



NURSING WORKFORCE: CHALLENGES FOR THE PACIFIC



Friday, 1st August 2008 | The University New South Wales | Sydney

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Background

The Human Resources for Health Knowledge Hub was established in 2008 as part of a broader AusAID initiative to increase expertise, analysis and knowledge that will inform the Australian aid program and health policy dialogue across the region. It is expected that over the next four years the HRH hub@UNSW will work with its partner hubs and broader networks to extend and deepen Australian expertise in human resources for health as well as contribute to strengthening health systems in the Asia Pacific region through increased participation by Australian and international experts and stakeholders in global health development fora. The hub aims to build on the critical mass of expertise and knowledge in human resources for health through linking with others to strengthen and expand networks and identify opportunities for multi-disciplinary collaboration.

As part of this major new initiative the HRH hub@UNSW convened its first symposium on August 1 2008. *The Nursing and Midwifery Workforce: Challenges for The Pacific* was organized and focused on this area to address a significant area of need in the Human Resources for Health.

Purpose and aims

The Australian Aid program identified a number of areas to focus in the Pacific, of which health systems development and preventive and diseases management were priority (Commonwealth of Australia, 2007). Central to both areas, is the workforce, and specifically the Nursing and Midwifery workforce in the Pacific. Australian experts in Nursing and Midwifery have over many decades been at the forefront of developments in Nursing Midwifery training in Pacific countries. Skilled migration is also a current issue in the Pacific, where the migration of nurses is one of the most important. Given the above, the symposium was timely to convene experts to discuss issues on The Nursing and Midwifery Workforce in the Pacific

The focus of the day was to:

- Introduce the HRH hub@UNSW and explore collaborative opportunities amongst participants and their affiliated institutions and networks
- Provide an opportunity to strengthen networks amongst key nursing and midwifery faculties and academics in Australia with an interest and involvement in nursing and midwifery workforce issues in the Pacific
- Share understandings of key workforce trends and issues which have an impact on nursing and midwifery and other health workers in the Pacific
- Update on recent projects and lessons learnt on workforce capacity building through local and collaborative projects in the Pacific region
- Explore strategies and synergies for strengthening networks amongst participants for contributing to the HRH hub @UNSW and complementary projects and activities for health system strengthening in the region

The one day conference comprised of presentations from leading academics and practitioners on health workforce issues and nursing and midwifery education. There were 8 sessions each consisted of a short powerpoint presentation followed by facilitated questions, answers and discussion.

Participants are listed in Appendix 1. The conference was coordinated and hosted by the HRH Hub@UNSW with the support of staff from the UNSW School of Public Health and Community Medicine.

Professor Raina MacIntyre, the Head of the School of Public Health and Community Medicine, UNSW opened the conference and welcomed all the participants. She emphasized the commitment of UNSW to play a constructive role in HRH issues in Australia and Asia Pacific.

Conference structure

The conference was structured into 8 sessions (See Agenda at Appendix 2). The purpose and content focus of each session is briefly outlined followed by the key issues and themes raised identified.

Themes and Outcomes

SESSION 1

FACILITATOR PROFESSOR JOHN DALY,

Dean, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney

Purpose

- To establish sustainable partnership for knowledge generation and synthesis on HRH;
- Generate knowledge on HRH that contributes to policy and programs of health services in the region;
- Enhance the capacity of networks of institutions in effective approaches to address HRH issues; and
- Contribute HRH expertise of the hub and its partners to global health initiatives.

Presentation overview

Associate Professor Rohan Jayasuriya from HRH Hub@UNSW identified the four Knowledge Hubs and their areas of expertise and outlined the aims, objectives, planned activities and expected outcomes of the HRH Hub@UNSW. (See presentation, *HRH Knowledge Hub*). He stressed the importance of developing collaborative programs that offer practical value and real and measurable improvements in strengthening health systems in the Asia Pacific region. Strategies are needed to maximize the value of professional and institutional networks, and knowledge, expertise and experience to enhance the quality and efficacy of Australian aid programs in health

Professor John Daly commented on workforce trends such as the global shortage of nursing and midwifery expertise due to diminishing numbers of nurses as a result migration, illness and death and inabilities to replenish numbers due to a lack of education as opportunities. He noted that there is little consensus on issues relating to health workers, health systems and problem solving. Resolving these issues requires a shared intention, in both public and private sectors. As programs are being developed to address health care problems those involved should be considering what can be learned from previous and current work carried out.

