



Te Whatu Ora
Health New Zealand

**BreastScreen
Aotearoa**

Workforce Development Strategy
2022 – 2032

Part 2 – Action Plan

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Drivers of workforce development success

When it comes to achieving system-level workforce development, historically it's been easier to identify problems than to implement solutions. We can see this locally, from previous cancer screening workforce strategies and recommendations, and internationally, from the time and effort that has been required to make significant changes to mammography training and career pathways.

The aim of workforce development is to build, equip and enable a workforce with the key skills, behaviours and capabilities to meet both present and future demand. Effective workforce development operates on a strategic level and aims to simplify and scaffold actions for maximum impact, instead of being all things to all people. It is, therefore, holistic and deliberate, requiring a clear vision of 'what great looks like' and a detailed pathway to achieve it. Success is dependent on effective leadership, resourcing and implementation.

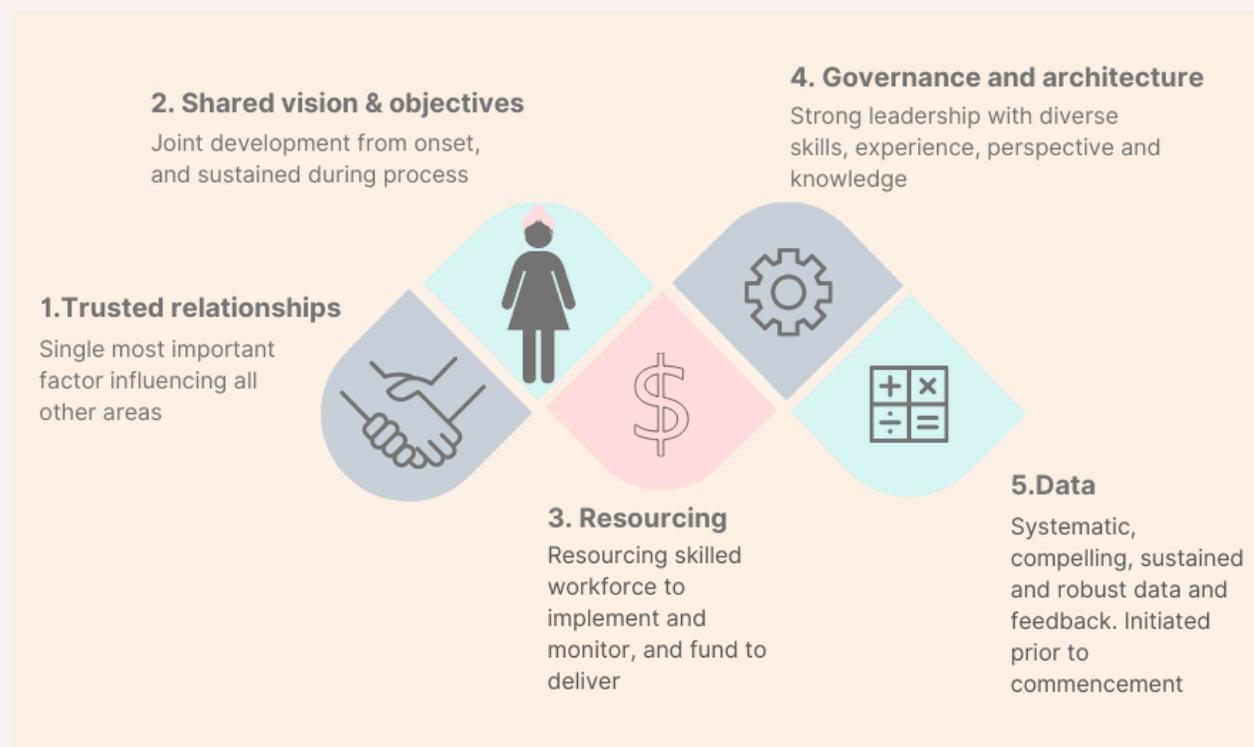
The Productivity Commission's enquiry into persistent disadvantage¹ identified five critical success factors required to achieve system-level change. These are highly relevant to workforce development and other system level changes and have been adapted here to illustrate the success factors critical to achieving the strategic goals of the breast screening workforce.

At the heart of BSA workforce development is the need for flexible and attractive career pathways, with multiple points of entry, to ensure a diverse workforce that is engaged, retained, and given the opportunity to flourish.

Achieving this vision will require passion, commitment, buy in and persistence across the sector as, historically, it's been easier to identify system-level workforce development challenges than implement solutions. Change is not easy, despite best intentions.

We can see this from earlier recommendations made to BSA, only a handful of which were implemented or incorporated longer-term into the programme. We also see this internationally, where significant effort has been required to make changes to traditional training pathways.

To ensure systems-level change, the Productivity Commission report identified five critical success factors. These included the need for trusted relationships, shared vision and objectives, adequate resourcing, established data and monitoring systems, and strong leadership. What does this mean for BSA workforce development?



¹ Productivity Commission (Fry, J.) *Together Alone: a review of joined-up social services* (2022)

1. **TRUSTED RELATIONSHIPS.**

The forming and maintaining of internal and external trusted relationships is key to effecting change. This includes comprehensive communications strategies, developing key partnerships, and collaborating across groups.

There needs to be a willingness on the part of all sector players to support the operation of collaborative initiatives. Resistance from key stakeholders will ensure that progress cannot be made on developing a diverse and sustainable workforce.

Previous BSA initiatives have faltered where strong, dissenting voices have created barriers to progress. Therefore, skilled relationship building, and management will be necessary to successfully bring all parties along on a shared journey.

2. **SHARED VISION AND OBJECTIVES.**

Collaborative initiatives start with a clear, shared vision and goals at the outset that place equitable outcomes for wāhine at the centre of all workforce development. These need to be explicitly agreed, not occurring by default.

Where divergent opinions or perceptions exist, they can be problematic when they lead different groups to have to have very different objectives. Without broadly agreed objectives, there is potential for miscommunication and frustration, and it becomes difficult for those involved to see how effective change will occur at the systems level.

