NZNO Medico- Legal Forum-
"Scopes of Practice

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February 2020.

New Zealand Health and Disability System Review

Terms of Reference

New Zealand
HEALTH AND DISABILITY System Review
HAUORA MANAAKI ki Aotearoa Whānui

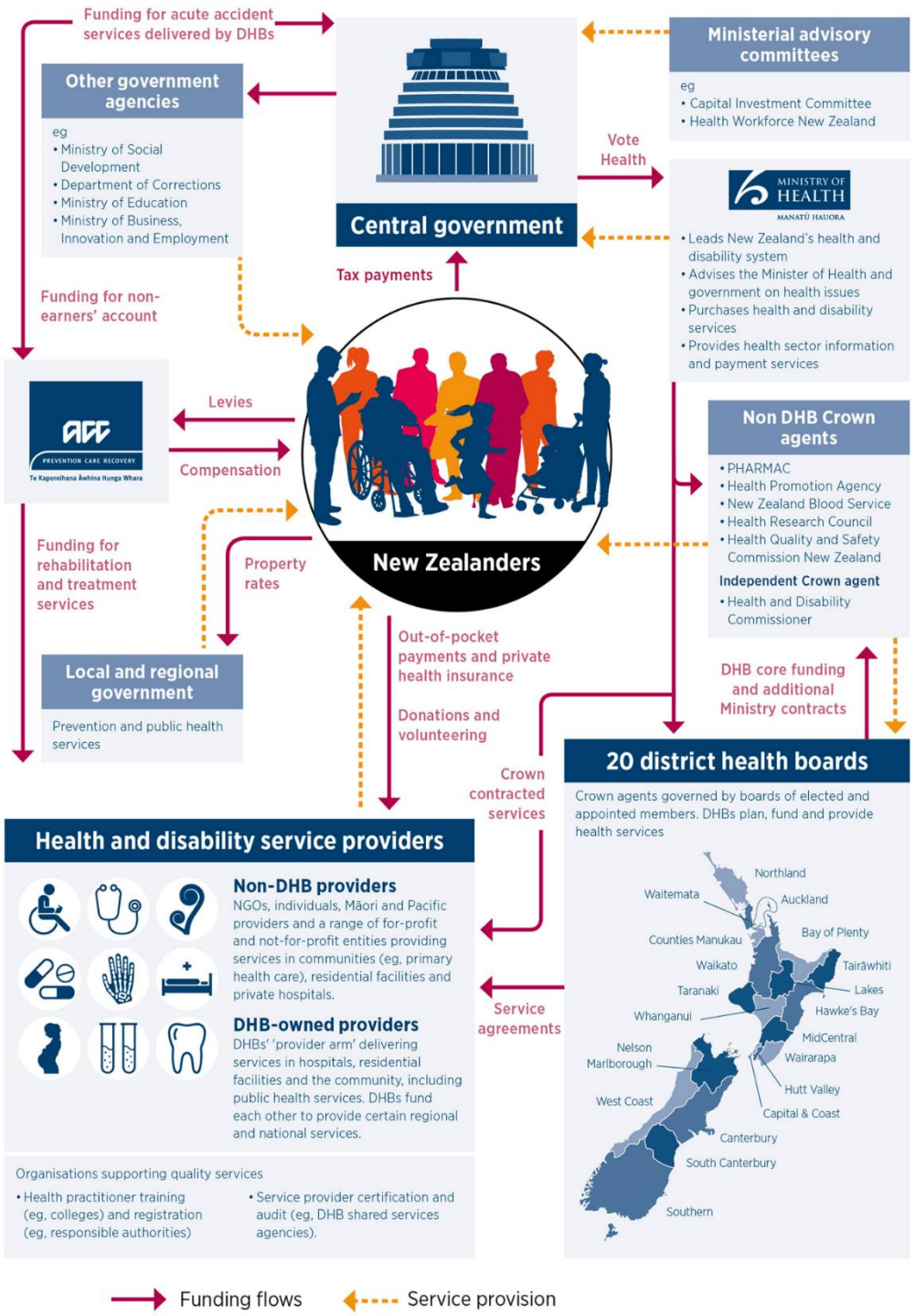
The Health and Disability System Review was established by the Minister of Health to "identify opportunities to improve the performance, structure and sustainability of the system, **with a goal of achieving equity of outcomes and contributing to wellness for all, particularly Māori and Pacific peoples**".

