

Rāranga Tupuake
Māori Health Workforce
Development Plan
Discussion document

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How to Have Your Say

Your feedback is important in helping to develop *Rāranga Tupuake: Māori Health Workforce Development Plan*. Please take this opportunity to have your say. You can provide comment by making a submission on your own behalf or as a member of an organisation. The final plan will be released after the consultation and analysis of submissions.

The Ministry welcomes all feedback. There are some key questions we would like you to think about and comment on. These questions are found on detachable pages at the back of this document.

There are three different ways you can make a submission.

1. Write down your comments on the detachable form at the back of this document and post them to:

Rāranga Tupuake – Māori Health Workforce Development Plan
Discussion Document for Consultation
Māori Health Policy
Ministry of Health
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or fax them to (04) 495 4496.

2. Email your submission to:
kathy_grace@moh.govt.nz
3. Attend a consultation focus hui where your comments will be recorded manually. The dates, times and locations of these meetings are included with the covering letter to this draft document and are available at www.moh.govt.nz

All submissions are due by 5 pm, Friday 8 July 2005.

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Whakamohio – Introduction

The name of this draft plan, Rāranga Tupuake, describes the growth of the weave as it slowly develops the whakatātaka or pattern to form a korowai or cloak.

Rāranga Tupuake comes under the overall umbrella of the New Zealand Health Strategy (Minister of Health 2000) and New Zealand Disability Strategy (Minister for Disability Issues 2000), and, more specifically, He Korowai Oranga, the Māori Health Strategy, and Whakatātaka, the Māori Health Action Plan (Minister of Health and Associate Minister of Health 2002a, 2002b respectively).

In He Korowai Oranga, Māori workforce development is a key aspect of Pathway Two: Māori Participation in the Health and Disability Sector. Objective 2.3 of He Korowai Oranga is to increase the size and improve the skills of the Māori health and disability workforce at all levels.

Whakatātaka describes the actions to implement objective 2.3 by creating a Māori workforce development plan. The plan identifies the numbers and skill mix of Māori required to support the achievement of whānau ora, co-ordinate activities between the health and education sectors and address the barriers to achieving the necessary workforce.

Further developing the Māori provider community, and increasing the number and level of training of Māori in the health and disability workforce, will help to improve access to services and the effectiveness of both mainstream and Māori provider services. This is an important goal in light of the role of health services in the poorer health outcomes for Māori compared to non-Māori. It is also important for enabling Māori communities to take control of their own health and seek solutions to improving health status.

Arotahi – Aim

The aim of Rāranga Tupuake: Māori Health Workforce Development Plan is to create a strategic framework to guide the development of the Māori health and disability workforce over the next 10 to 15 years.

He Wawata – Vision

Rāranga Tupuake's vision is:

to build a competent, capable, skilled and experienced Māori health and disability workforce over the next 10 to 15 years.

This vision reflects the need to:

- co-ordinate activities between the health and disability sector and the education sector
- address barriers to achieving workforce development
- support the development of a Māori health workforce that will contribute to realising whānau ora.

Three goals will support the vision's achievement.

- **Goal 1: Te Rāranga Tuatahi:** Tuia te muka tangata i takea mai i hawaii
Increase the number of Māori in the health and disability workforce.
- **Goal 2: Te Rāranga Tuarua:** Te whiri i te mauri Māori ki roto i ngā mahi
Expand the skill base of the Māori health and disability workforce.
- **Goal 3: Te Rāranga Tuatoru:** Te hononga ki ngā kete ako
Enable equitable access for Māori to training opportunities.

Manapou – Purpose

The purpose of Rāranga Tupuake is to guide the health and disability sector's work as well as the work of the education and training provider sectors, to build the Māori health and disability workforce over the next 10 to 15 years.

The health and disability sector of the future will offer Māori and their whānau a range of provider organisations and health workers equipped to meet their needs. Capable and competent Māori health workers are pivotal to providing appropriate care to Māori and their whānau, and providing mainstream organisations with examples of innovative best practice models for reaching and providing for Māori and their whānau.

Pūtake – Focus

Rāranga Tupuake focuses on increasing the number of Māori in the workforce at all levels, expanding the skill base of Māori currently in the workforce and enabling equitable access for Māori to future training opportunities.

Evidence shows Māori are participating in greater numbers in the health and disability workforce but further development of this workforce is required. Māori remain under-represented in registered health professions, more Māori are employed in support roles and most are employed in mainstream services.

