

Health and Disability Sector NGO Workforce Development

**A report to the NGO Working Group
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“NGOs are often at the cutting edge of innovation and development in the provision of both health and disability and education services. The all-round capability of many people in these organizations means they have the flexibility, initiative, energy, enthusiasm and the opportunity to innovate in ways that are often not easily available to those in main-line services. Not nearly enough use is made of NGOs in this context and forums for sharing these innovations are important.”¹

¹ From a 2003 Health Workforce Advisory Committee report

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Executive Summary and Recommendations

In April 2006, the NGO Working Group commissioned a small project² to assess how they could best strategically progress NGO³ workforce planning within the context of the wider health and disability sector workforce development environment. The key objectives of this project were to:

1. Outline the key workforce development issues for the NGO health and disability sector
2. Provide a brief overview of the health and disability sector workforce development environment
3. Assess the extent to which wider health and disability sector workforce development is addressing NGO sector issues
4. Provide recommendations for how the NGO Working Group can strategically progress NGO workforce development.

The NGO Working Group contracted Kirsty Peel of Health by Design Limited to undertake this project and this report documents the findings and recommendations arising from it.

There are a number of drivers that will have both short and longer term impacts on the health and disability workforce, including issues of an ageing population, an ageing workforce, new ways of working collaboratively across the sector, new technologies and global competition for the workforce. NGOs, as significant providers of services and employers of a significant portion of the health and disability workforce, are, and will continue to be, affected by these drivers as much as other health providers.

There has been much activity recently by a range of organizations across the sector in planning for how to manage the impact of the drivers mentioned above on the workforce and it is therefore an opportune time for the NGO Working Group to be considering how to strategically progress NGO workforce planning. In reviewing the existing workforce development documentation, it appears that this is the first attempt to consider the whole range of workforce development issues from an NGO perspective across the entire sector. As such, this document should be seen as the first step in an on-going process by the NGO Working Group to consider NGO workforce development. Recommendations to the NGO Working Group for next steps are included at the end of this executive summary.

NGOs, with a variety of workforces working across a variety of service delivery contexts and settings have:

- An interest in, and a contribution to make, to all the dimensions of workforce development and much of the activity being undertaken in the workforce development environment
- A responsibility to play their part, in partnership with other players, in developing the health and disability workforce

² approximately 65 hours work

³ in the context of this report, NGOs refers to not-for-profit organizations only (those who are eligible to vote for NGO Working Group members).

NGOs, with their unique place in the health and disability sector, have their own set of workforce concerns, including:

- The desire to play a leading role in strategic workforce development planning and associated development of innovative models of care
- The need for adequacy and certainty of funding that allows NGOs to attract, retain and train staff in a competitive marketplace
- The need for information in order to understand the NGO sector better
- Access to appropriate and affordable training and supervision opportunities for the whole spectrum of workforce groups employed by NGOs

A more detailed list of NGO workforce issues is included in section two of this report.

Workforce development activity is being undertaken by a variety of organizations with a variety of mandates and key focuses (the range of organizations and a summary of some of the activity that most impacts on NGOs is outlined in Appendix Two). No one organization has responsibility for NGO workforce development as a whole and none of the organizations involved in workforce development activity has NGO workforce development in particular as its primary focus; while they may have an interest in some aspects of NGO workforce development issues as part of their work, their main focus is on something else. For this reason NGO workforce issues have sometimes been overlooked or only implicitly covered in key workforce development documents. In a recent report, the Health Workforce Advisory Committee (HWAC) states that⁴:

“NGO workforce needs and possible development contributions have in the past been largely ignored by those responsible for health workforce planning and development. It is no longer possible to continue in this manner. NGOs now play greater and more sophisticated roles in community settings, particularly in the care of people with chronic illness and continuing disability. The NGO workforce is becoming more diverse, is growing rapidly and is in urgent need of workforce development support”

Various organizations have a role to play in NGO workforce development:

- HWAC in its role in advising the Minister on strategic workforce issues⁵
- The Ministry of Health (MoH) in its role in providing strategic advice, developing specific workforce plans and co-ordinating workforce activity across the sector
- District Health Boards (DHBs) and District Health Boards New Zealand (DHBNZ) in their role in planning for and ensuring workforce capacity and capability in the sector via implementation of the ‘Future Workforce’ plan

⁴ Health Workforce Advisory Committee. 2005. Fit for purpose and for practice: a review of the medical workforce in New Zealand Consultation document. Wellington. Health Workforce Advisory Committee

⁵ Note – HWAC is in the process of being re-configured into an action committee

- Specific workforce development infrastructures (e.g. DHBNZ workforce strategy groups, mental health workforce development providers, public health workforce development plan implementers, individual DHB workforce planning project teams) with their various responsibilities for developing aspects / parts of the workforce
- Community Support Sector Industry Training Organisation (CSSITO) with its legislated role to provide leadership on matters relating to skill and training across the non-regulated health workforce
- MoH and DHBs in their role as funders of NGOs
- NGOs themselves as employers of the NGO workforce

NGOs and the NGO Working Group will therefore need to work with a variety of organizations at a variety of levels in order to progress the NGO workforce development issues outlined in the body of this report. The following table provides a summary of workforce development activity by workforce type and service delivery context.

Summary of Workforce Development Activity by Service Delivery Context / Workforce Type

Issue	Public health	Mental health	Disability	Aged care	Primary care / Personal health	Relevant workforce development activity
NGOs contract relationship with	MoH	DHBs via ringfenced funding MoH funds workforce development directly	MoH	DHBs	DHBs	
NGO workforce						
- management	yes	yes	yes	yes	yes	Various leadership programmes
- medical	few				few	DHBNZ medical strategy group
- nursing	very few	yes	yes	yes	yes	DHBNZ nursing strategy group
- allied therapy		yes	yes	yes	yes	DHBNZ allied therapy strategy gp
- non-regulated	community workers health promoters	mental health support workers	disability support workers	aged care home support workers residential care support workers	community workers	DHBNZ non-regulated workforce strategy group (not public health) - priority VIII CSSITO future workforce skill needs strategic plan (not public or personal health) HWAC (aged care and disability only)
Workforce development plan	Public Health Workforce Development Plan (in development)	Mental Health and Addictions Workforce Action Plan (December 2005) A Strategic Framework for Child and Adolescent Mental Health Workforce Development (May 2006) NGO mental health workforce development plan (in press)	No overall plan	No specific plan DHBNZ 'Future Workforce' plan covers this area	No specific plan for whole primary care sector DHBNZ 'Future Workforce' plan covers this area Primary health care nursing plan NSU workforce development plan	
Who is driving implementation of plan / sector workforce development	MoH Public Health Directorate	MoH Mental Health Directorate National Mental Health workforce steering committee	?	?DHBNZ workforce development group	?DHBNZ workforce development group ?PHCS Implementation Group	

	Public health	Mental health	Disability	Aged care	Primary care / Personal health	Relevant workforce development activity
Who is driving implementation of plan / sector workforce development cont.		Four national mental health and addiction workforce development centres and programmes 4 regional workforce development co-ordinators				
Maori focus	Maori a priority in draft plan	Maori mental health workforce development plan (January 2006) Maori workforce development provider				Maori Health Workforce Development Plan (April 2006) DHBNZ priority VI Maori provider development funding HWAC workstream CTA work HRC research
Pacific focus	Pacific a priority in the draft plan	Pacific mental health and addiction workforce training, research, feasibility studies - Pava				Pacific Workforce Development Plan DHBNZ priority VII
Relevant workforce development activity	Finalization of and implementation of plan	Implementation of plans	A variety of activity ⁶	A variety of activity ⁶	DHBNZ priority V	
Information	survey of workforce, including NGOs DHBNZ HWIP	NGOIT landscape survey collecting information about mental health NGOs, managed by Platform Inc DHBNZ HWIP	DHBNZ HWIP	DHBNZ HWIP	DHBNZ HWIP	

⁶ See draft DHBNZ non-regulated workforce report for more detail of workforce development activity occurring in these sectors

Recommendations

It is recommended that the NGO Working Group:

1. ensure the Minister of Health and the Health Workforce Advisory Committee members⁷ are aware, via the distribution of this report, of the range of workforce issues facing NGOs and the need for these issues to be given due recognition in developing strategic workforce development advice.
2. continue to strengthen the relationship with DHBNZ (as a point of contact for individual DHBs) and in doing so:
 - a. work in collaboration with DHBNZ to carry out further work to identify the key linkages between DHBNZ 'Future Workforce' priorities and NGO workforce issues identified in this report and develop mechanisms (including appropriate NGO involvement at a strategic level) to progress these common workforce development priorities at both a national (DHBNZ) and local (DHB) level.
 - b. seek NGO representation on the DHBNZ workforce strategy groups relevant to the NGO regulated workforce.
 - c. seek NGO representation on the DHBNZ non-regulated workforce strategy group to ensure implementation of recommendations from the non-regulated workforce report takes into account needs of NGOs.
 - d. advocate for collaborative partnerships between DHBs and NGOs at a local / regional level in order to progress the availability of appropriate training opportunities for NGO staff.
 - e. investigate ways in which NGO managers can access appropriate leadership training programmes and mentoring support at minimal cost.
 - f. ensure NGO input in the implementation of priority action V (primary health) in the 'Future Workforce' plan.
 - g. engage with the HWIP programme managers to ensure that NGO workforce information is collected in a way that meets the needs of NGOs.
3. take a leadership role in commencing the conversation amongst NGOs as to the desirability and feasibility of strengthening existing and / or establishing new infrastructure/s and / or

⁷ and subsequent 'action committee' members

formal mechanisms to progress common workforce development issues and share innovations within the NGO sector.

- a. carry out further work to identify in more detail common workforce issues that could benefit from a collaborative approach across parts of / the whole NGO sector.
 - b. consider the development of a mechanism for allowing NGOs across the sector to benefit from the organisational development tools being developed as part of existing workforce development activity.
 - c. review the mental health NGO workforce development plan in more detail upon its release and consider how the implementation of actions in the plan may have relevance for NGOs working in other parts of the health and disability sector.
4. make NGO funders aware, via the distribution of this report, of the need for adequate funding to address recruitment and retention issues for NGOs.
 5. advocate with NGO funders for funding parity with respect to FTE funding for health professionals working in NGOs.
 6. monitor the implementation of the mental health NGO workforce development plan.
 7. monitor the implementation of the public health workforce development plan to ensure it is in the interests of NGOs providing public health services.
 8. advocate for the development of a disability workforce development plan that takes into consideration the needs of the NGO workforce (both regulated and non-regulated) who account for a significant portion of disability service provision.
 9. advocate for the development of an aged care workforce development plan, that would need to be closely aligned / integrated with any disability workforce development plan and take into account the needs of NGOs in this sector.
 10. progress the recommendations outlined in the Platform Inc HPCA report.
 11. engage with CSSITO to ensure that NGO issues are considered in the development of the future skills needs strategic plan for the non-regulated workforce.
 12. consider carrying out further work to investigate possible innovative ways of meeting unmet NGO training needs in a cost effective manner.