You will be aware that the H&D Review Panel released an Interim Report in Sept/Oct last year.

A number of points arising from the report have a bearing on our conversation related to the question of Scopes of practice.

- Education
- Regulation
- Employment

Current system



Equity

The World Health Organisation defines equity as,

… the absence of avoidable or remediable differences among populations or groups defined socially, economically, demographically, or geographically.

In New Zealand, there are inequities in access and outcomes across many areas, including:

- Gender
- Age
- Ethnicity – particularly Māori and Pacific peoples
- Disability
- Socioeconomic status
- Geographic location

Tier 1

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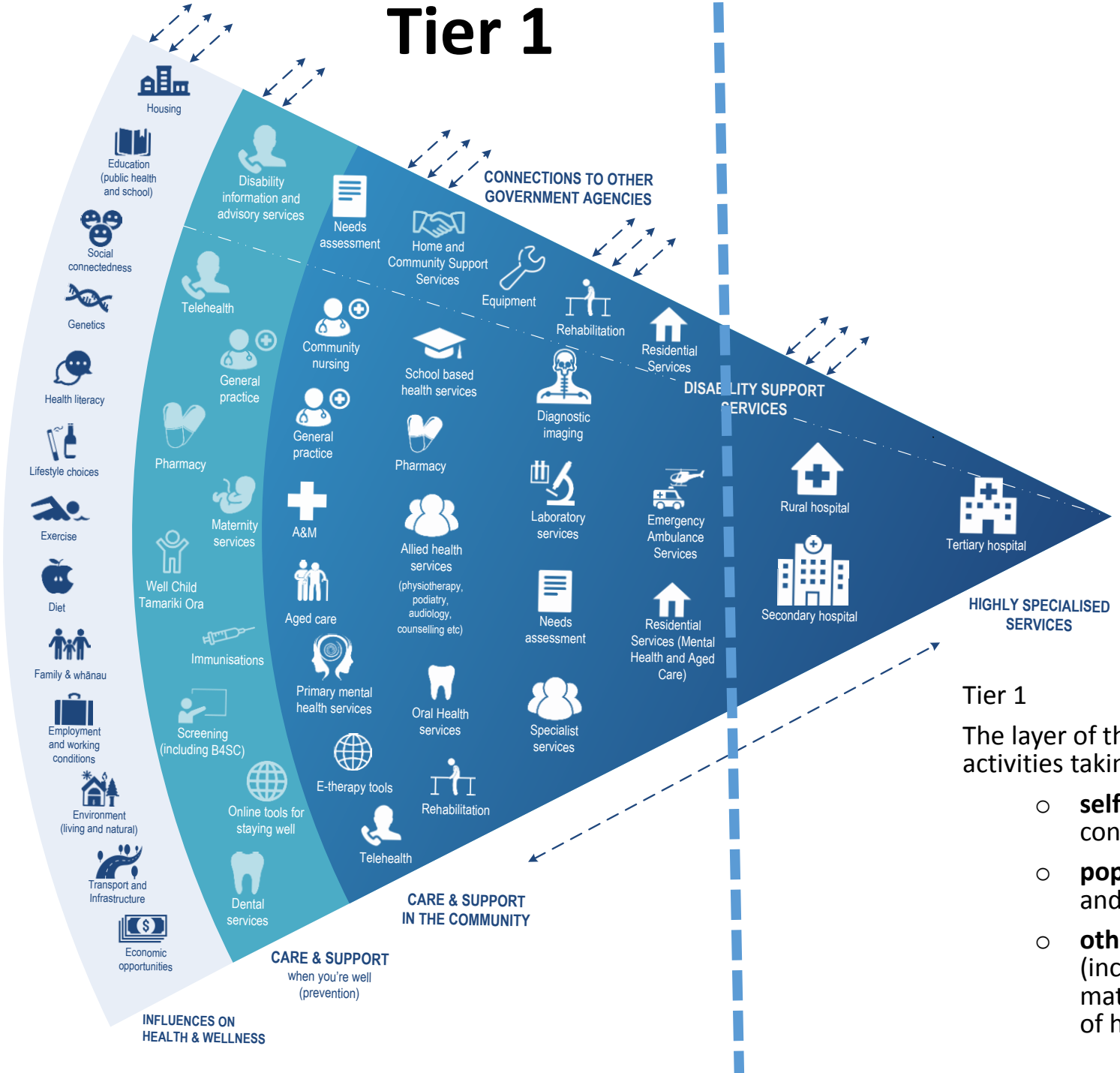

