



Professor Des Gorman
Executive Chair
Health Workforce New Zealand

Dear Professor Gorman

Subject:

Occupational Therapy New Zealand Whakaora Ngangahau Aotearoa (OTNZ-WNA) response to Health Work Force New Zealand, Health Workforce Report 2015.

We commend Health Work Force New Zealand (HWFNZ) on the compilation of information on aspects of the health workforce. We are aware that managing the health workforce is crucial to the provision of ongoing quality health care in Aotearoa New Zealand. We also appreciate the complexity of providing healthcare that requires health professionals to increasingly work in diverse and non-traditional ways.

This report highlights some of the issues currently relevant to occupational therapy in New Zealand however there are some important issues that are overlooked. We invite your response to our comments and proposed future actions that might address these.

Occupational Therapy Is A Good Investment For 'Living Well With Disability' Planning and Servicing

Several important aspects of the current and future challenges in healthcare are presented in the context of a need to consider workforce needs into the future. There appears to be little acknowledgement of how occupational therapy (and other allied health professions) are able to contribute to the expanding areas of practice required to be effective health practitioners in the current health climate. The statement in the report: "Health outcomes are influenced by factors outside direct nursing care, so nurses are working more as a vital part of multidisciplinary teams, including with people from education, welfare, housing, police and corrections.

Technological innovations and advances in treatment capabilities place new demands on the nursing profession" is not partnered with a similar statement regarding any of the allied health professions yet the same could certainly be said. As occupational therapists, we argue that greater diversity of skills in the health workforce (including those of occupational therapists) is required to deliver the multi-system, technical, population-level interventions required to support people to live well with disability/chronic illness. In many cases doing so makes better use of existing investment in health professional training.



Restrictions on Job Descriptions Distort Health Workforce Demand.

Several areas of “Hard to Staff Specialties” are areas in which Occupational Therapists have a long history of working and continue to work. We suggest that often in these ‘hard to staff’ fields, particularly community based roles, positions are often competently filled by health professionals of varied backgrounds including nurses, occupational therapists, social workers and others when applicants are invited from a range of professional backgrounds. Case management roles, transdisciplinary service arrangements, needs assessment, and roles requiring oversight or development of community based services are well within the health and systems-oriented training of occupational therapists. The integrated physical and mental health (i.e. bio-psycho-social) grounding of occupational therapy training, in the context of how people meaningfully occupy their time, is in many instances, an advantage in these professional roles as occupational therapists are often more equipped for the range of skills required compared to more medically oriented health professionals.

It has been the experience of OTNZ-WNA members that positions which an occupational therapist could be an excellent candidate for are advertised as being for one particular health profession only. We are concerned that when one profession is specified this can restrict the performance of services, and may be inhibiting different ways of addressing health needs. OTNZ-WNA encourages you to consider your findings in light of this argument. Conversely, it has been the experience of members that hard to staff specialties exist within occupational therapy evidenced by a lack of applicants for positions advertised. However, managers often then re-advertise positions under generic or other professional titles which results in reduced scopes of practice for occupational therapists despite being trained to offer a wider range of services. This may be an illustration of the at times ‘invisibility’ of smaller professions that you allude to in this report, that we encourage you to consider accounting for.

Equivalent Reporting Across Health Professions

The report acknowledges the difficulty of visibility for small professions. We find it frustrating and paradoxical that HWFNZ describes occupational therapy as being invisible, when many of the Ministry of Health and HWFNZ publications overtly perpetuate this situation. For example, in this report, with occupational therapy annual practising certificate holders currently numbering ~2500, we are perplexed as to why the data and issues related to midwifery alone (with ~3000 registered professionals) warrants 5 pages. In contrast, all 40 allied health and technical professions data and issues are summarised in 3 pages.

Other examples of publications that omit Occupational Therapy are the HWFNZ’s



Rehabilitation Service and Workforce Forecast which states” “Enhancing nurses and Allied Health Professionals (including physiotherapist, chiropractors, and osteopaths) participation in advanced trainee qualifications in rehabilitation” (Health Workforce New Zealand, 2011, p. 5); and in the ‘Care Closer to Home’ booklet, “Doctors, nurses, midwives, pharmacists, physiotherapists and other health professionals working in our community....” (Ministry of Health, 2014, p. 1). From the perspective of OTNZ-WNA this discrepancy perpetuates the invisibility of our profession without justification. In terms of HWFNZ as a key stakeholder in ensuring allied health professions match workforce demand, and as a key source of comparable health workforce data we would urge equivalent reporting of health workforce data across all professions under its remit. While we appreciate the political context of this reporting, we feel the omissions are discriminatory and not to the advantage of HWFNZ in achieving its aims.

The way in which information is disseminated and presented is powerful and continues traditional perceptions of what health care consists of. The health workforce will not become responsive, and innovative without the support for other skills, perspectives and knowledge to appear.

Yours faithfully

Karen Molyneux
President
On behalf of members
Occupational Therapy New Zealand / Whakaora Ngangahau Aotearoa

Health Workforce New Zealand. (2011). *Rehabilitation workforce service forecast*. Retrieved from <http://www.health.govt.nz/our-work/health-workforce/workforce-service-forecasts/rehabilitation-workforce-service-forecast>

Ministry of Health. (2014). *Care closer to home*. Wellington, New Zealand: Ministry of Health
Retrieved from <http://www.health.govt.nz/publications/Care%20closer%20to%20home>.