

Health Workforce New Zealand

About HWNZ

Health Workforce New Zealand (HWNZ) was established in October 2009, following a government review of health services and reports from government-established commissions on the challenges facing the medical workforce.

It was established to provide national co-ordination and leadership on the development of the country's health and disability workforce. This role is underpinned by a mandate to simplify and unify the health workforce development system. The consolidation of workforce functions in a single agency has had widespread support politically and across the health sector.

HWNZ is governed by a Board of sector representatives and advisers, reporting directly to the Minister of Health, with work programmes delivered by a business unit within the National Health Board (NHB) of the Ministry of Health.

HWNZ's aim is to ensure development of a sustainable and fit-for-purpose New Zealand health and disability workforce. It supports national, regional and local workforce planning ensuring it is fully aligned with service priorities agreed by the NHB.

Since its establishment HWNZ has assumed responsibility for the work of the former Clinical Training Agency and taken over contracts relating to training of the disability, mental health and public health workforces.

Total funding in 2011/12 is NZ\$154.5 million, of which the majority is invested in post-entry clinical training and development. The remainder (around 2.5% of total budget) is invested in the HWNZ innovations programme, testing and supporting innovations designed to improve the effectiveness of the current and future workforce.

Funding is allocated from the government's health budget in an annual funding cycle, with allocation determined by wider government and health priorities. With savings sought in public spending, health funding has been comparatively well protected, though ongoing efficiencies are expected.

Skills and approach

A core of 25 HWNZ staff are supported by specialist contractors who are commissioned to co-ordinate specific pieces of work. HWNZ staff work closely with colleagues in the National Health Board, which has responsibility for health system performance and improvement, and colleagues in the wider Ministry of Health.

Key skills needed to deliver the work programme include evidence based policy development, modelling, analysis, contract management, project management and effective relationships management skills.

Maintaining and building relationships with key stakeholders is critical to HWNZ's success. It seeks to deliver workforce change through building strong alliances with the full range of health and education, professional bodies, employers and education providers, ensuring it is in touch with sector priorities and concerns.

Work is developed and delivered through collaborative working and formal partnerships with organisations across the health and education sectors. Memoranda of Understanding

have been agreed with relevant bodies in a number of priority areas to maintain this partnership approach.

Examples of these include MOU with Te Rau Matatini, whose remit is to increase the number of Maori entering the health and disability workforce, with the Chief Medical Officers group of the District Health Boards (the providers of public health services) and with the Deans of Nursing and Midwifery Australia and New Zealand.

Workforce structures

Although HWNZ is charged with national oversight of workforce planning and development, a range of organisations retain responsibility for discrete aspects including medical colleges, who oversee training content and standards and DHBs who have a responsibility for planning the workforce in their area and ensuring it is fit for purpose. The Tertiary Education Commission oversees undergraduate education and training programmes while various industry training organisations provide education and training to the unregulated health and disability workforce.

HWNZ sits within the wider Ministry of Health structure. HWNZ's terms of reference include the provision of advice to the Minister of Health and Director-General of health on workforce issues, while its work is operationalised through a HWNZ business unit of the Ministry. It is expected that there is a close integration between the aims and objectives of HWNZ and other health agencies and health providers. HWNZ's annual plan is signed off by the Minister of Health and Director-General of Health.

Although HWNZ has no direct governance or performance management role, it is in the process of developing a set of workforce measures which will be incorporated within the wider NHB performance management framework for DHBs from 2012.

As the primary provider of funding for post-entry clinical training, HWNZ also has the opportunity to use funds as a lever to incentivise change. A notable example is that from 2012 HWNZ will require career plans to be in place for all trainees it funds.

As independent health providers, DHBs are accountable for their local workforce, but HWNZ retains close liaison with DHB decision-makers, has strong DHB representation on its Board and co-opts DHB representatives on to work programmes.

HWNZ is currently working with DHBs, education providers and professional bodies to develop four regional postgraduate training hubs which will be in place by the end of 2011. These hubs that will address the needs of trainees across the sector on a regional basis while maintaining a focus on the needs of health providers and the communities they serve.

Each hub has integrated regional governance, with oversight of delivery of workforce priorities from HWNZ, reinforced by the NHB performance framework.

Priorities

The Ministry of Health's short and medium term health priorities are: strengthening the health workforce; improving hospital productivity; speeding up the implementation of the Primary Health Care Strategy; and improving value for money.

HWNZ contributes directly to these priorities with a focus on the most vulnerable workforces in aged care, mental health and rehabilitation.

