

The Report of the Inaugural National Maori Health Workforce Development Wananga – Rydges Hotel, Rotorua June 26th and 27th 2008.

1.0 Introduction

The development of the health workforce is the single most important priority facing the health sector today. The relatively poor health status of Maori, and the political concern to address health inequalities and disparities, should offer a premium advantage to Maori health workforce development. But in a highly competitive marketplace, with limited and contestable resources, that has not been the case. Maori make up 7% of the regulated health workforce, despite making up 15% of the population, and being over-represented as consumers of health services on account of poor health status. Maori access to health workforce development funding is limited and often prescribed by others. There is a need for more effective collaboration and Maori control of Maori workforce issues. The quality of Maori health workforce information must be urgently improved, and if Maori health workforce development is to be accelerated (as it must if it is to keep up with the demands of the health sector), then we need a policy framework and the necessary resources to enable this to occur.

These issues, then, provided the basis upon which the Maori Workforce Wananga was predicated. A series of keynote and other speakers were invited to provide both a snapshot of the important issues confronting the Maori health workforce, but also to proffer creative solutions as to how these issues might be resolved. A total of 167 persons registered for the Wananga. These would have been higher, except that registrations were closed a week prior to the event, on account of the fact that we could not fit more people into the Conference room. The convergence of a number of issues (persistence of poor Maori health status, heightened consumer expectations, excess Maori labour demand over supply, diminishing time frames within which to address these matters, domestic and global competition, etc) provided the moral and political rationale for the Wananga.

2.0 The Aims of the Wananga

The aims of the Wananga were to:

- Raise the profile of Maori health workforce development
- Assert Maori leadership and control over Maori health workforce development
- Advocate for the immediate acceleration of Maori health workforce development.

3.0 Recommendations arising out of the Wananga

The following recommendations were approved for national dissemination and discussion prior to presentation to the Associate Minister of Health, the Honourable Mita Ririnui, and the Minister of Health, the Honourable David Cunliffe.

3.1 Establish an independent Maori Health Workforce Commission (or similar national entity) to provide strong national leadership with a strategic and co-ordinating function with regard to policy, funding, and accelerating the development of the Maori health workforce.

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Comment: The existing workforce structures, particularly DHBNZ, cannot address the workforce needs for Maori. Even with the best of intentions, the structures are not configured to support Maori needs. In particular, the needs of the unregulated Maori health workforce will languish under the existing set up. Yet, because of the time lag to develop workforces, there is an urgency to move now. Therefore, Maori are calling for an independent Maori health workforce body to be responsible and accountable for Maori health workforce development needs.

3.2 Ring fence an additional \$40 million dollars per year over five years (additional \$200 million) for Maori health workforce development, to enable the effective recruitment and retention of the Maori health workforce, including the sustainability of existing Maori health providers.

Comment: If we are to accelerate Maori health workforce development, so that Maori make up at least 15% of the regulated health workforce, then we are going to need the resources to do so. There are shortages of Maori health professionals across the entire spectrum of the health sector. The additional resources would be applied strategically to a major long term campaign to build the capacity and capability of the Maori health workforce, including ensuring the sustainability of the Maori health provider infrastructure.

3.3 Refresh and strengthen the national Maori health workforce policy framework so that it enables the accelerated development of the Maori health workforce;

Comment: Concerns were expressed that the existing policy framework is not sufficient to enable the accelerated development of the Maori health workforce. Therefore, the Wananga has recommended that the Maori workforce policy framework be refreshed and strengthened.

3.4 Urgently develop and implement a Maori Health Workforce branding strategy;

Comment: Participants at the Wananga were not impressed with the Health Sector branding strategy, particularly as it applied to Maori. There was a call for the urgent development of a separate Maori Health Workforce branding strategy.