13. assess in more detail how existing workforce development planning and initiatives address the needs of Maori NGOs.
14. assess in more detail how existing workforce development planning and initiatives address the needs of Pacific NGOs.
15. continue to monitor the workforce development environment on an on-going basis.

As the NGO Working Group has limited capacity to carry out work (above and beyond that which they are currently contracted for) the group will need to prioritise the recommendations made in this report and seek resources to carry out functions associated with implementing them. An action plan, outlining how, when and by whom the recommendations will be implemented should be developed.

1. Introduction

In April 2006, the NGO Working Group commissioned a project to assess how they could best strategically progress NGO workforce planning within the context of the wider health and disability sector workforce development environment.

The report is divided into three main sections and a number of appendices. This first section describes the background to, and objectives and methodology of, this project. The second section outlines health and disability NGO workforce development issues and the third and final section provides an analysis of how NGO workforce issues are being addressed by existing workforce development activity. In this context recommendations are provided as to how the NGO Working Group can best strategically progress NGO workforce planning.

1.1 Background

1.1.1 To the NGO Working Group

The NGO Working Group is the executive arm of the Health and Disability Sector Non Government Organisation (NGO) - Ministry of Health (MoH) Forum, which has been in place since March 2002.

The Forum gives meaning to the 2001 Statement of Government Intentions for an Improved Community-Government Relationship within the health and disability sector. Approximately 500 people, representing small and large not-for-profit organizations, covering all the Ministry of Health sub-sectors - Personal, Public, Mental health, Disability, Maori and Pacific populations, have registered their organization as part of the Forum process.

The NGO Working Group was formed to progress issues raised by NGOs at the Forums. It is a group elected by NGO organizations registered to be part of the Forum and has representation from Maori (3), Pacific (2), Public health (2), Personal health (2), Mental health (2) and Disability (2) sector representatives. The NGO Working Group has a small budget funded by the MoH to undertake activities including convening two national sector Forums per annum, expenses associated with operating the Working Group, project work and a secretariat.

1.1.2 To this project

NGO workforce issues, particularly the recruitment and retention of staff, have been a key concern expressed to the NGO Working Group by the NGO sector over recent times. Workforce issues were the focus of one of the NGO - MoH Forums in September 2005. At this forum a number of sector workforce development projects were presented and the NGO sector had an opportunity to discuss their key workforce concerns.

The NGO Working Group understands the importance of a strong workforce to the continued viability and success of the NGO sector and the importance it has in being able to deliver high

quality services to New Zealanders. To this end they wished to determine how to best strategically progress NGO workforce development.

As a starting point, the NGO Working Group wished to scope how NGO workforce development issues fit within the context of the wider health and disability sector workforce development environment.

The NGO Working Group contracted Kirsty Peel of Health by Design Limited to undertake this project and this report documents the findings and recommendations arising from it.

1.1.3 To workforce development

Workforce development is a whole systems approach to developing a workforce. The Health Workforce Advisory Committee (HWAC) has described workforce development in a 2005 report⁸ as:

“a broader concept than just workforce planning. Workforce development is a dynamic approach to producing ... (a health workforce) ... who are fit for purpose, in the right numbers and in the right place at the right time. It treats the workforce as a whole, rather than dividing it into separate employer or professional groups, and is based on the principles of partnership. Workforce development aims to respond to changing service demands in creative and innovative ways. It links workforce needs to service redesign and new working styles to provide flexible strategies suited to an ever-changing environment.”

The Ministry of Health has produced a very recent report⁹ which provides an overview of the workforce development environment in New Zealand. This report provides a framework, described below and taken from the mental health workforce development plan, for conceptualizing and summarizing the various activities involved in workforce development.

Area	Goal
Workforce development infrastructure	A national and regional workforce development infrastructure which supports stakeholders to progress workforce development
Organisational development	Health services develop the organisational culture and systems which will attract and grow their workforce and meet service needs
Recruitment and retention	Health services have a nationally and regionally co-ordinated approach to recruiting and retaining staff, which results in increased capacity and capability of the health workforce
Training and development	All stages of health workforce training are aligned to service needs and promote retention
Information, research and evaluation	Information and research are available to support workforce development planning

⁸ Health Workforce Advisory Committee. 2005. Fit for purpose and for practice: a review of the medical workforce in New Zealand Consultation document. Wellington. Health Workforce Advisory Committee

⁹ Ministry of Health. 2006. *Health Workforce Development: An Overview*. Wellington. Ministry of Health

The District Health Boards New Zealand (DHBNZ) 'Future Workforce' plan,¹⁰ seen as the umbrella plan for the workforce development activity of the sector, identifies the following eight priorities in developing the health and disability workforce:

Sustaining and Nurturing the Health and Disability Workforce	Developing Workforce /Sector Capability
<p>Priority I: Fostering supportive environments and positive cultures</p> <p>Priority II: Enhancing people strategies</p> <p>Priority III: Education and Training</p>	<p>Priority IV: Models of Care</p> <p>Priority V: Primary health workforce</p> <p>Priority VI: Maori health workforce</p> <p>Priority VII: Pacific health workforce</p> <p>Priority VIII: Non-regulated and voluntary health and disability workforce</p>

1.2 Objectives

The key objectives of this project were to:

1. Outline the key workforce development issues for the NGO health and disability sector
2. Provide a brief overview of the health and disability sector workforce development environment
3. Assess the extent to which wider health and disability sector workforce development is addressing NGO sector issues
4. Provide recommendations for how the NGO Working Group can strategically progress NGO workforce development.

1.3 Project Scope

There are a wide variety of organizations which can come under the heading of an NGO, including both for-profit and not-for-profit organizations. The health and disability NGOs that are the focus of this report are those with a contract with the MoH or a District Health Board (DHB) for providing health and disability services and who are eligible to vote for the NGO Working Group (that is, they have a not-for-profit focus (are not in the business of returning a profit to shareholders)).¹¹ It is acknowledged that there are organizations with an interest in for-profit NGO workforce development whose work is not covered in any detail in this document. In addition this report does not specifically cover issues for Primary Healthcare Organizations (PHOs) or Needs Assessment and Co-ordination Services (NACSs), who, while they are not-for-profit organizations, are not the focus for the NGO Working Group's activities.

¹⁰ DHBNZ. 2005. *Future Workforce 2005-2010*. Wellington. DHBNZ

¹¹ NGO will refer to not-for profit NGOs for the rest of this report

The scope of the project included reference to the workforce development issues for the full range of health and disability sector NGOs; including public health, personal health, disability, mental health and Maori and Pacific NGOs.

Workforce development includes a wide range of issues and the scope of the project included reference to the full scope of workforce development activity.

1.4 Methodology

Given the wide scope of issues to be addressed and the limited budget (equivalent to approximately 65 hours work), the focus of this project was on reviewing and collating existing documentation, liaising with a number of key informants and utilizing the resources of NGO Working Group members who have links to the various parts of the health and disability sector. In addition, the NGO Working Group had asked their membership if any NGOs would be interested in participating in a survey on workforce issues. These self selected NGOs were offered the opportunity to review and add to a draft list of workforce issues for NGOs.

Key methods included:

- Documentation review¹²
 - Health and disability sector workforce development plans and related reports
 - NGO Working Group documentation
- Liaise with key informants¹³
 - Workforce development key implementers within the wider health and disability sector
 - District Health Boards New Zealand (DHBNZ)
 - HWAC secretariat and committee
 - MoH
 - Community Support Services Industry Training Organisation (CSSITO)
 - NGO Working Group members
 - Other key informants
- Review of draft list of key issues by self selected NGOs¹⁴
- Review of draft report by NGO Working Group members and other key informants

¹² A full list of documents reviewed is included in Appendix 1

¹³ A list of those informants is included in Appendix 1

¹⁴ A list of NGOs participating in this review of key issues is included in Appendix 1

2 NGO Workforce Development – The Key Issues

This section of the report provides an introduction to the health and disability NGO sector and outlines the key workforce development issues facing NGOs.

2.1 *An Introduction to the Health and Disability NGO Sector*

NGOs have long been providers of responsive, specialised health and disability services and the sector has grown over recent times with the move to more community based care, particularly in the mental health and disability and aged care sectors. The NGO share of Vote:Health funding is estimated to be nearly \$2 billion¹⁵, of which 60-70% is spent on staffing.

2.1.1 Range of providers

Health and disability NGOs do not fit into one easily defined category:

- They provide services across the health and disability spectrum (including public health, primary care and other personal health support services, mental health, disability, aged care).
- Some NGOs work across service delivery contexts / settings (providing, for example, both public and personal health services, or mental health and disability services) or work beyond the health environment (for example contracting with MoH, MSD (including CYF and Work and Income), ACC, MoE etc) while others specialize in one specific service.
- Some are mainstream services, others provide services specifically catering to Maori or Pacific or other ethnic communities.
- They range in size from large national organizations, employing thousands of staff, with service contracts to provide a range of services to communities, to smaller organizations, with less than 5 staff, focused on their local community. While there are some very large NGOs (employing more staff than a small DHB), the majority of NGOs are very small organizations.
- With this difference in size comes a range of infrastructure differences, with some NGOs having well developed management, human resources and training infrastructures and many smaller organizations without this infrastructure to support their workforce.
- Some NGOs have large volunteer workforces and/or workforces funded by charitable means while others rely solely on health sector (MoH, DHB) funding to employ their staff.
- NGOs work from a wide range of philosophical bases and have differing focuses, driven by the values and interests of their governing body.

¹⁵ NGO Working Group briefing to incoming Minister December 2005

These differences between NGOs, compounded by the fact that NGOs are often 'competing' with one another for contracts, funding from charitable sources and staff, has led to a fragmented sector with few well developed pan-NGO infrastructures to support the sector¹⁶. For this reason, NGOs often work in isolation.

While there are many differences between NGOs there are some commonalities. NGOs mostly work in community settings, often providing a continuum of care to their clients over a long period of time. Some of the common characteristics to be found in health and disability NGOs¹⁷ include:

- A commitment to social and economic wellbeing of the communities they work for,
- A commitment to the reduction of social inequalities,
- A commitment to obligations under the Treaty of Waitangi,
- A desire to be a good employer and employ experienced and expert staff,
- The ability to be flexible, innovative and tenacious in pursuit of goals of their communities,
- Ensuring they deliver cost effective services,
- Volunteers, as workers, fundraisers and facilitators as well as a part of governance boards and management groups provide a degree of passion that has enabled NGOs to go above and beyond basic service delivery to successfully engage with the community,
- The "for love" factor which motivates many in these agencies means that the total contribution of NGOs is often under estimated.¹⁸

2.1.2 Service delivery context

The following information, taken largely from a recent report on NGOs,¹⁹ provides a summary of some of the influences affecting the NGO sector over recent times that have an impact on workforce development:

- The expectations and demands of consumers and families and whanau are increasing.
- Increasing diversity of service users and community needs.
- New Zealand's population is ageing and therefore over time the people using NGO services will increasingly have a multiplicity (and sometimes complexity) of needs relating to their age.
- Developments in technology such as environmental supports and personal assistance devices have enabled some people to continue to be supported by an NGO and avoid admission to a hospital.