Specific HWNZ objectives are:

- Improved recruitment and retention of key workforces to meet current and future service needs
- Development of a workforce with more generic skills to ensure maximum flexibility and integration between institutional and community settings
- Development of new health workforce roles and extension of existing roles to make best use of all available skills and free up expensive clinician time
- Consolidation and strengthening of workforce relationships across the health system to ensure economies of scale and sharing of good practice
- Ensuring high quality and best value clinical training to contribute to improved satisfaction for trainees and better outcomes for patients.

An early priority for HWNZ has been development of initiatives that support the medical workforce, including a new programme to prepare IMGs for New Zealand registration and a fellowship scheme for registrars who wish to spend some time studying overseas.

Bonding schemes to encourage recruitment of doctors, nurses and midwives to work in hard to staff areas have proved very popular, and will be formally evaluated from 2012.

New initiatives are now being developed to support and enhance the potential of the nursing workforce.

In 2011 HWNZ commissioned a series of 12 workforce service reviews across a range of specialties to develop a '2020 vision' of what New Zealand's future workforce should look like. These multi-disciplinary reviews, in areas such as maternity services, palliative care, mental health and anaesthetics, were led by clinicians and set out future scenarios based on patient need, demographic and technological changes and emerging models of care.

The outputs of the reviews will inform both HWNZ's future investment decisions and NHB service planning.

New roles and ways of working recommended by the review teams are being supported and tested through HWNZ's innovations programme. HWNZ oversees a managed approach to the development of new roles and extended professional scopes of practice, funding demonstration sites that test how such changes can benefit both patients and staff.

Analysis of the benefit and impact to the wider workforce as well as patients is undertaken prior to wider introduction in the sector. HWNZ's approach is to demonstrate roles which are already well established overseas and which have an evidence base to confirm benefit in terms of workforce productivity and staff and patient satisfaction and safety.

With more care delivered outside of hospitals, new proposals for the future training of general practitioners have been developed by HWNZ, in conjunction with the Royal New Zealand College of General Practitioners and Medical Council of New Zealand. The aim is to develop a GP role that is more attractive to trainees, enables GPs to work in hospital and community, and provides more opportunities for career development and progression. Implementation of the new programme will begin in 2012.

Other work programmes which will be developed further in the near future are:

- development of incentives that support team working and better patient outcomes

- development of systems that support self-care
- improved retention of 'third age' health professionals
- enhancement of interprofessional team working.

Challenges

Health professionals are highly mobile and recruitment and retention of clinicians is a constant challenge for a relatively small and resource-limited sector. New Zealand's health sector has been heavily reliant on overseas-trained staff for many years, and the emphasis now is on creating attractive career pathways that will help recruitment and keep skilled professionals in the domestic workforce.

In common with other Western health systems, New Zealand faces the combined challenge of a smaller and ageing health workforce combined with significant increases in the cost and demand for health services.

New Zealand projects an anticipated doubling of demand for health services over the next 10 years in the face of workforce and funding increases that will track at 40% increase at best over the same period. This projection formed the basis of the scenario development of the workforce service reviews.

Access to health services and specialist skills in rural and isolated communities and improving health inequalities in Maori and Pacific Island communities and Maori and Pacific Island participation in the health workforce remain challenges and are reflected in HWNZ's priorities.

Data

Key data sources used to inform workforce planning within HWNZ are the Health Practitioner Index (HPI), registration authority workforce survey data and Ministry of Education data.

The HPI is a Ministry of Health data collection used to support practitioner authentication into its payments and information systems. It is essentially a collection of aspects of registration authority registers, and is updated weekly and monthly from 10 of 16 registration authorities including the Medical Council of New Zealand, Nursing Council of New Zealand, Dental Council and Pharmacy Council of New Zealand

Data is housed within the Ministry of Health. Access is subject to confidentiality rules and restricted to identified users.

Ministry of Education data is used to understanding the education pipeline into the health sector. Data is received annually by field of study, ethnicity, gender and qualification level.

Education completions in health sector related qualifications are compared against HPI inflows to determine the level of 'leakage' between education and workforce settings. Education data is also used to evaluate the ethnic profile of health trainees.

14 out of 16 New Zealand Registration Authorities undertake surveys of their respective workforces. HWNZ purchases detailed data from the Medical and Nursing Councils. Medical Council data is used extensively for undertaking longitudinal analysis around changes in the

medical workforce. Data is updated weekly and used to identify inflows/outflows into the medical workforce, changes in qualifications and as an approximation of workforce migration allowing a dynamic profile of changes to the medical labour market.

