



A Career Framework for the Health Workforce in New Zealand

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Foreword

Health workforce issues are a global concern. The World Health Organization estimates there is a global shortage of 4 million health workers. The New Zealand Institute of Economic Research suggests that this could mean New Zealand will be short of between 40,000 and 70,000 health and disability workers in the next two decades. A multi-pronged approach is required to retain the current workforce and recruit the future workforce to meet the health needs of New Zealanders.

There are a number of drivers that are changing the landscape for the health workforce.

- New Zealand's population is ageing, and so is the workforce.
- Many of our current workers will be retiring and there will be a smaller population of younger workers to replace them.
- More complex health needs, including an increase in chronic illnesses, are developing as a result of the ageing population.
- The ethnic make-up of New Zealand's population is changing, with an increase in Māori, Pacific and Asian populations.
- Consumer choice, lifestyle factors and technological developments are changing the way services are provided.

The Career Framework provides an important part of the infrastructure needed to develop and maintain a sustainable health workforce.

The Health Workforce Advisory Committee first recommended that a career framework be developed, particularly to give structure to the unregulated workforce. At the same time the Ministry and District Health Boards were discussing the possibility of a career framework for the health and disability sector as a whole.

The Career Framework project has developed through extensive consultation with sector representatives. It describes progression within the health workforce with the aim of supporting individuals and organisations to develop careers and career pathways, and to inform and support health workforce development and planning.

Attracting and retaining workers of all ages and developing the existing workforce are high priorities. A key strategy for attracting and recruiting the future health workforce is to strongly and visibly position health careers in an increasingly competitive labour market. Health careers must be accessible and appeal to a wider range of people who may not previously have considered working in the sector.

One of the main questions posed in consultation was whether or not there should be a universal career framework for all health and disability sector workers. The majority of submitters supported a universal framework in principle, although some did not favour the disability workforce being included in the Career Framework.

Because of the importance of the initiative it has been decided to continue developing a career framework for the health sector only. At the same time there is a commitment to the principle of having a universal framework in time. To progress this, the intent is to continue to engage with the disability sector to develop an integrated framework that

meets the needs of both sectors and recognises the strong commonalities between them.

The Career Framework will cover both clinical and non-clinical workforces. It is important that the Career Framework covers all health sector workers to ensure the full benefits can be realised.

I would like to thank all the people and organisations that participated in the consultation process on the Career Framework, either by making a written submission or coming to a public meeting. Your feedback has been essential to building a Career Framework designed for the New Zealand health sector.

Hon Pete Hodgson
Minister of Health

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1 Introduction

People are our greatest asset and *the* most important resource in the health sector. Effective workforce and career planning is essential to support and retain the present health workforce and to attract future health workers to the sector. This Career Framework offers a tool that will help shape a sustainable future health workforce that is able to meet the health needs of New Zealanders.

A career framework was first proposed by the Health Workforce Advisory Committee in 2006, particularly to give structure to the unregulated workforce. At the same time the Ministry and District Health Boards were considering the possibility of a career framework for the health and disability sector as a whole.

The Career Framework has developed through extensive consultation with sector representatives throughout the course of the project. Three workshops were held in November 2006, attended by a wide range of sector representatives, to discuss the prospect of a career framework. The workshops showed there was general support for the development of a framework. In the first months of 2007 the project team met with a number of key sector groups (including unions, professional organisations, non-government organisations and regulatory authorities) to further discuss the project, and to get support for the project and the draft framework.

A Career Framework for the Health and Disability Workforce in New Zealand Consultation Document was released on 19 June for a six-week consultation period. A total of 119 written submissions were received, the majority of which supported the development of a career framework. Four public meetings were held in Auckland, Wellington, Christchurch and Dunedin to gather further feedback on the framework.

The overall goal of the Career Framework is to provide for the consistent development of a flexible health workforce. The Career Framework will provide for specific career pathways for different occupations and scopes of practice in the health sector while recognising overlapping roles and competencies. Understanding the similarities and differences between roles within and across workforce groups will assist workforce planning. The career pathways described by the Career Framework will enable stronger branding of health careers, thus improving recruitment and retention in the sector.

It is intended that the Career Framework will cover both clinical and non-clinical workforces: it is important that the Career Framework cover all health sector workers to ensure the full benefits can be realised. Uptake of the Career Framework by different occupational groups is likely to be staggered to reflect differing levels of readiness and progress in the sector in relation to career pathway development.

The current and foreseeable employment environment clearly indicates workforce supply and demand challenges for the health workforce. In their 2004 report *Ageing New Zealand Health and Disability Services: Demand projections and workforce implications, 2001–2021*, the New Zealand Institute of Economic Research signalled that future health and disability sector workforce shortages are likely. Unless we think and act differently about workforce planning, and about supporting and developing staff,

we will not be able to provide the services that are necessary to meet the health needs of New Zealanders.

This increased demand for health services is being driven by:

- an ageing population
- increased complexity of need
- a greater incidence of chronic illness
- growing consumer choice
- changing lifestyle factors
- technological developments
- an increasing focus on partnership between consumers and providers.

To meet changing population health needs and future service demand, the health workforce must become more flexible and responsive. There will be a need for new ways of working together, specialised and extended scopes of practice, and probably new types of practitioner and new roles. Achieving change will involve DHBs and the Ministry of Health working closely with all parts of the health sector, as well as with providers of education and training, communities and other sectors.

The ethnic composition of New Zealand's population is expected to change significantly in the near future. This will have an impact on both the health services required and the workforce needed to provide those services. It is important that our future health workforce reflects the population mix of New Zealand communities. For example, although progress has been made, Māori practitioners currently make up only 2.7 percent of the medical workforce and 7 percent of the nursing workforce, compared to 15 percent of the population identifying as Māori. Similarly, for Pacific people the figures are 1.1 percent and 3 percent for medicine and nursing respectively (currently 6.9 percent of New Zealand's population identify as Pacific). There is also a need for workforce participation to reflect New Zealand's increasing Asian population.

Development of the Career Framework has been jointly led by DHBs as part of their Future Workforce programme, and by the Ministry of Health. The Career Framework presented here is based on significant input from key sector stakeholders at three regional workshops held in November 2006, meetings with a range of sector groups in early to mid-2007, and submissions received during the consultation process. Most sector feedback has been supportive of the Career Framework concept. Organisations that have been consulted during the Career Framework development process are listed in Appendix 1.