Tier 1

The layer of the system embracing a broad range of services and other activities taking place in homes and local communities. This includes:

- **self-care** (maintaining well-being and self–management of chronic conditions within whanau);
- **population and public health services (**including health promotion and preventative initiatives such as screening programmes);
- **other health and disability services delivered in the community** (including but not limited to general practice, disability supports, maternity care, oral health and allied health that take place out-side of hospital settings)

Tier 2-4

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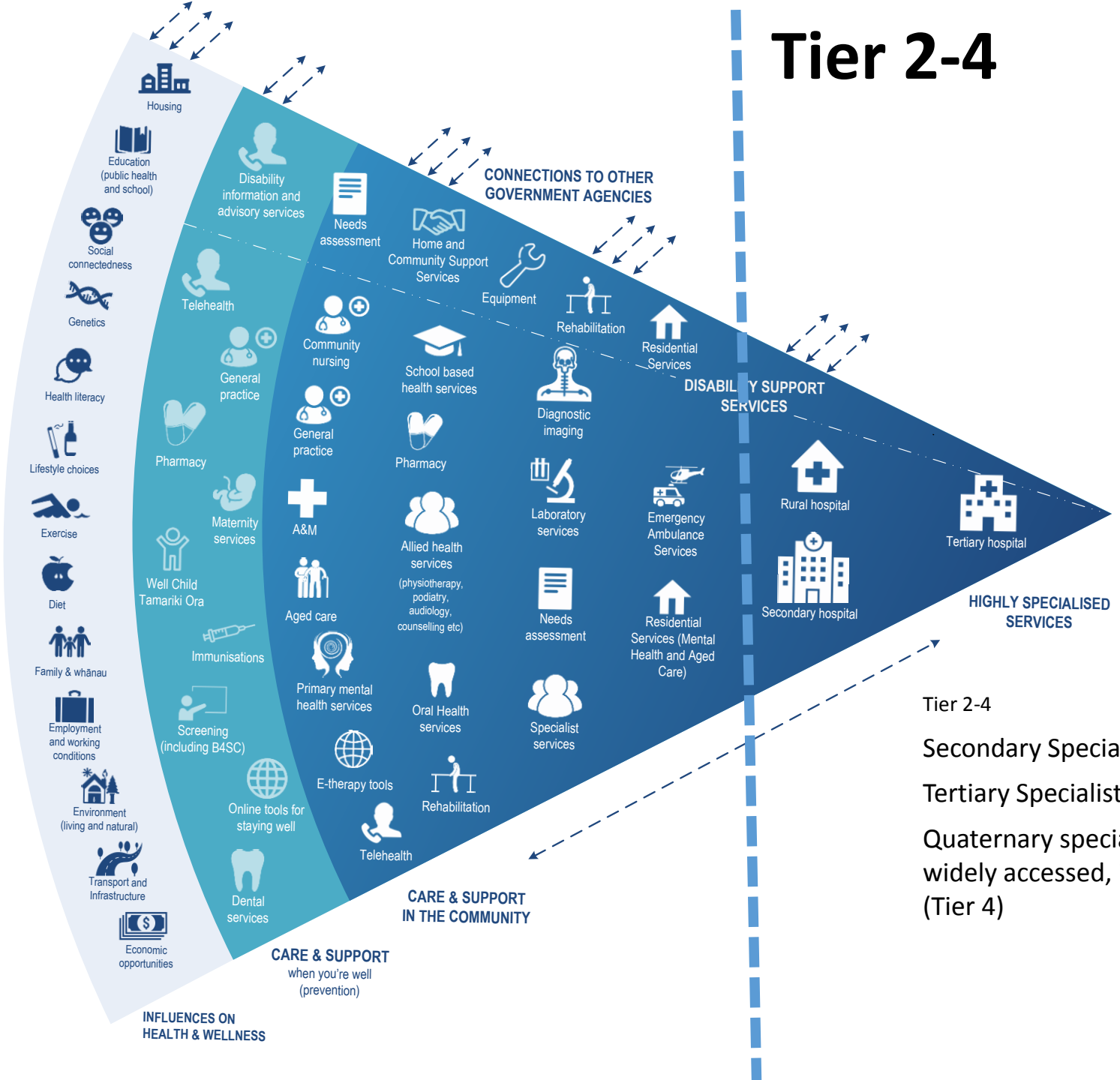
HAUORA MANAAKI ki Aotearoa Whānui