Te tukutuku o te mahitahi – working collaboratively

Achieving the 10 to 15-year vision to build a competent, capable, skilled and experienced Māori health and disability workforce requires health and education organisations to work collaboratively (ie, in partnership) with one another.

Education and training sector organisations such as the Ministry of Education, the Tertiary Education Commission (TEC), Career Services, training providers, industry training organisations (ITOs) and wānanga will play pivotal roles in realising the aim of Rāranga Tupuake.

Health and disability sector organisations like the Ministry of Health, District Health Boards (DHBs), occupational registration boards, Māori professional and occupational organisations, the Clinical Training Agency (CTA) and the Health Workforce Advisory Committee (HWAC) will be provided with an opportunity to work together to achieve the plan's goals.

The Public Health Directorate in the Ministry of Health retains responsibility for workforce planning in public health and so will continue to play an important role in the further development of a Māori public health workforce.

Other national, regional and local organisations such as the Public Health Association and Māori development organisations will also have important roles to play.

Rāranga Tupuake recognises that the development of the Māori health and disability workforce will be different in each area, and that activities will need to meet the needs of DHBs, Māori provider organisations and Māori providers at the local level. Rāranga Tupuake supports, guides and encourages regional and local developments and initiatives.

There is a wide range of workforce activity and plans currently under way across the health and disability sector and these have been identified and listed in Appendix A. This information identifies both the key organisations and the scope of the work under way, and also includes the range of planning in specific areas, such as mental health and public health. The scope and range of workforce planning highlights the importance of workforce development in improving quality of services and realising health outcomes.

An important overarching strategic workforce plan is the District Health Board New Zealand (DHBNZ) Workforce Action Plan. This is a shared framework across key sector stakeholders, including the Ministry of Health, and, with HWAC's support, provides a sector-wide collaborative approach to addressing workforce issues.

The DHBNZ Workforce Action Plan identifies three key activities for DHBs:

- developing workforce information
- co-ordinating stakeholder relationships
- building strategic capacity in the sector.

(See Appendix B for more details about the DHBNZ Workforce Action Plan.)

Specific to Māori health workforce development, DHBs will build approaches that integrate workforce priorities for Māori with wider workforce issues and ensure they are aligned to the principles of the Treaty of Waitangi.

The workforce sections of the Ministry of Health's planning documents acknowledge the DHBNZ Workforce Action Plan as the key workforce development plan for the health sector and any requirements for inclusion in accountability documents between the Ministry of Health and DHBs such as District Annual Plans are based on supporting the DHBNZ Workforce Action Plan.

Ngā rauemi – resourcing Rāanga Tupuake

The Ministry of Health, DHBs, the Ministry of Education and other funders and providers are expected to prioritise the implementation of the Māori Health Workforce Development Plan within their funding allocations. However, the process for prioritisation will build on all stakeholders' current initiatives and imperatives, will identify and develop synergies and will maintain collaborative relationships.

The Māori Provider Development Scheme (MPDS) will continue to be available to assist in the further development of the Māori health and disability workforce. The MPDS was established in 1997 to assist Māori providers to develop their capacity and capability, and provide scholarships for Māori in health training programmes.

Those programmes funded by the CTA, the National Screening Unit and other Ministry of Health directorates (see Appendix A) will continue to contribute to the development of the Māori health workforce.

Ngā Aroturuki – Monitoring Rāranga Tupuake

The Ministry of Health is the lead agency monitoring the numbers of Māori in registered health occupations. The New Zealand Health Information Service (NZHIS) undertakes this activity.

Other parts of the Ministry of Health will work with the NZHIS, and other collectors of Māori health workforce data, to improve the quality of Māori health and disability workforce information.

Ngā Rāranga – Goals and Actions

Goal 1: Te Rāranga Tuatahi: Tuia te muka tangata i takea mai i hawaiiiki: Increase the number of Māori in the health and disability workforce

Goal 1 is about increasing the number of Māori in the health and disability workforce by attracting Māori secondary school leavers, mature Māori and Māori who have had careers in other sectors.

Pūrongo – status of the Māori health and disability workforce

Māori remain under-represented in the New Zealand health workforce in almost all areas of the health sector. The need to improve the Māori workforce is well documented (HWAC 2003). The proportion of Māori in the health workforce is estimated at 5 percent (excluding informal support workers and alternative complementary health practitioners).¹ However, Māori are relatively well-represented in support occupations such as kaiawhina and community health workers.

Table 1 shows that in 2002 only 4 to 13 Māori worked as optometrists, dieticians, chiropractors, medical laboratory technologists or podiatrists, and none were dispensing opticians. Higher numbers of Māori were found in physiotherapy (40) and psychology (42), but Māori still made up only 2.7 percent and 4.7 percent in each profession respectively.

