



**Framing the Future:
Proposal Paper from
the Health Science and
Technical Workforces
Working Group**

**Submission to Health Workforce New
Zealand**

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For a better working life

New Zealand Public Service Association

Te Pūkenga Here Tikanga Mahi

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Introduction

Who we are

The New Zealand Public Service Association *Te Pūkenga Here Tikanga Mahi* (the PSA) is the largest trade union in New Zealand with over 58,000 members. We are a democratic organisation representing members in the public service, and the wider state sector (the district health boards, crown research institutes and other crown entities, state owned enterprises, local government, tertiary education institutions and non-governmental organisations working in the health, social services and community sectors).

We have over 16,000 members working in the district health boards and around another 5,000 working in the community and voluntary sector, mainly in health and disability services.

We represent a number of occupational groups who will either be directly affected or have the potential to be directly affected. These include: audiologists; dental therapists; medical laboratory technicians and scientists; anaesthetic technicians; sonographers; biomedical technicians; prosthetists; occupational therapists; speech-language therapists; and physiotherapists.

In developing this submission we sought the views of

In developing this submission we surveyed our affected members and also ensured that there was consistency between this submission and our views on other workforce reviews undertaken in recent years.

We have adapted the questions asked in the feedback sheet to focus on those that we consider to be the key questions. We have organised the submission around these questions.

PSA submission

Reduce duplication and meet the needs of smaller professions

The benefits of the new education framework

Members who responded to our survey saw a range of benefits arising from the proposed education framework. They saw that it would reduce duplication of learning and provide increased opportunities to re-skill and move to another career in health services. They saw real advantages from not having to go back and start at the beginning of related health degrees. It has long been a concern of the

PSA's that DHBs tend to overlook the professional development needs of the smaller professions and there is some hope that the framework could help DHBs see the value in meeting their development needs.

It may also make it easier to attract people into some of the smaller professions by giving them the flexibility to start their education in more generic subjects and thus introducing them to the range of occupations, which most members of the public have not heard of. They could then make decisions about their careers and course of study in a more informed way than would otherwise be the case.

Workforce flexibility All of this would contribute to workforce flexibility, while potentially benefiting the individuals involved.

Improve awareness between professions The framework should also improve the communication and awareness between different disciplines, which should be of benefit to both patients and professionals, and also employers. It should improve team work hopefully leading to different ways of working and better outcomes for patients.

The risks of the new education framework

Loss of specialist knowledge and professional identity and values On the other hand there are a significant number of risks associated with the proposals. While it provides individuals and employers with greater flexibility there is the risk that there could be some loss of specialist knowledge and potentially a shift to generic values away from the values and identity associated with different professions. These values and identities are important for effective team work. Multi-disciplinary teams work best when the different value and skill base of the professions are recognised and drawn upon. A generic approach could undermine this. Some feel that mental health has already gone down this path with social workers, nurses and occupational therapists often doing similar work operating under generic job titles. There is some debate about the advantages of this model.

Not just about adding new scopes Related to this is the risk that employers will see the framework as a way to add scopes of practice to existing professions, thus undermining the strength of those professional identities and values. It will therefore be important to ensure that the opportunities are for retraining into new professions, not merely adding an extra scope.

Members have also raised questions about whether it is practical to cover all those core competencies in year 1. Some may be more appropriately delivered when students are more mature and can appreciate what they are learning.

Ensuring relevance There is also a risk that the generic courses may not be relevant to all professions. We were given the example of workplace training and Careerforce papers for Newborn Hearing Screeners, where some of the more general papers appear to be designed for people involved in elder care, rather than newborns.

Some professions, such as audiology, have masters' level qualifications as their base qualification. There was concern about how the framework would interact with that requirement and whether there would be a lowering of standards. Audiologists also currently come to the profession with a range of undergraduate degrees so it would be important to maintain that flexibility.

Duration of training There are related questions about what it means for the duration of training. Much depends upon when specialisation begins – in order to learn everything required it might mean that 3 year degrees are not sufficient or that students take longer to acquire an undergraduate qualification because of jumping between different specialities. All of this adds costs for students, the government and employers.

Small professions may miss out While many saw advantages for smaller professions, there was some concern that those with lower pay rates may lose members to higher paying professions.

Recognition of qualifications Care would also need to be taken to ensure that qualifications developed under this framework are recognised overseas. This would have to be done before people were recruited into these more generic courses of study.