Although Tier 1 has the greater breadth of service delivery from in-home care right through to public health, Tier 2-4 represents specialisation with high demand, concentrated services and constrained capacity.

Tier 2-4

Secondary Specialist Care (tier 2)

Tertiary Specialist Care (Tier 3)

Quaternary specialist care: advanced, highly specialised levels care that is not widely accessed, including costly diagnostic or surgical/medical procedures (Tier 4)

Workforce is a critical enabler

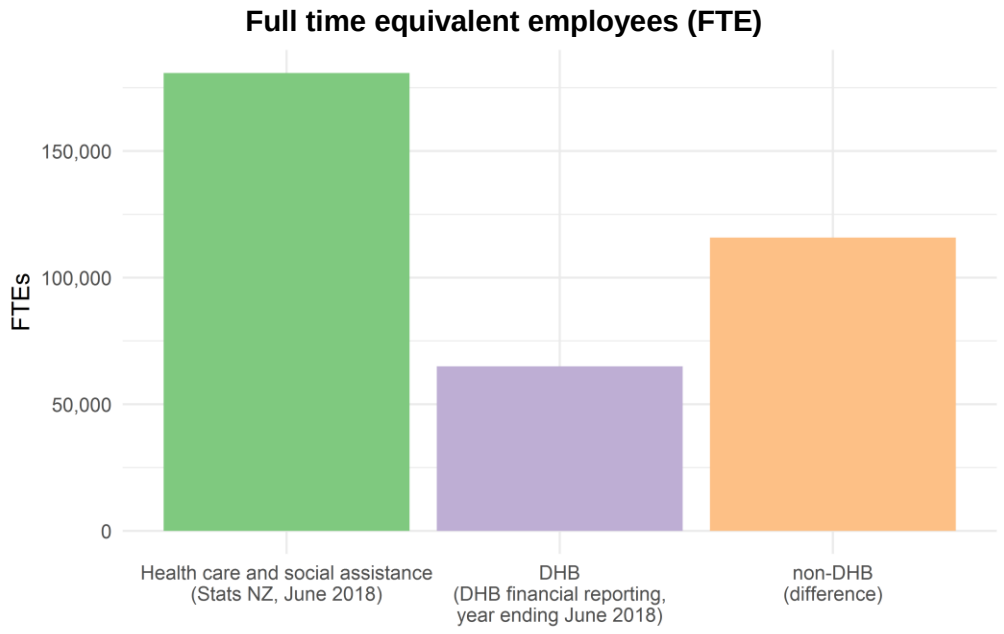
The Terms of Reference for the Health and Disability System Review (the Review) directs the Panel to consider:

- *"future needs of the population and how they may differ from the issues seen today (such as the impact of population change and growth, upon service demand, workforce availability and risks that may need to be managed)"*
- ***"Optimising workforce (development, scopes of practice, inter-professional collaboration, retention, cultural competency, and distribution)"***

