# Video transcript-Update from Te Whatu Ora - 1 November 2022 - Health Workforce NZ webinar series

Kia ora tātou. Thanks for taking part in our joint webinar today.

We really appreciate you taking the time.

Before we get into the presentation proper, I'd like to open us with karakia and mihi.

Whāia, whāia, whāia, Ngā uaratanga o te Manatū Hauora. Ko te manaakitanga Ko te kaitiakitanga Ko te whakapono Ko te kōkiri ngātahi Kia tae atu tātou ki pae tata, ki pae tawhiti, ki Pae Ora. Kia tūturu ka whakamaua kia tīna, tina! Haumi e, hui e! Tāiki ē!

This webinar forms part of a larger piece of work.

The Ministry of Health is running in collaboration with Te Whatu Ora and Te Aka Whai Ora called the Health Workforce Strategy.

All questions and feedback from this webinar and future ones being hosted by the Te Aka Whai Ora and Te Whatu Ora will form a workforce dialogue which will feed into the overarching development of the Health Workforce Strategy.

Please use the Q and A button to ask any questions you might have and to use the thumbs up button on questions you want to be put forward.

We'll ask you most voted questions at the end of the presentation.

I have some people in the room with me who can answer some of your questions in writing, so they'll do that throughout this webinar as well as the section that we have at the end.

If you want to contribute any feedback to our week outside of this webinar, the Ministry of Health now has a new platform called Tātou.

It's a platform where you can contribute ideas and comments on how to address some of the workforce challenges you're facing.

All feedback sent via Tātou will also be used to guide the Ministry's overarching health workforce strategy.

So we'd like to ask you and your colleagues to visit tatou.health.govt.New Zealand, NZ and submit your feedback.

Obviously, the strategy is being developed in conjunction with both Te Aka Whai Ora and Te Whatu Ora as well - you may have seen from some earlier communications that Margie Apa plans to give an introduction.

And we also booked Tessa Thompson to be a part of this conversation as well to talk about the findings of her deep dive into learning pathways.

But in order to ensure that there's enough time to take you through all of the week force content and to leave enough time for questions at this end, she will present in a separate session.

Also, unfortunately, Margie is unable to make it with us today, so she gives her apologies too.

So, kina ko tatou timatanga, I know I like to take a bit of a couple of seconds just to introduce our three presenters today.

First we have Ailsa Clare.

Ailsa Clare, for those of you who have been around for a little while, will understand the work that she did up in Te Toka Tumai in the previous iteration of Auckland DHB as the CE there, and she comes to you as our interim workforce lead for Te Whatu Ora.

We also have Anna-Marie Ruhe here joining us as the workforce commissioning lead for Te Aka Whai Ora.

And Anna-Marie has been with Te Aka Whai Ora since March of this year.

Finally, I'd like to introduce an old colleague of mine, Pauline Saunders, from the good old days back in Counties Manukau. Talofa Pauline.

And Pauline is now in the Pacific workforce lead role for Te Whatu Ora.

So I'd like to hand it over to the three of them now.

Tena koutou katoa.

Thank you, Bernard.

I'll start just before I do start, can I really recommend Tātou for people to go on to.

It's not just being monitored by the Ministry, but we're also monitoring it, so if people have ideas, then please put them in there because that would be really helpful to us.

And also just to say that the three of us are doing a bit of a roadshow, we're going to every district and we're talking to staff within that.

And the idea of that was to also get your feedback of things you're proud of and things that we might be able to help with.

So our work that we're doing is, as we say, a collaborative, integrated and coherent approach between us to try to pull together a whole of system approach.

Now, we are dealing with the whole of system here, which includes the private sector, aged residential care, et cetera, because we need to think about the workforce requirements across the whole process.

We're looking to develop a clear strategic intent with longer and shorter term initiatives that we will talk to you about in a minute.

And what we're doing in Te Whatu ORa is establishing a single workforce team from the very diverse groups of people that were previously doing workforce.

We are doing the Workforce Task Group, which we'll talk about in a minute, is also jointly by myself, an Anna-Marie, who is my partner and working very closely with Pauline on Pacific Health.

