

# **Health Workforce New Zealand Annual Report to the Minister of Health**

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**1 July 2016 to 30 June 2017**

Citation: Ministry of Health. 2018. *Health Workforce New Zealand: Annual Report to the Minister of Health 1 July 2016 to 30 June 2017*.  
Wellington: Ministry of Health.

Published in January 2018  
by the Ministry of Health  
PO Box 5013, Wellington 6140, New Zealand

ISBN 978-1-98-853935-5 (print)  
ISBN 978-1-98-853936-2 (online)  
HP 6751

This document is available at [health.govt.nz](http://health.govt.nz)



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# Chair's foreword

We all know the challenges that our health system and our health workforce face: finite resources and rapidly growing demand for care and support from our ageing and growing population.

We respond to these challenges by changing the way we do things, working smarter, maximising use of technology, skills and training and empowering people. For that, we need a flexible, responsive workforce that is not just ready to adapt to new models of care but to drive them as well.

Our workforce has to be the lynchpin of a sustainable person-centred health system, creating and delivering services that benefit the population and the country. And we need to prepare our workforce for a new participatory dynamic in care, where the focus is on acting as advocates and partners in an integrated and virtually enabled health system.

Over the past year, we have continued our focus on building a workforce that meets the needs of all our people, including addressing those areas where pressures are greatest; but we have also taken some major steps to lay the groundwork for long-term change.

Doing things differently takes courage. Taking a health-needs and people- and whanau-centred approach to planning and developing our health workforce means challenging the status quo. That's why we initiated a review of how we support post-entry training to ensure that investment is built on future health needs rather than historical convention. Feedback from the health sector has confirmed there is overwhelming support for changing how training funding is allocated, so we will now work together to implement that change, with careful monitoring and review to ensure we achieve our objective of building a sustainable and fit-for-purpose health workforce.

Effective workforce planning has to be underpinned by robust data and analysis, and I'm particularly proud of the forecasting model Health Workforce New Zealand (HWNZ) has developed, which has won international recognition. We will continue to refine and develop the model to support system-wide and needs-based workforce planning.

Over the past year, we have led some important legislative changes, which mean suitably qualified health practitioners will be able to carry out certain activities that were previously only in the domain of medical practitioners. Together with extended prescribing rights, such changes enable a regulatory framework that maximises the potential of our health professionals while promoting access and preserving patient safety.

Delivering a successful work programme means having the right people and relationships. The establishment of our expert taskforces ensures we have robust and enduring mechanisms to tap into sector intelligence and support frontline change. The appointments of Dr Lance O' Sullivan and Charmeyne Te Nana-Williams to the HWNZ Board strengthen our vital connections with primary health care and the non-governmental organisation sector. We have also appointed our new Group Manager, Claire Austin, ensuring that the HWNZ business unit within the Ministry of Health has the dynamic leadership it needs.

Finally, effective future planning requires a clear shared direction, and we've started preparing a national health workforce strategic plan that will provide the roadmap for the next decade and beyond.

We have created a strong platform to drive workforce change and development and ensure we're ready for the challenges we face.

**Professor Des Gorman BSc MB ChB MD (Auckland) PhD (Sydney)**  
**Board Executive Chair, Health Workforce New Zealand**



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# Introduction

## Health Workforce New Zealand's role

The role of Health Workforce New Zealand (HWNZ) is to provide national leadership on the development of New Zealand's health and disability workforce, with a broad scope, including clinical and non-clinical, private and non-government organisation (NGO) workforces.

Health Workforce New Zealand is governed by an independent Board, established as a committee under section 11 of the New Zealand Public Health and Disability Act 2000 to provide advice to the Minister of Health and the Director-General of Health (see Appendix 1: Health Workforce New Zealand Board Terms of Reference).

Health Workforce New Zealand works with the health sector to build a sustainable and fit-for-purpose health workforce to meet current and future health needs so New Zealanders can receive the best and safest health care possible.<sup>1</sup> This includes providing leadership and advice on workforce planning, development and regulation; gathering workforce data and intelligence; and investing in health workforce training. This work supports and reflects the New Zealand Health Strategy and its companion Roadmap of Actions 2016.

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<sup>1</sup> For more detailed information about the role of HWNZ, see Ministry of Health. 2014. The Role of Health Workforce New Zealand. Wellington, Ministry of Health, URL: [www.health.govt.nz/publication/role-health-workforce-new-zealand](http://www.health.govt.nz/publication/role-health-workforce-new-zealand) (accessed 17 January 2017).

# Health Workforce New Zealand Board members 2016/17

## Des Gorman – Executive Chair

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Professor Des Gorman is Executive Chair, Health Workforce New Zealand and Professor of Medicine and Associate Dean, Faculty of Medical and Health Sciences, at the University of Auckland.

He holds a BSc, MB ChB and MD from the University of Auckland, as well as a PhD from the University of Sydney. The two doctorates were awarded for in vivo research into brain injuries. Professor Gorman's primary research and clinical interests are brain injury, diving medicine, occupational medicine and toxicology. His research career includes more than 250 publications.

He is a member of the Board of Directors of the New Zealand Accident Compensation and Rehabilitation Corporation (ACC).

Des is currently overseeing health reforms in a number of different jurisdictions.

He has served in both the Royal Australian Navy and the Royal New Zealand Navy. During his service in the former, he trained as both a submariner and as a diving officer.

## Helen Pocknall – Deputy Chair

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Ms Helen Pocknall is Deputy Chair, Health Workforce New Zealand Board, and has been a member since the Board's inception in 2009.

Helen was the Executive Director of Nursing and Midwifery (EDoNM) for Wairarapa and Hutt Valley district health boards (DHBs) from March 2013 through to late October 2016. Following this she was the Interim Director of Nursing for Hutt Valley DHB until March 2017. Prior to these two roles, she was the EDoNM for Wairarapa for 11 years. She has recently established her own consultancy.

Other posts include:

- Chair of the HWNZ Midwifery Taskforce
- Chair of the DHB Directors of Nursing National group from 2010 to 2016
- Fellow of College of Nurses Aotearoa New Zealand.





