

# New Zealand Health Workforce Plan

## December 2024



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# Foreword

This plan describes the actions Health New Zealand will take over the next three years to add to New Zealand's health workforce over, and above our normal growth. It is year one of what we expect to be annual refreshes to our workforce planning as we learn more about what works, as models of care change, and as the needs of New Zealanders change.

People are at the heart of what we do. Our health workforce goes to extraordinary lengths to deliver care to thousands of New Zealanders every day, across a multitude of settings.

We must get our workforce right-sized and support it as best we can if we're to achieve our targets for the health system.

This plan lays out a series of actions we will take to achieve our aspirations for the health system.

It considers some of the health system challenges that are being seen the world over, including an ageing population, more complex health conditions, and the need for health systems to work differently to remain sustainable and affordable.

It identifies two key areas where Health NZ will focus its efforts in order to address our workforce shortages, they are:

- Changing how we deliver care, through shifting to new models of care and service delivery approaches,
- Improving supply by training more health workers locally, getting better at recruiting from overseas, and doing more to retain our people.

I am grateful for the collaboration and contribution of the range of voices which have contributed to the plan, including unions and our clinical leaders.

This is a roadmap for how we as a country can achieve the best possible health outcomes for all who live here and is an important step toward addressing our current health crisis.

We cannot deliver on this plan on our own. Our health system is diverse and distributed, and we will need leadership from the education sector, unions, regulators, peak bodies, communities, other government departments to achieve the change we want; and, critically, the trust and confidence of patients and their families are vital components in achieving this ambitious plan.

I am confident that this plan is achievable and that through hard work, cooperation and innovation we can start seeing improvements in our health workforce over the next three years.



**Fepulea'i Margie Apa**  
**Chief Executive**

# Purpose

The Health Workforce Plan sets out the actions Health New Zealand | Te Whatu Ora will start to progress in FY24/25 to strengthen the clinical frontline and deliver on the **Government’s priorities as laid out in the Government Policy Statement on Health 2024 – 2027. This plan is a companion document to the New Zealand Health Plan. The service delivery priorities this plan will enable are:**

5

### National Health targets

- Faster cancer treatment
- Improved immunisation for children
- Shorter stays in emergency departments (EDs)
- Shorter wait times for first specialist assessment
- Shorter wait times for treatment



+5

### Modifiable risk factors

- Smoking
- Poor nutrition
- Lack of exercise
- Harmful alcohol use
- Lack of social connection

+5

### Long-term conditions

- Cancer
- Diabetes
- Cardiovascular disease
- Respiratory
- Mental health and addiction

+5

### Mental health & addiction (MH&A) targets

- Faster access to specialist MH&A services
- Faster access to primary MH&A services
- Shorter MH&A-related stays in EDs
- Increased MH&A workforce development
- Strengthened focus on prevention and early intervention

This plan should be read alongside the Mental Health and Addiction Workforce Plan, which focuses specifically on those workforces. This plan will be refreshed each year as we learn more about what works, understand changes to models of care likely to emerge, and get more sophisticated in our planning models. We will refresh this plan by the end of 2025. Further information and analysis which underpins this plan is available on our website at <https://www.tewhatauora.govt.nz/workforceplan>

# The case

Health NZ has responsibility under section 14(1)(g) of the Pae Ora (Healthy Futures) Act 2022 to undertake health workforce planning – for the health system as a whole, and as an employer. A sufficient, sustainable health workforce provides better care; is better for our health workers; is more affordable; and is a driver of wealth and growth for New Zealand.

Our current models of care are not sustainable, and don't consistently deliver the best care for patients and whānau – or a good experience of work for our workforce.

To manage our workforce needs while living within our means – and within the realities of workforce availability – we need to:

- **Change how we deliver care**, shifting to new models of care and service delivery approaches, shaped by clinical leaders with patients at the centre. These will make better use of technology and our workforces to modernise care, improve quality and sustainability, and ensure more New Zealanders can get care closer to home.
- **Improve supply** by training more health workers locally, getting quicker at recruiting from overseas for specialist skills, and doing more to retain our people. While we can make significant headway with technology and how we build our clinical teams, we also just need more health workers – and we need them to reflect the diversity of our communities.
- **Move care closer to home** by ensuring the primary and community sector – including general practice, care and support workers, community pharmacy, and diagnostic workforces – are well-supported to enable shifts in care in community settings. Growing our primary and community workforce is essential to keeping New Zealanders well, closer to home, for longer.

Making and sustaining these changes over coming decades will allow us to achieve sustainability for our health workforce, within the funding we have available. While improving supply is important, we must also set expectations for how the workforce in all disciplines will give life to the New Zealand Health Charter | Te Mauri o Rongo and work with training sector to imbue these values in their training.

