TE MARAE ORA
MINISTRY OF HEALTH
COOKISLANDS

CLINICAL WORKFORCE DEVELOPMENT PLAN

2015 - 2020

Foreword

Our vision at Te Marae Ora Ministry of Health Cook Islands (known as Te Marae Ora) is to have *"All people living in the Cook Islands living healthier lives and achieving their aspirations".* In order to meet this goal we require a well-trained, highly skilled and competent clinical health workforce, who will work together to achieve improved health outcomes for all our people.

Working in the heath sector provides some of the most rewarding experiences that people encounter. Healthcare workers bring compassion, empathy, comfort and care to the practice of health service delivery. They are the 'face' of the health sector and influence not only the health outcomes that we are striving for, but also the emotional and spiritual wellbeing of those we care for.

We look to our health workforce to inspire, provide leadership and work to serve our communities, utilizing the skills and experiences they have and will develop in the future. We have a proud tradition of having well qualified, internationally recognised Cook Islands doctors, nurses and other health professionals and I wish to acknowledge their efforts and years of service; however, the challenge to staff the health system with competent clinicians continues in the face of difficulties in recruiting and retaining high caliber clinicians with less than internationally comparable salaries and opportunities.

It is therefore with great pleasure that we present this Clinical Health Workforce Development Plan for the years 2015-2020. While there are some additional costs involved in securing a clinical workforce with internationally comparable skills it can be confidently predicted that improved quality, a refocus on our greatest heath needs and a decrease in dependency on expatriate staff will reduce the burden and costs of chronic diseases and clinical referrals overseas, and will produce saving to the nation in the medium to longer terms.

The Ministry of Health Workforce Plan mission statement is *'To have a workforce with the capacity and capability to provide excellent health care services to achieve better health outcomes for all people living in the Cook Islands'* requires careful planning and investment. This Clinical Workforce Plan 2015-2020 progresses Te Marae Ora towards achieving its mission.

Honorable Mr. Nandi Glassie
Minister of Health

Acknowledgments

I extend my appreciation to WHO Suva for providing a consultant, Dr Graham Roberts, to assist us in developing the *Clinical Health Workforce Plan 2015-2020* which is derived from the initial *Health Workforce Plan 2010-2020* and focuses on a selected subset of goals to strengthen the clinical workforce of the Cook Islands.

Our clinical workforce is our most valuable asset and this document reinforces our commitment to ensuring a quality, highly skilled, trained and competent clinical workforce into the future.

We look forward to its successful implementation as we continue to implement health reforms and strengthen our health systems to achieve better health outcomes for the people of the Cook Islands.

Mrs Elizabeth Iro
Secretary of Health

Acronyms

AUT – Auckland University of Technology
CI – Cook Islands
CPD – Continuing Professional Development
CME – Continuing Medical Education
GPD – Gross Domestic Product
HR – Human Resources
HSV – Health Specialist Visits
ITC – Information and Communications Technology
KRA – Key Results Area
MoE – Ministry of Education
MoH – Ministry of Health
NCD – Non-communicable Disease
NGO – Non-Government Organisation
NSDP – Cook Islands National Sustainable Development Plan
NZ – New Zealand
NZAID -New Zealand Agency for International Development
OPSC – Office of the Public Service Commissioner
PG – Postgraduate
PIP – Pacific Islands Project
QA – Quality Assurance
RACS - Royal Australasian College of Surgeons
SPC – Secretariat of the Pacific Community
SSCSIP - Strengthening Specialist Clinical Services in the Pacific
UNFPA – United Nations Population Programme
WHO – World Health Organization

Glossary

Clinical Support	An area of health, such as pharmacy, physiotherapy and occupational therapy that does not include doctors and nurses.
Career Pathway	A defined progression of job responsibilities and skills whereby a health practitioner or support worker is able to advance into more complex roles as they gain experience and complete training and professional development programmes.
Competencies	The attitudes, skills, knowledge and behaviour held by health practitioners and support workers to perform particular functions.
Primary Care	Essential health care universally accessible to people in their communities
Postgraduate	A post basic qualification obtained at the postgraduate Diploma, Master or Doctoral level
Professional College	Organizations that are authorized to register vocationally qualified medical practitioners
Secondary Services	Health services that patients access when their needs cannot be met in primary care, most often delivered in hospital
Specialist	A medical practitioner who has attained a post-graduate medical qualification
Tertiary services	The highest level of hospital services requiring access to medical specialists and technologies.

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1. Introduction

This *Clinical Health Workforce Plan 2015-2020* is derived from the *Health Workforce Plan 2010-2020* and focuses on the development of the clinical workforce. It is written with the intention to remain 'budget neutral' as funding constraints require the preparation of a plan that is feasible within existing resources.