Professor Jim Buchan, who was the keynote speaker, provided in his presentation, *International trends in nursing and midwifery workforce shortage and its impact in developing countries* a detailed outline of workforce trends and issues focused particular on the factors impacting on developing countries especially in Pacific region.

Professor Buchan highlighted that for health the time for implementing change is now. He stressed the need to overcome fragmentation and duplication of workforce capacity building activities and the problem of being unaware of what others are doing. He considered simply against being asked to do a project already tried but not evaluated or disseminated. There is a strong need to develop strategies that enable stakeholders to complement each other, rather than compete and replicate work already done. Through collaboration between range of stakeholders including those doing the work on the ground and in communities there is the real possibility of developing a stronger consensus on issues relating to health workers, health systems and problem solving.

Issues relating to HRH are currently on policy agendas; indicating an increase in awareness and in funding. Within the political arena, however, there are some issues that need to be considered, in particular that political agendas may not necessarily link well to the agendas of aid providers. Many HRH issues are complex and addressing these issues may require years of development, implementation, monitoring and evaluation. If this process does not produce outcomes within typical political cycles (3 - 4 years) the process may not be approved, it may be given lower priority. Similarly, to decrease the complexity or difficulty of problem solving, some stakeholders who should be included may find themselves excluded.

Workers in the area of HRH need to be aware of a number of issues. Problems relating to health care cannot be fixed just through increased funding and education alone. When formulating programs the individual outputs from activities should not be considered as the criterion of success of a project. The success of a project must be measured by a more efficient health care system. Outputs must be realistic and agreed upon by the donor and recipient groups.

The balance of challenges such as scaling up skill development, fragmented planning, geographical maldistribution, effective skill mix, managing staff

performance will differ between regions and countries and the differences need to be defined and to inform planning and strategy development.

Statistics provided on HRH from external sources need to be considered carefully or even skeptically and the purpose of the data should inform its collection and dissemination.

Workforce issues for the future include:

1. Assessment and scrutiny of recruitment practices including visibility of and compliance with international codes (those that have already been developed) and their efficacy
2. More reliance on retention (less costly and disruptive) than recruitment
3. Increased understanding of skill mix/task shift and an appreciation that it can be more of a short term fix, and not a mid or long term solution
4. Scaling up/vertical programs – constraints of resources/ staff; market distortion; big influx of money but insufficient people to run initiatives as well as maintain normal work activities; ‘take the best people for their programs such as HIV/AIDS, which may not necessarily relate to HRH issues.

Key issues from QA session

Important factors affecting successful knowledge transfer/ innovation and adoption for workforce issues are:

- Aspects such as competencies, functionalities, strategies should be fixed at the country level (rather than at global level) – considering the health workforce and what is needed is much more about the work that is and needs to be done in the local and national setting than these being prescribed by external and generic standards
- There is a tension between quality standards for health workforce education/accreditation and local imperatives. There has often been in the past too little attention and overriding lack of accommodation for local initiatives/solutions that address the local/ community context

- Replacing low technology/infrastructure with unsuitable high technology/infrastructure that is not appropriate to the resources and capabilities of the health workforce in developing countries
- Access to and better understanding of contextual factors, local innovations and adaptations is critical and needs to be acknowledged in the way we go about and undertake our work so it is culturally and contextually sensitive – blanket and externally imposed solutions and approaches are inappropriate
- We need to develop methods to evaluate innovations and undertake rapid dissemination of information that will engage policy makers
- There is a need better definition on skilled and unskilled categories of HRH

HRH needs to:

- Consider research into HR in areas other than health and nursing and midwifery. It is important to learn lessons from other disciplinary areas and consider how they might apply to health, from business and organizational learning
- Focus on more than one aspect of HRH – relates to identified layers of HRH (operational, national, intra/inter region)
- Establish critical success criteria to guide strategies and assessment of

SESSION 2

FACILITATOR PROFESSOR JOHN DALY,

Dean, Faculty of Nursing, Midwifery and Health, University of Technology, Sydney

Purpose

- Evaluation of a collaborative program between Fiji School of Nursing and midwifery and James Cook University
- Overview of Nursing and Midwifery education in Papua New Guinea (PNG)

Presentation overview

Mrs Atelini Wainiveikoso, in her presentation, *Strengths/Weaknesses of the Twinning project with Fiji School of Nursing and Midwifery Workforce development in Fiji Health system*, provided a description of the process used in a collaborative program between James Cook University and the Fijian School of Nursing (FSN) designed to promote revision of nursing curriculum to raise nursing education to another level and facilitate post graduate programs. A particularly promising outcome of the program was the ability of FSN to initiate local research, including areas such as nursing and midwifery standards and procedures.