At the same time, we will take the opportunity to ensure a more sustainable workforce translates to a more financially sustainable system. This will require responsible trade-offs between new workforces, volumes of care delivery, and tackling insufficient workforce supply.

This plan sets out a year one view of the next three years of the journey we want to take towards these objectives with our health workforce and for our communities.

To manage our workforce needs while living within our means we need to:  
**Change how we deliver care, improve supply and move care closer to home.**

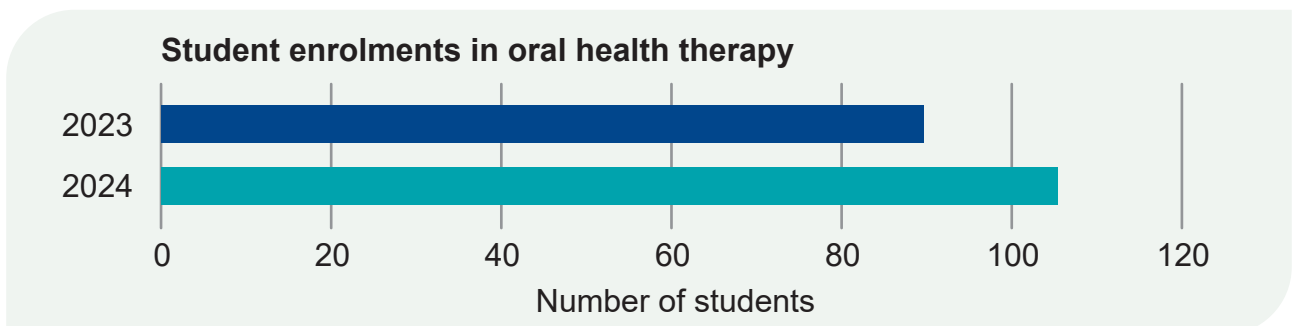
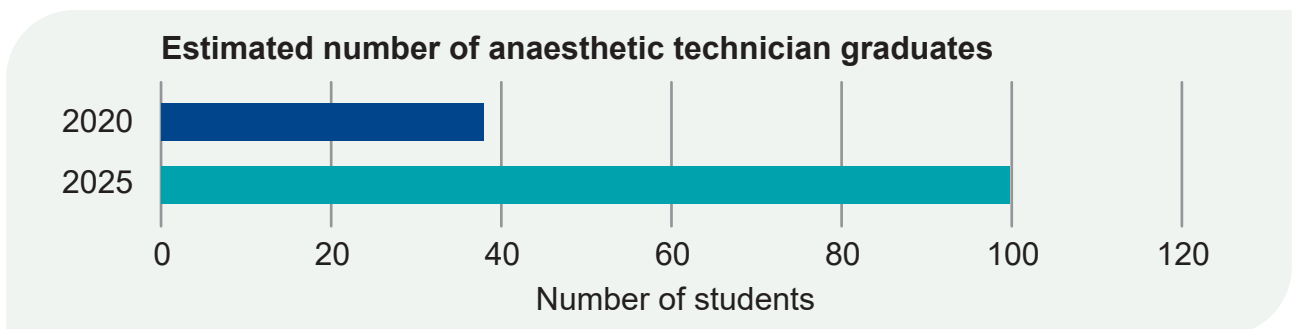
# Context

Our health workforce has grown significantly since 2020, and particularly over the past year. Comparing trends in Health NZ’s employed workforce in full-time equivalents (FTE) with trends in population growth (estimated at 2.4% for the year to March 2024):

- Our medical workforce has grown by 3.1% in the year to March 2024, and by 14.1% since March 2020.
- Our nursing workforce has grown by 10.9% in the year to March 2024 – nearly 3,000FTE of nurses – and by 21.5% since March 2020. Over the year to March 2024, the number of nurses with Annual Practising Certificates (APCs) in our national nursing workforce has grown by 13%.
- Our allied health workforce has grown by 3.5% in the year to March 2024, and by 8.9% since March 2020.
- Our midwifery workforce has grown by 11.2% in the year to March 2024 – swinging back from a low following the COVID-19 pandemic – which is reflected in a lower growth rate of 7.1% since March 2020.
- Our care and support workforce has grown by 9% in the year to March 2024, and by 31.6% since March 2020.

The past year has seen some significant investments in the future of our workforce – including 25 new medical school places, and growth to nurse practitioner training.

At the same time, the fruits of investments made between 2020 and 2023 have started to pay off for some of our key allied workforces, with vulnerable professions like oral health therapists and anaesthetic technicians experiencing good growth.