Where the Plan identifies additional costs it is anticipated that implementation of the Plan will produce savings that will offset them. In particular, its focus on Non-Communicable disease (NCD) prevention will reduce the costs to the nation associated with the long-term treatment of chronic diseases and losses to national productivity. NCDs are the now greatest health burden to the nation and economy, with a need for long term treatments and with 85% of mortality attributable to NCDs. It is also anticipated that the additional costs of increasing specialist medical salaries will reduce the costs of recruiting, transporting and accommodating expatriate medical specialist who may only stay for limited terms. Further, it can be anticipated that participation in continuing professional development (CPD) will enable clinical staff to enhance service provision and quality so that more can be achieved with existing resources.

The clinical health workforce is the most critical component of the health system. Without effective clinical health staff it is impossible to address the nation's health burdens. Accordingly, this *Clinical Health Workforce Plan 2015-2020* focuses on areas required to strengthen clinical workforce capacity: by attracting Cook Islands professional staff, including those who may reside elsewhere; by providing CPD to address emerging health problems; by proposing strategies to retain the staff we already have; by developing systems of registration and licensing that ensure quality service provision; and by identifying important community-based roles that can be undertaken by staff retiring from government service.

In order to be implemented successfully this *Clinical Workforce Plan 2015-2020* requires the ongoing support of government agencies, the private sector, faith-based organisations, communities, civil society organizations, non-government organisations (NGOs) and development partners. It is anticipated that the implementation of the Plan will produce opportunities for motivated individuals to further their careers and remain in service and make significant contributions to the health of the Cook Islands population.

1.1. Cook Islands health care system

The health care system is predominantly funded by annual appropriations from Government. The Health budget for the 2013-2014 fiscal year was $12,178,732 representing 3.4% of gross domestic product (GDP). Funding for health is also provided by international development partners including: the New Zealand Agency for International Development (NZAID), Australian Aid, the Secretariat of the Pacific Community (SPC), the World Health Organization (WHO) and other United Nations Agencies (such as UNFPA).

The Cook Islands Ministry of Health is the major provider of healthcare services. These services include primary care and secondary care services and limited tertiary care services depending on in-country workforce capacity and on the NZAID supported Health Specialist Visits program (HSV) and through the Royal Australasian College of Surgeons (RACS) Pacific Island Project (PIP). A small pool of private health practitioners provides primary and limited secondary care services. Access to further secondary and tertiary services is available through the referral of patients to New Zealand. International patient referral travel is funded by the Cook Islands government, while the New Zealand government absorbs the cost of health care for referrals of Cook Islanders[1] while in New Zealand.

The national hospital is based on Rarotonga with a small hospital in Aitutaki and smaller health centres on Atiu, Mangaia, Mauke, Mitiaro, Palmerston, Manihiki, Nassau, Penrhyn, Pukapuka and Rakahanga. There are a total of 144 inpatient beds across the health system. Furthermore, there are 14 Dental clinics, 6 health centres, 3 private medical clinics, 1 private dental clinic and 52 child welfare clinics which are managed by the Cook Islands Family Welfare Association, a community based non-governmental organisation (NGO). A combined workforce of just over 300 includes Doctors, nurses, allied health professionals, and management and general support staff, 70% of who are based on Rarotonga.

2. National health strategy

The *National Health Strategy 2012-2016* identifies the priority areas for health. The 5 year strategy, aligned to the *Cook Islands National Sustainable Development Plan 2015-2020*, supports Cook Islanders to collectively take ownership and responsibility for their health and the environment they live in.

[1]Cook Islanders with New Zealand citizenship

The strategy focuses on delivering services that are people centered and quality driven, and provides information so that people are empowered and able to reduce future risks to their health. It recognizes the need to provide robust infrastructure for health services to support the future development of the health sector in the Cook Islands.

The *Strategy* identifies its vision as: *'All people living in the Cook Islands living healthier lives and achieving their aspirations'* and to fulfill its vision through the following mission statement: '*To provide accessible and affordable health care of the highest quality, by and for all in order to improve the health status of the people of the Cook Islands'.*

The *Strategy* highlights the following priorities, of which this *Clinical Workforce Development Plan 2015-2020* selectively addresses components of priorities 2, 3, and 5:

1. Enhancing the infrastructure of the health system and supporting on-going health governance and organisational reforms;
2. Promoting partnerships for institutional capacity development;
3. Strengthening health sector policy, planning and regulations, improve data collection, monitoring and evaluation;
4. Promoting gender sensitive research and analysis;
5. Strengthening community capacity and capability on social determinants of health;
6. Improving information, communication and technology systems and strategies, to provide accessible and accurate health information.

