

# **Implementing the Generic Competencies for Public Health in Aotearoa**

## **Advice to the Ministry of Health:**

Insights from the Māori hui on the  
Public Health Workforce Development Plan  
Te Uru Kahikatea and implementing  
the Generic Competencies

Addendum to the Sector Focus Group report.

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## Summary

This document is an addendum to a report<sup>1</sup> from the Public Health Association (PHA) to the Ministry of Health (the Ministry) regarding the insights gained from a series of focus groups to further explore implementation of the Generic Competencies for Public Health in Aotearoa New Zealand.

In 2007 the PHA conducted a series of sector Focus Groups, for and with the Ministry of Health, to obtain advice from the sector about what incentives, tools, guidelines and funding changes are required by the sector to implement the Generic Competencies for Public Health in Aotearoa. A Focus Group to gain insights of Māori public health providers was postponed, for a range of reasons, in 2007.

This report summarises the discussions and offers recommendations from an informal hui on 4 March 2008 in Tamaki Makaurau with Maori providers. The Focus Group format, Appendix 2 in the main report, was adapted to a facilitated discussion over lunch.

## Recommendations

These recommendations have been formulated by the PHA based on insights from the hui.

In regard to **supporting implementation** of the generic competencies and wider workforce development, we recommend that the Ministry:

1. Include Māori providers in planning further developments around implementation of the Generic Competencies.

### **Cultural Issues**

2. Note a concern by Māori Providers that the implementation of the GPHCs might inadvertently exacerbate inequalities, and
3. take advice from Māori about the appropriate timing to implement the GPHC's in Māori providers.
4. Initiate a Māori summit to better clarify the Māori position on the GPHCs and the relationship these competencies would have (if any) with the development and implementation of Māori competencies (a dual competency framework);
  - a) That this summit be funded by the MOH, and be based upon the “tuakana/teina (older brother/sister – younger brother sister roles and responsibilities) concept,
  - b) And that the summit be run “by Māori for Māori.”

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<sup>1</sup> PHA. 2008. Implementing the Generic Competencies for Public Health in Aotearoa Advice to the Ministry of Health from Sector Focus groups. *March 2008*

5. At every opportunity throughout the implementation of the GPHCs , prioritise and affirm Māori and Māori Competencies.

### ***Marketing and promotion***

In regard to **any marketing and promotion** of the generic competencies to the Maori constituency we recommend that the Ministry:

6. Explicitly state the relationship (if any) between the GPHCs and Maori competencies (a dual competency framework);
7. Identify and mitigate any risks that might accrue as a result of implementing the GPHC's to the Maori constituency.
8. Proactively market the benefits of the GPHCs to the Maori constituency and reasons for implementing them eg the Generic Competencies and assessment processes are positive tools and provide 'a glue' across the public health sector.

In regard to **supporting implementation** of the generic competencies and wider workforce development, we recommend that the Ministry:

### ***Workforce development funding and contracts***

#### ***Funding and contracting approaches***

##### *Specific targets in Contracts*

9. Does not specify or require the achievement of any specific competency in contracts and negotiates funding and contracts that are appropriate and acceptable rather than imposed.

##### *Funding for implementation*

10. Attach funding to service contracts ensuring it is clearly tagged for workforce development and training.
11. Negotiate (not predetermine) workforce development funding separately with each organisation and include two way feedback loops through quality assurance specifications.
12. Develop long term contracts with adequate funding to;
  - a) fully equip workplaces to do the work, and
  - b) enable planning and provide for succession and sustainability.
13. Ensure funding parity for all providers to upskill the workforce, implement the competencies and address inequalities.

14. Provide funding for both public health providers to access training and for tertiary institutes to provide the training.

### ***Relationships***

15. Recognise Te Tiriti as a core competency.
16. Provide training to;
  - a) Upskill Ministry contract and Portfolio Managers on relationship and contract negotiation skills,
  - b) Ensure Ministry staff have cultural competencies to work with Māori providers.

