

## **New Zealand College of Clinical Psychologists Response to HWNZ Consultation Request:**

### ***Investing in New Zealand Future Health Workforce: Post-Entry training of New Zealand's future health workforce: Proposed investment approach.***

Thank you for the opportunity to feed back on the document

The NZCCP represents clinical psychologists and postgraduate students enrolled in New Zealand clinical psychology programs. Clinical psychologists are trained in assessment and diagnosis, formulation (that is, generating a working theory about what has caused and maintains a person's mental health problems using established psychological knowledge), measurement (using psychometric instruments) and treatment of mental health disorders, and in the assessment of research into the efficacy and effectiveness of psychological therapies and interventions. All have done research at the masters or doctoral level. Clinical psychologists are registered under the clinical psychology scope defined by the New Zealand Psychologists Board; the Health Practitioners Competence Assurance (HPCA) Act 2003 requires clearly specified competences are met and maintained by all registered clinical psychologists; the title "clinical psychologist" is protected by this law. We are bound by a comprehensive code of ethics. The NZCCP has a membership of 798 clinical psychologists and 225 clinical psychology students, so the issue of post-entry training is of great significance to us.

#### **Aim of Proposed Changes**

We agree that HWNZ's funding of post-entry workforce training is an important means of upskilling the health workforce. We also note the important potential for HWNZ to shape the health workforce to better meet the needs of the NZ population through more strategic use of its funding rather than the current model which tends more to continue the status quo.

#### **National Health Workforce Strategy**

We agree that a National Health Workforce Strategy would be valuable to inform and guide investment decisions. We submit that the value of this strategy will be dependent on the extent to which it accurately and effectively reflects the range of perspectives that are important for defining health care into the future. From our perspective, given that most health disciplines in New Zealand recognise more or less explicitly the bio-psych-social perspective, it would be unfortunate and sub-optimal if the Workforce Strategy (either through lack of representation or through lack of weight given to these perspectives through the process), was to under-value and

under-represent the importance of the psychological and social components of health care. As has been widely argued, primary prevention and health promotion activities (which strongly link to the social domain) and addressing the psychological aspects for people with mental **and** physical health difficulties, are amongst the most untapped strategies for cost-effectively improving the health of the population and reducing ineffective and wasteful use of health resources.<sup>1 2 3</sup>

Equally, we submit that ensuring that the voices of Māori, Pasifika, and Asian people need to be strongly represented in developing and operating the strategy.

### **Alignment of Funding**

We support ensuring that the funding for training health services is well integrated across funding sources. It is notable that, with the exception of the recently funded and very welcome HWNZ psychology internship there has been little HWNZ funding directly available for upskilling psychologists. Discussions over the past twenty years have suggested that this was because the base qualification for psychology (Masters/Doctoral + frequently a post-graduate diploma) is the final step in formal training, so post-entry training in a formal sense has not existed. However, the greater length of psychological training than most health professions means that if we want the psychological workforce to reflect New Zealand society (e.g., in terms of proportion of Māori and Pasifika psychologists - Principle 5), joined-up working between agencies to support students through the training journey would be helpful.

A commission-led approach was seen as being helpful for moving planning from reactivity to present situations to a more strategic, future-focused perspective. It is noted that a large majority of the internships in New Zealand are funded by employers, and the nature of the placements are employer-led, often also determined by supervisor availability.

### **Breadth of Focus of Proposal**

We agree that this proposal should cover the broad span of all regulated and some unregulated health professionals rather than being limited to medical training. This is consistent with viewing the health system as an integrated whole rather than as a series of silos.

It is notable that the first and second Funding model principles (Appendix 2) refers only to DHBs and Medical Colleges, leaving out all other sectors of the health service and all other professional groups. This may contradict Principle 6 (Increased primary and community based care is supported).

### **Funding Model**

We understand the benefits of the sliding scale model and are supportive of it with some important limitations.