Table 1: Selected health professional workforces in New Zealand, Māori and non-Māori, 2002

	Number of Māori	Number of non-Māori	Māori as proportion of total (%)	Total (survey)	Licences
Optometrist	4	402	1	406	531

¹ This figure is derived from 1996 Census of Population and Dwellings and 2000 registration data. Figures are approximate only (HWAC, 2001).

Dispensing optician	0	81	0	81	99
Chiropractor	7	209	3.2	216	267
Dietician	8	312	2.5	320	409
Medical laboratory technologist	13	832	1.5	845	1426
Medical radiation technologist	24	1062	2.2	1086	1648
Occupational therapist	20	1141	1.7	1161	1634
Podiatrist	7	166	4	173	245
Physiotherapist	40	1448	2.7	1488	2800
Psychologist	42	847	4.7	889	1305

Note: These statistics come from workforce surveys that accompany annual practising certificates or annual licences sent out by the respective board's secretariat for each profession. The data are based on surveys with varying response rates. Prioritised ethnicity data is used.

Table 2 shows that while more Māori (2316) worked as registered nurses or midwives in 2003, they accounted for only about 7 percent of the total number working in this profession.

Table 2: Nurses and midwives, Māori and non-Māori, 2003

	Number of Māori	Number of non-Māori	Māori as proportion of total (%)	Total (survey)
Registered nurses and midwives working in nursing and midwifery	2,316	30,371	7.1	29,405
Enrolled nurse working in nursing	477	3,350	12.5	3,264
Nurses and midwives with midwifery qualifications working in nursing and midwifery	237	3,291	6.7	3,235
Direct-entry midwife	20	167	10.7	163

Table 3 shows that in 2003, 3 percent of medical practitioners were Māori (230), with the majority practising as general practitioners (71) followed by specialists (49) and registrars (48).

Table 3: Active medical practitioners, Māori and non-Māori, 2002

Medical practitioner	Number of Māori	Number of non-Māori	Māori as proportion of total (%)	Total (survey)
House officer	35	739	4.5	774
Registrar	48	1,190	3.9	1,238
General practitioner	71	2,846	2.4	2,917
Specialist	49	2,674	1.8	2,723
Total medical practitioners	230	8,173	2.7	8,403

Despite the low proportion of Māori in the health workforce the numbers employed are increasing (See Tables 4 and 5). Also, in 1992 Māori nurses and midwives made up

just 3.7 percent of these occupational groups but by 2003 this had doubled to 7.6 percent (Table 4).

Table 5 shows a slight increase in Māori medical practitioners from 1996 to 2002. In 1996, Māori made up 1.6 percent of the medical practitioners compared with 2.7 percent in 2002.

Table 4: Ethnicity of active nurses and midwives working in New Zealand (percentages), 1992–2003

Ethnicity	1992 (%)	1993 (%)	1994 (%)	1995 (%)	1996 (%)	1997 (%)	1998 (%)	1999 (%)	2000 (%)	2001 (%)	2002 (%)	2003 (%)
European/Pākehā	90.5	91.3	91.0	91.6	83.6	79.4	76.9	76.1	76.6	75.2	72.6	69.7
Other European	–	–	–	–	7.3	8.4	8.7	9.3	8.7	8.3	–	8.3
Māori	3.7	3.7	3.8	4.2	4.2	6.1	6.3	6.4	6.3	6.9	7.6	7.6
Pacific Island	1.4	1.5	1.5	1.5	1.8	2.1	2.6	2.8	2.5	2.7	2.9	2.9
Other	4.5	3.5	3.7	2.7	3.1	4.0	5.5	5.4	6.0	6.9	16.9	11.5

Table 5: Ethnicity of active medical practitioners working in New Zealand (percentages), 1996–2002

Ethnicity	1996 (%)	1997 (%)	1998 (%)	1999 (%)	2000 (%)	2001 (%)	2002 (%)
European/Pākehā	67.2	83.2	81.3	77.5	76.5	76.5	74.6
Māori	1.6	2.4	2.3	2.1	2.3	2.6	2.7
Pacific Island	0.7	0.8	0.9	1.1	1.1	1.1	1.0
Chinese	3.9	4.3	4.5	4.5	4.5	4.8	5.1
Indian	3.1	3.9	4.4	4.6	4.5	4.8	4.8
Other	6.5	4.3	5.5	8.4	7.6	8.7	10.0
Refused to answer/not reported	17.0	1.0	1.0	1.8	3.4	1.6	1.8

Key organisations and actions

Key organisations: Ministry of Education, TEC, HWAC, Career Services and Ministry of Health.