Next slide, please, Anna Marie, can you pick this up.

Kia ora.

Thanks Ailsa.

So this slide talks through and really highlights our approach in regards to all of the you'll see this consistently through our presentation, the equity and Te Tiriti is at the forefront of everything that we do, and Ailsa talked about our partnership approach and we'll talk to that a little bit later on in the slides.

But essentially the task force actions and planning is all based in Te Triti and guided by Te Tiriti and equity and what's good for Maori is good for everybody.

We can go to the next slide - the Overarching Programme principles that guides the programme of work that we are doing within Workforce, as I said, embedded in Te Tiriti o Waitangi principles.

And the line of sight is going back to Whakamaua the Maori Health Action Plan and ensuring that we're enacting these principles and all of the programmes of work that we're doing.

Next slide, please.

The writing might be a little bit small, but this slide provides a picture of in context of where does the Maori Health Workforce Action Plan that sits within Te Aka Whai Ora sit inside the bigger picture and the biggest scheme of things.

And I've provided this slide to be able to offer a line of sight to see where that fits underneath He Korowai Oranga, the Maori Health Strategy.

The Whakamaua priority areas which are in Workforce Maori leadership.

Growing Maori House and Disability and growing the Maori health sector development and the key priority areas for our Work Programme and Te Aka Whai Ora are really about growing our leadership and development.

Whakatipu and health careers.

Which is the whole of pipeline work.

Mātauranga Māori visibility and action, ensuring that mātauranga Māori is embedded in the workforce development and training initiatives that we are developing.

Data and evidence is essential to informing how we invest in workforce as we move forward, and the Strategic Plan development is a key piece of work which we've been touching on in regards to as organisations in the new year, developing the workforce strategy with our partners in Te Whatu Ora, the Ministry of Health and our Maori Health Directorate at Te Aka Whai Ora.

Next slide, please.

This slide really talks to what else is touched on earlier and myself around the partnership approach.

The partnership approach is we have a direct commissioning approach, a cocommissioning approach and a partnership approach, and we get asked this quite often, what does that mean?

And so in Te Aka Whai Ora we directly commission our Maori workforce initiatives that are Maori commissioning and the co commissioning approach is working.

Working with Te Whatu Ora to commission workforce initiatives together.

And we work together in that partnership model through the Workforce Task Force group as well as the partnership groups and working groups that we have.

And it's really about raising the visibility of Maori workforce development and growth across all of the education and training programmes.

And the partnership approach is a huge opportunity to work with our education providers and cross government agencies and stakeholders, because we know that if we're really wanting to make a difference to increase Maori in workforce, we can't do this alone in health, we actually have to lean into the levers and our relationships with the education sector to really make some impact in progress.

Next slide, please.

So, the Pacific Health Workforce Team has key functions in the space, and as you can see, there's the development of the Pacific Health Workforce Action Plan, one of the priorities, and to deliver the priorities for Pacific.

That's it in Ola Manuia, which is part of Te Pae Tata.

Another key area is to influence models of care that are specific to Pacific health outcomes, to ensure that those models and initiatives support a Pacific worldview, and also to understand what the investment that is required into those initiatives and key pieces of work that will strengthen and transform the Pacific Health workforce.

And so we support the Workforce Task Force by understanding what the Pacific Health workforce currently is, what we need to invest in, and also to understand the gaps and support with monitoring and guidance.

So you can see on the right hand side there, it's linking the priorities for Pacific with Ola Manuia with Lalanga Fou, which is the all of government Pacific Wellbeing strategy, and it all connects in through to Te Pae Tata.

Next slide, please.

So we're at the beginning of establishing the Pacific Health Workforce Team, and we have a timeline here that we are working towards.

So this takes us through from now until the end of next year.

So it's looking at mapping the pipeline, consolidating what the programme of work looks like, looking at the existing contracts and funding that supports the current pipeline, looking at data sets and forecasting, and as I mentioned before, the Workforce Action Plan and its alignment to the Pacific priorities within Ola Manuia.