What will the Career Framework be used for?

The Career Framework is a resource for those involved in marketing health careers and will help to profile the health sector as an attractive career option. People may use future versions of the Career Framework to help them consider and plan their career in the sector. Overall, the Career Framework will be used to:

- support individuals and organisations in the development of careers and career pathways
- inform and support health workforce development and planning.

Working with existing professional career pathways

Many occupational groups have existing discipline-specific competencies and well-defined career pathways. It is not the intention of the Career Framework to supersede these arrangements but to incorporate them into the framework over time. It is also intended that the Career Framework will accommodate the existence of the growing number of generic competencies that apply to other sections of the health workforce, such as mental health and public health. These generic competencies will also, over time, be incorporated into the Career Framework. The implementation phase of the Career Framework will be an ongoing process of engagement with the sector, and will include identifying priority workforces for piloting early implementation, in consultation with professional bodies and other key stakeholder networks.

Workforce development and planning

The Career Framework can be used at the local, regional and national levels to contribute to the workforce component of service planning. For example, the Career Framework can be used to identify and describe the range of occupational groups, scopes of practice and skill mix of staff needed by a specific service. Regulatory authorities can use the framework to link competency development to professional career pathways, providing for consistency across professional groups. Policy makers can use the framework to provide advice to the education sector on the effective structuring and delivery of training programmes by, for example, supporting the recognition of prior learning and current competence.

Working with the disability sector for a universal framework

While some submissions did not favour the inclusion of both the health and disability workforces in the Career Framework, the level of support for the principle of a universal framework is significant. Due to the importance of the initiative it has been agreed to continue developing the Career Framework for the health sector. At the same time there will be ongoing engagement with the disability sector to develop an integrated framework covering the disability workforce. It is intended that the framework will become a universal framework over time.

At this stage the Career Framework covers the health sector workforce only. Further consultation with the disability sector is planned, in order to:

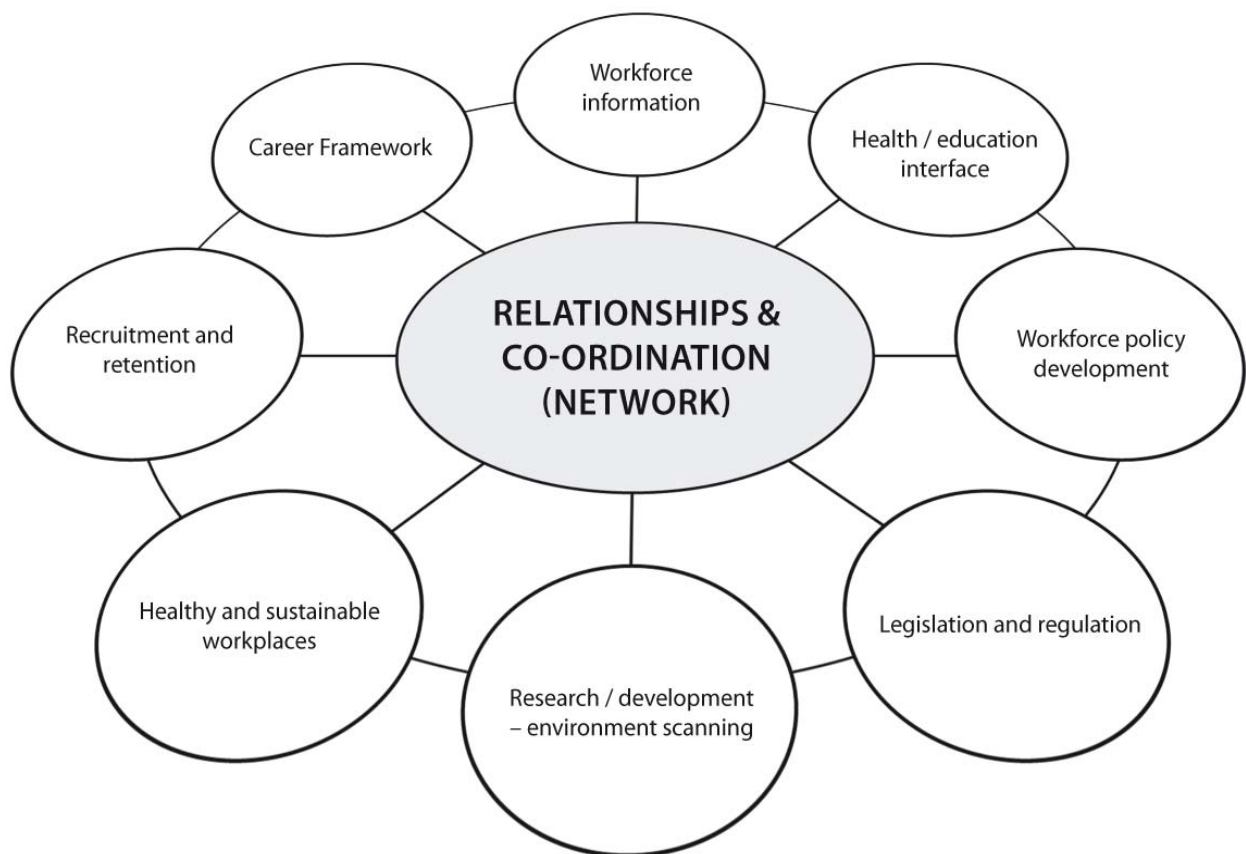
- signal to the disability sector the ongoing interest in working together to develop a universal career framework, and that consultation will continue
- work with the disability sector to develop a disability career framework that can be incorporated with the health career framework to become a universal framework in time
- enable disability providers who would like to take up the existing framework to 'opt on' (for example, those who provide both health and disability services).

The Career Framework as part of a system-wide approach to health workforce development

The Career Framework is one of a number of linked components that are essential for workforce planning and development in the health sector. Examples of other components include the Health Workforce Information Programme (HWIP), the health careers brand, and the Health Practitioners Competence Assurance Act 2003. Together these initiatives move towards a system-wide infrastructure that supports workforce activity at the national, regional and local levels.