Action 1: Sustain relationships with key stakeholders to promote health and science as career options for Māori secondary school students.

The Ministry of Health will:

- maintain relationships with the Ministry of Education, TEC, HWAC and Career Services
- promote uptake of the MPDS and Manatū Hauora scholarships

- increase media exposure of health and sciences as a career option for Māori students (for example, in *Mana* magazine, Māori Television and Māori publications).

Action 2: Monitor strategies to increase the number of Māori working in the health and disability sector.

The Ministry of Health will:

- improve data collection about, and the analysis of, Māori entering training programmes and their completion rates
- participate with DHBNZ in the Health Workforce Information Programme
- work with DHBs to improve Māori workforce data collection systems and processes in order to track progress in increasing the number and skills of the Māori health workforce, as well as identifying the occupational distribution of the Māori health workforce.

Action 3: Progress three Māori health workforce research projects.

The Ministry of Health will:

- examine barriers and influences to Māori participation in the health and disability workforce
- examine retention issues for the Māori health and disability workforce
- evaluate the Māori health scholarship programme.

Goal 2: Te Rāranga Tuarua: Te whiri i te mauri Māori ki roto i ngā mahi: Expand the skill base of the Māori health and disability workforce

Goal 2 is about working towards expanding the skill base of Māori in the workforce, and supporting them to access learning opportunities and seek further qualifications.

Key organisations and actions

Key organisations: ITOs, the CTA, professional colleges, polytechnics, Nga Whare wānanga, traditional Māori healers, Māori professional and occupational organisations, Hauora.com, DHBs, Māori organisations and DHB Māori managers.

Action 1: Sustain relationships with key stakeholders to support Māori in the workforce to gain access to learning opportunities.

The Ministry of Health will:

- maintain relationships with ITOs, the CTA, professional colleges, polytechnics, Nga Whare Wānanga, traditional Māori healers, Māori professional organisations, Hauora.com, DHBs, Māori organisations and DHB Māori managers.

Action 2: Build on engagement with other sectors to enable and support Māori to gain health qualifications.

The Ministry of Health will:

- maintain relationships with the Ministries of Education, Women's Affairs and Social Development.

Action 3: Promote cadetships with appropriately accredited Māori providers.

The Ministry of Health will:

- work with training providers including the CTA and occupational registration boards to identify the clinical competencies required of these health occupations to provide clinical oversight of trainee placements
- work with DHBs to explore options to assist the appropriate clinical placement in the Māori health sector of health worker trainees
- work with Māori providers to encourage the use of cadetships to increase the Māori workforce's skill base and experience.

Action 4: Explore options for providing training and career pathways for traditional Māori healers as well as community health workers.

The Ministry of Health will:

- work with traditional Māori healers to explore options for training and career pathways
- work with Te Whiringa (the community health workers collective) to explore options for training and career pathways.

Goal 3: Te Rāranga Tuatoru: Te hononga ki ngā kete ako: Enable equitable access for Māori to training opportunities

Pūrongo – status

Since 1999 the number of Māori students in formal tertiary education increased from 32,825 to 62,574 (as at 31 July 2003). Of the Māori students, 68 percent were female. Out of the total number of Māori students studying, 4 percent were studying in a health field.

Key organisations and actions

Key organisations: Ministry of Education, the TEC, the CTA, occupational registration boards, DHBs, Primary Health Organisations, training providers, Nga Whare Wānanga and ITOs.

Action 1: Improve access to quality post-entry clinical training (PECT) for Māori.

The Ministry of Health will:

- establish a forum for discussing equitable access with key stakeholders
- identify the number of Māori taking up PECT

- explore options to promote uptake of PECT by Māori.

Action 2: Work with DHBs to provide training opportunities for Māori to develop health career pathways.

The Ministry of Health will:

- provide input into the DHBNZ Workforce Action Plan
- monitor DHB Māori health workforce plans through the District Annual Plan process
- administer the MPDS with DHBs
- establish effective collaboration with DHBs through Te Tumu Whakarae, the Whakatātaka chief executive officer forum and DHBNZ.

Action 3: Encourage Māori health provider organisations to identify the training needs of their Māori workforce to continue developing and maintaining career pathways.

The Ministry of Health will:

- administer the MPDS
- promote greater involvement of relevant ITO activity in the sector
- encourage Māori provider organisations to develop career pathways for Māori in their organisations.