¹⁶ One example of an NGO support infrastructure is Platform Inc, working in the mental health community support sector

¹⁷ NGO Working Group report to incoming Minister December 2005

¹⁸ The 2004 VAVA Report (NZFVVO/Price Waterhouse: "Counting for Something-the Value Added by Voluntary Agencies Project" identified that voluntary groups return between \$3 and \$5 worth of services for every \$1 of funding they receive.

¹⁹ Platform Inc. 2005. *Health Practitioners Competence Assurance Act and the Disability and Mental Health and Addictions NGO Sector*. Wellington. Platform Inc

Note - while the focus of this report was on the mental health and intellectual disability sector, the issues are relevant right across the NGO sector.

- NGOs are successfully supporting more people with increasingly complex needs.
- NGOs are diversifying and some are developing specialist skills.
- The development of more specialist NGO services has led to the need to somewhat change and increase the skills of the workforce.
- NGOs have found it increasingly difficult over recent years to operate within the financial constraints and in a market driven economy. Legislation such as the HPCA Act 2003, The Health and Disability Services (Safety) Act 2001, Health and Disability Sector Standards 2001 requirements, and the Holidays Act 2003 and Holidays Amendment Act 2004 as well as increases to the minimum wage have been introduced without funding to meet the associated costs.
- The MECA for public hospital nurses - MECA salary rates for Registered Nurses are on average twenty percent higher than those offered in the NGO sector. Additionally, the MECA provides for paid professional development leave (up to 24 hours per year per FTE), portfolio development leave (up to 16 hours per year per FTE) and a level of practice allowance (\$2,500-\$4,000 per year per FTE).
- The development of District Health Boards and the consequent split in funding responsibility between DHBs and the Ministry of Health (with public health and disability funding for those under 65 managed by the MoH and other funding managed by individual DHBs) leading to increased compliance costs for some NGOs operating across this contracting environment
- The implementation of the Primary Health Care Strategy and the introduction of Primary Health Organizations (PHOs) and the uncertain links between PHOs and NGOs

2.1.3 Size and composition of NGO workforce

There is no clear information on the exact size of the NGO sector, or the NGO workforce. The NGO workforce has a very significant number of non-regulated workers and a rising number of regulated workers as the complexity of the work increases. The following table provides a summary of what is known about the NGO workforce.²⁰

Note – Some NGOs will be counted more than once in the table below as some NGOs contract in more than one service delivery area and there has been no across sub-sector analysis conducted to date.

²⁰ Note - these figures will include both for-profit and not-for-profit NGOs, particularly in the aged care sector where there are very few not-for-profit NGOs

Issue	Public health	Mental health	Disability	Aged care	Primary care / Personal health
Size of NGO sector	25% of FTEs in public health employed by NGOs and a further 28% by Maori organizations ²¹ 62 NGO providers plus 72 Maori and 14 Pacific organizations ²² 1570 positions (1045 FTEs) in NGO, Maori and Pacific organizations Over 70% of NGOs, 59% of Maori organizations and 66% of Pacific organizations with public health contracts have less than 10 public health employees (39% of NGOs have five or fewer) ²³	28% of total budget spent on NGOs ²⁴ 362 NGOs contracted to District Health Boards to deliver Mental health and addiction services 48% of NGOs employ less than 5 FTEs 22% of NGO employ between 5-10 FTE , remaining 30% of NGOs employ more than 10 FTEs ²⁵	~700 providers with a few very large organizations and very many very small organizations ²⁶ ~45,000 disability support workers (community and residential) ²⁷	18,00-25,000 home support workers ²⁸ 15,0000 health care assistants in residential care facilities ²⁹	
NGOs contract relationship with	MoH	DHBs	MoH	DHBs	DHBs
NGO workforce					
- management	yes	yes	yes	yes	yes
- medical	very few				very few
- nursing	very few	yes	yes	yes	yes
- allied therapy		yes	yes	yes	yes
- non regulated	community workers health promoters	mental health support workers	disability support workers	aged care home support workers and residential care support workers	community workers

²¹ Phoenix Research. 2004. Public Health Workforce Development research: Surveys of public health organizations and individuals. A report for the Ministry of Health. Wellington

²² ibid

²³ Data requested from Phoenix Research report specifically for this report

²⁴ Platform Inc. 2005. Health Practitioners Competence Assurance Act and the Disability and Mental Health and Addictions NGO Sector

²⁵ This data is based on a recent survey of the mental health and addictions sector 2005 Survey response rate 65.4%

²⁶ Platform Inc. 2005. Health Practitioners Competence Assurance Act and the Disability and Mental Health and Addictions NGO Sector

²⁷ Draft DHBNZ non-regulated workforce report

²⁸ ibid

²⁹ ibid

2.2 Sector-wide Workforce Development Drivers

There are a number of factors influencing the wider health and disability workforce that will have an impact on NGOs as providers in the sector. These have been written about in more detail in much of the workforce development documentation but in summary include:

- An ageing population – the ageing of the population will mean demand for health and disability services will increase much more rapidly than the size of the population itself and there is a strong risk of labour shortages, especially after 2011, unless pre-emptive action is taken³⁰
- An ageing workforce - with an ageing population comes an aging health and disability workforce who are likely to demand greater work-life balance as they near retirement age and will need to be replaced with younger workers as they retire
- Reducing inequalities focus – an increase in Maori and Pacific populations will require a substantial increase in the Maori and Pacific workforce (given the extent to which they are underrepresented at present)
- Greater demands on the health system due to an increase in chronic conditions
- New technologies and possibilities for intervention
- The promotion of new ways of working (primary care strategy, collaboration across sector, wellness and prevention approaches, working with communities) - means new ways of working in multi-disciplinary teams are required
- Changing expectations of the workplace – increasing desire for work-life balance
- International competition for workforce
- Low unemployment rates
- Fall in numbers of volunteers / unpaid caregivers – creating greater demand for a professional workforce to take their place
- Issues associated with delivering services to a small but geographically disperse population

These drivers have led to an increased emphasis on workforce planning and development within the sector over recent times as it has become recognized that the workforce needs to be planned for, and developed, in an active manner.

2.3 NGO Workforce Development Issues

What follows is a summary of some of the main workforce issues affecting the NGO sector.

The NGO Working Group has carried out a number of surveys, and commissioned several discussion papers, to identify what the key issues are for NGOs working in the health and disability sector. This information has been reviewed, along with information obtained from relevant

³⁰ NZIER. 2004. Ageing New Zealand and Health and Disability services: Demand Projections and Workforce Implications 2001- 2021.

workforce development reports and plans, and combined with feedback from NGO sector representatives and Working Group members to produce the following summary of key issues.

The resources available for this project did not allow for a methodology that would quantify the size and relative importance of these issues or assess whether they apply equally across the whole NGO sector or whether they are more relevant for specific sub-sectors / size of NGO / workforce group. As such, the issues outlined below are not in any particular order and are not necessarily of equal magnitude.

2.3.1 Workforce development infrastructure

- NGOs would like to be involved in workforce development planning at a strategic level. This includes active involvement in workforce development infrastructure groups and processes with resources to meet the transaction costs of such engagement
- Improved consultation between MoH / DHBs and NGOs regarding workforce development is desired; consultation processes need to be developed and managed in ways that allow for true NGO involvement and input
- NGOs often work across sub-sectors and therefore need workforce development activity to be aligned and co-ordinated across the wider sector where this is relevant as well as having activity that is specific to particular service delivery contexts / settings (eg mental health, public health) or workforce groups
- As NGOs often contract with agencies outside of health there is also the need to align workforce development initiatives across sectors (eg health, ACC, MSD) in a 'whole of government' approach
- There needs to be consideration given to developing shared competencies or a new competency framework under the provisions of the HPCA Act for health professionals working in the NGO sector, particularly for work across the mental health and disability sectors where health professionals are often not working in traditional roles

2.3.2 Organisational development

- NGOs would like to be involved in policy development regarding developing and funding innovative models of care
- NGOs need access to relevant and appropriate leadership training at minimal cost
- Mentoring for management staff is often lacking as NGOs work in isolation from one another / rest of the health sector
- How can the 'healthy workplace guidelines' recently produced by HWAC best be operationalized within NGOs?

2.3.3 Recruitment and retention

- Difficult to attract a young workforce (to replace aging workforce) to NGOs when on the whole NGOs are not seen as attractive as DHBs as a place to work – less visible, less prestige, lack of career path, lower paid, the ‘poor cousin’
- Need to increase the prestige / image associated with support / community work and acknowledge its importance in the sector in order to attract staff to this type of work
- Annual funding cycles allow limited opportunities to plan long-term recruitment and retention strategies
- As there are no cost of living / future funding increases to NGOs it is difficult to fund salary increases to avoid retention issues
- NGOs are not adequately resourced (through the contracting process) for the costs involved in employing trained health professionals
- Nurses MECA is impacting on the ability of NGOs to recruit and retain nursing staff when there are pay disparities within the sector
 - NGOs are not seen as an attractive place to work vs DHBs, staff feel less valued in NGO sector
 - Leading to strikes / potential disruption to services
 - More resources being used to keep nursing staff so no funds to increase support staff wages so continuing low wages for these workers
- Health professionals in an NGO are often in autonomous leadership positions and have greater, and more wide ranging responsibility than if they were working in a DHB environment but are often not compensated for this financially (due to FTE funding rates offered to NGOs by the funder)
- Need for career paths within the NGO sector
 - NGOs are funding training of staff and then losing them when trained to higher paying jobs outside the NGO sector
- Isolation of staff in smaller / rural NGOs can affect recruitment and retention – lack of infrastructure and / or significant costs in providing support / supervision
- Low pay, lack of career pathways and inappropriate or inadequate training for parts of the non-regulated workforce (particularly in the aged care sector) are causing high turnover
- Better for PHOs and NGOs to share resources than for PHOs to ‘poach’ NGO staff
- Recruitment of volunteers is an issue for some NGOs

2.3.4 Training and development

- FTE funding formulae for NGOs often does not allow for training and development, particularly in smaller organisations
- Some NGOs lack the capacity to offer appropriate training and leadership building

- NGOs need access to relevant training with a community delivery focus that is focused on the needs of NGOs
 - Clinical / support work in a community setting
 - Management issues for a community-based organisation / charity (eg legal responsibilities, strategic planning, human resource management)
- The ability to attend courses is often more difficult for NGOs if they are required to back-fill vacant positions within a small organisation
 - An internship scheme funded from outside the sector would allow students to work within NGO organisations and could allow for the release of permanent workers for further training because of increased capacity
- There are limited opportunities for NGO workers to participate in DHB training programmes (such as, for example, infection control, health and safety, restraint minimisation train the trainer) and sometimes DHB training has little relevance to NGO work
- The costs of many professionally managed conferences / courses are out of reach of NGOs
- Training is more difficult for rural NGOs where travel is more of an issue and infrastructures are lacking to deliver training using new technologies
- Training and developing volunteer workforces is an issue for some NGOs
- The multiplicity of needs of an ageing population requires an NGO workforce with training in a broad range of issues
- Will new skill sets be required within NGOs to work alongside PHOs in new ways?
- Kaupapa Maori training needs to be recognised and supported by DHBs
- Implications of HCPA on NGOs employing health professionals³¹
 - Need cost effective means of meeting compliance costs including a professional development programme that meets the needs of health professionals working within NGOs
 - NGOs need access to professional practice supervisors for health professionals working in NGOs at no additional cost to NGOs
 - Managing risk around those health professionals who fall into 'optional registration' category
- MECA impacts on professional development – DHB nurses are receiving paid professional development within their contract and this puts pressure on NGOs to fund similarly
- Costs involved in mentoring professional practice for staff undertaking training are not factored into funding
- Some NGOs running Private Training Establishments (PTEs), often for specific courses and training for their workforces, are concerned about the impact of tertiary education changes on PTEs