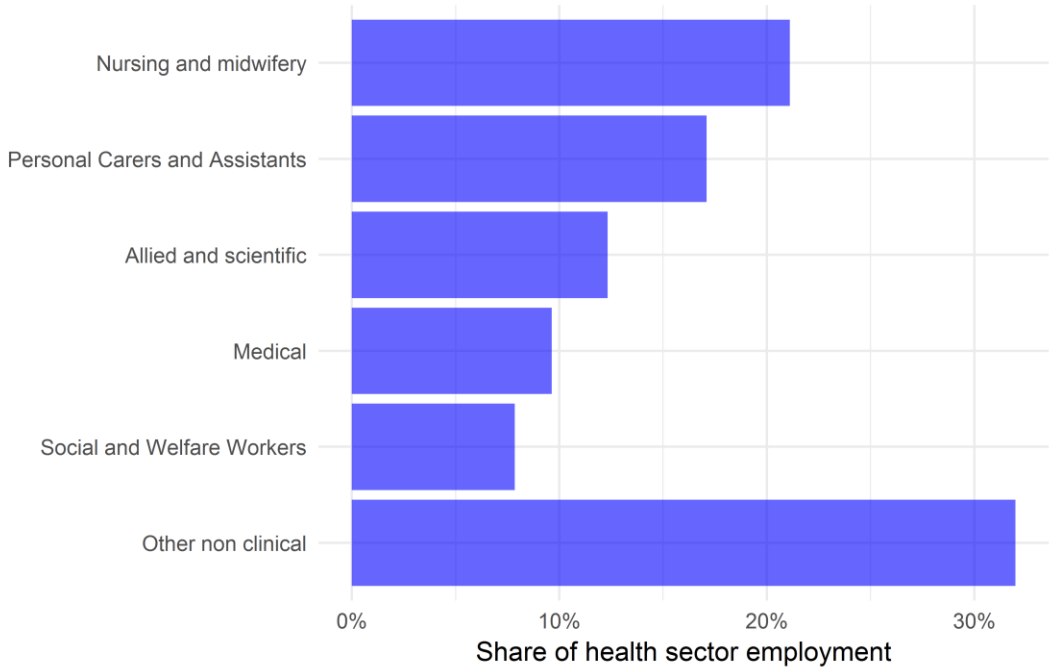
Current State

New Zealand HEALTH AND DISABILITY System Review HAUORA MANAAKI ki Aotearoa Whānui

DHBs directly employ around 35% of the workforce, with around 115,000 estimated to be delivering services funded either publically or privately. These figures include all staff, including those not directly related to providing care (for example accountants)



Nurses and midwives; personal carers, assistants, and non-clinical staff are the largest employee groups.

