North King Country Health Workforce Development Strategy

Strategies for community-owned recruitment, retention and "grow your own" health workforce

December 2008

North King Country Health Workforce Development Group

Executive Summary

The North King Country Health Workforce Development Group (NKCHWDG), in consultation with a wide range of community stakeholders, developed a workforce development strategy for North King Country (NKC).

The strategy covers both the short term aspects of recruitment of health workforce to the area and retention of current employees, and the long term aspects of promoting health careers as a preferred option for high school students and supporting current students in tertiary education to practice in rural settings.

It is not a strategy that can be implemented by external organisations. Rather the strategies recommended in this document are intended to be implemented through support and collaboration between local providers of health and social services, secondary and tertiary education, community leaders, the business community and the people of North King Country.

This is a strategy that was written with the community for the community.

Recruitment

1. Goal One: North King Country is a preferred destination for health workers

   Objective: To promote North King Country assets to job seekers

   1.1. Develop a website that will market North King Country to international and national audiences.

   1.2. Develop generic information package for health professionals who are interested in finding more about working and living in North King Country.

2. Goal Two: Recruitment of health workers is effective and efficient

   Objective: To maximize the outcomes of recruitment activities

   2.1. Develop a process with the Waikato District Health Board (WDHB) to allow local providers to utilize the WDHB web-based job advertisement facility

   2.2. Advertise vacancies on the NKC Health website

   2.3. Inform the community via the Otorohanga and Waitomo Health & Welfare Forums' newsletters about vacancies

   2.4. Obtain permission from un-successful applicants to share their details with other health providers in NKC

   2.5. Participate in Fieldays "North King Country Health Workforce recruitment and information" stand

Retention

3. Goal Three: Health workers retention rate is maximized

   Objective: To increase the retention rate of new and existing employees

3.1. Using the generic information package (Goal 1), add any details that are needed to fit the specific needs of each new arrival based on the employer, the job, and personal/family requirements gathered throughout the interview process.

3.2. Develop and secure commitment for sponsorship for community incentives for new arrivals (i.e. housing, transportation, local employment for spouse, introduction to clubs and community organisations, membership in local sports clubs).

3.3. Set up an on-call welcoming committee that will support new employees and their families upon their arrival and maintain regular contact for the first year.

3.4. Establish North King Country Health Social Club

- Social activities and support
- Staff appreciation events
- Share information and local sector news

3.5. Contribute to a "Health Page/ Column" in the Waitomo News on a monthly /fortnightly basis

3.6. Improve collaboration between rural practices, and between urban and rural practices, to generate economies of scale and shared expertise.

Back to Work

4. Goal Four: Health workers who are not currently employed in health are able to return to employment in North King Country

   Objective: To support people who are not employed in the health field to return to practice.

   4.1. Identify health professionals who were in the health workforce in the past and are currently raising a family (or in other occupations) but are interested in returning to the health workforce in the next 1-3 years

   4.2. Establish a "Return to Health Workforce" pathways including a local Competence Assessment Programme to include options for hospital, practice nurses, NGO and mental health nurses.

   4.3. Establish scholarships to support the "Return to Health Workforce" participants to cover tuition, transportation, childcare and other expenses.

Health Careers Information

5. Goal Five: Students and their caregivers are informed about health career options

   Objective: To ensure comprehensive and consistent information regarding health careers options is available to students at the earliest age

   5.1. Expand the hospital's open day to include information on community-based health careers

      5.1.1. Involve local students and recent graduates as presenters/ role models/ local heroes

5.1.2. Extend the hours of the open day to the evening to allow for parents/caregivers to attend

5.1.3. Include hands on activities for the students attending the open day

5.2. Develop a comprehensive information package that can be provided at all events

5.3. Develop a travelling health expo/road show to take to intermediate and primary schools

5.4. Participate in Fieldays "North King Country Health Workforce" recruitment and information stand (as per 2.5 above)

5.5. Develop a health career taster one-week camp for high school students who have expressed interest in health career

School Leavers without Qualifications

6. Goal Six: School leavers and people returning to study are able to access training that will help them gain employment in the health sector

   Objective: To offer range of training options locally with clear career pathways taking into consideration the needs of the sector

   6.1. Develop initiatives for Schools Plus (i.e. Level 3 and Level 4 health modules) for high school students at tertiary institutions

   6.2. Survey the health sector in North King Country/ Waikato to ascertain where the specific current and future shortages are

   6.3. Develop programmes that will provide the training necessary based on the needs identified

Tertiary education

7. Goal Seven: Students in health studies return to practise in NKC

   Objective: To provide the necessary financial and community supports to local NKC students while training for health careers

   7.1. Compile a list of people from NKC who are currently studying towards a health/ allied health profession in NZ tertiary institutions

   7.2. Develop local summer employment options with local providers for students identified above

   7.3. Develop bonding/scholarship scheme for health and allied health students

   7.4. Work with the Nursing School to develop a rural nursing pathway that will include practical placement or summer job in rural setting covering hospital, primary health and NGO environments

   7.5. Work with the Clinical School to increase the number of GP trainee positions in the area

The implementation of the above strategies will no doubt help North King Country attract and retain workforce. These are strategies that have been implemented in many other places, nationally and internationally.

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Introduction

Background

The North King Country Health Workforce Development Group (NCKHWD Group) is a multi-sectoral initiative involving a number of key stakeholders in the North King Country area. The group includes Waikato Primary Health (WPH), Waikato District Health Board (WDHB), New Zealand Institute of Rural Health (NZIRH), Wintec, Otorohanga District Council, Waitomo District Council, Maniapoto Māori Trust Board, and the local MP.

The group, established in October 2006, has been actively working together to develop and implement local initiatives including the Health Sciences Studies Wintec /Te Kuiti Hospital joint venture, programme for gateway students, health career open days at the Te Kuiti Hospital, scholarships for local students and community sponsorships.