Figure 1 shows the inter-relationship of the range of system-wide components contributing to workforce development and planning. Each of the components summarised below represents one aspect of the system-wide infrastructure needed to support effective workforce development and planning in New Zealand. More detailed descriptions of some of these aspects of workforce development are outlined in the appendices.

Figure 1: A system-wide approach to workforce development



Relationships and co-ordination

Effective workforce development is dependent on strong and committed networks, a shared vision and a well-designed, flexible development strategy for the future health workforce. Due to the large numbers of stakeholder groups with an important role in workforce development, strong relationships and networks are essential to building a co-ordinated approach to the delivery of workforce outcomes.

Workforce policy development

Public sector policy initiatives align workforce planning and development with the Government's service direction and strategies, and include legislation and regulation. This also includes more operational policy frameworks guiding implementation of Government strategy for health services and the health workforce.

Legislation and Regulation: Health Practitioners Competence Assurance Act 2003

Health practitioners whose practice may pose a risk of harm to the public are regulated under the Health Practitioners Competence Assurance Act 2003. The Act protects the health and safety of the public by providing mechanisms to ensure that health practitioners are competent and fit to practise their professions. Only health practitioners who are registered under the Act and hold an annual practising certificate are able to use the titles associated with a registered profession. Some activities are restricted and may be performed only by registered practitioners. The Act does not otherwise place any restrictions on who may perform tasks and in what settings.

Health/education interface

The relationship between the health and education sectors is fundamental to effective workforce development. The education sector is the major supplier of our health workforce. Courses and learning provided in tertiary education institutions must be responsive to the workforce needs of the health sector.

Workforce information

A prerequisite for planning is reliable and comprehensive workforce data. The Health Workforce Information Programme (HWIP) was established by DHBs to provide reliable data across the health workforce to understand and plan our future workforce. It is intended that the HWIP will be the central source of workforce data for the sector. The New Zealand Health Information Service collects and publishes survey data on regulated health professions from information collected by registration authorities.

Recruitment and retention

Effective recruitment and retention strategies are critical to ensuring a sustainable health workforce. There is a significant range of initiatives to aid recruitment and retention. The development of a health careers brand is a key recruitment initiative. It will create a unified brand for the health sector, profiling the health sector as an attractive destination for a career. Other work includes the Māori and Pacific workforce development plans, which aim to build workforce capacity and capability.

Healthy and sustainable workplaces

To support the recruitment and retention of staff, the health sector must be a safe, supportive and productive environment. The main elements of healthy workplaces include conditions of employment for health workers, the physical work environment, equal opportunity, cultural diversity, wellness practices, and relationships with the wider social environment. Engaged and supported employees are more likely to stay, and to stay longer.

Research/development – environment scanning

Workforce development strategy and implementation must remain responsive to the health needs of the population and to service requirements. Ongoing evaluation of workforce development through environment scanning and an evidence-based

approach helps to ensure that workforce intervention remains aligned, relevant and robust.

The Career Framework's contribution to service-based workforce development

The Career Framework is an important component of workforce infrastructure. It will assist the ongoing development and alignment of current activity related to health career pathways, which is described within existing health workforce strategies and action plans at the local, regional and national level (for example, Māori, Pacific, public health and mental health workforce development plans).

The Career Framework will support the delivery of existing workforce plans. For example, it may make health careers more attractive to groups that at present have a lower participation rate than is ideal, to reflect the cultural diversity of New Zealand's population. This is because the Career Framework is designed to enable better recognition of prior learning and will help to recognise the special competencies that people from diverse cultural backgrounds bring to their work in the health sector. The Career Framework will also support more consistent approaches and access to career development across different service areas and occupational groups than exists at present.

2 The Career Framework

The Career Framework provides an overview of future career pathways and progression within health careers. It also reflects the diversity of health careers and the range of career options available to those who already work in the health sector, and to those who may be considering health careers.

This section outlines the principles of the Career Framework. It explains the design and discusses career progression, career choice, recognition of prior learning and current competence in relation to the Career Framework.

Career Framework principles

The Career Framework covers all workers in the health sector and is underpinned by the core principles listed below. The Career Framework will:

- identify career opportunities within the health sector
- provide guidance on the entry points into health careers and movement within and between occupational groups
- recognise transferable and shared competencies across workforces and services
- enable workforce development to meet consumer/population need
- support the recruitment and retention of a workforce reflecting the ethnic mix of New Zealand communities
- support workforce development and flexible career choices for individuals
- support work planning at the local, regional and national level
- support competency progression and maintenance
- value knowledge, skills, attitudes, current competence and prior learning
- value the contribution and unique bodies of knowledge of individual professional and occupational groups
- support and enable workforce innovation.