## Gloria Crossley

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Mrs Gloria Crossley is the Operational Support Services Manager at Taranaki District Health Board. Other posts include:

- member of the National Pathology and Laboratory Roundtable
- member of Midland eSPACE Programme Board.

She is a registered medical laboratory scientist and has served as a member of the National Panel to Review Breast Biopsy Errors and the National Health Committee – eGFR<sup>2</sup> Testing Working Group.

Gloria's involvement with HWNZ includes previous membership on the Health Sciences and Technical Workforce Working Group and currently as a member of the Allied, Scientific & Technical Workforce Taskforce Governance Group.



## David Kerr

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Dr David Kerr has been a GP in Christchurch for more than 35 years with a long-standing interest in health service delivery and aged care provision. Other posts include:

- Chair of Ryman Healthcare Ltd, a provider of aged residential care
- Director of Ngai Tahu Property
- Director of Forte Health (private hospital)
- Chair of EcoCentral Ltd
- clinical lead of The Canterbury Initiative, Canterbury DHB's integration program.

## Lance O'Sullivan

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Dr Lance O'Sullivan is a medical and community leader living and working in Kaitaia. Lance is an accomplished author, national and international public speaker, role model, disruptive leader and innovator.

He and his wife Tracy have established Navillus Medical, a health care company pioneering the use of disruptive and innovative health technologies to improve access to health care for vulnerable communities.

Navillus Medical established the MOKO (Manawa Ora, Korokoro Owa, 'Healthy Heart, Healthy Throat') programme in 2012, a school-based service focused on preventing rheumatic fever in mainly Māori children in and around Kaitaia.

In recognition of his achievements, Lance was named TVNZ Marae Investigates Māori of the Year 2012, received a Sir Peter Blake Leadership Award and Public Health Association Public Health Champion Award in 2013, and was named Kiwibank New Zealander of the Year 2014.



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2 eGFR stands for Estimated Glomerular Filtration Rate, which indicates how well the kidneys are filtering waste from blood.

## Charmeyne Te Nana-Williams

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Charmeyne Te Nana-Williams is the Director of What Ever it Takes Home Based Rehabilitation and Support Services – U ki te Whānau Ora.

Charmeyne's husband, Peter Williams, was the inspiration behind the establishment of What Ever It Takes after he suffered a traumatic brain injury in 2002. The struggles the family experienced have been the impetus behind the development of a support system that enables families affected by serious disability to live meaningful lives in a way that is determined by them, with support delivered through a kaupapa Māori model of practice.

Charmeyne has worked as an export consultant with New Zealand Trade and Enterprise, specialising in working with Māori and Pacific businesses. She

has also acted as a disability advisor to a number of Ministers and has been involved in a number of advisory groups.

## Tim Wilkinson

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Professor Tim Wilkinson is a consulting geriatrician and Associate Dean, Medical Education at the University of Otago, Christchurch and director of the University of Otago's Bachelor of Medicine and Bachelor of Surgery (MB ChB) programme

Tim is a past president of the Australian and New Zealand Association for Health Professional Educators and held office in the Royal Australasian College of Physicians. His research interests lie in medical education, assessment of competence, workplace learning and geriatric medicine. He has published a number of academic papers on these subjects.



## Immediate past members

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During 2016/17, there were changes to the HWNZ Board membership. We acknowledge the valuable contribution of those who left the HWNZ Board during this year.

**Dr Andrew Wong** was a member of the HWNZ Board from October 2009 to March 2017. Andrew's expertise in public health medicine and health sector governance and management across a range of clinical specialties and settings was a valuable contribution to the HWNZ Board.

**Sally Webb** was a member of the HWNZ Board from May 2014 to April 2017. Sally brought to the HWNZ Board a range of skills and experience from her work as a registered nurse to her membership on hospital and primary health organisation boards, as well as work on the Health Research Council of New Zealand.

HWNZ appreciates Andrew's and Sally's contribution during their time on the Board.

For information about HWNZ Board members, see:

<http://healthworkforce.health.govt.nz/about-us/board-members>

# Engaging with the health sector

Building a flexible and responsive workforce for our future is a collective effort. HWNZ relies on a range of formal and informal relationships with the health and disability sector to set a strategic direction and makes investment decisions that will impact on the future health workforce.

Effective stakeholder engagement is a crucial part of HWNZ's work and essential to our success. We work to have strong relationships with key stakeholders, aiming to collaborate effectively on common objectives; to understand their priorities and concerns and ensure they understand ours; to help identify risks and opportunities across the workforce agenda; and to secure support and buy-in for our work programmes.

Health Workforce New Zealand has established five taskforces to help shape and contribute to our work programme – medical, nursing, midwifery allied health (including science and technical professions) and kaiāwhina (non-regulated care and support professions).<sup>3</sup>

The taskforces are an important mechanism that enables HWNZ to engage systematically with a wide range of sector perspectives on health workforce issues.

Each taskforce has representatives drawn from across the health sector, including the HWNZ Board and business unit, the wider Ministry of Health (the Ministry), DHBs, unions and education/training providers.<sup>4</sup> The members of each taskforce are listed in Appendix 2: Taskforce member 2016/17.

As the HWNZ Board's role and functions change<sup>5</sup> to reflect the needs of a changing health workforce environment, so too does the taskforces' role, as each taskforce transitions to become an advisory group to the Board. The advisory groups will create a stronger link with the HWNZ Board and business unit's work and will provide advice directly to the Board on policies and decisions that influence workforce planning and development.<sup>6</sup>

Each taskforce has summarised its highlights and achievements for the 2016/17 year, and these summaries are provided below.

## Medical Workforce Taskforce

In 2016/17, the Medical Workforce Taskforce contributed to the development of a new funding model for HWNZ's post-entry training investment.