In mid-2008 the group applied to the Waikato Primary Health to fund a short-term project (Phase One) to develop and implement local, sustainable strategies to attract and retain health workers to the North King Country. Both the Waikato Primary Health Rural Advisory Group (RAG) and the Waikato Primary Health King Country Local Management Group (LMG) supported the proposal and a project manager was engaged to oversee the project.

Additional funding for implementation (Phase Two) was obtained from the national 2008/09 Rural Innovation Fund. This grant will enable the group to support the community in implementing the strategies proposed in the first phase, and to explore the transferability of the strategies to other rural communities nation-wide that are facing similar difficulties in attracting and retaining health workforce.

The Context

International, National and Local Workforce Issues

Difficulties in attracting and retaining health workforce to rural communities have been identified worldwide. Although there are always local issues that influence patterns of practice (related to the country's overall geography, political environment, structure of the health system and remuneration system), some trends are common to most jurisdictions.

A recent World Health Organisation report (WHO, 2008) identified that with 2.2 practicing physicians per 1,000 population, New Zealand has a lower density than the OECD average (3.1 per 1,000). The reverse is true for nurses (9.5 compared to 8.7 per 1,000).

In- and out-migration are two main key factors that influence the composition and numbers of the New Zealand health workforce. New Zealand has the highest ratios of foreign-born and foreign-trained doctors among OECD countries (52% and 36% respectively, 2005-06) and among the highest for nurses (29% and 24%, respectively). New Zealand also has the third highest and the second highest expatriation rates for doctors and nurses (28.5% and 23%, respectively).

There is no specific immigration policy for health professionals, although the permanent and temporary routes make it relatively easy for doctors and nurses who can get their

qualification recognised to immigrate in New Zealand. Temporary migration, or short-term stay arrangements, although addressing workforce shortages mainly in rural areas, result in increased turnover rates for both doctors and nurses.

Although immigration has been a very significant part of the supply of health workers nation-wide, New Zealand is in competition with other OECD countries that are aggressively and competitively recruiting foreign doctors and nurses, including New Zealand trained.

Analysis of the workforce within the Pinnacle Midland area Network (Pinnacle, 2007) identified issues relating to the aging of workforce of GPs' practices, the 'feminisation' of the workforce, and the model of practice.

A significant percentage of the GPs and nurses heading towards retirement and pre-retirement is coinciding with an expected increase in numbers of patients with chronic and complex conditions. At the same time, smaller numbers of new graduate GPs and practice nurses are considering employment in rural practices.

Although gender distribution regionally is slightly different to national figures with a higher percentage of males, and women more likely to work in urban than rural areas, there is a general trend of increased 'feminisation' of the medical workforce, both at medical graduate and active medical workforce levels. The female workforce is younger than the male's, tend to be in practice for a shorter duration, and is significantly less likely to work more than 8 sessions per week. Women GPs are also less likely to own their own practices and more likely to be an employee. There is likely to be an increased demand for family-friendly working patterns as this trend continues.

Over half of the GPs in the region are overseas trained, compared with a third nationally. This proportion is higher in rural areas. It is expected, that even if new national policies and initiatives are put in place to increase intake of medical students and provide them with incentives to practice locally, the dependence on overseas workforce will remain for the short to medium term.

Whilst the current primary care practice model is based around the roles of the GP and the practice nurse, both professions are experiencing shortages. The Primary Health Care Strategy presented an opportunity to expand this model into a multidisciplinary team approach, through increased integration and streamlining of services.

Rural Health Workforce

The New Zealand Institute of Rural Health (NZIRH, 2008) identified that workforce is a major issue in the rural health sector, noting that while critical to the well being of rural New Zealanders is their ability to access health care, it greatly depends on the availability of rural health professional staff.

Rurality of health services in general reflects geographic isolation and separation from secondary and tertiary health services. As a result rural health providers, and especially GPs, are taking on additional roles and often have additional skills than that required by urban providers. Issues that are linked with the geographic isolation magnify those that result from the aging, feminisation and in and out migration concerns of workforce generally.

Specific issues that were identified by rural GPs include lack of locum relief for holidays, lack of continuing professional education, too much on-call work, an overall shortage of New Zealand graduates who are interested to practice in rural areas, and the high attrition rates of overseas rural doctors.

Retention of health professionals is a major cause of concern. Research on GPs' job satisfaction (Dowell et al. 2001) has shown that job satisfaction and work related stress are factors in staff turnover. Excessive paper work, impacts of health reforms, bureaucratic interference, excessive work hours and after hours/on-call commitments were mentioned as reasons for reduced job satisfaction and increased stress.

Strategies to Improve Recruitment and Retention of Health Workforce to Rural Areas

International Initiatives

As mentioned earlier, a number of OECD countries are faced with similar difficulties of attracting and retaining health workforce to their remote and isolated areas. The following are examples of policies and strategies that were implemented in Australia and Canada.

Australia

- The ***Office of Rural Health*** was established within the Primary and Ambulatory Care Division of the Department of Health and Ageing of the Australian Government. Its role is to drive reform in the rural health sector, including: to review all remoteness classification systems including Rural, Remote and Metropolitan Areas (RRMA); to ensure that incentives and rural health policies respond to current population figures and areas of need; to review all existing programs that support rural health professionals; to determine how to better support communities in most need of assistance; and to continue the Government's investment in rural and regional health services to ensure that families get the health services they need.
- The Department of Health and Ageing funds ***Rural Health Workforce Australia*** (RHWA) and seven ***Rural Workforce Agencies*** (RWA) to develop national solutions to improve the recruitment and retention of the health workforce throughout rural and remote Australia. The RWAs are also funded by their respective State Governments for various programs, services and projects, and administer and deliver programs for other non-GP health professionals, such as the Medical Specialist Outreach Assistance Program and workforce support for Aboriginal Community Controlled Services.