### ***Incentives for organisations to implement the generic competencies***

#### *Organisational competence and development*

17. Update and upgrade Ministry assessment measures and structures (ensure Ministry competency to work with Maori Providers).
18. Develop two way feedback loops through quality assurance specifications
19. Provide sufficient funding to encourage organisational participation
20. Give special attention to the needs of small capacity providers

#### *Other incentives*

21. Ensure quality training will be available and accessible
22. Consider that for each kaimahi attaining competence the organisation could be eligible for funding for another full time equivalent worker
23. Support mentoring as an essential component of implementation
24. Encourage secondments and exchanges.

### ***Fostering career pathways and recruitment***

25. 'Sell' public health careers to tamariki emerging from school and take account of total emersion approaches.
26. Encourage more Māori tane into the public health workforce.
27. Encourage and support more Māori into DHB funding and planning roles.
28. Address parity of remuneration with other professions.

### **Regionally-based facilitation**

29. Explore regional leadership and regional training options to support implementation and organisational development especially for organisations with little capacity.
30. Work with current Māori leadership bodies eg Te Tai Tokerau Alliance.
31. Take into account regional differences i.e. different approaches to address needs of different rohe – (one size doesn't fit all!)

### **In house and on site training**

32. Partner with the Ministry of Education to plan training informed by Ka Hikitia: Managing for Success, *The draft Māori Education Strategy 2008 – 2012*<sup>2</sup>
33. Adopt strategic and collective planning approaches for training provision
34. Explore the development of on site training programmes e.g. the Auckland Health Protection Officers training model.<sup>3</sup>

### **Scope of training opportunities to be funded**

35. Fund a wide scope of training opportunities which should include -
  - a) Overseas conferences,
  - b) Study and work exchanges with other indigenous peoples,
  - c) Wider entitlements and criteria for scholarships including Māori scholarships,
  - d) Mentoring,
  - e) Secondments,
  - f) Māori trade training scheme see the Focus Group Report: Appendix 3 Training Options, *3 Māori Trade Training scheme*.
  - g) Increased bereavement leave which was identified as the most effective way for Māori to grow, and develop their own competencies and skills.

### **Consider piloting first**

36. Work with Northland providers to develop an implementation initiative and pilot it with Te Tai Tokerau Alliance.

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<sup>2</sup> Ka Hikitia - Managing for Success: The draft Māori Education Strategy 2008-2012 ( Final strategy due for release April 2008) can be found on <http://kahikitia.minedu.govt.nz/default.htm>

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## ***Leadership***

37. Work with current Māori leaders (such as Te Tai Tokerau Alliance) and provide dollars to address capacity issues, enable their participation and recognise their contribution.

## **Alignment with the Sector Focus Group Report**

As the report on the Focus Groups was well advanced by the date of the Māori hui and to fit with Ministry time constraints it was decided to keep this report separate. However this report does not stand alone and must be read in conjunction with the Focus Group report.

Recommendations from this hui are identified below and have been incorporated into the Focus Group report to complete the picture from the consultation.

## **Purpose**

The aim of this discussion was to obtain advice from Maori Public Health providers about what incentives, tools, guidelines and funding changes are required by the sector to implement the generic competencies and enhance workforce development in public health workplaces.

The advice concurs in general with previous advice from the PHA to the Ministry and from the four previous focus groups with the addition of some cultural insights and fresh perspectives regarding collective competence.

## **Who was consulted**

Invitation lists were determined after a review of Ministry public health contracts. Lack of national or regional contract lists provided some challenges in this process. Also invited were key people identified by the sector and the list of participants can be found in Appendix 1 of the Focus Group Report.

## **Advice on implementing the Generic Competencies for Public Health**

### **1 Alignment and fit with other workforce development initiatives**

The Ministry presently has a range of workforce development initiatives in progress and there is some confusion about how they fit together and who will identify the priorities. The following questions were raised;

- How will implementation of the Generic Competencies, Te Uru Kahikatea and the work of Te Rau Matatini align or fit together?
- Will Māori competencies have priority when dual competencies are developed?
- How will dual competencies be implemented, monitored and measured?
- What high level advocacy is occurring with DHBNZ eg to determine how much can and should be spent on training?

- Where do PHOs and other public health agencies not funded through the MoH fit with implementing the competencies?

It is recommended that the Ministry include Māori in planning further developments around implementation of the Generic Competencies.