# State of play

Our workforce has grown significantly over recent years, even compared to growth in our population. But our health system is less productive than it used to be – meaning we are not translating workforce capacity into better, faster care for New Zealanders.

This isn't because of our workforce, who are exceptionally hard-working and talented. It's because we are not making best use of their talents to achieve better care. If we continue the way we are working today, we estimate that there will be shortages in workforces across New Zealand's health system.

**National training capacity is limited.** We can only grow so much domestically and because mounting international demand for health workers will make it harder, rather than easier, to recruit from abroad.

**We do not yet have estimates of our real current and future need that:**

- account for the interventions in this plan – and other recent investments, such as in medical school capacity and in technology
- account for improvements to models of care and service delivery models, which will improve productivity
- consistently use high-quality data and models.

We do have projections of future demand for our health workforce if nothing changes – which demonstrates the need to work differently:

**By 2033 if nothing changed, we expect the health system would need an additional:**

- ▶ **3,450 FTE more doctors**
- ▶ **4,100 FTE more nurses**
- ▶ **4,450 FTE more allied professionals**

Accepting that nothing can change is not tenable. We have to get our workforce capacity right to deliver better care to New Zealanders.

This means we will need to:






- Reduce demand on our medical workforce where we can – and recruit and retain as best we can against international competitors.
- Support increased specialisation and top-of-scope work for our nurses.
- Grow allied workforces, to facilitate model of care change and better, more affordable care for New Zealanders close to home.

Information about the assumptions and caveats which underpin our data is available online at <https://www.tewhatauora.govt.nz/workforceplan>

# Long-term change

To achieve a sustainable, equitable, supported and thriving health workforce Health NZ will need leverage from across government and the health sector. This requires collaborative working with other stakeholders that influence training pipelines: education sector, providers (public and private), professional bodies and regulators. Changing how we grow our workforce will change how we deliver care. These shifts are needed in our capacity as an employer and as a caretaker for our wider health workforce; and from others in the system.

**Working with stakeholders, there are seven levers which need to move in concert with the actions in this plan to achieve our workforce objectives and will be a focus for this year:**

<p><b>How we regulate</b></p> 	<ul style="list-style-type: none"> <li>• Get faster processing of overseas-trained professionals' applications to work in NZ.</li> <li>• Easier transitions between professions.</li> <li>• Lower regulatory barriers to innovative training.</li> </ul>
<p><b>How we train</b></p> 	<ul style="list-style-type: none"> <li>• As an employer, improve student experiences of placement.</li> <li>• Better match health need to training supply across the system.</li> <li>• More programmes offering earn-as-you-learn and part-time training, and better recognition of prior learning.</li> </ul>
<p><b>How we recruit</b></p> 	<ul style="list-style-type: none"> <li>• As an employer, grow our presence in key markets, speed up recruitment and invest in succession planning in clinical networks.</li> <li>• Partner with communities on local pathways.</li> </ul>
<p><b>How we retain</b></p> 	<ul style="list-style-type: none"> <li>• Make our organisational cultural commitments to Health NZ staff – such as in the NZ Health Charter – real for our people.</li> <li>• Improve leadership and the experience of work for our staff.</li> </ul>
<p><b>How we work</b></p> 	<ul style="list-style-type: none"> <li>• Redesign models of care to make best use of scarce talent and improve care outcomes for whānau.</li> <li>• Shift to have all our Health NZ teams work in a multidisciplinary manner.</li> <li>• Encourage shifts to models of care in the community, alongside investment in innovation and technology.</li> </ul>
<p><b>How we invest</b></p> 	<ul style="list-style-type: none"> <li>• Fund providers sustainably to support primary and community contribution to workforce training and development.</li> <li>• Reset our workforce funding to improve impact.</li> </ul>
<p><b>How we enable</b></p> 	<ul style="list-style-type: none"> <li>• Invest in technology (like telehealth, simulation training and AI) across the system to make better use of our clinical capacity.</li> <li>• Ensure Health NZ's physical infrastructure helps our people work more safely and productively.</li> </ul>



# Priorities for 2024 – 2027

We've identified **five workforce priorities** which reflect the most important things to get on with this year if we are going to make sufficient progress towards workforce sustainability.

These priorities cut across health professions. More detail about how each profession will be reached by these initiatives is available in the comprehensive version of the Health Workforce Plan. The actions which underpin these priorities are shared across both this plan, and the Mental Health and Addiction Plan.

## Priority

# 1

### Get our workforce basics right

Make sure training and recruitment pathways are producing the number of people we need; and get the simple stuff right for our people, like student retention and usable systems.

