

Rural health workforce training in New Zealand: Help *and* hindrance to sustainability and high quality care?

Early findings from an interprofessional critical review

Aim/Objectives

To critically review progress and potential regarding pre and post-entry training for the West Coast rural allied, medical, and nursing health workforce in terms of contributions to workforce sustainability and high quality care.

Background

Worldwide, healthcare access for people living rurally is associated with multiple challenges that often lead to inequity. Also reported is the vulnerability of these communities and their care workforce, which is scarce and challenging to attract and retain. Increasing the number of health professionals trained to serve rural and remote populations is therefore an international imperative requiring multi-sector partnership. This is increasingly critical as the population and health workforce ages, escalating competition for health resources globally.

The West Coast of the South Island in New Zealand boasts the most rural and remote health district nationally (see region in graphic above). The West Coast District Health Board (DHB) is the major provider arm for the region's health services and has been working to develop a sustainable workforce poised to provide fit-for-purpose care within an innovative, integrated care model. Despite local strategies, initiatives, and investment, a number of external factors continue to disrupt the ultimate goal of training a sustainable workforce capable of delivering high quality rural care.

Methods

A critical review of peer-reviewed articles, reports, and informal publications identified a number of factors that may 'help' and 'hinder' the progress and potential of rural health workforce training. A systematic search sought full text literature published in English between the years 2000 to 2018 from the EBSCOHost Research Database using the key words: "rural health policy", "rural health workforce", "rural health workforce strategy", "rural health workforce training" AND: Australia OR New Zealand; "undergraduate curricula", "post-entry training", AND rural OR allied OR medicine OR nursing. Thirty-one articles met inclusion criteria. Additional information was obtained by examining the websites of: Health Workforce Australia, Health Workforce New Zealand, Ministry of Health, New Zealand Medical Association, Nursing Council of New Zealand, and Royal College of General Practitioners. This secondary search yielded 19 publications that met inclusion criteria.