We're also in the process of establishing a National Pacific Health Senate, which will be our key forum for Pacific health, and of which workforce is one of those enabling components to health outcomes for Pacific.

And obviously, the engagement is a really key and important part to this process and our monitoring and evaluation.

Next slide, please.

Okay, so we know that if we carry on doing what we always did, we're really going to get nowhere.

And we also know that a lot of the feedback we're getting, particularly from our Maori students, is that there is big barriers to Maori coming through training, et cetera, which are largely twofold.

One is a financial barrier and the other barrier is around the nature of the training, which for many cases is institutionally biassed, in that Maori did not see themselves in the training that is being developed.

We also know that going forward, that young people are not going to want to decide at 17 to be a nurse and probably then stay in that career for the next 40 years.

What's very clear to us, and the evidence says, is that younger people are going to want to have multiple jobs, but also potentially multiple careers.

And our challenges, how do we make those jobs in health?

We also need to recognise better the skill of a lot of individuals who have been trained and very experienced, have life experience, etc.

But we do not recognise that within our professions.

And so, particularly looking at micropudentialing and other areas like this, the issues around the financial issues for people right across the whole piece, whether it's in a lifelong situation we're trying to pick up by looking at how we have a much more flexible way of moving forward.

Next slide, please.

So this is how we're organised.

We take the we report directly to the two chief executives and the Workforce Task Force and I'll show you the members of that in a minute.

Is not a representative group or would have had about 140 people on the group.

It's a group that of people who are good thinkers in this area who can also oversee the work that is happening in the other working group areas.

Nursing has been established for some time, midwifery we're just expecting the first wave of midwifery initiatives to come forward.

Medical has been particularly focused initially on primary care and community, but is now looking wider.

Kaiawhina, I'll let Anna Marie talk about that in a moment and I'll talk a little bit more about Allied Health.

We have an administration workstream as well, which we are looking to take advantage of the fact that we got so much information through the equal pay claim.

And that group will also programme will also be looking at supporting people in their first experience of management and also developing a general management training scheme so that general management is recognised as profession.

Next slide, please.

So this is the members of the task force.

We will make all these slides available, so that's going to be a bit quick, trying to understand them more.

Next slide, please.

Anna Marie.

Sure.

Thanks, Ailsa.

So the Kaiawhina work stream, as you can imagine, is absolutely huge.

It spans across a range of workforces from primary care.

Mental health.

Public health.

Hospital services.

And we wanted to start together up and understand all of the pieces of work across the sector because there are lots of really good examples of work happening across the DHBs that the DHBs have been doing and the districts have been doing in regards to micro credentialing and stepping onto the pathways of the health careers.

And so we wanted to pull together a framework that allows us to have a national view, but a regional and local implementation based on really being informed by what are the key priority workforce areas for those particular regions, because we know that they're different across them or two across the country.

The key, first off, the block areas that we're actually looking at, the Vaccinating Health workforce development, micro credentialing is huge.

Oral health is another area that is one of our key priorities and particularly in Te Aka Whai Ora, as well as part of our work programme and health care assistant owners and learn models.

So the micro credentialing, we're working really closely with our education partners to help pull together that framework for micro credentialing.

And we know that in the micro credentialing space, it's about having micro credentialing more accessible to our whanau, to our people, to our community, but it's also about valuing our Kaiawhina and the Kaiawhina role, so that if the Kaiawhina, you know, want to be in a particular role, that it's actually about lifting up the visibility, the value and acknowledging that role.

But it's also about providing a stepway and a pathway to staircase into other parts of health careers if they want to or if they choose to.

The other part to this is that micro credentialing isn't often funded where our qualification framework is.

So these are the things that we are really looking into, to scale up and make available micro credentialing pathways for our Kaiawhina workforce.

Next slide, please.

So, Allied Health is obviously a huge area and these are the priority areas that have been chosen, that have been chosen against the strategic challenges that are there.

So, for instance, things like there being no New Zealand training programme and other programmes like this, and this is one of the areas that microprudentialing may actually also be effective in enabling people to work at a high scope of practise.

For instance, a number of DHBs have got physiotherapy assistance, but if that person then went and wanted to go and work somewhere else, that training is not recognised.