2.1. Health workforce policy

The Cook Islands Government and health sector have clearly identified the development of a skilled and competent health workforce as a national priority.

1. In April 1998, the *Health Workforce Plan 1998-2020* was developed for the Ministry of Health. The plan provided a detailed assessment of the workforce in 1998 and projected staff numbers and training needs and levels. Most of the 1998-2020 indicators have been met or exceeded.

2. The *Cook Islands Health Strategy 2006* identified the development of a Health Workforce Plan as an essential tool to allow the Ministry of Health to develop a well-trained competent workforce.

3. The *Cook Islands National Sustainable Development Plan - Te Kaveinga Nui 2007-2010* identified as a key policy target for Health, that a 'Workforce Development Plan be completed and implemented'. The *NSDP 2011-2015* identifies 'serious concerns over the increased prevalence of lifestyle related non-communicable diseases and obesity', the objective 'to provide quality health services for all' and that 'the capacity of our people to deliver health services will also require attention in 2011-2015 through continuing professional development, increased training, and providing employment opportunities for Cook Islanders in the health sector'.

4. The *Cook Islands Ministry of Health Management Review 2007* was commissioned by the Public Service Commissioner to improve the performance of public sector organizations in the Cook Islands and in recognition that regular external review of Government agencies was a key contributor to improving performance.

2.2. Accountability for workforce planning

The executive team of Te Marae Ora in collaboration with the three divisional heads (Community Health, Hospital Services and Finance and Planning) is responsible for the ongoing development and management of the workforce and has key roles in recruitment and retention, professional development, managing performance and ensuring staff are well supported in their work environment. The Funding and Planning Directorate is responsible for health workforce planning, for which the Human Resources Manager is a key contributor.

2.3. Health workforce information

In 2014, the Office of the Public Service Commissioner (OPSC) established a human resource information management system and policy set to support the proper collection, management and dissemination of information in order to guide workforce planning, recruitment and retention processes, appropriate remuneration and employment conditions, fair and transparent staff performance management, quality controls that include regular assessment and measuring of competencies, access to training and development, and up-to-date workplace

health and safety management systems. As at April 2014 the development of these systems is nearing completion.

2.4. Planning Assumptions

This *Clinical Workforce Development Plan 2015-2020* was prepared with the following assumptions:

- Improved career pathways and access to CPD which will support the retention of health workers in the Cook Islands;
- Increased salaries for specialist medical officers will assist in recruiting Cook Islands clinicians to careers in the Cook Islands and reduce the costs associated with hiring expatriates to fill critically important specialist positions;
- New approaches to combating NCDs will reduce the costs of long-term treatments and contribute to increases in national productivity;
- Cook Island students who normally reside in the Cook Islands and who complete undergraduate studies in health elsewhere are anticipated to return home;
- Cook Island sponsored health practitioners completing postgraduate studies are anticipated to return home;
- There is a feasible potential to attract, with incentives, Cook Islanders living overseas to return home and enter government service;
- A proportion of retiring health workers will continue to provide their professional support to communities, either through the private sector or through health advocacy or through fixed term period contracts for specific roles in critical areas of need;
- Leadership and management training provided to selected health staff will produce systems efficiencies and cost savings.

3. Challenges to maintaining the Clinical Health Workforce

Challenges to maintaining the clinical workforce in the Cook Islands includes: outward migration and attraction to higher incomes and better employment conditions overseas, small numbers of students completing professional training, professional isolation, limited career pathways and opportunities for clinical practice. Additional challenges include an ageing workforce, with a significant number of clinical staff due to retire within the next decade, difficulty in recruiting for outer island positions and limited training and CPD options.

Although the Cook Islands meets the WHO minimum threshold of 2.5[2] well trained healthcare workers per 1000 population, the geographical setting and isolation of small pockets of population in the 5 islands in the north and 6 in the south makes it difficult to provide services equitably. Accordingly, an internal patient referral system is in place. It is anticipated that with CPD for outer islands staff and the introduction of telemedicine that the costs of internal referrals will be contained to some degree.

4. Organisational structure

The Ministry of Health is led by the Secretary of Health who is responsible for the overall strategic, fiscal and operational functions of the Ministry. The Secretary reports directly to the Minister of Health and, in relation to staffing, to the Public Service Commissioner.

There are three (3) Directorates:

Community Health Services

Hospital Health Services

Funding and Planning

The services to Te Pa Enua are provided through these three Directorates.

The Chief Medical & Clinical Services Officer and Chief Nursing Officer contribute at the Executive level and report to the Director of Hospital Health Services.