- **Balancing flexibility and reasonable consistency:** It is not entirely clear from this document whether the ultimate goal is that eventually all post-entry qualification funding would be contestable. Full contestability has a number of potential unintended consequences, including:

---

<sup>1</sup>Baum, F. (2016). *The new public health*. Oxford: Oxford University Press.

<sup>2</sup> Prince, M., Patel, V., Saxena, S., Maj, M., Phillips, M.R., & Rahman, A. (2007). Global mental health 1: No health without mental health. *The Lancet*, 370, 859-877.

<sup>3</sup> Blount, A. et al. (2007) The Economics of Behavioral Health Services in Medical Settings: A summary of the evidence. *Professional Psychology: Research and Practice*, 38. 290-297.

- **“Level playing field”**: Small professions, training organisations, and stakeholders with limited funding and less established organisational structures are unlikely to be able to lobby as effectively for their perspectives as are larger groups. The comment on page 10 acknowledging need to support bidders with limited resources is helpful, but may not offset a bias entirely.
- **“Losing what is done well”**: With full contestability there is a risk that what is being done well (and therefore does not present as a priority) will not attract the funding to continue to ensure it is done well, and so will cease to be done well. This situation would make it difficult to achieve Funding model principle 4 – a sustainable supply of non-prioritised vocational training specialities”
- **“3 Gate” Selection Process**: The need to minimise administrative burden through the application process is recognised. It is recommended that the Gate 1 application process be kept as quite a brief expression of interest. Whilst costs are generally reasonably easy to assess, calculation of benefit can be much more difficult and open to gaming by sophisticated presenters, so a relatively simple and robust model of presenting the benefit of training will need to be utilised to keep the administrative burden down and the playing field level.

Broad diversity in assessors and the expert advisory panel at each stage will be a major determinant of the fairness of the process.

We therefore submit that ensuring that part of the funding is on the sliding scale and part remains as more consistently allocated would be valuable.

- **Frequency of Funding Review**: We submit that a degree of certainty for training providers is necessary to be able to operate and if the contestability cycle is short (e.g., less than the typical number of years of the training programme plus three years) then it is likely to make it impossible for organisations to provide quality training and to retain the quality of staff needed to provide high calibre training. Our members are already aware of workforce development organisations in New Zealand whose effectiveness is being adversely affected by short funding cycles and the uncertainty and inability to plan that this creates.

#### **PHARMAC-like Model**

We are impressed by the ability of PHARMAC to achieve good value for the New Zealand public despite a limited resource and large and growing need. We are supportive of a similar approach being taken to allocate post-entry training funding using a high-transparency process based on criteria of need, benefits, suitability, and cost, effectiveness, and savings. The prioritisation framework shown in Appendix 1 looks like a useful structure. However, the implementation of this will need to take into account some important aspects of the health environment:

- **“Level playing field”**: Similar to as described above, some groups will be more able to lobby for their perspective and for the funding than other groups. The process will need to be able to evaluate the worthiness of the objective independent of the “sickness” of

the presentation. This is not easy. Presenters to PHARMAC are probably more consistently resourced and skilled to present than will be the case in health workforce development.

- **Broad representation:** A potential limitation is inherent in such decision making processes is different perceptions of “what is important” and “whose/what evidence is considered acceptable”. This may in part reflect the actual robustness of evidence but may also reflect the views of individual decision makers about the credibility of the evidence. It may reflect the priorities of the decision makers rather than society. Again PHARMAC perhaps has a generally more unidimensional kind of “product” to assess, and so a relatively narrowly focused lens can be applied to it. Looking at health training, the lens needs to be much wider and broader representation across the sector is needed, and to have real influence, in determining the outcomes of this process.

Thank you again for the opportunity to comment on these proposals. They present some exciting possibilities for improving the health workforce and through that improving the health of Aotearoa New Zealand. We look forward to having further input into the ongoing development.