Career Framework design

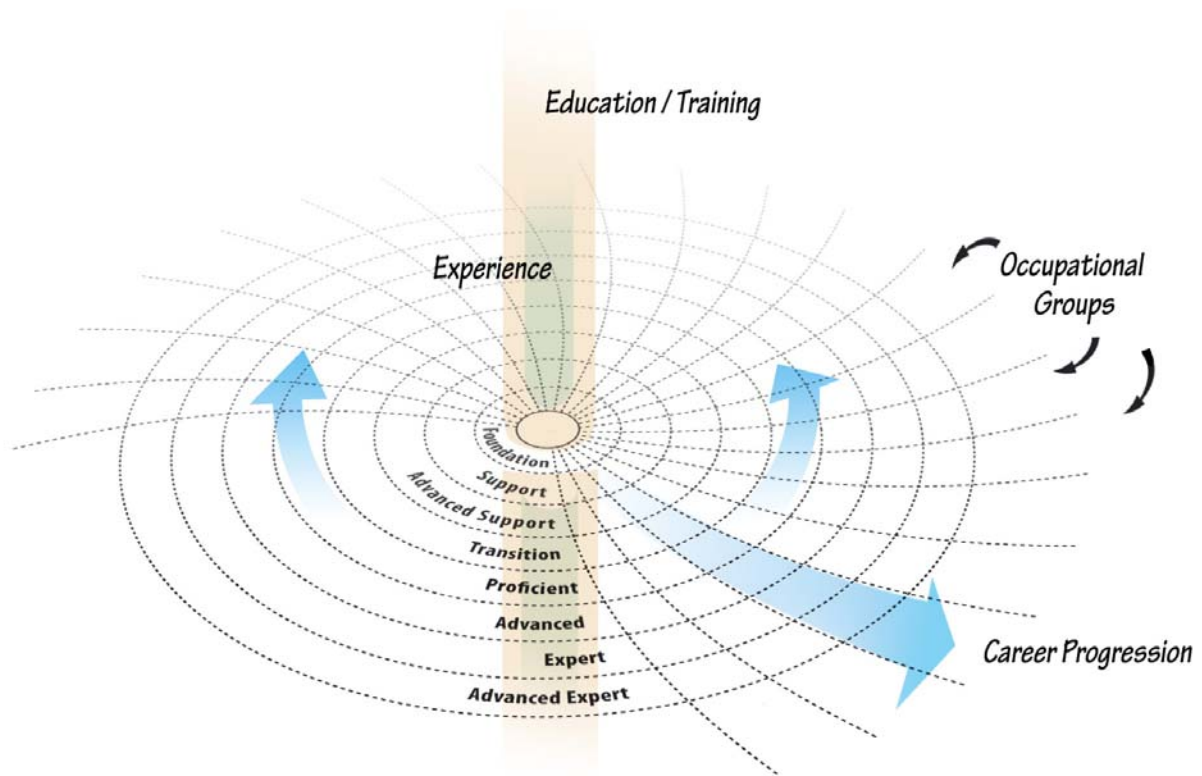
The overall concept of the Career Framework is depicted in Figure 2 below. The diagram shows the progression opportunities through the Career Framework from beginner to expert, valuing all positions within the workforce. Discrete occupational groups are represented by segments (for example, radiotherapists, nurses, health promoters, doctors, care and support workers, pharmacists and clerical workers).

Different aspects of the workforce can be described in different ways. The three main ways are: by competency, by service area and by occupational group. The framework has the flexibility to be used for all three. The lines are dotted to represent the fact that at the periphery of each group or band there are some shared competencies. Dotted lines also illustrate the possibility of movement between roles, or bands within roles.

The Career Framework recognises the relationship between education, training and experience. In the diagram these are shown as an inner core. Education and training include both formal and informal learning. The Career Framework is designed to

recognise current competence and prior learning. Education, training and experience influence the opportunities for movement along career pathways, and this continues throughout an individual’s working life.

Figure 2: Career Framework overview



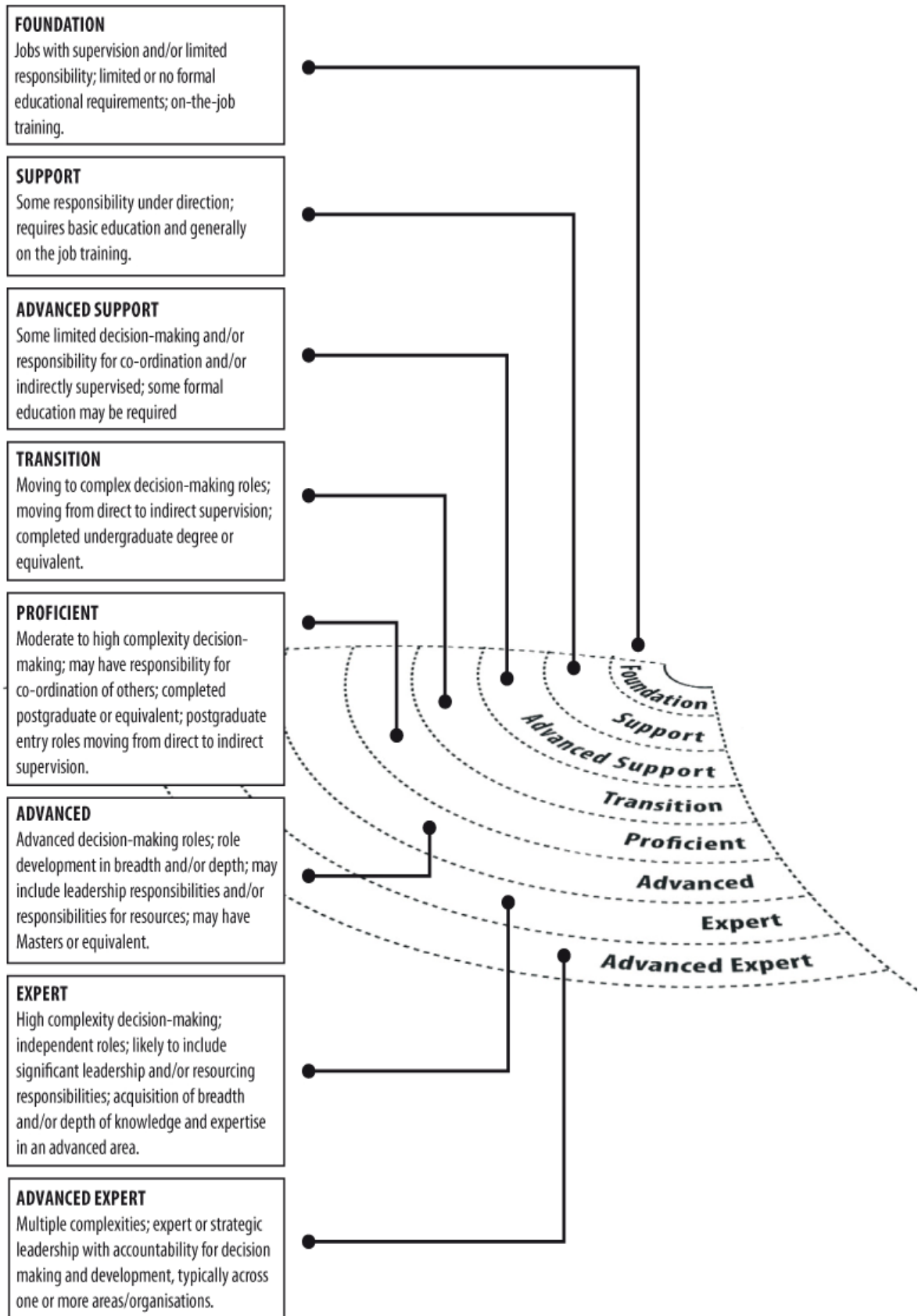
Career entry and progression

The Career Framework adopts a beginner-to-expert pathway, as shown by the concentric bands in Figure 2. The eight bands reflect roles at differing levels of complexity and responsibility, linked to learning (formal and informal) and workplace experience.