  Each RWA provides an online portal for a wealth of information on vacancies, locum opportunities, family supports, scholarships, grants, immigration, cultural, education, information for students, etc. The information is mainly for GPs and medical specialists and varies greatly depending on the state.
- ***National Rural Health Students Network*** (NRHSN), a multidisciplinary network representing over 6,500 medical, nursing and allied health students nationally in 28 Rural Health Clubs (RHCs) located at universities in all States and Territories. Clubs provide access to supports, opportunities and information, promoting equality and

future health careers through locally based activities, high school visits to promote health courses, speaker nights, workshops, scholarship nights and social events.

- The Department of Health and Ageing produces ***DoctorConnect***, an online portal for both overseas trained doctors (OTDs) who may be considering work in Australia and for employers seeking to recruit them. Information contained in DoctorConnect includes checklist of medical registration and immigration requirements; links to medical recruitment agencies; promoting work in Australia; checklist for employers seeking to recruit; real stories about OTDs working in Australia; and The DoctorConnect Friendly Community Award stories.
- Most states/territory's department of health, have their own office of rural health. For example, Queensland Health Office of Rural Health provides Allied Health Scholarships, Bonded Medical Scholarships, Population Health Scholarships, and Pharmacy Assistant Subsidy Scheme. It also promotes the ***Country Practice*** opportunities for a variety of rural-based medical practitioners.
- ***Health Careers in the Bush (HCB***) is another programme of Queensland Health Office of Rural Health, providing the knowledge, encouragement and support to rural and remote, Indigenous and non-Indigenous students with an interest in pursuing a career in the health industry. The goal of the program is to increase the number of health professionals choosing to work in rural and remote Queensland. The website includes information for students, teachers and parents, including fact sheets on a variety of health careers, scholarships available, a university toolkit, and a section for indigenous students. In addition it runs weeklong Indigenous Health Careers Workshop (for years 8, 9, and 10), Health Careers Workshop (years 9 and 10), Health Careers Pathways Workshop for year 12 students, and the Rural School Visits, an opportunity for school students to meet with students who are currently undertaking a health course at university or TAFE.

Canada

Mal-distribution of health workforce in rural areas was identified as a major issue as early as the mid 80th. All provinces and territories have special programmes and initiatives designed to address the recruitment and retention of physicians and other health professionals to rural areas.

- ***The Alberta Rural Physician Action Plan*** (RPAP), for example, is an independent not-for-profit company funded by Alberta Health & Wellness. The RPAP has been providing a provincially-focused comprehensive, integrated and sustained program for the education, recruitment and retention of physicians for rural practices since 1991, targeting rural students, medical students and residents, practicing rural physicians and their families and the local providers and communities.

  Some of RPAP's Initiatives include: Rural placements for University of Alberta and University of Calgary medical students and residents; Rural hospital tours and showcasing experiences for medical students; Rural medical school award and rural medical student bursary; Summer externship program for medical students; Alberta Rural Family Medicine Network (ARFMN); Medical Schools' Rural streams; Additional skills training for medical residents; Matching signing bonus for practice; CME video-teleconferencing and regional conferences; Virtual Library; Alberta Physician Link - a provincial physician recruitment web site; Enrichment program; Early Careerist and Award of Distinction programs; Weekend and seniors' rural

locum programs offered through the American Medical Association Physician Locum Services; Recruitment expense program; Recruitment and retention grants; Rural physician spousal & family programming; Community recruitment & retention capacity building; Recruitment fairs.

National Initiatives

- District Health Boards New Zealand (DHBNZ) has been the leading force behind health workforce development. ***Future Workforce 2005-2010*** (DHBNZ, 2005) set the scene for a coherent, sector-wide approach to developing the health and disability workforce, focusing DHBs' collective priorities and actions for health and disability workforce development.

  On 23 October 2008 DHBNZ launched the ***Health Career Brand,*** to assist in building strong health sector recognition, to promote a sustainable workforce in an increasingly competitive labour market, and to reinforce a public image that builds health as an exciting, stimulating and valued workplace. The key audiences for the brand are prospective new entrants into the health workforce (e.g. school students), and health workers who have previously exited the workforce.

  Another initiative is the participation in the ***Inzone Careers Unit Road Show,*** a Careers Expo in the form of a specially designed bus that visited 200 schools and was seen by over 40,000 students during the 2007-2008 session. Inside the Inzone bus are 22 'Pods' hosting 32" LCD audio / visual screens, containing information on a range of different careers and industries. Students can register their details on the pods indicating the particular career path they are interested in receiving more information. On the outside of the bus are 10 42" Plasma screens running educational videos.

  In the new session commencing October 2008, 3 pods will be allocated to health (one for Public Health and two for DHBs and ACC). Each pod will show a short video and students will be directed to a nominated website for further information on health careers. It is expected that the bus will arrive in the Waikato area by April 2009 but the schedule is not yet available.

Other initiatives across the country include:

- Hawkes' Bay DHB ***Incubator Project*** aims to assist in earlier career identification and secondary school recruitment (years 12 and 13). It includes coaching and mentoring a health career framework to students, work experience for those in year 13, supporting movement into tertiary educational opportunities, and mentoring and supporting students through tertiary education and into employment.
- University of Auckland, Faculty of Health and Medical Sciences ***Grassroots Club*** supports tertiary health students from rural areas, provides advice on careers in rural health, runs related teaching and skills workshops, and holds social events. Interdisciplinary interaction between students on rural health matters, and networking with other rural health clubs.
- Otago University ***Matagouri Club*** includes students from health science disciplines (Physiotherapy, Pharmacy, Dentistry, Medicine, and Nursing). It aims to increase interest and raise awareness of rural health, ultimately to encourage students to work

in rural areas. The club holds pub quizzes, High School visits, visits to A&P shows and a rural health week in September.

- The University of Otago Medical School ***Rural Medical Immersion Programme*** involves 5th year medical students. The students can study for one academic year at two rural teaching centres at Greymouth and Queenstown returning to their home medical schools at Dunedin and Christchurch for short periods.