However, throughout the engagement undertaken as part of developing this strategy, we've heard that there are several key areas where there is general consensus on some key changes that need to be made to achieve a flourishing workforce. These can be taken as a starting point for further development of shared goals.

3. **ADEQUATE RESOURCING.**

Change requires adequate levels of resourcing in terms of people, skills, systems and funding. It also requires assurance that resourcing levels will be maintained over time to ensure development, promotion and delivery of workforce initiatives, and safety of staff.

The initiatives discussed in this report have different degrees of resourcing requirements, but all will require sufficient resourcing to ensure that goals can be met.

Individual workforce development activities and initiatives will benefit from a project management approach to delivery, with dedicated and appropriately skilled project management resource to proactively drive each project to success. Without this approach there's a risk that initiatives will not succeed.

Adequate funding to support the initiatives should be appropriately budgeted for in advance, with contributions to funding being fairly apportioned within the sector.

The funding and accountability models that have been designed for the existing BSA service model may need to be redesigned to more effectively support a future focused workforce.

4. **GOVERNANCE AND ARCHITECTURE.**

Initiatives that have successfully collaborated share robust governance arrangements with strong leadership, and members with a good balance of skills, experience and knowledge. Accountability is critical but so is supporting teams to deliver on workforce development initiatives.

5. **DATA AND MONITORING.**

Establishing key outcomes and indicators of success for workforce and workforce development at commencement of the project; the means of measuring, collecting and sharing findings including consistent monitoring and evaluation protocols; and establishing accountability chain.

The breast screening sector needs to know more about its workforce, particularly mammographers, to properly understand shortage issues, and successfully target and evaluate workforce development initiatives. Targeted investment is required to support workforce information system development and to drive the necessary changes.

Boost and Build

Following a period of prolonged uncertainty during the COVID-19 pandemic, New Zealand’s labour market is tight and this reflects a broader, global trend. In this situation there are limited options available to make a difference in the immediate and short term. These short term options primarily focus on boosting international recruitment, improving retention rates, and improving productivity by making better use of available resources.

However, reliance on international recruitment should not be used to address long term workforce shortages as it raises issues around the cultural safety of services provided by those unfamiliar with the Aotearoa New Zealand context. And it does not address the need to create a workforce pipeline which supports a diverse, sustainable and homegrown workforce.

In the longer term it’s possible to design initiatives that will create a flourishing breast screening workforce - attracting, training and retaining homegrown workers by building on existing support systems, addressing training and education requirements and inequities, and undertaking more fundamental changes to established career pathways, roles and role boundaries.

For this reason, this strategy’s priorities and actions have been grouped into short term actions – **Boost**; and longer term initiatives - **Build**.

Boost	Short term 1 – 3 years	<i>These actions recognise, and are designed to address, the short-term requirements driven by increasing demand for services, disruption caused by COVID-19, and skills shortages. Whilst these can be effective in the short term, reliance on international recruitment to address workforce shortages may eventually hamper efforts to increase Māori and Pacific participation in the workforce, and the cultural safety of the services and care provided. This should, therefore, be considered a short term solution only.</i>
Build	Long term 1 – 10 years	<i>These are longer term actions that are designed to reshape the landscape of the breast screening sector to create and reshape educational and career pathways, ensuring that breast screening careers are attractive, visible and equitable. Whilst these are designed to have longer term impacts, work on ‘Build’ actions needs to start immediately as they are initiatives that will take longer to bear fruit.</i>

The Action Plan

This plan recognizes and acknowledges the need for stronger commitment to the principles of Te Tiriti o Waitangi to ensure that the services can be delivered equitably to all wāhine. It outlines the actions needed, and a framework to deliver the strategic goals for 2022-2032 (the Strategy). The plan targets increasing participation, performance and productivity of the workforce.

Implementing the plan will require intentional partnering, shared responsibility and commitment across BSA and connected sectors, organisations, services and leaders. It's built around the principles of collective action which are delivered through collaboration and the combined effort of many partners. There needs to be a broad range of people involved in partnering and delivering these actions, some with specific skillsets, roles, or functions.

A governance group should be established to work collaboratively across the sector, to guide and oversee the implementation of the plan. The group, developed and supported by BSA, should include members from the BSA workforce and leaders from across the broader sector including Māori representation, tertiary institutions, professional bodies and membership organisations. A robust, collaborative and national approach is required to bring about improvements in breast screening workforce shortages in both the short and long term.



A diverse, multi-cultural and multi-lingual clinical and non-clinical screening workforce to support all screening populations.

Attracting and retaining a healthy, diverse and well-designed workforce that supports ongoing personal and professional development.

Visible, attractive and flexible pathways into breast screening careers, which provide pro-equity opportunities and uphold the principles of Te Tiriti.

Frameworks and processes that support the sector to assess, evaluate and adopt innovative practices and technology.

Systems that support breast screening services are co-designed for long term sustainability and adaptability, to grow and develop with the services, and support the long term vision.

Goal 1: Strengthen diversity and inclusive practices

A diverse, multi-cultural and multi-lingual clinical and non-clinical screening workforce to support all screening populations. It is resourced to deliver on the principles of te Tiriti, to achieve equity targets and deliver mana-enhancing services.

Building a more diverse workforce

Increasing diversity across the BSA workforce is a critical enabler of better health outcomes for wāhine Māori and other priority group women.

Attracting more Māori and Pacific students into the breast screening workforce requires dedicated and sustained coordination across the school-university pipeline, and pro-equity approaches led by tertiary and polytechnic institutions.

Building alternative training pipelines and career pathways to access paid roles in the breast screening workforce, and simultaneously progress professional training and development, whilst being able to stay close to whānau and community support networks will help foster a home-grown and diverse workforce.

Cultural safety

The ability of the workforce to demonstrate cultural safety and capability is essential to achieving a high screening rate and appropriate and mana-enhancing care of wāhine. This is particularly important for those recruiting wāhine into the programme and welcoming them into the service for their screening appointments.

