

18 June 2015

Dr Graeme Benny Director Health Workforce New Zealand Ministry of Health PO Box 5013 Wellington 6145

By email: sheetalpreet_singh@moh.govt.nz

Core competency framework for the children's workforce

Dear Graeme

Thank you for inviting the New Zealand Medical Association (NZMA) to provide our views to inform development of a shared core competency framework for New Zealand's children's workforce. We note that this is an initiative arising from the Children's Action Plan.

As you know, the NZMA is the country's largest voluntary pan-professional medical organisation with over 5,000 members. Our members come from all disciplines within the medical profession and include specialists, general practitioners, doctors-in-training and medical students. The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of New Zealanders.

The NZMA welcomes the intent behind the Children's Action Plan. However, we are not convinced that the development of a shared core competency framework that applies across the entire children's workforce would contribute meaningfully towards better identifying, supporting and protecting vulnerable children. We also believe that it will do little to address the root causes of vulnerable children. We note that the definition of the children's workforce is very wide ("everyone, including volunteers, who plan, manages and delivers services to and for children, in organisations dealing with children and young people"). We also note that this workforce is estimated to encompass at least 370,000 people.

The consultation identifies the following seven areas as a starting point for what may be included in a core competency framework: i) taking a child centred approach; ii) effective communication and engagement with children, family and whānau; iii) child protection and safeguarding,

including family violence; iv) children's rights; v) child health; vi) child development; vii) collaborative working practices and recording and sharing information. While these may indeed be reasonable areas to include, it is our view that most of the competencies covered by a proposed core competency framework should already be contained within existing curricula and training programmes for medical and other regulated health professionals.

We suggest that rather than aim for a single core competency framework for over 370,000 people, consideration be given to developing a minimum accreditation framework for the medical, nursing, allied health (and perhaps education) professional training institutions, such that relevant core competencies are embedded in the curricula for these workers. We suggest that a separate framework be considered for other (non regulated) workers that would not be covered by this accreditation approach. We consider this dual approach to be more feasible and useful than a single core competency framework for the entire children's workforce, as well as being more likely to confer greater actual protection to vulnerable children.

We hope that our feedback has been helpful and look forward to continued engagement on this and other initiatives arising from the Children's Action Plan.

Yours sincerely

Dr Stephen Child NZMA Chair

See Out