Action 4: Promote Māori models of learning and training.

The Ministry of Health will:

- work with training providers to identify and define successful Māori models of learning
- work with occupational registration boards to incorporate cultural frameworks in the training curriculum
- work with the CTA, DHBs, ITOs and Māori providers to incorporate cultural frameworks in training programmes.

Appendix A: Health Workforce Plans

The following is a list of workforce plans, including an initiative, that are currently in place in the health and disability sector.

1. Public Health Workforce Action Plan

The goal of the Public Health Workforce Action Plan is to ensure public health services are delivered effectively and consistently through a strategic and co-ordinated approach to public health workforce development. The plan's focus is the public health sector. However, as public health activities are carried out by a whole range of organisations in the wider health sector and other sectors, the plan also considers the needs of these parts of the workforce. The plan, therefore, overlaps and needs to align with the work of the DHBNZ Workforce Action Plan. DHBs and the DHBNZ are represented on the Public Health Action Plan's sector reference group.

2. Mental Health and Addictions Workforce Action Plan

The Mental Health and Addictions Workforce Action Plan 2004/05 reviews 2003/04 and presents a picture of intended activity for 2004/05. This information is placed within a strategic context to provide a sense of continuity and alignment with the strategic directions outlined in the Mental Health (Alcohol and Other Drugs) Workforce Development Framework. The implementation strategy has included the development of four national centres, reflecting policy imperatives for Māori, child and youth, and alcohol and other addictions workforce development, and a national programme to provide co-ordination and contracting capacity. The Mental Health Directorate is responsible for policy development, planning and funding, which is carried out across the four sections in the Mental Health Directorate.

3. Workforce Information Project

The Workforce Information Project is a DHBNZ-run project with Ministry of Health involvement.

4. Pacific Health and Disability Workforce Development Plan

The Pacific Health and Disability Workforce Plan aims to increase the capacity and capability of the Pacific health and disability workforce, promote Pacific models of care and cultural competence, advance opportunities in the Pacific health and disability workforce and improve information about the Pacific health and disability workforce.

5. Future workforce

This is not a project in its own right but an inherent focus of workforce planning.

Appendix B: Projects Linked to DHBNZ Workforce Action Plan

1. Joint project with the Tertiary Education Commission, Ministry of Health and District Health Boards New Zealand (DHBNZ). This project has three phases:
 - Phase 1:
 - analysing the provision of health education and clinical training
 - seeking further comments from the registration authorities and medical and other professional colleges.
 - Phase 2:
 - assessing the future health workforce
 - analysing the health sector's future service needs and the workforce needed to deliver those services.
 - Phase 3:
 - aligning health sector needs with education sector needs.
2. Support DHBNZ in implementing its Workforce Action Plan. DHBNZ involvement in this project is described as high.
3. Health practitioner in the mental health setting definition project – Clinical Training Agency (CTA). This project aligned the definition of a 'health practitioner' with the definition used in the Health Practitioner Competence Assurance Act 2003. The sector was informed of the new definition in November 2003.
4. Evaluation project: part-time compared with full-time post-entry clinical training (PECT) – CTA. The object of the project is to evaluate the impact of full-time and part-time training on the retention of trainees within the programme and successful completion rates.
5. Develop a specification for post graduate year 2 medical training (PGY2) – Clinical Training Agency. Draft training specifications for PGY2 skills and the medical officer of special scale have been developed in consultation with the sector. The Medical Council is considering the draft specifications. Feedback from the Medical Council will be used to determine whether the specifications go out for wider consultation.
6. Review rural general practitioner training – CTA. A sector reference group is being co-ordinated to recommend preferred rural general practitioner training. It is anticipated that the recommendation (and associated report) will be circulated to the wider sector for consultation before any training programme is developed.

Appendix C: Other Workforce Activities

The following is a list of other workforce activities and initiatives that are either in existence or that have previously been in place in the health and disability sector.

1. National Screening Unit Workforce Development Project – Ministry of Health

Screening Workforce Information Project: This project forms the first phase of the information project and aims to improve the specification, collection and analysis of information to assist the monitoring of the screening workforce and the implementation of the workforce development strategy initiatives.

Breast Screening Workforce Action Plan: Breast-screening workforce development comes under section 23 of the Workforce Action Plan: Projects and Linkages and is part of the Ministry's watching brief against the District Health Board New Zealand (DHBNZ) Workforce Action Plan.

2. Mental health programme evaluation – Clinical Training Agency (CTA)

Independent evaluation of mental health programme to ensure training specification aims and objectives are met including service outcomes.