Being able to operate with this level of care,

compassion and consideration of both cultural and physical needs requires the support of a structured training and development programme that delivers immediate and ongoing upskilling. Skills and experience gained through the programme should be recognised with appropriate remuneration and opportunities for progression.

In the short term, whilst BSA relies more heavily on international recruits to meet demand, extra focus should be placed on ensuring that these recruits can practice in a culturally safe manner before they provide care to wāhine.

Population recruitment teams

In general, the population recruitment teams (sometimes called recruitment and retention teams or equity teams) have high ethnic diversity, representing the cultures and languages of wāhine in their regions. These teams are making a real difference engaging with and reaching priority group women, striving to meet equity targets, and filling unoccupied or cancelled screening appointments. They also work closely with GPs, DHBs, iwi providers and Support to Screening providers to reach all possible wāhine. They are critical in building trust and removing barriers for wāhine entering screening.

It's important to highlight these essential non-clinical roles within the workforce development programme as they can easily be overlooked in the face of clinical workforce shortages.

Providing additional resource, support and development opportunities to these teams will enable and empower them to continue to drive towards equitable coverage whilst providing rewarding career opportunities, and pathways into clinical roles such as the Mammography Assistant.

Fair and competitive remuneration is important to attract staff into the population recruitment teams. And providing structured training and career advancement opportunities into either non-clinical or clinical pathways will help to retain and develop these team members within the BSA system.

The current development of the national breast screening register (which will be used by the population recruitment teams) presents an opportunity to facilitate the co-design of a Te Tiriti based training programme in tandem.

Concurrent roll out of a training programme and the BSA register will ensure that population recruitment teams are supported, skilled and confident to perform their important roles.

Goal 1 – Strengthen diversity and inclusive practices

	Boost (1 – 3 years)	Build (1 – 10 years)
1.1 Create and maintain an environment of cultural safety	<ul style="list-style-type: none"> Work to align BSA’s strategy with the finalised NSU te Tiriti Strategy. Create and disseminate a workforce Wellbeing and Cultural Safety (WCS) survey across the BSA workforce to understand the workforce needs and establish a baseline to work from. Work collaboratively with BSA providers, the wider BSA workforce and Māori leadership to develop a Diversity, Equity and Inclusion policy for BSA that supports mātauranga Māori approaches and is grounded in the principles of te Tiriti. The DEI policy will guide and support a BSA service that holds manaakitanga as a foundational concept within the service. It will be accessible, practical and engaging; separate to the NPQS. Use findings from the WCS survey to identify requirements, and develop consistent and quality training for BSA staff, with a particular emphasis on cultural safety training. This is especially important for international recruits. 	<ul style="list-style-type: none"> Ongoing promotion and embedding of DEI policy. Design and implementation of initiatives and training programmes that support cultural safety. Follow up WCS survey at 12-18 months post implementation of DEI policy and training initiatives to assess effectiveness; and identify and address shortfalls.
1.2 Ensure that BSA opt off strategy and tools are co-designed with a pro-equity approach (see ‘Designing an opt off system’ below)	<ul style="list-style-type: none"> Establish cultural oversight of the design process to ensure that a pro-equity approach is built into the opt off strategy and associated self-service tools. Engage with BSA workforce, particularly the recruitment and retention teams, to understand how an opt off strategy would best work for them and their screening population. Engage with users of the service to understand how a BSA register tool would best work for priority group women. Clarify national process as to how recruitment and retention teams and Support to Screening teams work together to drive equitable screening of priority group women. 	<ul style="list-style-type: none"> Create flexibility within the population recruitment system for BSA providers to tailor recruitment and retention processes for their local populations.
1.3 Training and development of population recruitment teams – create a	<ul style="list-style-type: none"> Work with BSA providers to understand the key skills, qualifications and capabilities of the population recruitment teams. Develop a nationally consistent training programme for population recruitment staff that focuses on upskilling these key roles, ensuring an 	<ul style="list-style-type: none"> Build a consistently trained workforce through ongoing implementation of a national training and development programme. Roll out the monitoring and evaluation framework and act on any findings.

Goal 1 – Strengthen diversity and inclusive practices

	Boost (1 – 3 years)	Build (1 – 10 years)
nationally consistent approach to training and align it with the roll out of the BSA register and opt off approach	<p>equitable approach to population recruitment and how to best work alongside tools such as the BSA register and Support to Screening providers.</p> <ul style="list-style-type: none"> Establish a monitoring and evaluation framework to enable the measurement of the training programme’s effectiveness. 	<ul style="list-style-type: none"> Undertake a pay structure review of population recruitment roles to ensure that salaries are commensurate with the skills, capabilities and experience required to be successful in these roles. Create training and educational ladders/pathways that can lead from the population recruitment roles to Mammography Assistant roles (see Goal 3).
1.4 Flexible and attractive career pathways	See Goal 3	
1.5 Create and maintain effective workforce reporting and monitoring tools	See Goal 5	

Designing an opt-off system

The concept of “opt-off” or “opt-out” as a tool used to recruit women into a screening service is embedded in behavioural science. The field of behavioural science draws on decades of multi-disciplinary research to try and explain and predict a more realistic version of human behaviour.

Opt-off systems are designed to minimize effort on behalf of the user and encourage more positive health choices. The aim of developing opt-off is to ensure that, in a busy world with multiple demands and pressures on our time, the choice and process to enter a screening programme is much easier, attractive and straightforward than it is to decline participation.

This concept is based on extensive research that suggests if we make decisions easy, attractive, social and timely (the EAST principles) we can improve access, and lift participation.

Designing interventions that work for the priority population will work for the whole population

Opt-off takes time and expertise to develop. One of the aims of behavioural practitioners when developing these systems is to de-code client behaviour and identify what triggers positive engagement and what doesn't. Depending on the service that is being developed, the results can be wildly different.

