

**Te Whatu Ora**  
Health New Zealand

**NZPSHA Seminar 2022**

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# Personal reflections

## The great resignation, where did the people go?

- Covid-19
- History of workforce planning
- Whole system and competition
- Duplication and gaps
- Model of workforce
- The training and education system
- Reliance on immigration.
- Institutional racism
- Regulatory environment and protectionism
- Hole in the bucket

## The nature of work

- The positive side of Covid-19
- Māori view of wellness
- Institutional racism
- Portfolio careers
- Multiple employers
- Flexible careers
- Earn and learn
- Staff wellbeing and culture

## The future of health

- Māori view of wellness vs illness and episodic care
- Interdisciplinary
- Multi-skilled
- Kaiāwhina workforce
- Agile flexible
- Care pathway
- Care settings
- Outcome vs input

## The future of training and education

- Commissioned approach
- Portfolio
- Micro credentialling
- Managed student placements
- Standards and requirements

## Approach

- Te Tiriti o Waitangi
- Task force
- Partnership
- Whole system
- TEC
- Data and planning
- Student management
- Nil regret investment

## Solving the immediate

- Urgent vs strategic
- Immigration vs growing our own
- Quick wins workforce
- Education and training quick wins
- Institutional racism
- Fair pay



## Our Vision

**A workforce that is well positioned to ensure a transformed health sector that reflects the vision for Pae Ora**

1. ensuring we have sufficient workforce (numbers, roles and distribution)
2. ensuring workforce reflects, is committed to, and trained to ensure: alignment with Tiriti o Waitangi, cultural safety, antiracism
3. ensuring a pro-equity, well-being focus-and ensuring the aspirations and needs of disabled peoples and their whanau are reflected and met.
4. ensuring the workforce is whanau-centred in their approach to wellbeing

## Our Approach

- Model a Māori partnership approach in addressing workforce priorities and issues at Government level (Manatu Hauora, Te Aka Whai Ora and Te Whatu Ora; at an intersectoral level; and in partnership with Iwi and Māori organisations)
- Ensure equity and Te Tiriti is central through the identification and delivery of Taskforce activities
- Ensure clear alignment between Taskforce related work and the wider medium-longer terms work progressed by Te Whatu Ora and Te Aka Whai Ora
- Co-governance of the training pathway – Te Aka Whai Ora, Te Whatu Ora, TEC and MoE
- Consider options and make recommendations related to the potential resolution of immediate workforce pressures and innovative workforce options to support revised models of care
- Develop a process and pathway that increases visibility and accelerates high risk/high priority workforce areas that impact greatest on health outcomes
- Ensure strong Union partnership where relevant
- Ensure whole sector participation in our work
- Recommend processes to ensure and monitor continuous improvement – feedback

## Strategic Challenges

- Underrepresentation of Māori, Pacific and disabled people | tāngata whaikaha in the health workforce including in leadership positions
- Pipelines issues such as education barriers, supervision and training bottlenecks, regulatory barriers and immigration restrictions
- Imbalances in the geographical distribution of health workers (primarily rural and remote areas) and misalignments in the skills and capabilities within the workforce
- Understaffing and rising attrition rates in the public health sector, increasing demand, growing complexity of healthcare
- An ageing workforce and recruitment and retention challenges
- Systemic institutional racism and ableism
- Under funded professional leadership and clinical development
- Traditional models of care that are misaligned with community preferences
- International competition and remuneration differences between countries
- Current lack of alignment and understanding of shared priorities between tertiary training and health sector needs

## Current State

- The health care sector is the largest industry employer - December 2019\* there were 246,500 people employed
  - 213,100 employed in hospitals, medical and other health care services, and residential care services
  - 33,400 employed in social assistance services.
- Māori and Pacific are not well represented in the health and disability workforce or within public hospitals and in particular in leadership positions across the sector
  - Māori are about 17% of our population but only 9% of the public hospital workforce.
  - Pacific peoples are about 7% of our population and 5% of the public hospital workforce.
  - significant inequities in the representation of disabled people across our workforce which are hard to measure due to a lack of data collection on staff disabilities
- Reliance on internationally trained health professionals - OECD's highest reliance on over-seas trained health professionals
- Global workforce shortages - Aotearoa New Zealand competing with other countries in competitive market
- Fatigued workforce – long-standing workforce shortages exacerbated by COVID and winter illness

<https://www.health.govt.nz/system/files/documents/publications/co-st-value-employment-health-disability-sector-25nov2020.pdf>

## Implementation Priorities

- Introduce clear expectations and understanding of Te Tiriti and Pae Ora
- Introduce targeted initiatives that will radically increase the number of Māori, Pacific and disabled people | tāngata whaikaha workers in the sector – joining up training, recruitment and retention
- Embedding cultural safety at all touch points of training and employment
- Expedite the entry of internationally qualified health workers to mitigate the current workforce shortages and pressures including attracting NZers to come home
- Remove barriers to health professionals gaining registration
- Ensure that the education and training pipeline is aligned with the need to train our future workforce in an agile, responsive and inclusive way driven by the needs of care delivery both now and in the future
- Strengthen the care delivered in primary, rural and community settings and ability to provide virtual care
- Ensure the right infrastructure is in place – e.g. robust data collection and analysis, clinical placement systems to ensure managed pipeline growth, placements in Maori & Pacific communities
- Robust and deliberate stakeholder engagement including IMPBs
- Support rural and primary care workforce – address imbalance in location of the workforce
- Ensuring we are training the right people, with the right skills in the right place

## Future Aspirations

### ŪPOKO | HEAD

- We all take a **Māori world view** – ‘what’s good for Māori is good for everyone’
- Our work models deliver **wellbeing, flexibility and satisfaction** of employment
- There are the **appropriate number of skilled workers to meet population needs and safe staffing**
- Our people are and feel **well-led**
- **Adaptable mindsets and careers** are supported, developed and enabled
- **Autonomy** is as close to patients as possible

### RINGA | HANDS

- Cultural safety and addressing unconscious bias is **interwoven** in every education and training experience
- Training is **flexible, modular and includes micro credentials**
- **Prior learning and life experience** has assessment value
- Learning methodology and core structures enable the **rapid creation of suitable workforce**
- **Earn and learn** is a valued and viable pathway for workforce training

### NGĀKAU | HEART

- Employees who **live, work in and support their own communities** are supported to develop and remain serving their communities
- Health workers are **confident to think and act beyond traditional care models**
- The **health outcomes communities and whānau want for themselves** are honored
- **Māori** aspirations and philosophies are valued
- It's an **honour to teach**, and **placement is a mana-enhancing experience**

**Health and disability workers do their life's best work in Aotearoa New Zealand**