And we also want to see how we can enable and support that staircasing and recognition that you've worked as an assistant into a physiotherapy programme as well.

The other area that we're looking at for microprudentialing is in many ways people that have already got a registered profession, but they are looking to extend scope of practise and for instance in rural areas and other areas where you can't have large numbers of different practitioners, but you may actually need to have and people may wish to do develop additional skills.

So for instance, nurses also being able to do Xrays, et cetera.

Next slide please.

So this is the range of initiatives that we initially started with and many of them are not actually a real advert for equity, but clearly at the stage we're at at the moment, we have to try to take the pressure of the workforce.

And so developing international recruitment centre which will is a very professional approach and there will be a video about that available on our website soon.

There's an international recruitment cane and ethical recruitment approaches.

We're developing immigration support and supporting people to registration to fast track.

Now all of those, together with the internationally Qualified Nurses programme and the programmes for doctors programmes coming in, are obviously there to boost the current workforce.

But our priority is to develop and manage the current workforce, the New Zealand trained workforce.

So amongst other things that we are looking at is how do we encourage and support people into programmes?

I think most of those are selfexplanatory and really pleased to say that all of them are reaching all their targets or are ahead of plan.

Next slide please.

Anna Marie talked a lot about the fact that we were working with education providers now for the TEC, we became as health, a very confusing place.

They had strategic connections with the ministry and then in our individual DHBs we then went off and talked to individual providers, tertiary providers or we also then talked to individual service areas like professionals, like medicine talk to individual providers.

What we're trying to do with the TEC is develop a single point of connection and governance that will enable us to collectively prioritise where investment needs to happen.

Like everyone else, TEC doesn't have an open chequebook and so we really do need to understand and prioritise where we need to do things.

Starting for example with the nursing pipeline.

What we've currently got is a very clear understanding of the TEC about how many nurses we're going to need in the future.

We understand the success of existing programmes, we know where people which programmes people are coming out of, we know which programmes people are not keen on because they're not actually fulfilling the total number of people they could recruit.

And we're also doing interviews with Maori who come out of the programmes, so that we can understand why they have and understand what we could do differently, like potentially flexible working programmes for them.

There is a common curriculum being developed in many areas through the fact that the techs are now coming under one organisation.

And we're also exploring the possibility of micro, modular training possibilities for the registered workforce.

So to give you a good example, if you want to be an anaesthetic technician and you are already a paramedic, then you're excused about two thirds of that course because your prior learning is recognised and it is seen as a modular, equivalent training.

And we want to be able to do that across a number of areas so that people can have flexible registered careers.

Also trying to look at how we might support people coming into those careers using prior work experience as opposed to necessary the academic route, micro-credentialing we've talked a lot about now, our side of the deal here is that the TEC doesn't want to sponsor increasing programmes if we can't actually then provide the training and the education requirement for people to complete that training, and also if we have not got jobs at the end of it.

So one of the roles that we're going to be undertaking is to deliver a nationally coordinated, regionally delivered training placement system so that the providers won't become into an individual organisation, but will become to a central place to make sure that and we will take responsibility for ensuring the tracement, placements and supervision is available for people.

Next slide, please.

So we have a number of future initiatives that we're looking at.

I talked about the fact we're looking at flexible working environments.

A lot of these are around how do we support people coming into the workforce, not just financially, but also to support people to understand what the work is about and to provide greater support across that pathway when you're coming from learning environment into a work environment, which can be quite a shock.

We're particularly looking to support Maori and Pacific students through all these programmes.

Just to give you an example, the scholarship programmes, we have found about between 60 and $70 million with the scholarships out there, half of which are philanthropic and half of them are not.

And we're looking to see how we can coordinate and make these much more visible to people.

Clearly, we want people to see health as a great place to work and there is historically, we've particularly looked at schools and other places like this, but we want to see a lot of the roles, particularly the Kaiawhina roles, as an entry to health jobs.

So that is an entry into a career that will be fulfilling and will be supported.

You'll be supported in that to get the qualifications that you may wish to have.

