

# **Pacific Health and Disability Workforce Development Plan**

Citation: Ministry of Health. 2004. *Pacific Health and Disability Workforce Development Plan*. Wellington: Ministry of Health.

Published in November 2004 by the  
Ministry of Health  
PO Box 5013, Wellington, New Zealand

ISBN 0-478-25736-8 (Book)  
ISBN 0-478-25737-6 (Internet)  
HP 3990

This document is available on the Ministry of Health website:  
<http://www.moh.govt.nz>



MANATŪ HAUORA

## Foreword

Talofa lava, Kia orana, Malo e lelei, Fakaalofa lahi atu, Taloha ni, Ni sa bula vinaka, Fakatalofa atu.

I am pleased to present the Pacific Health and Disability Workforce Development Plan.

Finalising this plan completes one of the Pacific Health and Disability Action Plan's action points under priority four 'provider and workforce development'.

The plan was developed following extensive consultation within the Ministry and with external agencies, DHBs, Pacific providers and the Pacific community.

The plan provides a framework for health and education organisations to positively influence the pathways for Pacific peoples' participation in the health workforce. It focuses specifically on Pacific health and disability workforce development as part of the Government's strategy to improve health outcomes for Pacific peoples.

The Pacific Health Branch, along with other Ministry directorates and external agencies, will be implementing the plan over the next few years.



Karen O Poutasi (Dr)  
Director-General of Health

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## Executive Summary

Pacific health and disability workforce development is an integral part of efforts to improve health and disability outcomes for Pacific peoples in New Zealand and contributes, in a broader sense, to achieving health and wellbeing for the New Zealand public. This Pacific Health and Disability Workforce Development Plan progresses key priority areas on workforce development from the Pacific Health and Disability Action Plan (Minister of Health 2002) and Health Workforce Advisory Committee's recommendations to the Minister of Health (HWAC 2003). It has been developed within the broader context of the Pacific Workforce Development Strategy 2003.

It is well recognised that Pacific peoples are under-represented in the health and disability workforce. This plan provides a framework for all organisations that can positively influence the pathways for Pacific peoples' entry and dispersal in the health and disability workforce. It is intended that this framework will guide activity well into the future.

Barriers exist to Pacific health and disability workforce development which affect recruitment, retention and development of Pacific health and disability practitioners. The specific needs in Pacific health and disability workforce development are noted in this plan.

The following four goals are designed to contribute to a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples.

1. Increase the capacity and capability of the Pacific health and disability workforce.
2. Promote Pacific models of care and cultural competence.
3. Advance opportunities in the Pacific health and disability workforce.
4. Improve information about the Pacific health and disability workforce.

These goals have been broken down into 14 objectives with an associated action plan. The action plan includes activities to which the Ministry of Health's directorates and other agencies have already committed. The activities do not comprehensively cover all the goals and objectives.

Extending the Pacific health and disability workforce's capacity and capability requires short-term and long-term focuses. The Pacific Health Branch of the Ministry of Health has a key role in undertaking some activities in the plan and co-ordinating the monitoring of, and reporting on, other agencies' and directorates' progress towards meeting the goals.



# 1. Introduction and Context

## Introduction

This Pacific Health and Disability Workforce Development Plan aims to progress the following key priority areas in workforce development from the Pacific Health and Disability Action Plan (Minister of Health 2002) and the Health Workforce Advisory Committee's (HWAC's) recommendations to the Minister of Health (HWAC 2003):

- priority 4 'provider and workforce development' (from Minister of Health 2002)
- priority 5 'to progress Pacific health workforce development' (from HWAC 2003).

This document focuses specifically on Pacific health and disability workforce development as part of the Government's strategy to improve health outcomes for Pacific peoples and foster leadership and promote participation by Pacific peoples with disabilities. It outlines the range of existing initiatives and aims to provide a co-ordination mechanism and framework for existing workstreams as well as to propose new areas of activity to fill identified gaps.

Given the relatively low representation of Pacific peoples across the health and disability workforce (as outlined in Appendix 2), this plan takes a generic approach to increasing this representation, rather than an approach that focuses on specific workforce areas linked to particular health issues. It is anticipated that development of the Pacific health and disability workforce, by improving access, will contribute to improved health outcomes for Pacific peoples.

The HWAC believes that a planned and managed evolutionary process for workforce development is more likely to achieve the desired outcomes rather than a forced and sudden change. This means enabling innovation at local levels and being careful not to over-prescribe or stifle local solutions to local problems. Therefore, this plan recognises that a prescriptive approach to Pacific health and disability workforce development is neither practical nor desirable. Local organisations such as District Health Boards (DHBs) and Pacific providers are best positioned to work with local communities to achieve the size and mix of the workforce that is required to meet their Pacific communities' needs. The focus is on a framework of goals, objectives and actions to guide local Pacific health and disability workforce planning and development efforts.

The following four goals are designed to contribute to a competent and qualified Pacific health and disability workforce that will meet Pacific peoples' needs.

1. Increase the capacity and capability of the Pacific health and disability workforce.
2. Promote Pacific models of care and cultural competence.
3. Advance opportunities in the Pacific health and disability workforce.
4. Improve information about the Pacific health and disability workforce.

This plan provides a framework for all organisations that can positively influence the pathways for Pacific peoples' entry and dispersal in the health and disability workforce. These organisations are the Ministry of Health, DHBs, health and disability providers, education and training institutions and other organisations and individuals who have a role or interest in Pacific health and disability workforce development. It is intended that this framework will guide activity well into the future. The action plan component of this document outlines activities to which the Ministry of Health and other agencies have committed. As activities are undertaken this section will need to be updated.

This plan also recognises that leadership for Pacific health and disability workforce development is shared between the Ministry of Health and DHBs. The framework for DHB action is in the DHB/DHBNZ Workforce Action Plan, which states that DHBs will select and undertake actions from this Pacific Health and Disability Workforce Development Plan.

## **Context**

Pacific health and disability workforce development is an integral part of efforts to improve health and disability outcomes for Pacific peoples in New Zealand and contributes in a broader sense to achieving health and wellbeing for the New Zealand public. The Government has in place a range of strategies and plans to improve health and disability outcomes for Pacific peoples. The delivery of such outcomes depends on there being sufficient competent Pacific health and disability professionals operating in priority outcome areas.

### **New Zealand Health Strategy**

The New Zealand Health Strategy guides government activities in the health sector (Minister of Health 2000). Ensuring appropriate and accessible health services for Pacific peoples is one of three priority objectives for the strategy. Specific aims relevant to Pacific health workforce development are to:

- reduce inequalities in health
- increase the number of Pacific peoples in the health workforce.

### **New Zealand Disability Strategy**

The New Zealand Disability Strategy is the key strategic social framework for disability development and advancement (Minister for Disability Issues 2001). It outlines the need to promote the participation of Pacific peoples experiencing disability. In particular, the strategy identifies the need for action to support disability workforce development and training for Pacific peoples, by training Pacific peoples as providers of disability information and services in their local communities (Minister for Disability Issues 2001).

## **Pacific Health and Disability Action Plan**

The Pacific Health and Disability Action Plan sits within the context of the New Zealand Health Strategy and New Zealand Disability Strategy. It sets out the strategic direction to and actions for improving Pacific peoples' health outcomes and reducing inequalities between Pacific and non-Pacific peoples. Its six priority areas are:

- child and youth health
- promoting healthy lifestyles and wellbeing
- primary health care and preventive services
- provider and workforce development
- promoting participation of disabled Pacific peoples
- health and disability information and research.

Priority 4 from the Pacific Health and Disability Action Plan is 'Pacific provider development and workforce development'. The related goal is 'to develop a competent and qualified Pacific health and disability workforce that will meet the needs of Pacific peoples'. The plan contains objectives and actions for Pacific workforce development to achieve this goal.

One objective from the Pacific Health and Disability Action Plan is to develop a Pacific workforce plan (ie, this document).

The Pacific Health and Disability Action Plan outlines the components of Pacific workforce development that will ensure the development of a competent and qualified Pacific health and disability workforce to meet Pacific peoples' needs. These components are:

- identifying priorities for training and education in child and youth health, healthy lifestyles and wellbeing, primary health care, management and policy development, and research and evaluation
- supporting specialist training for doctors, clinical nurse specialists and community health workers in paediatrics, general practice, psychiatry, general medicine, obstetrics, gynaecology, oncology and public health
- developing and implementing a Pacific leadership training programme
- developing a training programme in public sector management, business management and policy development
- developing best practice guidelines for the Pacific health workforce
- developing certified training for community health workers, community health promoters and educators
- developing cultural competency standards and training programmes for mainstream organisations delivering services to Pacific populations
- developing strategies to achieve a strong Pacific mental health workforce
- supporting disability workforce development training for Pacific peoples
- supporting the growth and development of Pacific Primary Health Organisations (PHOs).

Some of these components are being progressed already (see Appendix 1). This plan encompasses all components of Pacific health and disability workforce development and provides a framework for monitoring current activity as well as proposing new actions to cover any gaps in activity.

