Māori Oral Health Provider Workforce Plan

2016 – 2020

Prepared by the Māori Oral Health National Coordination Service for the Quality Improvement Group for Māori Oral Health Providers

**November 2016**

**INTRODUCTION**

Māori oral health providers are primary care based dental services delivering comprehensive oral health services. There are currently eight Māori oral health providers across Aotearoa New Zealand located in urban and rural areas with fixed and mobile dental clinics. Unlike other dental providers, Māori oral health providers are integrated services with strong links to primary care, and community health services.

The Māori oral health provider (MOHP) sector experience challenges to attract and retain suitably qualified, and culturally competent dentists and dental therapists to their community based services. MOHP located in rural and isolated communities are especially affected. The sustainability of the MOHP workforce must be able to meet the increasing oral health needs of their communities, as well as operate in the integrated practice settings within which they work. The Quality Improvement Group for Māori oral health providers (‘QIG’) provides clinical and strategic support for the MOHP sector. The QIG supports building the capacity and capability of the Māori oral health workforce to meet these demands through a number of planned short and long term actions.

The Māori oral health provider Workforce Plan 2016-2020 (‘Workforce Plan’) has been developed by the QIG to help grow and sustain the MOHP sector. It is envisioned that this Workforce Plan will support the growth and sustainability of the MOHP sector, as well as contribute to efforts to train and recruit a high quality, culturally responsive oral health workforce.

The Workforce Plan has four parts or action areas:

1. Growing the MOHP sector
2. Training the MOHP sector
3. Strengthening the oral health workforce
4. Quality Māori oral health workforce information

A coordinated sector approach is necessary to address the barriers, gaps, under-representation, and lack of Māori oral health workforce intelligence. The four areas set out in this Workforce Plan are critical for increasing and improving Māori participation, and will require the QIG, MOHP, and wider oral health stakeholders such as the Ministry of Health, University of Otago Dental Faculty, Te Ao Marama, and the New Zealand Dental Council to work collaboratively to achieve the actions.

**Figure 1. Four Action Areas of the Workforce Plan.**

Aspirations for Māori oral health

This Workforce Plan has been developed in context of the following aspirations:

* Oral health outcomes for Māori have improved and are close to, or at the same level as non-Māori
* There is reliable, robust, readily available oral health workforce information pertaining to Māori and Māori oral health providers
* There are equitable opportunities for Māori to enter, train, work, and progress in the oral health sector
* Māori oral health providers have in place career pathways for their staff to progress
* The number of new graduates working in Māori oral health providers has increased
* The number of Māori oral health practitioners exceeds the population average for Māori
* The oral health workforce is well-coordinated, supported, inclusive, responsive, inter-professional, and integrated
* Oral health and primary care practitioners are confident, and capable in screening for health and oral health in their respective areas.

**Contributors**

This document has been prepared by the Maori Oral Health National Coordination Service (MOHNCS) under the direction of the Quality Improvement Group for Maori oral health providers (QIG). The MOHNCS is contracted by the Ministry of Health to provide strategic and administrative support to the QIG.

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**GOAL 1: GROWING THE MOHP SECTOR**

Goal 1 is about increasing the number of Māori health providers delivering oral health services. To do this, Māori health providers will require access to necessary information, resources, and strategic support.

**Rationale**

There are disproportionate and persistent oral health inequalities for Māori. Tamariki Māori, rangatahi, pakeke, and kaumatua have poorer oral health outcomes compared to non-Māori across the same groups (MoH, 2010, CBG, 2015, PHAC, 2003). In response to the lack of accessible and affordable oral health care for Māori, Māori health providers established their own kaupapa Māori, iwi-based dental services (Makowharemahihi et al, 2016).

There is significant potential for Māori health providers to participate in the delivery of oral health services in their communities. But, establishing an oral health service is a significant undertaking and requires careful consideration about the model of care to be provided, facilities to design/use, establishment costs, funding structures, and importantly the clinical and non-clinical workforce that will be delivering the service. Māori oral health providers have first-hand knowledge and expertise of what is involved in developing and delivering an integrated primary care based oral health service and are ready to share this with the wider Māori health provider sector.

**Actions**

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| Goal 1: Growing the sector |
| Action 1 | Sharing Knowledge* Develop a toolkit for establishing a Māori oral health service including, aspects such as: facilities and equipment, health and safety, workforce requirements, information systems, funding arrangements etc.
* Hold a symposium with interested Māori health providers to discuss Māori oral health, developing, planning and setting up a Māori oral health service
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| Action 2 | Sharing Expertise* Engage Māori oral health service experts to provide technical advice with Providers setting up a Māori oral health service
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| Action 3 | Service development and support* Explore capacity and capability opportunities for Providers committed to setting up a Māori oral health service
* Work with the Ministry of Health and district health boards to offer support for Māori health providers setting up a Māori oral health service
* Encourage new Providers to be part of the QIG network
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**GOAL 2: TRAINING THE MOHP SECTOR**

Goal 2 is about increasing training opportunities and participation in the Māori oral health provider workforce.

