National Screening Unit

Cervical and Breast Cancer Screening Programmes

Workforce Development Strategy and Action Plan 2002–2007

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Foreword

This Strategy has been developed to help address a number of important workforce issues facing New Zealand's two cancer screening programmes, the National Cervical Screening Programme and BreastScreen Aotearoa. The success of these programmes relies on the availability of adequate numbers of competent personnel. The National Screening Unit (NSU) is committed to implementing a workforce strategy so that the screening programmes can continue to meet their respective quality standards, even as the number of people screened increases and the standards are revised in the future.

The Strategy includes ways to help address issues that relate to recruitment, retention, the availability of appropriate education and training, support systems, and morale. It was developed by discussing these issues with many people employed in the screening sector, and with those who are involved in their education and professional oversight. A survey and literature review also contributed valuable information.

A draft strategy was released for comment prior to its finalisation by the NSU. Sector comments and corrections have been incorporated into this final version of the Strategy. The initiatives adopted by the NSU are being developed for implementation, with ongoing input from key stakeholders.

The Strategy will succeed with sector support and commitment, complemented by the commitment of the NSU to enhance the current and future screening environment. We welcome your interest and involvement in improving screening services in New Zealand.

Karen Mitchell
Group Manager
National Screening Unit

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Public Health Leader
National Screening Unit

Mihi

"Whakarongo ki te tangi o te manu

Tui, tui, tuituia!

Tuia ki runga, tuia ki raro

Tuia ki roto, tuia ki waho

Ka rongo te ao, ka rongo te pō

Tuia te muka tangata i takere mai

i Tawhitinui, i Tawhitiroa, i Tawhiti pamamao

Hui te mārama, hui te ora e!"

Tēnā koutou i runga i ngā aitua o te wā.

Kō rātou te hunga i hikoingia atu rā ki tua o Paerau.

Rātou mai i Te Hiku o Te Ikanui a Maui Tikitiki a Taranga, tae noa ki tōna Upoko, whakawhiti atu ra i Raukawa moana ki te Wāhi Pounamu, ki Murihiku, whakarere tonu rā ki Te Wharekauri.

Nō reira, haere atu ra koutou katoa te hunga kua tiraha mataotao noa, moe mai ra, okioki ai.

Ko koutou ki a koutou, ko tātou ka mau tonu i ngā moemoeā o koutou mā ki a tātou

Tēnā tātou katoa!

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Acknowledgements

The Workforce Development Project Team thanks the many people in the screening and education sectors who gave their time to discuss workforce issues, to complete the Stocktake Survey, and to provide comments on the draft Strategy circulated in November 2001. Their views contributed to the assessment of the key issues and to the recommended initiatives.

The National Screening Unit (NSU) Workforce Development Project Team comprised Allison Nichols-Dunsmuir and Helen Potaka, Project Co-ordinators, and Victoria Smith, Project Analyst. Implementation and ongoing planning and project development was progressed by Vivienne Head, Diane Casey, Sally Hughes and other staff members of the NSU.

Previous work by the then Health Funding Authority's Public Health Change Management Team, completed by Julie MacDonald and Kirsty Peel was of great assistance.

Valuable support was provided by the NSU Workforce Development Project Steering Group's early members – Julia Peters, Chair, Mhairi Porteous, Jane McEntee, Barbara Phillips, Jeannine Stairmand, Kallon Basham, Sally Hughes, Aroha Harris, Anne Allan-Moetaua, and Perry Miles (Clinical Training Agency). Leaving members were replaced by new members; Ashley Bloomfield, Hazel Lewis, Madeleine Wall, Ginny Hinton, Rowanne Mann, Rebecca Webb and Jenny Richards.

Karen Mitchell, Group Manager, has acted as overall Project Sponsor and Rockshan Creado has provided tremendous administrative support to the Workforce Development team.

Since implementation of this Strategy commenced, valuable contributions have been made, and are ongoing, by screening sector leaders. Thanks to those who have given their time and energy to ensure that screening workforce development has progressed in a way that is relevant and applicable to the screening sector.

Executive Summary

The National Screening Unit (NSU), a separate unit within the Public Health Directorate of the Ministry of Health (the Ministry), has responsibility for planning, national co-ordination, funding and evaluation of the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA). The NSU has identified workforce development as one of six key areas for action in its Strategic Plan. Many workforce development initiatives are already in place.

This Workforce Development Strategy and Action Plan outlines the way in which the NSU plans to deliver on that strategic area for action to guide the development of a competent and capable screening workforce. The priority actions have been developed after significant input from the screening sector and other key stakeholders, such as the education sector and professional bodies. Wider government and health sector factors have also influenced the directions proposed in this Strategy, including wider workforce development initiatives, the Health Practitioners Competence Assurance (HPCA) Act and Treaty of Waitangi obligations.

The NSU has identified four phases to its workforce development activities. Phase one involves describing the relevant workforce and identifying key workforce issues. The workforce stocktake survey undertaken to inform phase one is described in Section 2.2 and the results are outlined in Section 3. A range of workforce issues were identified, some that apply to both programmes and others applicable to people working in specific roles in each screening programme.

Chapter four of this Strategy outlines phase two of the workforce development cycle. The initiatives listed in Section 4 signal the actions the NSU anticipates taking between 2003 and 2008 to support the development of the screening workforce. They include generic initiatives for people working in screening, as well as specific initiatives for health professionals working in BSA and the NCSP. Specific Māori and Pacific workforce development initiatives are also identified. If priority areas change during this period, the initiatives will adapt accordingly.

Phase three of the cycle entails ongoing funding of workforce development initiatives and their monitoring and evaluation. Phase four involves formal review and redefinition of the workforce and associated issues. These will be part of the NSU's ongoing work.

1 Introduction

1.1 Purpose of this Strategy

The National Screening Unit (NSU), as part of achieving its strategic vision, has developed this Cervical and Breast Cancer Screening Programmes Workforce Development Strategy and Action Plan (Strategy) to guide the development of a workforce to support the delivery of the two current organised cancer screening programmes in New Zealand; the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA). The key aim of this Strategy is to provide a strategic workforce development framework and plan of action to guide the development of a competent and capable screening workforce.

Screening workforce development is multi-dimensional and includes a multi-disciplinary approach. Progress requires key messages, clear communications, common understandings, and a well defined process for cross-sector collaboration. Relationships between the health and education sectors, screening providers, professional bodies, consumer groups and community organisations need to be strengthened at all levels. By working together there is more likely to be a greater degree of agreement and ownership.[1] Relationship building is an ongoing focus for the NSU as a whole, including as it applies to workforce development.

A strategic approach to workforce development is intended to:

- increase the confidence of all women participating in the screening programmes
- better meet the needs of screening programme participants
- meet the screening programmes policy and quality standards set by the NSU[2,3]
- ensure the screening programmes are sustainable
- contribute to reducing inequalities in screening
- integrate workforce development concepts and activities into screening providers' management of programmes.
- meet the workforce development related recommendations from:
  - the Ministerial Inquiry into the Under-reporting of Cervical Smear Abnormalities in the Gisborne Region (Gisborne Inquiry)[4]
  - Dr Euphemia McGoogan's (Consultant Cytopathologist and Associate medical Director of Lothian University Hospitals NHS Trust, Edinburgh, Scotland) reports dated December 2001[5] and June 2003[6] on the progress in implementing the Cervical Screening Inquiry recommendations (McGoogan Reports)
  - the Independent Review of BreastScreen Aotearoa by Professor Jocelyn Chamberlain of the South West Wales Cancer Institute in 2002 (Chamberlain Review).[7]

1.2 The Approach

The main goal for health sector workforce development, which includes the screening workforce as determined by HWAC is:

> "To recruit, train, employ, deploy and retain a health and disability workforce appropriate to meet the diverse needs of all New Zealanders in the short, medium and long term".[1]

This requires a broad approach that has both a current and future focus. Furthering this broad approach, the following are key themes considered in developing the initiatives in Section 4 of this Strategy:

- education and training
- professional body activities
- competencies
- workforce planning and oversight
- cultural safety
- infrastructure development.
- entry to and exit from the sector (including recruitment and retention)
- integration and peer interaction
- movement within the sector (including career progression/pathways)
- workforce information.