Also, we're very aware that we're losing quite a few students when they've done the first year of health sciences and so we're looking at that as well.

But overall we see this as a lifelong learning where you can have a range of different roles and jobs during the time that you are within health.

And so therefore this is where the flexible training pathways through micro credentialing and modular training are critical.

Cultural safety is a clear issue for us.

We have heard a lot of stories about people who have gone through a really good programme with an education provider and then have come into the DHB or district and felt unsafe in that environment.

So cultural safety and making sure that the programmes are fit for purposes in there, looking at obviously supporting earlier career development and with the Ministry of Health looking at the regulatory framework and the role of colleges, because clearly we are going to have to change and challenge some of those with the micro credentialing an modular programme.

We're also looking to see how we can train in a lot more settings so that we're not relying on the district, but also because we know that if people train in place in rural and other places, they're much more likely to wish to come into health and to stay in those areas.

We have wider partnerships across the whole system, particularly for areas where people are also employing people with common training, such as psychologists.

And we're currently developing a prioritisation framework through the task force to look to openly and transparently determine where the priorities are for investment.

Next slide, please.

So this is really what we're trying to talk about, about how we work together, the three organisations, to make it so that we can be successful in this workforce issue.

It's obviously a very, very wide and concerning area.

I think every doubt that we ever seem to get through a day without something being in the media about it.

It's not in our gift to suddenly create a whole lot more nurses out of knit them or something like that, but we are really trying the hardest we possibly can to create a successful programme for the future.

So we're happy to take any questions and answers questions now.

Thank you all for the insightful presentation and thankfully for my end, I didn't have to cut you guys all off because you went over time.

But we've got a range of questions and I'll go through them and allow you to be able to answer them or suggest potential people to answer those questions.

And the first one comes from Belinda Walker and she asks there is talk that funding for work based training, such as the apprenticeship programme and Health and Wellbeing will not be continued from December.

Of all, if this occurred, well, is this correct or not?

And if this occurs, it will cause hardship for some workforces and employers.

What is the plan if that does occur?

That was for Ailsa.

So if it's about the contracts that were previously in the ministry that we now hold, they are all continuing, so I'm not quite sure where it's come from.

It's clearly something that might be specific that you're trying to raise and I may not be hitting the point, so if you want to email me, then I will certainly respond to you on that one.

Fine.

Thank you, Ailsa.

I'm going to ask one of my questions because I had a few as I was going through and this one's for Pauline.

Pauline, you mentioned a little bit Ola Manuia, and I think it would be helpful just to give a bit of background around that particular piece of work and how that informs the Pacific workforce approach.

Thanks, Bernard.

So, Ola Manuia is the Pacific Health and Wellbeing Action Plan and that has been informed by engagement over the last year with communities, with providers, with different workforce groups to identify the priorities for Pacific health, but also the enablers that will support reaching and achieving equitable health outcomes for Pacific.

So that will sit within Te Pae Tata and be part of the New Zealand health plan.

And from that, there are specific workforce actions in there, so we'll be pulling those through into the Health Action Plan.

There's also, last year, a specific workforce engagement that happened, so all of that will be pulled into the Action Plan and when we established the National Pacific Health Senate, they will be guiding the development of that and endorsing.

So hopefully that's answered your question, Bernard.

Yeah, thanks very much for that.

I think it was just helpful for listeners or observers to be able to understand where that sort of a sat.

Now, this one is from Kapua Quinn from Capital and Coast - to enable market and a Maori workforce learning development, what directives will come from Te Whatu Ora and Te Aka Whai Ora?

Within her district, the people and capability team, they will not give me the green light to look into tikanga and mātauranga Māori workshops for their particular workforce development areas, so what sort of a support can Te Aka Whai Ora and Te Whatu Ora give for those people who are wanting to do professional development in the mātauranga Māori space?

Kia ora, thank you Bernard.

Look we have a very, mātauranga Māori is a strong key priority within Te Aka Whai Ora.