### **Health Workforce Advisory Committee**

The HWAC is an independent body that provides strategic advice to the Minister of Health on the health and disability workforce. The HWAC has identified Pacific health workforce development as one of seven priority areas for national health workforce development (HWAC 2003). To progress Pacific health workforce development, it recommends:

- DHBs develop:
  - capacity and capability of Pacific providers and their Pacific health and disability workforce
  - links and facilitate the sharing of resources between Pacific and mainstream providers
  - organisational tools to address individual and institutional discrimination
- the Ministry of Health collaborates with DHBs, the Ministry of Pacific Island Affairs, the Ministry of Education and other stakeholders as appropriate to increase the representation of Pacific peoples employed in DHBs by:
  - analysing the barriers and wider determinants of Pacific representation in the health and disability workforce
  - targeting investment and incentives
  - developing sustainable career pathways to facilitate Pacific peoples' transition into health education
  - involving the Pacific health sector and community leaders in developing and implementing strategies for Pacific health workforce development
  - identifying and reducing barriers to lifelong career development
- the Ministry of Education, in collaboration with the Ministry of Health, ensures:
  - accessible, positive health career guidance is given throughout all levels of secondary school for Pacific students
  - the philosophies underpinning teaching and assessment methods are responsive to Pacific peoples' learning needs
  - personal development, mentoring, support and guidance for Pacific peoples during their health education and training.

The Minister of Health has highlighted the first recommendation, develop the capacity and capability of Pacific providers and their Pacific health and disability workforce, for early implementation. This recommendation is progressed through this document's action plan. Some of the other HWAC recommendations are also addressed in section 3.

## **Pacific Workforce Development Strategy 2003**

In 2003 the Ministry of Pacific Island Affairs developed a Pacific Workforce Development Strategy, in consultation with the Ministry of Health and other agencies, within which existing and future government strategies that contribute to Pacific workforce development outcomes can be aligned, co-ordinated and monitored. This Pacific Health and Disability Workforce Development Plan has been developed within this broader context.

The Pacific Workforce Development Strategy defines Pacific workforce development as 'the long-term and sustainable development of the Pacific workforce which builds on existing skill-sets, talents and innovation, meets the existing and future demands of New Zealand's modern economy, and is consistent with the social and economic aspirations of Pacific peoples'.

The strategy's vision is 'to improve the social and economic status of Pacific people, through developing and increasing a Pacific workforce that builds on existing skills, talents and innovation, to meet existing challenges and the future demands of a modern economy'.

The strategy's relevant goals to the Pacific health and disability workforce development plan are:

- an educated and trained Pacific workforce that makes a major contribution to New Zealand's economy
- a flexible, highly skilled and responsive Pacific workforce.

The strategy's relevant guiding principles to the Pacific health and disability workforce development plan are:

- develop a workforce that can respond to the future's challenges
- create multiple solutions for a diverse problem
- create effective partnerships between central government and the private sector
- build on existing work
- ensure actions are informed by evidence to increase the likelihood of their effectiveness.

This Pacific Health and Disability Workforce Development Plan is part of the health sector's response to this broader government strategy.

## **2. Issues around Developing the Pacific Health and Disability Workforce**

The health and disability sector workforce comprises clinical and non-clinical health workers, managers and administrators, policy developers, funders and health researchers. In the disability workforce the support worker has a key role. Pacific peoples are involved across the health and disability sector workforce. This plan aims to increase Pacific participation and strengthen Pacific involvement throughout the health and disability sector. Stakeholders and their roles and initiatives in Pacific health and disability workforce development are outlined in Appendix 1.

### **Status of the Pacific health and disability workforce**

Robust and comprehensive data on the characteristics, numbers, locations and occupations of the Pacific health and disability workforce is scarce – in some cases, nonexistent. The New Zealand Health Information Service (NZHIS) collates information from the professional bodies that regulate their members through annual practising certificates and licences. However, many health occupations are unregistered, including community and voluntary sector health workers and disability support workers, so little or no information exists. These problems are compounded by poor recording and inconsistent definitions of ethnicity, which means little comparative ethnic-specific data exists. Therefore, it is difficult to fully characterise the Pacific health and disability workforce or compare it with the mainstream workforce.

The lack of comprehensive data is a constraint when planning. Despite this, it is widely recognised that there are not enough qualified Pacific health and disability workers to meet the health and disability needs of Pacific communities and that Pacific peoples are under-represented in the health and disability workforce.

Appendix 2 shows the proportion of people working in various areas in the health and disability workforce who are of Pacific ethnicity. One percent of medical practitioners (in 2002) and 2.9 percent of active (registered and enrolled) nurses and midwives (in 2003) identified themselves as Pacific.

Despite the small proportion of Pacific peoples in the health workforce, this proportion is increasing. For example, Pacific medical practitioners increased from 0.9 percent in 1998 to 1 percent in 2002 (according to the Medical Council of New Zealand).

The New Zealand Medical Association (NZMA) has noted there are particular shortages of doctors from Pacific groups. In 2002 just 0.6 percent of the general practitioner (GP) workforce was Pacific. The NZMA identified this as an area of particular concern. Its survey of medical students also identified the under-representation of Pacific peoples among medical students as likely to be a continuing problem (New Zealand Medical Association 2004a).

Unpublished information from the University of Otago has noted fewer Pacific students gaining entry to health professional courses from 1999 (in some years there have been no Pacific students) (Sopoaga 2004).

A national survey of Pacific nurses and nursing students collected information on the numbers, characteristics, areas of specialty, employment status and training needs of Pacific nurses and nursing students in New Zealand (Koloto and Associates Limited 2003). The survey concentrated on five target groups within the Pacific nursing workforce: active nurses, non-active nurses, nursing students, nurse educators and nurse managers. The survey found that in 2002 Pacific active nurses made up about 2.8 percent of the total nursing workforce. Nurses are central to the delivery of primary health care and are by far the largest occupational group in the health workforce. Pacific nurses tend to work in continuing care and medical nursing roles.

The HWAC also notes a serious lack of Pacific peoples across all health occupations (HWAC 2002a).

A survey of the mental health sector, commissioned by the Mental Health Commission in 1999, estimated the number of Pacific workers in the mental health workforce. The survey indicated that, at 2.5 percent of the mental health workforce, Pacific peoples were significantly under-represented (Mental Health Commission 2001). The commission also noted that there were few Pacific psychiatrists and clinical psychologists in practice or training, and Pacific mental health professionals were in such short supply that increasing their numbers was a priority.

Pacific peoples continue to be under-represented in the specialist health workforce and health professional workforce (Ministry of Health 2001). The number of health practitioners of Pacific descent in professions is significantly less than the proportion of Pacific peoples in the general population (6.5% according to the 2001 Census).

The case for developing a Pacific health workforce is summed up by the Commonwealth Fund (Betancourt et al 2003).

Health care systems and structural processes of care are shaped by the leadership that designs them and the workforce that carries them out. From this organisational standpoint, one factor that impinges on both the availability and acceptability of health care for members of minority racial/ethnic groups is the degree to which the nation's health care leadership and workforce reflect the racial/ethnic composition of the general population.

The HWAC has noted the increasing demand for Pacific health practitioners is not being met by the existing Pacific labour market. The increased demand is also influenced by the growing disparities and inequalities of health between Pacific peoples and other New Zealanders, which points to a failure of existing delivery systems to adequately provide accessible services to this population group. The failure is partly explained by the poor responsiveness of health practitioners to Pacific peoples' needs and insufficient understanding of how cultural values and practices affect assessment, treatment and rehabilitation (HWAC 2002b). Pacific peoples' health status is overviewed in Appendix 3.

The Pacific Health and Disability Action Plan recognises the lack of Pacific health and disability professionals participating in the health sector and points to the importance of developing a Pacific health and disability workforce and a mainstream health and disability workforce that is well trained, skilled and responsive to the immediate and long-term needs of Pacific peoples.

While the case for Pacific health workforce development is clear it is also widely recognised that multiple approaches are required to deliver improved outcomes.

## **Factors affecting Pacific health and disability workforce development**

Barriers exist to Pacific health and disability workforce development. Some of these are not restricted to the Pacific population. For example, in an environment of increasing globalisation and international mobility New Zealand is constantly competing with other countries for skilled workers. Attracting and retaining the health and disability workforce is a challenge to the country as a whole. This issue is further highlighted by the pattern of migration among Pacific peoples.

The HWAC noted that barriers to Pacific health workforce development relate to the education system, overseas training and retention (HWAC 2002b). Issues specific to the Pacific disability workforce also exist.

### **Education system**

The Pacific health and disability workforce draws from a Pacific labour market that has the following features:

- Pacific children are more likely to leave school without qualifications than non-Pacific children.
- Pacific tertiary students are less likely than non-Pacific tertiary students to pursue compulsory school subjects (ie, mathematics and the sciences) to the levels required for entry to tertiary training for careers in medicine and health.
- Pacific students are more likely than non-Pacific students to leave tertiary institutions without a tertiary qualification (HWAC 2002b).
- Pacific graduates take the longest of any ethnic group to repay student loans (NZUSA 2002).
- Pacific families and communities may have lower expectations for their children to be involved in education and training.
- Student debt may be a barrier to beginning or continuing training.

## **Overseas-trained Pacific practitioners**

Anecdotal evidence suggests Pacific health practitioners who were trained overseas (in Pacific nations) face barriers to registration and employment in New Zealand. This may be because of the cost and complexity of retraining and/or registering in New Zealand.

A further challenge to Pacific workforce development is the language barrier. Formal training and accreditation are delivered almost exclusively in the mainstream environment where proficiency in the English language is a prerequisite (HWAC 2002b).

