



17 May 2017

Investing in New Zealand's future health workforce

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The New Zealand College of Midwives is the professional organisation for midwifery. Members are employed and self-employed and collectively represent 90% of the practising midwives in this country. There are around 2,900 midwives who hold an Annual Practising Certificate (APC). These midwives provide maternity care to on average 60,000 women and babies each year. New Zealand has a unique and efficient maternity service model which centres care around the needs of the woman and her baby. It provides women with the opportunity to have continuity of care from a chosen maternity carer (known as a Lead Maternity Carer or LMC) throughout pregnancy and for up to 6 weeks after the birth of the baby, and 92% of women choose a midwife to be their LMC. Primary maternity services provided by LMC midwives are integrated within the wider primary care and maternity services of their region or locality. The College offers information, education and advice to women, midwives, district health boards, health and social service agencies and the Ministry of Health regarding midwifery and maternity issues. Midwives interface with a multitude of other health professionals and agencies to support women to achieve the optimum outcome for their pregnancies, health and well-being.



17 May 2017

Health Workforce New Zealand

New Zealand College of Midwives response to Health Workforce New Zealand: Investing in New Zealand's future health workforce

Executive summary

- The College supports the intention behind HWNZ's approach to a wider more inclusive approach to workforce planning and investment, however we are concerned that HWNZ analysis and subsequent proposed solution will not deliver the outcome that HWNZ is hoping for.
- The College also notes the absence of a wider overview of how the total multidisciplinary workforce numbers and roles should look means there is potential for a contestable process to be heavily weighted to medicine and more of the same.
- The College is concerned that the proposed approach to re-prioritisation will be a one size fits all approach which will not take cognisance of the different roles or functions that various workforces undertake or the specific and unique needs of each profession.
- The proposed prioritisation framework is too broad and open to subjective interpretation. Contestability processes will require considerable work by providers and professions, which will favour those groups with greater resources.
- Not all HWNZ contracts are for post entry training or accredited training programmes. These contracts cannot be viewed or managed in the same way as funding for training programmes.
- The proposed approach does not give confidence that the current inequities in how HWNZ funding is distributed will be substantially addressed.

Submission

The opportunity to comment on this document was welcomed by the New Zealand College of Midwives (the College). The College agrees that the current medical centric HWNZ funding model does not reflect the current or future health services delivery needs. We also agree that investment must be more consistent and equitable across different professions with clear priorities, and be open and transparent.

The document sets out the consultation process that has occurred to develop the proposed approach. The College notes that midwifery has not had the opportunity to be part of this process or contribute in any way to the development of the proposed changes to date. Receiving the document was the first time the College was made aware of HWNZ intentions. This is significant as it signals the lack of priority or uneven priority that is placed on various professions in HWNZ's approach and disadvantages those who have not yet participated in any consultation processes. While we appreciate the detail is to become a multidisciplinary focus is not immediately obvious. As an outsider in the consultation process, the proposal appears to have been medicine centric and therefore poorly informed about much of the wider workforce.

1.0 Inequitable approach to HWNZ distribution currently

The College agrees that the current distribution of HWNZ funding is based on historic patterns which have not necessarily been based on analysis, workforce or health service need and that this is inequitable and needs to change.