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- 3 'Kaiāwhina' refers to workers in the health and disability sector who are not regulated under the Health Practitioners Competence Assurance Act 2003 and who work as aged or disabled carers in residential facilities; as support workers for older, disabled or injured people living in their own homes; in drug and alcohol addiction support roles; and in health-related corporate and administrative positions.
  - 4 For more information about each of these taskforces see [www.health.govt.nz/publication/health-workforce-new-zealand-annual-report-minister-health-1-july-2015-30-june-2016](http://www.health.govt.nz/publication/health-workforce-new-zealand-annual-report-minister-health-1-july-2015-30-june-2016)
  - 5 The changing role and functions of the HWNZ Board will be reflected in the revised terms of reference, which will be available on the website when finalised [www.health.govt.nz/our-work/health-workforce/about-health-workforce/health-workforce-new-zealand-board](http://www.health.govt.nz/our-work/health-workforce/about-health-workforce/health-workforce-new-zealand-board)
  - 6 The advisory groups' role is shifting to focus on providing advice to the HWNZ Board on: aspects of government policy or decision-making that influence workforce; service-based decision-making and models of care, as well as providing sector intelligence (viewed through the workforce lens), generating ideas, concepts or points for discussion, and identifying and activating potential workforce enablers and barriers and workforce initiatives to improve health outcomes.

In recent years, community-based attachments (CBAs) have been introduced as a requirement for medical graduates in their first and second postgraduate training years (PGY1 and PGY2). The Medical Workforce Taskforce worked with the Medical Council of New Zealand (Medical Council) and DHBs to establish the CBAs.

In line with global trends, New Zealand's medical workforce is ageing and the Medical Workforce Taskforce has overseen a working group to consider the implications of the ageing senior medical workforce. The aim is to improve future workforce planning, outline ways a senior medical practitioner might adapt their role to retain their skills and experience, and identify resources that might help health practitioners and employers support career progression.

New Zealanders in rural areas often experience difficulty in recruiting health practitioners. The Medical Workforce Taskforce has been involved in appraising proposed options to increase numbers and enhance the training of doctors in rural practice. This work will continue in the coming year.

## Nursing Workforce Taskforce

The National Nursing Organisations (NNO) group and the Nursing Workforce Taskforce have collaborated to develop a shared work programme.

One focus of the Nursing Workforce Taskforce is community-based and primary health care nurses, who are pivotal to achieving better integrated services. Siloed approaches to funding, contracts and employment relationships are limiting the effective deployment of these nurses, and the taskforce has been exploring ways to address this.

The Nursing Workforce Taskforce has an aspirational goal to match the Māori nursing workforce to the population of their regions by 2028. In 2017, HWNZ set expectations that all organisations receiving HWNZ funding should have a Māori workforce action plan in their regional service plans. A similar requirement has been written into HWNZ nursing contracts. Nursing Council of New Zealand data shows that, although the number of Māori nurses has grown nationwide, they still make up only 7 percent of the nursing workforce. There is much work to do to meet the goal of a demographic match of 16 percent.

The Nursing Workforce Taskforce recognises that the way in which postgraduate study is funded needs to change to better align with the most cost-effective use of the workforce. There is a particular need to focus on aged care services to ensure sustainability. With low numbers of graduate nurses entering health of older people practice settings and high numbers of older nurses exiting, the number of registered and enrolled nurses in aged care is forecast to decline. The Nursing Workforce Taskforce is committed to a whole-of-workforce view of aged care nursing and sees merit in exploring a coordinated and cross-taskforce approach to deal with the issue of workforce decline.

## Midwifery Strategic Advisory Group

The Midwifery Strategic Advisory Group has developed a strategic work programme aligned to the overall HWNZ work programme and Ministry/Government priorities.

The programme attends to the immediate and short- to medium-term challenges facing the profession and the delivery of safe maternity care.

A memorandum of understanding was signed with the Midwifery Council of New Zealand (Midwifery Council) enabling data to be shared for the purposes of forecasting workforce supply required to meet future demand. HWNZ's analytics team have undertaken initial modelling using the Midwifery Council's data coupled with projected birth rates for the next 10 years.

The Midwifery Strategic Advisory Group is also working with the Midwifery Council to look at the return on investment and quality of outcomes of the Midwifery First Year of Practice (MFYP) Programme.

A workforce survey was undertaken to determine the level of support DHBs provide to their midwifery workforces, including Lead Maternity Carers (LMCs), and what strategies are being utilised to recruit and retain their midwifery staff.

## Allied Health, Science and Technical Workforce Taskforce

With over 40 professions, the allied workforces are a diverse group. Some workforces are small in number and can experience significant peaks and troughs in supply and demand. At the same time, maintaining New Zealand-based training programmes is challenging.

Health Workforce New Zealand's workforce forecasting tool, which is extensively used for the medical and nursing professions, was tested with three allied health, science and technical professions – laboratory scientists and technicians, psychologists and anaesthetic technicians. Workforce modelling with other allied health, science and technical professions is planned for 2017/18.

The Allied Health, Science and Technical (Allied Health) Workforce Taskforce has continued to focus on the medical imaging workforce following a collaborative review conducted with DHB Shared Services (now Technical Advisory Services (TAS)) and HWNZ. This review will become part of the Allied Health Workforce Taskforce's work plan.

Clear alignment with the Kaiāwhina Workforce Taskforce has been established, with a particular focus on allied health assistants and delegation. The pay equity settlement has highlighted a range of threats and opportunities for both allied health and kaiāwhina workforces.

The Allied Health Workforce Taskforce has identified a need for greater collaboration with other government agencies, including ACC, Department of Corrections, Ministry of Social Development and Ministry of Education, in regard to workforce supply and impacts on service delivery.

## Kaiāwhina Workforce Taskforce

Kaiāwhina is the overarching term used to describe non-regulated roles in the health and disability sector. The term does not replace specific role titles, for example, health care assistant, orderly or mental health support worker.

A key role of the Kaiāwhina Workforce Taskforce is overseeing of the kaiāwhina workforce five-year action plan towards the 20-year vision: A kaiāwhina workforce that adds value to the health and wellbeing of New Zealanders by being competent, adaptable and an integral part of service provision.<sup>7</sup>

Kaiāwhina career development has been progressed significantly with the finalisation of the levels 2-6 New Zealand Qualifications Authority (NZQA) approved qualifications for the health and disability workforce. This includes the introduction of level 4 apprenticeship programmes: Primary Care Practice Assistance, Rehabilitation Support, and Social and Community Services. Twelve Mātauranga Māori and Whānau Ora qualifications have been added to the NZQA levels 2-6 Qualifications Framework, increasing access to learning and development, and improving responsiveness to consumer needs.