³¹ This issue is more fully covered in the Platform Inc report

- There is a need for relevant, portable training and qualifications for the non-regulated workforce, particularly in the aged care / disability sectors
- Training for non-regulated workers needs to take into account the literacy / language barriers that may exist
- Consideration needs to be given to developing a shared training framework / core generic competencies for the non-regulated workforce working in the community / support sector
- Desire by some mental health support workers for registration

2.3.5 Information

- There is currently a lack of clear information about the NGO sector (size, workforce numbers, workforce types, characteristics of the workforce).
- NGOs need information gathering processes to be co-ordinated and aligned across the sector to avoid duplication of effort in collecting data
- Knowledge and dialogue about evolving needs and priorities from across health and disability is needed to inform NGO practice and planning for the future

2.4 *Prioritization of NGO Workforce Issues*

While the methodology employed for this project did not allow for a robust prioritization of issues, the feedback from sector representatives and the NGO Working Group pointed to the following issues being of most importance:

- A leading role for NGOs in strategic workforce development planning and associated development of innovative models of care
- Funding certainty that allows NGOs to attract, retain and train staff in a competitive marketplace
- Information in order to understand the sector better
- Access to appropriate and affordable training opportunities

3 Addressing NGO Workforce Development Issues – Analysis and Recommendations

This final section of the report provides an analysis of how the NGO workforce issues outlined in the previous section are being addressed by workforce development infrastructures and activities already in place in the sector and provides recommendations to the NGO Working Group as to how they can be involved in strategically progressing NGO workforce development.

3.1 Overall

Workforce development is complex and activity is occurring across a number of interconnecting dimensions:

- the workforce groups (eg nursing, medicine, community workers etc),
- the service delivery context / settings (eg mental health, public health)
- workforce development activities (eg organisational development, recruitment and retention, training and development, information requirements etc)
- as well as activity involving the infrastructure to support these dimensions

NGOs, with a variety of workforces working across a variety of service delivery contexts and settings have:

- an interest in, and a contribution to make, to all the dimensions of workforce development and much of the activity being undertaken in the workforce development environment
- a responsibility to play their part, in partnership with other players, in developing the health and disability workforce

Workforce development activity is being undertaken by a variety of organizations with a variety of mandates and key focuses (the range of organizations and a summary of some of the activity that most impacts on NGOs is outlined in Appendix Two). No one organization has responsibility for NGO workforce development as a whole and none of the organizations involved in workforce development activity has NGO workforce development in particular as its primary focus; while they may have an interest in NGO workforce development as part of their work, their main focus is on something else. For this reason NGO workforce issues have sometimes been overlooked or only implicitly covered in key workforce development documents. In a recent report, HWAC states that³²:

“ NGO workforce needs and possible development contributions have in the past been largely ignored by those responsible for health workforce planning and development. It is no longer possible to continue in this manner. NGOs

³² Health Workforce Advisory Committee. 2005. *Fit for purpose and for practice: a review of the medical workforce in New Zealand Consultation document*. Wellington. Health Workforce Advisory Committee

now play greater and more sophisticated roles in community settings, particularly in the care of people with chronic illness and continuing disability. The NGO workforce is becoming more diverse, is growing rapidly and is in urgent need of workforce development support”

Various organizations have a role to play in NGO workforce development:

- HWAC in its role in advising the Minister on strategic workforce issues
- MoH in its role in providing strategic advice, developing specific workforce plans and co-ordinating workforce activity across the sector
- DHBs and DHBNZ in their role in planning for and ensuring workforce capacity and capability in the sector via implementation of the ‘Future Workforce’ plan
- Specific workforce development infrastructures (e.g. DHBNZ workforce strategy groups, mental health workforce development providers, public health workforce development plan implementers, individual DHB workforce planning project teams) with their various responsibilities for developing aspects / parts of the workforce
- CSSITO with its legislated role to provide leadership on matters relating to skill and training across the non-regulated health workforce
- MoH and DHBs in their role as funders of NGOs
- NGOs themselves as employers of the NGO workforce

NGOs and the NGO Working Group will therefore need to work with a variety of organizations at a variety of levels in order to progress the NGO workforce development issues outlined in the previous section of this report. At the same time NGOs are not a homogenous group and therefore particular NGOs will need to interact with workforce development activity relevant to their service delivery context / setting, predominant workforce type, or particular need.

The following is a summary of the key activity occurring across workforce development issues, service contexts and workforces. Recommendations are provided for how the NGO Working Group can progress NGO workforce planning in this environment.

3.2 Workforce development by activity

3.2.1 Workforce development infrastructure

There are a number of current workforce development infrastructures that have a role to play in developing the NGO workforce, ranging from the strategic, advisory level (eg HWAC) through the sector-wide co-ordination level (such as DHBNZ workforce development group) to the specific implementation level (e.g. mental health workforce development programmes, public health workforce development implementers, individual DHB workforce planning teams). At present, many of these infrastructures do not have formal NGO input. It is a priority for NGOs that this be addressed.

HWAC, as a provider of advice to the Minister of Health, works at a strategic level across the whole sector on issues that the Minister specifies. Committee members are appointed by the Minister and members are drawn from health professional groups, including medical, nursing and disability support interests, employer groups, educational and consumer groups, and people representing Maori and Pacific people's interests. A secretariat, employed by the Ministry of Health, provides support to the work of the Committee. It should be noted that at the time of finalizing this report, it was announced that the title, membership and role of HWAC would be changing to that of an action committee whose first role is to streamline current medical education and clinical training for doctors.

It is recommended that the NGO Working Group ensure the Minister of Health and the Health Workforce Advisory Committee members are aware, via the distribution of this report, of the range of issues facing NGOs and the need for these issues to be given due recognition in developing strategic workforce development advice.

DHBNZ's 'Future Workforce' plan provides an outline of how DHBs collectively plan to progress the goal of a coherent, sector-wide approach to developing the health and disability workforce over the next five years (see Appendix Four for detail of the plan). The plan is seen as an 'umbrella plan' for the sector and outlines eight priority areas for action and sets out how DHBs will collectively work to connect workforce activity across the sector. There are a variety of workforce infrastructures within DHBNZ, including the Workforce Development Group, which has overall responsibility for implementation of the 'Future Workforce' plan, six Workforce Strategy groups, and a workforce champions group (with representation from workforce champions within each DHB).

It is unclear whether the implementation of the DHBNZ plan will focus on needs and issues for the entire sector (including NGOs from those parts of the sector that DHBs do not fund (eg disability and public health)), on the workforces in the parts of the sector that DHBs fund (including mental health, aged care and primary care / personal health NGOs) or mostly on the workforce (primarily secondary care) that DHBs provide themselves.

It is understood that dialogue has commenced between the NGO Working Group and DHBNZ about NGO involvement in DHBNZ workforce development infrastructures. Further work needs to be carried out to develop in more detail the possible linkages between the DHBNZ 'Future Workforce' priority actions and NGO workforce development needs raised in this report. This work should include consideration of:

- DHBNZ priority actions and projects that will have relevance to the NGO sector
- Ways for NGOs to contribute their expertise and experience to DHBNZ priority actions and projects at both a national and local level
- Ways to share best practice collaboration between NGOs and DHBs across DHBs
- How NGO representation would work in practice
- Resources required for the above

It is recommended that the NGO Working Group, in collaboration with DHBNZ, carry out further work to identify the key linkages between DHBNZ 'Future Workforce' priorities and NGO workforce issues identified in this report and develop mechanisms (including appropriate NGO involvement at a strategic level) to progress these common workforce development priorities at both a national (DHBNZ) and local (DHB) level.

At present there are no pan-NGO infrastructures with a mandate and the resourcing to progress common NGO workforce development issues across the sector (as DHBNZ is for the DHB sector). The diversity of NGO service delivery contexts, size, philosophical bases, etc means that there are always going to be challenges in finding the commonality of issues and interests across the diversity of NGOs, however, a forum or mechanism for sharing capacities, knowledge and innovations across parts or the whole of the NGO sector should be explored. The HPCA report³³, commissioned by Platform Inc, funded by Richmond Fellowship, and conducted in partnership with IDEA Services and HealthCare NZ., is a good example of a piece of policy / research work with a wide NGO interest that was the result of collaboration between NGOs. NGOs may want to share capacities and resources in the 'marketing' of NGOs (raising the profile of NGOs amongst the potential workforce) and there are likely to be many other examples of policy / research / development work that would have relevance across the NGO sector and could be shared for the benefit of the sector.

It is recommended that the NGO Working Group take a leadership role in commencing the conversation amongst NGOs as to the desirability and feasibility of strengthening and / or establishing infrastructure/s and / or formal mechanisms to progress common workforce development issues and share innovations within the NGO sector.

It was not possible, within the constraints of the resources allocated to this project to be able to identify with any accuracy the workforce issues common to NGOs of similar type or size that would benefit from a collaborative approach. While it is likely that organizations working in similar service delivery contexts will have similar workforce issues in common, consideration should also be given to the possibilities of cross-sector collaboration and sharing.

It is recommended that the NGO Working Group carry out further work to identify in more detail and with greater robustness than was possible in this study, common workforce issues that could benefit from a collaborative approach between parts of / the whole NGO sector.

3.2.2 Organisational development

Some of the work outlined in the DHBNZ 'Future Workforce' plan relates to developing DHBs as organizations that are attractive workplaces (leadership models, healthy workplaces, organisational values etc). In addition, organisational development tools (such as healthy workplace tools and

³³Platform Inc. 2005. *Health Practitioners Competence Assurance Act and the Disability and Mental Health and Addictions NGO Sector*. Wellington. Platform Inc

leadership programmes) are or will be developed as part of the public health and mental health workforce development plans.

It is recommended that the NGO Working Group consider the development of a mechanism for allowing NGOs across the sector to benefit from the organisational development tools being developed as part of existing workforce development activity.

The capacity of many individual NGOs to undertake organizational development is limited by their size and infrastructure. Some larger NGOs, however, will have innovative organizational development processes. Sharing information / knowledge / innovations / resources between NGOs (and between DHBs and NGOs), as mentioned in the recommendations above, could be one way of ensuring NGOs are able to develop their organizations to be able to compete for workforces in the sector.

3.2.3 Recruitment and retention

A significant issue for NGOs is the ability to recruit and retain staff within the constraints of the funding they receive and in an environment where DHBs are seen as a preferred employer (with advantages both in terms of ability to pay higher salaries and with an image that is more prestigious than that of NGOs).

