

## Recruitment/Workforce

### ***When will the actions in the Workforce Plan happen?***

The Workforce Plan is in two parts: the long-term challenge, and immediate actions. The immediate actions will be progressed in the next year. Some of the actions are big and ambitious and can't be fully completed in a single year; where that is the case, the Plan indicates when we expect these will be finally delivered.

### ***What are the priority groups in the Health Workforce Plan?***

The action *Bolstering priority workforce groups* is focused on workforces with the most material shortages today – including midwifery, nursing, medicine and select allied professions – as well as areas where we have identified that targeted investment in the short-term could make a significant difference to current or future pressures.

### ***What are you doing to resolve gaps or problems with our health workforce data, including for smaller health professions?***

We're going to continually improve our workforce data through successive workforce plans. Over the next year we will be working with responsible authorities and the funded sector to expand the range of professions that we can model for current and future shortages, including for smaller health professions. We'll do this by collecting better, more consistent data; improving the quality and fidelity of our internal data collection; and by developing new models of supply-demand pressures.

### ***How are you planning to link service commissioning and planning with workforce planning, so we can plan better for the future?***

Going forward, we will continue to use commissioning and service planning to inform our workforce planning; and over time we will increasingly be able to demonstrate a close connection between service and commissioning shifts, and the workforce we are building to deliver on whānau expectations.

### ***Are the actions in the Plan for 2023/24 funded?***

The six action areas in the Workforce Plan and the associated initiatives outlined in the plan are funded.

### ***What role will the education sector have in delivering the Plan?***

Te Whatu Ora, Te Aka Whai Ora and the Tertiary Education Commission are working closely in how we deliver this plan, including by working nationally to identify where capacity in our education and training system can be scaled.

### ***Will we be growing capacity to train students to match the planned increases in student placements which are in the Plan?***

We will. Growing placement capacity requires that we make best use of available capacity, and ensure the clinical teams who support placements have what they need to provide safe experiences and excellent training alongside their usual clinical work.

We are also working closely with the education sector to increase training places where they remain a key constraint to training numbers, such as enabling 130 additional nursing students to commence their studies nationwide this year.

### ***What are we doing to train New Zealanders for jobs in health?***

The Workforce Plan highlights the need to grow a sustainable health workforce at home and is focused on system wide changes in order to deliver this. Various actions across the plan address growing domestic training pathways, to support more New Zealanders into health roles.

### ***How will you work to improve the experience Māori and Pacific peoples have in education?***

Te Whatu Ora and Te Aka Whai Ora are working closely with the Tertiary Education Commission to improve student retention. Te Whatu Ora can directly improve the experiences Māori and Pacific peoples have while training by improving student placements, and the Plan includes a range of initiatives designed to improve Māori and Pacific experiences of training.

### ***Will you consider moves to return to a more hospital or community-based learning approach?***

More so than many training programmes, training in health almost always involves a measure of learning in frontline settings. We are focused on the models of training which produce the best graduates, with the right skills, capabilities and diversity, and for the best value for New Zealanders. As part of this, we will be working with tertiary providers and responsible authorities on what role more vocational approaches to learning might play in achieving those goals.

### ***How do you intend to ensure that the funded sector, including rural hospitals, can access opportunities and resources open to Te Whatu Ora services and staff and engage on the Workforce Plan?***

While some actions in the Plan are directed specifically at our Te Whatu Ora workforce – such as retention initiatives focused on our workplaces – much of the Plan reaches all our workforces across the health system, including the funded sector. Several actions in the Plan specifically target rural communities and the funded sector, and the Plan includes specific areas (such as immigration) where we are working to make Te Whatu Ora resources available to the sector more broadly.

### ***What are you doing to support our midwifery workforce, given the significant shortage identified in the Plan?***

We recognise our midwifery workforce is under significant strain. Unlike other professions there are barriers to recruiting midwives internationally, so the Plan is focused on how we can grow our domestic midwifery workforce, including by:

- Relaunching the 'Return to midwifery' fund to support midwives back into practice.
- Expanding earn-and-learn pathways to support midwifery students.
- Strengthening supports for tauira Māori in midwifery training.

### ***Is there anything in the Plan focused on training and retaining older workers?***

The Workforce Plan makes significant investments in the retention of existing health workers under 'Supporting and retaining our valued workforce'. We expect these initiatives to impact health workers of all ages. There are additional initiatives to support workers back into practice for specific professions such as midwifery and nursing, which will help reach those at the end of their careers.

### ***What is in the Plan to drive retention other than pay equity processes?***

The Workforce Plan makes significant investments in the retention of existing health workers under 'Supporting and retaining our valued workforce' including by:

- Improving flexibility and support to staff at career transition points
- Clarifying career progression pathways.
- Committing to getting the basics right, like ensuring that reimbursements are processed quickly.
- Investing in a national cultural capability framework.
- Rolling out a suite of wellbeing focused programmes, including fatigue awareness, cultural safety and responding to major adverse events.