## **Retention**

Pacific health practitioners sometimes face institutional and peer discrimination that create inappropriate perceptions about their skills and competencies and present a barrier to career development.

Organisations that recruit Pacific peoples are likely to capitalise on their staff's cultural competency to provide additional services for Pacific peoples. Pacific peoples who are required to provide cultural expertise in responding to Pacific health issues should be appropriately trained. While cultural competencies are often as critical as clinical expertise to ensure a patient fully understands the implications of their illness and the impact of treatment options, support from a clinical base is also essential (HWAC 2002b).

The State Services Commission noted the under-representation of Pacific staff in management and policy advice positions results in fewer opportunities for their direct input into decision-making. It also limits their access to information, technology, training and resources. However, results from the Career Development and Progression Survey showed an ambitious and willing group of Pacific staff that could be targeted to improve the diversity of the senior ranks of the public service. This group wants to improve its formal qualifications and widen their work experience. Many feel trapped on a short career ladder. Access to study leave and secondments are regarded as highly important. A link between the retention of Pacific employees and their access to development opportunities also appears to exist (State Services Commission 2004).

Pacific public servants want managers to actively support and encourage them and set clear goals and guidelines for their development. They are deterred from applying for more senior positions by their lack of qualifications, lack of experience, concerns about the fairness of selection processes and a lack of other people's confidence in them (State Services Commission 2004).

Pacific public servants have suggested strategies to address the issues they have identified, including (State Services Commission 2004):

- acknowledging cultural skills as relevant to the organisation's business by recognising them in remuneration and appraisal systems
- recruiting and developing Pacific policy analysts
- setting up formal mentoring schemes
- providing training for non-Pacific staff on cultural issues
- monitoring the organisation's cultural environment
- developing a public service job experience scheme.

### **Pacific disability workforce**

In the specialised disability workforce social and medical models interact. This workforce consists of health and allied professionals that provide specialised assistance to people with specific impairments to support their participation in society.

Pacific cultural interpretations of disability will influence the strategic design and development of the disability support workforce. Social models of care are significant, especially key concepts such as participation, independence, equality and equity. The central roles of families and caregivers in supporting Pacific people with disabilities may also need to be recognised.

### **Pacific health and disability workforce development needs**

The Pacific Health and Disability Action Plan states that Pacific workforce development requires a trained, experienced and culturally competent Pacific workforce of professional people – clinical and non-clinical, specialist and non-specialist, community and institution based – capable of delivering services across the entire health and disability support sector. For non-Pacific health and disability organisations, Pacific workforce development not only involves implementing proactive practices of recruitment, retention and training of Pacific peoples at all levels, but developing Pacific cultural competency standards, best practice guidelines and training (Minister of Health 2002).

The HWAC notes four key areas for building Pacific health workforce capacity (HWAC 2002b):

- clinical and non-clinical expertise (eg, social workers, health promoters and community health workers)
- business and management competencies to manage complex provider organisations in complex funding environments
- policy development, planning and funding expertise to provide appropriate advice and input into decision-making processes
- health researchers to investigate, examine and build the knowledge base for effective Pacific health interventions.

Consultation with the Pacific community since the mid-1990s has shown their consistent preference for 'by Pacific for Pacific' models of care and service provision and the opportunity to access services from Pacific providers, whenever possible (Ministry of Health 2003b). The HWAC also noted an increasing recognition that the 'models of care' approach developed by Pacific providers is effective in addressing Pacific health issues. Common elements in Pacific models of care and service provision are:

- multi-disciplinary teamwork
- a mix of clinical and non-clinical approaches (consistent with the ethos underpinning PHOs)
- services wrapped around families to support individuals' care
- an understanding by practitioners of Pacific communities and settings and the affect of those settings on health status (ie, cultural competence)
- consideration of socioeconomic factors
- innovation
- an intersectoral approach
- a multi-ethnic approach
- a multilingual approach.

The HWAC noted the workforce required to deliver these models of care is likely to comprise:

- clinical and non-clinical Pacific practitioners
- culturally competent health practitioners working with Pacific families and individuals
- practitioners who understand Pacific communities and settings and the affect of those settings on health status.

The HWAC has also identified that the acknowledgement and valuing of health practitioners to ensure their individual work and career needs are met is a key consideration (HWAC 2002a).

## **Mental health**

Aside from the lack of Pacific psychiatrists and clinical psychologists noted above, the Mental Health Commission noted the key issues in developing a sustainable Pacific mental health workforce (Mental Health Commission 2001):

- more Pacific peoples need to be recruited into the mental health workforce, at all levels, in all occupations and from all Pacific ethnic groups
- retention of the workforce is a critical issue
- significant effort is needed to increase the proportion of Pacific mental health workers with appropriate health qualifications
- a pressing need exists to upskill the current Pacific mental health workforce so they are culturally and clinically competent

- key issues for Pacific nurses include increasing the numbers choosing mental health nursing (especially male nurses) and making better use of Pacific nursing staff in the sector
- few social workers are in the Pacific mental health workforce
- occupational therapy and counselling have a low profile among Pacific peoples
- Pacific consumer advisors have an important role in ensuring mental health services are culturally relevant and beneficial to Pacific peoples
- the role of matua must be recognised as an integral part of mental health services for Pacific peoples
- successful progress towards increasing the number and skills of Pacific managers is essential for Pacific provider development and growing sector capacity.

### **Pacific disability support workforce development**

The Ministry of Health's Disability Services Directorate has identified a need for a National Pacific Disability Plan that would provide the overarching strategic framework for a national Pacific disability agenda responsive to Pacific communities around the country and for advancing Pacific workforce and service development.

One of the key areas of Pacific workforce in disability services is the support workforce. The disability support workforce has been identified as needing urgent development. The HWAC has included building the health and support workforce capacity for people who experience disability as a priority area. The Ministry of Health is developing a disability support workforce framework to guide activity in this area.

The Ministry of Health, in partnership with the Office for Disability Issues and the Ministry of Pacific Island Affairs, has an important role in developing educational strategies and actions to enhance the Pacific health sector's knowledge of, and responsiveness to, Pacific disability issues and the sector's workforce development needs.

### **Career guidance**

The delivery of education guidance services at secondary and tertiary levels is also crucial. Feedback to the HWAC indicated that the quality of advice to Pacific students, families and communities about careers in health must improve. Secondary schools need to actively promote health as a career and demonstrate that health is valuable from individual, family and community perspectives.

Initiatives are required to enable ongoing learning and to reduce barriers to re-enter the health workforce by Pacific health practitioners.

Effective career guidance is also affected by a lack of co-ordination and integration between health science programmes at secondary and tertiary education levels.

### **3. Goals, Objectives and an Action Plan for Pacific Workforce Development**

This plan identifies four goals for Pacific health and disability workforce development that will achieve a competent and qualified Pacific health and disability workforce that will meet Pacific peoples' needs.

1. Increase the capacity and capability of the Pacific health and disability workforce.
2. Promote Pacific models of care and cultural competence.
3. Advance opportunities in the Pacific health and disability workforce.
4. Improve information on the Pacific health and disability workforce.

#### **Goals and objectives**

The goals, objectives and action plan were developed during extensive consultation with the health sector, including Pacific providers, DHBs and the Pacific community.

#### **Goal 1: Increase the capacity and capability of the Pacific health and disability workforce**

##### **Objective 1.1: Strengthen intersectoral collaboration**

Collaboration between the health and education sectors, in particular, is critical to improve the capacity and capability of the Pacific health and disability workforce. There are many relevant agencies including Career Services and the Clinical Training Agency (CTA).

Collaboration needs to occur at national and regional levels, across the objectives in this action plan, including those related to study programmes and curricula, student and worker recruitment, achievement and retention, and career planning and development initiatives. This includes the integration of career and curriculum planning between secondary schools and tertiary institutions.

Collaborating with the social, community and voluntary sectors may also be of benefit, particularly if there are shared providers.

The Tertiary Education Commission's *Statement of Intent 2003/04–2005/06* outlines its expectations to work closely with other sectors to ensure those sectors have the skilled workforce they require (Tertiary Education Commission 2003).

The Sector Policy Directorate is analysing the provision of education and clinical training for health practitioners, including the costs and who pays, to inform policy development and provide input into the Tertiary Education Commission's review of tertiary education organisations' charters and profiles.

## **Objective 1.2: Extend the range of Pacific health and disability professionals (capacity)**

To develop a comprehensive Pacific health and disability workforce, an increased range of Pacific health professionals is required across many areas of health and disability support service delivery. An immediate priority is to increase the primary health workforce (including GPs). Other areas requiring an increase in the number and range of Pacific health professionals are: paediatrics and child and youth health; psychiatry and mental health; drug and alcohol services; general medicine; disability services; and public health (health promoters, public health physicians, epidemiologists and health protection officers).

The length of training and the need for post-qualification experience should be considered in the planning for Pacific health and disability workforce capacity development. Recruitment and retention issues also need to be considered.

A survey of Pacific nurses identified critical factors affecting the recruitment and retention of Pacific nurses (Koloto and Associates Limited 2003). For nurses who were trained overseas or who had been out of the health workforce barriers to entry included:

- the costs and complexity of regulations to retrain and/or register in New Zealand
- a lack of support from institutions
- family and community responsibilities
- having English as a second language.

