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| Health Workforce Webinar series  Update from Te Whatu Ora | November 2022 |

The following questions were asked during the [**‘Update from Te Whatu Ora’ Health Workforce NZ webinar**](https://www.youtube.com/watch?v=h7S_fgQcJMA) that took place on 1 November 2022.

### Will mātauranga Māori qualifications be recognised as unique and critical credentials in the health workforce? i.e. Te Reo Māori, rongoā Māori, mirimiri etc.

* + Yes, mātauranga Māori skills and qualifications are a unique, valuable part of the health workforce. Te Aka Whai Ora value and endorse mātauranga Māori approaches and models for communities and whānau, and we are currently working on the following initiatives to ensure these skills and qualifications are recognised and supported through:
  + Increasing and growing rongoā Māori workforce
  + Development of cultural-embedded training pathways for Māori practitioners to support kaupapa Māori and whānau-centred models of care
  + Provision of Mātauranga Māori training for Māori health and disability workforce

### Will there be funding for continuing training?

* + Yes, Te Aka Whai Ora values life-long education and regards this as an essential priority to grow and develop staff in their health and disability careers.

### In the workforce strategy, is there a particular focus on retention of Māori and Pasifika workforce?

* + As above, a key principle of Te Aka Whai Ora’s retention strategy is to provide access to training and development opportunities as well as pastoral, mentoring, and coaching support for staff to retain them in the health and disability workforce while also providing opportunities for them to grow, advance, or move across health and disability careers. This will be provided through a range of training and development opportunities across all health and disability workforce positions.

### We need more MOU's with international health professional bodies, so it’s much easier for professionals to work in NZ.

* + This is being actively worked on with the regulatory bodies.

### Psychology Wellbeing Practitioner (PWP): We are aware there has been some work in developing this as a pathway for people interested in psychology, and understand that there is a focus on those who have already completed an undergraduate degree. We propose that there are multiple pathways towards becoming a PWP, including formalised work experience for those who are still working towards completing their undergraduate degree.

* + The Te Whatu Ora Mental Health and Addictions Workforce team commissioned a study to examine the feasibility of a new workforce, Psychological Wellbeing Practitioner.
  + A wide range of individuals and organisations across sectors were consulted to provide information and opinion. This included consideration of the training pathways and qualifications of individuals suitable for this role.
  + This information will be used in any planning around the development of a new workforce, and will be progressed in consultation with the Scientific Technical and Allied Health Workstream of the Workforce Taskforce whose activity covers a number of assistant roles.

### To take the 'pressure' off traditional healthcare professionals (like medical doctors), and get allied health professionals to do this work, might mean possible scope overlap. Although this is in line with the current health system reform, the sector is not ready to 'let go'. There is still significant push-back in terms of 'patch protection' (particularly where it involves 'Australasian medical colleges' not understanding the New Zealand context and what government is trying to do here.) How will the Ministry of Health deal with this?

* + We recognise that flexibility is needed to safely and appropriately address workforce shortages. We intend to work with stakeholders including the medical colleges on a way forward.

### There is interest in developing a prescribing pathway for clinical psychologists who are interested in this as an extension to scope of practice. How can we access support to develop and operationalise this as a pathway for psychologists?

* + The Psychologists Board is the Responsible Authority under the Health Practitioners Competence Assurance Act and is the organisation that is responsible for determining scopes of practice and competency standards for the psychology profession.
  + The recommended approach would be for the interested parties to approach the Board in the first instance.  If the Board decided to pursue an application for prescribing authority, they would prepare and submit a proposal to Manatū Hauora (the Ministry of Health) who would then manage the legislative process involved.

### Will cultural safety initiatives replace regulatory requirements, such as asking practitioners to undertake specific courses or exams to ensure they are culturally safe when they register with responsible authorities?

* + Working in health care in New Zealand means healthcare staff need to develop and provide culturally safe patient-centred care. Responsible Authorities requires health professionals to meet cultural safety standards.
  + Cultural safety focuses on the patient and provides space for patients to be involved in decision-making about their own care, and contribute to the achievement of positive health outcomes and experiences.
  + Responsible Authorities continue to be dedicated to investigating ways of working together to improve cultural safety.
  + Cultural safety benefits all patients and communities, and has a central role in health equity.

### Clinical Psychology is a huge priority, but the training places are limited, will these be increased?

* + Clinical psychology is listed as a targeted priority in TEC’s Plan Guidance where they advise tertiary education organisations on areas where they want to see growth in tertiary education provision.
  + For clinical psychology for investment in 2023, they listed provision at Level 8 and above of the NZQF which included Postgraduate Diploma in Clinical Psychology, Masters in Clinical Psychology, Doctor of Clinical Psychology.
  + While TEC provide guidance to TEOs around areas where they want to see provision increased, they cannot control whether a TEO will increase the number of places or create a new programme of study. TEOs have a degree of autonomy in determining what tertiary education provision they choose to invest in.

### It would be essential for Māori to see themselves in their choice of study and workplace. Writers of curriculum need to incorporate aspects of Te Tiriti o Waitangi, colonisation, racism and cultural models of health. This also needs to be modelled well in the workplace.