We have a new DCE about to come on board to lead out the mātauranga Māori team and directorate within Te Aka Whai Ora and part of that across all of our programmes ensuring that there's a strong mātauranga Māori approach, but also support in regards to helping our workforces out in the sector, in regards to clinical and nonclinical roles, to support our Maori, non Maori roles, FTE and workforce that are out there.

So happy for you to contact me and I can give you further information about that, but there's absolutely strong programmes that work in that space, and I hope I've answered your question.

It sounds like there are a range of different programmes that people would be supported to access in the future.

That sounds great.

This one's from Esther Monroe and she's wanted to know, how are the members of the Workforce Task Force chosen?

Was there a criteria or other rubric to ensure that there was sufficient representation from all sectors?

So over to that great question Ailsa.

So just to sort of repeat, this isn't a representative group, because when it was announced that the Workforce Task Group was going to happen, I was deluged with people saying, you need a representative, I think of every profession, every medical subspecialty you could think of, just across the whole board.

This is a group of people who have previously been involved in innovative or other programmes that could oversee and start to think a little bit outside the box in terms of workforce programmes.

So, to give you an example, Joe Baxter, who is one of the Maori representatives, comes from Auckland, Dunedin University, where they have a really good programme in supporting Maori through the medical programmes.

So that was how they chosen groups that focus on nursing, etcetera, these are representative groups.

So, for instance, in those, the Directors of Nursing are leading a lot of the pieces of work in there.

There is representatives from aged residential care, there are unions, there is regulatory bodies.

So at that level, it was able to be more contained in terms of representation of those groups.

We also work very closely with the commissioning team.

So, for instance, I sit on groups that are particularly doing work on rural and primary care, and what we do is that we then take the work that they are wishing to happen will pick up probably within one of those work streams that we're talking about.

Great.

Thanks for that, Ailsa.

This question now comes from Aroha Waiparapanapa, a nice short one from Aroha.

Look, we're interested in supporting the development of a supervision to registration programme.

For those interested in pursuing registration as psychologists, particularly in the mental health arena, as a professional development pathway, this has significant potential in attracting those with baseline degrees in psychology back into the workforce.

In order to progress this as an initiative, we need assistance to develop this.

Is this an area of work we could get assistance to develop, extend or extend current pathways and work with the Psychology Board on.

So send me an email just describing what you're doing and I'll put you in the right place.

Great.

Thanks for that one, Ailsa.

This is another one for Anna Marie and Pauline, actually.

Will there be more and ongoing funding for programmes like Kia Ora Hauora and other Maori and Pacific programmes that support student support services, such as the programmes that you have in Otago Auckland Uni and for Midwives?

So, questions for both Anna Marie and Pauline, this one.

Yes, sure.

I can start off Bernard.

Yes, absolutely.

We are certainly very proud of those programmes that we currently have.

Those existing programmes, they've been performing exceptionally well over the years, as you all know.

And so these programmes aren't going anywhere.

And we're certainly supporting and scaling up the programmes of work to grow our pipeline and support our students through that education journey.

I'll pass it on.

Thanks Anna-Marie. And just to add to that, it's one of the areas to strengthen and to really have tightly interwoven with education, but also undergraduate tertiary institutions and also through to employment.

One of the things that we are looking at doing is nationalising some programmes.

So as we are going around the districts, it's great to hear these really good district initiatives.

And what potential is there, actually to have it across Aotearoa, considering the good work and results that are happening in there?

So, definitely for the Pacific and Maori programmes, they are a key part in growing our workforce.

Great.

Thank you both.

Did you want to add something Ailsa?

Yeah, I just wondered.

I just looking at some of the questions that might be helpful to just be able to say what we don't do.

So we do not do things like equal pay claims and we do not do ER and we're not also managing the day to day operational issues in relation to staffing.

So I just noticed it was quite a collection of questions in relation to that.

Ailsa, thank you for that.

I've got one question here that roll off of a few questions, and it's to do with the health workforce strategy itself.

So does the strategy include attracting health care professionals to rural areas, working with Ara Poutama corrections, development of public health professionals and development of the NGO workforce?

Yes, to all of those.

So we are actively working with corrections.

This is whole system.

So it does include the NGO workforce.

I've lost the other ones.