4.1. Current Clinical Workforce

(i) Clinical and clinical support staffing profile

The Ministry of Health currently employs 25 Doctors, 34 Midwives, 14 Advanced Practice Nurses, 43 Registered Nurses, 11 Enrolled Nurses and 6 Health Assistants, 22 dental staff and 53 clinical support staff, which includes 22 Health Protection staff, 8 Health Promotion staff, 3 Radiographers, 10 Laboratory Scientists and Technicians, 1 Pharmacist and 8 Dispensers and 1 Physiotherapist.

As at 2014, in terms of doctor to population ratios, the Cook Islands had 14.7 doctors per 10,000 population, relatively high among its Pacific neighbours. The

[2] Regional Strategy on Human Resources for Health 2006-2015

standard doctor to population ratio set by WHO is 17 per 10,000 although whether this ratio is appropriate to the Pacific is debatable. The Cook Islands has 13 local doctors (those with permanent residency) of whom 5 have postgraduate (PG) qualifications (4 with PG Diplomas and 1 with a Master degree) and the remaining 8 with MBBS qualifications, who represent a pool of clinicians eligible for further study to achieve postgraduate specialist qualifications.

Local doctors with postgraduate clinical specialty qualifications include 1 General Surgeon, 1 Obstetrician/Gynecologists and 1 Ophthalmologist, 1 Anesthetist and 1 Internal Medicine.

Of the 11 expatriate doctors employed in the Cook Islands 9 do not have a postgraduate clinical qualification. Expatriate doctors with postgraduate clinical specialty qualifications include 1 Anesthetist. One other expatriate medical officer has a Master in Public Health.

The medical and nursing staff are predominantly located in Rarotonga, consistent with the distribution of the population and the difficulty in attracting qualified clinical staff to the outer islands.

Expatriate staff are employed on fixed term contract to supplement the gaps in the health workforce created while Cook Islanders undergo professional development and training programs overseas and will be replaced by returning or graduating Cook Islanders.

Expatriate clinical staff includes:

- Medical Officers - 11 (4 from Fiji, 1 from Tuvalu, 2 from Myanmar, 1 from Solomon Islands, 2 from Tonga and 1 from Kiribati)
- Nurses –19 (6 from Fiji, 3 from Vanuatu, 1 from Tonga, 6 from Solomon Islands, 1from Kiribati, 1 from Tuvalu and 1 from Myanmar)
- Radiographer –2 from Fiji
- Pharmacist – 1 from Kiribati
- Dentist - 1 from Samoa

The Ministry employs 55 clinical and clinical support staff in the Outer Islands in the following professions: 6 Medical Officers, 6 Advanced Practice Nurses, 12

Registered Nurses, 9 Enrolled Nurses, 2 Hospital Aides, 1 Pharmacy Dispenser, 1 Laboratory Technician, 12 Public Health staff and 6 Primary Oral Health workers.

(ii) Retirement Age

Over the next 7 years (from 2014) 28 clinical and clinical support staff members are eligible to retire at age 60 years. Retirement entitlements for these retirees need to be included in budget preparations. It is important that training and education plans, professional development activities and recruitment and retention strategies ensure that retirement does not compromise the skills base of the workforce. While retirement is not compulsory, care should be taken that older staff members don't create a barrier to the deployment of new staff by occupying positions beyond their ability to continue to provide effective services.

Table 1: Clinical Staff eligible to retire aged 60 years and over

Staff category	2014	2015	2016	2017	2018	2019	2020	Total
Medical Officers	5				1		1	**7**
Registered Nurses	4	1		1	1	2		**9**
Enrolled Nurses	3				1	2	1	**7**
Compassionate Nurses					1			**1**
Nurse Educator/Lecturers	1							**1**
Dental Officers	1							**1**
Dental Nurses	2		1					**3**
Laboratory scientists		1			1			**2**
Pharmacy		1						**1**
Total	**16**	**3**	**1**	**1**	**5**	**4**	**2**	**32**

(iii) Gender mix

The workforce is predominantly female (60%), with a significant disparity in the medical profession, the majority of doctors being male. Gender becomes important in the context of gender equity and, in particular, with regard to issues relating to treatment of female patients, but also to the conditions required for professional mothers, such as childcare availability, ability to breastfeed and flexible working conditions and family friendly employment practices.

(iv)Remuneration and working conditions

The relatively low remuneration for medical specialists compared to New Zealand (approximately 50-60%) is a major inhibitor to attracting and retaining Cook Islands medical specialists. Providing such comparatively low salaries for highly skilled staff represents a 'false economy' that generates additional costs, including the need for retraining others (and the loss of the initial training investment), and as the costs of employing, transporting and deploying expatriate specialists requires the use of resources that are not directly applied to health care.

In the outer islands the conditions for staff are challenging with a 24hr/7days a week on-call and little relief, little contact with other medical or nursing colleagues and limited opportunities for CPD. Access to clinical training and development is challenging both in the ability of the system to secure placements for training and in accessing funding to support training.