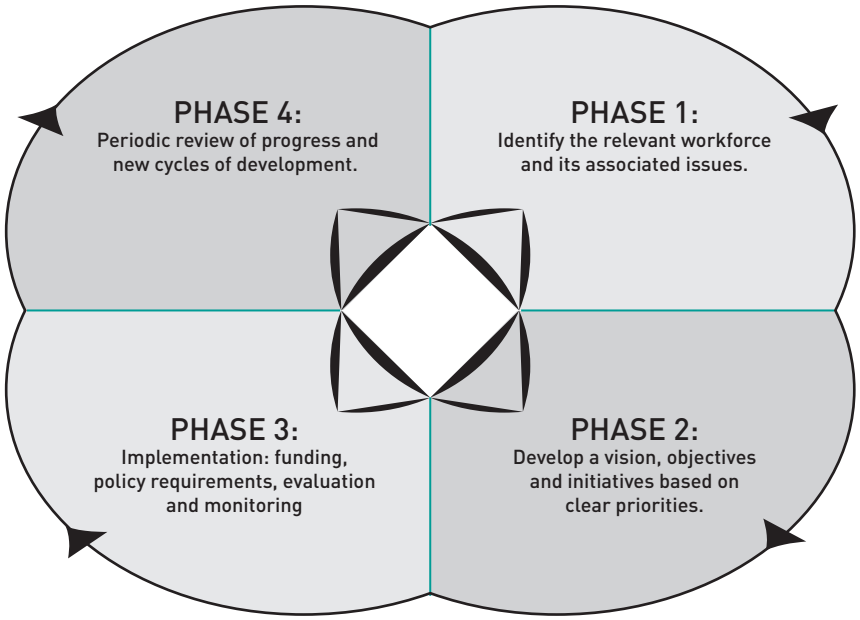
The Health Workforce Advisory Committee (HWAC) recommended in its 2003 recommendations to the Minister of Health that, "the approach of central agencies [to workforce development] should be more informative and technically supportive, more consultative and collaborative in its initial form, with intervention if minimum standards are not met".[1] Accordingly, the NSU aims to provide leadership and guidance to its service providers to support screening workforce development. Intervention and implementation of initiatives will focus on priority areas.

HWAC notes that the health sector is not good at, "encouraging, recognising and rewarding local innovation and excellence, sharing the experience and learning

from it."[1] The NSU recognises these behaviours are important if the sector is to be innovative and empowered to think and act proactively in developing its workforce. The NSU will work to foster this approach, recognising that workforce development is a cyclical process (Figure 1).

FIGURE 1:
WORKFORCE DEVELOPMENT CYCLE

This Strategy forms Phase Two of this workforce development cycle. The process of Phase One is described in Section 3.2 and the results of Phase One are in



Section 4. The initiatives listed in Section 4 signal the actions the NSU anticipates taking during 2003 – 2008 to support screening workforce development. If priority areas change during this period, the initiatives will adapt accordingly.

The NSU does not intend to replace the current training, recruitment and retention activities that are and remain the responsibility of screening service provider employers, or to unnecessarily duplicate the current training, recruitment and retention activities of the wider health sector. Much has already been achieved through the positive efforts of individuals and organisations and this Strategy aims to complement that work.

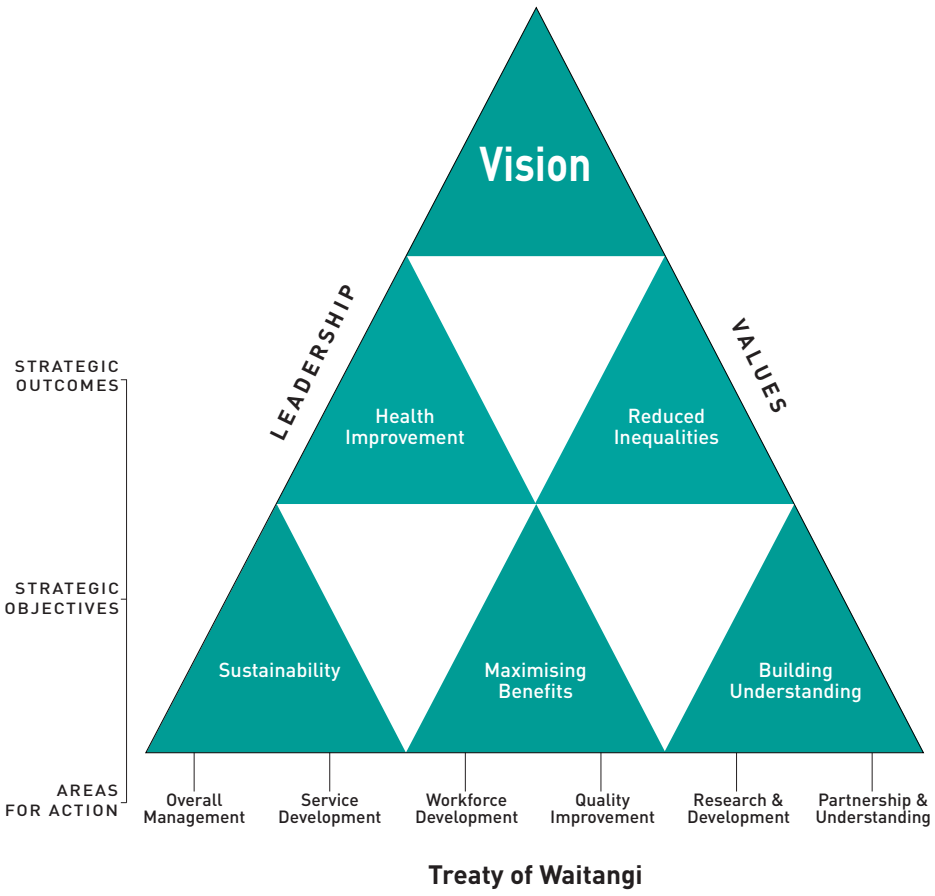
The National Screening Unit

1.3 The NSU, a separate unit within the Public Health Directorate of the Ministry of Health (the Ministry), has responsibility for planning, national co-ordination, funding and evaluation of the NCSP and BSA. Its responsibility is in line with key organisational requirements for population-based screening programmes, as laid out by the World Health Organisation (WHO).

The NSU has developed the National Screening Unit Strategic Plan 2003-2008[8] (Strategic Plan) to guide its stewardship of New Zealand's two organised screening programmes. The Strategic Plan will ensure the sustainability of the NSU's core functions for the next five years to assist the NSU to achieve its vision and thus improve the health of New Zealanders.

FIGURE 2:
THE NATIONAL SCREENING UNIT STRATEGIC FRAMEWORK

The National Screening Unit vision is:



This vision aligns with the strategic direction of the New Zealand Health

> "Saving lives, reducing inequalities, and building the nation's health by leading the delivery of screening programmes, uncompromising in their quality, and trusted by the communities we serve".

Strategy by supporting the Government's commitment to health improvement and reducing inequalities.[9]

The framework for achieving the vision is underpinned by a commitment to the Treaty of Waitangi. The NSU has a leadership role in developing ongoing partnerships with communities and stakeholders. Different approaches may be required to build understanding and create messages that respond to differing cultural beliefs and values. The Strategic Plan enables the NSU to provide a nationally consistent and systematic focus for the screening programmes.

The vision will be guided over a five-year period 2003-2008 by two strategic outcomes, **health improvements** and **reducing inequalities**, that will, in turn, be achieved through a focus on three strategic objectives: **sustainability, maximising benefits, and building understanding**.

Achieving the three strategic objectives will be realised through six "areas for action", one of which is workforce development. This Workforce Development Strategy outlines how the NSU will deliver on this area for action.

1.3.1 STRATEGIC PLAN AREA FOR ACTION: WORKFORCE DEVELOPMENT

The development of a competent and capable screening workforce is the key to maximising the benefits of screening programmes and ensuring their sustainability. The NSU has an important role in developing the screening workforce through strategic policy development in conjunction with other workforce initiatives and in close co-operation with the sector. A number of challenges exist, in particular, there are many different professionals involved in screening and, for most, screening is only a small part of their professional roles.[8]

Appendix One outlines the characteristics of a 'model' screening workforce that are necessary to achieve successful workforce development, namely:

- common understandings
- continuing professional development
- cultural appropriateness
- comprehensive education and training
- quality standards and workforce monitoring
- best practice recruitment and retention approaches
- strong relationships.

