight role.

Career planning

Career planning aims to provide trainees with the support they need to consider their career aspirations, including training, supervision, employment opportunities and ongoing professional development. It also enables employers to plan their workforce more effectively in line with current and future service needs.

From 2012 HWNZ will require a career plan for all trainees who receive our funding. To prepare for this requirement, guiding principles on career planning have been developed in collaboration with employers and clinicians along with online website resources to assist in the career planning process.

New Zealand Centre of Excellence in Health Care Leadership

Innovative thinking and the leadership of clinicians play a vital role in the success of current and future initiatives, such as the workforce service reviews and changes to models of care. Our 2010/11 work programme identified clinical leadership development, capacity and support as priorities.

Following a successful clinical leadership forum with stakeholders in June 2010, the New Zealand Centre of Excellence in Health Care Leadership was established (hosted by the University of Auckland) to provide a national approach to health care leadership.

Recruitment and retention of specific workforces

The priority now for HWNZ is on creating attractive career pathways that will help recruitment and keep our skilled professionals in the New Zealand workforce.

The Voluntary Bonding Scheme, which rewards recent graduates working in hard-to-staff communities and specialties, has been an important and popular initiative in attracting and keeping doctors, nurses and midwives in these areas. Since it was introduced in 2009 more than 1790 graduates have been confirmed on the scheme.

In 2010 we also introduced the **Advanced Trainee Fellowship** for medical registrars. The Fellowship offers a scholarship towards training or study overseas or in New Zealand, in return for which the trainee makes a contractual commitment to work in a shortage specialty area in New Zealand after completing their training. The aim of the Fellowship is to give trainees with excellent potential the opportunity to benefit from advanced training, and then enable the New Zealand health sector to benefit from that experience.

There are 16 trainees on the Advanced Trainee Fellowship who are completing advanced training in the shortage specialties areas of otolaryngology (head and neck surgery), orthopaedics, orthopaedic surgery, endocrinology and diabetes, obstetrics and gynaecology, pathology, general surgery, psychiatry, anaesthesia, rehabilitation medicine, and rural hospital medicine.

NZREX Preparation Placement Programme

International medical graduates occupy an important place in the health workforce in New Zealand and contribute significantly to our health care services. Our 2010/11 annual plan outlined the establishment of a preparation programme to 'assist suitable international medical graduates to achieve registration in New Zealand'.

The NZREX Preparation Placement Programme, which is delivered by Auckland District Health Board's Clinical Education and Training Unit (CETU), was established with the first cohort commencing the 12-week programme in April 2011.

Case study – Advanced Trainee Fellowship

Dr Vernon Reynolds – completing advanced training in general, child and adolescent psychiatry



Young people in Northland with mental health issues will benefit from the experience that trainee psychiatrist Dr Vernon Reynolds is gaining a world away in Canada.

Vernon, who was selected for the Advanced Trainee Fellowship scheme, is working and studying at Lionsgate Hospital in Vancouver, taking a particular interest in treatment for adolescents with mental illness. He says being in such a large city means he is able to see a much higher volume of patients and wider variety of illnesses than he would in his hometown of Whangarei or even in Auckland. 'Being able to work in Canada has also given me the chance to see how a different health system works. It's good to absorb it all and see that things can be done differently. There is ample opportunity to follow your interests here,' he says.

Vernon is studying cognitive behaviour therapy for psychotic conditions and is working in a mixed psychiatric inpatient ward and large outpatient department at Lionsgate. He has also had the opportunity to work as part of a youth crisis team.

When he returns to Whangarei, he hopes to be able to contribute new ideas to mental health care for young people in Northland. 'Psychiatry, especially child and youth psychiatry, is unfortunately not a popular specialty in New Zealand,' he says.

'Adolescence is the time when most serious psychiatric disorders emerge and there are enormous benefits for people if they have a healthy relationship with mental health services, starting from their first episode.'

Vernon, Sandi and their children are intending to return to New Zealand in two or three years when Vernon has completed his psychiatry training and gained further specialist child and adolescent psychiatry experience.

GP training

Our 2010/11 annual plan identified a work programme to review the way general practitioners are trained, with the aim of promoting general practice as a career choice and to encourage more cross-over of training and working between hospitals and the community.