Factors affecting retention included:

- low job satisfaction
- poor support networks
- a lack of study opportunities
- a lack of mentoring.

Actions can be taken to reduce these barriers. Based on the major findings of this survey recommendations were made for the Ministry of Health, the Nursing Council of New Zealand, training institutions, nurse educators and others.

Recruitment and retention issues for other health disciplines in the Pacific health and disability workforce also need to be addressed. In a 2004 briefing paper to the Minister of Health the NZMA recommended the development of a comprehensive plan to attract Māori and Pacific students to general and vocational medical training (New Zealand Medical Association 2004b).

Activities to develop the disability support workforce also need to be strengthened and the professional and non-professional workforces need to be increased. A gap analysis of existing activities could be undertaken.

### **Objective 1.3: Increase specialist training (capability)**

More specialist training for Pacific health professionals is required across all areas of service delivery. The Pacific Health and Disability Action Plan identified the need for specialist training for doctors, clinical nurse specialists and community health workers in paediatrics, general practice, psychiatry, general medicine, obstetrics, gynaecology, oncology and public health (Minister of Health 2002).

Providing training opportunities in specialist areas is resource intensive. Facilities and funding for mentoring, scholarships and other support need to be made available to enable Pacific health professionals to pursue higher qualifications.

Professional support organisations, such as the NZMA and Royal New Zealand College of General Practitioners (RNZCGP), and specialist colleges have key roles in this area.

### **Objective 1.4: Build Pacific providers' capacity**

A healthy workplace should provide an environment and infrastructure that supports its workers' participation and development. In addition to clinical expertise, provider organisations need skilled and trained leadership (ie, managers, trustees or board members), financial managers and administrators. Effective management is crucial to ensuring robust providers that can deliver to funders and communities.

A strong Pacific provider network encourages more Pacific health professionals to take an active role in delivering better health outcomes for Pacific peoples. Individual Pacific health practitioners can draw on support from an effective Pacific provider network, which in turn can help to attract and facilitate the developmental progress of Pacific health practitioners in the health workforce.

### **Objective 1.5: Develop Pacific health and disability leadership.**

An identifiable and strong leadership structure provides the basis for strengthening Pacific provider and professional networks and building capacity and capability. Leadership inside and outside clinical and non-clinical professional groups is critical.

The Pacific Health Leadership Programme, funded by the Pacific Provider Development Fund (PPDF), focuses on building leadership development skills for senior positions in the health and disability workforce. This programme needs to be consistent with identified priority areas for workforce development and cover succession development plans for key positions within the sector.

Appropriate training and support for Pacific peoples with governance and management roles in mainstream organisations such as PHOs and DHBs needs to be emphasised.

Centres of excellence provide leadership and strategic direction for mental health workforce development within specific fields. Consideration should be given to setting up a specific Pacific mental health centre of excellence that would be tasked with developing a plan for increasing the Pacific mental health workforce.

### **Objective 1.6: Develop Pacific health and disability policy and research expertise**

Pacific input and expertise is required at all levels of policy development and research to ensure strategies and work programmes are appropriate and reflect Pacific peoples' needs and abilities. Policy development, planning and funding expertise are needed to ensure appropriate advice and input into decision-making processes. Health researchers are needed to investigate and build the knowledge base for effective Pacific health interventions. It is generally recognised that Pacific representation in these disciplines could be improved.

Initiatives are required to increase Pacific expertise in public sector management, policy development and research. A first step would be for agencies such as the Ministry of Health and DHBs to assess their Pacific capability and develop mechanisms to increase Pacific representation. State Services Commission guidelines on Pacific Island participation strategies for government departments could be used (State Services Commission 1993). Other agencies may also have strategies that could be modified and used.

The Ministry of Health's statement of intent for 2004/05 noted a key challenge facing the Ministry was building Pacific peoples' capability and capacity (Ministry of Health 2004).

### **Objective 1.7: Enhance the Pacific health sector's knowledge of, and responsiveness to, Pacific disability issues and the sector's workforce development needs**

Strategies are needed to improve the Pacific health sector's knowledge of, and responsiveness to, Pacific disability issues and workforce development needs.

## **Goal 2: Promote Pacific models of care and cultural competence**

### **Objective 2.1: Define and develop cultural competence**

Cultural competence has been defined as understanding the importance of social and cultural influences on patients' health beliefs and behaviours, considering how these factors interact at multiple levels of the health care delivery systems, and devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations (Betancourt et al 2003).

Cultural competence is important in the delivery of health and disability services to Pacific peoples by Pacific and mainstream providers. Overseas practitioners play an increasing role in the New Zealand workforce and Pacific cultural competence among them needs to be emphasised. Cultural competence may also involve understanding the role of traditional Pacific healing.

Training on cultural competence is also required by the mainstream workforce that delivers services to Pacific peoples.

## **Objective 2.2: Develop Pacific models of care**

There is increasing recognition that Pacific models of care are preferred by Pacific peoples and produce better health outcomes than other models. Therefore, Pacific models of care should be promoted. This should include recognition of the social models of care that underpin the disability framework.

Evaluation of Pacific models of care is critical to strengthen the evidence base and identify what works well for Pacific peoples (HWAC 2002b: 80).

## **Goal 3: Advance opportunities in the Pacific health and disability workforce**

### **Objective 3.1: Promote health as a viable career option in schools and to Pacific families and communities**

Grass-root level innovations are needed to help shift the Pacific communities' perceptions and students' choice of study in favour of health-related courses. Early in their schooling years Pacific students should be encouraged to explore health as a viable career option and to look at alternative health-related career paths. The doctor and nurse professions are well known and understood, but pharmacists, physiotherapists, occupational therapists and others are also needed. Tertiary institutions and school career advisers should be aware of Pacific health workforce development needs when advising Pacific students.

The HWAC has recommended that the Ministry of Education works with the Ministry of Health to include health career guidance for Pacific students throughout all levels of secondary school (HWAC 2003). The HWAC also reminded education providers to ensure the responsiveness of their teaching and assessment methods to Pacific learners' needs.

Career Services has a key role in providing careers advice to secondary and tertiary students as well as to health professionals, people seeking a career change and the community.

### **Objective 3.2: Improve career pathways and succession development for Pacific health and disability workers**

Career pathways need to be improved and made more visible to potential Pacific entrants to enable Pacific peoples to enter and/or make transitions into health education (this may include recognition of prior learning). A career pathway needs to be created that includes opportunities for disability support workers who enter the workforce untrained, then to progress to professional training and advanced or specialist training.

The health sector needs to support and promote the workforce development initiatives in place (eg, the PPDF).

DHBs also have a role in improving career pathways for their staff.

Adequate and appropriate supports for Pacific students during training are required. The HWAC recommended that the Ministry of Education works with the Ministry of Health to provide personal development, mentoring and study support and guidance to Pacific peoples during their health education and training (HWAC 2003). Tertiary institutions are required to provide these supports to Pacific students under funding agreements.

#### **Goal 4: Improve information about the Pacific health and disability workforce**

##### **Objective 4.1: Promote the collection of ethnic-specific workforce data**

The lack of good quality ethnic-specific workforce data to inform planning for the whole sector was discussed earlier in this document. As major employers, DHBs are key stakeholders in workforce development. Information on the number of Pacific staff employed by DHBs and their occupational groupings is scarce (in some cases, non-existent). Anecdotal evidence suggests a lack of senior Pacific clinicians and health managers and a predominance of Pacific staff (where they exist) in lower-grade roles, but this cannot be verified by data.

DHBs acknowledge the need to fill this knowledge vacuum, so consistent, targeted and appropriate workforce initiatives can be created. In response, the DHB/DHBNZ Workforce Action Plan 2003 has two key initiatives: implement a mental health workforce information system and develop a health workforce information system.

The Ministry of Health has planning and funding responsibility for public health and disability services and collects information on these workforces. The Ministry is scoping the development of a single database for all the Ministry's workforce information and to link to information from the NZHIS, DHBNZ, registration authorities and other sources.

##### **Objective 4.2: Improve access to information about the Pacific health and disability workforce**

The Ministry of Health and DHBs need to ensure that data and information about the workforce, training programmes and provider development is accessible in different formats to communities and individuals to assist in systems planning and career planning. A mechanism needs to be put in place for sharing this information between agencies and stakeholders.

##### **Objective 4.3: Promote monitoring and research on Pacific health and disability workforce issues**

The national survey of Pacific nurses and nursing students provided valuable qualitative and quantitative information about the number of 'inactive' Pacific nurses (ie, nurses outside the workforce) and the reasons for this, the number of Pacific Island-trained nurses not registered in New Zealand who may be working at a lower skill level in the health and disability sector, the barriers to training, upskilling and retraining, and Pacific nurses' workplace needs (Koloto and Associates Limited 2003).

In-depth research is needed on other occupational groupings to determine numbers, characteristics and workforce development needs. For example, community health workers have an important role in health and disability service delivery across a wide range of settings, but not enough is known about this group to enable systematic workforce planning. Information on disability support workers could also be strengthened. Pacific doctors are significantly under-represented in the health workforce. Further analysis is needed to determine strategies to increase their numbers in specialist areas.