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<sup>7</sup> Workforce in Action, 2017. The Health and Disability Kaiāwhina Workforce Action Plan. URL: [www.workforceinaction.org.nz](http://www.workforceinaction.org.nz) (accessed 26 November 2017).

Workforce recognition has been progressed by the in-between travel settlement, regularisation of hours for the home and community sector, and the pay equity agreement for care and support workers.

A kaiāwhina workforce network has been established within the Ministry to support progressing actions towards workforce sustainability and to maximise the contribution of kaiāwhina.

A workforce intelligence network has also been established to progress national initiatives relating to the Health Provider Index (HPI) and the Health Workforce Intelligence Programme (HWIP). This work aims to improve the collection and assessment of kaiāwhina workforce data, which will help with future workforce planning.



# Key achievements

## Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill

In November 2016, important legislative changes were made to improve access to health services by making best use of our qualified health practitioners. This will also improve health workforce flexibility and sustainability. Changes across eight Acts amend references to ‘medical practitioners’ to include other appropriately trained health practitioners, such as nurses and pharmacists.<sup>8</sup>

The changes affect a range of sectors: Health; Transport; Business, Innovation and Employment; and Social Development, ACC and New Zealand Police. Most of the changes to the various Acts will begin from January 2018. One will begin in November 2018. The changes will increase the range of tasks that can be undertaken by qualified health practitioners, as defined by the Health Practitioners Competence Assurance Act 2003, working in areas covered by each amended Act.

The amendment recognises the advanced knowledge and skills available in the wider health workforce as well as the importance of improving patient access to services.

### Nurse prescribing

Health Workforce New Zealand and the Office of the Chief Nursing Officer worked with the nursing sector on the Medicines (Designated Prescriber - Registered Nurses) Regulations 2016 (the 2016 Regulations) that came into effect in September 2016. Two groups of registered nurses can prescribe under the 2016 Regulations. These are:

- primary health and specialty teams, for example, long-term condition management
- community health as a trial at Counties Manukau DHB and New Zealand Family Planning.

Registered nurses prescribing in community health will have authority to prescribe up to 32 specified prescription medicines to support wellness and treat minor illnesses in the usually healthy population. They will receive support through the use of specific decision support tools, current best practice information and colleagues.

#### What this will change in mental health services

Nurse practitioners, or registered nurses working in mental health, will be able to complete a certificate seeking an individual's assessment under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

A nurse practitioner will be able to conduct an assessment examination if approved by the Director of the Area Mental Health Services.

Nurse practitioners, registered nurses working in addiction services, and pharmacist prescribers will be able to prescribe controlled drugs for the purposes of treating addiction under the Misuse of Drugs Act 1975.

<sup>8</sup> More information about the Health Practitioners (Replacement of Statutory References to Medical Practitioners) Bill and the changes it will enable is available at [www.health.govt.nz/about-ministry/legislation-and-regulation/changes-health-practitioner-status](http://www.health.govt.nz/about-ministry/legislation-and-regulation/changes-health-practitioner-status)

Registered nurses prescribing in primary health and specialty teams work in collaborative teams, with an authorised prescriber available for consultation. They are able to diagnose and treat common conditions, prescribing from a list of over 200 medicines. They must hold a postgraduate diploma in registered nurse prescribing for long-term and common conditions.

## Community based attachments

Health Workforce New Zealand continues to promote the uptake of community based attachments (CBA) for doctors in their first and second postgraduate years (PGY1 and PGY2). These 13-week CBA focus on caring for the patient and managing their illness within the context of their family and community.

There has been a significant buy-in from DHBs over the past year, with a recognition that the CBA is for the whole health system and not just for general practice. Of the approximately 140 doctors completing a CBA during the year, about half were in CBAs outside general practice, including hospice, mental health, rural hospital medicine, older person's health and urgent care.

The aim is to have all interns complete at least one CBA over the course of their two postgraduate years by 2020, equipping them with skills to better serve the health needs of New Zealanders now and in the future.

Further work associated with this initiative is being progressed in collaboration with the Medical Council and the Royal New Zealand College of General Practitioners.

### A PGY2's CBA experience

My CBA was extremely valuable and rewarding and helped me decide that GP was the career I wanted.

Upon return to hospital it made me better at navigating the boundaries between community and tertiary health care.

My CBA allowed me to experience first-hand what being a GP really means and the genuine difference we can help make.

The CBA is even more important for those who choose other specialties, as they will understand how to work well with GPs.

The CBA played a big role in my choice of dual training in general practice and rural medicine.

## Voluntary Bonding Scheme

The Voluntary Bonding Scheme (VBS) was introduced in 2009 to address some of the geographic and specialty maldistribution of health professionals across New Zealand. Distribution issues will remain a significant challenge for our health and disability system for the foreseeable future.

Our review of the VBS, started in 2017, looked at available evidence of its effectiveness and considered evidence and research around other strategies that contribute to the attraction, recruitment and retention of health professionals in hard-to-staff areas.

Wide health sector consultation has led to improvements to the scheme aligned to a bundle of education and employer-led initiatives to be progressively implemented over the next three years (2018–2020).

The improvements include: adding a retention measurement as an indicator of success; better use of data to help clarify the definition of hard-to-staff; simplified and better targeted communications; a change in the publication date of VBS terms and conditions each year to help graduate applications; and alignment of the VBS and other health workforce investments to support changing models of care.



# Investing in our future workforce

## HWNZ funding allocation

In the 2016/17 financial year, HWNZ had \$185 million for post-entry health workforce education and training.<sup>9</sup> The allocation of funding is based largely on the current funding allocation model and historic funding decisions. A breakdown of how this funding was spent in 2016/17 can be found in the financial section of this report.