A significant amount of work has already been done by the NSU to develop the screening workforce and this Strategy further contributes to that work. The ongoing work outlined in Section 4 evolves from the workforce development service objectives in the Strategic Plan (Table 1).

In aspiring to attain a 'model' screening workforce the NSU expects to:

- increase the pool of workers for recruitment purposes
- improve workforce retention and morale
- improve links between the health and education sectors, and professional bodies
- increase the number of Māori and Pacific people working in screening
- develop workforce knowledge and skills
- improve workforce planning, monitoring and ongoing development.

TABLE 1:

WORKFORCE DEVELOPMENT SERVICE OBJECTIVES IN NSU STRATEGIC PLAN

SERVICE OBJECTIVES FOR WORKFORCE DEVELOPMENT		
Service Objective	**Key Outputs/Performance Indicators – Year One to Two**	**Key Outputs/Performance Indicators – Year Three to Five**
To work across the health sector to improve screening workforce capability and capacity.	■ The NSU Workforce Development Strategy and Action Plan is published and implementation continues. ■ Professional, training and education agencies and organisations responsible for screening workforce capacity and capability development are engaged. ■ Screening competencies are developed and training initiatives have commenced. ■ Service provider workforce development initiatives supported. ■ Specific initiatives implemented for professional groups include smeartakers, MRTs and laboratory staff.	■ Continued implementation of initiatives as outlined in the NSU Workforce Development Strategy and Action Plan.
To improve the specification, collection and analysis of information related to the screening workforce.	■ Service provider accountability agreements include appropriate reporting. ■ Screening Workforce Information Project agreed and implemented. ■ Directory of education and training activities relevant to screening are published and disseminated.	■ Reliable information on the screening sector workforce is available.

2 Background and context

2.1 Screening programmes overview

New Zealand's two cancer screening programmes, the National Cervical Screening Programme (NCSP) and BreastScreen Aotearoa (BSA), have a well-women focus that aims to empower women to monitor their health within a "wellness" context.

The eligible women who access the programmes are culturally, ethnically, socio-economically and physically diverse, through age, location and circumstance. It is important that workforce development initiatives recognise this diversity and that the screening workforce has a multidimensional practice that takes these differences into account. Specific strategies are required to meet the needs of Māori and Pacific women, as well as Asian, refugee, new immigrant, lesbian, disabled, rural, and older women. Educating women about the programmes and enabling them to make informed choices about participation is a fundamental principle of the screening programmes.

2.1.1 THE NATIONAL CERVICAL SCREENING PROGRAMME (NCSP)

The NCSP aims to reduce the incidence of, and morbidity and mortality from squamous cell carcinoma of the cervix by detecting pre-cancerous cervical changes, thus enabling appropriate and effective treatment.

The rates of disease and deaths from cervical cancer in New Zealand women have significantly reduced since the programme began in 1990. The NCSP workforce plays a key role in this reduction.

The NCSP workforce includes:

- national and regional managers, co-ordinators and analysts
- staff who maintain the NCSP-Register (the database for the NCSP)
- health promoters and smear takers
- laboratory staff including cytotechnicians, cytotechnologists, cytopathologists and histopathologists
- colposcopists.

The Gisborne Cervical Screening Inquiry[4] has been a key driver of the ongoing development and operation of the NCSP. The recommendations from the Inquiry relate both directly and indirectly to the screening workforce. The indirect recommendations refer to key policies and standards being implemented by NCSP providers. The direct recommendations (11.28, 11.29, 11.40, 11.41 and 11.42) relate to the following areas.

- Appropriate numbers, specific training sites and maintenance of competence for cytotechnologists, cytotechnicians and cytopathologists.
- Amending the Medical Laboratory Technologists Regulations to ensure appropriately qualified people are cytoscreeners and primary screeners.
- Continuing medical education for pathologists.
- Where cytology is a major component of a pathologist's practice, he or she have added qualifications in cytopathology.

In addition, the McGoogan Reports[5, 6] noted the following additional workforce issues for smeartakers:

- the cost of the required course for smear takers is a barrier to high quality smear taking
- smear taking by nurses who then report under a doctor's number, and the problems this presents for quality monitoring
- the need for refresher courses for smear takers

and these issues for laboratory staff:

- the need for refresher courses for all cytology laboratory staff
- the need for training programmes and quality standards for personnel reading and reporting liquid based cervical preparations
- risks associated with temporary registration of pathologists from overseas
- New Zealand should consider establishing a cytology workforce development organisation equivalent to the UK "Cytology Training Schools", as well as proficiency testing.

The initiatives in Section 4 form part of the response to meeting the recommendations in the Gisborne Inquiry [4] and the McGoogan Reports[5,6]. Ongoing work to meet the recommendations requires a collaborative response between the NSU and its service providers, screening sector specialists, relevant professional bodies and education providers.

2.1.2 BREASTSCREEN AOTEAROA (BSA)

BreastScreen Aotearoa (BSA) was launched nationally in December 1998 following two pilot programmes in the Waikato and Otago/Southland regions. The programme provides free mammograms to asymptomatic women aged 50 to 64 on a two-yearly basis, and is delivered via mobile and fixed units throughout the country by six lead providers (and their sub-contractors) and nine independent service providers.

Screening by mammography aims to reduce the mortality from breast cancer by identifying breast cancers at an early stage. This allows the commencement of early treatment, enabling increased health gains and improved survival outcomes for women.

The BSA workforce includes:

- national and regional managers, co-ordinators and analysts
- health promoters
- medical radiation technologists (MRTs)
- radiologists, non-gynaecological cytoscreeners, pathologists, specialist surgeons and breast care nurses
- medical physicists
- information database entry staff and managers.

The independent review of BSA by Dr Jocelyn Chamberlain[7] in 2002 made one explicit workforce recommendation: "Medical Radiation Technologists should be paid on a consistent pay-scale for their sessions in BSA, regardless of which Lead Provider they work for". The NSU is considering whether, in the New Zealand context, it can take specific actions to address this recommendation, given the distinction between funder and provider, with the latter responsible for determining wage rates.

Other general comments by Dr Chamberlain relevant to BSA workforce issues were as follows:

- **Breast Physicians;** "Although highly motivated I do not see any major role for them in BSA at present. This may change if a shortage of radiologists willing to work in BSA develops"
- **Lead Provider Managers;** Dr Chamberlain noted that there are rapid turn-over rates
- **Medical Radiation Technologists;** Dr Chamberlain considered the training to be inadequate
- **Lead Providers;** information should be given to women diagnosed with breast cancer on which surgeons in the area participate in the RACS Audit (a quality monitoring programme), and offer differential treatment payments for participating surgeons.[7]

2.2 The NSU Workforce Development Project: Background

In 2001, in response to the Gisborne Inquiry[4] recommendations, the NSU established the Screening Workforce Development Project (WFD Project). The WFD Project has four phases (Table 2).

TABLE 2:

FOUR PHASES OF THE NSU WORKFORCE DEVELOPMENT PROJECT	
Phase One	Data gathering and collation of research (survey, consultation, stocktake analysis and developing the Cancer Screening Workforce Status Report (Status Report).)[10]
Phase Two	Development of goals, objectives, strategies and initiatives (the Workforce Development Strategy.)
Phase Three	Implementation and Action Plan development, implementation of the initiatives, including funding acquisition.
Phase Four	Periodic review of progress and new cycles of development.

Three external contractors, directed by an internal steering group, led the initial stages of the WFD Project.

2.2.1 PHASE ONE – THE STOCKTAKE SURVEY

In August 2001, the project developed a Stocktake Survey for the 60+ screening organisations, including BSA Lead Providers and sub-contractors, NCSP Regional Services, NCSP laboratories, Independent Service Providers (ISPs)(who offer mainly health promotion and related services), and the District Health Boards (DHBs) (who provide colposcopy services). Smear taker numbers were sourced from the NCSP Register and DHBs and ISPs contracted to provide targeted smear taking services.

This phase gathered information to determine:

- the context for screening workforce development
- specific information about each of the screening workforce groups, including workforce numbers, full time equivalents, education and training needs, and preferred modes of education
- current and future issues to be addressed for screening workforce development.