For example, when applying EAST principles to screening services, we can see there are many choices that can be made. For example:

- **Easy** - how do we make the default option easy with minimal effort? What are current barriers? How many steps are involved? How can we reduce these for the target population?
- **Attractive** – how do we attract attention to the best choices? How can we convey our message to the target audience? What works best for them? How does high cognitive load, caused by financial stress or personal safety, impact attention and participation?
- **Social** – how do we encourage positive screening behaviour? What levers could make our choices socially acceptable and encourage participation? How do we incentivize social peer-to-peer networks to take advantage of this?
- **Timely** – how do we make the message land at the right time to encourage action? What times are best to engage with clients? How can a system respond to this?

Three key steps to developing the conceptual framework for opt-off

There are three key steps to developing opt-out systems, even before technology is involved. These are based on behavioural insights research approaches.

- Having an evidence-based approach. Drawing on extensive behavioural insight literature already in play and using features of international opt-off best practice.
- Knowing the client and target audience. Engaging directly through participatory research with priority groups, particularly wāhine Māori, Pacific women and women in areas of high socioeconomic deprivation - to ensure we understand the EAST principles as applied to their life in Aotearoa.
- Finally, trialing interventions and evaluating approaches. Testing solutions with a willingness to try different approaches in order to find the most appropriate. These do not have to be expensive or time consuming, just well designed. For example, comparing invitation wording, modes of engagement (text or letter), timing of invitation or follow-ups processes.

Goal 2: Develop effective recruitment and retention strategies

Attracting and retaining a healthy, diverse and well-designed workforce that supports ongoing personal and professional development.

A global shortage of health workers has meant that recruiting and retaining workers in the breast screening sector is an ongoing challenge.

In the short term, BSA can support innovative ways of working within existing resource constraints, whilst also facilitating the expedient recruitment of international workers to meet immediate needs.

Despite the short-term benefits of international recruitment, developing and investing in our domestic workforce in the long term is an ethical obligation. Competing on pay and conditions in the long term with countries that cannot afford the same does not contribute to the UN Sustainable Development Goals, and equitable and accessible distribution of a global health workforce. Objective 2 of the WHO Global Workforce Strategy calls for countries to halve their reliance on international recruitment and build their own health workforce through policy and investment.

Longer term development relies on creating attractive careers that retain a skilled and diverse workforce. Here, there is a particular focus on fair and equitable remuneration and work conditions to ensure closer alignment with competitive recruitment markets in Australia and the UK.

Boosting international recruitment

Developing a diverse and flourishing, homegrown workforce will take time. However, the need to boost the workforce is immediate, with the impact of COVID-19, population growth and age extension increasing the demand for screening services over the next 5 years. And whilst likely workforce attrition over this period is a relative unknown, it will also add to the short-term requirement to grow the workforce.

International recruitment has long been a mainstay of the health sector, and this is unlikely to change in the short term, as we work towards developing the homegrown workforce. Working across the sector and with key external stakeholders to create and facilitate international recruitment processes would alleviate some of the current administrative burden on providers who spend a lot of time navigating immigration and accreditation processes.

Fair and equitable remuneration

One of the foundations of attracting and retaining a workforce is fair and equitable remuneration. This includes being equitable within roles and professions, within the domestic context and also looking, more broadly, to the international context.

For roles such as MIT and radiologist, mitigating the pull from higher paying countries such as Australia and the UK is essential to being able to develop and retain our homegrown workforce.

In addition, fairly remunerating those workers who choose to specialise or develop advanced practice encourages career progression, job satisfaction and retention.

Another way in which remuneration can act as a tool for workforce recruitment and retention is through formalised incentives and bonuses. These can be used to encourage workers to relocate to more rural locations, or where workers are required to be away from home on mobile screening units.

Non-financial benefits

Whilst financial reward is important, non-financial benefits also have a large part to play in workforce recruitment and retention.

Ensuring flexibility and work life balance along with a workplace culture that actively supports growth and development through visible career pathways is fundamental to achieving workforce goals.

Goal 2 – Develop effective recruitment and retention strategies

	Boost (1 – 3 years)	Build (1 – 10 years)
2.1 Recruitment initiatives	<ul style="list-style-type: none"> ▪ Review staffing ratio of recruitment teams to ensure each provider has sufficient capacity and flexibility to respond to population needs, with a particular focus on increasing Māori and Pacific recruitment (See Goal 5 with regards to Funding). 	<ul style="list-style-type: none"> ▪ Work with Health NZ to continue increasing training places for radiologists to address future shortfalls. ▪ Develop a national approach to domestic graduate recruitment including targeted university campaigns, and funding providers to develop and maintain productive relationships with tertiary institutions in their region.
2.2 International recruitment	<ul style="list-style-type: none"> ▪ Develop a national approach to international recruitment for mammographers and radiologists to reduce administrative burden on providers and improve collective marketing. This includes creating standardised national processes, tools and information to support international recruitment, coupled with a strategic short-term marketing plan (see incentive scheme below). ▪ Engage with DIA and professional registration boards to identify ways to streamline the immigration and registration process for international recruits. 	<ul style="list-style-type: none"> ▪ Work with professional registration boards to develop a qualifications auditing tool for BSA international mammography recruits to ensure consistent and efficient assessment of international qualifications and experience.
2.3 Recruitment incentives	<ul style="list-style-type: none"> ▪ Fund location-based incentives for a 2-year period to actively compete for international recruitment / kiwis coming home to encourage workforce growth in rural or hard to staff areas. Includes doubling previous relocation incentives, and/or encouraging length of service through incentivised bonded schemes. 	<ul style="list-style-type: none"> ▪ Evaluate and pilot other recruitment tools such as a ‘job connect’ portal for MIT graduates, university debt write off (bonded scheme for hard to staff locations), and ethnicity-based incentive schemes.
2.4 Retention initiatives	<ul style="list-style-type: none"> ▪ Work across the sector to create a workforce wellbeing plan (using results of WCS survey as a basis – see Goal 1) which will support and enable: <ul style="list-style-type: none"> - appropriate levels of funding for professional development and study leave for BSA workforce (see also Goal 5 with regard to funding) - opportunities and time off work to participate in Australasian conferences, and maintain professional development standards - innovative work practices - secondments to other areas/regions - flexible working arrangements - working across modalities for MITs to retain competencies 	<ul style="list-style-type: none"> ▪ Work across the sector and with other key stakeholders to develop the career pathway ladder which will support the growth and progression of the screening workforce (see Goal 3).