## 2 Cultural issues

Participants challenged the process around the hui. It was perceived an 'add on' to the main consultation of the previous focus groups and as such was not acceptable to Māori. The organisers proffered explanations about the previous cancellation. The hui stressed that as the Generic Competencies are for everyone, Māori competencies are also for all.

As dual competencies are developed new issues arise around Māori learning generic competencies and Pakeha learning Māori competencies. Māori and Māori competencies must be affirmed, valued and recognised. They should be evaluated and monitored by Māori.

### ***2.1 Unintended consequences of implementing the Generic Competencies***

The hui expressed strong concerns about the potential of harmful unintended consequences that could arise from implementation of the Generic Competencies. Inadvertent harm will be detrimental to the development of the Māori workforce and Māori health in general. Caution is needed to avoid increasing inequalities.

Key unintended consequences identified at the hui are;

#### ***2.1.1 Increasing inequalities***

- Requirements for qualifications as part of implementation of the competencies will lead towards professionalisation of the Public Health sector. There is risk that professionalising the sector will lead to exclusion of some kaimahi.
- Current planning supports the status quo (ie creating jobs for middle aged Pakeha women) and disadvantages Māori.
- More academic planning and tertiary involvement are no use unless it has been inclusive and does not contribute to Māori "burn out."
- The paradox of learning generic skills at the expense of Maori specific skills

#### ***2.1.2 Cultural advice***

- Kaimahi Māori are often requested to present or mentor at other (mostly Pakeha) courses. Providing cultural advice is very time consuming, takes away from contracted mahi, is not recognised and is barely compensated. The goodwill of kaimahi Maori is often unintentionally abused.

- There is a strong concern that non Māori with a little cultural knowledge sometimes profess to be cultural experts and presume knowledge of Māori needs.

### **2.1.3 Level of achievement**

The extensive depth and width of the generic competencies makes them ‘a bit tricky’ to achieve and there is some doubt that the Māori workforce is ready.

Some small organisations don’t have capacity to even do planning and evaluation so implementing competencies will be a big ask.

Māori need the opportunity to have full dialogue about these issues and a Summit is seen as the best opportunity.

It was recommended that the Ministry;

- Note a concern by Māori Providers that the implementation of the GPHCs might inadvertently exacerbate inequalities, and
- Take advice from Māori about the appropriate timing to implement the GPHCs in Māori providers.
- Initiate a Māori summit to better clarify the Māori position on the GPHCs and the relationship these competencies would have (if any) with the development and implementation of Māori competencies (a dual competency framework);
  - a) this summit be funded by the MOH, and be based upon the “tuakana/teina (older brother/sister – younger brother sister roles and responsibilities) concept,
  - b) the summit be run “by Māori for Māori.”
- At every opportunity throughout the implementation of the GPHCs, prioritise and affirm Māori and Māori competencies.

## **3 Marketing and promotion**

Multi pronged dialogues and approaches to implementation and marketing will be needed to appeal to the diverse workforce and range of providers. The concept of workforce development is relatively new to the sector and many have not had the opportunity explore what it might involve or mean for them.

Any marketing and promoting of the GPHCs to the Māori constituency should;

- explicitly state the relationship (if any) between the GPHCs and Māori competencies (a dual competency framework)
- Identify and mitigate any risks that might accrue as a result of implementing the GPHC’s to the Māori constituency

- proactively market the benefits of the GPHCs to the Māori constituency and reasons for implementing them eg the Generic Competencies and assessment processes are positive tools and provide ‘a glue’ across the public health sector.

## **4 Workforce development funding and contracts**

### **Funding and contracting approaches to support implementation**

#### ***4.1 Specific targets in contracts***

Whilst there was recognition of the need for some expectations around implementation of competencies to be attached to contracts this should not include specific targets and requirements. It was suggested that the Ministry learn from history (eg the Kohanga Reo had specific targets for language in contracts and this proved very detrimental.) Presently the Problem Gambling Foundation has a specific target requiring a Kaumatua. This is not seen as helpful. Cultural relationships must be developed not ‘required’.

Māori practitioners stressed the need for organisational development in preference to individual competence.

Hui participants recommended that the Ministry;

- Does not specify or require the achievement of any specific competency in contracts and negotiates funding and contracts that are appropriate and acceptable rather than imposed.