There are many entry points into a career in health. Entry can either be as a school leaver, a graduate, a worker transferring into health from another sector, a worker returning to health, or an existing health worker picking up a new or additional scope of practice. Individual career paths will be different for everyone and could include movement from beginner to expert within one occupational group, or movement between occupational groups.

The descriptors of the eight bands, detailed in Figure 3 below, describe increasing complexity and levels of responsibility linked to learning and career experience. For example, foundation-level roles are characterised by on-the-job learning. Entry can either be as a school leaver, or as a worker from outside the health sector. The foundation worker may undertake educational and workplace training that results in qualifications such as certificates or undergraduate diplomas.

Figure 3: Bands with level descriptors



Many workers enter the health workforce with undergraduate degrees. This has been categorised as the transition band on the Career Framework. Typically a graduate worker enters their first year of practice as a candidate in an intern or new graduate programme (formal or informal). In clinical roles these programmes usually lead to full registration to practise by the registering authority regulating that workforce group. Competency development occurs through practice and on-the-job training. In addition, transition workers may undertake educational, professional and workplace training, which results in postgraduate-level equivalent qualifications (for example, postgraduate certificates, diplomas or professional qualifications, masters and doctoral qualifications). Managerial and policy positions often have similar development pathways. Some workers have postgraduate qualifications as a minimum requirement to practise, and may start in the proficient band.

In some occupational groups, workers will progress into bands at more senior levels without completing a degree programme. The Career Framework offers flexible transition across career bands. For example, a care and support worker undertaking an undergraduate programme to become a registered health practitioner could expect to have some of the competencies gained as a foundation worker recognised on entry to an undergraduate programme. Alternatively, some workers may choose to broaden and deepen their practice without engaging in graduate-level study.

Career choices and development

It is likely that in the future many health careers will not necessarily follow a traditional linear progression. Development is likely to be more of a mix, with workers moving between education/training and paid employment/unpaid work in order to achieve a work/leisure/lifestyle balance. The Career Framework has been designed to take that into account. A number of other factors also influence career development, including the interests and inclinations of individual workers, and their knowledge, education, skills acquisition and life choices.

The Career Framework will support career choice for individuals by providing for greater clarity around the options for progression, and flexibility in recognising the knowledge and skills that people bring to their work, including transferable skills. Career choice will enable workers to move within, and possibly across, occupational groups and scopes of practice. Enabling career choice and flexibility is critical in planning for our future health workforce, because choice and change will aid retention. Career choice may also legitimately include the choice not to progress through Career Framework bands but to stay at a level of career development that fits with an individual's own life choices.

Recognition of prior learning and current competencies

The Career Framework will recognise the relationship between experience, current competence and prior learning as well as the influence these have on career opportunities and movement. Competency develops over time, through experience and education (both formal and informal learning) and training, and this continues throughout an individual's working life. In the Career Framework, this is shown as an inner core of experience and education/training.

In terms of formal education, the Career Framework bands are broadly aligned to the New Zealand Qualifications Authority (NZQA) framework. It is important to remember that although the NZQA framework defines educational levels, health careers progress mainly through the development of competence based on experience, education and training. Many of the Career Framework bands include and cross several NZQA bands, reflecting that although Career Framework bands are related to the NZQA framework, health careers can incorporate and transcend a number of the NZQA levels. Linking into the NZQA framework and other external standards will enable appropriate recognition and understanding of equivalence between roles where there are similar levels of competencies.

3 Ongoing Development and Implementation of the Career Framework

Ongoing development of the Career Framework will involve working collaboratively with the sector and key partners such as health workers and professional bodies, including regulatory authorities, health unions and training institutions.

Agreement on the Career Framework concept is just the beginning. There is significant work ahead to ensure that the Career Framework is appropriately populated and can be used by the sector as a tool for both strategic and operational planning. There are four main aspects to the implementation of the Career Framework.

- *Continuing discussion and engagement with the disability sector* – to deliver an integrated approach to career pathways for all health and disability workers.
- *Technical development* – to ensure the Career Framework is trusted by the sector as an objective tool that accurately describes similarities and differences between health and disability roles, and between the bands/levels in the framework. This will involve work comparing a representative range of roles based on accepted external standards including education and qualification requirements, and the scope and responsibilities of roles.
- *Piloting application of the framework* – with selected workforce groups and in specific service areas. Initiatives targeted for early implementation will build on work already happening. This is likely to include inviting the participation of health professions or occupational groups that are already progressing the development of career pathways to use the Career Framework as a basis for describing career progression. Pilots may also be established for service areas interested in applying the Career Framework for service planning purposes using existing or developmental competency models.
- *Testing of the Career Framework* – as part of each of the three streams of activity above, and adapting the Career Framework as needed. Ongoing evaluation to assess the effectiveness of the Career Framework will remain an important and planned component of the ongoing work to implement the Career Framework. A programme of evaluation will be put in place to ensure that Career Framework implementation is in accordance with guiding principles, and that it fulfils required outcomes.

The next stage is to develop an overall strategy for implementation. This will include developing an action plan, by June 2008, and outlining deliverables and associated resourcing requirements for the first two years of embedding the Career Framework

The Career Framework is an important development for the workforce in New Zealand. It is one of a number of important building blocks for health workforce development and planning for the New Zealand health sector. Successful delivery will depend on the involvement of a wide range of people and agencies. When implemented alongside other key initiatives the rewards will be significant – a sustainable sector able to effectively plan and deliver services to meet the health needs of New Zealand communities, and a sector that is sustainable because it offers people attractive, challenging and varied career choices.