Mrs Atelini placed particular emphasis on the process-driven partnership that developed, whereby the Fijian group was empowered to take leadership through mechanisms such as writing the new curriculum and setting up committees to drive projects. The need to have a two-way knowledge transfer, with clear mutual benefits for the partnership members, was especially important.

Limitations within the program were related to the small nursing workforce, often with study being undertaken on a part-time basis. There was some resistance to change, most particularly to new teaching styles i.e. tutorial and clinical styles of teaching.

Indicators of successful implementation of collaborative programs included a strong relationship between partner groups; project sustainability, especially with respect to ensuring recipients can take on roles performed by partner group over time; flexibility in program to the work environment and changes, for instance staff availability

to take up roles given up whilst studying; an appropriate monitoring and evaluation tool; supervisory capacity for higher degree students and an appreciation and accommodation of cultural influences of the home country.

Mrs Mary Roroi, in her presentation, *Current situation of nursing and midwifery education in PNG*, summarized the nursing situation in PNG and how it has developed over time and what factors have impacted on the changes taking place. Teaching trends in Papua New Guinea (PNG) include amalgamation of nursing and midwifery schools and affiliations with Universities, both within PNG and globally; development of infrastructure for the accreditation, registration and financing of nursing and midwifery educational programs and in-service, staff development training and in-country and overseas training plans.

Many challenges still face PNG particularly with respect to staffing numbers, assessment and standards related to competency-based training, workplace concerns such as OHS compliance and HIV/AIDS issues and the place for recognition of prior learning in nursing and midwifery education.

SESSION 3

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine, UNSW, Sydney

Purpose:

- To introduce the WHO Collaborating Centre for Nursing, Midwifery and Health

Presentation overview

Professor John Daly, in *The WHO Collaborating Centre for Nursing, Midwifery and Health Development*, proposed an overview of the centre. He described aspects of the Centre such as rationale, responsibilities, terms of reference, and key strength areas. He highlighted factors relevant to Asia-Pacific region, which impact on the health care systems of member countries. These include the large percentage of the global population (53%) covered by the Western Pacific (WPR) and South East Asia region; prevalence of

natural disasters such as earthquakes, tsunamis, cyclones and floods, which provide additional burdens on already limited resources; emerging and epidemic diseases such as SARS, avian flu, which offer new and unique challenges with respect to health care HR emphasized that the predominantly low and middle income countries.

Key issues from QA session

Further elaboration on the South Pacific Chief Nursing Officers' Alliance was requested and key notes include:

- sensitivities identified – culture, capacity, infrastructure
- educational opportunities
- leadership scholarships
- health service delivery population distribution

Dissemination strategies, mapping of events (calendar) and identification of gaps in work/project areas were identified areas of work for the Hub

areas were described and key initiatives identified in the areas of workforce planning and management; education and training and governance and regulation.

Priority areas for intensified collaboration included information systems, health financing, education and workforce considerations.

Workers in the area of HRH need to consider policies, processes and mechanisms, including methods of identifying the key stakeholders and methods of facilitating partnerships between these stakeholders, necessary to enhance collaborative programs in regional areas. It was stressed that the processes/mechanisms identified for implementation of HRH strategic plans need to be sensitive to the unique needs, geography and cultures of the island countries.

Key issues from QA session

- The gap between the existence of a plan and implementation (plan in action)
- Lack of a forum to share resources outside of countries
- It was stressed that HRH initiatives need to be country led. Standards can provide a basis for planning but the initiatives must be based on the countries' unique situation/resources
- The importance of advocacy
- Complementary action, not competition between stakeholders

SESSION 4

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine, UNSW, Sydney

Purpose

- To review the mapping exercise conducted by the School of Nursing and Midwifery, University of Western Sydney, conducted for the World Health Organisation
- To identify priority HRH needs and gaps

Presentation overview

Associate Professor Lorraine Ferguson, in her presentation, *Moving forward; Priority HRH needs and gaps*, outlined the process used by UWS School of Nursing and Midwifery in a situational analysis of HRH in PICs and identifies key issues in the process of consultation, consensus and delineation of strategic interventions/guidelines. The method of data collection and key results

SESSION 5

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine,
UNSW, Sydney

Purpose

- To evaluate the process of 'solution generation' through collaborative programs

Presentation overview

In her presentation, *The Importance of Collaboration in Pacific Solutions*, **Professor Lesley Barclay**, outlined some of the issues relating to solution generation using external sources such as collaborative programs, in particular some of the problems and risks associated with this approach. Once again the importance of local context was emphasized, with a mismatch of goals between the donor group and the island partner often a feature of collaborative work. It was stressed how important it was to understand the values and cultural influences of a country and how they, in turn, affect the local decision-making process. This should influence how strategies are informed.