## Priority

# 2

### Work differently for productivity and better care

We can achieve improved health outcomes for New Zealanders by ensuring our health services are productive in the way we invest in facilities, technology, equipment, medicines and workforces. Productivity gains will improve the clinical quality and safety of care.

## Priority

# 3

### Keep people well, close to home through primary care

Early intervention helps us keep New Zealanders well for longer, closer to home. By bolstering workforces in public health, primary care and the community, we can keep people healthier and lift load on our hospitals.

## Priority

# 4

### Address workforce needs to hit targets

We're committed to meeting our National Health Targets – but not having the workforces we need can be a barrier to shorter waits, shorter stays and faster treatment. We want to target growth to workforces which will help us achieve our targets.

## Priority

# 5

### A workforce that reflects community need

A representative workforce is better able to serve our diverse communities – so we need to strengthen pathways to grow the diversity and inclusiveness of our workforce, particularly for communities we have not served well in the past.

# Priority 1 – Get our workforce basics right

If we can't get the simple things right, it will always be difficult to achieve change and a different experience for our workforce.

At present, we do not have some of these basics under control for our own workforces. We need to focus on getting these workforce basics right across the health system:

- Aligning training volumes with the number of health workers we need in future is one of the easiest ways to ensure we have the right workforce for the future. We have made good progress here with the tertiary education sector over the past year – but by expanding that progress across a wider range of workforces we can ensure it becomes systemic rather than a one-off success.
- Students continue to quit tertiary training programmes at higher rates than are acceptable to us, or our tertiary partners. In some programmes, attrition is over 40%; this is a huge loss of talent. While some attrition is healthy – as students decide a career in health isn't for them – some of the exits we see today are because of culturally unsafe experiences and financial pressures. We want to ensure we retain these committed students wherever possible to help our workforces stay sustainable into the future.
- Many of the systems Health NZ employed staff use day-to-day – like payrolls and reimbursement forms – are old and outdated. By fixing these systems as swiftly as possible we can lift burden on our people.
- Our workforce planning is working much better than it used to – but there is still more we can do to develop models of future workforce demand that can help with scenario planning, and present more regional and local views of health workforce need.

While some of our other priorities may continue into future years as our workforce changes, it is urgent that “getting the basics right” is actioned as quickly as possible. Investments in roster-to-pay system improvements in particular are key for Health NZ staff, and for our planning.

We may identify new “basics” to address over the course of this plan – for example, bonded student loan relief for students – as policy work is progressed by the Ministry of Health or as our system changes.

If we can't get the **simple things right**, it will always be difficult to achieve change and a different experience for our workforce.

Action	What we'll do
<b>RIGHT-SIZE TRAINING VOLUMES</b>	
1.1 Secure educational training capacity	Secure 100 new training places for students in tertiary training programmes where we need growth – including for sonography, radiation therapy, oral health therapy and podiatry.
1.2 Boost Health NZ's placement capacity	<p>Expand and improve Health NZ capacity for allied and specialist nursing placements, including for anaesthetic technicians, oral health therapists, medical imaging technologists, podiatrists, cardiac sonography and cancer nursing.</p> <p>Expand Health NZ's capacity for medical training to meet recent increases to medical school capacity and planned new medical school capacity.</p>
1.3 Match tertiary training capacity to future need	Review all health system training volumes for which we have modelling against expected workforce demand by 2035; and outline required tertiary training growth to meet demand.
1.4 Streamline tertiary training programmes	Re-design tertiary training pathways (working with the tertiary sector) to align training times to global norms, introduce more flexible pathways, and address student attraction and attrition.
1.5 Improve use of simulation	Establish a national, interprofessional simulation training service for Health NZ teams, to support and deliver consistent, high-quality simulation-based learning.
<b>REDUCE STUDENT ATTRITION</b>	
1.6 Improve student placements	Launch a new system for student placements to coordinate capacity nationwide and better allow students to indicate placement preferences (including where and when they are placed).
1.7 Alleviate financial pressure in training	Establish a fund for students suffering significant financial hardship while in their final years of health training to support them to complete – targeting workforces with significant current or anticipated shortages.
<b>IMPROVE SYSTEMS AND PLANNING</b>	
1.8 Continue improving reimbursements	Where we are contractually required to fund practising fees, move to pay these directly; and reduce our average processing times for large reimbursements.
1.9 Improve national workforce planning	<p>Improve workforce planning, including by reviewing our models of current and future supply, and enabling scenario- and demand-based modelling of workforce supply.</p> <p>Develop a national map and adopt national planning of medical training volumes, so we can align future increases in training numbers to specialties where need is greatest.</p>

## Priority 2 – Work differently for productivity and better care

Growing our health workforce is essential to service sustainability. But it will not be enough alone.