Appendix 1 – List of organisations consulted during Career Framework development

Attendees at November 2006 workshops

Wellington 22/11/06	Auckland 24/11/06	Christchurch 28/11/06
Capital and Coast DHB x9	ACPSEM	Aoraki PHO x2
CareerForce Community Support Services ITO	Auckland DHB	Canterbury DHB x14
CCMHS and RANZCP	Auckland DHB x8	CareerForce Community Support Services ITO x2
Consultant	Auckland University of Technology	Christchurch Hospital
DHBNZ x3	Bay of Plenty DHB x3	Christchurch Polytech and Institute of Technology x5
Dietitians Board	Counties Manukau DHB x10	DHBNZ
Equip	Disability Services Directorate, Ministry of Health x2	Head Strategic Limited
Health Workforce Taskforce	Hawke's Bay DHB	Healthcare New Zealand
Hutt Valley DHB x7	Health and Disability Commissioner's Office	HealthWEST PHO
Lakes DHB	Health Waikato	Māori Health Directorate
Māori Health Directorate, Ministry of Health x2	Lakes DHB x3	Nelson Marlborough DHB x3
Ministry of Health x9	Massey University	Nga Maia
Nelson Marlborough DHB	MidCentral DHB	Nurse Maude Association
New Zealand Council of Trade Unions	MidCentral DHB x3	Nursing Council of New Zealand
New Zealand Nurses Organisation x2	Ministry of Health x3	NZ Audiological Society
Northland DHB	New Zealand Institute of Medical Radiation Technology Inc. NZIMRT x2	NZ College of Midwives
NZ Medical Association	Northern DHB Support Agency	Otago DHB
NZ Psychologists Board	Northland DHB x2	Otago DHB
NZAO	NZ Nurses Organisation x2	Pegasus Health
Pharmacy Council x2	NZ PSA x2	Princess Margaret Hospital
Pharmacy ITO	NZAC National Executive	PSA x3
Podiatrists Board	Parent and Family Resource Centre x2	RACP
Practice Managers and Administrators Association NZ	Pasifika Integrated Health Care Ltd	RANZ College of Radiologists

Wellington 22/11/06	Auckland 24/11/06	Christchurch 28/11/06
Presbyterian Support Central x2	Pinnacle Group Ltd	School and Community Dental Service, CDHB x2
RNZCGP x2	Taranaki DHB	South Island Shared Services Agency Ltd
Royal Australasian College of Physicians	Te Kohao Health Ltd. X2	Southland DHB
Royal NZ Plunket Society	Te Pou (formerly Mental Health Programmes) x2	Specialist Mental Health Service CDHB
Social Workers Registration Board	Te Puna Hauora PHO	Sportsmed Canterbury Ltd / PMAANZ
Spectrum Care	University of Auckland x2	Stepping Stone Trust
Taumata Hauora Trust	Waikato DHB x2	To Upoko o Nga Oranga o te Rae
Te Pou	Waitakere Hospital	University of Canterbury x2
Tertiary Education Commission	Waitemata DHB x9	Werry Centre x3
UCOL		West Coast DHB x2
Waikato DHB		
Wairarapa DHB x2		
Waitemata & Counties Manukau DHB		
Waitemata DHB		

Organisations that made a written submission June/July 2007

ADHB Allied Health	New Zealand College of Midwives
Anonymous	New Zealand Home Health Association Inc
Anonymous	New Zealand Medical Association
Anonymous	New Zealand National Office, ANZCA
Anonymous	New Zealand Nurses Organisation
Auckland DHB	New Zealand Society of Physiotherapists Inc.
Auckland District Health Board	NorthAble
Auckland University of Technology & Whitireia	Northland District Health Board
Bay of Plenty DHB	NRID National Residential Intellectual Disability
Bay of Plenty DHB	Nursing and Midwifery Workforce Strategy Group – DHBNZ
Bay of Plenty DHB	NZ Association of Optometrists
Canterbury DHB	NZ Dietetic Association
Canterbury DHB	NZ Federation of Vocational and Support Services
Careerforce	NZ HealthCare Pharmacists' Association
CCS Disability Action	NZ Institute of Medical Radiation Technology
CMDHB	NZIMLS
College of Nurses Aotearoa	Occupational Therapy Board of New Zealand

Community Living Trust – Hamilton	Pasifika Integrated Health Care Ltd
Compass Health	Pharmaceutical Society of NZ
Council of Trade Unions	Pharmacy Council of NZ
Counties Manukau DHB	Pharmacy Guild
Counties Manukau District Health Board	Pharmacy ITO
CPIT	Physiotherapy Board of New Zealand
CPIT Faculty of Health, Humanities & Sciences	Podiatrists Board of New Zealand
DHB Medical Workforce Strategy Group	Poly-Emp Employment & Advisory Service
DHBNZ	Practice Managers and Administrators of New Zealand
DHBs Allied Health Workforce Strategy Group	Problem Gambling Foundation of New Zealand
DHBs Technical Workforce Strategy Group	Psychologists Board
DHBs Workforce Champions	RANZ College of Psychiatrists – NZ Office
DPA (NZ) Inc.	Renal Society
DPA Christchurch and Districts	RNZCGP
Eastern Institute of Technology	Royal Australasian College of Physicians
Family Planning	Royal NZ Foundation of the Blind
Guardian Healthcare	School of Government – VUW
Hamilton Residential Trust	Sector Capability & Innovation Directorate, Ministry of Health
Hauora Taranaki PHO	Sigjaws
Hauora.com	Solutions Ltd
Head Strategic Ltd	Southland DHB
Health and Disability Commission	Stepping Stone Trust Chch
Healthcare of New Zealand Limited	SWANZ – Mental Health Support Workers NZ
Hutt Valley DHB	Taranaki DHB
IHC	Taranaki District Health Board
Lifestyle Trust	Taranaki District Health Board
Mash Trust Wellington	Taranaki District Health Board
Matu Raki – National Addiction Treatment Workforce Programme	Te Rau Matatini
Medical Council	Tipu Ora PTE
Medical Laboratory Science Board	University of Auckland.
Mental Health Foundation	Waikato Community Pharmacy Group
Midwifery Council	Waikato DHB
Ministry of Health	Waikato DHB
National Directors of Mental Health Nursing	Wairarapa DHB
Nelson Marlborough DHB	Waitemata DHB
Nelson Marlborough DHB	Waitemata DHB
Nelson Marlborough DHB	Waitemata District Health Board
Nelson Marlborough DHB	Western Institute of Technology
New Zealand Audiological Society Inc	Whakatane
New Zealand College of Mental Health Nurses	