Partnerships need to consider the people, the funding and the benefits to both. Models like the Twinning project demonstrate how postgraduate and undergraduate education can be shared across countries.

Key issues from QA session

- A role for the Hub to assist in sharing lessons learned across the Pacific
- Importance of appreciating that HRH is not a discipline in itself, but has to be a focus of many broad-ranging disciplines
- Commitment of governments to pay for services if there is an increase in the number of nurses and how it links to HR; promotion to achieve required level of service – and the role of education
- Whole of government approach – education is part of the answer but once again at the local level there is often insufficient support, particularly at the senior level

SESSION 6

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine,
UNSW, Sydney

Purpose

- To review mapping exercise of nursing and midwifery programs in selected Pacific Island Countries to enable regional registration.

Presentation overview

Lorraine Kerse, in her presentation, *Enhancing and standardizing Regional Training Programs in Nursing and Midwifery in Pacific Island Countries*, outlined a mapping exercise involving a situational analysis of aspects of nursing and education such as content, qualifications, legislation, terms of employment and career paths. The analysis included nurse practitioners and community health workers.

Outcomes and benefits of the mapping exercise include the development of strategies to ensure appropriate responses to potential health emergencies; creation of a regional nurse/midwife registry as well as nursing qualification; provide direction for investment of funding for donor groups and improved education/capacity of existing training institutes.

Key Issues from QA session

- With reference to the Twinning model – there is a risk that two institutions become so aligned with each other that they fail to look at what peers are doing in the region. The response indicated that the correct terms of reference does away with reliance. It was also noted that “Twinning” also takes place with other local Pacific Island universities and it is not exclusive.
- With respect to terms of reference it is important to consult with partner and come to a consensus – there should not be an imposition of ideas
- Underpinning success are aspects of acceptance of cultural differences, flexibility and sustainability
- Underpinning continuity is relationship building, using the basis of trust and acceptance and a culture of inclusiveness rather than exclusiveness and treating people like equals

SESSION 7

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine,
UNSW, Sydney

Purpose:

- To review the Twinning experience with the Fiji School of Nursing and Midwifery

Presentation overview

In her presentation, *Twinning with the Fiji School of Nursing and Midwifery*, **Professor Kim Usher**, outlined the principles of twinning arrangement (collaboration, involvement, capacity building and sustainability) and described outcomes of and examples from research and project work. These outcomes were along the lines of curriculum revision, workshops and training programs (course development and teaching and learning), staff and student exchange.

The presentation reinforced many of the lessons described by Mrs Atelini Wainiveikoso in her presentation in Session 1, particularly two-sided collaboration; mutual understanding and agreement of goals; compromise; ownership of work; team building events and considering sustainability from outset through mentoring of tutors and building strong relationships with local leaders.

Key Issues from QA session

- What makes a good partnership?
- Two-way collaborations require healthy questioning of the partners' motives and evaluation of what changes have been accomplished and if they have been positive changes
- A service model – avoiding creating mirror images of the twin institution and providing learning in addition to service. The service provider in this instance undertook an evaluation of their own curriculum, with the view of learning how their students come out at the FSN level
- Curriculum/content should reflect the local situation with use of local examples. It was acknowledged that most textbooks used are in fact American, but subjects were developed with local examples and case-studies. The next step is possibly producing own text books

SESSION 8

FACILITATOR PROFESSOR ANTHONY ZWI,

School of Public Health and Community Medicine,
UNSW, Sydney

Purpose

- To investigate factors underpinning migration of skilled health workers
- To investigate the impacts of migration of skilled health workers
- To review policy issues relating to migration of skilled health workers

Presentation overview

In the presentation, *The Global Health Care Chain*, by **Professor John Connell** touched on the factors driving migration of skilled health workers, both internally (ie low incomes, lack of continuing education, working environment, limited career development) and externally (ie active recruitment); currently and in the future.

The motivations to become a health worker have also changed over time, whereby many became health workers due to altruistic reasons, religious motivations, family traditions, reliability of income and transfer of skills (ie the opportunity to migrate). Factors such as family, loyalty, country ties and the profession continue to be factors influencing the health workers who stay.

Whilst Professor Connell pointed out some gains from migration, along the lines of remittances and return migration of new skills, the losses (ie costly 'skill drain', shrinking workforces and quality and cost of replacements) still outnumber the gains.