**Rationale**

The number of Māori working as oral health practitioners is significantly under-represented. The number of active Maori dentists in 2010 was 2.5% (Broadbent, 2009), well below the 2013 population average of 14.9% (StatsNZ, 2013). A Māori oral health workforce is necessary for improving Māori oral health outcomes. While small improvements are being made, concerted efforts are required so that the oral health workforce reflects the needs of the population.

A challenge facing MOHP is that the majority of new graduates and active dentists go into private practice (74%) with only 0.5% or 10n practicing in iwi organisations such as a Maori oral health provider (Broadbent, 2010). The QIG is committed to working with sector stakeholders to ensure an oral health pipeline that supports oral health workforce diversity, prepares new graduates with the primary care based training to meet the diverse oral health needs of the population, and makes provisions for dentists to practice in high oral health need, high deprivation communities.

MOHP data shows that 74% of the MOHP clinical workforce were employed as dental assistants, 16% as dentists, and 10% dental therapists (MOHNCS, 2015). There is significant scope for MOHP to explore training opportunities within their own organisations for existing staff. This workforce plan looks to MOHP to identify their own goals and actions to build a sustainable oral health workforce to meet the oral health needs of their communities into the future.

**Actions**

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| Goal 2: Training the MOHP sector |
| Action 1 | MOHP Career Pathways and Professional Development * Explore career pathways for MOHP staff to undertake dental or dental therapy training, with voluntary bonding provisions
* Link with training institutions to identify requirements and opportunities that will support staff to undertake training
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| Action 2 | Career pathways for New-Graduates* Promote the continuation of a HWNZ Voluntary Bonding Scheme for Dentistry and Dental Therapy as a mechanism for increasing the MOHP workforce in hard-to-staff areas and communities
* Engage and work alongside the Dental Faculty, University of Otago and other stakeholders to develop a MOHP new-graduate programme; promote and participate in the delivery of the programme
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**GOAL 3: STRENGTHENING THE ORAL HEALTH WORKFORCE**

Goal 3 is about supporting initiatives to better integrate oral and general health in the primary care setting; and to explore wider opportunities within the oral health sector to improve the number of Māori oral health practitioners.

**Rationale**

Oral health disease is preventable, and prevention is the basis primary care. There is an opportunity for oral health teams to play an increased role in the primary care workforce and vice versa. In the current model of child oral health services there is a need to engage whanau better, and to promote and protect the oral health of whanau; primary care have the skills and relationships to do both, as well as established pathways and processes that can be applied to oral health. Our focus aims to encourage and support health workers to stretch outside of what they might consider their usual role to ultimately improve population health through greater proactive ‘screening’ of key health issues. The QIG has played a key role in the development, implementation, and pilot of Ngā Ara Tika: integrated practice guidelines for Māori oral health providers in the primary care setting, and will underpin much of the work in this area.

The second part of Goal 3 focuses on improving the participation and representation of Māori in the wider oral health workforce. District health boards are responsible for delivering publicly funded oral health services for children from 0 – 12 years. Currently, Māori are under-represented in this workforce. The aim here is to encourage district heath boards to prioritise and put in action activities to achieve a more equitable representation of Māori oral health practitioners within their services.

**Actions**

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| Goal 3: Strengthening the Oral Health Workforce |
| Action 1 | Embed oral health in primary care* Increase the uptake of Ngā Ara Tika by undertaking activities to embed the recommended pathways and processes
* Provide advice to the Ministry of Health about the development of activities to embed integrated oral health practices for the primary health care sector

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| Action 2 | Prioritise equity of access for Māori to train and work in oral health* Advocate for and encourage district health boards to identify workforce inequities within the Community Dental Service, and explore opportunities to address those inequities
* Promote and provide advice to the Ministry of Health and Health Workforce New Zealand on actions to address inequities in the Māori oral health workforce
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**GOAL 4: QUALITY MĀORI ORAL HEALTH WORKFORCE INFORMATION**

Goal 4 is about improving the collection, analysis, reporting, and monitoring of Māori oral health workforce trends.

**Rationale**

Quality workforce information is a crucial part of developing workforce intelligence that informs recruitment, retention, and equitable distribution initiatives. Māori are significantly under-represented in the oral health workforce and while there are initiatives designed to increase the number of Māori oral health practitioners, what, where and how the Māori oral health practitioner workforce features in the landscape of the health and disability sector is largely unknown.

An oral health workforce that is clinically and culturally responsive and reflective of the population of Aotearoa New Zealand is vital to the provision of health care services and to achieve optimal oral health care for Māori. Access to sound and robust Māori oral health workforce data is an important part of the development of strategy, policy, and initiatives that will assist in achieving this goal.

**Actions**

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| Goal 4: Quality Māori oral health workforce information |
| Action 1 | Improve the quality, reporting, and monitoring of, the number of Māori training and participating in the oral health workforce* Work with the Ministry of Health, Health Workforce New Zealand, and Dental Council New Zealand to prioritise the collection, analysis, and reporting of Māori oral health practitioner information
* Work with tertiary institutions to gather information about, and analysis and monitoring of, the number of Māori students enrolling and completing the Dental Therapy, Dental Hygienist, and Bachelor of Dental Surgery programmes
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| Action 2 | Profile of the Māori oral health provider sector* Gather, update, and profile information about the Māori oral health provider sector
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