3.5 Strengthen the collection, management and reporting of Maori health workforce data to inform decision making and action, including with regard to resource decisions;

Comment: Although this has been a long standing requirement in the health sector, there is a concern that the quality of Maori specific health workforce data is variable throughout the sector. In relation to some workforces, there are minimal data sets, and this will be a major impediment to accelerating Maori health workforce development. Therefore, the Wananga is calling for some urgent attention and action, and a more strategic assessment and monitoring of the collection of Maori health workforce data. Without quality data, any aspiration to develop the Maori health workforce is fanciful.

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3.6 Disseminate the report Rauringa Raupa for consultation and feedback (before December 2008).

Comment: The Minister released the report “Rauringa Raupa” at the Wananga. The report was positively received, and the Wananga requested that the report be disseminated nationally for feedback on the recommendations contained within it. Most of the recommendations arising out of this report, are also contained in the “Rauringa Raupa” report.

3.7 Request that the Ministry of Health fund *te reo Maori* scholarships for Maori who are training or working in the health sector.

Comment: Professor Graham Smith made a recommendation that “the Ministry of Health fund *te reo Maori* scholarships for Maori training to be nurses.” The Wananga supported this recommendation, but requested that the *te reo Maori* scholarships be available to any Maori training or working in the health sector.

4.0 Summary of Presentations

The following are brief summaries of some of the presentations.

4.1 Dr Peter O’Mara – an international indigenous perspective on health workforce development.

Dr Peter O’Mara is the Associate Professor of Indigenous Medical Education and Head of Discipline – Indigenous Health, at Newcastle University, NSW, Australia. He is also the Vice President of the Australian Indigenous Doctors Association (AIDA).

- AIDA incorporates the philosophy that **Life is Health** in its policy and advocacy work, encouraging equitable health and life outcomes for Aboriginal and Torres Strait Islander people through leadership and in the spirit of cultural integrity.
- AIDA is a Not For Profit, NGO dedicated to the pursuit of leadership, partnership and scholarship in Aboriginal and Torres Strait Islander health, education and workforce.
- Have over 120 indigenous medical graduates or doctors working across the country in a variety of disciplines;
 - Medical officers
 - General practitioners
 - Surgeons
 - Cardiologists
 - Obstetricians and gynaecologists
 - Physicians
 - Psychiatrists
 - Public health physicians

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- Medical educationalists
- Researchers
- Also have over 120 medical students, but need to increase these numbers.
- Need to up-skill non indigenous doctors working with indigenous people
- **What we do – workforce**
 - Healthy Futures 2005 – *Best Practice in the Recruitment and Retention of Indigenous Medical Students*
 - Need to be talking to primary schools
 - Collegial support around a number of issues including racism and cultural safety
 - National Aboriginal and Torres Strait Islander Health Council (NATSHIC) – *Pathways Into the Health Workforce for Aboriginal and Torres Strait Islander: A Blueprint for Action*
 - Stepping pathways from school to higher learning
 - Retention of those already there
 - Exposing kids to a variety of pathways in health
 - Department of Education – Employment and Workforce Relations (DEEWR) *Pathways Into Medicine Project*
 - Australian Medical Council (AMC)
 - Medical Deans Australian and New Zealand (MDANZ)
 - Leadership in Indigenous Medical Education (LIME)
- **What do we bring as indigenous doctors?**
 - Role models
 - Spiritual, cultural, emotional and physical understanding
 - Holistic approach to health
 - Tradition of healing
 - Trust, respect and connection to community
- **Indigenous medical workforce**
 - Aboriginal and Torres Strait Islanders make up approximately 2.4% of the population
 - Aboriginal and Torres Strait Islander people employed in health related occupations represent only 0.9% of the total health workforce;
 - While Aboriginal and Torres Strait Islander people comprise 93% of all Aboriginal and Torres Strait Islander health workforce, they only comprise 0.8% of all nurses, 0.6% of dental workers, 0.5% of allied health professionals, 0.3% of medical workers, and 0.1% of pharmacists.
 - Therefore, across the spectrum we are grossly under-represented.
- Terrible state of aboriginal health, many are passing on at very young ages, in their 30s and 40s.
- **Schools, universities, and specialist medical colleges**
 - Have a special responsibility in addressing the poor state of indigenous health because they are the trainers, the teachers, of those that will work in the

