

Drug Policy Symposium

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Getting the workforce mix right

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Health Workforce New Zealand's Role:

Simplify and unify the health workforce development system

National oversight for health and disability workforce planning, training and development

Whole of education continuum, whole of health system view

Monitor and respond to <u>national and regional</u> <u>workforce priorities and pressures</u>



Health Workforce New Zealand's Role (cont):

Focus on <u>inter-professional, connected</u> workforces and services

Supporting workforce development through innovation projects and training subsidies

Facilitating and enabling change via partnerships

Nationally accessible <u>workforce dataset</u>, improved <u>information</u> and <u>analysis</u>



Our overarching objectives

- 1. Improved recruitment and retention
- 2. a workforce with more generic skills
- 3. new roles & extension of existing roles
- 4. strengthened workforce relationships across health& education systems
- ensuring high quality, integrated and best value training





HWNZ outcomes in 2011

By the end of 2011, all of the HWNZ short-term targets will have been met in regard to a sustainable and fit for purpose health system.

Key outcomes for highlighting:

A shift in workforce culture and improved morale, engagement and retention.

A future proof workforce planning and training process.

A recast of the primary care workforce to enable a shift in the model of care.



Priorities 2011/12

- Bringing health services closer to home community and home care, the carer workforce and self care
- Increasing the number of Maori and pacific people in the health and disability workforce
- Strengthening the health workforce in primary care general practice, pharmacy, allied health
- working to the top of scope
- a more visible and "tangible" education and health sector continuum
- Aged care, mental health & addictions, rehabilitation



Workforce Service Reviews

- •Clinician-led reviews of specialty or service areas
- •Propose a 2020 vision of the health workforce
- •Through vignettes of patient / consumer health need how and where services will be provided— what workforce is required to meet that need.
- •Parameters no additional funding, a doubling of demand, no loss of access or quality, patient / person-centred, inter-professional / interdisciplinary, public / private sector
- •Reported Aged care, anaesthesia, diabetes care, eye health, gastroenterology, mental health & addictions, musculoskeletal, palliative care, youth health
- Underway women and babies health, rehabilitation
- Proposed Cancer, oral health.....



Workforce Service Reviews (cont)

- 4 clear themes emerging from the review recommendations:
- •making better use of the existing health workforce, from untrained workers to highly specialist, by developing new roles and extending existing roles to make best use of the skills of all members of the health care team
- •a focus on prevention, rehabilitation and self care to underpin a shift of resources from hospital to community
- •better use of the potential of IT, including telemedicine
- •development of regional clinical networks to make best of resources and ensure provision of services to all communities



Mental health & addictions workforce service review

Recommendations propose:

- •A shift in focus of mental health services towards primary and integrated care, and preventive interventions at both ends of life cycle
- •Whole of system, person-centric view
- Family / whanau centred approach to self-care and positive well being
- •Reach 7-9% of population who have highest MH&A needs
- •And create supportive environment for wider population improve access to those with unmet MH&A needs



Mental health workforce service review cont

- •Intervening earlier in the life course
- •Integration across primary / secondary MH&A using stepped care approaches to improve access and recovery in the community, reduce out-patient demand and length of stay in intensive settings, and reduce the burden of co-occurring mental and physical conditions
- •Working with CYF, Education and Justice to reduce system-wide costs by influencing the pathways through high risk mental health, care and protection, and justice services
- •Proactively managing the impact of mental health on care for the elderly by increasing access to interventions that enable elderly people to retain or recover functioning, avoiding or delaying the need for more intensive and costly support
- •Continued investment in core and specialist MH&A services; psychiatrist capacity, specialist AOD capacity, ability to provide rapid response to acute needs and better utilisation of scarce forensic skills



MH&A review recommends developing:

- •the MH&A capability of general health, esp in primary care teams
- •capacity & capability across the spectrum of self-care support enabling etherapies, self care whanau care and peer support
- •a primary MH&A workface capable of at least a 7 fold increase in current response levels by 2020, and functioning as part of an integrated MH&A system with community and specialist services
- •integrated specialist, community based roles, functioning and capacity to support a shift towards earlier intervention, prompt access for acute care and recovery pathways that are effective in restoring functioning
- •capacity in specialist clinical workforces: psychiatrists, psychologists and mental health nursing with the necessary skill mix to support both the areas of future development and the change in roles envisaged here