In some areas we can't possibly grow the workforce we need using current models; and in other areas, we have added workforce (particularly in nursing) without accompanying improvements in patient outcomes or service output. We need to work differently and lift our system's productivity to be able to provide New Zealanders with better care.

At the same time, we've heard from our workforce that work in health has gotten progressively harder in recent years. By better valuing people's time through better models of care, we can better support our workforce and make better use of our workforce's capabilities.

To achieve this change, we will need to:

- Reorganise services to take advantage of national networks and get the right level of specialisation in the right places.
- Employ new roles, and a wider range of workforces, in our models of care to improve care quality and better manage workload.
- Shift towards interdisciplinary practice, and more flexibility to work across settings for some roles (such as technician roles).
- Improve the culture and leadership of our services, to offer our people greater flexibility, wellbeing and support to excel – with a focus on strong clinical leadership institutions.

We expect this to be a priority for us for several years yet to come. The parts of this change focused on service change and models of care are needed across the whole health system – though our levers to achieve this change will look different in our hospital and specialist services than in primary and community care.

Elements of this shift which focus on culture change and employee experience will mainly focus on Health NZ's own staff and services; but over time we want to work with the primary and community sector on how we can do more across the health system.

We need to **work differently and lift our system's productivity**. At the same time, **better valuing people's time through better models of care**.

Action	What we'll do
<b>CHANGE HOW WE DELIVER CARE</b>	
2.1 Adapt specialist models of care	<p>Review models of care and service delivery models across priority specialist areas, including dermatology and radiology, and get started implementing improved models.</p> <p>Add 50FTE of additional SMO capacity to services that need it, to support innovation and sustainability, and to drive improved specialist models of care.</p> <p>Support growth in specialist nursing workforces.</p>
<b>IMPROVE OUR PEOPLE'S EXPERIENCE OF WORK</b>	
2.2 Establish consistent benefits of employment	Review all the services we provide Health NZ workers on our sites – including childcare and rural accommodation.
2.3 Improve support for progression	Expand development opportunities for Health NZ workers in areas with less clear pathways today, including for orderlies, addiction roles and support roles.
2.4 Allow for more flexible rosters	<p>Get digital rostering tools in place across for more Health NZ frontline staff, to improve productivity and workforce deployment – both for our staff and our system.</p> <p>Adopt consistent rostering approaches for Health NZ staff who need flexibility, to make flexibility more accessible for our staff.</p>
2.5 Launch flagship services to keep staff well at work	Launch our Kaimahi Hauora Service for staff wellbeing, and the Resident Doctors' Support Service, to support Health NZ workers to deliver safe, exceptional care.
2.6 Keep our people safe at work	Deliver a protective security programme to keep frontline Health NZ staff safe, including delivering the ED Security Improvement Programme funded through Budget 2024.
<b>STRENGTHEN OUR CULTURE AND LEADERSHIP</b>	
2.7 Strengthen clinical and service leadership	<p>Invest in Health NZ's clinical and service leadership to ensure compassionate, effective leadership practices across our services.</p> <p>Continue strengthening Health NZ's clinical leadership structures, including clinical networks, our clinical senate, and clinical advisory groups.</p>
2.8 Make an improved national culture real	Roll out a national culture programme for Health NZ services to bring the NZ Health Charter to life, focused on how we work – with an evidence-based approach to how we make good decisions, work interprofessionally, and keep our staff psychologically and physically well.

## Priority 3 – Keep people well, close to home through primary care

Keeping people well, closer to home for longer means New Zealanders live better lives, stay happier and healthier, and get more convenient access to care when they need it. We need the right workforce to make this real.

Achieving such change will require growing workforces who work in communities – including in public health, primary care, and wider community services. If we can add capacity to these workforces:

- We can reduce the number of people who need hospital-level care by getting ahead of their health needs earlier. Improving screening and early intervention in the community; improving access to primary care; and improving management of chronic conditions (like diabetes) in the community all offer opportunities to keep people well for longer without requiring hospital-level care.
- We can deliver a wider range of care in the community – such as minor surgical procedures, musculoskeletal care that can avert the need for surgery, and some chemotherapy.
- We can discharge people from hospital faster, reducing strain on our hospital system; particularly for older people who need support for frailty, aged care services, hospice or palliative care.

To achieve better primary and community care, we'll need some shifts across the board to support new models of care in communities, like:

- strengthening our major primary care workforces, including GPs, and augmenting them with nurse practitioner and allied capacity
- a strong base of kaiāwhina, healthcare assistants and enrolled nurses who can work across a range of settings
- more allied roles to support expanded practice, like physiotherapists to help people with musculoskeletal conditions, and pharmacists to perform medicines reviews and offer over-the-counter care.