It is recommended that the NGO Working Group make NGO funders aware, via the distribution of this report, of the need for adequate funding that addresses the recruitment and retention issues for NGOs.

While many NGOs find it difficult to recruit and retain staff in this competitive environment, NGOs do often have the ability to be innovative by offering greater flexibility, training, increased responsibility, access to a wide variety of tasks etc. NGOs need to share these innovations and promote these advantages, possibly via a collaborative process such as that recommended above.

3.2.4 Training and development

Access to appropriate and affordable training and supervision opportunities for the management, regulated and non-regulated workforces employed by NGOs is a key issue for the NGO sector. Collaboration between DHBs and NGOs is desired where this will meet NGO needs.

It is recommended that the NGO Working Group advocate for collaborative partnerships between DHBs and NGOs at a local / regional level in order to progress the availability of appropriate training and supervision opportunities for NGO staff.

CSSITO has a leadership role to play in the training and development of the non-regulated workforce in the aged care, disability and mental health sectors and is in the process of developing

career pathway qualifications which will provide a framework for career development and staircasing.

While CSSITO and DHB training may meet many NGO's needs, there is also the expressed need for more affordable training that has a community delivery focus. The resources available for this project did not enable a review of training needs and opportunities for NGOs.

It is recommended that the NGO Working Group consider carrying out further work to investigate possible innovative ways of meeting unmet NGO training needs in a cost effective manner.

3.2.5 Information

The lack of robust information about the size of the NGO sector and the NGO workforce hinders the ability of the sector to adequately plan for NGO workforce development. A survey has been completed of the public health workforce including NGOs and significant progress has been made in collecting and collating information about mental health NGOs and the mental health NGO workforce, via a project managed by Platform Inc. These information gathering processes have been resource intensive and while providing a good deal of useful information have been somewhat constrained by their siloed approach (i.e. they have not collected information about NGOs in total but only the public health / mental health portions of a particular NGO's workforce). It is acknowledged, however, that some information is significantly better than no information and the collection of mental health NGO information has been carried out in order to enable detailed planning for the roll-out of the mental health NGO workforce development plan.

Individual DHBs have been conducting workforce censuses for their areas but generally only for the workforces that they contract with (which, significantly, does not cover disability NGOs).

The DHBNZ Health Workforce Information Programme (HWIP) aims to collect information about the health and disability workforce, including NGOs. The business case for HWIP outlines the approach to collecting NGO workforce information, although this is not yet fully scoped and the process has not commenced.

It is recommended that the NGO Working Group engage with the HWIP programme managers to ensure that NGO workforce information is collected in a way that meets the needs of NGOs

3.3 Workforce development by service delivery context

The Ministry of Health workforce development plans are service based, recognizing that workforce development requirements arise from service needs. The following is a brief summary of workforce development activity occurring by service delivery context.

3.3.1 Mental health

It is widely acknowledged in the sector that mental health has the most developed workforce development infrastructure and initiatives. This is considered to be the result of:

- Specific funding
- Leadership
- An overall plan with clear actions, roles, responsibilities, timelines
- Ability by the owners of the plan to influence the allocation of resources to implement it
- Infrastructures / programmes with specific and clearly defined workforce development roles

As well as an overall plan, there is a Maori mental health plan, a plan for the child and adolescent mental health workforce and a workforce development plan specifically for mental health NGOs, developed in close consultation with the NGO sector. This plan is about to be released and outlines actions that will be undertaken in the sector to strengthen the mental health NGO workforce. This includes resources for a project worker and liaison worker to work with NGOs and mental health workforce development infrastructures in planning and developing the NGO workforce. The plan also includes an NGO workforce planning template which is intended to be used by NGOs to plan for their own workforce development.

It is recommended that the NGO Working Group review the mental health NGO workforce development plan in more detail upon its release and consider how the implementation of actions in the plan may have relevance for NGOs working in other parts of the health and disability sector

It is recommended that the NGO Working Group monitor the implementation of the mental health NGO workforce development plan

3.3.2 Public health

The public health directorate of the MoH is in the process of developing a workforce development plan for the public health workforce, including NGOs. A draft summary of feedback on the draft framework clearly articulates the need to consider NGO issues in the final drafting of the plan and in its implementation.

It is recommended that the NGO Working Group monitor the implementation of the public health workforce development plan to ensure it is in the interests of NGOs providing public health services.

3.3.3 Disability

There is no overall workforce development plan for the disability sector, although there has been activity in considering such a plan in the recent past (for example, a 2005 workshop sponsored by HWAC). This lack of an overall plan is compounded by the fact that disability support services are funded by the MoH, not DHBs and therefore it is unclear how much focus there will be on disability services in the implementation of the DHBNZ ‘Future Workforce’ plan.

The non-regulated workforce, which is a large proportion of the disability workforce is, however, a key focus of current activity (see the discussion on the non-regulated workforce later in this section). A significant number of NGOs work in the disability sector and therefore it is an area of particular interest to NGOs.

It is recommended that the NGO Working Group advocate for the development of a disability workforce development plan that takes into consideration the needs of the NGO workforce (both regulated and non-regulated) who account for a significant portion of disability service provision.

3.3.4 Aged care

Similarly there is no overall workforce development plan for the aged care sector, although some initiatives have been put in place recently, including new training pilots for home based support workers, funded by the MoH and managed by CSSITO.

It is recommended that the NGO Working Group advocate for the development of an aged care workforce development plan, that would need to be closely aligned / integrated with any disability workforce development plan and take into account the needs of NGOs in this sector.

3.3.5 Primary Care / Personal Health Support

There is no overall plan for the development of the primary care and personal health support sector although it is a priority of the DHBNZ ‘Future Workforce’ plan and mentioned as a focus in the primary health care implementation work programme. NGOs have a particular interest in ensuring that new service models developed for the primary care sector involve NGOs.

It is recommended that the NGO Working Group work with DHBNZ to ensure NGO input in the implementation of priority action V (primary care) in the ‘Future Workforce’ plan.

3.4 Workforce development by workforce type

Various types of workforce are employed by NGOs, including regulated workers (medical, nursing and allied therapies), non-regulated workers and management and other infrastructure support roles.

3.4.1 Regulated workforce

NGOs are employing increasing numbers of regulated workers, as the complexity of the work increases. Regulated workers in NGOs take on a wide variety of management, clinical and support roles and often work in autonomous positions, without the support of colleagues (as would occur in a public hospital context). It is important to NGOs that this is recognized in the funding available to pay these skilled health professionals. The MECA has only served to further increase the disparities in salaries between public hospital and NGO employed health professionals.

It is recommended that the NGO Working Group advocate with NGO funders for funding parity with respect to FTE funding for health professionals working in NGOs.

The impact of the Health Practitioners Competency Assurance Act (HPCA) on the regulated workforce employed by NGOs is a big issue for NGOs. The report mentioned earlier, commissioned by Platform Inc, covers this in detail and recommends³⁴:

- developing a guide for NGOs on registering authority requirements and employer responsibilities
- undertaking a more detailed cost analysis of the impacts of the HPCA Act on NGO sector employers and health professionals
- encouraging registering authorities to work together toward standardization of competency requirements or shared competencies
- considering developing a competency framework for health professionals working in the NGO sector
- working with DHBs and NGOs to access professional practice supervisors for health professionals working in NGOs at no extra cost to NGOs
- considering different options for NGOs to develop a cost-effective way of meeting compliance costs, including a professional development programme that meets the needs of all health practitioners working in the NGO sector
- developing policies and processes that could assist NGOs to manage risk around the group of employees that may fall into the 'optional practicing certificate' category.

It is recommended that the NGO Working Group progress the recommendations outlined in the Platform Inc HPCA report.

³⁴ Platform Inc. 2005. Health Practitioners Competence Assurance Act and the Disability and Mental Health and Addictions NGO Sector. Wellington. Platform Inc

DHBNZ have a number of workforce strategy groups of relevance to the regulated workforces employed by NGOs, including medical, nursing, allied therapy. Many of these groups are in the process of developing and finalizing environment scans / stock-takes as a first step in planning workforce development projects for their workforces. The NGO Working Group has been invited to review these plans as a first step in involving NGOs in DHBNZ work relating to workforce development for these particular workforces.

It is recommended that the NGO Working Group seek NGO representation on the DHBNZ workforce strategy groups relevant to the NGO regulated workforce.

3.4.2 Non-regulated workforce

The non-regulated workforce covers a wide spectrum of workers working in a wide variety of contexts and across a variety of services. NGOs are a significant employer of non-regulated workers.

After being largely ignored in the past, the non-regulated workforce has become the recent focus of interest and attention. Understanding and developing this workforce is a priority for DHBNZ (priority 8) and the focus of a current piece of work by HWAC (although the HWAC work will be covering only the aged care and disability non-regulated workforce).

In addition, CSSITO, as the industry training body for the community support sector, is in the initial stages of developing a future skills needs strategic plan for the industries it covers (non-regulated workers in the mental health, disability and aged care sectors).

It is recommended that the NGO Working Group engage with CSSITO ensure that NGO issues are considered in the development of the future skills needs strategic plan.

DHBNZ also has a non-regulated workforce strategy group that has just released a draft document as a first stage in developing some workforce projects for this sector. The key recommendations identified in this draft report include:

- Development of strategic service delivery models (models of care), with a priority focus in primary community care, aged care and traditional home support services
- Focus on the development of a strategic framework for the traditional home support sector
- Work with other stakeholders to develop a strategic industry based training framework that develops the non-regulated workforce as a single workforce
- Build on existing DHB and MoH work that has been undertaken as a result of the Quality and Safety project and focuses on the traditional home support workforce
- Work with government and related agencies to develop the NZ Carers Strategy
- Work on role definition and boundaries, including delegation levels and ways of supervision in new service delivery models

It is recommended that the NGO Working Group seek NGO representation on the DHBNZ non-regulated workforce strategy group to ensure the implementation of recommendations takes into account needs of NGOs.

3.4.3 Management

NGO management have needs relating to leadership and mentoring that are exacerbated by the isolation of many NGOs in the sector. DHBNZ has a corporate management workforce strategy group that has a role in developing leadership in the sector in general but this may not cover NGO management workforce development needs in detail.

DHBNZ LAMP programmes, mental health leadership programmes and a proposed public health leadership programme are available to NGOs, although it was beyond the scope of this project to ascertain in detail how these meet (or do not meet) NGO management needs in particular.

It may be the case that NGO management needs may best be addressed by aligning with other NGO sectors rather than with other management structures within the health and disability sector. It was beyond the resources available for this project to identify what these may be.

It is recommended that the NGO Working Group investigate ways in which NGO managers can access appropriate leadership training programmes and mentoring support at minimal cost.

3.4.4 Maori

There is a Maori workforce development plan that has very recently been produced by the MoH and Maori workforce development is a priority in the DHBNZ 'Future Workforce' plan. In addition, there is a significant amount of work in place in relation to Maori workforce development including strategic work by the Maori reference group of HWAC, reviewing Maori training programmes and support and access for Maori by the CTA and research by the HRC on barriers to Maori involvement in health. There is also a specific Maori mental health workforce plan and the public health workforce development plan has Maori workforce development as a key focus. It was beyond the resources available for this project to review in detail the implications of all this work for Maori NGOs in particular.