Bernard, what were the other ones?

Ara Poutama corrections, public health professionals...

Yes, so absolutely, so, for instance, at the minute, we're looking at how we increase the number of public health doctors, and that's particularly focused around the fact that either they and the GP trainees do not earn as much money during their registrar years as if people are in hospital.

So we're looking to do that.

So, yes, basically yes to all of those.

Great.

We're getting a lot of yes' today, so that sounds really helpful.

A question here from Arana Pearson.

Hopefully I pronounced that right.

The priority areas of focus don't include the mental health workforce.

Why is that?

There is psychology in there, but I wonder if the mental health need is understood with the task force.

Yes.

So we're working very closely with the mental health team and there are programmes within the work on mental health, I think, at virtually every programme.

So, for instance, the one that's probably most advanced is the nurses in mental health services and how we grow that workforce and also enable a micro credential then to have a wider scope of practise.

So how we've been operating is that we've been working with the mental health team and they have been defining where their priorities are and then in effect, we've been putting those into the different work streams to progress them.

They hold the ring together, but we progress the pieces at work.

Great, thank you for that.

Do you guys want to add anything, Pauline or Anna-Marie?

I think Ailsa pretty much covered it, and it's in secondary care settings, community settings as well, so right across the spectrum of care.

And I did see around training places for clinical psychology.

So, yeah, that's all part of the placement, all part of working within that.

And mental health is, as Ailsa said, a big piece of work that we are working alongside.

Thank you, both of you.

A nice provocative question for the panel here.

There's a huge focus on some professions which have already had a lot of support, like nursing.

Some professionals, like pharmacy, need immediate support.

This is a proficient who have potential solutions that need some backing and support, particularly around regulatory changes or listening required.

I would hate to see a key profession forgotten about as others are deemed easier to work with a response from people.

Yes.

So can I absolutely assure you that we are certainly picking some professionals that are a little bit challenging to workforce to work with.

And pharmacy, I was going to say pharmacy is one we are doing pharmacy, I'm not putting it in that box necessarily, but the reality is that nurses have had a priority just because of the share volume of them.

But you'll see that within the Allied Health there were nine professions that are the first ones off the rank.

That doesn't mean to say we're not progressing work with the others, it's just these are getting the intensive work and we're working particularly with the Ministry on supporting regulatory bodies and giving them feedback about some of the challenges some of their approaches have taken.

And the Ministry is looking as part of this whole structure at the role of regulated bodies and going forward.

Ka pai. Thanks, Ailsa.

This one comes from [?] Thompson.

It's to do with the Kaiawhina workforce and wondering is there will be an interface with the work of Toitū te Waiora, which, for those of you who don't know, as part of the Workforce Development Council.

So I think this one's for you Anna Marie, do you got any views on that?

Yeah, kia ora, that's a really good question and I apologise that I didn't mention Toitū earlier in the Kaiawhina slide.

But yes, we are working in partnership with Toitū in regards to the micro credentialing pathways.

And look, given the work that occurred over the course of the COVID pandemic, and that the roles and responsibilities, as you've all identified, of Kaiawhina have been significant and important in our overall sort of sector.

I've got a couple more questions here.

This is a really good one, a really interesting one.

What is the oops lost that question.

Can we go back to that one?

What is the fast track opportunities for registration and what might that look like?

I think this is generally around registration for various professions.

Is there going to be a fast track type of process?

Yes.

So what we're doing is that we are currently working with the regulatory bodies.

The first one was with the Nursing Council, who to look to see how we can fast track people through the system and what support they need to do that.

I think to the credit, the Nursing Council has been particularly responsive and that's been so that's basically our approach at the moment, until the review of the regulatory bodies happen.

Great, thank you Ailsa.

Also, I've got a question here regarding the funding of training and the fact that actually TEC, they're obviously the partner in the funding for the programmes and their budget seems to have been tapped to its limits at the moment.

Is there a consideration that health might start funding some of the programmes in those sort of a priority vocational areas, or do we think that that still clearly sits as a priority for funding by TEC themselves?

I think that's a matter of the debate between education and health at ministerial level as it stands at the moment.