In most cases, the current funding model subsidises employers for a portion of the post-entry workforce training costs associated with current service delivery models. However, this current model does not incentivise innovation and is ill suited to our fast-changing health environment, which is dealing with new technology, new and emerging roles and changing models of care.

The funding model needs to change to enable post-entry education and training investment to reflect and better support strategic priority workforce needs, with an emphasis on service areas rather than specific professions.

The strategic priorities have been identified as: mental health and addictions, primary health care, disability support, chronic conditions and obesity, and bowel cancer.

## Developing a new funding model

Work to develop a new funding model commenced in 2015, when the Medical Workforce Taskforce reviewed HWNZ's system for funding medical vocational training. In June 2016, this approach was shared with representatives from the Ministry, HWNZ Board and taskforces, DHBs and medical colleges, all of whom recognise that changes are needed to the way training is funded and that a national strategic approach is important in facilitating such changes.

The review of funding was extended from medical vocational training to incorporate post-entry training for the wider health workforce. It excluded funding ring-fenced for specific purposes, such as the Midwifery First Year of Practice and medical PGY1 training. Ring-fenced funding comprised \$48.2 million of the \$185 million of post-entry workforce training purchased by HWNZ in the 2016/17 financial year.

## The proposed new funding model

The health sector was consulted in April and May 2017. There were a large number of responses to the consultation and overwhelming support for change in how training funds are allocated to ensure we invest in our workforce based on future health needs rather than historical convention.

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<sup>9</sup> Post-entry education/training, in the context of HWNZ's funding, relates to education/training for those employed in the health workforce.

Taking into account feedback on the proposed model, it has been proposed that up to \$10 million of the total HWNZ post-entry training budget be made available to expressions of interest from the health sector in 2018/19.

The Minister of Health will have final approval of the definitive criteria, but we expect successful submissions to: focus on equity and need; enable more innovative and participatory models of care; be founded on professional and service collaboration; and inform practice development and intelligence in more than one area. Decisions will be underpinned by the triple aim of:

- improving the patient's experience of care
- improving the health of populations
- reducing the per capita cost of health care.

The impact of any new approach to allocating funding will be carefully monitored, and the allocation will be adapted as needed to ensure it achieves our key objective of building a sustainable and fit-for-purpose health workforce.

# The National Workforce Strategic Plan

One of the priority actions for 2017 in the Ministry's *Statement of Strategic Intentions 2017 to 2021*<sup>10</sup> is to update the National Health and Disability Workforce Strategy, in partnership with key players across the health and disability system.

Feedback on HWNZ's *Investing in New Zealand's Future Health Workforce*,<sup>11</sup> which was a consultation document on proposed changes to purchasing post-entry health workforce training, showed strong support for HWNZ to develop a national strategic workforce plan. The changes were seen as being critical to developing the health and disability workforce we need in the future.

We intend the national workforce strategic plan to be a comprehensive 'living' document, co-designed with all parts of the health sector, incorporating priorities and actions that will be updated and reviewed annually.

Preliminary work has commenced, including undertaking a literature search and discussions with the HWNZ Board and taskforces and gathering the views of a consumer reference group.

While we continue to work together on the long-term strategic framework in 2017/18, we will also be focusing on workforce development in known problem areas, including mental health, primary health care and midwifery, as well as seeking to improve our skills at meeting the health needs of rural and Māori communities.

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10 Ministry of Health, 2017. *Statement of Strategic Intentions 2017 to 2021*. Wellington: Ministry of Health. URL: [www.health.govt.nz/publication/statement-strategic-intentions-2017-2021](http://www.health.govt.nz/publication/statement-strategic-intentions-2017-2021) (accessed 27 November 2017).

11 See the Ministry of Health webpage: *Investing in New Zealand's Future Health Workforce* (URL: [www.health.govt.nz/our-work/health-workforce/investing-and-purchasing/investing-new-zealands-future-health-workforce](http://www.health.govt.nz/our-work/health-workforce/investing-and-purchasing/investing-new-zealands-future-health-workforce) ).

# Finances

Health Workforce New Zealand is responsible for the government's health workforce training and development appropriation.<sup>12</sup> This funding is for the provision, purchase and support of workforce development for people working in the health and disability sector and of services that support those workforces to be sustainable, flexible and fit-for-purpose.

The table below is a summary of HWNZ's output performance for the 2016/17 financial year. Descriptions of the outputs are available on the HWNZ web pages.<sup>13</sup>

**Table 1: Summary of output performance**

Actual 30/06/2016*	Measure description	Actual 30/06/2017#
2,331	Medical workforce	2,204
3,609	Nursing workforce^	3,610
280	Midwifery workforce	126
175	Allied health workforce	384
249	Kaiāwhina workforce	743
718	Multi-disciplinary workforce+	694
<b>Voluntary Bonding Scheme</b>		
333	New graduates are successfully being brought into the scheme: The total number of enrolees per annum	364
3	The Ministry is actively managing the scheme: The number of bulk contracts with VBS participants	3

\* = Figures relate to the 2015 academic year (February to December 2015)

# = Figures relate to the 2016 academic year (February to December 2016)

^ = Course costs for these programmes have changed enabling a greater number of trainees to be supported.

+ = The midwifery programme takes place over 18 months, and one further intake is still to occur under this contract to meet the expected budget standard.

12 The HWNZ Board is an advisory board and does not hold financial delegation for HWNZ's budget, which sits within the Ministry of Health's budget.

13 [www.health.govt.nz/our-work/health-workforce](http://www.health.govt.nz/our-work/health-workforce)

# Appendix 1:

# Health Workforce New Zealand

# Board Terms of Reference

These terms of reference were in place for the 2016/17 year. A revised terms of reference is being developed for 2017/18 and will be available on the website when finalised.