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health care system that cares for and provides services to indigenous peoples;

- We have a lot of overseas trained doctors in Australia with a lot to offer, but they have no concept of who and what aboriginal and Torres Strait Islander people are like.
- **What can be done?**
 - A 2004 Australian Medical Association study (AMA) found that 926 indigenous doctors need to be trained to increase the proportion of Aboriginal and Torres Strait Islanders to that of non Indigenous Australian levels,
 - It found that to fill the gap in 10 years, starting in 2005, fifty indigenous students would need to enrol in medical schools across Australia each year for the next four years and then one hundred would need to enrol after that,
 - To break it down – each medical school would need to enrol 3 indigenous students each year for the first four years and then seven each year after that.
- **Competent workforce – what are the issues and the barriers?**
 - Institutionalised racism
 - Lack of self belief common issue
 - Lack of opportunity

What is required?

 - All of us to work collaboratively towards better outcomes
 - Policies and pathways for our people
 - Good support for indigenous people
- **The Committee of Deans of Australian Medical Schools (CDAMS) and the Australian Indigenous Doctors Association (AIDA) wish to be associated with specific programmes that:**
 - Benefit the recruitment, support and retention of indigenous medical students;
 - Establish a network of indigenous and non indigenous staff and students who would support each other in the delivery of indigenous health content within the medical curricula;
 - Aim the further advance the overall health and needs and outcomes of all indigenous peoples.

4.2 Professor Colin Mantell. How do we encourage more Maori to work in the health and disability sector?

Colin was the Professor of Maori and Pacific Health and Head of the Maori and Pacific Health Department at the University of Auckland. He has been a Professor of Obstetrics and Gynaecology at National Women's Hospital and Middlemore Hospital in South Auckland. He is a past member of the Health Research Council of New Zealand. His iwi affiliations are to Ngai Tahu.

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- I have had an interest in health workforce for over 40 years. Whilst at times it is easy to be defeated by the bleakness of things, if we take the long term view, or that over the last 20 years, there has been some substantial progress.
- What man has created, so man must resolve. 'It is time we realised that if we want things to change, we must do it ourselves.' The theme of our workshop on Maori health workforce development should be that if we want it, we must make it happen.
- **What is the Problem?**
 - Schools (parents) under-performing eg bursary 2001 385/7000
 - Mismatch at Training Institutions
 - Entry criteria vs qualities of students
 - Absence of role models
 - Economic barrier
- Schools and parents are under performing for Maori children. The extent of this is quite significant. We need to start working on our children early at primary school, for it is too late at secondary school.
- There is a huge mismatch between the entry requirements at institutions and what the kids actually bring along.
- There is an absence of role models. How can a child have an aspiration that health care might be for them if they have never seen it, heard about it or experienced it?
- 30 years ago, affirmative action programmes in the USA were challenged in the Courts successfully making it very difficult to pursue affirmative action now.
- Economic gain – eg. if you are a grandparent who has aspirations for your mokopuna, then get your own children working in health care. Why? It generates secure occupation, good income, high standards of education and you can be sure mokopuna will have good opportunities to progress.
- **Give Him/Her a chance!**
 - Whanau – needs support and belief in child catch up
 - Home courses
 - School supportive programs
 - Specific teacher sense of belonging
 - Curriculum NCEA success
 - Entry qualification
- **We need to be able to provide every 10 year old Maori child with the equal opportunity to be able to participate, if they so wish, in the healthcare industry.**
- Most of my talk is about the regulated health workforce, even though the non regulated workforce is the biggest part of the health workforce.
- Need entry qualifications to get into health
- Sense of belonging to a group will determine their success in the programme
- If you haven't taken science in Yr 11, it will be very difficult to have a career in health
- Possibilities to recover but basically very difficult
- **NCEA** – dreadful results made worse by non sitters
 - **This is awful for us**