  From 2008 the programme would become faculty wide with twelve students selected and from 2009 onwards twenty students selected each year. 2008 will see the establishment of two new teaching centers at Balclutha and Dannevirke. Evaluation had shown that when students who are selected for medical training come from a rural background and spend a high proportion of their training time in a rural environment they are more likely to choose rural medicine as a career.

- The ***Rangatahi Mentoring Programme***, a joint initiative between Auckland DHB and the Rangatahi Māori Mentorship Trust, was piloted in September 2006 with six Māori students from Nga Puna o Waiorea Rumaki Reo (Western Springs College) who participated in weeklong workforce experience at the DHB. The Programme was co-coordinated by a Māori nurse educator and involved an orientation day at Auckland City Hospital, a three-day mentored experience with health professionals, and attendance at workshops and forum with health professional guest speakers.

  All six of the students who participated in the pilot project have gone on to enroll in tertiary health field programmes.

- *The* ***Whakapiki Ake Project*** is a partnership programme between the University of Auckland's Faculty of Medical and Health Sciences and 31 secondary schools helping Year 13 Māori students gain access to the Certificate in Health Sciences (Te Hikitia o Te Oranga o te Iwi). The programme can cover the cost of application and tuition fees, access to textbooks, tutorials and course counseling. Students who are not attending one of the participating schools can apply through the Sister/Host School Initiative. Students in the Certificate in Health Sciences programme can participate in the Summer Exposure Programme where they are placed at The Liggins Institute for health research, the University of Auckland's Physiology Department or the School of Pharmacy.

Local Initiatives

A recent report commissioned by the Waikato DHB (WDHB, 2002) recommended a number of strategies that will improve rural recruitment and retention, ranging from the establishment of a centralised support facility to facilitate the management, administration, immigration process and other needs of new practitioners, to GPs flexible working arrangements such as job sharing and rotation between rural GPs, Urban GPs and Locums.

Over the last couple of years, a number of initiatives were implemented in the Waikato area to support and encourage recruitment and retention of health care workforce to rural areas.

- Waikato Primary Health ***Rural Health Scholarships*** up to the value of $10,000 each are aimed at supporting the recruitment and retention of primary health care professionals for rural Waikato communities. In return, the students agree to work in

their health discipline in the broader Waikato region for an agreed minimum period. Key target areas for 2007 were oral health/dental therapy, midwifery, nursing and medicine.

- New Zealand Institute of Rural Health ***Waikato Postgraduate Health Scholarships 2008*** to the value of up to $5,000 each are available to rural Waikato based workers (practice managers, nurses, doctors, allied health professionals) and practitioner spouses to assist with expenses of training and development. Applicants must be New Zealand citizens or permanent residents.
- New Zealand Institute of Rural Health/Waikato DHB ***Rural Waikato Undergraduate Health Scholarships 2009*** to the value of up to $10,000 each are available to support study fees, accommodation, travel and living expenses of students from rural Waikato who are currently enrolled full time in an accredited undergraduate health science course. Applicants must be New Zealand citizens or permanent residents.
- New Zealand Institute of Rural Health ***School Career Services*** provides liaison and information regarding health education opportunities to schools, students and communities through career open days, school visits, relationship brokerage between interested students and schoolteachers and career advisors and health professionals and health educators.
- ***Waikato Weekend*** was facilitated this year by New Zealand Institute of Rural Health School Career Services. The event gave medical, pharmacy and nursing students from Grassroots Student Club (Auckland University) an opportunity to visit the Waikato Clinical School and Te Kuiti hospital.
- Waikato DHB Te Kuiti Hospital and the New Zealand Institute of Rural Health holds an annual ***Health Careers Open Day*** at the Te Kuiti Hospital, providing North King Country high school students information regarding the different health careers and related educational opportunities.
- Waikato DHB Clinical School and the New Zealand Institute of Rural Health facilitated this year in May the ***Waikato DHB high school visit*** providing an opportunity for prospective medical students (20 rural year 12/13 school students) to visit the Clinical school at the Waikato Hospital. Six students from North King Country attended this event.
- WINTEC is offering a ***Certificate in Health Studies*** Level 4 course. Te Kuiti WINTEC is offering this course on a full and part-time basis thus giving flexibility while either working or having additional personal responsibilities. Students must have NCEA Level 1 12 credits or equivalent to enroll in the course and graduates are eligible to enter into further study in the area of health care.
- WINTEC Te Kuiti is currently offering a ***Medical Terminology*** course, providing basic understanding of medical terminology, for existing and prospective students.

Methodology

The project utilised qualitative methodologies, including the following components:

1. A stocktake of recruitment, retention, training and related resources and initiatives was compiled through literature and Internet searches and interviews with key stakeholders. The stocktake is available in ***Appendix A***.
2. An inventory of health and social services available in the North King Country area was compiled. The inventory is available in ***Appendix B***.
3. Discussions were held with a range of providers and community members throughout the area to ascertain the existing local networks and stakeholders. A list of existing local networks in North King Country in available in ***Appendix C***.
4. A planning day was held on 22 September 2008. The purpose of the day was to identify and agree on recruitment and retention strategies for the North King Country. The planning day was followed by another session to fine-tune the recommendations. Close to 50 community stakeholders, representing a wide range of local health, police, social and community providers, local and central government and the education sectors, took part in the meetings. Summary notes from the planning day are available in **Appendix D**.
5. Project manager met with individual providers who were not able to participate in the planning session. Information gathered from these meetings was integrated into the final report.
6. List of community members who contributed to the project either through participation in the planning day or other discussions is available in **Appendix E**.

Findings

North King Country Community Profile

The Geography

The North King Country is comprised of two local authorities, the Otorohanga District and The Waitomo District. The area covers a landmass totalling 5,610 km^2 with Otorohanga District comprising 37% of the area and Waitomo District 63% (Statistics New Zealand, 2008).