#### ***4.1.2 Workforce development funding***

The hui concurred with discussions and recommendations from the other focus groups namely that;

- Funding be attached to service contracts (not taken from the existing price) ensuring it is clearly tagged for workforce development and training.
- Funding be negotiated (not predetermined) separately with each organisation and include two way feedback loops through quality assurance specifications.
- Contracts need to be long term, with adequate funding to fully equip workplaces to do the work, and to enable planning and provide for succession and sustainability.
- Ensure funding parity for all providers to upskill the workforce, implement the competencies and address inequalities.
- Funding is needed for both public health providers to access training and for tertiary institutes to provide the training.

### **4.1.3 Expectations**

Māori and Pakeha providers and large and small kaimahi agencies have different expectations and interpretations of implementation. The language of interpretation is very different and the analysis of discourse is from different world views.

### **4.1.4 Relationships**

Relationships between the Ministry and manawa whenua are questionable. Instead of being constrained Māori wish to exercise their right and role to determine their own way through contacts and workforce development. It is essential that the Ministry of Health especially Portfolio Managers and the DHB Funding and Planning Managers understand providers' expectations and have relationship skills to negotiate and manage appropriate contracts.

Expectations are that the Ministry will;

- Recognise Te Tiriti as a core competency.
- Provide training to upskill
  - a) contract (Portfolio) managers on relationship and contract negotiation skills,
  - b) and ensure staff throughout the Ministry have cultural competencies to work with Māori providers.

## **5 Fostering organisational competency and development (Incentives)**

### **5.1 Collective competency**

Public health work is essentially collective and collaborative thus public health competence is not individual. Māori similarly, do not work as individuals but as part of the wider collective.

The hui strongly supported collective approaches to organisational competency as the most effective way to implement the Generic Competencies rather than a focus on individual practitioner achievement.

Māori will always have some conflict with individual competency and the hui had a strong preference that competency be achieved through the collective strengths within an organisation and partnerships between organisations.

### **5.2 Contract Incentives**

To engage organisations, contracts need to be effective and attractive. The relevance of current Ministry assessment measures was questioned and whilst contract holders are required to feedback to the Ministry there is little reciprocation. It was noted that even with incentives small capacity providers will still struggle to implement the competencies.

The scope of incentives that could be offered by the Ministry include;

- Update and upgrade Ministry assessment measures and structures (ensure Ministry competency to work with Māori providers.)
- Two way feedback loops through quality assurance specifications
- Sufficient funding to encourage organisational participation
- Special attention to the needs of small capacity providers.

### **5.3 Other incentives**

Different providers have different needs and a broad range of incentives will be necessary. Alongside contract incentives other suggestions are that the Ministry;

- Ensure quality training will be available and accessible
- Consider that for each kaimahi attaining competence the organisation could be eligible for funding for another full time equivalent worker
- Support mentoring as an essential component of implementation
- Encourage secondments and exchanges especially with other indigenous people.

## **6 Fostering career pathways and recruitment**

It is important that more Māori are recruited to the public health sector. Promotion of public health as a career option and more Māori in strategic management positions especially DHB funding and planning departments will be necessary. A specific concern noted the small number of tane in the workforce. Promotion of public health careers to school leavers including graduates of total emersion education must 'start earlier.'

To foster public health careers it was suggested that the Ministry;

- Start earlier and 'sell' public health careers to tamariki emerging from school and take account of total emersion approaches.
- Encourage more Māori tane into the public health workforce.
- Encourage and support more Māori into DHB funding and planning roles.
- Address parity of remuneration with other professions. Young people coming out of university easily find much higher paying jobs in other sectors.

## 7 Training provision and access

### 7.1 Regionally-based facilitation

Regional facilitation and leadership were the preferred options to support implementation of the competencies, provide regional training and support organisational development. However there was no support for PHUs to be lead agencies and a range of approaches will be necessary to address different regional needs.

The hui recommended that the Ministry;

- Explore regional leadership to provide training and support organisational development especially for organisations with little capacity.
- Work with current Māori leadership bodies eg Te Tai Tokerau Alliance.
- Take into account regional differences i.e. different approaches will be needed to address needs of different Rohe – (one size doesn't fit all!)