It is recommended that the NGO Working Group assess in more detail how existing workforce development planning and initiatives address the needs of Maori NGOs.

3.4.5 Pacific

A Pacific workforce development plan exists and Pacific workforce issues are a key priority in the DHBNZ 'Future Workforce' plan and the public health plan. It was beyond the resources available for this project to review the implications of this activity for Pacific NGOs in particular.

It is recommended that the NGO Working Group assess in more detail how existing workforce development planning and initiatives address the needs of Pacific NGOs.

3.5 Other Considerations

The workforce development environment is complex and changing all the time. Since the drafting of this report a number of reports have been released (including the mental health NGO workforce development plan, the HWAC / MRG recommendations regarding the medical workforce, the draft DHBNZ non-regulated workforce report and an HWAC principles of workforce development document). In addition, the Minister has announced changes to the composition and focus of HWAC, with it moving to a more action oriented role with a first focus on medical education and clinical training. It will be important, in this fast changing environment, that the NGO Working Group is able to keep abreast of workforce development issues that have an impact of NGO workforces.

It is recommended that the NGO Working Group continue to monitor the workforce development environment on an on-going basis.

Given the limited resources of the NGO Working Group, the group will need to prioritise the recommendations in this report and subsequently develop an action plan to outline how, when and by whom the recommendations will be implemented. In developing this action plan, the group should consider whether progress on resolving the issues raised in the report will best be made by working with other organisations in the sector (such as DHBNZ) or by NGOs working together to progress issues of common interest themselves. Consideration should also be given to the focus that should be placed on advocating for sub-sector workforce development (i.e. mental health, aged care, disability etc) versus progressing workforce development across the NGO sector (e.g. common training needs, common or shared competencies etc) and how much the focus should be on advocating for and developing national approaches versus local / regional approaches.

The NGO Working Group will need to prioritise the recommendations made in this report and develop an action plan that outlines how the recommendations will be implemented.

The NGO Working Group will also need to consider how NGO representation on DHBNZ or other infrastructures will work in practice. For example:

- How will an NGO appointee be made, by whom?
- What mandate will they have to speak for other NGOs?

- How will information flow to and from the NGO sector to this representative?
- What resources will they require to carry out their role?

Resources will be required to implement the recommendations in this report, including:

- Further analysing linkages between NGO workforce concerns and DHBNZ priorities
- Raising NGO workforce issues raised in this report at various forums
- Engaging in workforce development infrastructures
- Undertaking consultations with the NGO sector arising out of this engagement
- Informing the sector of issues arising from this engagement
- Monitoring progress on implementation of plans in existence
- Monitoring changes in the workforce development environment
- Undertaking further work identified in the recommendations

The NGO Working Group should seek resources to implement the recommendations in this report.

Appendix One – Documents Reviewed and People and Organizations Consulted

NGO Working Group documents reviewed

Report on Current Financial Pressures for NGOs – An Overview

Report on NGO Relationships with the Ministry of Health. Stakeholder Report. March 2005

Annual Report from the NGO Working Group to the Ministry of Health to 30 June 2005

Report to Key Stakeholders on the Workforce Issues Forum held 29 September 2005

Keynote Speech to the September 2005 Workforce Issues Forum. George Salmond

Quarterly Report from the NGO Working Group to the Ministry of Health to 30 September 2005

Report on NGO Organizations and the Primary Healthcare Strategy. October 2005

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Key Informants

The following NGO Working Group members and proxies had the opportunity to provide input into the report either by e-mail and/or telephone and/or in a face to face meeting:

Louise Carr, PACT

Jacki Richardson, Spectrum Care Trust

Carole Ingleby-Maraku, Te Uoko o Nga Oranga o te Rae

Donna Matariki – Atahaere, Arai Te Uru Whare Hauora

Joanne Hayes, Taumata Hauora Trust

Marion Blake, Platform Inc

David Bradley, Platform Inc

Jenny Prince, Royal New Zealand Plunket Society

Cathy Kern, Royal New Zealand Plunket Society

Gill Greer, Family Planning Association

Jo Fitzpatrick, Women's Health Action Trust

Kawshi De Silva, National Heart Foundation

Dahila Naepi, Pasifika Integrated Health Care

Tiva Toeno , Pasifika Integrated Health Care

Ida Faiumu-Isa'ako, Pacific Health Service, Porirua Inc

Alan Chapman, Secretariat, NGO Working Group

Damian Zelas, Ministry of Health

Anna Seatter, Ministry of Health

In addition the following people were consulted, either face to face or via telephone:

George Salmond, Keynote speaker NGO Forum on workforce issues, ex HWAC committee member, Trustee of Wise Trust, and Chair of the Blueprint Centre for Learning Trust.

Marilyn Rimmer, Programme Manager, Workforce Development, DHBNZ

Rebecca Blackmore, Programme Manager, Health Workforce Information programme, DHBNZ

Judy Glackin, Manager Workforce, Ministry of Health

Suzanne Win, Chair NMDHB, HWAC committee member

Melanie Downer, Analyst., HWAC secretariat

Nicky Murray, Workforce Development and Research, CSSITO

Viv Head, Head Strategic Limited, Project Manager, Public Health Workforce Development

Christine Howard-Brown, ACQUMEN

Robyn Shearer, Project Manager, Mental Health Workforce, Ministry of Health (provided input into draft report)

Feedback on draft list of issues

19 NGO organisations indicated to the NGO Working Group secretariat that they wanted to participate in a workforce survey and were sent a draft list of NGO workforce issues to add to and prioritise. The following organisations responded:

WONS Trust

Framework Trust

Hamilton Residential Trust

Women's Health Action Trust

North King Country Family Support

MASH Trust

RNZFB

Appendix Two - Health and Disability Sector Workforce Development Environment

In response to key sector-wide drivers, in the last couple of years, and particularly in the last 6 months, there has been significant work undertaken in planning and implementing key workforce development initiatives in various parts of the health and disability sector. This appendix outlines the key players and key plans and initiatives in place in the health and disability sector workforce development environment that most impact on NGOs.

The key players in the sector

The following table provides a summary of the key workforce development role of organizations with an involvement in workforce development across the health and disability sector.

Key Stakeholder	Workforce Development Functions
Health Workforce Advisory Committee	<ul style="list-style-type: none"> Provides advice to Minister of Health on health workforce issues that the Minister specifies by notice to the Committee, specifically: <ul style="list-style-type: none"> Independently assesses current workforce capacity and foreseeable workforce needs Advises Minister on national goals and strategies Facilitates co-operation between the health sector and workforce education and training agencies Reports on the effectiveness of recommended strategies and identifies required changes
Ministry of Health	<ul style="list-style-type: none"> Strategic policy advice Implement, administer and enforce relevant legislation and regulations Co-ordinate workforce issues and initiatives within and across sectors Develop workforce development plans Involved in workforce development activities for public health, mental health, screening workforce
District Health Boards	<ul style="list-style-type: none"> Ensure that there is workforce capability and capacity available to deliver publicly funded health services Major employers and providers of clinical training
DHBNZ	<ul style="list-style-type: none"> Organisational infrastructure and facilitator of workforce development across DHBs
NGOs, PHOs	<ul style="list-style-type: none"> Employers Providers of training
Clinical Training Agency	<ul style="list-style-type: none"> Purchase post-entry clinical training
Tertiary Education Commission	<ul style="list-style-type: none"> Fund all post-compulsory education and training
Registration Authorities	<ul style="list-style-type: none"> Define which health professionals can practice in NZ and scope of practice under the HPCA Act 2003
NZQA	<ul style="list-style-type: none"> Co-ordinates national qualifications

CSSITO	<ul style="list-style-type: none"> Legislated role to provide leadership within the industry by: <ul style="list-style-type: none"> Identifying current and future skill needs Developing strategic training plans to assist the industry to meet these needs Promoting training that will meet needs to employers and employees Set standards for skills training for community sector workforce Arrange for delivery of training programmes and qualifications Provide industry leadership by developing a future workforce skill needs strategic plan for community sector workforce
Tertiary Education Providers	<ul style="list-style-type: none"> Provide tertiary training Includes universities, polytechnics and Private Training Establishments

Unions, professional bodies, and the Department of Labour also have roles to play in workforce development.

Key workforce development activity

What follows is a summary of some of the key workforce development plans and projects in the sector compiled from a variety of sources. This list is not meant to be exhaustive, but provides an outline of some of the key plans and initiatives / projects with an impact on the NGO sector.

Key Stakeholder	Workforce Related Activities
Health Workforce Advisory Committee	<ul style="list-style-type: none"> Healthy workplace environments guidelines (published April 2006) Review of medical workforce issues (published May 2006) Care and support in the community – non regulated workforce (disability and aged care) – project about to commence Maori health and disability workforce development (workplans in development)
Ministry of Health	<ul style="list-style-type: none"> Implement and / or monitor implementation of mental health, public health, screening, primary nursing, cancer control, Pacific, Maori workforce development plans³⁵ Monitor the implementation of the Health Practitioners Competency Assurance Act 2003 Implementation of Nurse Practitioner role Review of nursing turnover
DHBNZ / DHBs	<ul style="list-style-type: none"> Implementation of Future Workforce plan³⁶ <ul style="list-style-type: none"> Overseen by Workforce Development Group 8 priorities (supportive environments, people strategies, education and training, models of care, primary care workforce, Maori workforce, Pacific workforce, non regulated and voluntary workforce) 6 Workforce Strategy groups (medical, nursing, allied technical, allied therapy, non regulated, corporate management) working on workforce priorities for their workforce

³⁵ Detail of the contents of these plans is included in Appendix 3 of this report

³⁶ Detail of the priorities outlined in this plan are included in Appendix 4 of this report

	<ul style="list-style-type: none"> workplace environments programmes (HWIP, LAMP, health sector conferences, healthy workplaces, ER, policy support for HPCA Act, health sector branding) DHBs developing own individual workforce plans
Clinical Training Agency	<ul style="list-style-type: none"> Implementation plan for Nursing Entry to Practice programme Review Maori support and access to training Review Maori training programmes Support and access for Pacific trainees
CSSITO	<ul style="list-style-type: none"> Research and development of a future workforce skill needs strategic plan for community sector (non regulated workers in mental health, aged care and disability sectors) Working with NRID on training for intellectual disability sector Pilot training initiatives for home support workers (with MoH) Development of diploma level qualification for mental health support workforce Development of Career Pathway Qualifications

In addition, other sectors are working on workforce development plans. For example MSD is developing a NGO family support services workforce development programme of action.³⁷

³⁷ New Zealand Council of Christian Social Services. 2005. Clearing the Fog: An Overview of Policy. Wellington. NZCCSS

Appendix Three - MoH Workforce Plans

The following information has been taken from a recent Ministry of Health report on health workforce development and outlines the detail of some of the health workforce plans.