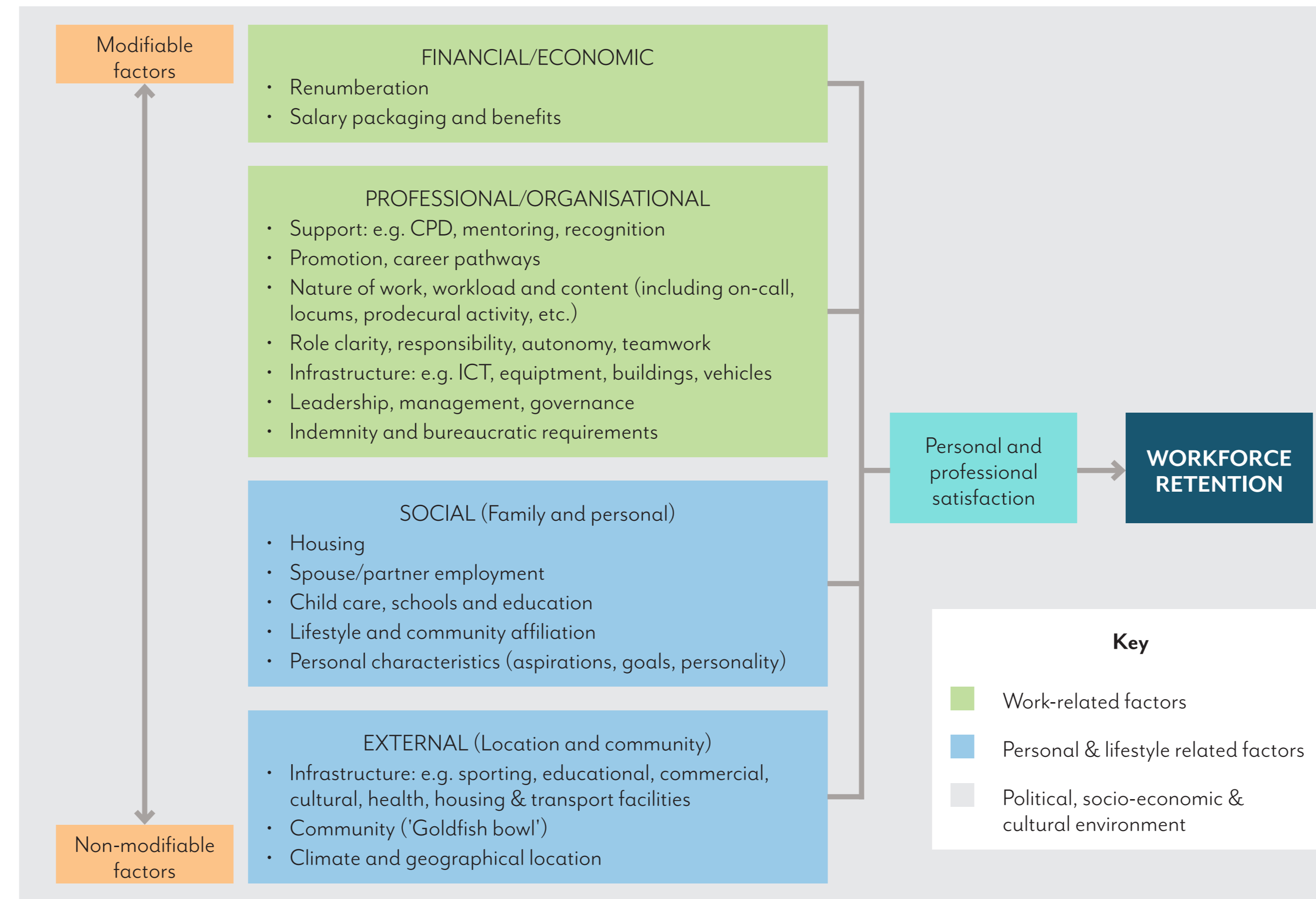
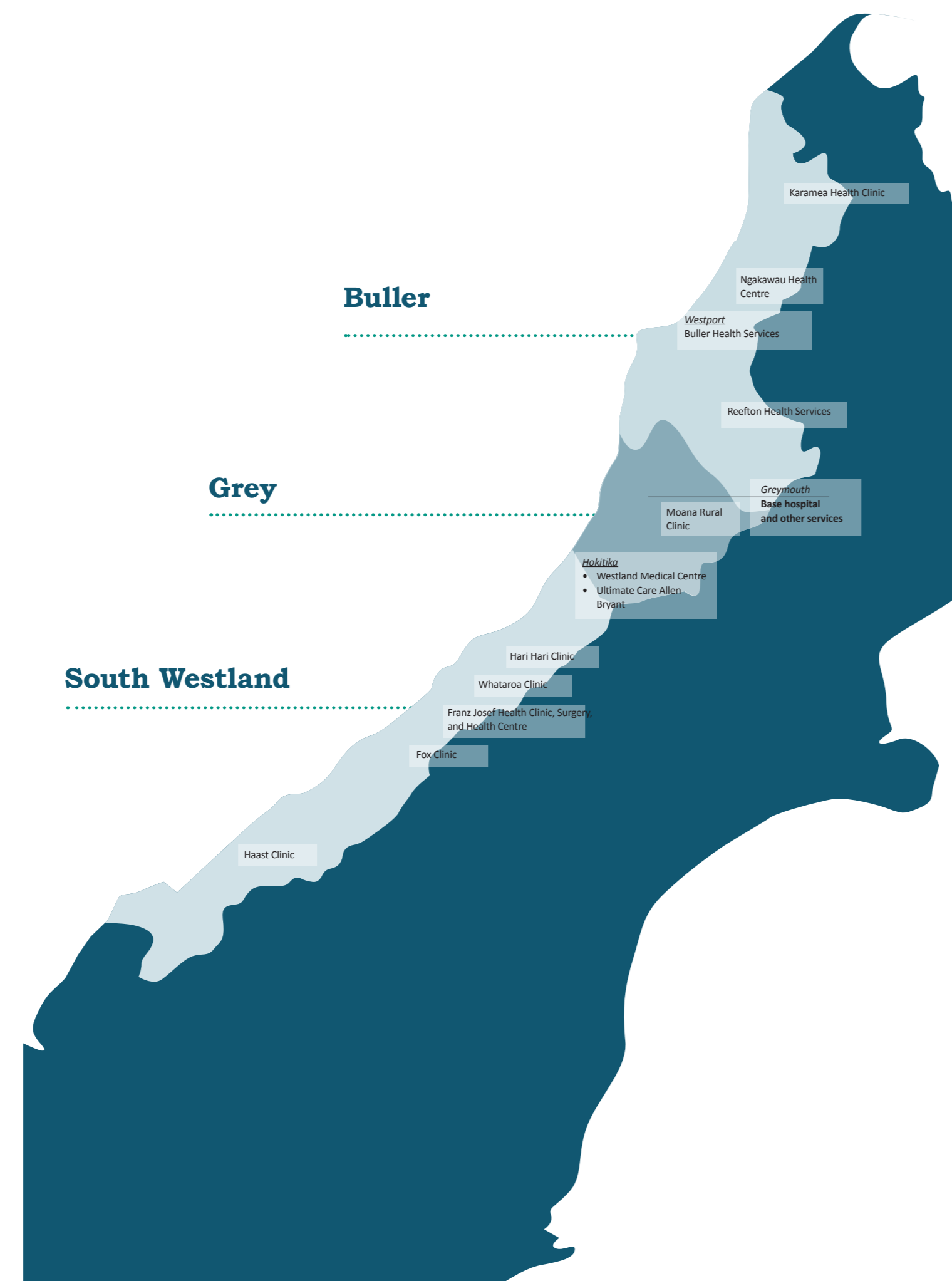