Analysis

HWNZ undertakes both macro-economic and micro-economic level modelling. At the macro-economic level it uses an equilibrium model which seeks to balance expected labour demand through the forecast period with expected supply. Demand projections are based on population-based projections of future health service need. Workforce supply is based on a stock-flow modelling approach to changes in the size and composition of the labour market.

At the micro-economic level, we use input-output modelling to identify how the labour force in secondary care providers relates to the quantity of health services delivered. This analysis enables modelling of service change and labour substitution and the quantity of workforce that needs to be trained.

New systems are being designed to track staff throughout their careers and to enable better analysis of the cost and value of clinical training. HWNZ has worked with the sector and other parts of the Ministry of Health to establish a Health Workforce Intelligence Unit which will co-ordinate the collection and publication of this data.

Based on the Organisation for Economic Co-operation and Development (OECD) System of Health Accounts statistical framework and definitions consistent with Statistics New Zealand, over the next 2-3 years HWNZ will develop a range of health sector specific economic measures designed to measure the state of the labour market and evaluate the outcomes of HWNZ's policies. This will allow New Zealand's performance in addressing its health sector workforce issues to be directly compared with other OECD countries and other sectors of the New Zealand economy.

The Minister of Health uses the inputs reported to him to track progress against meeting government priorities for the health workforce

HWNZ has recently begun to develop a set of prioritisation criteria to ensure that decision making processes around its investment in training are robust, transparent and fair and can respond to new and emerging models of service delivery. The criteria propose a combined weighting of factors including government health priorities, the vulnerability and criticality of the workforce and training scheme capacity and capability to determine where money should be invested. The criteria will be applied to contracting with the sector from 2012.

HWNZ commissions independent evaluation of the workforce innovations it supports and uses the findings to inform the sector of the benefits of adoption and spread of new roles and ways of working.

Dissemination

HWNZ disseminates information through a variety of mechanisms. Effective stakeholder engagement is a crucial part of the business and essential for the success of work programmes.

Face-to-face meetings, while demanding in terms of time, are the most successful means of information sharing and gaining buy-in. In a relatively small sector strong personal relationships are maintained with individual health leaders. Senior staff, specifically the director and executive chair, regularly attend the meetings of DHB leaders, including CEOs, CMOs and HR managers, as well as meeting with a diverse range of stakeholder groups by invitation.

Such meetings provide an opportunity to present to discuss HWNZ's priorities and progress and are an important vehicle for gathering ideas, good practice information and feedback.

National stakeholder forums were held in 2010 and 2011, each bringing together approximately 200 senior health representatives. The 2010 forum on leadership resulted in the establishment of a national centre for excellence in health leadership. The 2011 forum, held in August, focused on forging partnerships to take forward workforce planning in the future. Six key themes emerged, which are being progressed by multidisciplinary working groups drawn from the sector.

HWNZ also maintains an appropriate presence at key conferences and exhibitions relevant to our work, both nationally and overseas, seeking opportunities to present, network, learn and promote its activities.

A monthly e-mail bulletin for priority audiences provides updates on HWNZ's work and invites input into its activities. The bulletin is e-mailed to employers, professional bodies, colleges and others on request and is also available on the HWNZ website. The bulletin is an essential communication tool, with steady requests to be added to the distribution list (currently 700).

The HWNZ website is its key information resource and aims to be a 'one-stop shop' for New Zealand health workforce information. Key materials are published on the site which is open to all users, including FAQs, evaluation summaries, consultation documents and case study information. Each web section has a dedicated e-mail address for feedback.

During the second half of 2011 a new area for sharing of local good practice information on workforce development and innovations will be piloted on the HWNZ site, in response to feedback from key audiences.

Direct and personalised communications, generally by e-mail, are sent to individual organisations, including employers, professional associations and education providers on work programmes that affect them directly.

When there is a clear need, HWNZ seeks to communicate directly with individual staff members. There have been direct communications with doctors on several occasions using mailing lists from the regulatory body. This method is used to relate significant information, such as the planned changes to general practice education

DHB internal communications channels are also used to cascade information to wider staff groups, providing FAQs and template material for communications leads to share as appropriate.

The communication channels of key stakeholders are a valuable means of disseminating information. Information and links on relevant work is provided to organisations such as

medical colleges, student organisations and universities to highlight via their websites and newsletters. Using these trusted professional channels has proved an effective means of reaching specific groups as well as enhancing partnerships with the organisations.

To date, use of social media has been limited. A project is being undertaken in late 2011 in conjunction with the NHB to explore the use of social media, including Facebook and Twitter.

Good relationships are maintained with key media, particularly specialist health press and health correspondents, who help to promote workforce development initiatives to the wider public.

Qualitative and quantitative stakeholder research in late 2011 will help to inform future engagement and communication.