Current and planned actions in Ministry of Health workforce development plans to improve workforce development infrastructure

<p>National Mental Health and Addiction Workforce Development Plan 2006–09</p>	<ul style="list-style-type: none"> • Review current mental health workforce development infrastructure and implement recommendations • Improve communication processes • Align planning cycles and contracts • Develop and co-ordinate a set of formal national indicators for mental health and addiction workforce development • Establish a formal consultation group with health, education and employment sectors
<p>Māori Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Maintain current relationships with stakeholders (Industry Training Organisations (ITOs), CTA, tertiary and other institutions) to support Māori in the workforce to gain access to learning opportunities • Build relationships with the Ministries of Education, Women’s Affairs and Social Development to enable Māori to gain health qualifications • Work with DHBs in their planning processes to improve opportunities for Māori to develop career pathways
<p>Draft Public Health Workforce Action Plan</p>	<ul style="list-style-type: none"> • Carry out a stocktake of existing public health workforce development expenditure • Strengthen relationships between professional/working group bodies in the public sector • Strengthen the alignment between health and education sector roles in public health, and between public health and DHBNZ workforce plans • Create a better link between public health and primary health workforce development needs • Establish a network of tertiary training providers • Develop a workforce planning guide to assist the Ministry of Health and DHBs to assess and plan for public health workforce needs • Establish a multidisciplinary mechanism/body which works collectively across professional boundaries to assist multidisciplinary training and professional development
<p>Pacific Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Liaise with the Ministry of Education, Career Services, TEC, CTA and the wider education sector to provide Pacific input into workforce training and development • Provide Pacific input into the Ministry of Health review of clinical training for health practitioners • Provide Pacific input into the range of workforce development plans (mental health, disability, public and primary health and National Screening Unit workforce plans), as well as input into planning for nurses, GPs dental and other workforce reports

<p>The New Zealand Cancer Control Strategy Action Plan 2005–2010</p>	<ul style="list-style-type: none"> • Develop a cancer control workforce development plan aimed at correcting current deficits and meeting future workforce needs
<p>Investing in Health: A framework for activating primary health care nursing in New Zealand</p>	<ul style="list-style-type: none"> • Establish a position in the Ministry of Health to lead the implementation of the primary health care nursing framework • Establish processes to allow primary health nurses to access funding for postgraduate education • DHBs and PHOs should work closely and collaboratively with primary health care nursing services in assessing population health needs and developing new service models to address these • DHBs should work towards establishing a clearly identified primary health nursing management/leadership infrastructure at the regional level • The Ministry of Health will monitor and report on the progress of implementing the framework

Current and planned actions in Ministry of Health workforce development plans to improve organisational development

<p>National Mental Health and Addiction Workforce Development Plan 2006–09</p>	<ul style="list-style-type: none"> • Continue to provide leadership development to key personnel (clinical, management, service users) • Investigate whether current leadership initiatives can be linked (eg, Knowing the People Planning tool and National Resource Group Service Improvement Model) • Further development of clinical career pathways for nurses, occupational therapists, social workers, and community support workers, particularly in child and adolescent services • Investigate the range of current and emerging organisational improvement models suitable for the diversity of the mental health and addiction sector • Develop guidelines for organisational improvement models • Pilot and then roll-out an action research project on implementing organisational improvement models
<p>Draft Public Health Workforce Action Plan</p>	<ul style="list-style-type: none"> • Support the development of a public health leadership development programme, linked with or part of LAMPs (Leadership and Management Programmes), and including leadership components or leadership programmes for the Māori and Pacific workforces • Develop a national approach to fostering healthy workplace environments (eg, workplace tools, guidelines, training, contracting processes) • Review the workforce development needs of PHOs • Establish an action plan to support public health practitioners to take on leadership roles • Incorporate health promotion/population health training for primary care settings • Develop national guidelines and tools to build workplace environments supportive of personal, professional and career development of their staff • Assist public health organisations to develop workplace environments and policies that foster learning and development and build rewarding career pathways

Pacific Health and Disability Workforce Development Plan	<ul style="list-style-type: none"> • Continue to develop the Pacific health leadership programme (PPDF), including existing work as part of the NSU Workforce Development Strategy and increasing targeting for the PPDF to allow funding of more DHBs than those with the highest Pacific populations • Research best practice Pacific models of care and service delivery
NSU Workforce Development Strategy and Action Plan	<ul style="list-style-type: none"> • Further develop opportunities for Māori in leadership roles in the cervical and breast cancer screening programmes • Further develop opportunities for Pacific people to undertake leadership roles in the cervical and breast cancer screening programmes
The New Zealand Cancer Control Strategy Action Plan 2005–2010	<ul style="list-style-type: none"> • Identify workforce requirements and workforce development needs to meet the 'guidance' (yet to be developed) on supportive care and rehabilitation services for adults, children and adolescents
Investing in Health: A framework for activating primary health care nursing in New Zealand	<ul style="list-style-type: none"> • DHBs should engage with developing PHOs and regional and local primary health care nursing leaders to: <ul style="list-style-type: none"> ▪ develop and implement new and innovative models of primary health care nursing services ▪ shift the accountability for nursing services to nursing management within the PHOs ▪ develop service agreements and funding streams that encourage flexible employment arrangements for primary health care nurses to maximise the contribution of nursing to population and personal health gain ▪ recognise and support the role of primary health care nurse practitioners within teams and under independent employment arrangements • DHBs should provide opportunities for primary health care nurses to access leadership development training, recognising the priority needs of Māori and Pacific nurses • PHOs should establish a nursing infrastructure within the organisation with responsibility for providing leadership, overseeing professional development and practice, and aligning accountability for primary health care nursing practice, employment and service delivery that responds to community health needs • PHOs should establish evaluation processes to ensure that the governance, management and leadership recommendations of this framework are being met • PHOs should support primary health care nurses to access leadership development training to ensure they are appropriately prepared and supported in governance and leadership roles

Current and planned actions in Ministry of Health workforce development plans to improve recruitment and retention

<p>National Mental Health and Addiction Workforce Development Plan 2006–09</p>	<ul style="list-style-type: none"> • Develop a national advertising campaign promoting mental health and addiction as a career option in a range of occupational roles • Establish a national website, with ongoing content provision and maintenance to be shared by DHBs and NGOs and co-ordinated regionally, including an advertising campaign tied in to the career promotion campaign • Policies and management practices ensure that all services are organisations that attract and retain Māori, Pacific and Asian staff • Regional mental health and addiction workforce development co-ordinators work within annual district planning processes to develop co-ordination strategies • National recruitment website to contain regional links
<p>Māori Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Increase media exposure of health and sciences as a career option for Māori students (eg, in <i>Mana</i> magazine, Māori television and Māori publications) • Promote cadetships with appropriately accredited Māori providers • Explore options for providing training and career pathways for traditional Māori healers as well as community health workers • Encourage Māori health provider organisations to identify the training needs of their Māori workforce to continue developing and maintaining career pathways
<p>Draft Public Health Workforce Action Plan</p>	<ul style="list-style-type: none"> • As part of the methodology for assessing public health workforce capacity, ensure consideration is given to the optimum mix and capacity of the occupational groups that make up the public health workforce • Identify areas and strategies that will strengthen the recruitment, retention and optimum distribution of under-represented populations in the workforce • Develop a public health career pathway model and specific occupational group pathways • Conduct a Māori public health workforce needs assessment and develop a Māori-specific approach to public health workforce • Conduct a Pacific public health workforce needs assessment and develop a Pacific-specific approach to public health workforce
<p>Pacific Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Require, support and, where necessary, resource schools and tertiary institutions to encourage Pacific students to choose health-related study and careers • Establish a relationship with Careers Services • Have regular communication with Pacific communities, selling the value of a career in health • Continue to develop newly established Pacific training support initiatives (mentoring programmes) • Explore options for providing further personal development, mentoring support and guidance for Pacific peoples during health education and training

NSU Workforce Development Strategy and Action Plan	<ul style="list-style-type: none"> • Develop strategic initiatives to increase the number of Māori registered nurses trained as smear-takers (NCSP) • Develop strategic initiatives to increase the number of Māori registered nurses trained as breast care nurses (BSA) • Develop strategic initiatives to increase the number of Pacific registered nurses trained as smear-takers (NCSP) • Develop strategic initiatives to increase the number of Pacific registered nurses trained as breast care nurses (BSA)
The New Zealand Cancer Control Strategy Action Plan 2005–2010	<ul style="list-style-type: none"> • Expand Ministry of Health support for bridging programmes between school and study for degrees in health • Continue the newly established training scheme and review the intake to ensure the national requirement for new staff is met • Define career pathways for radiation therapists and support their continuing professional development • Agree on appropriate establishments for oncology/haematology nurses for cancer centres and for ambulatory care • Define the scope of a senior oncology nurse • Support and encourage continuous professional education for all groups of palliative care workers
Investing in Health: A framework for activating primary health care nursing in New Zealand	<ul style="list-style-type: none"> • DHBs should recognise and support the contribution of Māori and Pacific providers and nurses in each of their communities by allocating sufficient resources for future development to meet the health needs of their populations • DHBs should support new graduates to transition directly to primary health care nursing practice, and experienced secondary or tertiary care nurses who wish to move into primary health care practice, through appropriate education and training programmes • DHBs should report to the Ministry on progress with developing a clinical career pathway for nurses working in primary health care and the role of nurse practitioners in primary health care • PHOs should implement practices to support these policies above and provide and resource regular ongoing professional development for primary health care nurses in their employment

Current and planned actions in Ministry of Health workforce development plans to improve training and development

National Mental Health and Addiction Workforce Development Plan 2006–09	<ul style="list-style-type: none"> • Develop the core dual competencies framework, including an implementation plan • Develop the national training plan, including a review of the mental health and addiction component of undergraduate health training, and development of clinical placements • Ensure that all mental health and addiction workers caring for and treating Māori service users are familiar with Māori models of care • Ensure that all mental health and addiction workers caring for and treating Pacific service users are familiar with Pacific models of care
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<p>Māori Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Work with training providers, including the CTA and occupational registration boards, to identify the clinical competencies required of these health occupations to provide clinical oversight of trainee placements • Work with DHBs to explore options to assist the appropriate clinical placement in the Māori health sector of health worker trainees • Work with Māori providers to encourage the use of cadetships to increase the Māori workforce's skill base and experience. • Establish a forum for discussing equitable access with key stakeholders • Identify the number of Māori taking up PECT • Explore options to promote uptake of PECT by Māori • Work with training providers to identify and define successful Māori models of learning • Work with occupational registration boards to incorporate cultural frameworks in the training curriculum • Work with the CTA, DHBs, ITOs and Māori providers to incorporate cultural frameworks in training programmes
<p>Draft Public Health Workforce Action Plan</p>	<ul style="list-style-type: none"> • Develop a national sector-wide training and qualifications framework to strengthen public health career pathways and competency/skills training (build from existing training) • Progressively support and influence the implementation of training outlined in the training and qualifications framework • Develop inter-disciplinary approaches to strategies and initiatives that will strengthen the capability of the public health workforce (eg, joint training programmes) • Develop an agreed set of core public health competencies for New Zealand in order to provide a common framework for the development of a cohesive multidisciplinary workforce • Progressively assist professional/work groups to develop, revise and implement professional competencies that are consistent with core public health competencies • Identify and develop appropriate mechanisms to support the workforce along training and career pathways (eg, mentoring programmes, scholarships and prizes) • Strengthen the Māori workforce by developing and implementing a Māori workforce development model for public health • Strengthen the Pacific workforce, in line with the <i>Pacific Health and Disability Workforce Development Plan</i> (Ministry of Health 2004f) through supported training actions
<p>Pacific Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Continue to fund health sector scholarships for Pacific students under a range of various schemes • Develop educational strategies and programmes to enhance the Pacific health sector's knowledge of, and responsiveness to, disability issues and disability workforce development • Define and develop cultural competencies for Pacific health care