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- **Bursary results for 2002**
 - No of Maori at bursary age 6000
 - Bursary passes 360
 - With science 180
- yet we are trying to recruit students when there are only 180 in this category in the whole of NZ
- MOH survey 1994

		%
○ Psychologist	5/556	0.8%
○ Physio	11/1277	0.86
○ Lab Tech	4/769	0.5
○ Dieticians	0/246	0
○ Medical	112/6722	1.6
○ Nurses	78/28122	0.2
○ Enrolled nurses	527/6552	8
- We have made some changes but not a lot.
- What can be done to increase the numbers of Maori going into the health care professions?
 - Vision 2020 – goal 10% doctors Maori compared to previous figure 1.6%
Maori doctors
 - Difficult task
 - Maori enrolments in formal tertiary education by sub-sector, July 1999 -2003, huge increase due to Wananga
 - Given people the opportunity for 2nd chance learning
- **Certificate in Health Sciences**
- Foundation programme for students who wanted to get into health but didn't at that time have the grades.
- Tried to make it suitable for all kinds of health professions.
- Led to students getting into a whole range of other work activities.
- Programs need institutes that can generate a lot of support for Maori students during the process of their studying at University.
- **Maori health workforce and training opportunities**
- **HWAC** stocktake estimated the total 2001 regulated workforce at 67,000 health workers supported by a further 30,000 informal health support workers
- Maori comprise 5.4% of the total regulated workforce
- Maori comprise 18% social workers, 6.3% nurses, 5.7% dental therapists, and 2.3% medical practitioners. Of the remaining groups, Maori comprise less than 2%.
- Major information gaps exist for smaller unregulated groups, ie mental health, disability and public health
- These sectors have experienced the most significant growth in Maori and Pacific health workforces
- A key factor in delivering future health education courses is the need to support more Maori into the health and disability workforce.

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- Wananga have a rapidly growing enrolment rate amongst mature aged Maori. What is the potential in this environment for delivering appropriate health courses?

4.3 Rob Cooper – CE Ngati Hine Hauora “Maori Health Workforce Development from a Maori health provider perspective.”

Rob Cooper is a corporate strategist. In the nineties, he helped create and establish the Ngati Hine Health Trust, now known as Hauora Whanui. He introduced the concept of Maori co-purchasing of health services as the General Manager of Maori health in the former Northern Regional Health Authority. He created and managed the Maori Health Group in the former Health Funding Authority and was a member of the Maori Health Commission. He is the CEO of Hauora Whanui, and a member of the Auckland District Health Board.

- Sustainability, sponsorship, student loans, scholarships
- Change, Collaboration, Co-operation, Coalitions
- Adaptability, action, advice
- Learning, longevity, landscape
- Personnel, Pathologies, panaceas,
- Environmental, enterprise, economic, elephants
- Leadership, laissez faire, legality
- Ta Hemi talked about 3 things, “kia whakaiti koutou, kia whakaiti koutou, kia tino whakaiti koutou.”
- Did you know that we are net tax donors to the NZ economy? We donate more tax than we receive. Rod Oram.
- The wicked social problem is the following:
 - Everything is connected to everything else
 - There is no end to solutions, ie no single solution
 - So called solutions always lead to something else
 - Unexpected consequences to solutions always arise
 - Trial and error is not an option, solutions must be definite
 - too many solutions because of too many stakeholders
 - Too many stakeholders and too many goals
 - the problems are unique (resistance to things Maori)
 - One problem begets another, eg. poor scholastic education limits access to tertiary education
 - No tolerance for error
- Don't look for 1 solution because there isn't one.
- What should we do then?
 - Inform ourselves with more and more research.
 - Need the best research that we can get
 - Diabetes will raise the rationing issue with us, can't get away from it.