Otorohanga District has one large centre – Otorohanga – and one smaller centre – Kawhia. Waitomo District has one large centre – Te Kuiti – and a number of smaller centres – Bennydale, Piopio, Awakino, Mokau, Taharoa, and Waitomo Village.

The area is mainly rural with population density that is below the national average. Population density in Waitomo District is 2.7 per km^2 compared with 4.4 per km^2 in Otorohanga District and 14.9 per km^2 nationally.

The People

Current Population

In 2006, 18,516 people resided in NKC (Otorohanga – 49% and Waitomo – 51%), a 2.1% decline from the previous census (2001). The decline was larger in Otorohanga District (2.1%) than in Waitomo District (0.2%).

The median age of the population is 35.0, which is slightly lower than the national average of 35.9. Of the total area population, 25.1% are under 15 years of age, 40.1% are 15 to 44, 24.0% are 45 to 64, and 10.9% are over 65 years old.

The most recent population estimates (June 2007) show that currently 18,850 people are residing in the area.

High percentage of the North King Country population identifies themselves as Māori. Of the Waitomo District population, 40.5% are Māori, compared with 27.0% of the Otorohanga population and 14.5% nationally.

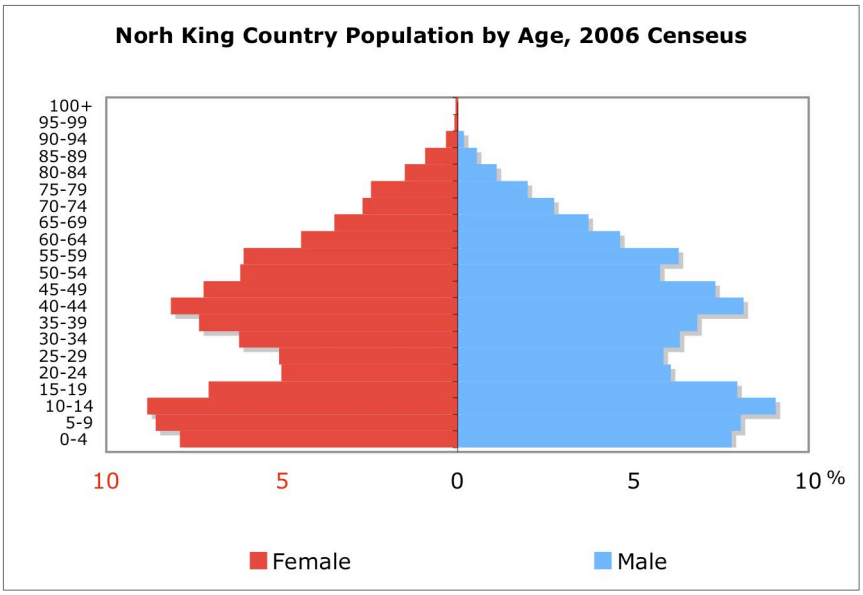
The percentage of Pacific People and Asian is very low in the area, and ranges around 2% compared to 7% and 9% respectively nationally.

Births

In the year ending March 2008, a total of 138 live births were registered in Otorohanga District and 159 in Waitomo District, totalling 297. The number of live births increased by 9.8% from the previous year.

Deaths

In the year ending March 2008, a total of 49 deaths registered in Otorohanga District and 66 in Waitomo District, totalling 115. The number of deaths decreased by 15.7% from the previous year.



Projected Population

It is projected that in 2031, 17,000 people will reside in the area, 8,400 in Otorohanga District and 8,600 in Waitomo District. This will amount to a 0.5% yearly decline. It is expected that in 2031, 21.2% of the population in the area will be under 15 years of age, 29.4% will be 15 to 39, 27.1% will be 40 to 64 and 22.4% 65 and over.

External Migration

There were 125 permanent and long term arrivals into the area during the year ended March 2008, and 197 permanent and long term departures, resulting in a migration-related net decrease of 72 people from the area.

Socio-economic Profile

Education

There are two high schools in the Waitomo District – Piopio College (student role 267, decile 4) and Te Kuiti High School (student role 322, decile 3), and one high school in Otorohanga District – Otorohanga College (student role 367, decile 4). The total number of students in 2008 in the three local high schools was 956.

Of the 181 school leavers in 2007, 9% achieved NCEA Level 3 or higher (compared with 39% nationally), 29% achieved NCEA Level 2 or half way to Level 3 (compared with 26% nationally), 21% achieved NCEA Level 1 or half way to Level 2 (compared with

16% nationally), and 39% left school with less than Level 1 NCEA qualifications (compared with 18% nationally) (Stock, 2008).

The 2006 Census shows that 29.1% of people aged 15 years and over in Otorohanga District and 28.5% in Waitomo District have a post-school qualification, compared with 39.9% nationally. Only 18.8% of Māori aged 15 years and over in Otorohanga District and 19.2% in Waitomo District have a post-school qualification, compared with 27.9% nationally.

Similarly, the 2006 Census shows that 37.2% of people aged 15 years and over in Otorohanga District and 40.2% in Waitomo District have a no formal qualifications, compared with 25.0% nationally. 53.0% of Māori aged 15 years and over in Otorohanga District and 55.2% in Waitomo District In Otorohanga District have no formal qualifications, compared with 39.9% nationally.

Employment

The 2006 Census shows that the unemployment rate for people aged 15 years and over is 4.6% in Waitomo District 4.4% in Otorohanga District compared with 5.1% nationally. The unemployment rate of Māori is 10.1% in Waitomo District and 11.4 % in Otorohanga District compared with 11.0% nationally.

The most common occupational group in Waitomo and Otorohanga Districts is 'Managers', while for Māori 'Labourers' is the most common occupational group.