We also want to encourage community devolution and ownership of local workforce needs – supporting local design of workforce and service models to meet community needs and making best use of local talent. One-size-fits-all models will not work across New Zealand; so localising workforce approaches is an essential part of achieving sustainability.

**Keeping people well, closer to home for longer** means New Zealanders live better lives and stay happier and healthier.

Action	What we'll do
<b>GROW OUR FOUNDATION</b>	
3.1 Expand our foundational workforces	<p>Fund earn-as-you-learn training for 120 kaiāwhina per year to train into enrolled nursing or allied health roles.</p> <p>Fund 200 health workers in entry level roles to obtain Level 3 or 4 health qualifications, including Level 4 training for 90 additional consumer, peer support and lived experience (CPLSE) workers annually.</p> <p>Support a wider range of roles to contribute to primary and community care, including extended care paramedics and physician assistants.</p>
3.2 Establish and grow assistant roles	<p>Establish new allied assistant roles with associated models of care.</p> <p>Work with tertiary education providers and the New Zealand Psychologists Board to establish a training programme for at least 20 associate psychologists per year.</p>
3.3 Attract students to health careers	<p>Launch a national attraction campaign to get students interested in health careers.</p>
3.4 Improve graduate transitions	<p>Establish 20 additional New Entry to Practice (NEP) roles for allied professionals, with a focus on innovative care settings.</p> <p>Expand early career supports for mental health nurses transitioning out of NESP training.</p>
<b>ADDRESS PRIMARY AND COMMUNITY SHORTAGES</b>	
3.5 Grow our GP and community medical workforce	<p>Establish a new primary care pathway for House Officers, offering 50% of runs in community settings.</p> <p>Move to publicly employ public health medicine and rural hospital medicine registrars to smooth their employment pathways and reduce attrition.</p> <p>Continue to target 300 GP trainees into the GP Education Programme (GPEP) as an annual intake.</p> <p>Support the development of new medical school clinical placements in line with business case processes.</p> <p>Support community initiatives targeting local workforce sustainability in hard-to-staff areas.</p>
3.6 Bolster maternity care	<p>Launch a new model of midwifery education, using an urban satellite training model.</p> <p>Develop a midwifery assistant role to support midwifery capacity.</p>
<b>PREPARE FOR FUTURE CHANGE</b>	
3.7 Extend scopes through training	<p>Continue to support nurse practitioner training, and work to revise our approach to nurse practitioner training with clinicians, providers of training and regulators for 2026.</p>

## Priority 4 – Address workforce needs to hit targets

Health NZ is committed to five National Health Targets and the Mental Health & Addiction Targets which focus on shorter waits, shorter stays and faster treatment for New Zealanders when they need care.

Achieving these targets relies on us having all the resources needed for each stage of that journey: bed capacity, staffing, and available technology (like scanners) across a range of services.

Our hospital and specialist system faces mounting demand. We need sufficient workforce for our system to ‘flow’ well. For example:

- We need to have enough medical imaging technicians (MITs) and sonographers to keep up with the number of scans people need for diagnosis and treatment – and ensure people can be promptly discharged.
- We need enough anaesthetic technicians (ATs), anaesthetists and surgeons to maximise the surgical volumes we can deliver. Having enough means we can reduce waits – which in turn means fewer patients in beds, less workforce required to care for them in hospital, and better outcomes for patients.

By addressing shortages in critical workforces, we can have a disproportionate impact on how well our hospital and specialist services function – supporting our workforces, improving output, and ensuring people are admitted, diagnosed, treated and discharged promptly. Areas where workforce factors contribute to poor flow include for:

- Radiology workforces, including radiologists, MITs who specialise in MRI scans, sonographers, and nuclear medicine technicians.
- Specialist and perioperative allied workforces, such as ATs.
- Key medical specialties, including general medicine and oncology; though most medical workforces need growth to support flow.

Acute shortages in dental workforces (oral, dental and maxillofacial surgeons and dentists; and oral health therapists) and mental health and addiction workforces (particularly psychiatrists, clinical psychologists and mental health nurses) produce specific challenges for patients requiring those care pathways – and are also targeted here.

Health NZ is committed to **five National Health Targets** and the **Mental Health & Addiction Targets** which focus on shorter waits, shorter stays and faster treatment.



