

Development of the Regional Training Hubs

Health Workforce New Zealand (HWNZ) has collaborated with District Health Boards (DHBs), education providers and professional associations to establish four regional training hubs (hubs) to support effective health professional training.

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

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

Initial project plans and governance structures were developed in the first half of 2011 with the hubs expected to be fully operational by 1 January 2012. Each hub has actively involved clinicians in the development process.

Role of the hubs

- Standardising training/education programmes using educational principles and assessments in collaboration with the various colleges, educational providers, professional associations, DHBs, PHOs, private sector and HWNZ
- Co-ordinating clinical placements to support specialist training programmes
- Supporting trainees to develop and implement career plans and provision of mentoring services
- Providing peer reviewing learning opportunities
- Sourcing traditional and non traditional accredited student placements
- Ensuring workforce training aligns with national service delivery needs and regional clinical service plans
- Administering workforce initiatives, e.g. voluntary bonding, leadership development, Advanced Trainee Fellowship Scheme and support for HWNZ innovations such as the Physician Assistant (PA) role.
- Implementing and overseeing a national skills and simulation based education strategy.

Reporting framework

HWNZ worked with the National Health Board (NHB) to develop a reporting framework aligned to existing processes through which the hubs have started to report progress from 1 July 2011 on a number of specific workforce priorities such as career planning and implementation for PGY1 and PGY2. HWNZ will seek input from the hubs in determining the hubs' other priorities for the immediate, medium and longer term.

Oversight of the hubs

Each hub has its own local governance arrangements, integrated into regional decision-making systems and ensuring involvement of relevant stakeholders.

HWNZ has an ongoing role to

- provide strategic direction and maintain a monitoring and oversight role
- work closely with the hubs individually and collectively through the establishment phase
- provide ongoing guidance and support for clinical and academic matters relating to the implementation of regional training plans.

Frequently Asked Questions (FAQS)

Why are the hubs needed?

The hubs will help contribute to a more cohesive national approach to health professional education and training across the New Zealand health sector. They are created to better support health professionals in their education and training journey.

Some of the work of the hubs currently takes place in individual DHBs, but the hubs will reduce this duplication and enable integration of training and other workforce development functions.

The hubs will support and reinforce relationships between the various employers of clinical workforce, education providers and professional associations. They will provide a regional resource for learning and career planning and coordinated and standardised training and curriculum delivery.

Why are we changing the current training system?

The current system is not broken but that does not mean it cannot be improved. We are trying to provide the best educational opportunities that current resources allow by taking a different approach. Many people accept they will have to move to different places to get the experience they need to do the job they want to do. We are trying to support this process by allowing the education to move to them.

Whilst this will not replace the need to move to gain practical experience it will make it easier to access the underpinning knowledge that may then be applied in your current area of work.

What are the benefits of the hubs?

Through regional collaboration and coordination the hubs can offer more varied and flexible support for clinical staff and improve the skill level of trainers and mentors. In essence, it is a more effective and efficient way of supporting health professionals on their educational journey and closer alignment between clinical training and service delivery needs.

Who has been involved in the development of the hubs?

Development of the hubs involved all organisations engaged in training health professionals. A Regional Training Network Working Group was established in November 2010 which had representatives from DHBs, both medical universities, the Doctors in Training Council (DITC) of the New Zealand Medical Association (NZMA), the New Zealand Medical Students Association (NZMSA), Royal New Zealand College of General Practitioners (RNZCGP), Medical, nursing and allied health, RMO units and HR representation from the DHBs

When will the hubs be operational?

Each hub was tasked to develop its own governance structure and group with representation based on local and regional need as well as national priorities. Each hub actively involved clinicians in the development process. The various organisations that collaborate through the hubs preserve their existing responsibilities in terms of employment, accreditation, curriculum development and quality assurance.

Each hub is establishing short term deliverables. The work programme will change as longer term priorities are identified. Nevertheless all hubs are expected to be fully operational by 1 January 2012.

Will creation of the hubs lead to greater costs and bureaucracy?

The focus of the hubs are to coordinate training for all health professionals, improve quality and consistency of training programmes which should enable better use of available resources and reduce duplication.

The various organisations that will collaborate through the hubs will each preserve their existing responsibilities in terms of employment, accreditation, curriculum development and quality assurance. The implementation and operation of the hubs will be managed through current workforce funding allocations.

Will the hubs be an employer?

The hubs will oversee clinical placements, but will not employ clinical staff. Employment of clinical staff will remain with DHBs and other healthcare providers.

How will occupational groups be prioritised by the hubs?

The hubs are expected to take responsibility for post graduate training of all professional groups. Some hubs are taking a multi-disciplinary team approach from the outset with a focus on regionally identified issues. Future priorities will be based on workforce needs identified in regional service plans and national service delivery needs.

The initial focus is on oversight of medical training from PGY1 to entering vocational registration, following on from the recommendations from the Medical Training Board (MTB) and of the Resident Medical Officers (RMO) Commission reports. Eventually all will have responsibility for all clinical training.

The Midland, Central and South Island hubs took the opportunity to use a multi-disciplinary approach from inception, while the Northern hub broadened its scope to also include allied health and nursing.

Does this replace current postgraduate health professional training and support from the DHBs?

No. The hubs are being designed as a 'natural progression' of existing health professional education and support. The hubs will remain DHB owned and operated and as such will not divert current resources away from existing structures.

How will hubs aim to improve the educational experience?

By using new ways of delivering training within regions, including video conference and webcast lectures and training sessions, hubs will aim to make the best training within a region available to all trainees.

This will support those trainees who are unable to access the education from their location or at the time the session is being held. It will also reduce duplication by allowing a session delivered in one DHB to be accessed by the others.

With interactive technology allowing the students to ask questions and provide feedback, better access to expert knowledge and experience can be created.

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