The survey results provided a good picture of the general trends and priorities in the current screening workforce, the current workforce issues, and highlighted the need to work with the sector to collect information on an ongoing basis for monitoring purposes.

Methodology

The Stocktake Survey form was adapted to meet the variances between the different screening provider sites.[†] The survey information was validated through a series of meetings, teleconferences and correspondence with key stakeholders (screening pathway employees, relevant education providers, representatives from the various colleges and professional bodies, consumer organisations, and others carrying out work relevant to the workforce within the wider Ministry of Health).

Limitations of the Stocktake Survey

The following outlines the limitations of the Stocktake Survey.

- The interpretation of terms such as "FTE" was inconsistent.
- The numbers of FTEs listed didn't match up with work hours.
- Some managers determined the ethnic identity of their employees (not self-identification).
- Some screening employees only work a small proportion of their professional time in screening and this may not have been accurately reflected in information provided.
- Some managers may not have understood the significance and importance of providing accurate and detailed information, thus some information was incomplete and one form was not returned.

The Status Report

All the information collected was collated into the Status Report.[10] The Status Report has three parts:

- Description of the structures and processes in place around the cancer screening workforce;
- A detailed report on specific workforces within both screening programmes; and
- Identification of issues and the way forward to a strategic framework for further development of the cancer screening workforce.

The Approach

Both screening programmes have been considered together, except where either programme has specific workforce development requirements. This approach provides an appropriate level of consistency and allows for the efficient use of limited resources and expertise.

[†]Samples of the survey forms are available from the NSU.

2.2.2 PHASE TWO: DEVELOPING THE STRATEGY

The draft Strategy was written and distributed to over 300 individuals and organisations involved in cervical and breast cancer screening in New Zealand and overseas. Comments were received and meetings with key stakeholders occurred. Feedback was considered in developing this Strategy. Section four summarises the feedback from the sector gathered during this phase.

2.2.3 PHASES THREE AND FOUR

Phase Three of the WFD Project (Implementation) is addressed at Section 4. Phase Four, a formative evaluation, is planned to commence in 2004/2005. It will assess progress toward the objectives and review the overall strategy in light of the outcomes reached at that point.

This Strategy signals the NSU's intention to take a leadership role in developing the cervical and breast cancer screening programmes' workforce. The success of this Strategy will, however, depend on the ongoing active participation of the wider screening sector in addressing its complex workforce issues.

2.3 The Wider Context

2.3.1 GOVERNMENT INFLUENCES THAT INFORM THIS STRATEGY

Government's priority areas for health, the vision and goals for public health in New Zealand and other government strategies have influenced the NSU Strategic Plan.[8] Accordingly, they have shaped the approach taken towards screening workforce development in this Strategy.

Developing the Māori screening workforce and focussing on reducing inequalities is a key focus of this Strategy. An overarching influence is Te Tiriti o Waitangi (Treaty of Waitangi), which establishes the relationship between Māori as Tangata Whenua and the Crown. In relation to health, this special relationship between Māori and the Crown will be evident by Māori participation at all levels of the health sector, active participation in service delivery, and protection and improvement in Māori health status to at least the same level of service benefit as non-Māori.[8] Ensuring health services are appropriate for Māori increases the acceptability and uptake of services, which in turn should help improve Māori health and reduce inequalities.

Other relevant Government strategies are:

- The New Zealand Health Strategy [9]
- He Korowai Oranga [11]
- Whakatātaka Māori Health Action Plan [12]
- Achieving Health for All People – Whakatutuki te Oranga Hauora mo Ngā Tāngata Katoa [13]
- The Pacific Health and Disability Action Plan [14]
- The Primary Health Care Strategy [15]
- New Zealand Disability Strategy [16]
- The New Zealand Health and Disability Sector Quality Improvement Strategy [17]
- The New Zealand Cancer Control Strategy [18]
- Reducing Inequalities in Health. [20]

2.3.2 THE HEALTH WORKFORCE ADVISORY COMMITTEE

In 2003, the Health Workforce Advisory Committee (HWAC), which is charged with the task of providing strategic advice to the Minister of Health on the health and disability workforce, provided recommendations to guide national workforce development policy [1]. HWAC concluded there are two levels of influence. First, recommendations at the strategic level that are concerned with changing the culture of the health system, and second, recommendations that relate more directly to operational issues. HWAC considers that actions at both levels are essential.[1]

In determining national priorities, HWAC used the following seven key areas, from which the 2003 recommendations emerge:

- the implications of the Primary Health Care Strategy
- the development of healthy workplace environments
- the evolution and further development of health workforce education
- Māori health workforce development
- Pacific health workforce development
- the evolution and development of the health and support workforce to better meet the needs of disabled people
- research and evaluation.

Appendix two summarises the key aspects of HWAC's priority areas.

HWAC's national priorities have a general application to the health sector workforce, including the screening workforce. The responsibility for implementing actions under these HWAC priorities lie with different organisations at different levels in the health sector.

The NSU will work with a range of organisations and individuals in the health and education sectors (see Appendix Three) to develop the screening workforce. For consistent communication and clear understanding, the NSU has identified key messages (see Appendix Four). The work of HWAC will provide ongoing guidance throughout implementation of the initiatives in Section 4.

2.3.3 OTHER INFLUENCES

The Health Practitioners Competence Assurance Act (HPCA) provides a framework for the regulation of health practitioners to protect the public where there is a risk of harm from the practice of the profession. It includes mechanisms to assure the public that a registered health practitioner is competent to practice. The NSU will monitor the progress of this Bill through to its implementation and note the implications for the screening workforce.

The Quality Framework for Screening Programmes in New Zealand[19] defines the principles and key requirements for quality improvement in screening programmes. This will include the requirement to pay attention to cultural, ethical and clinical competence of services, particularly for Māori. Several of the key requirements are directly relevant to the screening workforce, including standards, training and certification, effective information systems, opportunities for shared learning and appropriate resources.

3 The screening workforce: current context

The screening workforce comprises people in a wide range of roles across the two programmes. This section summarises the screening workforce issues identified through the Stocktake Survey and the sector's comments on the draft Strategy, specifically:

- Section 3.1 presents the general issues that arose through the Stocktake Survey and other considerations
- Section 3.2 presents issues that arose through both the Stocktake Survey and the sector's comments specific to the NCSP
- Section 3.3 presents issues that arose through both the Stocktake Survey and the sector's comments specific to BSA.

The survey analysis does not account for the differences that arise as a result of geographic variations between the provider sites. In applying workforce development initiatives, the specific requirements of each region need to be taken into account. In addition, it was difficult to separate the health promotion activities carried out by some of the Independent Service Providers (ISPs), thus the analysis of this role was combined across the programmes. Appendix Five summarises the survey results specific to health promotion.

It is important to note that influencing smear taking in the NCSP is not straightforward, as smear taker services are carried out by a range of health professionals e.g. GPs, practice nurses, most of whom are not directly accountable to the NCSP through contractual requirements.

3.1 General screening workforce issues

The Stocktake Survey identified a range of issues that affect the achievement of a sustainable and appropriately qualified workforce (Table 3).

TABLE 3:

SUMMARY OF GENERAL ISSUES RAISED THROUGH THE STOCKTAKE SURVEY

Issues	Considerations in Addressing Issues
HEALTH PROMOTION	
Health promoter training requires techniques to effectively target priority group women for both programmes.	Identify strategies to train health promoters on how to target priority group women for both programmes.
A need for a health promotion focus to be further developed in all workforce roles in the screening pathway.	Explore ways to increase, to a level appropriate for their roles, the knowledge of health promotion and public health screening programmes that members of the general screening workforce have.
INFRASTRUCTURE AND INFORMATION ISSUES	
Difficulty monitoring the workforce and implementing change with a large number of employing organisations.	A co-ordinated approach is necessary.
Difficulties in future planning due to information gaps.	Consider options to routinely collect information to inform workforce development.
The workforce impact of emerging interventions needs to be planned for.	Consider developing initiatives to assess the workforce implications of emerging technologies.
MĀORI WORKFORCE ISSUES	
There are insufficient Māori in the screening workforce.	Consider workforce development initiatives to increase the number of Māori people in the screening workforce and ensure programme delivery is responsive to Māori.
PACIFIC WORKFORCE ISSUES	
There are insufficient Pacific people in the screening workforce.	Explore strategies to increase the number of Pacific people in the screening workforce and ensure that programme delivery accommodates the specific cultural needs of each Pacific group.
QUALITY	
Some screening employees work only a few hours each week in screening. It is difficult to upskill and monitor this part of the workforce.	Consider service configuration and clarity over minimum training and competency expectations.
There is public dissatisfaction with the perceived performance of specific health professionals within the screening pathway.	Explore options within the wider workforce development work to increase public confidence in the screening programmes and its employees.