## Preamble

1. The Minister of Health established the Clinical Training Agency Board as a Committee under section 11 of the New Zealand Public Health and Disability Act 2000. The name of the Clinical Training Board was expanded to Health Workforce New Zealand (HWNZ) to reflect its national focus and that the health and disability workforce is broad in scope and includes clinical, non-clinical, private and NGO workforces.
2. The role of HWNZ is to provide advice to both the Minister of Health and the Director-General of Health to oversee and drive the rationalisation of workforce planning, education, training, development and purchasing within the health and disability services sector. It will be accountable to the Minister of Health (the Minister).
3. The establishment of HWNZ in this form was an interim measure to drive immediate change while advice on the best arrangements and location of the health and disability services workforce policy, planning and purchasing is developed.
4. Cabinet decisions arising from the recommendations of an independent Ministerial Review Group (MRG) have led to the establishment of a National Health Board (NHB), also a section 11 Committee.
5. The NHB is responsible for bringing together service planning and funding as well as the capital and IT investment needed to deliver the capacity required to deliver that service into the future. Workforce planning is integral to that process.
6. These Terms of Reference were revised to reflect the scope of the NHB advice and to ensure consistency and a coherent work plan between the NHB and the associated Boards responsible for capital and IT.
7. Cabinet has further considered the long term structure of the national health workforce functions and agreed to retain HWNZ as a section 11 Committee and establish a branded health workforce unit in the National Health Board business unit (NHBBU) of the Ministry, to be known as the Health Workforce New Zealand Business Unit (HWNZBU).
8. These Terms of Reference have been agreed to by the Minister (TBC) and replace those agreed to in October 2009. They have been amended to reflect Cabinet's decision on HWNZ's long term structure and finalise HWNZ's alignment with the legislative parameters of Section 11 Committees.

# Health Workforce New Zealand

9. There is an urgent need for a simpler, more unified and responsive approach to workforce issues that is driven by the future needs of the sector and which enables changing roles and practices to deliver improved models of care and service delivery.
10. In particular, the Minister acknowledges that:
  - a) there is a need for greater clarity and coordination in respect of the roles and responsibilities of the various stakeholders at the national, regional, and local level. This may result in significant change in current work programmes of the Ministry of Health and allied agencies (for example, the mental health workforce centres and DHBNZ Future Workforce programme)
  - b) there is also a need for greater clarity in respect of roles and responsibilities for public and private employers, teaching and training organisations, registration and accreditation bodies, professional colleges, societies, and unions
  - c) there is an urgent need for much greater flexibility and responsiveness in the nature and deployability of the health workforce in respect to roles and scopes of practice and to address the current workforce shortages and meet future workforce demand
  - d) the education and training sector needs to be more responsive to changing workforce priorities, new and emerging models of care and service configurations, and these should drive consequential competencies and learning outcomes and the curriculum of education and training organisations
  - e) the funding for training needs to be better coordinated across programmes and providers to ensure cross-sector and across educational continuum views
  - f) recruitment, retention and the distribution of the health workforce requires better coordination and a more integrated approach
  - g) there is an urgent need for a more cohesive and collective leadership of clinicians and managers, and a focus on developing the essential domains of professional leadership such as skills in communication and conflict resolution, clinical governance, and management
  - h) there is a pressing need for high-quality information on the workforce, including current quantitative realities, and modelling demand (linkages back to service requirements) and supply (linkages back to teaching and training capacity). The Health Workforce Information Programme (HWIP) needs to be supported to become a national and across-sector resource.

## Key tasks

11. Health Workforce New Zealand will be responsible for:
  - a) advising the Minister and Director-General of Health on all aspects of workforce policy, education, training and development, planning, and purchasing for the health and disability services sector
  - b) advising the Minister and Director-General of Health on the actions necessary to consolidate and focus the various health workforce work programmes, including the significant work programme being conducted by District Health Boards New Zealand and the Ministry of Health, and the realignment of public funding allocated to workforce
  - c) the oversight of planning, development and implementation of the national health workforce annual plan which includes assessing future workforce needs, the oversight of planning and funding of post-graduate training, and which enables a more unified approach to health workforce education, training, recruitment and development

- d) ensuring appropriate, timely and effective linkages with Government agencies (Tertiary Education Commission, Ministry of Education, and Te Puni Kokiri) and sector representatives (clinical leaders, health academics, health regulators, employer representatives, and training providers)
  - e) working with the various professional groups to influence work practices and making recommendations to the Minister for changes to scopes of practice and workforce innovations
  - f) advising the Minister on the optimal implementation process for the training and workforce related recommendations arising from the Ministerial Review Group (MRG), the Medical Training Board, the Committee on Strategic Oversight for Nursing Education, and the Resident Medical Officer and Senior Medical Officer Commissions
  - g) advising the Minister and the Director-General of Health on the implementation of key Government workforce priorities.
12. Health Workforce New Zealand will develop an Annual Plan to be agreed by the Minister of Health. Health Workforce New Zealand will review its Plan and Terms of Reference annually.
  13. In undertaking the above functions, HWNZ will take into account the Government's priorities and health targets.

## Accountability

14. Health Workforce New Zealand is accountable to the Minister of Health for the quality and timeliness of its advice and reports through the HWNZ Chair.

## Relationship between the NHBBU and HWNZ

15. Health Workforce New Zealand Business Unit has been established in the NHBBU to provide administrative and planning support to HWNZ and to implement projects and initiatives as agreed.
16. The NHBBU National Director and ultimately the Director-General of Health are accountable for the performance of the HWNZBU.
17. The National Director will appoint a Director for the HWNZBU after first consulting with the chair of HWNZ on the appointment. The Director will be responsible for the performance of functions and powers delegated by the National Director and set out in a delegation instrument agreed between the Director-General of Health, National Director and the Director.
18. The Director-General of Health will require the Director to seek advice from HWNZ in the performance of delegated powers and functions.
19. The Director-General of Health will give due regard to the advice provided by HWNZ.

## Relationship with other Government agencies

20. Health Workforce New Zealand will have the ability via the National Director to request advice from other Government agencies on issues related to its work programme.