Action	What we'll do
<b>BUILD CAPACITY IN VULNERABLE SERVICES</b>	
4.1 Focus international recruitment	Target international recruitment investment at our most severe workforce demands, and areas of insufficient domestic supply.
4.2 Expand medical training in vulnerable specialties	<p>Offer employment to all New Zealand-trained new medical graduates from 2026, including international students who want to work in New Zealand.</p> <p>Establish a pool of funding for small, vulnerable specialties to support training sustainability – including dermatology, rheumatology and gynaecological oncology.</p> <p>Add 5 radiology and 6 dental advanced training roles.</p> <p>Establish new House Officer runs in high-need specialties such as psychiatry.</p> <p>Grow to 50 psychiatry training roles in Health NZ services from 2025 onwards.</p>
4.3 Grow mental health and addiction capacity	<p>Establish 10 additional Health NZ clinical psychology intern roles in 2025; and 10 more in both 2026 and 2027 (for 30 total in 2027).</p> <p>Encourage universities to increase post-graduate clinical psychological training capacity by 10 students in 2025; and a further 10 students in both 2026 and 2027 (for 30 total in 2027).</p> <p>Support an additional 110 specialist nurses, occupational therapists and social workers to undertake NESP training.</p> <p>Expand on NESP training opportunities for vulnerable sub-specialties, including forensics, ID and addiction.</p> <p>Update the clinical framework and training resources which support health professionals working with coexisting substance use and mental health problems.</p> <p>Improve support for community providers to recruit support workers; and promote and support connections with the primary and community sector by funding training opportunities for those in support roles.</p>
<b>PREPARE FOR FUTURE GROWTH</b>	
4.4 Establish advanced practice roles	<p>Establish new advanced scope practice pathways to make the most of allied and nursing capabilities, starting with physiotherapy and radiation therapy.</p> <p>Establish mental health peer support specialist roles in eight emergency departments.</p>
4.5 Create private training capacity	Reach agreement with our major private providers of public health services (e.g. private hospitals delivering public surgical lists) to allow training in private settings, with consistent terms.
<b>EXPAND OPPORTUNITIES FOR EMPLOYMENT</b>	
4.6 Make better use of overseas-trained staff	Continue to support 10 NZREX doctors per year through each of the Primary Care Pathway and NZREX Bridging Programme.
4.7 Keep our people while training overseas	Make advanced employment offers for Health NZ health workers going overseas for vocational training, where we know we will have national need by the time they return.

# Priority 5 – A workforce that reflects community need

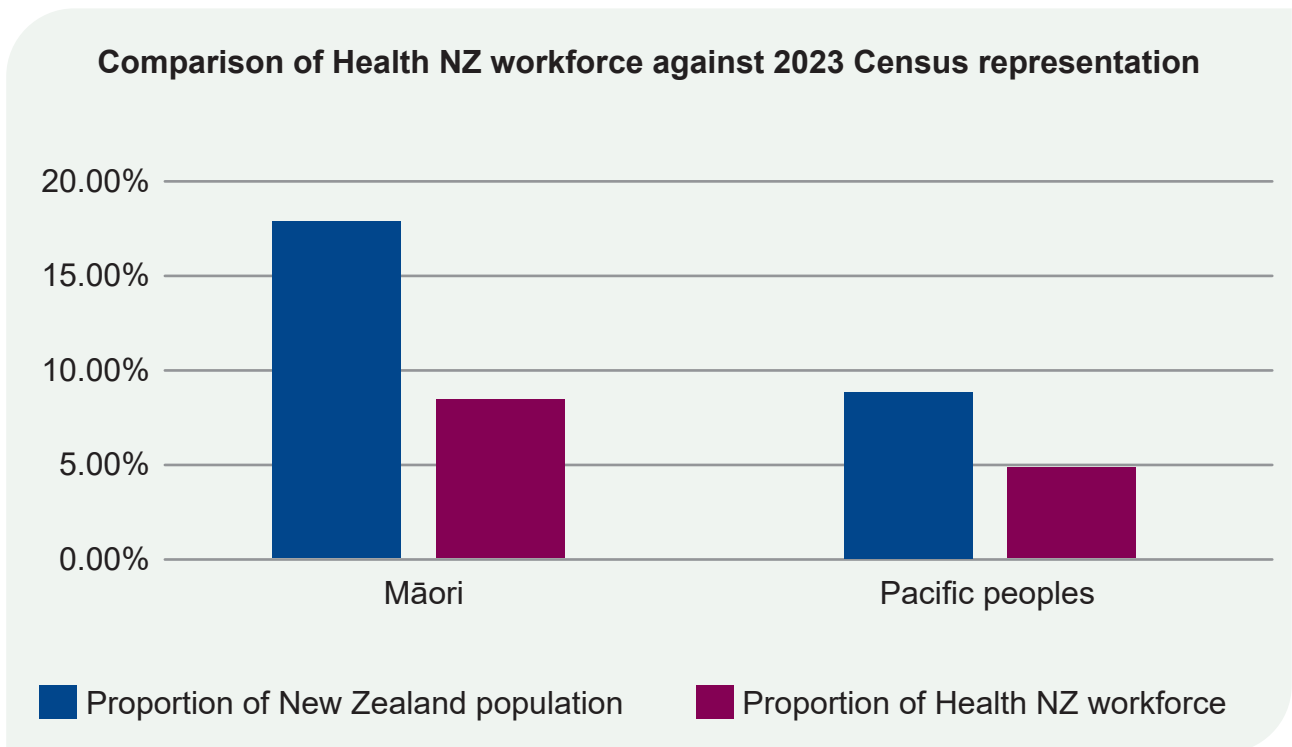
It's intuitive – people want to see themselves in the health workforce which looks after them. We also need a diverse workforce that can tailor care and service delivery to best meet the needs of patients and/or groups of high need.