Public meeting attendees – August 2007

Auckland	Wellington
Anonymous	Capital and Coast DHB x3
Auckland DHB x2	Community Mental Health HVDHB
Counties Manukau DHB x3	Corrections
Dietitians Board	Disabled Persons' Assembly
Head Strategic, on contract to Ministry of Health Public Health	Healthcare of New Zealand Limited x2
Lifestyle Trust	Hutt Valley DHB x4
Medical Laboratory Science Board	Midwifery Council
Nelson Marlborough DHB	Ministry of Health
Northland DHB x2	New Zealand National Office, ANZCA
NZIMRT x2	New Zealand Nurses Organisation x2
Pharmaceutical Society of New Zealand	Pharmaceutical Society of NZ x2
Taranaki DHB	RANZ College of Radiologists
Te Pou	RNZCGPs x2
University of Auckland	Royal College of Surgeons
Waikato DHB	Southland DHB
	Te Pou Ngo Workforce Development
	Wellink trust
Christchurch	Dunedin
Bipolar Support Canterbury	Community Alcohol Drug Service ODHB
Canterbury DHB x2	Dunedin Hospital x2
Chch Polytech Institute of Technology	Health Care NZ x2
NZ National Committee of ANZCA	New Zealand's National School of Pharmacy
New Zealand Nurses Organisation	New Zealand Nurses Organisation
NZ College of Midwives x2	NZ Institute of MRT
Pegasus Health	Otago DHB x5
Presbyterian Support	PACT Group x4
Pura Pura Whetu	Te Oranga Tonu Tana Otago DHB x7
Sigjaws	
Specialist Mental Health Service CDHB	
SportsMed Canterbury Ltd	
University of Canterbury	
Werry Centre x2	

Plus others who did not write their details

Appendix 2 – Relationships and Co-ordination

Effective workforce strategy and delivery are dependent on the co-ordinated participation and contribution of the wide range of stakeholder groups who have a legitimate role in workforce development.

In the 10 to 15 years leading up to the passing of the New Zealand Public Health and Disability Services Act in 2000, little attention was paid to workforce development at a national level. When the Act came into force, new health structures meant there was a need to build new relationships and networks supporting workforce development.

Health workforce development is being guided by an increasingly sophisticated system of network relationships that connect workforce strategy and delivery. The major purpose of the workforce network is to ensure that workforce activity is guided by a coherent overarching strategy and vision for New Zealand's future health and disability workforce. Other objectives include ensuring that all stakeholders are engaged and enabled to contribute to ensure that workforce activity is appropriately targeted to achieve the outcomes needed by the sector.

Although many agencies and groups have roles in workforce development, DHBs and the Ministry of Health, in particular, have key roles in progressing network development and the co-ordinated delivery of workforce activity.

DHBs play a lead role through the Future Workforce Programme, co-ordinated by the DHB Workforce Group and via six Workforce Strategy Groups set up to progress workforce development for key health workforces. DHBs also have local workforce networks with an identified workforce champion in each district. DHB workforce networks are building relationships with key professional and service provider networks at the local, regional and national level.

The Ministry's role in workforce development is to ensure that the policy and regulatory environments support the Government's strategic objectives, and to provide leadership and support to the sector on workforce development. The key elements of the Ministry's planned interventions are:

- leading change in health workforce development
- health workforce regulation
- co-ordinating workforce activities
- workforce development in specific areas.

The Ministry must also provide leadership and support to the sector on workforce development. This includes supporting DHBs and promoting collaboration across the sector to promote change and provide strategic policy advice on workforce activities.

The recently announced Medical Training Board will be a significant addition to workforce development. It is likely to be the forerunner of further developments around better co-ordinating education and training with service needs across the whole health workforce.

Appendix 3 – Legislation and Regulation: Health Practitioners Competence Assurance Act 2003

Statutory occupational regulation exists to protect the public from the risks of an occupation being carried out incompetently or recklessly. In the health sector, that protection is provided through the Health Practitioners Competence Assurance Act 2003 (the Act), which is designed to cover all health practitioners whose practice may pose a risk of harm to the public. The principal purpose of the Act is:

to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions.

The Act provides a single consistent framework for the regulation of all the health practitioners that it covers. This is designed to allow flexibility in the development of the health workforce into the future and to not restrict the practice of practitioners who do not pose a risk of harm. The key mechanisms to ensure that practitioners are competent to practise are as follows

- Registration authorities must describe the contents of their profession in one or more scopes of practice and prescribe the qualifications for each scope.
- Restricted titles, whereby only persons who are registered may use the titles of, and claim to be practising, a profession covered by the Act, assure the public that those practitioners are competent to practise.
- Some specific activities are restricted where there is risk of serious or permanent harm, and these can only be performed by registered practitioners, but the Act does not otherwise place any restrictions on who may perform tasks and in what settings.
- Once registered, practitioners must maintain their competence and fitness to practise throughout their careers.

The Act also provides mechanisms for new professional groups to be included under the Act.

The Career Framework will provide a consistent framework for the development of scopes of practice and associated competencies and qualifications for all health practitioners, not just those who pose a risk of harm to the public and are regulated under the Act. The existing scopes of practice described by the registration authorities can be incorporated into the Career Framework.

New scopes of practice developed after the Career Framework has been implemented will be able to be incorporated into the Career Framework.

<http://www.moh.govt.nz/hpca>

Appendix 4 – Health/Education Interface

The Tertiary Education Strategy 2007–2012, incorporating the Statement of Tertiary Education Priorities 2008–2010, was released from the Office of the Minister for Tertiary Education on 14 December 2006. This strategy forms the basis of the relationship between the health sector and its workforce and the providers of tertiary education. Key priority areas are:

- building skills and competencies for social and cultural development, and building strong connections between tertiary education providers and the stakeholders (end users of tertiary education)
- increasing the achievement of advanced trade, technical and professional qualifications to meet regional and national industry needs, particularly in the under 25-year-old age group
- increasing the number of trainees with foundation learning needs participating in quality education focusing on literacy
- reducing skills shortages through improving the relevance of tertiary education to the needs of the labour market – the Tertiary Education Commission (TEC) is committed to talking directly to the health sector stakeholders to understand where these skill gaps, needs and priorities exist.

