Evolving Care, Evolving Professions

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Statistics
Health workforce forecasting

Mark Twain:

“Most people use statistics like a drunk man uses a lamppost; more for support than illumination....”
The first leg of the stool
Risks of being solely profession specific in our workforce planning

• Assuming that the model of care and scope of practice will remain the same in the future; with little consideration being given to what future models of care should look like,

• Slipping into focusing on individual professions in isolation of the context of care and the opportunities for collaborative practice within and across teams or locations;

• Allowing powerful professional lobbies to drive investment;

• Failing to recognise the contribution of different workforces, as well as the unregulated and NGO workforces that are difficult to capture

• Having little consideration of the attrition, retention and distribution of our workforce;

• Not considering unmet health needs - with access and equity issues remaining unaddressed.
The second leg of the stool
Needs based workforce planning

• puts people and health need at the centre
• age, gender, ethnicity,
• deprivation,
• rurality score, DHB region
• available number of GPs and nurses in a practice,
• copayment price
• avoidable hospitalisations – case weights ($211 million in 2016)
Then overlay the workforce perspective

- examine relationships between ASH events/patients and workforce availability
- work to identify where access needs to be improved
- identify where models of care are working well
- or where the model (or barrier to care) is not working so well and whether this calls for:
  - new models of care
  - greater integration and collaboration across and within sectors, disciplines and communities
  - make the most of our regulated and unregulated workforces to work to the full extent of their scope and work together to improve access and health outcomes.
The third leg of the stool: fit for purpose training and retaining our workforce
Questions to regularly ask ourselves

• Is the existing model of care fit for now and the future?

• What do consumers and patients actually want from their practitioner and health services?

• Are educational and vocational training pathways aligned with the needs of the health sector?

• Do we have the skill mix, competencies and diversity we need to meet our population’s needs?

• Are we making the most of our available workforce?

• Does the way we fund and contract encourage the most effective workforce and service practices or do we create unintended consequences?
More questions.....

• How do we attract and keep health practitioners?
• How to attract them to where we need them the most?
• Do we understand the patterns of attrition?
• What are we doing to build health literacy and self-care?
• Are we supporting the development of roles that are more preventative in focus but more difficult to measure?
Health Workforce New Zealand – Partnering with the sector

• Workforce forecasting and needs-based workforce planning
• Development of New Zealand Health Workforce Strategy with the sector
• Legislation to extend prescribing powers and scopes of practice
• Funding $187 million training and workforce development
• $10 million Vocational Funding Innovation Fund – to support training and workforce development to foster primary care collaboration with a focus on addressing inequalities and improving health outcomes
• Strengthening training pathways, system capacity, maximising the use of technology, remote and virtual care
• Supporting and retaining our workforce, attraction and support in hard to staff areas
Workforce planning framework

- Define the problem
- Conduct the impact analysis
- Scope the project
- Horizon scan and analysis (include what are the barriers we have to overcome)
- Identify the drivers for change
- Identify intended goals and benefits of change
- Map potential service change
- Plan for the proposed workforce change
- Monitor, review and refresh