The GP training review project was established under a Memorandum of Understanding between the Royal New Zealand College of General Practitioners, the Medical Council of New Zealand and HWNZ in 2010. The approach for this project has been to engage progressively with stakeholders to achieve clarity around the rationale, scope and requirements for further development of training in general practice and primary health care.

During 2010 a number of mechanisms were established to initiate this process of information gathering and engagement, including meeting with key stakeholder groups, holding a workshop on emergent models of care and establishing a reference group with wide sector representation.

Through May and June 2011 we consulted on a discussion paper outlining proposals for changes to the General Practice Education Programme (GPEP).

A revised training programme, which will be introduced from 2012, is likely to include some training under the supervision of a hospital-based consultant, a modular approach to assessment and an academic component.

Māori and Pacific workforce development

Our 2010/11 annual plan identified the need to ensure our workforce better reflects the community it serves, specifically implementing training programmes to best meet the needs of Māori and Pacific peoples.

We have signed a Memorandum of Understanding with Te Rau Matatini, which aims to improve and increase the health workforce delivering to Māori and improve opportunities for Māori to participate in the health workforce. This collaboration allows for coordinated planning around increased participation in training and development for those working in health services with Māori and for Māori already working in, or wanting to begin a career in, health. Specifically, in this area, work is under way to establish a project to upskill emergency department workers to better respond to the needs of Māori who present at emergency departments.

We have also signed a Memorandum of Understanding with Te Ohu Rata o Aotearoa (Te ORA), the Māori Medical Practitioners Association, which aims to promote medical careers and increase the number of Māori

graduates in medicine through undertaking initiatives of joint interest. Through this partnership projects will include:

- support to increase the number of Māori secondary students taking sciences through Health Science Academies
- establishing summer studentships for Māori medical students to undertake research projects
- working with the medical colleges to include the Te ORA mentoring programme in the professional standards of the college with the aim of supporting Māori registrars and resident doctors in completing vocational training and becoming specialists.

In collaboration with the Ministry of Health's Māori Health team, other areas of Māori workforce development we're working on include:

- strengthening Māori clinical leadership through Ngā Manukura o Āpōpō (National Māori Nursing and Midwifery) and Te Ohu Rata o Aotearoa (New Zealand Māori Doctors

Association) Clinical Specialist Leadership Programmes and a regional professional development programme for Well Child and Tamariki Ora Nurses

- improving the recruitment and retention of Māori students into health careers through Kia Ora Hauora (National Māori Health Careers Programme) and joint programmes with Otago and Auckland Universities
- supporting the retention of Māori tertiary students through onsite tertiary education programmes and scholarships awarded through the Hauora Māori Scholarship Programme
- strengthening the Māori non-regulated and whānau ora workforces, through the development of career pathways and

leadership training, including Te Pataka Uara (the Māori Community Health Worker Career Framework) Titoko o te Ao (Leadership in whānau ora) and the Te Oranganui Whānau Ora Practitioner Training Programme

- supporting mature Māori and long-term unemployed to enter the health workforce through pre-entry programmes in the Bay of Plenty and South Auckland.

We are also supporting the development of health science academies in secondary schools and working closely with the Pasifika Medical Association to evaluate the current academies and to support the roll-out of health science academies across the country, to increase the number of whānau and Pacific students entering health careers.

Workforce innovations

Introducing new workforce roles, extended scopes of practice and new ways of working are essential for the development of our health workforce, and to ensure we have the range of skills needed to meet the growing and changing health and disability needs of New Zealanders now and into the future.

Our 2010/11 annual plan prioritised an innovations work programme focused on the development of demonstration sites that aim to:

- support implementation of new models of care/changed service delivery
- improve utilisation of existing, or supporting new, workforce
- support new training and career pathways
- build up the evidence of what works in New Zealand through research and evaluation in order to help spread successful innovation.

Below are some examples of innovations initiated in the 2010/11 year.

The **physician assistant (PA)** demonstration involved two US-trained PAs working with the surgical team at Middlemore Hospital, aiming to free up resident doctor time for training. The Formative Evaluation report identified positive results in terms of substantial improvements to workflow and productivity, patient experience, safety and outcomes, availability and quality of supervision and teaching for house officers and registrars, and improved satisfaction among patients.