Goal 2 – Develop effective recruitment and retention strategies		
	Boost (1 – 3 years)	Build (1 – 10 years)
	<ul style="list-style-type: none"> - career development pathways (see Goal 3). ▪ Create communities of practice for Breast Care Nurses to connect formally and informally across the workforce, outside of the Uni Disciplinary Group format. 	
2.5 Increase visibility of breast screening careers	See Goal 3	

Goal 3: Build flexible and sustainable career pathways

Visible, attractive and flexible pathways into breast screening careers, which provide pro-equity opportunities and uphold the principles of Te Tiriti. The aim is to build a diverse, engaged and capable workforce, passionate about delivering equitable and mana-enhancing outcomes for all wāhine.

A sustainable and diverse workforce is characterised by flexible, equitable and attractive career pathways which provide multiple entry points into the workforce and support a pathway for personal growth and career progression.

Visibility of BSA workforce

Breast screening careers are relatively hidden, and often underestimated or misunderstood. Increasing the visibility of breast screening careers and changing perceptions around what each role entails is likely to encourage more young people into the workforce – especially if they can see a career pathway that resonates with them.

"If you can see it, you can be it"

Raising the profile can be done at a tertiary level, by working with tertiary institutions to introduce students to breast screening career options. However, this should also be taken a step back into secondary education.

Attracting more Māori and Pacific students into breast screening career pathways requires dedicated and sustained coordination across the school-university pipeline, and pro-equity approaches led by tertiary and polytechnic institutions.

Career pathways

Developing a homegrown and diverse workforce can be supported and encouraged by providing options, multiple pathways and financial assistance for young people to enter the breast screening workforce as a first step on their career ladder.

COVID-19 has also changed the way young people view employment opportunities and careers. With low unemployment many young people, especially from lower socio-economic backgrounds, are looking for quick wins and 'earn & learn' options instead of long, educational pathways; with the impact being felt in the last years of secondary school especially for Pacific and Māori students.

Building alternative training pipelines and career pathways for young people to access paid roles in the breast screening workforce, and simultaneously progress their professional training and development, whilst being able to stay close to whānau and community support networks will help foster a homegrown and diverse workforce.

Role flexibility

Creating the ability to train into a role and extend practice beyond the 'normal' scope of a role, can alleviate common pressure points and create space for

junior training roles (such as Assistant Practitioners) which support progression through the career pipeline. Role extension and advanced practice also provide an opportunity for the existing and future workforce to grow and develop.

Assistant Practitioner roles have the potential to

"...we need to be able to offer more in the way of career progression, wider range of skills and a salary scale to match."

MIT mammographer

support and develop the Māori and Pacific health workforce, where mammographers are very scarce, by developing skills over a shorter period, and supporting the World Health Organisation vision that by 2030 all communities have access to their own health workers.

The Assistant Practitioner role also creates a pathway from non-clinical BSA roles into mammography, offering opportunities that might not otherwise have been available.

Goal 3 – Build flexible and sustainable career pathways

	Boost (1 – 3 years)	Build (1 – 10 years)
3.1 Develop stakeholder relationships	<ul style="list-style-type: none"> ▪ Ensure that momentum for change in the BSA sector is achieved and maintained by creating a role for a dedicated principle-level ‘education & engagement’ resource within BSA whose responsibility it is to: <ul style="list-style-type: none"> - Drive and promote workforce development initiatives - Work with secondary and tertiary education institutions to promote breast health as a career and collaborate on career pathway development - Engage and drive stakeholder relationships to maintain momentum on key projects - Engage broadly and often across the domestic and international health sectors to consolidate best practice and share initiatives ▪ Continue to develop and strengthen key stakeholder relationships with: <ul style="list-style-type: none"> - Schools, tertiary and training institutions - Other key government agencies – TEC, MBIE, DIA etc - Health NZ & Māori Health Authority - NZQA - Registration boards, professional bodies and unions - Breast Cancer Foundation and other key advocacy groups 	
3.2 Formalise role extension for mammographers	<ul style="list-style-type: none"> ▪ Establish working group to evaluate the existing role extension practice at BreastScreen Otago Southland and formalise a pilot programme that can be rolled out across other BSA providers. ▪ Formalise a national training and supervision approach/ standards for role extension with providers, postgraduate tertiary institutions, union and registration bodies. ▪ Create a monitoring and evaluation framework for the pilot programmes. ▪ Engage with Apex to determine pay scale for advanced practice. 	<ul style="list-style-type: none"> ▪ Evaluate advanced practice pilot programmes and refine as necessary. ▪ Roll out national model of advanced practice with associated communication and marketing campaign including training pathways, funding model, supervision model, and scope of practice. ▪ Ongoing monitoring and evaluation of programme.

Goal 3 – Build flexible and sustainable career pathways

	Boost (1 – 3 years)	Build (1 – 10 years)
3.3 Build career pathways for mammographers		<ul style="list-style-type: none"> ▪ Within 12 months: <ul style="list-style-type: none"> - form a working group to scope and develop the Mammography Assistant role and the career pipeline that will support this role, including a literature review of available research papers. ▪ Within 2 years: <ul style="list-style-type: none"> - work collaboratively across the sector to develop a career pathway action plan (lead by the newly established education and engagement resource at BSA) that will work towards addressing current inequities in educational and career pathways. - work with tertiary institutions and other key stakeholders to identify the components for the ‘foundation’ degree programme for Mammography Assistants. - establish scope of practice, practising standards and supervision framework for Mammography Assistants. ▪ Within 3 years: <ul style="list-style-type: none"> - establish monitoring and evaluation framework for Mammography Assistant role. - gather benchmark quality and performance data prior to role implementation. - roll out Mammography Assistant role as a pilot programme. ▪ Within 5 years: <ul style="list-style-type: none"> - Complete first evaluation of Mammography Assistant training programme. - Review and refine as required.
3.4 Create opportunities for	<ul style="list-style-type: none"> ▪ Formalise upskilling opportunities for breast care nurses, including clinical breast examination and other advanced practices. 	