## **Timeframes**

An intersectoral approach underpins the mechanisms for achieving many of the above objectives and the activities in the action plan. However, by its very nature inter-sectoral collaboration requires considerable resources and scope to evolve. There is also a significant time lag from education to training, to health services interactions, and to delivering positive health outcomes to individual patients and eventually to the population as a whole.

Extending the capacity and capability of the Pacific health and disability workforce requires short-term and long-term focuses. It needs to be recognised that education and training to build a workforce is typically a longer term focus. The effect of implementing specific elements of the action plan can be measured in the short to medium term. Assessing the achievement of strategic goals needs to take a longer term, even generational, perspective. Implementation will take time as each DHB has its own priorities and may already be taking action.

## **Relationships and progress**

The Pacific Health Branch of the Ministry of Health has a key role in undertaking some of the activities outlined in the action plan and in co-ordinating the monitoring of and reporting on other agencies' and directorates' progress towards meeting the goals.

The Pacific Health Branch will develop six-monthly progress reports on the implementation of this plan. Consequently, other agencies and directorates of the Ministry of Health will be required to provide six-monthly reports to the Pacific Health Branch. Progress reports will be circulated to key stakeholders.

Priority DHBs are asked under Crown Funding Agreements and as part of the district annual plan process to report six-monthly on initiatives that have been taken to develop a competent and qualified Pacific health and disability workforce that meets Pacific peoples' needs. This report will encompass actions taken under this Pacific Health and Disability Workforce Development Plan.

The DHB/DHBNZ Workforce Action Plan states that DHBs will select agreed actions from this Pacific Health and Disability Workforce Development Plan. The Pacific Health Branch will also work with the DHB/DHBNZ Workforce Development Group to support and oversee progress on the implementation of agreed initiatives.

The Ministry of Health recognises that this Pacific Health and Disability Workforce Development Plan is most relevant to the seven DHBs with larger Pacific populations (eg, Waitemata; Auckland; Counties Manukau; Waikato; Capital and Coast; Hutt Valley; and Canterbury DHB). Other DHBs who may receive funding from the PPDF will also be required to undertake a needs assessment in their regions and develop a regional Pacific provider development strategy. DHBs who receive PPDF funding are required to report on progress.

As work to complete the activities in this plan progresses, the Ministry of Health, in consultation with key stakeholders, may wish to consider developing progress indicators for Pacific health and disability workforce development.

## Action plan

Ministry of Health directorates and other agencies have committed to the actions below. It is not intended that the plan below comprehensively covers all the goals and objectives from the previous section.

| Action   | Role                         | Timeframe  | Funding committed |
|--|------------------------------|--|-------------------|
| Identify a co-ordinated way for the Workforce Development Group (DHBs) and Ministry of Health to work together   | Pacific Health Branch, DHBNZ | Ongoing  | Staff time        |
| Identify initiatives for DHB implementation in 2004/05 and beyond  | Pacific Health Branch, DHBNZ | Ongoing  | Staff time        |
| Develop Pacific workforce plans  | DHBs                         | Ongoing  |                   |
| Undertake a gap analysis and determine further initiatives that would contribute to the Pacific Health and Disability Workforce Development Plan's goals | Pacific Health Branch        | February 2005                                      | Staff time        |
| Consider mechanisms for the ongoing monitoring and progression of the Pacific Health and Disability Workforce Development Plan                           | Pacific Health Branch        | February 2005                                      | Staff time        |
| Consider scoping and identifying priority targets for the Pacific Health and Disability Workforce Development Plan                                       | Pacific Health Branch        | Project team set up March 2005<br>Report June 2005 | Staff time        |
| Consider the prioritisation of the Pacific Health and Disability Workforce Development Plan  | Pacific Health Branch        | Project team set up July 2005                      | Staff time        |

## Goal 1: Increase the capacity and capability of the Pacific health and disability workforce

| Objective  | Action  | Role  | Timeframe  | Funding committed |
|--|---|---|--|-------------------|
| 1.1 Strengthen intersectoral collaboration                                     | Liaise with the Ministry of Education, Career Services, TEC, Clinical Training Agency (CTA) and wider education sector, as appropriate, to provide Pacific input in to health and disability workforce training and education development | Ministry of Health Directorates as appropriate        | Ongoing  | Staff time        |
|  | Provide Pacific input into a review of the provision of education and clinical training for health practitioners  | TEC, Sector Policy Directorate, Pacific Health Branch | By December 2004   | NDOC* 2004/05     |
| 1.2 Extend the range of Pacific health and disability professionals (capacity) | Continue to increase the range and number of Pacific mental health professionals by implementing the Pacific initiatives from the Mental Health Workforce Development Framework   | Mental Health Directorate                             | Ongoing  | NDOC 2004/05      |
|  | Review the implementation of the Pacific initiatives from the Mental Health Workforce Development Framework   | Mental Health Directorate                             | By June 2005   | NDOC 2004/05      |
|  | Continue to provide scholarships for Pacific mental health workers  | Mental Health Directorate                             | Ongoing  | NDOC 2004/05      |
|  | Continue to fund health sector scholarships under the Pacific Training Scholarship Scheme   | Pacific Health Branch                                 | Ongoing  | PPDF              |
|  | Enable (training support packages) certificated training for community health workers, community health promoters and educators   | Pacific Health Branch, TEC                            | Merging of all training support actions considered and project team set up March 2005<br>Define, stocktake and scope by June 2005<br>Recommendations developed and identify funding streams by December 2005 | Staff time        |
|  | Develop a Pacific Service and Funding Development Plan for Pacific disability providers that includes workforce development   | Disability Services Directorate                       |  |                   |

\* Non-departmental output class.

| Objective  | Action   | Role  | Timeframe                                      | Funding committed |
|--|--|---|--|-------------------|
| 1.2 Extend the range of Pacific health and disability professionals (capacity) (continued) | Develop a disability support workforce framework that includes issues for Pacific peoples with disabilities and their families   | Disability Services Directorate   |  |                   |
|  | Develop a workforce development strategy for Pacific nurses that includes consideration of recommendations for the Ministry of Health from the Pacific Nursing Survey  | Clinical Services Directorate (Chief Advisor Nursing)   | By June 2005                                   |                   |
|  | Work with the Nursing Council of New Zealand, training institutions and nurse educators to consider relevant findings from the Pacific nurses' survey  | Clinical Services Directorate (Chief Advisor Nursing)   | By June 2005                                   |                   |
|  | Scope the future needs of the Pacific primary health care workforce, including working with the NZMA on recruitment and retention of Pacific GPs   | Clinical Services Directorate (Chief Advisors: General Practice; Pacific; Medical; Dental; Nursing) | By June 2005                                   |                   |
|  | Consider the implementation of the Pacific recommendation from the Dental Therapy Technical Advisory Group's report  | Clinical Services Directorate   | By June 2005                                   |                   |
|  | Scope future needs and develop initiatives to increase the Pacific public health workforce as part of the Public Health Workforce Action Plan  | Public Health Directorate   | Review by June 2005<br>Develop actions 2005/06 |                   |
|  | Continue to implement initiatives from the National Screening Unit (NSU) Workforce Development Strategy and Action Plan 2002–2007 to increase the number of Pacific registered nurses trained as smear-takers and breast care nurses | Public Health Directorate, NSU  | Ongoing  |                   |
|  | Update and inform potential Pacific health workers of professional opportunities in screening  | Public Health Directorate, NSU  |  |                   |
|  | Scope stakeholder engagement and co-ordination for developing Pacific workforce human resources policies   | DHBs  |  |                   |

| Objective                                     | Action   | Role  | Timeframe  | Funding committed |
|---|--|---|--|-------------------|
| 1.3 Increase specialist training (capability) | Enable (scholarships, training support packages) Pacific doctors and nurses to pursue specialist training in the areas of paediatrics, general practice, psychiatry, general medicine, obstetrics, gynaecology, oncology and public health | Pacific Health Branch, CTA, TEC, Clinical Services Directorate (Chief Advisors: Medical; Nursing) | Merging of all training support actions considered and project team set up March 2005<br>Define, stocktake and scope by June 2005<br>Recommendations developed and identify funding streams by December 2005 | Staff time        |
|   | Include specialist training needs of the Pacific public health workforce as part of the Public Health Workforce Action Plan  | Public Health Directorate   | Review by June 2005<br>Develop actions 2005/06   |                   |
|   | Register and promote the newly developed foundation qualification for support workers  | Disability Services Directorate   | By December 2004   |                   |
| 1.4 Build Pacific providers' capacity         | Support growth and development of Pacific Primary Health Organisations as required by the Primary Health Care Strategy   | DHBs  | Ongoing  |                   |
|   | Continue to implement initiatives from the NSU Workforce Development Strategy and Action Plan 2002–2007 on training opportunities for Pacific provider managers  | Public Health Directorate, NSU  |  |                   |
|   | Provide training for new and advanced Pacific screening health promoters   | Public Health Directorate, NSU  |  |                   |
|   | Continue to support and build the capacity of Pacific providers of public health services  | Public Health Directorate   | Ongoing  |                   |
|   | Continue to fund workforce development for Pacific providers from the PPDF   | Pacific Health Branch   | Ongoing  | PPDF              |
|   | Increase targeting for PPDF to allow funding of more DHBs than the seven with the highest Pacific populations  | Pacific Health Branch   | Fund extra DHBs from June 2004<br>Develop purchasing strategy by December 2004   | PPDF              |