## Membership

21. Health Workforce New Zealand, including the Chair and Deputy Chair, will be appointed by Ministerial letter.
22. Collectively HWNZ will have the following expertise and attributes:
  - a) knowledge of and expertise in undergraduate, postgraduate, clinical and vocational educational and training programmes for the health and disability sector both in New Zealand and overseas
  - b) knowledge of New Zealand's current health and disability services delivery in both hospital and community settings
  - c) an understanding of health and disability services delivery needs to meet future demands reflecting New Zealand's ageing population and ethnic mix
  - d) an ability to think creatively to provide solutions that are not constrained by traditional health and disability sector professional boundaries or current service delivery models.
23. Health Workforce New Zealand will comprise eight members including the Chair and the Deputy Chair (if a Deputy Chair is appointed). The Minister may from time to time alter or reconstitute HWNZ, discharge or reappointment any member or appoint new members in response to any changes to the key tasks that are being addressed.
24. Any member of HWNZ may tender their resignation at any time by advising the Minister in writing.
25. At any time, the Minister may remove a member or the Chair or the Deputy Chair of HWNZ from that office by notice in writing stating the date from which that decision is effective. The Minister shall have the discretion to consult with the Chair before removing a member from office.
26. Any member of HWNZ may at any time be removed from office by the Minister of Health for inability to perform the functions of office, bankruptcy, neglect of duty, or misconduct, proved to the satisfaction of the Minister.
27. Health Workforce New Zealand may draw on external expertise as required and may appoint expert advisors to assist in making deliberations after first discussing financial implications with the Director-General of Health. These expert advisors are not HWNZ members and have no voting rights.
28. The Director-General of Health shall have a standing invitation to attend HWNZ meetings and to contribute to deliberations, but is not a member of the HWNZ and has no voting rights.

## Duties

29. Through their letters of appointment, members of HWNZ will be advised of the term of their appointment and will be given a copy of these Terms of Reference.
30. Members of HWNZ are expected to act in good faith, with reasonable care, and with honesty and integrity when exercising their powers or performing their duties on behalf of the HWNZ duties.
31. Members attend meetings and undertake HWNZ activities as independent persons responsible to HWNZ. Members are appointed for their knowledge and expertise, not as representatives of professional organisations and groups. HWNZ should not, therefore, assume that a particular group's interests have been taken into account because a member is associated with a particular group.



## Liability

32. A member of HWNZ, in accordance with section 90(4) of the NZPHDA:
  - a) is not liable for any legal liability as a result of an act or omission of the Ministry of Health
  - b) is not liable to the Ministry of Health or the Crown for any act or omission done or omitted in their capacity as a member of HWNZ if they have acted in good faith, and with reasonable care, in pursuance of the role specified for HWNZ in this Terms of Reference.

## Disclosure of interest

33. Any HWNZ member who has an interest in a transaction which is not limited to advising on contracts but includes exercising all tasks under these Terms of Reference must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to HWNZ. For the purposes of this clause, section 6(2) of the NZPHDA will apply.
34. Disclosure under this section must be recorded in the minutes of the next meeting of HWNZ and entered in the separate Conflicts of Interests register.
35. A member of HWNZ who makes a disclosure under this obligation, after that disclosure must not:
  - a) subject to paragraph 36, take part in any deliberation, discussion or decision of HWNZ relating to the transaction:
  - b) be included in the quorum required for any such deliberation or decision.
36. However, a member of HWNZ who makes a disclosure under paragraph 33 may take part in any deliberation or discussion (but not decision) of HWNZ relating to that transaction provided
  - a) a majority of the other members of HWNZ and the Chair wish the member to do so and
  - b) wherever and in whatever form such permission is given, this action must be reported via the minutes.
37. In such a case, HWNZ must record in its minutes:
  - a) the permission and the majority's reason for giving it
  - b) what a member said in any deliberation or discussion relating to the transaction concerned.
38. Every member of HWNZ must ensure that:
  - a) the statement completed by the member is incorporated in the Conflicts of Interests register, and
  - b) any relevant change in the member's circumstances affecting a matter disclosed in that statement is also entered in the Conflicts of Interests register as soon as practicable after the change occurs.
39. Failure to comply with these requirements, however, does not affect the validity of any action taken, or arrangement, or agreement, or contract made by the Ministry of Health subsequent to the resolutions made by HWNZ.

## Media and communications

40. Health Workforce New Zealand will develop a media and communications strategy.
41. Media statements about HWNZ recommendations will be directed to the Chair. The Chair will provide the Minister of Health or the Minister's office with advance notice of any media statements.

## Confidentiality

42. All HWNZ meetings will be held 'in committee', and minutes of proceedings will not be circulated outside HWNZ membership or the Ministry of Health. It is expected that official reports to the Minister of Health will be released into the Public Domain once the Minister of Health has agreed. HWNZ's proceedings and advice are covered by the Official Information Act 1982.

# Appendix 2: Taskforce members 2016/17

## Medical Workforce Taskforce members

Ken Clark (Chair)	Chair, National Chief Medical Officers Group
Andrew Connelly	Chair, Medical Council of New Zealand
Andrew Simpson	Acting Chief Medical Officer, Ministry of Health
Deborah Lambie*/Marise Stuart*	Chair, New Zealand Medical Association (NZMA) Doctors in Training Council
Deborah Powell	National Secretary, New Zealand Resident Doctors Association
Derek Sherwood*	Executive Member, Council of Medical Colleges
Des Gorman	Chair, Health Workforce New Zealand
Emily Dwight/Philip Dabrowski	Workforce Officer, New Zealand Medical Students Association
Faafetai Sapoaga	Associate Dean (Pacific), Dunedin School of Medicine, University of Otago
Helen Morgan-Banda	Chief Executive, Royal New Zealand College of General Practitioners
Ian Powell	Executive Director, Association of Salaried Medical Specialists
John Fraser	Dean, Faculty of Medical & Health Sciences, University of Auckland
Lesley Clarke	Chief Executive, New Zealand Medical Association
Nick Baker	Chief Medical Officer, Nelson Marlborough District Health Board (DHB)
Peter Crampton	Pro-Vice-Chancellor, Division of Health Sciences, and Dean, Faculty of Medicine, University of Otago
Peter Robinson	Chief Clinical Advisor, Accident Compensation Corporation
Ron Dunham	Chair, National DHB Chief Executives Group
Stephen Child*	Chair, New Zealand Medical Association
Tim Malloy	President, Royal New Zealand College of General Practitioners
Warwick Bagg	Head, Medical Programme Directorate, University of Auckland

\* indicates a person who left the taskforce during the 2016/17 year.