Income

The 2006 Census shows that the median income for people aged 15 years and over is $24,100 in Otorohanga District and $23,300 in Waitomo District, compared with $24,400 nationally. The median income for Māori was $17,000 in Otorohanga District and $19,300 in Waitomo District, compared with $20,900 nationally.

Health Services Profile

Waikato DHB

Waikato District Health Board is the main provider of health services in the NKC. Services are provided through the Te Kuiti Hospital, the Family Health Team, and the Public Health Unit.

Te Kuiti Hospital - General inpatient services include General Medicine, General Surgery, Rehabilitation, Respite, Palliative Care, caseload and Independent midwives. In addition, a level 3 24/7 Emergency Department, and a 24/7 laboratory service providing Haematology, Microbiology, Biochemistry, and Bacteriology services. A Medical Radiography service is available on site.

Day Surgical Procedures at the hospital include dental and general surgery. A range of out patient services are provided by visiting consultants from Waikato Hospital

Community Services – provided by the District Nursing Service and Population Health throughout the North King Country including Public Health Nurses, Dietitian, Vision Hearing Tester, Occupational Therapist, Social Worker, Ear Nurse Specialist, Physiotherapist, Dental Therapists, Health Promoters, and Mental Health.

Primary Health

There are four GP practices in the area – Kawhia Health Centre, Otorohanga Medical Centre, Te Kuiti Family Health Centre (Kokiri Trust), and Te Kuiti Medical Centre. All but Te Kuiti Family Health Centre are part of the Waikato Primary Health, while the latter is part of Toi Ora Primary Health Organisation.

Wide range of NGOs provide other primary health services and community supports. The major organizations are Ngati Maniapoto Marae Pact Trust, Te Kete Manaaki Child Health Services, Te Ngaru O Maniapoto Health Services, and Te Rohe Potae o Rereahu Maniapoto Trust. A complete list is available in ***Appendix B***.

Health Workforce Recruitment and Retention Issues

The following is a summary of issues raised by community members and stakeholders throughout the project. Most of the information was gathered during the community-planning day that took place on 22 September 2008. In addition, meetings were held with staff at the Kawhia Health Centre, Otorohanga Medical Centre, Te Kuiti Medical Centre, and Hillview Resthome.

The issues and concerns raised by the participants are based on stakeholders experiences and perceptions. The information was not examined for accuracy or reliability and should be regarded as such.

Recruitment

The Recruitment Process

- Recruitment for health workforce is similar to other sectors and currently includes advertising on the Internet and local papers (i.e. Waitomo News; Waikato Times), recruitment agencies, word of mouth and regional and national networks.
- Other sectors in the area such as education and local government have similar difficulties in attracting and retaining employees.
- Waikato DHB Human Resources department has a website and established process. There are some difficulties because all recruitment processes are conducted centrally and the time lag between the identification of a need for a new employee and the interviews can be lengthy. But there are strengths to the system including an established and well-utilised web site.
- Recruitment is managed in isolation by each organisation and everyone spends resources.
- Applicants' pool is sometimes limited and small numbers of applicants respond to advertisements. Occasionally, there are applicants that are not successful in securing a job and the employer can retain their details and share with other organisations.

Overseas Recruitment

- Health care professionals, especially GPs and nurses, are often recruited from overseas to work in rural areas. Immigration and Medical/ Nursing Councils requirements are very explicit regarding work options. For example, only Australian

graduates who have already completed their internship in Australia can obtain their general scope of practice registration. Doctors from other countries, regardless of seniority, must work under supervision for either 12 months (if their qualification is from the UK or Ireland) or 24 months (if they are from one of the other countries with a comparable health system). However, it is possible to obtain registration within a special purpose scope of practice for an up to six months locum. Similarly for nurses, only those with Australian nursing registration can apply immediately for Nursing Council of New Zealand registration. Nurses who practiced in other countries are assessed individually and might have to complete a nursing Competence Assessment Programme.

- Overseas professionals often sign only a one-year contract. Working in a rural area is seen as a "foot in the door" to New Zealand. They either move on to a larger centre within New Zealand (i.e. Hamilton) or to Australia.
- Many come to New Zealand to experience the different life style but do not intend to stay for longer than the original contract.
- Recruitment of GPs from overseas is very expensive – the cost of engaging a recruitment agency is about $10k.

Rural Life Style

- People living in larger centres sometimes have a negative perception of life in rural areas and are concerned with the "tyranny of distance". Rural life is often seen as boring and lacking in infrastructure and city activities (i.e. Nightclubs, theatres, educational facilities, museums) that can only be accessed in larger centres. Factors such as distance, time, expense, disruption to family life, work, are threats to the life style to which they are accustomed.
- Rural areas have shortage of jobs for middle managers and teachers. This can be a problem if a new health professional's spouse is looking for local employment.
- Educational options for children are limited in rural communities. Some residents send their children to schools out of the district, such as private schools or public schools in other centres (i.e. Hamilton, Te Awanutu, Cambridge).
- We are living in a "transient world" – people are often not locally focused and ready to change careers and jobs many times. Young people especially not wanting to stay in home communities and are more interested in travelling and experiencing different environments. Employers have to recognise that the workforce is changing and offer more flexible work arrangements in order to attract new employees to a location that is perceived to be less desired than others.

Retention

The Health Sector Environment

- Employees migrate from NGOs, primary care and disability sectors to DHB because the salaries are better especially for nurses.
- People leave the health sector because there is too much politics - administration, clinical, policies, and high compliance costs.

- DHB policies and rules are based on centralised/ urban views and practices that are not always applicable to rural communities.
- Many travel to work in North King Country from other areas (i.e. Hamilton, Te Awamutu) but its becoming expensive and time consuming and they may be considering finding a job closer to their residence.
- Health workers do not always feel supported and their efforts and commitment not recognised.
- No collaboration between health providers and no ongoing interaction.
- Some choose to live elsewhere so they can have a private life and not be recognised in their work community.