Cook Islands nursing staff experience significantly lower wages than New Zealand based nurses (approximately 42% lower) despite their formal training. Access to educational opportunities now form part of personal/professional development plans; so many nurses are reliant on their own resources to pursue training opportunities.

The conditions for clinical support staff vary. In some departments training and development opportunities seem well planned and organized, while in other areas due to shortages of numbers and staff capacity, training and development is difficult to achieve. Recent investments in recruiting trained and experienced clinical staff have been made, however the retention of these employees is a constant challenge.

(v) Private sector clinical health personnel

There are 3 medical practitioners, 1 dentist and 1 qualified pharmacist working in the private sector of the Cook Islands health care system. All private health service providers are located on Rarotonga.

(vi) Visiting health specialists

NZAID funds the annual Health Specialist Visits program. These visiting health specialists provide a range of medical services to the people of the Cook Islands. It is anticipated that this arrangement will continue into the next 3 year period of New Zealand development assistance (mid 2017 to mid 2020).

The Strengthening of Specialised Clinical Services in the Pacific (SSCSIP) program is an Australian Aid funded program tasked with supporting Pacific Island Countries to plan for, access, host and evaluate specialised clinical services, and strengthening local health worker skills, capacity and capability to meet clinical service needs.

4. Professional registration, licensing and insurance

Medical practitioners and dental practitioners working in government and the private sector are required to be registered and hold an annual license to practice issued by the Cook Islands Medical and Dental Council under the Medical and Dental Practices Act 1975. Professional nurses are registered and hold an annual license issued by the Cook Islands Nursing Council under the Nursing Act (1986). Allied Health Professionals must now also be registered as mandated by the Ministry of Health Act 2013.

5. Clinical Health Workforce Development Plan

5.1. Mission statement

The *Cook Islands Health Workforce Development Plan 2010—2020* identifies the mission statement as: *'To have a workforce with the capacity and capability to provide excellent health care services to achieve better health outcomes for all people living in the Cook Islands'.*

This *Clinical Workforce Development Plan 2015-2020* outlines particular strategies required to assist in achieving the mission statement. It includes strategies to attract and retain staff and to refocus their efforts onto the greatest national health burdens.

5.2. Key Results Areas

The following seven Key Results Areas (KRAs) are designed to:

- strengthen the clinical workforce in relation to emerging disease threats associated with NCDs (KRA1);
- to attract Cook Islands clinical staff to service in the Cook Islands (KRA2);
- to retain existing staff through CPD opportunities, incentives, clinical career pathways and succession planning (KRA3);
- to effectively deploy younger clinicians to existing positions by facilitating transition for retirees to either fixed term period contracts in critical areas where staff shortages exist, or to new roles in health advocacy or private practice (KRA4);
- to ensure quality service provision through systems of performance management, clinical supervision, registration and licensing (KRA5);
- to provide the availability of equipment, technology and the working conditions and environments necessary for clinical staff to exercise their professional skills (KRA6);
- the supportive professional clinical frameworks, networks and associations to overcome professional isolation and enhance professional networking and training (KRA7).

KRA 1: A workforce able to effectively engage in strategies to reduce the burden of NCDs.

Goal 1: Provision of training and educational opportunities for selected clinicians based on community development strategies and health

advocacy to reduce the growing burden and cost of NCDs in communities.

Rationale: NCDs have overwhelmed the capacity of the health sector to prevent them. The burden of NCDs impacts adversely on individual longevity and family and national productivity. Current professional clinical practice is geared towards treating individuals, although NCDs are a population based concern arising from behaviours and consumptions that are widespread throughout the population. A community development and health advocacy approach is needed in order to engage communities to deal effectively with the risk factors and for government to regulate consumption of unhealthy products. This requires the identification of individual professionals with the personal authority and influence to engage with community structures and leaders and their preparation to take on advocacy roles.

KRA 2: A workforce comprised of Cook Islands clinicians trained locally or recruited from overseas to provide culturally appropriate and high level clinical services across the Cook Islands.

Goal 2: A range of incentives in place to health workers, and salary adjustments for medical specialists, that effectively attract Cook Islands clinicians back home for short, medium or longer terms to provide needed health services.

Rationale: The bulk of the Cook Islands professional population resides overseas in Australia or New Zealand and forms the largest potential human resource for health. Many are well-trained professionals with long experience and suitable qualifications for application in the Cook Islands. It is anticipated that the marketing of a range of incentives, offered to new graduates or experienced clinicians, to attract them back to the Cook Islands for short, medium or long terms would produce benefits and population health gains that would offset any additional costs. In addition, the desire to attract Cook Islands medical specialists to work in the Cook Islands is compromised by comparatively low salaries, which ultimately defeats the intention and requires an alternative and costly strategy to employ expatriates.