| <b>Objective</b>  | <b>Action</b>  | <b>Role</b>                           | <b>Timeframe</b>   | <b>Funding committed</b>                                  |
|---|--|---------------------------------------|--|---|
| 1.5 Develop Pacific health and disability leadership  | Continue to develop the Pacific health leadership programme (PPDF)   | Pacific Health Branch                 | Forum with past participants July 2004<br>Engage sector October 2004<br>Develop strategy December 2004 | PPDF  |
|   | Continue to implement Pacific workforce leadership initiatives as part of the NSU Workforce Development Strategy and Action Plan 2002–2007       | Public Health Directorate, NSU        |  |   |
|   | Develop a public health leadership programme that targets Pacific health participants  | Public Health Directorate             | By June 2005   |   |
|   | Investigate a potential clinical teaching programme to assist experienced Pacific health and disability professionals to pass on their knowledge | CTA                                   |  | As prioritising allows                                    |
| 1.6 Develop Pacific health and disability policy and research expertise   | Assess involvement of Pacific staff in policy development and research and develop initiatives to increase participation and capability          | Ministry of Health (all Directorates) | By June 2006   |   |
|   | Develop a training programme on Pacific health for Ministry of Health staff  | Ministry of Health (Human Resources)  | By June 2005   | Staff time 2004/05<br>Internal budgets 2005/06 and beyond |
| 1.7 Enhance the Pacific health sector's knowledge of, and responsiveness to, Pacific disability issues and the sector's workforce development needs | Develop educational strategies and programmes  | Disability Services Directorate       |  |   |

## Goal 2: Promote Pacific models of care and cultural competence

| Objective                                  | Action   | Role   | Timeframe  | Funding committed |
|--|--|--|--|-------------------|
| 2.1 Define and develop cultural competence | Develop a cultural competence framework for health providers   | Pacific Health Branch, Ministry of Health Directorates | Stocktake of existing work by February 2005<br>Set up working group as required March 2005<br>Project plan developed June 2005 | Staff time        |
|  | Develop a Pacific cultural competence framework for DHBs   | DHBs (Waitemata DHB on behalf of other DHBs)           | Report due to Ministry of Health October 2004  |                   |
|  | Implement training on Pacific competencies as part of the NSU Workforce Development Strategy and Action Plan 2002–2007 | Public Health Directorate, NSU                         |  |                   |
| 2.2 Develop Pacific models of care         | Research best practice Pacific models of care and service delivery   | Pacific Health Branch                                  | Project plan developed December 2006   | Staff time        |

### Goal 3: Advance opportunities in the Pacific health and disability workforce

| Objective   | Action  | Role   | Timeframe  | Funding committed |
|---|---|--|--|-------------------|
| 3.1 Promote health as a viable career option in schools and to Pacific families and communities | Require, support and, where necessary, resource schools and tertiary institutions to encourage Pacific students to choose health-related study and careers  | Ministry of Education, TEC, Ministry of Health   |  |                   |
|   | Establish a relationship with Careers Services  | Pacific Health Branch, Sector Policy Directorate | Ongoing  | Staff time        |
|   | Have regular communication with Pacific communities, selling the value of a career in health  | Ministry of Education                            | Ongoing  |                   |
| 3.2 Improve career pathways and succession development for Pacific health workers               | Continue to develop newly established Pacific training support initiatives (mentoring programmes)   | CTA  | Ongoing  | NDOC to June 2005 |
|   | Explore options for providing further personal development, mentoring support and guidance for Pacific peoples during health education and training   | TEC, CTA, Pacific Health Branch                  | Merging of all training support actions considered and project team set up March 2005<br>Define, stocktake and scope by June 2005<br>Recommendations developed and identify funding streams by December 2005 |                   |
|   | Undertake a stocktake of Pacific smear-takers needs and work with professional organisations to encourage the development of mentoring strategies as part of the NSU Workforce Development Strategy and Action Plan 2002–2007 | Public Health Directorate, NSU                   | Stocktake by June 2005   |                   |
|   | Identify issues related to career pathways and development and develop initiatives to address these, as part of the review of workforce needs under the Public Health Workforce Action Plan                                   | Public Health Directorate                        | Review completed June 2005<br>Initiatives developed 2005/06  |                   |
|   | Improve career pathways for Pacific staff   | DHBs   |  |                   |

## Goal 4: Improve information on the Pacific health and disability workforce

| Objective   | Action  | Role                            | Timeframe   | Funding committed |
|---|---|---------------------------------|---|-------------------|
| 4.1 Promote the collection of ethnic-specific workforce data                          | Implement plans to collect ethnic-specific data as part of implementing the DHB/DHBNZ Workforce Action Plan   | DHBs                            |   |                   |
|   | Collect baseline statistics on Pacific staff and establish consistent Pacific ethnicity data collection standards at national, regional and local levels  | DHBs                            |   |                   |
|   | Undertake Pacific workforce gap analysis  | DHBs                            |   |                   |
|   | Scope the development of a single database to be the repository of all Ministry of Health workforce information and provide links from NZHIS, DHBNZ, registration authorities and other relevant sources    | Sector Policy Directorate       | By June 2005  | NDOC 2004/05      |
|   | Develop a screening workforce information framework   | Public Health Directorate, NSU  |   |                   |
|   | Complete and analyse a survey of the public health workforce that includes ethnicity information  | Public Health Directorate       | By June 2005  |                   |
|   | Develop an information collection system for the public health workforce that includes ethnicity information  | Public Health Directorate       | By June 2006  |                   |
| 4.2 Improve access to information about the Pacific health and disability workforce   | Establish networks to share information on the Pacific health and disability workforce  | DHBs                            |   |                   |
|   | Align information-gathering systems for public health services with DHB systems   | Public Health Directorate, DHBs |   |                   |
|   | Improve access to information by developing the Public Health Workforce Action Plan   | Public Health Directorate       |   |                   |
| 4.3 Promote monitoring and research on Pacific health and disability workforce issues | Establish and fund a Pacific research programme focused on Pacific provider and workforce development.  | Pacific Health Branch           | Funding provided to HRC June 2004<br>Research programme to June 2007        | PPDF              |
|   | Include Pacific research needs in a review of the Pacific public health workforce and develop research initiatives as required to investigate strengthening capacity of the Pacific public health workforce | Public Health Directorate       | Review completed June 2005<br>Actions to address findings developed 2005/06 |                   |

# Appendix 1: Stakeholders' Roles and Initiatives in Pacific Health and Disability Workforce Development

## Introduction

Many stakeholders have an interest and role in supporting Pacific health and disability workforce development. Several initiatives are already under way to support and promote this development. Stakeholders' roles and current initiatives are overviewed below.

## Stakeholders

Key stakeholders in the area of Pacific health and disability workforce development include:

- the Ministry of Health
- the Ministry of Pacific Island Affairs
- the Ministry of Education
- the Health Workforce Advisory Committee
- the Tertiary Education Commission (TEC)
- the Clinical Training Agency (CTA)
- District Health Boards (DHBs)
- District Health Boards New Zealand (DHBNZ)
- Pacific providers
- mainstream and non-governmental organisation (NGO) providers
- community organisations
- private health sector organisations
- training and education institutions, including:
  - polytechnics
  - the University of Auckland School of Medicine
  - the Otago School of Medical Sciences
  - the Royal New Zealand College of General Practitioners (RNZCGP)
- the Samoan Nurses Association of New Zealand
- the Tongan Nurses Association
- the Pasifika Medical Association
- the New Zealand Medical Association (NZMA)
- the Medical Council of New Zealand (MCNZ)
- the Council of Medical Colleges.

## **Ministry of Health**

The Ministry of Health's role in Pacific health and disability workforce development is to provide an overarching framework for planning and development of a Pacific health and disability workforce. The Ministry has several initiatives under way. They are outlined below.

### **Pacific Provider Development Fund**

The Ministry of Health's Pacific Provider Development Fund (PPDF) aims to strengthen Pacific provider networks and develop Pacific providers. It was set up in 2001 and includes four categories.

- DHB initiatives.
- NGO Pacific Provider Organisation and Services Development, which has workforce development as a priority area, providing funding for the providers' Pacific workforce to undertake related clinical or business training.
- The Pacific Training Scholarship Scheme, which includes:
  - the Pacific Leadership Course to develop leadership skills, consistency and vision within Pacific providers and for Pacific peoples in mainstream providers
  - postgraduate scholarships offered by the Ministry of Health to Pacific peoples from the health sector to gain tertiary qualifications.
- The Pacific Research Initiative, which includes funding for research into workforce development.

### **Objectives**

The PPDF's objectives are to:

- support the development of high-performing Pacific health systems
- develop the Pacific health workforce to ensure it meets Pacific peoples' needs
- support Pacific health providers with individual development requirements
- support the development of Pacific health services infrastructure
- support developments to facilitate Pacific peoples access to local primary health care services that improve and maintain their health, are accessible and are delivered in a co-ordinated manner
- support the development and/or application of Pacific health care models
- develop primary health services that focus on better health for Pacific peoples and actively work to reduce inequalities between Pacific peoples and other population groups.