Clearly it's a policy, that's the policy.

I don't want to step in that one, Bernard, there is one about can the Immigration Service talks about Te Whatu Ora'a funding services.

Yes.

Can you just say that it's starting there, but it was launched at that area.

But we're now moving as we're getting more staff and we will be looking to provide an Immigration support service to all health organisations, including Community, Primary Care, et cetera.

So of interest in Pauline, I wonder if you can give a perspective on that work from a Pacific perspective.

Yes, we are trying to understand how we can support in that way.

Having said that, there is an ethical recruitment policy that we have guidance that we have put together, because what we don't want to do is actively recruit from the Pacific region because their health systems are under resourced and so we want to grow and support their health systems, not take away.

But one of the things that we are looking at doing well, we're ready to go for next year as an example is Pacific trained nurses that are living in New Zealand.

There's an 18 month course that has been developed which will replace the international qualified nurses process and they'll come out with New Zealand registration.

So we're looking at doing different things to increase Pacific workforce here, though we don't want to actively recruit from the Pacific region.

Great.

Thanks for that, Pauline.

That was really helpful.

This one's from Katrina Fletcher.

She asks, is there any thought to supporting unpaid family carers who may be doing quite complex tasks into micro credentialing and eventually entry into the workforce itself.

Great question.

That's an interesting idea.

Yes, and I think that, yes, that could be potentially on the agenda.

I think that's a very thoughtful idea.

And I could probably add to that because it also touches on an earlier question around our relationship with Whaikaha.

So one of the pieces of work that we are looking at under the Kaiawhina work, the work stream.

And that micro credentialing and making sure that micro credentialing is accessible to all people.

That includes our tangata whai kaha and our disability community as well.

Because we know that we have a lot of young careers at home caring for siblings and whanau and actually some of those young people our people are missing out on school.

So we're looking at pathways to be able to provide solutions such as being able to access education pathways going forward.

So that all sits under the umbrella and we are working closely with Whaikaha as well in regards to our workforce development approaches in that space.

I hope I've answered all of those questions all in one.

Thanks for that, Anna Marie.

And thanks, Ailsa.

Look, we've had some really great questions today.

I'm going to finish off with this one and it's a nice, good, provocative one to end the questions on.

And it says hi there.

The Human Rights Commission has just released their ethnic pay gap data and Pacific women are the lowest paid with the biggest gap in pay.

67% of the pay gap for Pacific woman is unexplained.

As a workforce task force, do you have any actions that can be aimed at closing the pay gap?

So, first of all, can I just say we don't do pay parity and stuff like that, but I think that Pauline will go to speak more about it a lot of the work that we are doing is consciously focused on supporting Maori and Pacific and recognising the skills that they bring and so that would be my two penny worth, but Pauline might better answer that one a bit more.

Yeah, I mean, it's definitely an issue that we are aware of and the recent report validates that with that evidence and what we are focused on is progressing and developing this as part of our priorities and working closely with the team that is looking at pay parity and Pacific will definitely be part of that.

I just want to make sure that we're clear about this.

So pay parity is not an area that will be covered off as part of the Health Workforce strategy, is that right?

It might be part of the Health Workforce strategy and someone from the ministry might be able to speak more on that, but it's not within the work of the workforce task group.

Great, thanks for that clarity.

I think that's really helpful.

We've reached the end really quickly of our webinar today.

I'd like to thank you all for attending.

And in particular, I'd like to acknowledge our three presenters, Ailsa, Anna-Marie and Pauline.

Tena koutou katoa. Just a reminder, take the opportunity to visit tatou.health.govt.nz, our website if you want to contribute your thoughts and ideas to the overarching workforce strategy.

We had a great session today.

We had over 42 different questions, which is great.

Thanks, Tom, for showing me the number there.

I wasn't counting them personally, so it's great that I've got someone here, Tom and the rest of the crew helping us to give us that information.

And just a reminder that anyone who hasn't had their questions answered, our team will be following up with all of you individually, so look out for a followup email from us.

Look, we've reached the conclusion, so once again, thank you all very much.