The **registered nurse first surgical assistant** demonstration project builds on the theatre nurse role and provides a new specialist career pathway and portable qualification aiming to help improve workforce numbers for elective surgery and provide continuity for surgeons, as well as aiding the recruitment and retention of the nursing workforce. Twelve nurses on the demonstration have successfully completed their academic training, and evaluation of the role in practice is underway. The level of interest in the future of the role is demonstrated by nurses already wishing to participate in the next training course and enquiries from surgeons wanting to utilise nurses in this role in theatre.

Case study – Physician Assistant (PA)

Kristan Wheeler

Kristan Wheeler is one of the two US-trained PAs taking part in the PA demonstration, which began in September 2010.



Kristan works with the surgical team at Middlemore hospital, taking care of patients on a ward, in a role that supports the house surgeon (resident medical officer). ‘I can evaluate patients, prepare them for discharge, take blood . . . Basically I free up house surgeons so they have the freedom to do more of what interests them.’

Kristan says there has been some lack of understanding of this new role. ‘It would be good to have a worldwide acceptance of the role. The lack of understanding does at times mean I can’t use all of my skills. Initially, there was some reluctance here in allowing me to do my job properly but I find now the house surgeons seem to be very happy to accept my help. We have an ongoing dialogue on how I can support them better.’

There is interest from other DHBs across New Zealand in developing the PA role. Once the final evaluation has been completed a decision will be made about roll-out of the project and whether a PA training programme should be developed in New Zealand.

On the PA role Kristan says, ‘You need a commitment to hard work, as well as needing to be a team player, to genuinely enjoy people and to be committed to excellent patient care and ongoing learning.’

Through extending the role of registered nurses practising in diabetes health, the **diabetes nurse specialist prescribing** demonstration project enables qualified diabetes nurse specialists to prescribe a limited range of diabetes-related medications. This role will potentially increase the continuity and reduce the complexity of care for patients. It will also reduce pressure on health practitioners and will assist patients by reducing the need for a second appointment for routine prescriptions. The interim evaluation report shows that diabetes nurse specialist prescribing is safe and cost-effective for patients, and is likely to result in improved service efficiency and patient satisfaction.

The **pharmacy anti-coagulation management services** demonstration project sees pharmacists working under standing orders to manage patients receiving warfarin and, if necessary, modify a prescription in collaboration with GP colleagues. Benefits include better management of patient health care, access via a single point of care and improved cost-effectiveness. The interim evaluation report is extremely encouraging and shows that community pharmacists are able to provide high quality warfarin management.

The **sub-regional GP training** demonstration led by Hutt Valley DHB (with Capital & Coast and Wairarapa DHBs) and supported by HWNZ, sees a collaborative approach to DHB-led GP training and aims to improve the recruitment and retention of the GP workforce in the lower North Island. Hutt Valley DHB employs GPEP 1 trainees and provides a subsidy to support employment by practices for GPEP 2 trainees. Hospital-based training, within one of the three DHBs, is provided in an area that addresses a gap in the trainee’s knowledge or competency while also providing the opportunity for trainees to develop special interest roles within the DHB. The demonstration has already been shown to assist in the recruitment of top quality doctors into general practice and to be a sustainable model for the practices taking on GPEP 2 registrars as it provides consistent workforce for the whole of the year with regular sessional work in the hospital.

Case study – Diabetes Nurse Prescribing

Mary Meendering

The diabetes nurse prescribing demonstration involves extending the role of diabetes nurse specialists to allow them to prescribe a range of medication for their patients.



As one of the designated diabetes nurse prescribers, Mary Meendering has found her role has increased her job satisfaction. ‘Professionally, I have the skills and knowledge to safely prescribe and I also have the support from colleagues and clinical supervisors for this project. The benefits to my patients are clear: it will help to reduce barriers for many who would otherwise need to see their GP for a prescription – it will improve the health outcomes for my patients.’

Having completed her Master of Nursing in 2010, Mary was academically well placed to take part in the project. She believes postgraduate education in subjects such as pharmacology and pathophysiology is essential to underpin knowledge and clinical decision-making confidently and safely. ‘I think it is essential to have a sound understanding of the drugs we use in practice.

‘The support of the clinical sponsors and physician supervisors has strengthened relationships within the team and we work well as colleagues.’