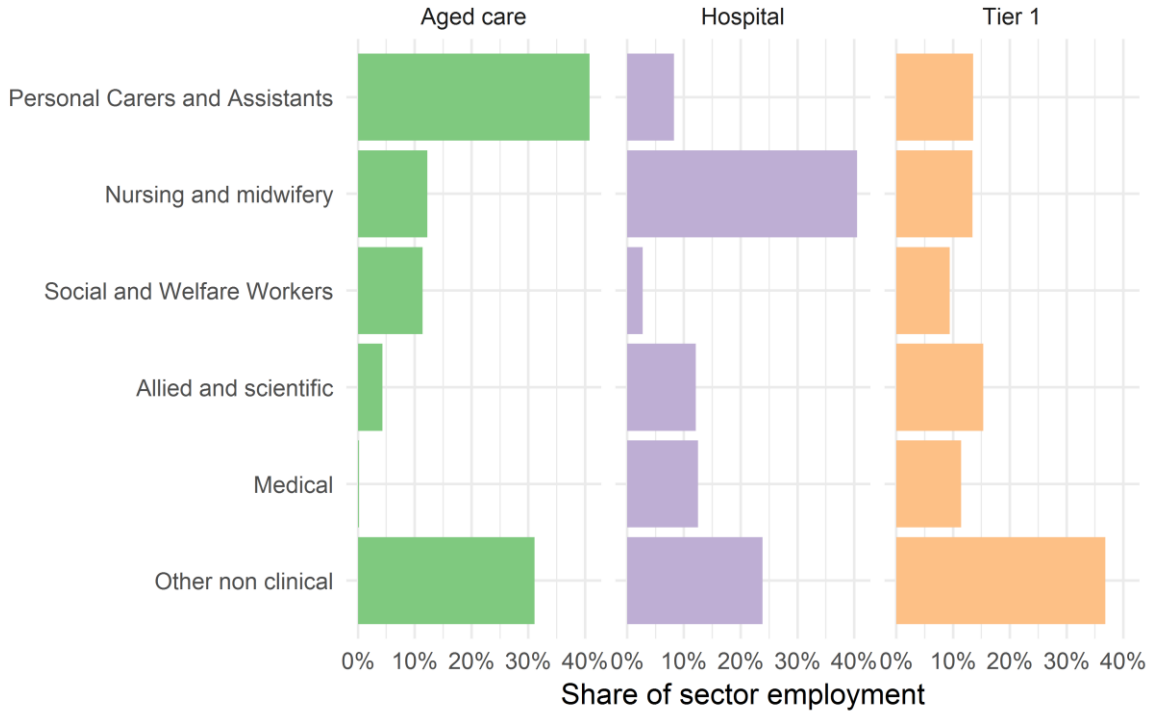


Source: Stats NZ, Census 2013

Current State

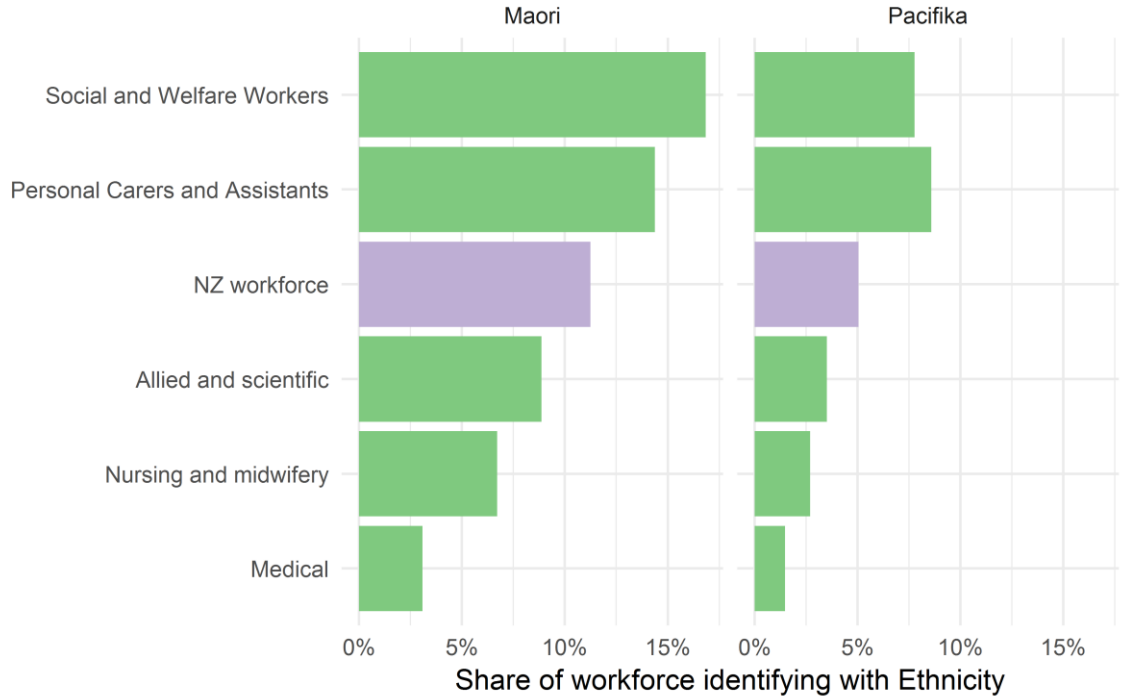
New Zealand HEALTH AND DISABILITY System Review
HAUORA MANAAKI ki Aotearoa Whānui

The mix of workforces employed differ greatly across segments of the health sector



Source: Stats NZ, Census 2013

Māori and Pacific peoples are under represented in some occupations, and over represented in others



Source: Stats NZ, Census 2013

H&D Review Panel Framing

New Zealand HEALTH AND DISABILITY System Review HAUORA MANAAKI ki Aotearoa Whānui

- How well do we understand our future workforce?
- How do employment system settings need to change to ensure a flexible workforce, including the need for extended working hours?
- How should the health and disability system regulate and manage different occupations to balance flexibility and quality, given future changes in technology and models of care?
- What system changes to the education and training system can better align the pipeline to workforce requirements, produce work ready employees and increase the flexibility of the health workforce?
- How can the health and disability system use its influence as an employer to create employment opportunities and improve the wellness of employees?

Workforce : Issues and Challenges

Some key points:

- **Our current health & disability system is not sustainable.**
- **The bio-medical hegemony still rules**
- **The voice of Nursing in the context of this review is almost invisible**
- **The current system delivers inequitable health outcomes for different populations.**