Goal 3 – Build flexible and sustainable career pathways		
	Boost (1 – 3 years)	Build (1 – 10 years)
advanced practice for breastcare nurses		
3.5 Succession planning (Medical Physicists)	<ul style="list-style-type: none"> ▪ Create a working group to actively formalise the training pathway and funding arrangements for Diagnostic Medical Physicists to remove the current barriers to succession planning. 	<ul style="list-style-type: none"> ▪ Ongoing monitoring of training pipeline to ensure Medical Physicist workforce balance is maintained.

Goal 4: Look to the workforce of the future

Frameworks and processes that support the sector to assess, evaluate and adopt innovative practices and technology.

Intra- and inter-sectoral collaboration

Without a foundational BSA workforce development infrastructure on which all workforce development activities are based, there is a risk that activities either stall or become inefficient, fragmented and duplicated as various stakeholders attempt to tackle the same issue in different ways.

The aim of activities and initiatives built around a centralised workforce development infrastructure is to achieve national co-ordination through strong networks of collaborative and cross-sectoral relationships.

The importance of building and maintaining relationships between key stakeholders in the breast screening, education and employment sectors cannot be underestimated, and the cultivation of these relationships needs to be approached in a purposeful and co-ordinated manner.

Crucial to achieving well-functioning workforce development relationships are well designed, embedded and well-maintained communication processes.

Creating an environment for innovation

In the longer term, technological innovations will increasingly be incorporated into screening services. These will include risk-based screening, genomics, AI-based technologies and more efficient screening interventions. Thinking about systems and processes now, with an eye on the future, requires sufficient allocation of resources toward co-design, research, development and piloting of new initiatives. This also includes education and development of a workforce who is engaged with, and responsive to, a culture of innovation and learning.

Two key areas where BSA has opportunities to create an environment for innovation now for the future include a robust and innovative opt-off model of engagement with the screening population, and piloting new technologies such as the ultra-mobile unit that the Breast Cancer Foundation NZ is hoping to implement.

Innovation also requires careful ethical considerations including data governance, data sovereignty, safety of wāhine entering screening services, and addressing health inequities through technology, while mitigating unexpected or unintended consequences.

Risk based screening

Breast cancer screening modalities and guidelines continue to evolve and are increasingly based on risk factors, including genetic risk and a personal or family history of cancer.

As a result, cancer genetics is an expanding speciality to which clinicians come with expertise in clinical and molecular genetics and in oncology.

However, before the workforce impacts of risk-based screening can be considered, there has to be clarity of how it would be implemented. This includes structure, selection and invitation of women, risk assessment process and integration of genetic counsellors.

In terms of workforce, international research has highlighted the scarcity of geneticists and also the willingness of genetic counsellors to participate in general population screening.

A transition towards risk-based screening would require significant funding, structural change, and population engagement.

Goal 4 – Looking to the workforce of the future		
	Boost (1 – 3 years)	Build (1 – 10 years)
4.1 Create a framework for innovation	<ul style="list-style-type: none"> Work with NSU to develop a digital futures plan, including literature review, focusing on the timing and role of digital technology across NSU screening programmes. 	
4.2 Make best use of teleradiology	<ul style="list-style-type: none"> Review the NPQS to ensure that screen reading via teleradiology is supported across regional boundaries. Providers in Auckland find it easier to recruit radiologists and any spare capacity could be used to support providers who find it more challenging to recruit. 	<ul style="list-style-type: none"> Consider how the role of teleradiology can be expanded to address radiologist shortages in remote or rural locations. For example, adopting the Australian model of teleradiology supported assessment.
4.3 Consider use of ultra-mobile units	<ul style="list-style-type: none"> Develop a pilot research programme with advanced clinical research practitioners to assess the efficiency, effectiveness, quality and impact of an ultra-mobile unit. Research includes a test site and a control site, to ascertain impact on equity, rural access and engagement, and workforce (including teleradiology, breast sonography, advanced practice mammography). Establish from research findings, criteria of locations to roll out a limited number of ultra-mobile units if applicable. 	
4.4 Keep informed on risk-based screening and AI technology	<ul style="list-style-type: none"> Whilst any implementation of risk-based screening or screen reading by AI seems to still be a long way off, BSA should keep informed via UDG, governance group and international research. 	<ul style="list-style-type: none"> Establish a working group to develop a framework for how new and emerging technologies and approaches can be assessed thoroughly and objectively. This will enable BSA to dedicate resource to only those technologies that are likely to provide benefit in terms of efficient and effective population-based screening that reaches priority group women.
4.5 Develop opt-off strategy	<ul style="list-style-type: none"> Develop an opt-off strategy and tool that: <ul style="list-style-type: none"> uses common terminology and is interoperable with future Health NZ systems is embedded in best practice behavioural insights research 	<ul style="list-style-type: none"> Review, maintain, upgrade and promote the opt-off strategy on a biennial basis to ensure the tool adapts to shifting needs in the target population.

Goal 4 – Looking to the workforce of the future		
	Boost (1 – 3 years)	Build (1 – 10 years)
	<ul style="list-style-type: none"> - ensures a pro-equity approach and co-design principles (see also Goal 1) 	
4.6 Keep informed on health hubs	<ul style="list-style-type: none"> ▪ Keep informed of Health NZ development of health hubs. 	

Goal 5: Build governance and enablers to drive change

Systems that support breast screening services are co-designed for long term sustainability and adaptability, to grow and develop with the services, and support the long term vision. Systems include governance, funding, monitoring, quality assurance and data collection.

Policy and standards

BSA services are delivered in accordance with a rigorous set of policies and quality standards - the BSA National Policy and Quality Standards (NPQS) - that provide evidence based best practice; and control how, and by whom, the services can be delivered to ensure that they are safe and effective.