With the extended role, Mary can benefit from the recognition of her expertise and knowledge and she enjoys the learning and clinical discussion with case reviews. ‘I find it rewarding professionally to be continually expanding my knowledge. Professionally I think that the ability to prescribe will grow the relationships we have with general practitioners and pharmacies.

‘I am hopeful it will also remove some of the frustrations that a delay in treatment changes or delay in getting basic repeats can represent for patients.’

A number of other demonstration projects are in development and those already established include:

- gerontology nurse in primary care, which aims to improve the health and quality of life for older adults by providing comprehensive gerontology assessments in the community setting
- trainee rehabilitation associates in home and community support services, to provide additional dedicated support for clients while increasing the skills and competence of support workers
- Client-Directed and Outcomes Improved (CDOI) approach in the priority areas of aged care and mental health, which aims to enhance the relationship between client and therapist to improve client outcomes
- development of an integrated rural health service in Hawke’s Bay DHB that will best meet the health needs of the local population
- an orthopaedic physician in Starship Hospital to manage non-surgical referrals
- improving the skills of registered nurses in primary care, aged residential care and the prison system to work with patients with mental health and addiction issues
- developing a standardised role of practice assistant in primary care to free up the time of both GPs and practice nurses
- developing and implementing a multi-disciplinary simulated learning environment and educational programme for the operating theatre.

Demonstration projects are selected for their potential to be sustainable nationally and to improve the quality of patient care, increase productivity, reduce costs in the long term and unlock the potential of the wider workforce. Each project is carefully evaluated to establish the level of benefit it offers to patients and staff, and value for money before it is decided whether to roll-out the project nationwide.

For more detail on all our innovation projects please visit our website www.healthworkforce.govt.nz/new-roles-and-scopes/

Workforce Service Reviews

A major focus of our 2010/11 work programme has been the establishment of the Workforce Service Reviews which provide important input into HWNZ planning and investment as well as wider National Health Board service planning.

With rapidly rising demand for services and a constrained fiscal environment, multi-disciplinary groups of clinicians were presented with a daunting task – to be both innovative and realistic in describing a vision of the service and workforce required for 2020 that will deliver high-quality services for all New Zealand communities.

This multi-disciplinary, clinician-led and patient-focused approach has the potential to generate significant shifts in how health services are delivered.

Nine reviews have now published their findings. These are eye health, palliative care, aged care, gastroenterology, anaesthesia, musculoskeletal,

diabetes, youth health, and mental health and addictions. The remaining three will be published in the latter half of 2011.

Clear themes have emerged from the reviews. They recommend:

- making better use of the existing health workforce, from untrained workers to those who are highly specialised, by developing new roles and extending existing roles to make best use of the skills of all members of the health care team
- a focus on prevention, rehabilitation and self-care to underpin a shift of resources from hospital to community.
- better use of the potential of IT, including telemedicine
- development of regional clinical networks to make best of resources and ensure provision of services to all communities.

Looking ahead – HWNZ 2011/12 annual plan

Our work programme for 2011/12 will focus on:

- improved recruitment and retention of staff in key workforces to meet current and future service needs
- development of a workforce with more generic skills to ensure maximum flexibility and integration between institutional and community settings
- development of new health workforce roles and extension of existing roles to make best use of all available skills in the health care team
- building and strengthening of workforce relationships across the health system to ensure economies of scale and sharing of good practice
- unifying and simplifying the health workforce system.

Our investment in clinical training in 2011/12 will focus particularly on mental health, rehabilitation and aged care, as well as supporting expanded roles and support for nursing, primary care, in particular general practice, the unregulated workforce, and the home support and self-care 'workforce'.

Our work in boosting the Māori and Pacific workforce and ensuring the health workforce meets the needs of Māori and Pacific communities will continue, incorporating our partnerships with Te Rau Matatini and Te ORA.

Key projects such as the Advanced Trainee Fellowship and the development of a new GP education programme will continue throughout the coming year, while the four regional training hubs will become fully operational.

The Workforce Service Reviews, initiated during 2010/11, will provide the platform for stronger integration between workforce and service planning in the year ahead, and demonstrations of new and extended roles will emerge from each of the reviews.

Our ongoing commitment in 2011/12 to sector engagement and communication will ensure that stakeholders are consulted and involved in shaping the future health workforce and the systems that support it.

Our annual plan will be reviewed throughout the year in response to shifting service priorities and demands as well as new learning and ideas.