<p>NSU Workforce Development Strategy and Action Plan</p>	<ul style="list-style-type: none"> • Identify generic competencies relevant to the cervical and breast cancer screening programmes, based on the quality standards, to be used as the basis for education and training programmes, and for human resources purposes • Examine the possibility of formal training programmes for health promotion, and the development of unit standards for the New Zealand Qualifications Authority (NZQA) framework, linked to generic competencies • Identify strategies to train health promoters on how to reach priority group women • As part of the overall competencies project, continue to develop Māori and Pacific competencies for the Māori and Pacific health promotion workforces that are culturally and clinically relevant • Contribute to the development costs for postgraduate screening teaching modules, with a view to a postgraduate screening paper being offered in future • Develop a mechanism to assist NSU service providers to maintain sufficient levels of training for their workforce • Develop and promote a training and scholarship directory for courses, papers, conferences and workshops related to screening, and possible sources of funding for those interested
<p>The New Zealand Cancer Control Strategy Action Plan 2005–2010</p>	<ul style="list-style-type: none"> • Develop and expand postgraduate support for Māori and Pacific staff involved in cancer control • DHBs with cancer treatment centres appoint designated oncology pharmacist(s) and make provision for their ongoing professional development • Identify cancer treatment centre(s) as a training centre for initial training and on going professional development of oncology pharmacists • Work towards the establishment and resourcing of 10 additional training posts in anatomic pathology • Establish appropriate numbers of physics registrar posts and regularly review physics staff to ensure Australasian guidelines are met • Continue the expanded intake of radiation therapy students • Establish and resource training posts for 12 nurses annually to complete post-graduate certificates or diplomas related to cancer nursing • Expand of doctoral and postdoctoral research awards to include fields associated with the priorities of the New Zealand Cancer Control Strategy • Develop undergraduate and postgraduate programmes for doctors and nurses, additional vocational training posts and the new roles for nurse practitioners in palliative care
<p>Investing in Health: A framework for activating primary health care nursing in New Zealand</p>	<ul style="list-style-type: none"> • DHBs should support the development of the primary health care nursing workforce by implementing the national framework for post-registration education developed by the Nursing Council of New Zealand, and by supporting primary health care nurses, including Māori, Pacific and rural nurses, to access postgraduate education (eg, scholarships or grants, release time for study and travel expenses). • PHOs should support their primary health care nurses, including Māori, Pacific and rural nurses, to access postgraduate nursing education (eg, scholarships or grants, release time for study and travel expenses).

Current and planned actions in Ministry of Health workforce development plans to improve information, research and evaluation

<p>National Mental Health and Addiction Workforce Development Plan 2006–09</p>	<ul style="list-style-type: none"> • Complete a stocktake of the NGO and DHB mental health workforces using a common data template • Develop a locally tested best practice workforce planning and development guide appropriate for a diverse workforce • Pilot workforce redesign projects, including kaupapa Māori, Pacific, and child and adolescent pilots to attempt to utilise the current workforce in innovative ways to address staff shortages
<p>Māori Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Improve data collection about, and the analysis of, Māori entering training programmes and their completion rates • Participate with DHBNZ in the Health Workforce Information Programme • Work with DHBs to improve Māori workforce data collection systems and processes in order to track progress in increasing the number and skills of the Māori health workforce, as well as identifying the occupational distribution of the Māori health workforce • Progress three Māori health workforce research projects to (i) examine barriers and influences to Māori participation in the health and disability workforce, (ii) examine retention issues for the Māori health and disability workforce; and (iii) evaluate the Māori health scholarship programme
<p>Draft Public Health Workforce Action Plan</p>	<ul style="list-style-type: none"> • Develop a method to assess the future workforce capacity required to meet population and community need • Develop an information management framework for the ongoing monitoring, collection and analysis of public health workforce information, including developing sector capacity benchmarks and mechanisms to review ongoing capacity • Work with relevant existing information systems to establish an ongoing public health workforce information collection process – general, Māori and Pacific • Set up web-based information and communication mechanisms on public health training • Identify ways of supporting the wider public health sector (ie, those not contracted to the Ministry of Health) to establish information collection processes • Carry out further Māori workforce development research and needs assessment and begin a Pacific workforce development research and needs assessment • Include overall workplace information in a routine information collection system • Develop a workplace assessment tool

<p>Pacific Health and Disability Workforce Development Plan</p>	<ul style="list-style-type: none"> • Implement plans to collect ethnic-specific data as part of implementing the DHB/DHBNZ Workforce Action Plan • Collect baseline statistics on Pacific staff and establish consistent Pacific ethnicity data collection standards at national, regional and local levels • Undertake Pacific workforce gap analysis • Scope the development of a single database to be the repository of all Ministry of Health workforce information, and provide links from the NZHIS, DHBNZ, registration authorities and other relevant sources • Develop a screening workforce information framework • Complete and analyse a survey of the public health workforce that includes ethnicity information • Develop an information collection system for the public health workforce that includes ethnicity information • Establish networks to share information on the Pacific health and disability workforce • Align information-gathering systems for public health services with DHB systems • Improve access to information by developing the Public Health Workforce Action Plan • Establish and fund a Pacific research programme focused on Pacific provider and workforce development • Include Pacific research needs in a review of the Pacific public health workforce and develop research initiatives as required to investigate strengthening the capacity of the Pacific public health workforce
<p>NSU Workforce Development Strategy and Action Plan</p>	<ul style="list-style-type: none"> • Develop an information management framework • Collect screening workforce information from a range of sources • Analyse screening workforce information to inform workforce development planning and policy • Monitor workforce numbers, in particular the number of Bachelor of Medical Imaging students studying mammography (BSA) and the number of Bachelor of Medical Laboratory Science students studying fourth year cytology (NCSP)
<p>The New Zealand Cancer Control Strategy Action Plan 2005–2010</p>	<ul style="list-style-type: none"> • Undertake a comprehensive stocktake of the present cancer control workforce and define future workforce requirements across the continuum of cancer control • Annually monitor the proportions of Māori and Pacific cancer control workers from 2005
<p>Investing in Health: A framework for activating primary health care nursing in New Zealand</p>	<ul style="list-style-type: none"> • The Ministry of Health should work with DHBs and emerging PHOs to develop information systems and coding mechanisms that assist the collection of data and other information on primary health care nursing for monitoring and evaluation

Abbreviations used: ITO = Industry Training Organisation; CTA = Clinical Training Agency; DHB = District Health Board; DHBNZ = District Health Boards New Zealand; TEC = Tertiary Education Commission; PHO = primary health organisation; HWAC = Health Workforce Advisory Committee; HPCAA = Health Practitioners Competency Assurance Act 2003; NGO = non-governmental organisation; GP = general practitioner; LAMP = Leadership and Management Programme; NSU = National Screening Unit; NCSP = National Cervical Screening Programme; BSA = BreastScreen Aotearoa; HRC = Health Research Council; PECT = post-entry clinical training; NZHIS = New Zealand Health Information Service; HWIS = Health Workforce Information System.

Appendix Four – DHBNZ ‘Future Workforce’ priorities

Actions	
Priority I	Fostering supportive environments and positive cultures
1	Promote appropriate shared management, clinical and cultural leadership models
2	Share across DHBs best practice tools that foster supportive environments and positive cultures
3	Support new graduates in their transition into clinical practice
4	Establish mentor training and related sector-wide networks for both clinicians and management
5	Ensure Human Resources capacity and capability to help foster a supportive environment
Priority II	Enhancing people strategies
1	Create an affirmative action programme to attract and retain older people in the health/disability workforce
2	Establish alternative career pathways/opportunities across all health and disability professions, both vertical and lateral
3	Employment Relations strategies and negotiations are informed at each stage by the sector’s workforce context, direction and required outcomes
4	Implement policies and programmes that enable work/life balance
5	Integrate organisational values into everyday activities
6	Resource workforce planning across sector including DHBs and NGOs
Priority III	Education and Training
1	Create a relationship with the education sector to enable formal engagement on workforce supply issues – access, numbers, workforce categories, mix and competencies
2	Facilitate a round table discussion with education, health and disability sector, professional organisations etc to redesign health and disability education in NZ
3	Develop a brand that increases the attractiveness of health and disability sector careers
4	Establish national e learning systems (including hardware and electronic competency support) for individual and group learning
5	Agree those competencies (such as IV certificate, epidural cert etc) that become become portable across DHBs and between disciplines
Priority IV	Models of Care
1	Incentivise innovative models of care that support job redesign, team building and shared competencies development within the HPCA framework. New models are community and outcome focused
2	Identify and actively progress the removal of barriers to health and disability practitioners fully exercising their scopes of practice eg regulatory and contractual barriers
3	Support new models of care by developing flexible models of employment/contracting for health and disability practitioners

4	Fund initiatives to encourage the introduction of new models of team working which are health and disability outcome focused
5	Strengthen and value the role of the clinical generalist
Priority V	Primary health workforce
1	Develop primary health models that explicitly recognise the range of competencies and skills that provide for the diverse needs of the population
2	Initiatives that develop primary health teams that are integrated with the secondary sector
3	Align funding mechanisms to enable coherent workforce development reflecting service direction
4	Develop IT tools that support the workforce to provide integrated services and a team based approach
Priority VI	Maori health workforce
1	Resource workforce planning and workforce information including ethnic specific data
2	Engage with TEC to increase successful Maori participation in health and disability education and training, including developing kaupapa Maori programmes
3	Engage with school sector locally to improve Maori participation in health and disability education and training
4	Ensure access of Maori and non-Maori clinicians and staff to Maori health/Haurora Maori competency development and training opportunities
5	Invest and develop Maori workforce capacity (numbers, professionals, non-professionals) and infrastructure (training opportunities, standards) in primary care, rural health, public health and community health work
Priority VII	Pacific Health Workforce
1	Create organisational environments that recognise and support the ethnically and culturally diverse health and disability workforce eg: develop toolkits for managers and team leaders managing a diverse ethnic workforce
2	Recognise community health and disability workers' skills and prior learning to reduce barriers to entering other parts of the health and disability sector
3	Develop an action programme to promote the health and disability sector as a career option and creating career pathways for the Pacific health and disability workforce
4	Create incentives for the education sector to ensure a greater proportion of Pacific students complete their courses
5	Develop and support access to leadership and professional development programmes for Pacific health and disability professionals within their local communities and across all sectors
Priority VIII	Unregulated support workforce
1	Understand and define this workforce. As appropriate use available research to: <ul style="list-style-type: none"> - match skills to service delivery requirements - develop flexible contracts and work environments - understand the role of the volunteer sector.
2	Identify an appropriate education framework (NZQA) for paid carers that meet the needs of both carers and provider.