By building flexibility and agility into the NPQS, BSA can support and encourage technical innovation and innovative work practices whilst still ensuring high standards of service delivery.

In the short term, this supports BSA to meet increasing demand by maximising the current workforce capacity.

In the longer term, it will support the introduction of new technology and approaches to screening including role extension, broader use of teleradiology, adoption of artificial intelligence and risk-based population screening approaches.

The ability within the NPQS to quickly adapt and flex to changing demand and other environmental factors will make the sector more resilient in the face of uncertainty.

Data and monitoring

The profile of the breast screening workforce is unclear because of a lack of available data, especially on mammographers.

The ability to collect workforce data is a key enabler of effective workforce monitoring and planning. BSA needs to fully understand its workforce to be able to properly target and evaluate development and participation initiatives. This includes gathering information about worker profiles, workforce aspirations and workforce culture.

Implementing a process for improving the collection of workforce data, generating workforce information, and undertaking analysis, forecasting and modelling must be an imperative for BSA.

Regular pipeline monitoring and review, based on accurate and up to date workforce information, will enable the early identification of potential shortages and allow for effective succession planning in all roles but, most importantly, in highly specialised or hard to recruit to roles.

Funding

Making significant change to a workforce requires an investment of time, people and, importantly, money. Funding is required to support necessary workforce development and to drive and embed changes across the sector. Without adequate funding, workforce development initiatives will not succeed.

Some of the funding required will be channelled directly into boosting central BSA resources, including dedicated resource in key areas such as change management, stakeholder engagement (career pathways) and relationship management.

Workforce development also requires the development of improved service funding mechanisms to support new work and education practices, programmes to monitor the progress and success of the development activities, along with the implementation of revised workforce policy and regulation.

"We need more support from the BSA team. We're too busy at the coalface to be able to drive change from this level. BSA needs to be better resourced to support us."

Goal 5 – Build governance and enablers to drive change

	Boost	Build
5.1 Establish governance structure for workforce development	<ul style="list-style-type: none"> ▪ Establish a Workforce Development Governance Group to improve the national co-ordination of actions and initiatives. The group should include broad, cross-sectoral representation from BSA, providers, tertiary education, registration boards and professional bodies. The group should have strong Māori representation and be founded in the principles of te Tiriti. <ul style="list-style-type: none"> - Create a Terms of Reference for the governance group so that the purpose and role is clear. - Establish sub-committees, as required, to drive and maintain oversight of specific initiatives. 	<ul style="list-style-type: none"> ▪ Ongoing review of the purpose, role and activities of the WDGG to ensure that intended outcomes are being achieved.
5.2 Review National Process and Quality Standards	<ul style="list-style-type: none"> ▪ Undertake a thorough review of the NPQS to ensure that flexibility to maintain modalities, utilise locums and casual workers, and allow work across regions is supported. 	<ul style="list-style-type: none"> ▪ Ongoing monitoring and review of NPQS to ensure they are fit for purpose and support the screening sector as it continues to change and evolve.
5.3 Review funding for workforce development	<ul style="list-style-type: none"> ▪ Undertake a thorough review of the current funding model for service provision to determine whether there is sufficient allowance for workforce development initiatives and: <ul style="list-style-type: none"> - is equitable for all providers - supports training and professional development (including time off) - allows for innovative recruitment, retention and work practices, and - enables mana-enhancing screening services. ▪ Based on the findings of the funding review, develop funding mechanisms which facilitate equitable and sustainable workforce development. ▪ Ensure that the BSA team is sufficiently funded to be able to provide the level of skilled resource required to drive the workforce development strategy. 	

Goal 5 – Build governance and enablers to drive change

	Boost	Build
5.4 Establish workforce reporting	<ul style="list-style-type: none"> ▪ Develop BSA biennial workforce survey to ensure both organisational and workforce data is collected (ethnicity, iwi affiliation, age, gender, status, qualifications, termination, ANZSCO, job title, salary, FTE status, resignation or retirement planning etc). Publish results. ▪ Use findings to measure success of workforce initiatives, support DEI policy, develop marketing and communication campaigns, incentivisation schemes, retirement and succession planning. 	
5.5 Develop a change communication strategy	<ul style="list-style-type: none"> ▪ Develop collaborative and cross-sectoral relationships with BSA workforce, MoH and broader stakeholders to ensure buy-in and engagement with change. ▪ Create a communication plan for the workforce development strategy to ensure that communications: <ul style="list-style-type: none"> - are targeted and easy to understand - have clear feedback and engagement protocols - follow a consistent national comms strategy <p>The aim is to avoid adverse unintended consequences like resignations, disruption or increased anxiety.</p> 	<ul style="list-style-type: none"> ▪ Develop a campaign to communicate and develop buy-in for BSA changes, targeting the BSA workforce and key stakeholders (Breast Cancer Foundation NZ, tertiary education institutions, etc). ▪ Develop comms that drive outcomes and behaviour change, including hiring for equity, building workforce retention and professional development, etc.
5.6 Develop process evaluation framework	<ul style="list-style-type: none"> ▪ Develop process evaluation framework that aligns with change programme, to ensure leadership, communication, process and progress is on track, transparent and accountable. Use findings and insights to inform strategy moving forward. Recommend 8-12 monthly short evaluations during Boost period. 	

Leading change in the breast screening sector

Past strategies have tended to focus on an incremental approach to change which was less likely to attract resistance and built on existing structures and pathways. However, this doesn't address inflexibility within the current workforce structure, or facilitate the introduction of new roles and education-career pathways.

Some of the tools that are typically used to address workforce or skill shortages are not always viable in health workforces, particularly where rapid change is required, as factors such as equitable service delivery, cultural safety, health outcome and client safety have to be considered. Additional factors that can create barriers to rapid scaling of the workforce include:

- Obligations under the Health Practitioners Competence Assurance Act 2003, including strict parameters around occupational regulation, licensing and credentialing.
- Population and geographic coverage obligations, which may restrict flexibility of service delivery and the ability to trial innovative workforce practices to make best use of available resources.
- Funding constraints, which limit the ability to compete for domestic and international labour resources, and respond quickly to changes in labour market conditions, particularly in the short term.
- Long educational pathways mean that any investment in boosting the number of school leavers entering BSA related graduate courses will take a long time to bear fruit.