KRA 3: A system of incentives and identifiable career pathways in place that encourage existing clinical staff to remain in the Cook Islands to further their careers

Goal 3: The retention of existing health workers in critical professional areas.

Rationale: Frustrations over career progression, lack of access to further education and opportunities for clinical experience lead to discontent and disaffection with current employment arrangements and contribute to loss of motivation, poor performance and migration. The costs of training staff are lost when they leave service to seek opportunities elsewhere. These costs are a significant burden to the Cook Islands, as are the costs of training replacement staff. It is anticipated that the costs of providing CPD opportunities and of identifying opportunities for career progression will offset the cost of staff losses and replacement.

KRA 4: New clinical graduates ready to be deployed to staff positions when retirees leave service.

Goal 4: A pipeline of younger people entering clinical service to replace those leaving through retirement; and systems in place to facilitate retirees making the transition to retirement or new roles in health advocacy/ community development in health or the private sector.

Rationale: Creating a "health career pipeline" involves working with potential candidates from a young age and encouraging those with suitable educational preparation to enter health professions training. The provision of 'career expos' and involvement in strategic partnerships with education providers will ensure that graduating school students have the right skills and competencies to enter the health professions (such as competency in the core subjects of Mathematics, English and Science). At a tertiary level the strategy would involve increasing the support to health science students to ensure they complete studies. The loss of skilled health workers through retirement need not be absolute as they may still be willing to provide their professional services through another agency or to their communities in another capacity.

KRA 5: Performance management, clinical supervision, quality assurance and professional licensing

Goal: All Cook Islands clinical health workers providing professional services at an agreed high standard.

Rationale: With the training and recruitment of health workers from various sources overseas and the training of diploma level nursing staff in the Cook Islands there is potential for wide variation in clinical practice standards. The clinical supervision of newly graduating health workers by senior staff is essential to ensure they reach high levels of performance. Providing clinical supervision across a dispersed health system can be difficult to achieve and, in this circumstance, is best achieved when staff are in central locations where senior staff are available and before they are deployed to remote locations. In addition, a systems for periodically assessing the performance of established health workers is essential to maintain standards and to apply corrective measure (such as in-service training) or disciplinary measures where needed. The licensing of clinical and clinical support professionals should be based on performance appraisals and the evidence of continuing professional development, as the essence of being a professional is to engage in activities that improve performance, such as making oneself aware of development in the profession, new techniques and knowledge that will enhance performance. This may include the conduct of research or the periodic evaluation of the clinical outcomes of one's work and the adoption of remedial measures. In addition, meeting clinical competencies by health professionals provides an assurance of standard practice.

KRA 6: Availability of equipment, technology and the working conditions and environments necessary for clinical staff to exercise their professional skills.

Goal 6: To complete an audit of facilities, equipment and available (or new) technologies required to provide clinical services to an acceptable standard and to provide items that are identified as limiting clinical practice.

Rationale: Health workers with special skills require the technologies

(medicines, equipment, health information and infrastructure) to be able to apply their skills effectively. Without them their professional skills deteriorate, they become disaffected with their work and their performance declines, or they leave the service to seek better opportunities for clinical practice. While additional costs may be entailed it is anticipated that clinical efficiencies and improved quality of services will result in effectiveness gains and improved service quality.

KRA 7: Supportive professional clinical frameworks, networks and associations.

Goal 7: Necessary workforce development functions are well supported by professional associations and networks of specialty peers, mentors and clinical advisers.

Rational: To counter professional isolation and to access supportive professional relationships it is advisable for clinicians to achieve fellowship of professional colleges and to be in communication with their networks in the Pacific region and beyond. This also extends to attending relevant conferences and participating in college activities, such as peer review or college research projects. Participation in professional college activities will provide evidence needed for annual licensing. The establishment of mentoring arrangements would also provide support to prepare and guide employees for postgraduate studies. Supporting the development of professional linkages will reduce the premature loss of human resources.

Goal 1: Provision of training and educational opportunities for selected clinicians based on community development strategies and health advocacy to reduce the growing burden and cost of NCDs in communities.

Strategies and Actions to support this goal include:

Strategy	Actions	Responsible Officers	Completion date	Proposed Funds
1. Identified and selected staff members who possess the professional and personal characteristics for working within existing community structures in order to influence community leaders and Island Councils to reduce the incidence of NCDs.	1. Provide training to selected staff in community development and health advocacy approaches and authorize them to engage in advocacy activities with community leaders within recognized community structures (such as Island Councils and church groups).	MoH Executives, PEN Committee	March 2015 and annually as required.	Existing budget
	2. Establish evaluation methods to identify progress made in changing community attitudes towards obesity, exercise, and the consumption of NCD risk factors.	MoH Executives to nominate a health information officer with appropriate research skills	Annually	Existing budget

Goal 2: A range of incentives in place to health workers, and salary adjustments for medical specialists, that effectively attract Cook Islander clinicians back home for short, medium or longer terms to provide needed health services.