## **Eligibility**

To be eligible for the PPDF Pacific health providers must:

- be owned and governed by Pacific peoples
- be responsive to the Pacific community
- have services provided predominantly by Pacific staff
- be funded by the Ministry of Health and DHBs to provide health care services for Pacific peoples
- have a principal purpose or function to provide health services for Pacific peoples
- meet Pacific peoples' health needs effectively (ie, be clinically and culturally competent)
- focus on population health, health outcomes and the wider determinants of health
- be assessed by a DHB to ensure they will benefit from receiving assistance.

## **DHB initiatives and NGO Pacific Provider Organisation and Services Development**

Funding under categories 1 and 2 is targeted at the seven DHBs with high Pacific populations. These are: Auckland DHB; Capital and Coast DHB; Canterbury DHB; Counties Manukau DHB; Hutt Valley DHB; Waikato DHB; Waitemata DHB.

## **Pacific Training Scholarship Scheme**

The scholarship scheme provides up to 30 one-year scholarships to support students studying towards a health-related qualification and provides mentoring for them during the course of study. Since the programme started in the 2003 academic year, 66 awards have been made. Courses funded have included:

- undergraduate medical qualifications
- undergraduate and postgraduate nursing qualifications (except where CTA funding applied)
- dentistry qualifications
- health sciences qualifications
- allied health qualifications.

## **Pacific Leadership Course**

The Pacific Leadership Course ran in 2002 and 2003. Twenty-seven health professionals participated in the programme, which focused on developing leadership skills and case studies of leadership in a variety of settings, including Pacific models of care.

Participants were drawn from a range of health roles including:

- governance roles (eg, chairpersons and board members of provider organisations)
- management roles (eg, health care managers)
- clinical roles (eg, medical specialists, general practitioners and nurses)
- community leaders.

The Ministry of Health is assessing the programme to ensure its continued relevance.

### **Public health**

The Public Health Workforce Action Plan project started in 2003 and includes the following initiatives that contribute to Pacific workforce development:

- a stocktake of public health workforce development services
- a stocktake of education and training courses and professional requirements
- the public health workforce survey (at individual and organisation levels), including Pacific providers (by size, composition, recruitment and retention, and qualification and skill acquisition)
- the Leadership Programme Review, which will recommend how a public health leadership programme could be developed
- a needs assessment of workforce development to support a population health approach in Primary Health Organisations (PHOs)
- consultation on a discussion document with the sector in September/October 2004
- developing stage one of the Public Health Workforce Action Plan by June 2005.

### **Screening**

The National Screening Unit (NSU) Workforce Development Strategy and Action Plan 2002–2007 includes the following initiatives that contribute or relate specifically to Pacific workforce development (National Screening Unit 2004):

- Pacific workforce leadership – further development of opportunities for Pacific people to undertake leadership roles in the cervical and breast cancer screening programmes
- Pacific competencies development (part of the overall competencies project) – continuing to develop Pacific competencies that are culturally and clinically relevant for the Pacific health promotion workforce and that will form the basis of education and training programmes and inform human resources policies
- Pacific smear-taker supervisors – development of strategic initiatives to support Pacific nurse smear-takers to become supervisors of Pacific student smear takers (National Cervical Screening Programme (NCSP))
- Pacific nurse smear-takers – development of strategic initiatives to increase the number of Pacific registered nurses trained as smear-takers (NCSP)

- Pacific breast-care nurses – development of strategic initiatives to increase the number of Pacific registered nurses trained as breast-care nurses (BreastScreen Aotearoa)
- Pacific Independent Service Provider Managers Training – development of screening-related training opportunities for Pacific Independent Service Provider Managers as part of provider manager training.

### **Primary health care**

The Primary Health Care Strategy introduced major changes to the health system with the development of PHOs, including Pacific PHOs.

The strategy identifies that services for Pacific peoples provided by Pacific peoples can address many Pacific health problems. However, mainstream or non-Pacific organisations that provide services to Pacific peoples also have Pacific workforce development needs.

Furthermore, the strategy directs DHBs to fund and support further development of Pacific providers and organisations (Minister of Health 2001).

### **Dental care**

The Dental Technical Advisory Group, convened by the Ministry of Health, is soon to release a document on the recruitment and practice of dental therapists. This document provides guidelines to assist DHBs, the Dental Therapists Board and private employers with the recruitment, staffing expectations and competencies of dental therapists. It notes that one percent of the dental therapy workforce is Pacific and recommends that the Ministry and New Zealand Dental Therapists' Association develop a strategy to build the capacity of the Pacific dental therapy workforce.

### **Mental health**

The Ministry of Health's Mental Health Directorate funds workforce development within the framework set out in the Mental Health (Alcohol and Other Drugs) Workforce Development Framework (Ministry of Health 2002).

The Mental Health Directorate is making an additional investment in Pacific mental health workforce development by establishing the following initiatives in 2005:

- Two feasibility studies to assess the range and type of options available to progress the following specific initiatives: Pacific mental health workforce development organisation; recruitment and retention for Pacific People.
- Two training and development initiatives: Pacific community mental health worker training and development; Pacific mental health infrastructure and organisational development.
- Three research and evaluation initiatives: developing cultural and clinical competency standards in Pacific mental health; developing a mentoring programme in Pacific mental health; identifying mental health workforce development training needs for Pacific people.

The Pacific Mental Health Workforce awards were established in 2003 to develop Pacific mental health workforce capacity. The Health Research Council administers the awards. Fifty-two awards have been made for study in, for example, mental health support, health management, mental health nursing, occupational therapy, psychology and mental health research.

## **Disability**

The Ministry of Health's Disability Directorate appointed a Pacific Project Manager to its Planning and Development Team. The Pacific Project Manager's key objective is to oversee the development of appropriate and responsive disability support services for Pacific peoples with disabilities, which will include workforce initiatives. The Pacific Project Manager is developing a Pacific Provider Service and Funding Development Plan that will include workforce development.

## **Clinical Training Agency**

The CTA is a unit within the Ministry of Health that funds post-entry clinical training to facilitate the continued development of the health and disability workforce.

During 2002/03 the CTA consulted on the best means of increasing the number of Pacific health practitioners. Providing support and access to Pacific trainees was thought to be the most effective way to do this.

A programme to mentor and support students in postgraduate clinical training was developed in 2003. The programme provides mentoring and support to Pacific students in medical, nursing, dentistry and other health-related advanced training. In 2004 the programme provides support for up to 50 trainees undergoing postgraduate clinical training.

In 2004, the CTA funded three Pacific trainees to undertake the year-long comprehensive general practice education programme with the RNZCGP. The CTA also funded nine additional Pacific students to undertake the seminar components of this programme.

## **District Health Boards**

DHBs have an interest in Pacific workforce development as both the funders and major providers of health services. Seven DHBs serve the areas covering the largest Pacific populations in New Zealand: Waitemata; Auckland; Counties Manukau; Waikato; Capital and Coast; Hutt Valley; and Canterbury.

A significant milestone has been the appointment of Pacific Managers in six of these Pacific-population priority DHBs.

In 2003 DHBNZ and the DHBs developed a joint Workforce Action Plan that identifies three priority areas:

- improving information on workforce trends and issues
- building relationships to improve co-ordination
- develop the sector's strategic workforce capacity and capability.

This plan includes Pacific workforce development as an activity area. It will build an integrated approach to Pacific workforce development with agreed initiatives to support the sector's ability to deliver improved health status for New Zealand's Pacific population. This plan notes that DHBs will identify and implement initiatives from the Pacific Health and Disability Workforce Development Plan. A process to do this will be agreed between the Ministry of Health and DHBNZ.

## **Education sector**

In the education sector the fifth strategy in the Tertiary Education Strategy is to 'educate for Pacific peoples' development and success' (Associate Minister of Education 2002: 51). An accompanying objective is that 'Pacific learners are encouraged and assisted to develop skills that are important for the development of both the Pacific and New Zealand' (Associate Minister of Education 2002: 51). This includes a focus on the Pacific workforce in all sectors, including health.

The Tertiary Education Commission's (TEC) role is to implement the Tertiary Education Strategy and allocate funding (about \$2.18 billion per year) to tertiary education organisations for tertiary education and training, including the education and training of the health workforce.

The TEC's *Statement of Intent 2003/04–2005/06* outlines its expectation to work closely with other sectors to ensure those sectors have the skilled workforce they require (Tertiary Education Commission 2003). The TEC has also developed *Inspiring Excellence for Pacific Peoples throughout Tertiary Education: The Tertiary Education Commission's Pacific Peoples Strategy 2004 to 2006 and beyond* (Tertiary Education Commission 2004).

The Health Workforce Advisory Committee notes other education sector initiatives, including the following (Health Workforce Advisory Committee 2002b).

- The Whitireia Community Polytechnic's School of Pacific Health Education and Research, which aims to develop programmes to help Pacific students into health-related programmes.
- As part of Vision 20/20 (a University of Auckland strategy to have 10 percent of the School of Medicine Māori by 2010) the School of Medicine's Department of Maori and Pacific Studies established a programme to recruit Māori students for entry into the school and health-related sciences. When it cannot fill the places available with Māori, Pacific students are recruited.
- The University of Auckland's Wellesley Programme, which offers a full-time, one-year, pre-degree programme in arts and science. The main target groups for this programme are people who:

- are under-represented in tertiary education
- left school early without qualifications
- are financially disadvantaged
- did not fit into the school system
- have specific academic goals but no training.

This programme also offers Pacific students an opportunity to enter health science courses.