Successful workforce development requires both an evolutionary and revolutionary approach to change which can incentivise and support quick, local innovations whilst also addressing structural issues at a national level. It's important during this process that any provider driven workforce

initiatives are adequately funded, monitored and evaluated, and outcomes shared across the sector to ensure that successful initiatives can be learned from and built on.

The combined approach requires change to existing practices and culture, and the breast screening sector will need to overcome barriers to change that have, in the past, limited the scope and scale of workforce development. At the same time, it will be important not to undermine the status of established practitioners, health professionals and services to avoid the unintended consequence of these skills being lost to the sector.

The workforce development strategy needs to be led and driven by dedicated and skilled resource within the BSA team, and supported by a robust change management process that engages all key stakeholders and groups in the sector. A project management methodology will be beneficial to ensure that initiatives are timely, coordinated and adequately resourced.

The extent to which the proposed workforce development initiatives will be successful will be influenced by policy, regulation, funding, organisational culture, willingness to change and the ability to grow and develop the workforce in the timeframes required.

Monitoring progress

Success is measured not only on achieving goals (efficiency and effectiveness) but also understanding their impact on equity and sustainability.

Monitoring and evaluation framework: levers to measure accountability

Outcome	Tools to measure	Baseline/Commence	Effectiveness	Equity	Sustainability
<p>Goal 1: A diverse, multi-cultural and multi-lingual clinical and non-clinical screening workforce to support all screening populations.</p>	<ul style="list-style-type: none"> NSU Tiriti governance oversight and accountability Biennial WCS survey Implementation and evaluation of DEI strategy. 	<p>Implement workforce wellbeing and cultural safety survey. Baseline 2023</p>	<ul style="list-style-type: none"> BSA workforce feels adequately supported to undertake their work in a culturally safe and professional manner. BSA workforce feels empowered and funded to provide manaakitanga to wāhine. 	<ul style="list-style-type: none"> Achieves clearly defined targets of success including proportion and representation of workforce based on ethnicity. Co-governance and co-creation reflect te Tiriti approach to DEI strategy. Ensure diversity across governance and leadership. 	<ul style="list-style-type: none"> High levels of culturally safe practices embedded across workforce High levels of health and wellbeing across workforce. High levels of trust across workforce.
<p>Goal 2: Attracting and retaining a healthy, diverse and well-designed workforce that supports ongoing personal and professional development</p>	<ul style="list-style-type: none"> Measure recruitment, retention and succession via active workforce monitoring and biennial survey. Establish professional development communication approach and feedback loops with workforce. 	<p>Implement workforce survey. Baseline 2023</p>	<ul style="list-style-type: none"> BSA is a progressive employer, with flexible work practices and valued professional development pathways. 	<ul style="list-style-type: none"> Establish measurable indicators of change. For example, % increase recruitment, graduate, % decrease churn. Domestic pipeline into BSA workforce is strong and ethnically diverse. Partnerships strengthen Māori engagement with MIT undergraduate courses, and mammography. Recruitment for international hires is streamlined and targeted. 	<ul style="list-style-type: none"> Strong demand to engage in BSA work (supply exceeds demand for workforce).

Outcome	Tools to measure	Baseline/Commence	Effectiveness	Equity	Sustainability
Goal 3: Visible, attractive and flexible pathways which provide pro-equity opportunities and uphold the principles of Te Tiriti.	<ul style="list-style-type: none"> ▪ Pilot evaluation for advanced practice site to provide evidence base for national rollout. ▪ Pilot evaluation for incentive schemes for domestic students eg. graduate recruitment schemes. 	Work in conjunction with BSA clinical directors, registration bodies, universities, and unions to establish career pathways and necessary timely pilots.	<ul style="list-style-type: none"> ▪ BSA enables diverse entry health career pathway. ▪ BSA has strong cross-sector partnerships. 	<ul style="list-style-type: none"> ▪ Establish working group to ensure assistant practitioner role is co-developed to support diversification of health workforce. ▪ Actively increase Māori and Pacific workforce across pathways, measured against established targets. 	<ul style="list-style-type: none"> ▪ Strong diversity across pathways (supply exceeds demand for workforce).
Goal 4: Frameworks and processes that support the sector to assess, evaluate and adopt innovative practices and technology	<ul style="list-style-type: none"> ▪ Develop robust pilots to trial innovations and enable evidence-based insights to support decision making. ▪ Ensure literature review and science-based research supports best practice. ▪ Evaluate approach to opt-off strategy against best practice behavioural insights. 	Work in conjunction with BSA clinical directors, registration bodies, universities, and unions to establish career pathways and necessary timely pilots.	<ul style="list-style-type: none"> ▪ New technologies support improvements in BSA services and reduce barriers to access. 	<ul style="list-style-type: none"> ▪ Ensure technological innovation design minimizes bias, and is co-designed with priority populations, and/or regions. 	<ul style="list-style-type: none"> ▪ Terminology and interoperability of newly designed systems align with Health NZ. ▪ Implementation of new technologies are designed with evidence-based long-term impacts and client-centred approaches. ▪ Evidence of best practice across BSA technologies.
Goal 5: Systems that support breast screening services are co-designed for long term sustainability and adaptation, to grow and develop with the services, and support the long term vision.	<ul style="list-style-type: none"> ▪ Processes evaluation to reflect on implementation and progress of BSA workforce strategy from an organizational perspective. 	Undertaken at regular intervals to assess progress, improve communication and pivot where required. Recommend 6 monthly, then annual rapid process evaluation.	<ul style="list-style-type: none"> ▪ All enablers improve access and reduce barriers to participation. ▪ Workforce is well informed and change communication and processes are of high and engaging standard. 	<ul style="list-style-type: none"> ▪ Funding enables systems to flourish. 	<ul style="list-style-type: none"> ▪ Funding enables systems to be sustained and improved over time.