- 1.1 The LMC midwifery workforce is the main provider of the primary maternity service in New Zealand. Midwifery is a small profession providing an essential health care service that spans primary secondary and tertiary settings. The model of care enables midwives to work to their full scope of practice and provide care in a flexible women centered way. Care is integrated across the primary / secondary interface within a case management Lead Maternity Carer (LMC) model. The undergraduate education system has been extensively redeveloped in the last 10 years to ensure that the workforce is fit for purpose and to support recruitment and retention of midwives in provincial and rural New Zealand through satellite programmes and blended delivery models.
- 1.2 The midwifery profession can already tick most of the visionary boxes for education of health professionals which many other professional groups are aspiring to achieve. Current medical education and workforce planning strategies do not reflect the midwifery position and there is a risk that changes to accommodate the needs of other professions along this developmental pathway will disadvantage midwifery.
- 1.3 The changes that midwifery has put in place have been led by the profession, however there has not been parallel investment from the tertiary education sector or Ministry of Health to provide the structural supports needed to sustain the profession. Structural supports are needed to ensure midwives are available to sustain the primary maternity services (which are required as a 24 / 7 service). A number of contracts that HWNZ has for midwifery are for that purpose (eg. Rural recruitment programme, the MFYP programme, funding for Midwifery Standards Review Committee education). These are not “trainee programmes” as other HWNZ funded programmes are and it is concerning that the proposed approach set out by HWNZ will use the same framework to determine whether programmes (which are essentially recruitment and retention programmes) are as worthy of funding as formal training programmes.
- 1.4 Historically, these structural support contracts were held by the Ministry of Health (not HWNZ). However as HWNZ sought to develop its role within the Ministry structure, it acquired these contracts into its budget. The effect of this for midwifery has meant that we have been unable to secure increases in these contracts over many years, and their day to day management by HWNZ has been removed from any strategic view of the needs of the midwifery profession or delivery of maternity services. Unspent funds from midwifery contracts have been returned into HWNZ budget to offset overspending in other areas, without any cognisance that midwifery is a vulnerable profession that requires support to retain its workforce and that unspent funds could instead be utilised specifically for further initiatives to support midwifery.
- 1.5 The HWNZ funded Midwifery First Year of Practice programme commenced in 2006. This programme is now compulsory for all new graduate midwives (ie. they are not able to practice as midwives unless they participate in the MFYP programme). Therefore it is concerning that the funding for this programme will potentially become contestable under the proposed investment approach.

2.0 HWNZ funding is important for recruitment and retention of key workforces

- 2.1 A systemic lack of investment in midwifery has led to a significant workforce shortage in some of the major tertiary hospitals in New Zealand and an LMC midwife workforce which is under considerable stress in a number of regions.
- 2.2 The LMC midwife is 'pseudo self-employed'. Although midwives operate in self-employed practices, they are fully publicly funded, unable to charge co-payments and the terms and conditions of their role are set entirely by the government. As such their income is set by the government and there is no ability to draw a higher income to offset the costs of providing a service. The earning potential of midwives is also significantly less than that of medicine.

3.0 Not all funding shortfalls can be offset by employer contributions

- 3.1 The document implies that employers have a responsibility to offset any potential reductions in HWNZ funding. However a considerable portion of the midwifery workforce is not employed as such, so there is no capacity for employer's contributions, leaving midwifery particularly vulnerable in this model.
- 3.2 Employers are not required to provide any additional funding for midwifery 'trainees' who are receiving HWNZ funding so again, midwifery is potentially disadvantaged by the proposed investment approach.

4.0 Proposed prioritisation framework open to subjective interpretation

- 4.1 Although the prioritisation framework proposed is attempting to provide a consistent and broad structure to assess funding applications, it has the potential to create further funding inequities.
- 4.2 The concepts included are wide ranging and poorly defined. It will not be possible for each group applying for funding to provide all the required evidence to support applications, such as cost benefit analysis as in many instances, the information will simply not exist, or require significant analysis to produce. This will result in inequitable access and disadvantage smaller groups or those with less resources. For these types of groups there may not yet be a significant body of evidence to draw on to support arguments for funding.
- 4.3 We note that the framework has been adapted from the one that Pharmac uses. While we support the intention of transparency and rigor in assessing how funds should be allocated, we believe the process should be carefully constructed to keep humanity at the centre rather than the more economic imperative that constrains Pharmac.
- 4.4 The College is concerned that the commercial environment of pharmaceutical company contracting is inherently different from the approach that needs to be taken with workforce development. We question the validity of a competitive approach in this context.

5.0 Prioritisation framework raises larger questions that needs wider debate

- 5.1 What is not apparent in the prioritisation framework is how health / ill health is to be prioritised. We have not had a health care prioritisation debate in New Zealand for decades and this lack of transparency affects the health workforce.