SUMMARY OF GENERAL ISSUES RAISED THROUGH THE STOCKTAKE SURVEY

Issues	Considerations in Addressing Issues
RECRUITMENT AND RETENTION	
Retention challenges arise from New Zealand graduates being employed overseas.	Raise the profile of screening, and assist and encourage screening providers to become preferred employers. Ensure involvement in wider health sector initiatives to retain New Zealand graduates.
A limited pool of workers is available due to worldwide shortage of some health professionals.	Consider initiatives to address current and pending shortages of MRTs, radiologists and the laboratory workforce.
Low morale is an issue for the screening workforce.	Create opportunities to build relationships, understanding and to provide recognition.
Levels of New Zealand remuneration are low compared with overseas opportunities.	Keep informed of wider sector initiatives and support the screening sector as appropriate.
Health employers have variable expertise in good recruitment practices.	Consider initiatives to support providers to undertake good recruitment practices.
Tension exists between some providers over competition for some professionals who are in short supply.	Provide and promote opportunities that encourage co-operative recruitment practices.
The ageing New Zealand population will result in a smaller available workforce combined with an increased demand for screening services.	Consider targeted initiatives to increase the potential screening workforce and retain the experience of existing middle aged and young people in the screening workforce.
TRAINING AND PROFESSIONAL DEVELOPMENT	
Education preparation for some screening employees has increased due to recent regulation, educational and programme standards changes.	Consider appropriate ways for the screening workforce to be assisted into or throughout education and training in conjunction with wider sector initiatives.
There is no New Zealand training for some screening roles.	Work collaboratively with the education and health sectors to establish New Zealand based training or alternatives as appropriate.
The cost of tertiary study is a barrier for some potential screening employees.	Consider appropriate ways for the screening workforce to be assisted throughout education and training.
There are barriers (e.g., geography, employer reluctance, etc.) to all workforce groups attending valuable national conferences and workshops.	Review the barriers, identify responsibilities to address the barriers and explore the possibility of developing suitable responses.
There is limited training available for non-clinical staff in both programmes, including the opportunity to learn some clinical information.	Consider how to make education and training information easily available to the screening workforce and work with the education and health sectors to establish relevant New Zealand based training.
The way education and training is offered needs to be varied; e.g., web-based, hands-on, workshop-style, multidisciplinary vs unidisciplinary.	Develop relationships and work with the education sector and professional bodies, as appropriate, to influence the way education and training is offered.

SUMMARY OF GENERAL ISSUES RAISED THROUGH THE STOCKTAKE SURVEY

Issues	Considerations in Addressing Issues
OTHER	
The perceived risk of medico-legal issues acts as a deterrent to entering the screening workforce.	Consider initiatives to address the perception and as appropriate the actual risk.
The impact of the Health Practitioners Competence Assurance Act.	Keep informed of developments, consider ways to provide information to the sector as necessary, and work with professional bodies to influence professional standards and continuing professional development.
There is insufficient representation of other minority ethnic groups in the screening workforce.	Consider initiatives to encourage people of minority ethnic groups to enter the screening workforce (other than Māori and Pacific, which are addressed separately).
Uncertainty around the roles and accountability of professional bodies.	Explore this issue and whether workforce development initiatives can assist to provide clarification.

In conclusion, the Stocktake Survey confirmed the screening sector has a high level of interest in continuing professional development. The following areas received consistently high ratings:

- quality systems and audit techniques
- technical and clinical skills
- outcomes measurement/data management
- education on quality standards
- mentorship and supervision
- legal and ethical issues
- screening principles and theory, and medical issues in the development of cervical and breast cancer
- Understanding of tikanga Māori and Māori dimensions of health, Treaty of Waitangi training, and Māori cultural competencies in screening
- personnel management and communication skills
- health promotion and women's health

3.2 Workforce issues for the NCSP

Table 4 and Table 5 summarise comments from the Stocktake Survey and comments from the wider sector on the draft Strategy relate specifically to the NCSP workforce.

TABLE 4:

SUMMARY OF NCSP ISSUES RAISED THROUGH THE STOCKTAKE SURVEY

Issues	Considerations in Addressing Issues
COLPOSCOPY (including colposcopy nurses)	
The colposcopy workforce shortage issues relate primarily to a need for more female colposcopists, and colposcopists who are Māori, Pacific and from other ethnic groups.	Consider initiatives to encourage Māori, Pacific and minority ethnics group doctors (particularly women) to pursue colposcopy as part of their professional practice.
Colposcopy is not seen as an attractive career option.	Explore initiatives to monitor the colposcopist workforce from a future planning perspective and work with relevant organisations to address concerns.
Members of the current workforce did not report holding specialist colposcopy post-registration qualifications or having attended colposcopy-specific courses.	Consider initiatives to encourage and/or support colposcopy doctors and nurses to undertake post registration colposcopy training courses.
LABORATORY WORKFORCE	
Generally, laboratory staff feel 'undervalued' and cytotechnicians perceive their expertise is not well recognised in the NCSP.	In conjunction with providers, consider ways to give recognition for work well-done and acknowledge the expertise and role of cytotechnicians.
The new laboratory standards have created an additional burden on the laboratory workforce.	Consider initiatives to improve understanding of the role of standards and ways to support the laboratory workforce to meet the standards.
There are significant shortages of laboratory personnel, in particular pathologists, cytotechnologists and cytotechnicians.	Explore ways to address laboratory workforce shortages, in particular initiatives to build relationships with the education and health sectors to collaboratively work towards mitigating these workforce shortages.
MĀORI WORKFORCE	
There are insufficient Māori in the NCSP workforce, particularly smear takers and gynaecologists.	Consider initiatives to increase the number of Māori smear takers and ensure programme delivery is responsive to Māori needs.
PACIFIC WORKFORCE	
There are insufficient Pacific people in the screening workforce, particularly smear takers.	Consider initiatives to increase the number of Pacific smear takers and ensure that programme delivery is responsive to the specific cultural needs of each Pacific group.
SMEARTAKERS	
The number of smear takers is considered adequate. However, there may be shortages of nurse smear takers, rural smear takers and smear takers who are Māori, Pacific or from other ethnic groups.	Consider initiatives to increase the number of nurse smear takers, rural smear takers and smear takers from other ethnic origins (other than Māori and Pacific, which are addressed separately).

TABLE 5:

SUMMARY OF NCSP ISSUES FROM FEEDBACK ON DRAFT WFD STRATEGY

Issues	Considerations in Addressing Issues
COLPOSCOPY	
The length of waiting times is an issue.	Consider responsibilities relating to this issue and whether workforce development initiatives can assist to reduce waiting times.
It is difficult to measure competency using the quality standards.	Consider initiatives to measure competency of colposcopists.
There are minimum opportunities through the College of Obstetricians and Gynaecologists for continuing medical education training, to meet the requirements for colposcopy.	Consider working with the College of Obstetrics and Gynaecology to ensure opportunities are available for colposcopists to meet the continuing medical education requirements for colposcopy.
HEALTH PROMOTION	
The need for quality standards relating to health promotion and a monitoring mechanism.	The development of NCSP policy is not workforce development work. Refer this issue for policy consideration.
LABORATORY WORKFORCE	
The reduced number of anatomical pathology registrar training sites resulting from decreased number of laboratories processing cervical smears.	Consider workforce issues carefully during laboratory service configuration, and initiatives to increase the number of training sites.
The increasing demand for pathology services overall reduces capacity available for screening.	Explore options to increase the number of pathologists available to perform screening services.
Cytology is not among the most desirable specialty choices for pathologists/cytoscreeners.	Look at ways to raise the profile of cytology to make it an option of choice.
There is difficulty in achieving the cytoscreener minimum volume standards.	Consider ways to encourage understanding and how to support the cytology workforce to meet the standards.
The three Bachelor of Medical Laboratory Science (BMLSc) degree programmes face challenges in attracting students to cytology.	Keep informed of entry issues and as appropriate consider working with education providers to raise the profile of the BMLSc degree.
The limited number of positions available at entry level into the workforce, due to lack of available supervision, challenges cytology graduates.	Consider options that will encourage and/or assist providers to increase the number of entry level positions into the workforce.
SMEAR TAKERS	
Issues related to smear taker minimum volumes, the high cost of smear taker training for nurses, update courses, proficiency of smear takers and the need for more Māori and Pacific Island smear takers.	Consider ways to encourage understanding and how to support the smear taker workforce to meet the standards. Also, develop initiatives to support smear takers with training and other needs.