3. An analysis of 2004 post-entry clinical training (PECT) – CTA

Internal review of data held by CTA on PECT trainees.

4. Mental health travel assistance process review – CTA

The review assessed the effectiveness of the mental health travel assistance programme. The review included an evaluation of policy, eligibility criteria and cost effectiveness.

5. Review Māori support and access to training – CTA

This review is likely to result in a specification or clear set of rules for trainee eligibility, the services to be provided and a claims process.

6. Review Māori training programmes – CTA

A tender is under way for reviewers to evaluate the effectiveness of Māori training programmes.

7. Develop a strategic framework to identify the CTA's role in increasing Māori participation in CTA-funded programmes – CTA

The CTA will work with the Māori Health Directorate to ensure the CTA is effective for Māori.

8. Review nursing programmes – CTA

A tender is under way for reviewers to evaluate the effectiveness of the nurse training programmes.

9. Implementation plan for nursing entry to practice programme – CTA

A proposal for a nationally consistent nursing entry to practice programme is being developed for ministerial approval. If approved, this programme will require the development of specifications and tendering or contracting for the academic portion of the programme.

10. Review CTA contract monitoring systems implemented over the last two years – CTA

This is an internal review of monitoring processes to ensure funds are used effectively to maximise the level and quality of training.

11. Finalise seven sets of specifications and training strategies – CTA

- a. One priority area of nursing: Expected to be one or both of the nursing entry to practice programme (if approved) and the ex-deficit nurse training programmes.
- b. Rural and provincial hospital practice: Review the programme's interim specification to see whether it meets PECT criteria. After consultation with the provider it was agreed to fund the programme using the interim specification for a further year.
- c. Special needs dentistry: Co-operated with sector to develop the training specification. Draft specification was consulted on with the sector and is under the Australian and New Zealand dental training committee's consideration.
- d. Oral and maxillofacial surgery: Co-operated with the sector to develop the training specification. Draft specification was consulted on with the sector and is being priced. Following the CTA Purchase Board's agreement to the draft specification and proposed price, the programme will be added to contracts between the CTA and providers.
- e. Medical Laboratory Science Cytology Programme: Co-operated with the sector to develop the training specification. The draft specification was consulted on with the sector. The CTA Purchase Board accepted the programme's draft specification and proposed price. The CTA is contracting for trainees in 2005.
- f. Advanced vocational training in psychiatry: Co-operated with the sector to develop the training specification. Draft specification was consulted on with the sector. The CTA Purchase Board accepted the programme's draft specification and proposed price. The CTA is contracting for trainees using the new specification.

- g. Overseas trained dentist bridging programme: Co-operated with the sector to develop the training specification. The Dental Council accepted the draft specification. The CTA Purchase Board accepted the programme's draft specification and proposed price. The CTA is contracting for trainees in 2005 and 2006.

12. Radiation Therapists Workforce Action Plan – Ministry of Health

The New Zealand Cancer Treatment Working Party has a workforce work group. It has focused on medical radiation technologists and physicists. It does not have a work programme but advises on workforce issues as required. This working group has strong links to the National Screening Unit Workforce Development Project.

13. Support the Health Workforce Advisory Council to implement its recommendations – Ministry of Health

This is not a project but is part of all ongoing work.

14. Discussion paper on ageing population – Ministry of Health

A discussion document on the impact of the ageing population on the demand for health and disability services and the implications for the health workforce will be published in December 2004. The Ministry of Health contracted the New Zealand Institute of Economic Research to undertake the demand analysis and has reviewed international approaches to addressing these issues. The comments on the discussion document will feed into the future workforce project.

15. Research by the Human Rights Commission into the barriers and incentives to Māori workforce participation – Ministry of Health

There are two workforce research projects. The first examines the barriers and influences on Māori participation in the health and disability workforce; the second focuses on retention issues for the Māori health and disability workforce. The third project is an evaluation of the Māori health scholarship programme. This evaluation will review how effective the scholarship programme has been in terms of its contribution to the development of the Māori health and disability workforce.

16. Monitor the implementation of the Health Practitioners Competency Assurance Act 2003 – Ministry of Health

The DHBNZ has an indirect interest in this project through the registration authorities and their relationships with DHBs.

17. Primary health care nursing

The aim of this work is to support the sector and DHBs to implement innovative nursing models and develop the role of nursing within primary care. The overarching framework for this work is provided in *Investing in Health: Whakatohutia te Oranga Tangata* (Expert Advisory Group on Primary Health Care Nursing 2003).