The Whitireia Community Polytechnic has also launched a new strand of nursing education, the Bachelor of Nursing (Pacific).

## **Health sector**

### **New Zealand Medical Association**

The NZMA has released an analysis of the New Zealand general practitioner workforce (New Zealand Medical Association 2004a). It has also developed a briefing paper to the Minister of Health, Determining Solutions for an Adequate Supply of General Practitioners (New Zealand Medical Association 2004b). This paper lists 24 key measures for the Government to consider and/or progress, in collaboration with the profession, to address recruitment, retention and vocational training issues and structural and policy barriers to an adequate supply of general practitioners.

### **Royal New Zealand College of General Practitioners**

The RNZCGP's strategic plan for 2004–2006 has a key advocacy/policy priority area on general practice workforce issues, including recruitment, retention and career pathways (Royal New Zealand College of General Practitioners 2004). The plan includes two desired outcomes:

- the RNZCGP 'contributes to the building of a sustainable general practice workforce'
- the 'Pacific GP workforce is strengthened'.

### **Medical Council of New Zealand**

The MCNZ registers doctors to practise medicine in New Zealand and has responsibilities in the areas of doctors' education, standards, conduct and health. The MCNZ is developing a programme to educate, test and monitor the cultural competence of all registered medical practitioners in New Zealand. Phase one involved researching the context for and scope of cultural competence in medical training and practice. The programme will educate overseas-trained and New Zealand-trained doctors about cultural diversity. The MCNZ will notify medical colleges of the expected standard for cultural competence and provide an educational framework. Medical colleges will implement educational programmes to meet the expected standards for cultural competency.

## **Council of Medical Colleges**

The Council of Medical Colleges is the co-ordinating body for the vocational medical colleges. The council provides a mechanism for effective partnerships with the community, the Government and other agencies.

## Appendix 2: Estimated Size of the Health Workforce and Gaps in the Data

| Workforce group   | Estimated number | Estimated proportion Māori (%) | Estimated proportion Pacific (%) | Source and date                             |
|---|------------------|--------------------------------|----------------------------------|---|
| Alcohol and drug workers  | 785              |                                |                                  | Survey 1996                                 |
| Alternative and complementary health practitioners                    | 10,000           |                                |                                  | New Zealand Charter of Health Practitioners |
| Audiologists  | 70               |                                |                                  | Member count 2001                           |
| Chiropractors (active and responded to the survey)                    | 216              | 3.2                            | 0.0                              | APC 2003                                    |
| Community health workers  |                  |                                |                                  |   |
| Counsellors   |                  |                                |                                  |   |
| Dental assistants   | 116              |                                |                                  | FTE 2000                                    |
| Dental hygienists   | 120              |                                |                                  | Survey 1998                                 |
| Dental technicians  | 315              | 1.0                            | 0.3                              | Registration 2000                           |
| Dental therapists   | 569              | 5.7                            |                                  | Survey 1998                                 |
| Dentists  | 1,582            | 2.0                            | 0.6                              | APC 2003                                    |
| Dieticians (active and responded to the survey)                       | 320              | 2.5                            | 0.6                              | APC 2003                                    |
| Disability support needs assessors and service co-ordinators          |                  |                                |                                  |   |
| Dispensing opticians (active and responded to the survey)             | 81               | 0                              | 1.2                              | APC 2003                                    |
| Health managers   |                  |                                |                                  |   |
| Health promoters  |                  |                                |                                  |   |
| Health protection officers and environmental health officers          | 332              |                                |                                  | PHD 2001                                    |
| Informal support workers  | 30,000           |                                |                                  | DID 2001                                    |
| Medical laboratory technologists (active and responded to the survey) | 845              | 1.5                            | 1.3                              | APC 2003                                    |
| Medical physicists  | 65               |                                |                                  | College Est. FTE 2001                       |
| Medical practitioners (active)  | 8,403            | 2.7                            | 1.0                              | MCNZ 2002                                   |
| Medical radiation technologists (active and responded to the survey)  | 1,086            | 2.2                            | 1.1                              | APC 2003                                    |
| Mental health consumer and family workers                             | 177              |                                |                                  | FTE (contract) 2001                         |
| Mental health support workers   | 875              |                                |                                  | Completed training 2001                     |
| Midwives (included in RN numbers)                                     | 3,528            | 6.7                            | 1.6                              | APC 2000                                    |
| Nurses (active enrolled)  | 3,827            | 12.5                           | 2.2                              | NCNZ 2003                                   |
| Nurses and midwives (registered)                                      | 32,687           | 7.1                            | 3.0                              | NCNZ 2003                                   |
| Occupational therapists (active and responded to the survey)          | 1,161            | 1.7                            | 0.7                              | APC 2003                                    |
| Optometrists (active and responded to the survey)                     | 406              | 1.0                            | 0.7                              | APC 2003                                    |
| Orthotists and prosthetists   | 135              |                                |                                  | Census 1996                                 |
| Osteopaths  | 318              |                                |                                  | Census 1996                                 |
| Other health technicians  | 597              |                                |                                  | Census 1996                                 |

| Workforce group                                       | Estimated number | Estimated proportion Māori (%) | Estimated proportion Pacific (%) | Source and date                   |
|---|------------------|--------------------------------|----------------------------------|-----------------------------------|
| Pharmacists   | 2,831            | 0.7                            | 0.2                              | Registration 2000 and Survey 1995 |
| Physiotherapists (active and responded to the survey) | 1,488            | 2.7                            | 0.5                              | APC 2003                          |
| Podiatrists (active and responded to the survey)      | 173              | 4.0                            | 0.0                              | APC 2003                          |
| Psychologists (active and responded to the survey)    | 889              | 4.7                            | 0.1                              | APC 2003                          |
| Psychotherapists                                      | 269              |                                |                                  | NZPA Membership 2001              |
| Social workers  | 2,697            | 18.0                           |                                  | Census 1996                       |
| Speech language therapists                            | 480              |                                |                                  | Registration 2001                 |

### Notes

Shaded areas = no data available

APC = annual practising certificate

DID = Disability Issues Directorate of the Ministry of Health

FTE = full-time equivalent

MCNZ = Medical Council of New Zealand

NCNZ = Nursing Council of New Zealand

NZPA = New Zealand Psychotherapists' Association

PHD = Public Health Directorate of the Ministry of Health

**Source:** Information for 2003 was obtained from the New Zealand Health Information Service; earlier information was from Health Workforce Advisory Committee (2002a).

## **Appendix 3: Pacific Population in New Zealand**

### **Demography of the Pacific population**

At the 2001 Census of Population and Dwellings 231,801 people of Pacific ethnicity were counted. This accounted for 6.2 percent (about 1 in 16) of the total New Zealand population.

New Zealand's Pacific population is made up of people from Samoa, the Cook Islands, Tonga, Niue, Tokelau, Fiji, Tuvalu, Papua New Guinea, Vanuatu, the Solomon Islands and Kiribati. Six in 10 people of Pacific ethnicity were born in New Zealand. Pacific people living in New Zealand represent at least 22 different cultures and speak even more languages.

Around two-thirds of the Pacific population is living in Auckland, accounting for 13 percent of the total regional population. Pacific communities are concentrated in Manukau City, representing a quarter of the local population. Similarly, Auckland City and Porirua City also have high concentrations of Pacific populations.

The Pacific population is predominantly young and fast growing. At the 2001 Census the group's median age was 21 years, up from 20 years in 1991. By comparison, the median age of the whole population was 32 years. Nearly 40 percent of people of Pacific ethnicity were aged 15 or under.

The Pacific population is expected to grow to 12 percent of the total population by 2051 – an average annual growth rate of 3.2 percent compared with 0.8 percent for the general population. The Pacific elderly population is also growing at a fast pace. These figures signal an increase in demand and a change in expectations for health services (Statistics New Zealand 2001).

The economic position of Pacific peoples is improving with declining unemployment rates and more young Pacific people in paid work. Despite these improvements, Pacific peoples still have higher rates of unemployment and are less likely to be in skilled white-collar occupations than the total population.

Education has a significant influence on Pacific peoples' employment patterns. In 2001, while almost 17 percent of adults of Pacific ethnicity had a tertiary qualification as their highest qualification, 38.6 percent of Pacific peoples had no qualifications, compared with 20.7 percent of the total population.

### **Health of the Pacific population**

Well-documented evidence shows the significant health inequalities between the Pacific and non-Pacific populations in population health outcomes and the socioeconomic determinants of health. Pacific peoples have significantly higher rates of avoidable mortality and hospitalisation (Minister of Health 2003). The significant health problems that Pacific peoples face include higher mortality rates for cardiovascular and cerebrovascular disease, higher rates of diabetes and obesity, and a higher rate of cancer mortality than the general population (Ministry of Health 2003a).

Pacific children also have poorer health status than their peer group in this country. Some of the health problems that Pacific children face are potentially preventable, including vaccine-preventable infectious diseases such as measles, meningococcal disease, rheumatic fever, respiratory infections, glue ear and skin infections, and asthma. Pacific children also fare poorly in term of risk factors for illness in later life, such as obesity and inactivity (Minister of Health 2001). The Ministry of Health's *Health and Independence Report 2003* noted that the growing health inequalities among New Zealand children were largely due to socioeconomic deprivation, differential access to health care and, for those receiving services, differences in the care they received (Ministry of Health 2003a).

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