Figure 1: Factors affecting retention

Literature summary

Academic and media content varied according to professional group. Articles relating to the medical workforce provided a fair scope and depth, with a dearth of literature originating from Australia. Nursing literature is limited, with few New Zealand publications and the majority of existing works focusing on post-entry training. Across the various Allied Health, Scientific and Technical workforce very little has been published, particularly in the New Zealand context.

Emerging Results

Emerging themes demonstrate key 'help' and 'hindrance' factors related to rural health workforce training. While each theme is presented as distinct, it is recognised that they are interrelated.

1. Leadership & Strategy

While rural health workforce features in the foundational New Zealand Health Strategy, there is currently no national strategy providing whole of system guidance for how to grow, develop, and sustain this workforce.

2. Collaboration

Despite Ministry of Health reports and publications acknowledging that rural workforce development requires input from multiple stakeholders, as well as a variety of positive examples of collaborative initiatives that have benefited rural care, a number of decisions regarding pre and post-entry training of the rural workforce continues to be fragmented.

3. Investment

While there are a number of nationally funded and regionally supported post-entry training programmes that apply to the rural workforce, access to this funding is inequitable and not informed by evidence-based need. There also appears to be a lack of nationally driven investment in early pipeline initiatives, pre-entry training, and factors affecting retention (see Figure 1 above).

Impact on care

- Risk that a suitably trained, sustainable, interprofessional workforce will not be available to provide access to high quality care for rural New Zealanders.
- Lack of a sustainable pipeline will stymie effective succession planning and continuity of high quality care for a population that already faces poorer health outcomes when compared to New Zealanders living in urban centres.

Emerging recommendations

That a national, interprofessional, cross-sector group be established to lead rural health workforce strategy and policy development, including setting measurable targets, and mechanisms that reward implementation, while promoting:

- Impetus for improved collaboration among all partners who make a contribution to rural health workforce development
- Appropriate investment across all professional groups that aligns with evidence based need

Emerging policy implications

If training initiatives are to generate meaningful and sustainable outcomes for rural communities and their care workforce, national health strategy, policy, and associated prioritisation must ensure commitment from all partners, including ministries, tertiary providers, and health boards. This will require appropriate rural representation as part of a collaborative, multi-sectorial structure that is clear and understood by all stakeholders.

Emerging conclusions

While progress has been made with regard to pre and post-entry training programmes for New Zealand's rural health workforce, a number of 'hindrances' to continue to progress. Despite mentions that the rural health workforce is a priority, fragmented leadership and strategy is hindering outcomes while disabling true collaboration and investment between all workforce partners. A collaborative and comprehensive work plan with clear leadership is required to ensure sustainability of this fragile workforce and equal outcomes for people living in New Zealand's most rural and remote regions.

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