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Three legged stool of workforce development finance comprising sponsorship, student loans and scholarships– very unstable, the only thing that will give this stability is *sustainability*.

- Need to argue the case for sustainability. The case is simple – politics, policy, and people.
- Our future lies in our relationships with others. Not in their relationships with us. There is a fundamental difference. We need to be in charge of our tino rangatiratanga and we need to be doing more of the collaboration, co-operation and coalition building.
- Tuhoe and Tuwharetoa win the lion's share of the Treaty settlement. NZ Herald Tues June 24th 2008.
- Adaptability, advice and actions
 - How adaptable are we?
 - Do we listen to advice?
 - And we must take action.
- Old technology – new technology – demonstrates adaptability
- What about our learning? We do well because we have a sense of longevity. We are a learning culture, and in the landscape of learning are things that are uniquely Maori. They are the things that we call nga mea Maori and which make our workforce criteria entirely different to the normal NZ workforce. Now we say Mean Maori Mean. We used to say 'he aha te mea nui o te ao?'
- Our people are not robots and we don't want robots in our environment.
- In a publicly funded health sector free goods are under constant demand which is why politicians cannot cope, so they create waiting lists, and use any sort of sophistry to cope. This is the old argument of supply and demand; when demand exceeds supply, the price goes up. This is actually in our favour. We should get across to our allies that we can do better than what our government can. This is the elephant in the room that we are not able to mention.
- Entrepreneurial requirement – this is the leadership that we require, and we need it in abundance now.
- Bold
- Intelligent
- Reliable
- Deliberate
- Magic
- Action
- Nerve
- Unswerving
- MPDS is outdated for at least 5 years in quantum terms
- Why hasn't here been some real grunt when the legislation is already in place to enable us to do things? Health and Disability Act 2000.

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- To establish and maintain processes to enable Maori to participate in, and contribute to, strategies for Maori health improvement
- To continue to foster the development of Maori capacity for participating in the health and disability sector and for providing for the needs of Maori
- To provide relevant information to Maori for the purposes of the above 2 paragraphs.
- Get to know this stuff, this is the legislation that governs our sector. There is enough in that legislation to prop up Maori workforce development. This is the law, not just someone's good idea. We don't have to be apologetic for it.
- Sustainability is critical, change happening everyday and we need to be adaptable, our learning culture (Maori learning culture) nga whakairo kei roto i to tatou whare, we can help contribute to resolving government's dilemma, and Maori leadership is critical.

4.4. Cathy Cooney, CE Lakes DHB and Lead CE, Workforce.

“Future Workforce – National Leadership for Tomorrows Workforce.

- NZ Future Workforce Vision *“A vital, innovative and responsive health and disability workforce able to deliver NZ's desired population health outcomes.”*
- Cathy spoke about the NZ Future Workforce Strategy 2008 -2018.
- She described the complex relationships between all key players in the NZ Future Workforce strategy.
- Health Workforce Information (HWIP)
 - *HWIP now delivering base data workforce reports across 21 DHBs*
 - *Workforce modelling and forecasting projects underway*
 - *Extending engagement to include wider health sector – PHOs and NGOs*
 - *Quality development ongoing focus to ensure data is robust*
- National Sector Activity – *Health Careers Brand*
 - Health careers – more than you ever imagined
 - Factor analysis – hot buttons for health –identifying key clusters of motivators that are essential for people contemplating health careers for a profession.
 - Researching the next generation – the *Inzone Bus* idea.
- National Sector Activity *Workforce Strategy Groups*
 - *Medical*
 - *Inter-sector strategy group established*
 - *Strategy development scoped*
 - *Technical*
 - *Workforce innovation*
 - *Operating theatre*
 - *Medical lab technologists*
 - *Medical radiology technologists*