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 Improved recruitment and retention of key workforces to meet current and future service needs particularly in aged care, mental health and rehabilitation

Activities and projects include

- Voluntary Bonding scheme
- Advanced Trainee Fellowship
- Reform of GP training
- Regional training hubs
- Career planning
- Advanced competency modules
- Integrating health and education sector programmes to increase numbers of Maori and pacific students successfully entering health careers
- NZREX Preparation Placement Programme for IMGs
- Modular and integrated training programmes



2. Development of a workforce with more generic skills to ensure maximum flexibility and integration between institutional and community settings

Activities include:

- Supporting registered nurses working in primary care to better respond to people with mental health and addiction needs
- Reforming training so GPs can work in community and hospital settings, with a range of advanced competencies in areas such as mental health & addictions, paediatrics, women's health, minor skin cancers
- Integrating components of training programmes for allied health and technical professions
- Interprofessional learning and practice eg rural immersion training



3. Development of new health workforce roles and extension of existing roles to make best use of all available skills, free up expensive clinician time, provide better access to health care for patients and provide services closer to home

Projects include developing roles for

- Nurse endoscopists
- Trainee rehabilitation associate in home and community support services
- Gerontology nurse in primary care
- Diabetes nurse specialist prescribing
- Pharmacist management of anti-coagulant medications (warfarin)
- Physician Assistants in surgery and emergency departments
- Upskilling ED workers to better respond to the needs of Maori
- Advanced competency modules for GPs in mental health & addictions



4. Building and strengthening of workforce relationships across the health and education systems to ensure economies of scale, integrated training and sharing good practice

Includes

- Tertiary Education Commission & HWNZ aligning investment plans
- Careerforce & HWNZ linking re unregulated workforce in aged care
- Universities, Institutes of Technology & HWNZ connecting learning across the education continuum
- Integration of HWNZ priorities into undergrad and post grad curriculum, eg leadership, care of the elderly, mental health, rehabilitation, prevention
- Centre of Excellence in Health Care Leadership
- Alignment of workforce strategies and plans with regional training hubs eg National health IT Board; NHB Regional Services Plans; Nelson Learning Centre (NMDHB); Tertiary Alliance (CDHB, Otago and Canterbury Universities) –



5. Ensuring high quality and best value clinical training to contribute to improved satisfaction for trainees and better outcomes for patients.

Activities include

- Career planning
- Regional training hubs
- Advanced competency modules
- Public / private partnerships
- Integrated training multidisciplinary approaches, across the education continuum – UoA and UoO Rural Immersion initiative



Four Regional Training Hubs

- to co-ordinate health workforce planning, education and training.
 Underway from 1 July 2011
- •Initial focus on medical training from PGY1 to vocational registration; other groups to follow
- •Professional colleges and registration authorities responsible for content and accreditation of training programmes
- •Integrates regional workforce plans, career planning, and administers Voluntary Bonding scheme and HWNZ Advanced Trainee Fellowship
- •HWNZ provides strategic direction on health workforce priorities, monitoring and oversight. Hubs report to HWNZ through NHB reporting and accountability framework
- •link with: NHB; NHITB; Centre of Excellence in Health Care Leadership; National Simulation Training Network; South Island Tertiary Alliance



Career planning

HWNZ requires career plans to be in place for all trainees it funds effective January 2012

Resources (guidelines, tools, enhanced workforce information) to assist trainees, mentors and employers developed

Many organisations already do career planning in whole or in part builds on existing processes

Intention is for a supportive process, with involvement of senior clinicians, owned by the trainee

HWNZ is not prescriptive about the process used, however they should *not* to be linked to assessment or selection processes

Career planning for older and retiring clinicians is recommended



Examples of a "tangible" education and health sector continuum

- "Pipeline" for Maori and pacific students through Health Science Academies
- ➤ TEC and HWNZ alignment of investment plans to ensure numbers of students in undergraduate programmes aligned to health system needs in 2020 and beyond
- Modules for primary care clinicians in eg aged care, mental health and addictions
- Self care, home and community care, carer workforce, unregulated, and regulated workforce - patient journey
- Person / whanau -centred care patient navigators, whanau ora, managed care / care coordination
- Interprofessional / interdisciplinary learning and practice