- 5.2 For example how would the following scenarios be prioritised?
- A premature baby 24/25 weeks in intensive care
 - A person on life long dialysis and / or awaiting transplant
 - A middle aged person critically injured in an accident
 - A young mother with a rare disease requiring highly expensive one off drugs
 - A young pregnant Maori women with her 3rd pregnancy in a violent relationship requiring intensive support and intervention
- 5.3 Each one of these cases could argue a case for unmet need. It is not clear from the proposed prioritisation framework how priority would be placed on these different scenarios and associated workforce development needs. It is also unclear how return on investment will be measured in an equitable fashion, given primary health care is a long term approach and more difficult to quantify in comparison with surgical care for example.

6.0 Implementation of the framework

- 6.1 The proposed approach signals a fundamental change to the way HWNZ manages its funding. Our experience of HWNZ since its inception is of frequent staff changes which results in a loss of historical knowledge about the intention and purpose of the services that are funded and limited capacity to undertake strategic workforce planning or analysis.
- 6.2 Although HWNZ has supported workforce analysis and strategic planning for other professional groups it hasn't yet to any depth for midwifery. It is therefore concerning that HWNZ is proposing that the sector undertake the analysis needed to justify funding as part of the proposal development (effectively removing this requirement from HWNZ). This is a task shifting approach when this should be core HWNZ business. Given that a number of professional groups have had the opportunity to benefit from HWNZ workforce modelling and analysis, they will be better placed to develop proposals for funding than groups like midwifery who have not had the benefit of such work.

7.0 Proposed approach to workforce development has not supported cohesion

- 7.1 Despite HWNZ holding responsibility for workforce development little consideration has been given over the years to looking at the workforce as a whole or the consequences of changing one discipline's education on the education and practice of others.
- 7.2 For example, the increase in the number of medical students (and the guarantee for every student doctor to have a job) has had significant flow on effects for other professions. This has resulted in task shifting from midwives previously working at the top of their scope of practice, to now shifting these previously medical tasks back again to activity tasks for junior doctors. For example assessment, physical examination, diagnosis and treatments previously doctor led had shifted to midwives but are now moving back to less educated, less knowledgeable medical students and junior doctors.
- 7.3 This impacts negatively on the time it takes for women to get the decision making that is needed and therefore reduces the women's experiences and increases midwife frustrations about unacceptable delays when they have already made the diagnosis of obstetric need.

- 7.4 This is the reverse of what task sharing/shifting set out to do. The development of the current proposal is similarly top heavy with medical input and the contestability “solution” seems to be heavily weighted to “fixing” the medical workforce funding issues.
- 7.5 Given HWNZ’s previous decision making about funding, there is little confidence that an expert advisory committee assessing applications will be able to have an objective view about the value of each proposal, or that the proposed approach will create a ‘level playing field’ for all those applying for funding.

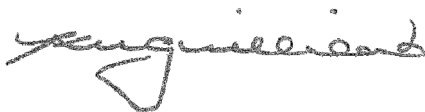
8.0 Proposed alternative

- 8.1 The College suggests a revised approach to re-prioritisation decisions. We suggest that HWNZ agree on some “bottom lines” about its core purpose to inform its functions and investment decisions. Investment should support the full multidisciplinary range of professional education and practice in a manner that is equitable, accessible and acceptable in order to achieve an integrated, patient-centered health system, close to home and fit for purpose. The College suggests that this should be through allocated budgets rather than a competitive tendering process (which pits professional groups against each in a process which will inevitably favour those professions with the greatest access to resources).
- 8.2 For example, agreed priorities could be:
- Supporting graduates for all professions to transition to practitioners in their first year(s) of practice
 - Ensuring HWNZ has access to current and reliable data on the actual and forecasted workforce numbers and mix for each and every profession that achieves the above.
 - Undertaking analysis and determining health workforce investment priorities based on strategic assessment aligned with wider health service priorities and then funding and contracting for these services, as opposed to expecting the sector to drive and fund the analysis required

9.0 In summary

The College supports the intention behind HWNZs proposal but we do not believe that the proposed approach will easily provide the outcomes that HWNZ is seeking. We think a more structured approach to determining health workforce investment priorities needs to be undertaken that this work should be undertaken by HWNZ (not the sector). This would provide a platform for future investment decisions. Placing the burden of justifying investment decision onto the sector is unfair and inequitable and will potentially perpetuate that current inequitable investment.

Yours sincerely



Karen Guilliland
Chief Executive