Strategies and Actions to support this goal include:

Strategy	Actions	Responsible Officers	Completion date	Proposed Fund
2. Improvements to working conditions sufficient to attract professional Cook Islanders currently studying overseas to return to CI to develop their careers.	1. Survey Cook Islanders graduating from New Zealand's tertiary health training colleges to identify factors that would attract them back to work in the CI.	MoH Executive in collaboration with AUT and Auckland University academic researchers	2015 at graduation	Advertise a small one-off research grant in NZ in the vicinity of K5-8,000
3. Marketing a range of incentives, offered to new graduates or experienced clinicians, to attract them back to the Cook Islands for short, medium or long terms.	1. Use formal and informal networks to monitor and contact Cook Islands health practitioners overseas.	MoH HR Manager	Annually August (for January commencement)	500 annually
	2. Place advertisements in Ministry of Health website, HRH Hub Fiji, and professional network sites		Annually in August	500 annually
4. Salaries paid to specialist medical staff in 5 core specialty areas (General Surgery, Internal Medicine, Obstetrics and Gynaecology, Paediatrics and Anaesthetics) approaching those available in New Zealand.	1. Conduct a salary review to identify a level of salary appropriate to the task and for the numbers of specialists required.	OPSC and MoH HR Manager	Early 2015	Anticipated increase of $45,000 p.a. per specialist (Total $225,000)

Goal 3: The retention of existing health workers in critical professional areas.

Strategies and Actions to support this goal include:

Strategy	Actions	Responsible Officers	Completion date	Proposed Fund
5. A system in place to recognise high performing staff for promotion and career progression	1. Identify staff members performing at levels indicative of their potential for promotion and career progression	Unit Directors and HR Manager	Annually	Existing staff budget with increments and allowances negotiated with OPSC
6. Staff rotation to facilitate access to new professional experiences, clinical practice and opportunities.	Identify and rotate staff through a range of new opportunities for practice	Unit Directors and HR Manager	Periodically as required	Existing staff budget with adjustments for relocation where necessary

Goal 4: A pipeline of younger people entering clinical service to replace those leaving through retirement; and systems in place to facilitate retirees making the transition to retirement or new roles in health advocacy/ community development in health or the private sector.

Strategies and Actions to support this goal include:

Strategy	Actions	Responsible Officers	Completion date	Proposed Fund
7. Recruitment activities that commence by ensuring that secondary school graduates are sufficiently prepared to enter the health professions.	1. Discussions with MoE regarding the matriculation requirements for studies to the health professions and to ensure that sufficient numbers of students study in areas of biology and mathematics.	HR Manager and selected clinicians able to communicate well with young people	Annually	Existing budget
	2. Health staff attending secondary school expos	HR Manager and identified staff	Annually	Existing budget
8. Deployment of graduating health professions students to positions where they obtain clinical supervision.	1. Preparation of clinical supervisors on the responsibilities of clinical supervisors and the processes for certifying competence.	HR Manager, unit directors and senior clinicians	Ongoing	Existing budget
9. Retiring health professionals are replaced while not being entirely lost to the health sector.	Identification of retirees and the positions that will become available as they retire.	HR Manager	Annually	Existing budget
	Discussions with community agencies and Islands Councils to determine where health staff can assume new roles in health advocacy.	MOH Executives	Ongoing	Existing budget

Goal 5: All Cook Island clinical health worker providing professional services at an agreed high standard.

Strategies and Actions to achieve this goal include:

Strategy	Actions	Responsible Officers	Completion date	Proposed Fund
10. Develop and implement individual and Ministry wide professional development plans	1. Identify skills and competencies related to ongoing professional development	MOH Executives HR Manager	Annually	Existing budget
	2. Support all staff to identify ongoing professional development activities to develop and maintain their knowledge, skills and expertise.		Ongoing	Existing budget
11. In-service training to improve skills levels for clinicians	1. Utilize visiting health specialist teams to deliver specific skills development training during in country visits.	HR Manager	According to availability of HSV clinicians as trainers	Include in HSV program costs (NZ funded)
12. Scholarships available for suitable candidates to obtain medical and nursing qualifications.	1. Selection of suitable candidates and support for application to scholarship providers.	HR Manager	Annually	WHO and other development partners
13. Training opportunities available to outer island clinical staff	1. Provide training programs in Advanced Life Support, Emergency Obstetric care, Emergency Pediatrics, and management of acute mental illness.	HR Manager, CNO, CMO	6 monthly	10,000 annually
14. Periodic case reviews conducted on Rarotonga with access for outer Islands staff through ITC	1.Schedule in service training programs	HR Manager, CMO, CNO	According to availability of instructive cases and presenters	Costs of ITC connections estimated at $2,000 annually
15. Service Quality Assurance (QA) assessments and peer review processes	1. Establish a clinical QA system with sensitive monitoring indicators.	MoH Executive, QM	Early 2015	Support from NZ health authorities
	2. Conduct periodic quality assurance assessments and identify service locations or clinicians where service quality requires improvement.	Directors, QM	Annually	Existing budget