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- *Nursing and Midwifery*
 - *Recommendations to Minister on clinical support workforces*
 - *Nurse practitioner roles*
 - *Midwifery workforce analysis and advice*
- *Allied Health*
 - *Modelling future dental therapist workforce requirements*
- *Corporate*
 - *Leadership development priority*
- *Care and Support*
 - *Progressing sector wide strategy development as part of 2nd stage low paid worker initiative*
- *National Sector Activity Medical Workforce Initiatives*
 - *Nurse Practitioner Facilitation*
 - *Focus on employment models, funding strategies and current innovations in NP employment to increase the NP nationally*
 - *NP Champions, collaboration*
 - *Innovations funding*
 - *Employment, resources and toolkits*
- *National Sector Activity Maori Health Workforce*
 - *Leadership Development*
 - *Increasing Maori participation in health sector leadership roles*
 - *Clinical Development*
 - *Increasing the number of Maori nurse practitioners*
 - *Increasing Maori representation within the clinical workforce*
 - *Improving rangatahi achievement at secondary level*
 - *Non-clinical development*
 - *Development and training of non0clinical support workers*
 - *Increasing the number of Maori support workers in the sector*
 - *Maori workforce champions group established.*
- *National Sector Activity Care and Support Workforce*
 - *Joint project funders, providers and union*
 - *Discuss long term sustainable development of care and support workforce*
 - *Agree Vision for the Future*
 - *Agree overarching themes and priorities*
 - *Progressing a sector wide approach to development*
 - *Significant progress in terms and conditions for care and support workers over 2007/2008.*
- *Mental Health and Addictions National Workforce: interconnectedness*
 - *Relationship with Mental Health Workforce Programme*
 - *Workforce Group – regular updates from Ministry on programme activity and progress with Tauawhitia te Wero.*

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- Network and project links with programmes via Te Pou, Werry Centre, Te Rau Matatini, and Matua Raki.

4.5 John Marwick Manager Workforce Health and Disability Systems Strategy on ‘Health Workforce Policy.’ (Ministry of Health).

- The challenge is that by 2021, excess of labour demand over supply will be 28% to 42% of the 2004 workforce. (*NZIER 2004*)
- Currently pressured workforces include:
 - Midwives
 - Junior doctors
 - GPs and some medical specialities
 - Nurses
 - Care and support workers
 - Some allied health and technical workers
 - BUT there are shortages of Maori across most workforces
- Current activity
 - Ministry led development in many areas, eg. mental health, public health, Maori health, etc
 - DHBs working collaboratively nationally and regionally as well as at a local level;
 - Six DHB workforce strategy groups
 - Union, DHB, Govt tripartite agreement
 - Systems enablers: HWIP, professional regulation, career framework, health sector branding, safe staffing unit, clinical support for nurses, barriers to innovation project, new prescribers.
 - Education and training, medical training board, CTA, TE/health links.
- Obstacles
 - Resistance to change
 - School choices (eg Maori and science)
 - Industrial relations create workforce difficulties
 - Multiple approaches and decision makers
 - Insufficient information, analysis and forecasting
 - Insufficient workforce planning
 - Inconsistent links to service need or finances
 - Little monitoring, research or evaluation.
- Responses
 - More and different philosophy
 - A national co-ordinated approach driven by service need and linked to finances
 - Information for forecasting need
 - Planning to close gaps

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- Support for establishing new models and roles
- Environment to support change
- Co-ordinated education and training
- Retention and recruitment action at all levels.

Conclusion

The Wananga was timely. It served to raise the profile of Maori health workforce development, and has stimulated interest across the sector. The Wananga directed that the recommendations be canvassed with all the national Maori health providers, and all other key Maori health sector leaders. Feedback from that consultation will be given to the Associate Minister of Health and the Minister of Health, and other key stakeholders as appropriate. The real challenge coming out of the Wananga was the call to action, the need to move beyond the rhetoric and the analysis. Accelerating Maori health workforce development is an ethical imperative, it is the right thing to do, and now is the time to do it.

Grant Berghan

Hauora.com (July 2008)