The Ministry's actions relate to:

- encouraging models of primary health nursing which facilitate the most effective delivery of care in order to meet the health needs of defined populations
- supporting the provision of scholarships for primary health care nursing
- evaluating the 11 innovative nursing models funded by the primary health care strategy funding path.

18. Implementation of nurse practitioner role in health sector

The project is a joint project between DHBFP, Sector Policy and CSD and will:

- focus on identifying barriers and developing proposals to overcome these barriers to ensure nurse practitioners can effectively and comprehensively carry out their scope of practice. The barriers include: legislative/regulatory; contracting for example achieving access to community laboratory tests; and prescribing (sector policy)
- inform DHBs and PHOs about models of nurse practitioner practice
- support DHBs to develop models of care in hospital settings, particularly in relation to the delivery of orthopaedic and cataract surgery
- administer scholarship funding for rural primary health care nurses who are working towards nurse practitioner status.

19. Development of Pacific Nursing Plan

This is a joint initiative between CSD and the Pacific Group. The Pacific Health and Disability Workforce Plan and the Pacific Nursing Survey recommended that urgent work be undertaken to support the development of a strong Pacific nursing workforce.

20. Nursing turnover

The Ministry, through the HRC has funded research into nursing turnover. Initial research and outcomes from the work has shown the potential for DHBs to make considerable savings if nursing turnover was reduced. New Zealand is a member of international networks/consortia with 16 other countries in relation to this research.

21. Implementation of magnet principles

In 2003, the Minister directed the Ministry to work with the sector in a secretariat capacity to assist those DHBs wanting to adapt and adopt the magnet principles. Where implemented, magnet principles have been shown to improve the quality of care and patient health outcomes, reduce nursing turnover, improve morale of staff. The secretariat responsibility is currently being devolved out of the Ministry. The Ministry will continue to monitor the development and take up of this initiative.

22. Service delivery models for provision of cataract surgery

The Ministry is developing an initiative focusing on the provision of cataract surgery and in particular investigating the introduction of service delivery models in which part or all of the service can be provided by health professionals who are not ophthalmologists (eg, optometrists and nurses).

23. Radiation Therapists Workforce – Ministry of Health

The New Zealand Cancer Treatment Working Party has a workforce workgroup. It has essentially focused on medical radiation technologists and physicists. This working group has strong links to the NSU Workforce Development Project and will be incorporated into the overall direction and work programme falling out of the Cancer Control Strategy Action Plan.

24. Cancer Control Strategy Action Plan

One of the goals in the Cancer Control Strategy Action Plan is workforce development particularly for Māori and Pacific. Initiatives will be developed under the leadership of the Cancer Control Council during 2005/06.

25. Dental therapists

A Technical Advisory Group has provided advice to the Ministry, DHBs and Education sector on issues related to the development, recruitment and retention of the aging and shrinking dental therapy workforce. Attention is urgently required to ensure there is a competent and available workforce able to deliver oral health services to children.

26. Rural workforce retention

The Ministry, through DHBs provides additional funding to improve the recruitment and retention of health professionals in rural areas. Funding initiatives include:

- workforce retention funding, which is a flexible resource for supporting and retaining the primary health care team. Nineteen DHBs receive funding to support and retain their primary health care workforce and is used for direct financial incentives to GPs as well as for provision of locum services, continuing education for GPs and nurses and purchasing equipment including computer links for outlying practices
- reasonable roster funding, which is a targeted resource aimed at practitioners sharing onerous rosters. 18 DHBs receive funding to provide to those rural practitioners within their region who are experiencing onerous on-call arrangements.

The Ministry is supporting the Associate Minister of Health in convening a Rural Primary Health Care Forum, which will look at a number of rural health issues including investigating ways that different groups of health professionals interact.

Appendix D: Consultation Groups

This discussion document was developed with the assistance of a number of Māori health organisations and other groups. The contribution of these organisations is acknowledged with thanks.

Māori organisations

Te Tumu Whakarae (DHB Māori Managers Collective Forum)
Te Matarau (Māori Development Organisation Collective)
Te Kaunihera O Nga Neehi Māori (National Māori Nurses Association)
Te Ohu Rata O Aotearoa (Māori Doctors Association)
Nga Ngaru Hauora (National Māori Providers)
Hauora.com

Other groups

DHBNZ
Health Workforce Advisory Committee Secretariat
Māori Health Workforce Advisory Committee
Clinical Training Agency

References

Expert Advisory Group on Primary Health Care Nursing. 2003. *Investing in Health: Whakatohutia te Oranga Tangata: A framework for activating primary health care nursing in New Zealand*. Wellington: Ministry of Health.