SUMMARY OF NCSP ISSUES FROM FEEDBACK ON DRAFT WFD STRATEGY	
Issues	**Considerations in Addressing Issues**
OTHER COMMENTS	
Concerns regarding the overall screening programme funding.	Ensure workforce development issues inform wider screening programme funding decisions.
The inadequacy of existing staff numbers.	Consider the current and future capacity issues and develop initiatives for monitoring and meeting the requirements of same.
Lack of understanding of screening programmes by NCSP workforce.	Consider ways to develop the NCSP screening workforce's knowledge and understanding of screening programmes.

3.3 Workforce issues for BSA

Table 6 and Table 7 summarise comments from the Stocktake Survey and comments from the wider sector on the draft Strategy relate specifically to the NCSP workforce.

TABLE 6:

SUMMARY OF BSA ISSUES RAISED THROUGH THE STOCKTAKE SURVEY	
Issues	**Considerations in Addressing Issues**
BREAST CARE NURSES	
There are low numbers of sufficiently specialised breast care nurses.	Consider initiatives to increase opportunities and/or provide support for specialisation in breast care nursing.
MEDICAL RADIATION TECHNOLOGISTS (MRTS)	
The impact of the minimum volume requirement on MRTs.	Explore ways to improve understanding of and support for the achievement of minimum volume standards.
74% of MRTs are over 45 years of age.	Consider initiatives to encourage new MRTs to enter the screening programme.
Recruitment and retention issues. The vacancy rate for MRTs is 13% (3.6 FTEs).	Consider initiatives to encourage new MRTs to enter the screening programme.
More continuing professional development opportunities for mammographers are required.	Assess existing continuing professional development opportunities and examine possible additional opportunities.
RADIOLOGISTS	
Current and future shortage of radiologists working in mammography.	Consider initiatives to address the potential shortage.
OTHER	
Only a few people reported holding qualifications specific to breast health (excluding the UNITEC/ NZIMRT Certificate of Proficiency in Mammography for MRTs).	Explore the need for more education and training specific to breast health for screening employees working for BSA.
Lack of understanding of screening programmes by BSA workforce.	Consider ways to develop the BSA screening workforce's knowledge and understanding of screening programmes.

TABLE 7:

SUMMARY OF BSA ISSUES FROM FEEDBACK ON DRAFT WFD STRATEGY

Issues	Considerations in Addressing Issues
BREAST CARE NURSING	
Breast care nurses do not have access to a New Zealand post-registration training programme.	Consider initiatives to increase opportunities and/or provide support for specialisation in breast care nursing.
BREAST SURGEONS	
There are no New Zealand post-fellowship qualifications or regular training programmes for breast surgeons in the programme.	Consider what support breast surgeons may need to obtain post-fellowship qualifications or attend regular training programmes and explore options as appropriate.
MEDICAL PHYSICISTS	
Medical physicists presently have to travel overseas to gain qualifications.	Consider initiatives to develop opportunities for medical physicists training in New Zealand.
MEDICAL RADIATION TECHNOLOGISTS (MRTS)	
Difficulty meeting MRT minimum volume standards.	Explore ways to improve understanding of and support for the achievement of minimum volume standards.
An increasing number of 'mature' students are applying to Medical Imaging programmes; some express a particular interest in mammography.	Review options to raise the profile of mammography and work with education providers and the Clinical Training Agency, as appropriate, to encourage entry into the programmes.
The policies, operations and legislation relevant to the Medical Radiation Technology Board (MRTB) should be considered.	Develop relationships and work with the MRTB.
RADIOLOGISTS	
Only a limited number of radiologists elect to specialise in mammography.	Consider options to raise the profile of mammography.
The difficulty in achieving radiologist minimum volume standards.	Explore ways to improve understanding of and support for the achievement of minimum volume standards.
There are no New Zealand post-fellowship qualifications or regular training programmes for radiologists in the programme.	Consider what support radiologists may need to obtain post-fellowship qualifications or attend regular training programmes and explore options as appropriate.
OTHER	
Recent research regarding the efficacy of breast screening programmes internationally should be noted.	Referred to BSA policy.
Inadequacy of existing staff levels is significant.	Consider as part of capacity issues for specific areas of workforce.
Consideration should be given to the workforce implications of the review of the eligible age range for BSA.	Explore workforce implications as part of the BSA age range extension policy and implementation work.

4 The way forward

The NSU has a long term commitment to workforce development. Over time, workforce development activities are being integrated into routine business, planning and policy work areas. The initiatives have been prioritised over the period 2003 to 2008, guided by the recommendations in the Gisborne Inquiry report[4], and the reviews by Dr Euphemia McGoogan[5, 6] and Professor Jocelyn Chamberlain.[7]

The issues raised by the screening workforce and sector, as detailed in Section 4, are not necessarily addressed by specific initiatives in this Section. Some are indirectly addressed through related initiatives or through wider health sector workforce development initiatives. In addition, some issues will be addressed through other NSU policy and programme development work.

The general initiatives, which are relevant to both BSA and NCSP, are listed by theme. For the purposes of implementation and where appropriate, BSA and NCSP specific initiatives have also been listed under the main themes. Other BSA and NCSP specific initiatives that don't fit within the main themes are listed separately.

4.1 Health promotion

Recruitment of women to the screening programmes is dependent in part on good promotion by highly skilled, culturally appropriate health promoters who have links with their communities. Developing a 'highly skilled' health promotion workforce requires the following to be considered:

- a balance between the requirement for appropriate formal qualifications and the need to get people into the job to gain experience through their work
- ways to support and encourage health promoters to attend training
- identifying effective ways to bridge the gap between theory and practice
- working to improve the status of the health promoter role.

These factors will be considered within the implementation of the following and any future initiatives.

A.1	Generic competencies development	Identify generic competencies relevant to the cervical and breast cancer screening programmes, based on the quality standards; to be used as the basis for education and training programmes, and for human resources purposes.
A.2	Health promotion training (NZQA)	Examine the possibility of formal training programmes for health promotion, developing unit standards for the New Zealand Qualifications Authority (NZQA) framework, linked to generic competencies.
A.3	Advanced health promotion training	Identify strategies to train health promoters on how to reach priority group women.

4.2 Infrastructure and workforce information

B.1	Implications of changes to existing screening programmes	Assess the workforce implications of changes to existing screening programmes, e.g. BSA Age Extension.
B.2	New screening programmes implications	Assess the workforce implications of any new potential population screening programmes that come under the mandate of the NSU.
B.3	Screening Workforce Information	Improve the management of workforce information: ■ develop an information management framework ■ collect screening workforce information from a range of sources ■ analyse screening workforce information to inform workforce development planning and policy ■ monitor workforce numbers, in particular – monitor the number of Bachelor of Medical Imaging students studying mammography (BSA) – monitor the number of Bachelor of Medical Laboratory Science students studying 4th year cytology (NCSP).

4.3 Māori workforce development

Māori workforce development initiatives aim to reduce existing and potential inequalities arising from screening programmes by ensuring that they best meet the needs of Māori women. This includes implementing specific initiatives for the Māori screening workforce, as well as ensuring that mainstream services are appropriate for Māori.

The NSU is also implementing a project to increase the coverage and participation of Māori and Pacific women in the screening programmes, which will have implications for the screening workforce.