Given this, it's important that we make our workforce much more diverse and representative – which is also going to help us grow our workforce to the size we need.

At the same time, we know high need communities at times receive less than optimal care because we have poor information on their needs, are insufficiently responsive to community feedback on how to provide better care, and poorly prepare workforces to be able to support those groups. Addressing these drivers is important across our whole workforce.

To get a diverse workforce most likely to meet high need patients and communities, we need to:

- Improve how well informed our services are on evidence and information to be able to target or tailor how we deliver care.
- Deliver and review the effectiveness of schemes tailored to building workforces in areas targeting high need patients and groups (e.g. low socioeconomic, migrant, rural, disabled).



Action	What we'll do
<b>ENSURE CULTURALLY SAFE AND EFFECTIVE SERVICES</b>	
5.1 Adopt common cultural safety expectations	Develop a suite of common expectations for culturally safe practice – for ethnic, gender, disability and LGBTQIA+ diversity – and work with tertiary education providers and regulators to adopt them across our whole health workforce.
5.2 Review recruitment processes for inclusivity	Review our recruitment processes for Health NZ workers with a range of diverse staff, and redesign them with a view to attracting exceptional, diverse talent.
<b>STRENGTHEN OUR MĀORI WORKFORCE</b>	
5.3 Invest appropriately in Māori-focused programmes	Continue review and funding of effective initiatives to increase recruitment and retention of Māori workforce that directly impact on improved access to care and outcomes for high need groups.
5.4 Grow mātauranga Māori specialists	Develop new mātauranga Māori roles in key workforces where we have evidence that intervention improves access and health outcomes.
<b>STRENGTHEN OUR PACIFIC WORKFORCE</b>	
5.5 Invest appropriately in Pacific-focused programmes	Continue review and funding of effective interventions that grow Pacific health workforce that directly impact on improved access to care and outcomes for high need groups.
<b>STRENGTHEN OUR DISABLED WORKFORCE</b>	
5.6 Open pathways for disabled people	Work with tertiary education providers to create explicit, inclusive training pathways for disabled people into key allied professions.
<b>BETTER SUPPORT RURAL COMMUNITIES</b>	
5.7 Establish rural training hubs	Establish three rural training hubs at sites across New Zealand, employing long-term rural placements for students.
5.8 Support workforce into rural settings	Develop a Supported Entry to Rural Practice programme to acclimate professionals across the health system to rural settings when they first start work rurally.
5.9 Increase rural hospital medical specialist training and support	Grow the number of rural hospital medical specialists we train across the system, and improve support available to trainees to bolster retention in rural settings.

## Where to from here?

Now, we get on with delivering on this plan. Each of our initiatives has an associated implementation plan and funding, which outlines exactly what we plan to deliver and by when.

These implementation plans will be published alongside our first quarterly progress report to give us time to work with stakeholders to confirm our planned approaches.

We will publish quarterly updates on our progress in delivering on our commitments under the plan, so that you can get regular information about how we're doing at delivering on our commitments.

We expect to refresh the Health Workforce Plan by the end of 2025. When we do so, we will:

- present a clearer picture of our desired future state for models of care and technology across our health workforce
- adopt more sophisticated modelling of what this means for future demand.

When we do so, we will also review our progress with the actions outlined under this plan – which have a three-year time horizon.

This may lead us to change timelines, or to reinvest. Where this is because we haven't delivered, we will say so – but it might also be because we've learned more about what will have the greatest impact, or because we need to respond to new challenges.

**Each of our initiatives has an associated implementation plan and funding,** which outlines exactly what we plan to deliver and by when.