### 7.2 In house and on site training

Few kaimahi access training opportunities especially from rural or isolated areas and organisations with small capacity. Reasons given are the need to be away from the work site, away from their whanau and the costs involved with travel. A strong preference was shown for in house and on site training and there was support for the concept of regional facilitation or leadership.

A potential model which could be adapted is that of the Auckland Māori Health Protection Officers training programme. This combines academic study with on site mentoring and support. More information about this programme can be obtained from Pita Paul Māori Health Protection Advisor.<sup>4</sup>

Other issues concerned the capacity of training providers to meet the need, the unknown quality of training proffered and funding to enable both access to training and provision of high quality training.

The hui suggested that the Ministry;

- Partner with the Ministry of Education to plan training informed by Ka Hikitia<sup>5</sup>: Managing for Success, *The draft Māori Education Strategy 2008 – 2012*<sup>5</sup>
- Adopt strategic and collective planning approaches for training provision

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<sup>5</sup> Ka Hikitia - Managing for Success: The draft Māori Education Strategy 2008-2012 ( Final strategy due for release April 2008) can be found on <http://kahikitia.minedu.govt.nz/default.htm>

- Provide funding for both public health providers to access training and for tertiary trainers to provide the training.
- Explore the development of on site training programmes e.g. the Auckland Health Protection Officers<sup>5</sup> training model.

Concern was expressed about the capacity of the tertiary education sector to provide competency based training. Whilst there is some doubt about the quality of training presently available there is an expectation that quality training will be available and accessible. It was noted that tertiary sector involvement and academic planning will be of no use unless planning has been inclusive of Maori and will assist development of kaimahi.

### **7.3 Scope of training opportunities to be funded**

Whilst the first priority must be to address inequalities in the workforce a broad range of opportunities will be needed to provide for the range of needs in the sector.

The scope of training opportunities that could be funded by the Ministry include -

- Overseas conferences,
- Study and work exchanges with other indigenous peoples,
- Wider entitlements and criteria for scholarships including Māori scholarships,
- Mentoring,
- Secondments and exchanges
- Māori trade training scheme see the Focus Group Report: Appendix 3 Training Options, *3 Māori Trade Training scheme*,
- Increased bereavement leave which was identified as the most effective way for Māori to grow, develop their own competencies and skills.

### **7.4 Supporting implementation – pilot first**

The need for implementation initiatives to be trialled before a general roll out was strongly supported.

Providers from Northland expressed willingness to be involved in a pilot programme and suggested that the Ministry;

- Work with them to develop an implementation initiative to pilot with Te Tai Tokerau Alliance.

## **8 Leadership to implement the competencies**

Effective implementation of the generic competencies will be dependent on meaningful leadership for the Māori public health sector.

The hui expressed concern about who is going to provide this leadership and how will it be done and resourced.

Leadership is needed over a range of levels from marae, runganga and Māori public health providers to the Ministry and to local government. How can Māori tikanga be included?

Implementation of the competencies should start with Māori providers then move to public health units and finally mainstream providers and include DHB funding and planning managers. All processes must be transparent.

The group strongly recommended that the Ministry work with current Māori leaders such as Te Tai Tokerau Alliance and provide dollars to address capacity, enable their participation and recognise their contribution.

## 9 Conclusion

Having taken stock of the overall tenor of the advice provided at the Māori hui, the PHA is heartened by the significant degree of congruence between these recommendations and those provided by the Focus Groups.

The only area in which the advice differs is that Māori will always have some conflict with individual competency and the hui had a strong preference that competency be achieved through the collective strengths within an organisation and partnerships between organisations.

As with the advice proffered by the Focus Groups most of the recommendations provided by the hui are generalities rather than specific guidelines. This reflects that for many in the sector this is new territory and realising implementation will be challenging for both the workforce and Māori providers.

In general the hui endorsed the concept of generic competencies notwithstanding the challenges and complexities that will arise from a dual competency framework. Participants acknowledged the *“need to engage but with thought and caution.”*

Successfully implementing the generic competencies is going to require a significant degree of commitment from the Ministry to work with Māori and Māori providers to address the needs of their workforce. A summit as described in recommendation 3 is an essential starting point to minimise the risks of causing inadvertent harm and increasing inequalities.