From 2008 there will be a new approach to planning, funding, quality assurance and monitoring for tertiary education organisations. The focus of the Government's investment system will shift from increasing the numbers participating in tertiary education to increasing the quality and achievement of graduates. This will be done primarily by focusing on the long-term needs of stakeholders.

The health sector is one of New Zealand's major tertiary education stakeholders, and it is important that the courses and learning provided by tertiary education institutions continue to meet the needs of the health sector. These courses are currently being provided by a range of tertiary organisations, including universities, institutes of technology and polytechnics, wananga and private training establishments.

At a national level, industry training organisations (ITOs) are required to develop a future skill needs strategic plan and a three-year Investment Plan for the TEC. Both Careerforce and the Pharmacy ITO support the health and disability sector. At a local level, health service providers are encouraged to develop relationships with their local education providers. The newly established Medical Training Board will promote co-ordination at a national level for medical training. Its membership includes providers of health services and medical education.

The New Zealand Qualifications Authority (NZQA), and registration authorities established under the Health Practitioners Competence Assurance Act 2003, play a role in accrediting educational institutions and maintaining the quality of the courses and assessment for both the clinical and non-clinical workforces.

Appropriate education and learning will be crucial to the Career Framework. The focus in the Career Framework on flexibility in scopes of practice and educational transferability will require close liaison between the education and health sectors.

Appendix 5 – Workforce Information

Workforce accounts for approximately 70 percent of expenditure in the health and disability sector. Service provision depends on having the right workforce capacity and capability at the right time. The availability of reliable, credible and comprehensive data about the current and future health and disability workforce is critical to understand, plan and act on our future workforce requirements for service provision. A prerequisite for planning is reliable and comprehensive workforce data. Both the Health Workforce Information Project (HWIP) and the New Zealand Health Information Service (NZHIS) are collecting data for this purpose.

The HWIP was established by DHBs in 2005, as part of the Future Workforce strategic plan for workforce development, to provide reliable data across the health workforce to understand and plan for our future workforce. It is intended that the HWIP will be the central source of workforce data for the sector. The HWIP is led by DHBNZ, and has involved significant sector collaboration. Its activity and outputs can be categorised into three main tiers: base information, specific information and decision support. Each tier in turn supports Future Workforce's three areas of workforce development: workforce environment, key workforces and models of care.

To successfully address Future Workforce priorities and actions, robust information is required on the general make-up and characteristics of the health and disability workforce and how these characteristics change over time. The HWIP provides support for the development of key workforces by providing specific information to users, supporting appropriate and qualified decisions.

The HWIP team has taken a phased approach, aimed at providing progressively greater levels of information collected across DHB provider, primary health and community sectors. It is currently in its first phase – base data reporting. Further phases, such as forecasting, will assist future workforce planning.

The NZHIS collects and publishes survey data on regulated health professions from information collected by registration authorities. The NZHIS is a group within the New Zealand Ministry of Health responsible for the collection and dissemination of health-related data. It receives data in many ways from many parts of the health sector. A relevant collection for workforce is the Health Practitioner Index system for registering all regulated practitioners, which ensures that the records are accurate while protecting the privacy of individuals.

Appendix 6 – Recruitment and Retention

New Zealand's ageing workforce and tight labour market will provide significant challenges to the provision of services in the future. In some areas, these challenges exist now. A recruitment and retention strategy, ensuring a sufficient and appropriately skilled health workforce, both today and into the future, requires a multi-pronged and at times collaborative and intersectoral approach.

Branding the health sector as an attractive and compelling employment destination is critical as labour market competition and strong demand for specific health skills increase and/or shift to respond to population needs. There are many stakeholders and dimensions to recruitment and retention. Providers, funders, employers, unions, educationalists and professional organisations are examples of the breadth of stakeholders.

As a sector we compete for the same workforce, nationally and globally, and so innovative ways to attract and retain people are required. Recruitment and retention can be focused on immediate, short-term, medium-term and long-term needs. Strategies can target individual, organisational, local, regional, national and international levels. Strategies can also have many dimensions (for example, workforce planning, development, profiling, marketing and advertising). The Career Framework is an example of one approach.

Branding health careers will build competitive advantage in an increasingly tight labour market. 'More than you ever imagined', the health careers brand, is linked into the overarching Future Workforce strategy, enhancing Future Workforce's value as a framework for health workforce recruitment and retention.

Other targeted recruitment and retention work includes the Māori and Pacific Workforce Development Plans, which aim to build workforce capacity and capability. The main goals of these plans are to contribute to a competent and qualified Māori and Pacific health and disability workforce that will meet the needs of Māori and Pacific peoples by:

- increasing the capacity and capability of the Māori and Pacific health and disability workforces
- promoting Māori and Pacific models of care and cultural competence
- advancing opportunities in the Māori and Pacific health and disability workforce
- improving information about the Māori and Pacific health and disability workforce.

Appendix 7 – Healthy and sustainable workplaces

To support the recruitment and retention of staff, the health sector must be a safe, supportive and productive environment. The main elements of healthy working environments are:

- *physical environment* – traditional occupational health and safety concerns, covering issues such as exposure to hazardous materials, ergonomic hazards, and the operation of machinery
- *employment conditions* – policy frameworks ranging from legislation to employment agreements determine how people are employed and can undertake their work in the sector, and ensure equal opportunity and cultural diversity
- *wellness practices* – the personal activities of individuals in the workplace that affect their health, such as smoking and sedentary working styles
- *psychosocial environment* – non-physical aspects of the working environment, such as styles of cultural support, communication, management systems, and work–life balance.

The Health and Safety in Employment Act 1992 sets out the structure for having a healthy physical environment. Workplaces are becoming more attuned to encouraging healthy practices for staff. The psychosocial environment aspect is more intangible, but some of the criteria and general attributes of healthy workplaces include:

- a strong vision
- people-centred values
- effective teamwork
- information-based management decisions
- genuine employee involvement in decision-making
- open communication
- support for individual learning and development
- emphasis on innovation and creativity
- support for other cultural groups
- support for work–life balance.

Engaged and supported staff are more likely to stay, and to stay longer. Healthy workplaces are just as important as good recruitment practices.

Further information and a fuller discussion can be found in the Health Workforce Advisory Committee's *National Guidelines for the Promotion of Healthy Working Environments: A framework for the health and disability support sector*, available from www.hwac.govt.nz/publications.