HWAC. 2001. *First Annual Report to the Minister of Health December 2001*. Wellington: Ministry of Health.

HWAC. 2003. *The New Zealand Health Workforce: Future Directions – Recommendations to the Minister of Health 2003*.

Minister for Disability Issues. 2000. *New Zealand Disability Strategy: Making a world of difference – Whakanui Oranga*. Wellington: Ministry of Health.

Minister of Health. 2000. *New Zealand Health Strategy*. Wellington: Ministry of Health.

Minister of Health and Associate Minister of Health. 2002a. *He Korowai Oranga: Māori Health Strategy*. Wellington: Ministry of Health.

Minister of Health and Associate Minister of Health. 2002b. *Whakatātaka: Māori Health Action Plan 2002–2005*. Wellington: Ministry of Health.

Submissions

Submissions close on **Friday 8 July 2005**.

You may make an individual submission or a submission on behalf of an organisation.

If you make a submission on behalf of an organisation, please describe the organisation and its interest in Māori health. If you make an individual submission, please indicate your interest in Māori health (for example, as a patient or service provider, or as whānau).

This submission was completed by: _____ (name)

Address: (street/box number): _____

(town/city): _____

Email: _____

Organisation: (if applicable): _____

Position: (if applicable) _____

Are you submitting this as:

(Tick one box only in this section)

An individual (not on behalf of an organisation) ☐

On behalf of a group or organisations ☐

Other *(please specify)*

Please indicate which sector(s) your submission represents

(You may tick as many boxes as apply)

Consumer	<input type="checkbox"/>
Family/whānau	<input type="checkbox"/>
Academic/research	<input type="checkbox"/>
Māori	<input type="checkbox"/>
Pacific	<input type="checkbox"/>
District Health Board	<input type="checkbox"/>
Education/training	<input type="checkbox"/>
Local government	<input type="checkbox"/>
Provider	<input type="checkbox"/>
Funder	<input type="checkbox"/>

Submissions should be sent to:

Rāanga Tupuake – Māori Health Workforce Development Plan
Discussion Document for Consultation
Māori Health Policy
Ministry of Health
PO Box 5013
WELLINGTON

Ph: 04 495 4328
Fax: 04 495 4496
E-mail: kathy_grace@moh.govt.nz
Website: www.moh.govt.nz

All submissions will be acknowledged by the Ministry of Health and a summary of submissions will be sent to all those who request a copy. The summary will include the names of all those who made a submission, unless individuals request their name not be published.

Do you wish to receive a copy of the summary of submissions?

Yes ☐

No ☐

Your submission may be requested under the Official Information Act 1982. If this happens, the Ministry of Health will release your submission to the person who requested it. However, if you are an individual as opposed to an organisation, the Ministry will remove your personal details from the submission if you check the following box:

☐ I **do not** give permission for my personal details to be released to persons under the Official Information Act 1982.

☐ I **do not** give permission for my name to be listed in the published summary of submissions.

Submission questions

1. Do you think Goal 1, increasing the number of Māori in the health and disability workforce, is useful and/or appropriate?
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Do you think the actions described under Goal 1 to increase the number of Māori in the health and disability workforce provides useful guidance to the sector?

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What other actions do you think should be included under Goal 1?

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2. Do you think Goal 2, expanding the skill base of Māori in the health and disability workforce, is useful and/or appropriate?

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Do you think the actions described under Goal 2 will expand the skill base of Māori in the health and disability workforce?

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What other actions do you think should be included under Goal 2?

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3. Do you think Goal 3, equitable access for Māori to training opportunities in the health and disability workforce, is useful and/or appropriate?

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Do you think the actions described under Goal 3 will increase the number of training opportunities for Māori in the health and disability workforce?

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What other actions do you think should be included?

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4. Do you think the three goals and their associated actions cover the concerns, challenges and/or interests you have about Māori health workforce development?

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Do you have any recommendations you would like to make about your concerns, challenges and/or interests about Māori health workforce development?

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5. Do you think the proportion of Māori in the health and disability workforce should be set at a specific target (for example, a target of 20 percent of the total health and disability workforce being Māori in 15 years time to match the expected proportion of Māori in the total population)?

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What do you think are the important issues to be addressed if such a target is to be set?

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Do you think we should have a target for the:

- total workforce?
- all occupational groups?
- selected occupational groups?
- other targets?

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[illegible]