Implications for those currently in the workforce Finally, there is uncertainty about what the framework means for existing professionals. How will their qualifications and skills be recognised should they wish to retrain? Would it devalue their existing qualifications?

In all, the responses indicated that while there were considerable advantages arising from the system, its introduction would be very unsettling for all health professionals and Health Work force New Zealand, the Tertiary Education Commission, tertiary education providers and responsible authorities, would need to ensure that they have got it right before heading down this path.

Career development

Good for horizontal career development The PSA believes that the new framework will enhance career development, although mainly through horizontal progression – i.e. moving between professional groups without having to go back to the beginning of a new course of study. Where this involves moving to a profession with higher earning capacity then this will be seen as progress but it is not clear how it will support movement into senior or management positions. It is also not clear what the advantages will be for senior clinicians in the already higher paying professions.

Primary health care It might also facilitate more allied health involvement in the primary health care sector, because of the greater exposure that professions will have to each other.

Greater security Another advantage for career development is that it would give people some security should the course or profession they initially chose either not suit them or

if it the profession is overtaken by technological change, they could easily transfer those skills that they have developed to another role.

Both reduce and increase costs

Cost implications

The proposals have the potential to both reduce and increase costs. Retraining should become less costly than at present because of the recognition of prior learning involved. On the other hand, if it tempts people into changing courses part way through it could increase costs if that leads to a longer time spent in training. It is also possible that more people will seek to retrain under the framework, which could also mean more people incurring the costs associated with retraining, even if those costs are less than they otherwise might have been.

Depending on whether someone wished to retain the ability to practice in their original professional, there could be increased costs from maintaining registration and professional association memberships.

Employers have a role

For health professionals already in the workforce, much will depend upon the attitude of employers to retraining. It is to be hoped that employers would see the potential benefit and allow their staff paid time for study and also meet their tuition costs.

It should help workforce development

Workforce planning

The flexibilities arising from this model has some attractions from an employer perspective. It should enable employers and professionals to respond more easily to changes in technology and modes of service delivery, for example. However, workforce planning is not the same as workforce development and we are not sure whether this would improve the employer's ability to plan.

We have no view...

Applying the framework to occupations

The PSA has no position on what professions or occupations the framework could be applied to, but we note that it has the potential to be applied quite widely.

but respondents to our survey indicated the following

Respondents to our survey were asked which professions they thought it could apply to and there was a reasonable level of support (ranging between 28% and 48% of respondents) for all of the following professions or occupations being covered by the framework:

Anaesthetic technicians

Audiologists

Audiometrists.

Biomedical engineers & biomedical electronic technicians

Cardiac Sonographers

Clinical Dental Technicians

Clinical perfusionists

Clinical physiologists

Cytogeneticists
Dental hygienists
Dental technicians
Dental therapists
Gastroenterology scientists & technicians
Genetic associates.
Magnetic resonance technologists
Medical laboratory scientists & technicians
Medical photographers
Medical physicists
Medical radiation technologists
Neurophysiology scientists & technicians
Nuclear medicine technologist
Orthotists & prosthetists
Pharmacy technicians
Radiation therapists
Renal dialysis technicians
Sonographers
Sterile service technicians
Vision hearing technicians

Other suggestions included newborn hearing screeners and hyperbaric technicians.

*There must be in-
depth engagement
with the sector if
this is to work*

Implementing the framework

The work done to date, including this current phase 2, represents the easy part. What has to happen next is in depth work with each profession, including the professional associations and relevant unions. The proposals have far reaching implications for professional structures, professional development and pay and conditions. The feedback from our members indicates that while there is a reasonable level of support for the idea there are also some serious concerns that will stand in the way of a successful implementation unless there is buy-in. There is a long list of groups that this could potentially apply to but there will not be consistent support across those groups.

The standard approach of a group (like the Health Sciences and Technical Workforces Working Group) developing a framework and putting it out for consultation and feedback will not be enough. There needs to be deep and abiding agreement. We do not believe that Health Workforce New Zealand's has a good track record in engagement with the sector, and they must turn this around if this is to be successful.

Conclusion

The feedback that the PSA has received from members on the Framing the Future suggests that many see the opportunities but are worried about the risks. We take from this that the proposed framework is worth exploring further but that unless

the next phases are more broadly based and involve in-depth engagement with the professional associations, responsible authorities and unions, there will not be buy-in and the framework is likely to fail.

For further information about this submission contact

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