Welcoming Community

- Research shows that life outside of work and family acceptance of a new environment have great impact on retention. But yet, local employers and community don't make an effort to welcome new arrivals to the community and support their families.
- Information prior to arriving and welcoming environment once arrived in the community can leave a life long impression.

GPs Practices

- GPs and practice nurses are aging and it is becoming increasingly more difficult to recruit new practitioners. It is expected that once some of the GPs retire, it will be very difficult to sell practices to new GPs. Nationally, large corporations have been buying GP practices, pharmacies and rest homes. Working for a large organisation is becoming an attractive option for many practitioners, especially the younger graduates, as it is removing the operational costs and management concerns.
- It is expected that rural practices might become less financially viable especially with medical inflation being close to double the CPI, capitation not increasing with inflation, and changes to the rural ranking scheme.
- Compliance costs and administration time increasing for both GPs and nurses thus reducing patient care time.
- Practices in Low Access areas have many patients with High Use Health card – changes in the scheme and removal of the funding from the GP practice will reduce the practice income thus affecting its viability.
- The viability and sustainability of rural practice are becoming a concern especially with recent changes in primary health and uncertain political environment.

Local Opportunities

- No local up skilling and training options for existing workforce.
- Not enough advantage of on-line technology is taken to provide more training opportunities for existing staff.

Health Careers and Education

Health Career Open Days

- There is one health focused career day in NKC which is held annually at the Te Kuiti hospital but it focuses mainly on hospital careers - not inclusive of NGOs/ Māori providers / other health careers.
- Generic career days are held the local high schools and through the Maniapoto Māori Trust Board. Health is one option among many other that are more appealing to youth and is not marketed as well as the other (i.e. Army, Navy).

Liaison with Rural Schools

- The New Zealand Institute of Rural Health offers information and liaison to help schools but it is difficult to engage some of the schools.
- Information on training options and scholarships is readily available if students are looking for it and interested (sometimes too much information).
- High school students are mostly aware of doctors and nurses careers not of the wider range of health career options.

School Health Curriculum

- Not enough science based human biology classes in high schools, depending on teacher's interests. Human physiology often taught as part of Physical Education curriculum not part of Science.
- Students lack the confidence to continue into tertiary education and are often intimidated by the level of science, numeracy and literacy required for health studies.
- Students aren't ready to leave home immediately after high school – they have the option of one-year programme of health sciences at local WINTEC.

Cost of Tertiary Education

- High school students and prospective mature students are concerned that the costs of tertiary education (tuition, accommodation, etc) will be too high and not affordable.
- Scholarships and student allowance criteria are too rigid. Up to the age of 25 the eligibility for student allowance depends on parents' income.

Re-training and Return to Workforce

- Time commitment and family support prevent women from retraining or upgrading their clinical competencies.

Nursing

- There is no hands-on experience for nurses for first 2 years of studies.
- Drop-out rate is very high in nursing. Some students find that the academic requirements are too high especially the numeracy and literacy levels, but there are currently no other options (i.e. Nursing Assistants, Enrolled Nurses).

Māori Health Workers

- Barriers for Māori employment and retention around the level of training entry requirements.
- People who might have the passion and ability but not academically minded are still useful and can be trained with extended pathways around careers and on job training.

North King Country Home Grown Solutions

Recruitment

The competition to recruit health care professionals to rural communities is fierce. North King Country providers compete with international, national and regional markets. It is vital that prospective employees are convinced that re-locating to North King Country, for a short-term or long-term employment is the best option.

It is considered that the marketing and selling effort is the role of the entire community and not just of the individual employer. Therefore it relies on collaboration between the health sector and other community stakeholders, who eventually will benefit from the services the new employees will provide.

Goal One: North King Country is a preferred destination for health workers

Objective: To promote North King Country assets to job seekers

Strategy	Comments	Time frame
1. Develop a website that will market North King Country to international and national audiences.	Liaise with DCs, DHB, PHOs, Webhealth, Wintec, Tourism, NZIRH, re costs and collaboration	Nov 08 – Apr 09
2. Develop generic information package for health professionals who are interested in finding more about working and living in North King Country. Package to be downloaded from the website or posted.	Liaise with Thames Hospital (Welcome Mat), CABs, NZIRH	Nov 08 – Dec 08

Goal Two: Recruitment of health workers is effective and efficient

Objective: To maximize the outcomes of recruitment activities

Strategy	Comments	Time frame
1. Develop a process with the WDHB to allow local providers to utilize the WDHB web-based job advertisement facility	WDHB HR	Nov 08 – Dec 08
2. Advertise vacancies on the NKC Health website	All providers	As needed
3. Inform the community via the Otorohanga and Waitomo Health & Welfare Forums' newsletters about	All providers	As needed

vacancies		
4. Obtain permission from un-successful applicants to share their details with other health providers in NKC	All providers	As needed
5. Participate in Fieldays "North King Country Health Workforce" recruitment and information stand	Wintec + all providers. Fieldays dates are 10-13 Jun 09; 6-19 Jun 10	Nov 08 – Jun 09

Retention

A new health worker typically follows a cycle that spans approximately two years. This cycle will affect the costs incurred to recruit the worker, how the worker feels about the position, and the return on that investment for the community.

The first six months are the "settling in" period, when the new employee is learning the job, and becoming accustomed to the new community. This is a critical time for the family to get involved in community activities and feel comfortable in the new environment. This is also a critical time for the spouse to find an appropriate job and for the children to settle in appropriate schools. It is expected that by one year the community will begin to experience the full value of the worker's services, but by 18 months when the worker is working at his/her full capacity, he/she might begin browsing for more rewarding or challenging jobs.

The likelihood that an employee will remain long term in the community depends on many factors, not all under the control of the community. However, the community can do a lot to increase the level of their satisfaction with the job and living arrangements, and general adjustment to the rural environment. This support must start from the day the new employee and family arrive.