Goal 6: Availability of equipment, technology and the working conditions and environments necessary for clinical staff to exercise their professional skills.

Strategy	Actions	Responsible Officers	Completion date	Proposed Fund
16. A Quality Manager recruited to ensure all clinical service	1. Recruitment of a suitably qualified and proficient Quality Manager	HR Manager	To be in place before the commencement of this clinical workforce plan	Existing budget
17. Sufficient equipment in place for clinicians to be able to exercise the range of their clinical skills.	1. Conduct an audit of equipment available in clinical service locations and identify gaps and costs of purchase or renewal.	Quality Manager MoH executive Finance Officer	2020	Existing budget
18. Working conditions in all clinical service locations operating to a standard that ensures safety for both patients and staff, and service efficiency and effectiveness.	1. Review the degree to which service locations are able to adhere to infection control guidelines, identify where conditions fall short of standards and institute corrective measures.	Quality Manager	Annual review	Existing budget
19. Equipment purchased with maintenance contracts and maintained and replaced where necessary.	1. Purchase of essential clinical equipment	MoH Executive Clinical Service Heads Finance Officer	As required	Enhanced equipment funds, amount to be determined

Goal 7: Necessary workforce development functions are well supported by professional associations and networks of specialty peers, mentors and clinical advisers.

Strategy	Action	Responsible Officers	Completion date	Proposed Fund
20. All clinical medical staff with associations or fellowships of professional colleges.	1. Identify staff without association or fellowships of professional colleges and facilitate their joining.	Chief Medical and Clinical Services Officer	By end 2015	Existing budget
21. All clinical staff engaged in continuing professional development activities and/or continuing medical education through professional colleges in New Zealand and Australia.	1. Identify the schedules of professional college CPD and CME activities	Chief Medical and Clinical Services Officer HR Manager	Commencing in 2015 and ongoing	Existing budget
	2. Ensure that CI clinical staff members and those working in the private sector participate in professional college activities in order to provide evidence for their annual license to practice in the CI.	HR Manager and licensing authorities	Commencing in 2015 and ongoing	Staff members own contribution to their professional development
22. Effective networking with professional colleges.	1. Encourage and provide opportunities for members of professional colleges to volunteer their services in support of clinicians in CI.	Chief Medical and Clinical Services Officer	Commencing in 2015 and ongoing	Professional Colleges and their members facilitated through MoH with nominal contribution in kind (e.g. provision of facilities – estimated $5,000)
	2. Encourage professional colleges to hold or attend annual conferences in Rarotonga			

Summary of Estimated Annual Cost and Potential for Savings

Goals	Estimated Annual Costs	Potential for Savings
1. NCD prevention	Existing budget	Reduction of the cost of the heavy burden of NCD treatments and reduced NCD mortality leading to increased national productivity.
2. Incentives for clinical staff and salary adjustments for medical specialist	$234,000	Reduction in the costs (transport and deployment) of employing expatriate specialist medical staff on locums.
3. Retention of clinical staff in critical areas	Normal salary increments associated with promotion	Significant reduction in staff turnover and re-training costs.
4. A succession plan in place for positions held by retirees and post retirement opportunities	Existing budget	Savings from deployment efficiencies and increases in population health benefits from retiring clinical staff inputs into NGOs, Island Councils and community groups.
5. Quality clinical service provision	$12,000	Reduced costs to CI arising from poor quality service responses and the reduction of internal and overseas patient transfers.
6. Equipment, technology and working environments	Existing budget	Clinical service efficiencies, improved treatments leading to reductions in morbidity and reduced staff losses due to seeking clinical opportunities elsewhere.
7. College affiliations and Fellowships and evidence for licensing	$5,000	Enhanced professional training at minimal cost to MoH leading to clinical service improvements.
Total Estimated Annual Cost less equipment costs yet to be determined	**$251,000**	**Potentially far greater than the additional costs identified (as also stated in the NSDP 2011-15)**