* + Te Aka Whai Ora, Te Whatu Ora, and Manatu Hauora are taking a whole of system approach, working with education sector partners such as TEC, MoE, and the regulatory authorities and colleges to strengthen the current competencies and curriculum across the health, education and transition into work programmes..
  + For example: Te Pūkenga will begin implementing a new national curriculum for the Bachelor of Nursing (BN) programme in semester two, 2023 with full national roll out in semester one, 2024. The nationally consistent programmes are expected to create opportunities for more culturally strengthened (indigenised) curriculum and a diverse graduate workforce, as well as better programme design, lesson planning and staircasing into nursing qualifications.

### Many health degrees already have prioritisation for Māori and Pacific islanders - are these to be further extended?

* + Manatū Hauora, Te Whatu Ora and Te Aka Whai Ora alongside the Ministry of Education and the Tertiary Education Commission, with Tertiary Education Organisations are working together to explore opportunities and challenges there are for students across the full learner pathway – from enrolment, all the way through to recruitment as a new graduate

### Cultural safety is taught at undergraduate level, however I query the standard from experience. Students/new grads and overseas nurses go on to the floor with a culture of institutional bias and racism. How will this be addressed? How does this programme of work align with the workforce activities for disabled people led by Whaikaha?

* + This is recognised as a significant issue, and cultural safety training is the responsibility of the whole system including Te Whatu Ora, Te Aka Whai Ora, regulatory authorities, colleges etc.
  + Cultural safety and addressing unconscious bias topics are interwoven in every education and training experience to support people in their careers. From a training design and delivery perspective, this can include:
    1. Introducing clear expectations and understanding of Te Tiriti and Pae Ora
    2. Introducing targeted initiatives that will radically increase the number of Māori, Pacific and disabled people | tāngata whaikaha workers in the sector – joining up training, recruitment and retention
    3. Embedding cultural safety at all touch points of training and employment
    4. Removing barriers to health professionals gaining registration
    5. Aligning the education and training pipeline with the need to train our future workforce in an agile, responsive and inclusive way driven by the needs of care delivery both now and in the future
    6. Ensuring the right infrastructure is in place – e.g., robust data collection and analysis, clinical placement systems to ensure managed pipeline growth, placements in Māori and Pacific communities
    7. Planning and implementing robust and deliberate stakeholder engagement including Iwi Māori Partnership Boards
  + Te Aka Whai Ora is committed to providing pastoral and cultural support to students throughout the course of their health and disability studies to ensure they are culturally safe and supported during their studies.
  + Te Aka Whai Ora is also focused on growing Mātauranga Māori visibility and action. This includes upskilling the Māori health and disability workforce to ensure that can demonstrate and foster Mātauranga Māori capability and cultural safety in the workspace.

### We talk a lot about cultural safety but there does not seem to be a lot of resources to help health professionals in this space.

* + Ao Mai te Rā: the Anti-Racism Kaupapa is a Ministry of Health initiative to support the way the health system understands, reacts and responds to racism in health. You can read more about how Ao Mai te Rā will be implemented on the Ministry website <https://www.health.govt.nz/our-work/populations/maori-health/ao-mai-te-ra-anti-racism-kaupapa>

### Will there be one centralised professional development site for all hospital, aged care, primary and community care staff?

* + We are currently looking at our systems across the motu and options around a single learning profile, with strong links to the data and digital work these options will require in-depth review and scoping.

### Has thought been given to training of doctors specifically, and actions to increase our general practice workforce?

* + Yes. We are looking at how we support the GP training scheme and rural Doctors. In the first instance we have raised the salary of GP registrars to be more aligned to hospital registrars.

### How will the workforce coordination centre ensure that they are able to respond efficiently and effectively to regional requests for staff?

* + We have a dedicated inbox at the International Recruitment Centre: [internationalrecruitmentcentre@health.govt.nz](mailto:internationalrecruitmentcentre@health.govt.nz) where queries are being directed and we have a small team monitoring this in order to respond promptly.

### How is the wage disparity between Te Whatu Ora employed nurses and funded-sector nurses going to be addressed?

* + It is acknowledged that with the pay increases provided in the DHB (now Te Whatu Ora) Nursing and Midwifery collective agreements settled from September 2021, the gap in wages paid to Te Whatu Ora employed nurses and funded sector nurses has increased.
  + There are a number of avenues that can be pursued by employees and/or their representatives (including unions) to address remuneration issues including collective and/or individual agreement bargaining; taking a pay equity claim under the revised Equal Pay Act 1972; and/or seeking a Fair Pay Agreement under the recently passed Fair Pay Agreements Act 2022 - which allows for the establishment of consistent terms and conditions of employment across different industries or occupational groups.
  + In addition, the pay increases provided in the DHB /Te Whatu Ora collective agreements settled in 2021 included components relating to base rate increases to acknowledge cost of living increases, and significant components agreed in anticipation of settlement of the Nursing pay equity claims taken by the New Zealand Nurses Organisation (NZNO) and the New Zealand Public Service Association (NZPSA).  There are a number of areas within the primary and community health sector where these disparities are contributing to nurses moving to Te Whatu Ora, which is having an impact on the delivery of some health services in the funded-sector.   The Government has requested advice about the options that exist to address these issues and anticipates announcing this in the coming weeks.
  + As you may be aware, the Government has announced a funding package to address the impacts of pay disparities for healthcare workers in the government-funded sector, including for nurses. Further information can be found here: <https://www.beehive.govt.nz/release/government-takes-action-pay-parity-healthcare-workers>.