Goal Three: Health workers retention rate is maximized

Objective: To increase the retention rate of new and existing employees

Strategy	Comments	Time frame
1. Using the generic information package (Goal 1), add any details that are needed to fit the specific needs of each new arrival based on the employer, the job, and personal/family requirements gathered throughout the interview process.	Every provider as needed	As needed
2. Develop and secure commitment for sponsorship for community incentives for new arrivals (i.e. housing, transportation, local employment for spouse, introduction to clubs and community	All stakeholders	Nov 08 – Dec 08

organisations, membership in local sports clubs).		
3. Set up an on-call welcoming committee that will support new employees and their families upon their arrival and maintain regular contact for the first year.	All stakeholders	Nov 08 – Dec 08
4. Establish North King Country Health Social Club • Social activities and support • Staff appreciation events • Share information and local sector news	All providers	Nov 08 – Dec 08
5. Contribute to a "Health Page/ Column" in the Waitomo News on a monthly /fortnightly bases	All providers, NZIRH	Ongoing
6. Improve collaboration between rural practices, and between urban and rural practices, to generate economies of scale and shared expertise.	GPs, PHOs, Pinnacle	Nov 08 – Mar 09

Back to Work

There are many health workers, especially women, who have worked in the health sector but have taken time off to raise a family. Some have not renewed their practicing certificates due to the cost and the time involved, and many have not kept up with changes in technology.

Earlier this year Waikato Hospital had successfully supported nurses through the 'return to nursing' initiative, offering scholarships to assist with the costs of the competency assessment programme at Waikato Polytechnic (Wintec). The second phase of this project involve supporting midwives through similar initiative.

Goal Four: Health workers who are not currently employed in health are able to return to employment in North King Country

Objective: To support people who are not employed in the health field to return to practice

Strategy	Responsibility	Time frame
1. Identify health professionals who were in the health workforce in the past and are currently raising a family (or in other occupations) but are interested in returning to the health workforce in the	Providers	Nov 08 – Mar 09

next 1-3 years		
2. Establish a "Return to Health Workforce" pathways including a local Competence Assessment Programme to include options for hospital, practice nurses, NGO and mental health nurses.	Health Waikato/ Te Kuiti Hospital, WINTEC, PHOs, Pinnacle, NZIRH	Nov 08 – Mar 09
3. Establish scholarships to support the "Return to Health Workforce" participants to cover tuition, transportation, childcare and other expenses.	WDHB, NZIRH, PHOs	Nov 08 – Mar 09

Health Careers Information

Correct and timely information on the range of careers in the health sector and the educational requirements are essential before making a decision that will impact a person's future.

A wealth of information on health careers is available from the Internet, from school career advisors and from health workers at local career days and the hospital open day.

Goal Five: Students and their caregivers are informed about health career options

Objective: To ensure comprehensive and consistent information regarding health careers options is available to students at the earliest age

Strategy	Responsibility	Time frame
1. Expand the hospital's open day to include information on community-based health careers Involve local students and recent graduates as presenters/ role models/ local heroes Extend the hours of the open day to the evening to allow for parents/caregivers to attend Include hands on activities for the students attending the open day	All providers, schools, NZIRH	2009
2. Develop a comprehensive information package that can be provided at all events	All providers, NZIRH, Career Services	2009
3. Develop a travelling health expo/road show to take to intermediate and primary schools	All providers, schools, NZIRH	Jan – Mar 09
4. Participate in Fieldays "North King Country Health Workforce" recruitment	Wintec + all providers	

and information stand (as per 2.5 above)		
5. Develop a health career taster one-week camp for high school students who have expressed interest in health career	Liaise with Electricity supply industry ITO, Taratahi Agricultural Training, Queensland Health Careers Workshops	2009 (for summer 09) or school holidays

School Leavers without Qualifications

A large percentage of high school students leave school without achieving even Level 1 NCEA. Over the next few years, the Schools Plus policy will be implemented to ensure that all young people gain the skills and qualifications they need, and support them to stay connected to education for longer periods. Initiatives will be implemented to see all young people engaged in school or some other form of education, training, or structured learning until the age of eighteen.

The flexibility of learning offered by NCEA provides the platform to support schools so that they can offer students a range of learning options that is most relevant to them, encouraging them to stay at school, complete qualifications, and then continue to build on their qualifications after they leave school.

Goal Six: School leavers and people returning to study are able to access training that will help them gain employment in the health sector

Objective: To offer range of training options locally with clear career pathways taking into consideration the needs of the sector

Strategy	Responsibility	Time frame
1. Develop initiatives for Schools Plus (i.e. Level 3 and Level 4 health modules) for high school students at tertiary institutions	NZIRH, high schools, Wintec, TWOA, providers, Gateways	2009
2. Survey the health sector in North King Country (Waikato?) to ascertain where the specific current and future shortages are	NZIRH, Wintec, Pinnacle, PHOs, WDHB	Nov 08 - Jan 09
3. Develop programmes that will provide the training necessary based on the needs identified	NZIRH, high schools, Wintec, TWOA, providers, Gateways, WDHB	2009

Tertiary education

Goal Seven: Students in health studies return to practise in NKC

Objective: To provide the necessary financial and community supports to local NKC students while training for health careers

Strategy	Responsibility	Time frame
1. Compile a list of people from NKC who are currently studying towards a health/ or allied health profession in NZ tertiary institutions	Stakeholders	Ongoing
2. Develop local summer employment options with local providers for students identified above	All providers	2009 for summer 2009
3. Develop bonding/scholarship scheme for health and allied health students	NZIRH, WDHB	2009
4. Work with the Nursing School to develop a Rural Nursing Pathway that will include practical placement or summer job in rural setting covering hospital, primary health and NGO environments	NZIRH, Wintec, WDHB, PHOs, providers	2009
5. Work with the Clinical School to increase the number of GP trainee positions in the area	NZIRH, WDHB	2009

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