## Nursing Workforce Taskforce members

Jenny Carryer (Chair)	Chair, National Nursing Organisations; School of Nursing, Massey University
Beth Tester	Chief Executive, Kimi Hauora Wairau, Marlborough Primary Health Organisation
Jane O'Malley	Chief Nursing Officer, Ministry of Health
Julie Patterson	Chief Executive, Whanganui District Health Board
Margaret Dotchin	Chief Nursing Officer, Auckland District Health Board
Margaret Southwick	Pacific representative, Whitireia Community Polytechnic
Margareth Broodkoom	Director of Nursing & Midwifery, Northland District Health Board
Rawiri Jansen	Clinical Director, National Māori Coalition Incorporated
Simon Wallace	Chief Executive, New Zealand Aged Care Association
Valerie Smith	Consumer representative, Disability Support Services

## Midwifery Strategic Advisory Group

Helen Pocknall (Chair)	Deputy Chair, Health Workforce New Zealand
Alison Eddy	Professional Projects Advisor, New Zealand College of Midwives
Belinda Chapman	Associate Director of Midwifery, Taranaki District Health Board
Brenda Hinton	Maternity Services Consumer Council
Chris Davey	Clinical Midwife Manager, West Coast District Health Board
Cornelia Roodt	Associate Director of Midwifery, Waikato District Health Board
Jean Te Huia	Chairperson, Nga Maia Māori Midwives Aotearoa
Judith McAra-Cooper	Chair, Midwifery Council of New Zealand
Karen Guilliland	Chief Executive, New Zealand College of Midwives
Mary Kensington	Co-Head of Midwifery, School of Midwifery, Department of Nursing, Midwifery & Medical Imaging, Ara Institute of Canterbury
Megan Tahere	Māori advisor, New Zealand College of Midwives
Robyn Maude	Senior lecturer, Graduate School of Nursing, Midwifery and Health, Victoria University of Wellington
Rose Swindells	Consumer representative
Sarah Wadsworth	Clinical Leader Obstetrics, Middlemore Hospital
Sharon Mason	Chief Operating Officer, Hawke's Bay District Health Board
Susan Calvert	Deputy Registrar, Midwifery Regulation & Outreach
Thelma Thompson	Director of Midwifery, Middlemore Hospital

## Allied Health, Science & Technical Workforce Taskforce members

Stella Ward (Chair)	Executive Director, Allied Health, Science & Technical, Canterbury and West Coast District Health Boards
Catherine Epps	Directors of Allied Health
Deborah Powell	Association of Professional and Executive Employees (APEX)
Gloria Crossley	Health Workforce New Zealand Board
Janice Mueller	Health Regulatory Authorities of New Zealand
Max Abbott	Professor of Psychology & Public Health, Auckland University of Technology, Faculty of Health and Environmental Science
Monique Faleafa	Chief Executive, Le Va
Peter Robinson	Chief Clinical Advisor, Accident Compensation Corporation (ACC)
Ray Lind	Chief Executive, Careerforce
Riana Clarke	National Clinical Director, Oral Health, Ministry of Health
Sue McCullough	Organiser, New Zealand Public Service Association (PSA)

## Kaiāwhina Workforce Taskforce members (non-regulated roles in the health and disability sector)

Ray Lind (Chair)	CEO, Careerforce; Co-Chair, Programme Sponsor
Alison Thom	Māori Leadership, Ministry of Health
Bridget Smith	Regional Director Workforce Planning, Technical Advisory Services (TAS); Regional Training Hub
Catherine Coups	Allied Health Project Facilitator, South Island Workforce Development Hub; Southern District Health Board
Diana O'Neill	Senior Advisor, Primary Health Care Implementation, Sector Capability and Implementation, Ministry of Health
Esther Ngocha-Chaderopa	Business management lecturer, Toi-Ohomai Institute of Technology, Migrant Workforce
Feala Afoa	Development Manager, Strategy & Contracts, Disability Support Services, National Services Purchasing, Service Commissioning, Ministry of Health
Garth Bennie	Chief Executive, New Zealand Disability Services Network
Gill Genet	General Manager Business Development, Careerforce; Senior Responsible Owner
Hentie Cilliers	General Manager Human Resources & Organisational Development, Whanganui District Health Board; National DHB General Manager Human Resources

Hilda Fa'asalele	Chief Advisor, Pacific Health, Ministry of Health
Jaimes Wood	Chief Executive, Healthcare of New Zealand Holdings (HHL Group); Home and Community Workforce
Jane Bodkin	Senior Advisor, Office of the Chief Nurse, Ministry of Health
Jane MacGeorge	Manager, Nursing and Professional Services at New Zealand Nurses Organisation; National Nursing Organisation
Jim Nicolson	Manager Healthy Ageing, Investment Priorities, Strategy and Policy, Ministry of Health
Julia Hennessy	Director Teaching and Learning, WelTec
Julie Haggie	Chief Executive, Home & Community Health Association
Kathryn Maloney	Senior Policy and Research Analyst, New Zealand Aged Care Association
Laurie Hilsgen	Chief Executive, Carers New Zealand
Maringikura Mary Campbell	Consumer representative
Marj Allan	Consumer representative
Mark Garisch	Universities Investment Manager, Tertiary Education Commission
Paul Baines	Portfolio Manager, Accident Compensation Corporation (ACC)
Rob Warriner	Chief Executive, Walsh Trust; member Platform Trusta
Rod Bartling	Group Manager, Sector Capability & Implementation, Mental Health Service Improvement, Ministry of Health
Simon Wallace	Chief Executive, New Zealand Aged Care Association
Te Miha Ua-Cookson	Manager Public Health Infrastructure, National Services Purchasing, Services Commissioning, Ministry of Health
Virginia Brind	General Manager Planning, Funding & Population Health, Tairāwhiti District Health Board, National DHB General Manager Planning & Funding