### How will responsible authorities sit within this framework? Do you see smaller groups being merged, a big amalgamation like Ahpra or will they stay as they currently are? The cost of regulation for smaller RAs is increasing significantly and not all RAs are able to meet the requirements expected each their respective levels. Our RA has very low numbers of practitioners that identify as Māori. We would love to support the mahi, however, to try and effect change sits outside the scope of the HPCA Act and we do not have the funding to support this. It also depends on school students having to make the right subject choices and we cannot do advocacy work in that space. How will this be addressed.

* + We are considering a range of options for the structure and governance of responsible authorities, and intend to consult with the sector in the first half of 2023.
  + We recognise that it is currently challenging for smaller responsible authorities to meet some expectations, and are looking into options for how we can best enable RA functions to be carried out.

### The bottleneck in most training programme is suitable clinical placements. This needs to be a priority to grow numbers through training.

* + Te Whatu Ora has identified an urgent need to develop a better way to manage student placements that will enable us to grow the skilled, sustainable, diverse, and responsive health workforce we need in Aotearoa.
  + We have initiated a project to design an effective student placement system, in partnership with Te Aka Whai Ora, Manatū Hauora and the Education Sector.
  + The project team is currently engaging with key stakeholders to gain a detailed understanding of the current state and the requirements for the future system.
  + If you would like to contribute to this engagement or know more about the proposed scope, please contact [Tessa.Thompson@health.govt.nz](mailto:Tessa.Thompson@health.govt.nz)

### Is there a need for the union to fit into this strategy to make it an easier, collaborative and strategic journey?

* + All unions are engaged in the relevant working groups and there is union representation on the Taskforce.

### Please explain the vision for Enrolled Nurses?

* + Nursing Council of NZ is leading the EN scope of practice review 2022/23. There are two phases of work, involving 3 key areas:
  + Phase 1: Scope of practice review
  + Phase 2: Education standards and Competencies

### Some segments of the universities seem resistant to supporting micro-credentialing, do you know if TEC is aware of this and trying to address it?

* + TEC isn’t aware of New Zealand universities being vocal about micro credentials specifically, but it could be that there are specific academics within them that have differing views.
  + At a more macro level internationally, there have been concerns from academia about the risk shorter training packages like micro-credentials pose to traditional qualifications, and the potential break down of qualifications into smaller bits. This is considered an issue at that level in terms of the future of universities.
  + Also note that TEC does not fund all micro-credentials so this could also be referring to a reluctance by universities to invest in health micro credentials (at the higher levels of the New Zealand Qualifications Framework (NZQF)) if they know they are unlikely to receive funding.
  + However, they can work directly with Te Whatu Ora to source funding from your own training budget.

### Will the micro-credentialing of already established professions occur in ‘traditional’ education institutions, or outside of these (or both)? How will this work with the provision of clinical practice? How do you expect funding will be made available to support micro-credentials to extend scopes of practice?

* + The Kaiāwhina Workforce Working Group is in its establishment phase.  The aim is to have the Group established by the beginning of December.
  + Once in place, the Group will confirm the work programme and this will inform responses to questions such as those posed.
  + Micro-credentialling is one of the priority areas signalled.  Engagement has already occurred with Toitu Te Wairoa on a joint approach and the first step will be a mapping of existing micro-credentials and developing a skills framework.  Information will be provided via the Group once this work gets underway.

### Can you clarify the "review of regulatory bodies" - what does this mean? Having a regulated and competent workforce should be a priority

* + We are currently reviewing the Health Practitioners Competence Assurance Act 2003, and the roles and functions of responsible authorities under that Act. Some smaller responsible authorities have told us they are struggling to meet expectations.
  + We are looking at a range of options for how we can better enable RA functions to be carried out. We intend to consult with the sector in the first half of 2023.

### What is the strategy to draw together the whole of government to support the challenges of keeping Māori and Pacifica ākonga in the education system when the cost of living, health access, housing, financial, and childcare continue to be the key reasons for leaving study prior to completion?

* + Work is currently underway to develop the health and disability workforce strategic framework. This strategy will be multifaceted and will be developed in partnership with key government agencies to ensure a shared approach to achieving good outcomes for community and whānau, and which includes growing the health and disability workforce to meet needs. This strategy will consider some of the challenges Māori, Pacifica and tāngata whaikaha experience in completing their health and disability studies.
  + Te Aka Whai Ora is exploring opportunities for increasing support for Māori completing health and disability studies including ‘earn as you learn’ initiatives, increasing the scope of scholarship packages and the support they fund, exploring options for providing additional hardship support for students who are midway through studies.