C.1	**Māori workforce leadership**	**Further develop opportunities for Māori in leadership roles in the cervical and breast cancer screening programmes.**
C.2	**Māori health promoters**	**Develop strategic initiatives for the recruitment of Māori health promoters into screening.**
C.3	**Māori competencies development**	**As part of the overall competencies project, continue to develop Māori competencies for the Māori health promotion workforce that are culturally and clinically relevant. These will form the basis of education and training programmes and inform human resources policies.**
C.4	**Māori smear taker supervisors' training**	**Develop strategic initiatives to support Māori nurse smear takers to become supervisors of Māori student smear takers (NCSP).**
C.5	**Māori nurse smear takers**	**Develop strategic initiatives to increase the number of Māori registered nurses trained as smear takers (NCSP).**
C.6	**Māori breast care nurses**	**Develop strategic initiatives to increase the number of Māori registered nurses trained as breast care nurses (BSA).**
C.7	**Māori ISP managers' training**	**Develop screening related training opportunities for Māori Independent Service Provider (ISP) Managers as part of provider manager training.**

4.4 Pacific workforce development

The Pacific workforce development initiatives aim to reduce existing and potential inequalities arising from screening programmes by ensuring that they best meet the needs of Pacific women. This includes implementing specific initiatives for the Pacific screening workforce, as well as ensuring that mainstream services are appropriate for Pacific women.

The NSU coverage and participation project (described above) will have implications for the Pacific screening workforce.

D.1	**Pacific workforce leadership**	**Further develop opportunities for Pacific people to undertake leadership roles in the cervical and breast cancer screening programmes.**
D.2	**Pacific competencies development**	**As part of the overall competencies project, continue to develop Pacific competencies for the Pacific health promotion workforce that are culturally and clinically relevant. These will form the basis of education and training programmes and inform human resources policies.**
D.3	**Pacific smear taker supervisors**	**Develop strategic initiatives to support Pacific nurse smear takers to become supervisors of Pacific student smear takers (NCSP).**
D.4	**Pacific nurse smear takers**	**Develop strategic initiatives to increase the number of Pacific registered nurses trained as smear takers (NCSP).**
D.5	**Pacific breast care nurses**	**Develop strategic initiatives to increase the number of Pacific registered nurses trained as breast care nurses (BSA).**
D.6	**Pacific ISP Managers' Training**	**Develop screening related training opportunities for Pacific Independent Service Provider (ISP) Managers as part of provider manager training.**

4.5 Quality and monitoring

Screening programmes must be of high quality to ensure the benefits are maximised and potential harms are minimised. Quality has a number of dimensions – safety, effectiveness, efficiency and equity. The NSU has existing quality assurance programmes to support the screening workforce, which includes continuous learning and adaptation to change.[8] Workforce development is an important part of quality improvement for the screening programmes, and will inform overall quality management in the programmes.

4.6 General screening workforce training and professional development

Supporting the potential and existing screening workforce with training and professional development is a key aspect of workforce development. A well trained workforce will facilitate quality improvement in screening, assist with job satisfaction, recruitment and retention, develop knowledge about screening and maximise safety for women participating in the screening programmes.

E.1	**Post graduate public health screening training**	**Contribute to the development costs for postgraduate screening teaching modules, accessible to a wide range of people, with a view to a postgraduate screening paper being offered in future.**
E.2	**Screening workforce training**	**Develop a mechanism to assist NSU service providers to maintain sufficient levels of training for their workforce.**
E.3	**Consumer training**	**Develop an initiative that meets the training needs of people who act in consumer advisory roles to the screening programmes.**
E.4	**Medical and nursing midwifery cancer screening curriculum**	**Work with education providers to enhance medical and nursing/midwifery education about screening.**
E.5	**Training and scholarship directory**	**Develop and promote a training and scholarship directory for courses, papers, conferences and workshops related to screening, and possible sources of funding for those interested.**

In addition, NSU staff will receive training on incorporating workforce development issues routinely into their work

E.6	**NSU staff orientation**	**Develop a workforce development component for NSU new staff orientation.**

4.7 WFD initiatives specific to BSA

The recommendations from the Chamberlain Report[7], the Stocktake Survey results and the sector's comments on the draft Strategy highlighted that Medical Radiation Technologists are a priority area due to difficulties in recruitment, the aging MRT workforce and the expected volume increases in BSA over the next five years. Therefore, a number of initiatives will be implemented to address these issues.

MRT workforce initiatives

F.1	**MRT workforce working group**	**Establish a working group to provide advice to the NSU on implementing the MRT related workforce initiatives.**
F.2	**MRT Development**	**Assess the development needs of MRTs employed in BSA sites and examine options to implement a range of activities to increase the profile of the MRT career, and assist MRTs and their employers to meet the requirements of the BSA Quality Standards. Examples are a preceptor programme, workshops and short courses, an annual meeting with a training focus, and/or a distance education tool. NSU service providers, relevant education providers and professional bodies will be actively involved.**
F.3	**MRT education and training**	**Review the current education and training opportunities and requirements for MRTs who are employed by BSA. Identify gaps and plan for enhancing opportunities to assist in increasing the number of MRTs that will be required in future (e.g., determine the possible need for a CTA funded programme).**
F.4	**MRT orientation and supervision**	**An initiative to increase the number of sites involved in formal student training (including clinical sites for the Certificate of Proficiency in Mammography), and review of the support needs of student supervisors and new staff in screening programme services.**

Other BSA workforce initiatives

F.5	**Breast care nurse advanced study**	**Review postgraduate qualifications in breast care nursing to determine the possible need for a CTA funded New Zealand based programme.**
F.6	**Screening mammography continuing professional development**	**Following a needs analysis, provide appropriate support for a regular programme of screening mammography development continuing professional development for new and experienced radiologists and MRTs.**
F.7	**Medical physicists education programme**	**Provide support for the development of a new education programme for medical physicists (including those who would be qualified to work in mammography).**
F.8	**More Bachelor of Medical Imaging students**	**Work with the Bachelor of Medical Imaging education providers to increase numbers of students choosing to study mammography.**

4.8 WFD initiatives specific to NCSP

The shortage of laboratory personnel and those with qualifications and experience in gynaecological cytology is well recognised. In addition to the NCSP training and professional development initiatives above, the following laboratory specific initiatives will be implemented to address laboratory workforce issues.

To progress these initiatives, it is desirable to progressively establish a formal structure for laboratory workforce development. Sector experts will inform the development of such a structure. The NSU works actively with colleagues overseas to share information and expertise, and learn from different approaches. This will continue with the aim of building a New Zealand gynaecological cytology workforce with world-class skills. The active involvement of professional bodies, the education sector and the Medical Laboratory Technology Board is essential.

Laboratory workforce initiatives

G.1	Cytology training working group	Establish a working group to provide advice to the NSU on implementing the laboratory related workforce initiatives.
G.2	Review options for cervical cytology training in New Zealand	Consider options for improving the current education and training opportunities and requirements for the NCSP laboratory workforce in New Zealand, and recommend a chosen model.
G.3	Implement a chosen model for gynaecological cytology training in New Zealand	Following the review (G.2), and with the advice of the working group, implement the chosen training model.
G.4	Competence assurance	Facilitate the introduction of a New Zealand competence assurance scheme for those who process and interpret cervical smears.
G.5	NZ Society of Cytology conference	Provide support, as considered appropriate, to the NZ Society of Cytology annual meeting.
G.6	Laboratory orientation guidelines/ programme	Develop a set of guidelines to assist laboratories to orientate and support new employees and students, informed by practice in New Zealand and overseas.
G.7	More BMLSc cytology students	Work with relevant education providers to increase the number of students choosing the cytology option as part of their degree.

Colposcopy workforce initiatives

G.7	Colposcopy practitioners	Work with the New Zealand Society of Colposcopists to identify colposcopist professional development support needs and options.

Appendix 1: The ideal screening workforce and infrastructure

To achieve successful workforce development, it is necessary to have an idea of what a model workforce might look like for the existing cancer screening programmes. The following are characteristics that a model screening workforce could include:

COMMON UNDERSTANDINGS

- A clear understanding of a well person approach, screening principles, and the particular duty of care inherent in population screening activities.

CONTINUING PROFESSIONAL DEVELOPMENT

- Clinical and non-clinical career pathways.
- Regular professional development opportunities across the sector.