The plan also is focused on delivering more people with the right skills into our workforce, which we know will have the greatest impact on our existing staff.

### ***How does the Plan propose to retain/address gaps in our aged care and neurology workforces?***

We expect the actions outlined in the Plan to reach across sectors and workforces, and will help address pressures on aged care and specialist workforces. For example, investments in growing our nursing and kaiāwhina workforces will help ease pressures on aged residential care; while investments in medical school places and medical training roles offers opportunities to bolster our specialist neurology workforce.

### ***Will the plan reach workforces beyond doctors and nurses?***

The Workforce plan is for the whole health workforce. The Plan has by-profession analysis for several priority professions such as midwives, kaiāwhina, and select allied, scientific and technical professions. There are a range of actions in the Plan targeting workforces beyond doctors and nurses.

### ***Do we plan to bond graduates going forward?***

The Plan commits to reviewing our current approach to the Voluntary Bonding Scheme to maximise impact.

### ***What are you doing to train and recruit more GPs to replace those retiring?***

Prior to the release of the Workforce Plan, the government announced they would be Scaling the General Practice Education Programme (GPEP) places to 300 by 2026. In addition to this, an additional 50 medical student places have been funded from 2024 onward to boost domestic training numbers.

Additional actions we have taken to increase the number of GPs include:

- Te Whatu Ora committed to increasing the number of community-based attachments available.
- Established a hosting fee for GP's who host community-based attachments.
- Increased salaries for GPEP1 registrars, by 20% from 2023.
- Established a New Zealand Registration Examination (NZREX) Primary Care pathway for international doctors.
- Launched a targeted international recruitment campaign to attract GPs to New Zealand.

***Does the Plan account for cultural safety training for overseas professionals joining our workforce?***

Ensuring international medical practitioners have the relevant cultural understanding and competencies is the responsibility of their respective regulatory authority. However, Te Whatu Ora is investing in national cultural safety and Tiriti o Waitangi supports for our employees as a part of the Workforce Plan, to ensure that we provide appropriate levels of care to all New Zealanders – including for those joining our workforce from overseas.

***Other communities – like refugee and immigrant communities, and Asian and ethnic minority communities – are also vulnerable. What is the strategy to support these communities over the long-term?***

This is our first Workforce Plan for the reformed health system, and we have focused for this Plan on our overall workforce pressures by profession, and on addressing acute inequities for Māori and Pacific communities and workforces. As our data and planning improves over time, we will absolutely have a focus on other historically underserved communities' health workforce needs – including for Asian communities, LGBTQIA+ communities, refugee and migrant communities, and other ethnic communities.

***Who does the New Zealand Health Charter apply to?***

Te Mauri o Rongo applies across the whole health workforce at all levels, including health entities (such as Te Whatu Ora and Te Aka Whai Ora, Health Quality and Safety Commission, Pharmac, New Zealand Blood and Organ Service), the publicly funded health sector, as well as workers throughout the health sector.

***How will the Charter be implemented in the primary and community sector?***

Te Mauri o Rongo is deliberately aspirational, and outlines the culture we want to work towards for our health workforce. We will be working with the primary and community sector to support shifting cultures across our health system to align to the experience we want our people to have, wherever they work in health.

***How are you planning to improve leadership as part of how you address retention?***

Te Mauri o Rongo is part of how we shift leadership expectations and cultures, and it will become part of the fabric of how we recruit and grow leaders. The Workforce Plan also lays out our plans to grow Māori and Pacific leadership, including through the development of a leadership institute for all health system leaders.

***Have you thought about other concepts for the four pou – such as the kupu rangatiratanga or mana motuhake?***

Our four pou were developed through significant consultation with the health workforce and groups like unions on what the key principles of a Charter could be. The kupu we incorporated into Te Mauri o Rongo as pou as a result of that process are Wairuatanga, Rangatiratanga, Whanaungatanga and Te Korowai Āhuru; though other concepts and kupu were discussed and considered.

***Does the recent nursing pay equity offer made by Te Whatu Ora cover nurses working in aged care? How are you planning to ensure pay parity with the funded sector as pay equity progresses for workforces like nursing?***

Te Whatu Ora is only able to negotiate pay equity processes with its own workforce, not for nurses who work for other employers. However, the Government this year has committed \$200 million a year to lifting pay for nurses and healthcare assistants in the funded sector, to help close pay disparities with nurses and HCAs employed by Te Whatu Ora.

***Does the Plan include working to harmonise and remunerate staff on individual employment agreements (IEAs)?***

Harmonising contracts and remuneration for staff on IEAs isn't part of our Workforce Plan, but is part of our wider plan to improve the experience of work for our people, and ensure Te Whatu Ora is an employer of choice in the public sector.