

Voluntary Bonding Scheme 2016 Stakeholder Feedback Form

Health Workforce New Zealand (HWNZ) is seeking comment on the hard-to-staff communities and hard-to-staff specialties for the Voluntary Bonding Scheme (the Scheme) to inform the recommendations to the Minister of Health on the 2016 Terms and Conditions.

HWNZ will obtain a wide range of feedback from a diverse group of stakeholders that includes: DHB Clinical Leaders, Regional Directors of Workforce Development, Responsible Authorities, Representative Organisations, Educational Institutions and Ministry Directorates. Your feedback is vital to ensure that the Scheme is tailored to best meet the needs of the New Zealand health system.

Full copies of the current Terms and Conditions can be obtained via the following web address:
<http://www.health.govt.nz/our-work/health-workforce/voluntary-bonding-scheme/voluntary-bonding-scheme-terms-and-conditions#2015intake>

Please provide your organisation's feedback by completing this form and returning it via email to Valerie_Fono@moh.govt.nz by Friday 12 June 2015.

Background:

The 2015 Terms and Conditions provided graduate nurses with the opportunity to select either a hard-to-staff specialty or hard-to-staff community for nurses when registering on the Scheme from the following lists:

2015 Hard-to-staff communities	2015 Hard-to-staff specialties
<ul style="list-style-type: none"> • South Canterbury DHB • West Coast DHB 	<ul style="list-style-type: none"> • Aged Care (aged residential care and older persons' health services) • Mental Health (hospital and community, including addiction services) • Primary Care (including practice nurses, public health nurses, Well Child Tamariki Ora nurses and district nurses.

Factors to consider in your feedback:

Please include in your comments consideration of the following:

- Are there specialties or communities that should be, or should no longer be, considered hard-to-staff for nurses? If so, why?
- High vacancy rates
- Poor match to the population demography
- The age distribution of the existing workforce
- High use of casual staff
- High use of locums
- Numbers of and need to recruit overseas trained staff
- Workforce projected demand
- Workforce implications of Health and Disability Strategy objectives
- Any other general comments in relation to the current Terms and Conditions for nurses.



<p>Name: (NETS Wharangi Ruamano)</p>	<p>Position Title and Organisation:</p>
<p>Maori Nurse Educators Group Nursing Education in the tertiary sector</p>	<p>Chairperson : Donna Foxall</p>
<p>Comment/Advice: Ensure Maori undergraduate nurses have a focus in gaining employment rural sector.</p>	
<p>We recommend that bonding is supported for Maori Graduates within Aotearoa.</p> <p>Feedback from members has included:</p> <ul style="list-style-type: none"> • Maori health providers (and all roles with them – Tamariki Ora nurses, Whanau Ora nurses, Community Nurses) should be on the hard to staff specialities. • Currently NCNZ identify shortage of Maori nurses nationally and into the future. Important to ensure that health workforce demonstrates commitment to supporting Maori health workforce growth and monitors Maori who are enrolling and gaining work from voluntary bonding scheme. • In the rural sector high proportion of health issues impact on Maori. Important Maori workforce particularly Maori nurses are visible in the community. They will more likely remain due to ties to iwi, hapu and whanau. Can invest in them to support ongoing development such as nurse practitioner. • With the advent of whanau ora initiatives also important to consider Maori Nursing Undergraduates in the make-up of these organisations. Bonding would be supportive of developing and growing appropriate workforce in supporting aspirations and vision for this kaupapa. • Agree that Hard-to-staff specialties do include: Aged Care (aged residential care and older persons' health services); Mental Health (hospital and community, including addiction services), and Primary Care (including practice nurses, public health nurses, Well Child Tamariki Ora nurses and district nurses). <p>Specifically, factors to consider</p> <ul style="list-style-type: none"> • Are there specialties or communities that should be, or should no longer be, considered hard-to-staff for nurses? If so, why? Yes we need more Maori, Pacific and nurses who can reach these communities. • Poor match to the population demography; having only 6.7% Maori nursing population is evidence of this. Like the general nursing population the Maori nursing population average age is 47 so we need to target training younger nursing students to better reflect the high population of Maori under 25. • The age distribution of the existing workforce. • Numbers of and need to recruit overseas trained staff. This is an issue because they are taking jobs from NZ trained nurses especially Maori nurses. Additionally, 	



by not employing NZ trained nurses will have a direct impact on the next 2 factors i.e. Workforce projected demand; Workforce implications of Health and Disability Strategy objectives.

- We urgently need strategies to recruit more Maori into nursing.
- We urgently need to identify what are the best strategies to retain these maori in nursing so they graduate. Once they graduate we need NETP/NESP Maori specific programmes to support them and ensure they stay within nursing perhaps a bonding scheme to address the hard to reach communities and population groups of working with Maori and other population groups.
- Perhaps some incentives for those Maori nurses who speak Maori and or understand cultural practices they ensure Maori are kept safe in collaboration with safe clinical decision making. Therefore Maori in Maori speaking communities can get a Maori nurse who is both clinically and culturally competent.

If you have any queries please contact

Donna Foxall

Chairperson : Wharangi Ruamano (Nursing Education in the Tertiary Sector).

Email DFOXALL@eit.ac.nz