CULTURAL APPROPRIATENESS

- Workforce competencies that reflect an ability to provide culturally safe and appropriate services meeting the needs of Māori, Pacific and women from other ethnic backgrounds.
- In line with the State Sector Act, aspirations of Māori in the development of workforce are taken into account.
- Consistent with the New Zealand Health Strategy, the special relationship between Māori and the Crown under the Treaty of Waitangi is acknowledged.

EDUCATION AND TRAINING

- Workforce competencies (linked to education and training) that meet the quality standards.
- A variety of accessible, consistent, educational opportunities at all levels – entry, graduate, postgraduate.
- Well-developed orientation and in-service training, including formal orientation programmes for people newly arrived from overseas.
- Opportunities to attend conferences and access overseas expertise.

QUALITY STANDARDS AND WORKFORCE MONITORING

- A shared commitment to the best possible outcomes for all women, as measured by national and international standards.
- National monitoring of emerging workforce trends by the Ministry of Health and professional bodies.

RECRUITMENT AND RETENTION

- Workforce recruitment and retention approaches that represent 'best practice'.
- High morale, along with a high level of interest among health professionals to enter the screening workforce.

RELATIONSHIPS

- Strong links among service and education providers to share resources.
- Proactive and supportive professional bodies.
- Strong links to and engagement of consumer organisations and a commitment to ongoing consumer consultation.
- Strong consultative and strategic links to service and education providers and the wider health sector, including other directorates in the Ministry of Health.

Appendix 2: Summary of the Health Workforce Advisory Committee priority areas

PRIORITY AREAS	KEY ASPECTS OF HWAC'S PRIORITY AREAS
1. The implications of the Primary Health Care Strategy.	■ Challenges health practitioners to work in new ways and use new skills to ensure that the communities they serve receive high-quality, integrated care.
2. The development of healthy workplace environments.	■ Healthy workplace environments are a prime requirement for health workforce development and are everyone's responsibility. ■ This focuses on values, processes of engagement and nurturing the workforce. ■ Features of a healthy workplace include enthusiasm, co-operation, teamwork and commitment to innovation, continuing education, shared learning and career development.
3. The evolution and further development of health workforce education.	■ Competencies, scopes of practice, collaborative research and accessible education programmes are key issues. ■ Community and clinical placements for trainees must be co-ordinated and shortages of places must be addressed. ■ Flexible delivery methods would improve access to and strengthen work-based training. ■ The teaching capability of staff should be enhanced and supported. Mechanisms to ensure the relevance of courses and diversity of students entering health related programmes should be put in place. ■ Clarification on the application of scopes of practice under the HPCA is needed. ■ Health and education sector interest groups need to communicate and work more effectively together.
4. Māori health workforce development.	■ Māori need to be represented in the health workforce in proportion to the wider Māori population and equitably distributed across all occupational groups. ■ Māori participation in change and the Treaty of Waitangi principles of partnership, participation and protection should be promoted to achieve collaborative service delivery and governance. ■ Effective collaboration between the health and education sectors is essential, including educational and training programmes, ongoing education development of Māori health practitioners, and second-chance health education initiatives.
5. Pacific health workforce development.	■ This requires participation of and collaboration with Pacific leaders in the health and disability sector, and communities, to develop strategies. ■ Recognition and application of ethnic specific approaches to health is necessary, such as the concept of 'for Pacific by Pacific'. ■ A multi-level approach is proposed, encompassing schools, the sector, and a wide range of health practitioners and education providers. Central to this is the development of career pathways, opportunities for ongoing learning, and targeted investment.
6. The evolution and development of the health and support workforce to better meet the needs of disabled people.	■ This has a focus on strengthening the health and support workforce who meet the needs of disabled people.
7. Research and evaluation.	■ Workforce development is an underdeveloped area of health sciences research. ■ Research and evaluation play a significant role in innovation and in driving local health service and workforce development efforts. ■ Research and evaluation should be core organisational functions. ■ HWAC recommends a national health and disability workforce research framework be developed by June 2005.

Appendix 3: Key organisations and their functions

Table 8 shows the key players relevant to the screening sector and a summary of their roles. Understanding and working in partnership with these organisations is important if a comprehensive intersectoral approach is desired for screening workforce development.

TABLE 8:

KEY ORGANISATIONS OF RELEVANCE TO THE SCREENING WORKFORCE

Organisation type	Roles related to screening workforce development
International Accreditation New Zealand (IANZ)	Accredit laboratory and radiological services according to recognised criteria, to meet screening programme quality requirements.
Clinical Training Agency (CTA)	Fund the clinical component of post-entry clinical training. (Current screening-related funding is for doctors only.)
District Health Boards New Zealand (DHBNZ)	Represent the DHBs nationally, to carry out national projects where agreed.
Education providers	Includes universities, polytechnics, and Private Training Establishments such as Family Planning New Zealand.
Health Workforce Advisory Committee (HWAC)	A broadly representative national committee, serviced by a secretariat in the Ministry of Health, to: report to the Minister of Health on current workforce capacity and issues, future issues and recommendations; to facilitate co-operation between organisations involved in health workforce education and training; and, to report progress on the recommended strategies and identify required changes.
Independent Monitoring Group (IMG)	Monitor the cervical and breast cancer screening programmes' operations and outcomes against accepted targets, and provide recommendations, advice and direction in relation to their monitoring activities.
Ministry of Education	Set national educational policy and fund programmes.
New Zealand Qualifications Authority (NZQA)	Establish and maintain a framework for nationally recognised educational qualifications, accredit and moderate educational programmes directly or through other arrangements, record people's educational attainments, and assess overseas qualifications in some fields.
Professional bodies and colleges	Establish requirements for education, training and registration; provide professional leadership; set practice standards; oversee education and training; receive and investigate complaints; provide continuing professional development; assess overseas qualifications in some fields; and, provide policy and strategic advice.
Programme service providers, including DHBs, community and private providers	Employ or contract appropriate personnel and operate in a way that meets the requirements of screening programmes; set conditions of employment; and, provide clinical training for students in education and training programmes.
Women's health advocacy organisations	Identify and communicate screening issues of concern to women; advocate for women; educate women and health professionals regarding screening; and, participate in the oversight of screening services and development of policy and standards.
New Zealand Nurses Organisation (NZNO)	Provides representation for its members, promotes nursing and midwifery, participates in health and social policy development.

Appendix 4: Key messages for screening workforce development

Table 9 shows the key messages for target groups in screening workforce development. These messages recognise that for long-term sustainability it is necessary to look beyond the existing workforce and there are therefore considerations in implementing workforce development initiatives.

TABLE 9:

TARGET GROUPS AND KEY MESSAGE FOR WORKFORCE DEVELOPMENT

Group	Who are they?	Key messages
Screening leaders	Service provider leaders, educators, professional body officers, the NSU.	Collaboratively, we can make New Zealand screening programmes comparable to international best practice, raise the profile of screening and reduce the incidence of breast and cervical cancer in New Zealand.
Screening workforce	Service employees who have the qualifications that meet the screening programme quality standards.	Your work contributes to the efforts of a broad screening workforce and, as such, your expertise and ongoing development are recognised and valued.
Potential screening workforce	Individuals who may partially meet the screening programme quality standards, and who could be involved in screening with appropriate support.	There are job opportunities available and screening is a satisfying and rewarding career option.
Tertiary students	Students who are studying or considering studying in laboratory science, medicine, nursing, medical imaging, physics.	There are satisfying job opportunities in screening; Explore your options and acquire the required education.

Appendix 5: Summary of stocktake survey results relating to health promoters

- Fifty health promoters were identified nationally: 10 in BSA, 16 in NCSP, and 24 in the ISPs. As many work part time, these equated to 18 FTEs in total.
- This is likely to be an under-estimate of the health promotion workforce.
- The surveys also identified some volunteers, some Māori and Pacific coordination roles, smear takers and Kaumatua roles, which reportedly support health promotion activities.
- Hours of work were reported as ranging from half an hour per week to 40 hours.
- Health promoters hold a range of formal qualifications. Some have no formal qualifications. Others reported nursing and other health related qualifications.
- Over 50% are aged over 45.

There was no indication in the comments that capacity for the health promotion workforce is an issue. Given this and the lack of reported vacancies in the survey, there does not appear to be a current shortage of people to fill these roles. However, the need for further education and training opportunities are noted, and there may be turnover issues.

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