Unknown factors were outlined and included information such as the number of migrant workers in Australia, the percentages of people staying in the health profession, remittances and return migration, in particular what factors (off-the-job issues such as housing or on-the-job issues) would induce people to migrate back to native countries.

Resolution of issues relating to the migration of skilled health workers requires policy development along the lines of codes of practice with respect to recruitment practices, work environment such as career development, wages, rewards for migration to rural remote areas and workplace legislation ie rising retirement ages.

Key issues from QA session

- Difficulty of accessing migration data and variability of data across countries – methods such as surveys, departure and census data (though this suffers from typical self reporting errors) departure cards were suggested
- Black holes in data – for example what about nurses who migrate but do not go on to work in the profession
- How to interpret the data – what numbers are significant, what numbers have value?
- Emphasis on differing needs across the regions and impact of other factors such as investment in training (ie the Cubans are funding training in Vanuatu) and cultural differences arising from the migrant influx

Final Wrap Up and Way Forward

Discussion on what the hub could do to improve partnerships and follow up resulted in suggestions of providing a discussion board on a website and encourage cross-fertilization with other professional groups. It is important to attempt to broker function and to foster an environment of collaboration and to ensure that there isn't an overlap and duplication of work.

This raised the point that the HRH hub@UNSW could be considered as neutral and as such can act in various roles

1. as a knowledge generator, building on current knowledge;
2. a lynchpin between different networks, promoting collaboration and support,
3. an advocate and
4. data collector

It is important to develop methods that allow sharing and dissemination of information, knowledge, experiences and case studies. It is also useful to get lessons together, for example the lessons of twinning from James Cook University.

The type of information shared may include:

- What groups or organizations are doing, where and with whom
- Specialists or skills about countries in the region
- Relationships that institutions have with a particular country or institutions within a country

This will alleviate the chance of overlap or duplication and aid organizations such as AusAID can access this information when considering doing work in the region. Information should be stored in the regions as well as in Australia.

The value of the Hub to its partners was seen in its

A set of products identified by the HRH hub includes: HRH database, issue papers, strategic papers as policy notes, peer reviewed publications and HRH hub portal. HRH tool kits in review, proceedings of seminars and symposia, visitors/fellowships and short courses and formal training.

Key Issues and Themes of Conference

1. Positioning HRH within the broader health care system

- Interaction of HRH systems with other components such as Education, Finance, Policy, Leadership and Partnership in the planning and preparation process
- Implementation of planning outcomes within a country specific context and in conjunction with other health system components
- Resulting in better health work force outcomes and better health services and ultimately better health outcomes overall

2. HRH reform needs to focus on more than one aspect

Three layers of HRH

Operational get basics right, sustained over time, needs to be embedded

National sustainable, engaging properly with training providers, vertical programs, new roles, global/pacific codes

Inter/intra region shared learning, knowledge transfer, benchmarking

3. HRH needs to have a multidisciplinary approach

- Synthesising across different disciplines to inform HRH approaches
- Connect with research source materials on HR from other sectors such as business and administrative
- Identify best initiatives and apply to the health care systems

4. HRH Need for a whole of government approach to

- Engaging policy makers with respect to HRH issues
- High level leadership, governance and regulation

5. HRH needs to be country and local specific

- Contextual diversity
- Risks of standardized and imposed approaches vs economic and infrastructure needs for partnerships
- Understanding and acceptance of cultural influences and local decision making processes

6. Collaborative and reciprocal partnerships can be successful and make a difference

- Twinning models depend on:
 - Two-way transfer
 - Network and collaboration
 - Process driven
 - Empowerment
 - Responsibility for process

7. Importance of finding ways of getting implementation at the local level

- Involve local leaders in process
- Investigating local initiatives that have worked and methods of adaptation

8. Importance of analyzing and developing nursing, midwifery and allied health workers that reflect population context level

- Establish functions and competencies which are responsive to existing local systems
- Assess what needs to be within context of local system
- Establish process/technology ie low vs high technology, short term vs long term training etc

9. Building of sustainability, trust and long term relationships to ensure inclusive expertise

- Establish clear, mutual goals at the onset



Appendix 1

A

Professor Sanchi Aranda, Director,
School of Nursing,
University of Melbourne

B

Professor Lesley Barclay,
Health Services Development,
Charles Darwin University

Associate Professor Lynne Barnes,
Associate Head,
School of Nursing and Midwifery,
University of South Australia

Julianne Bryce,
Australian Nurses Federation

Professor Jim Buchan,
Visiting Professor,
University of Technology (UTS);
Professor, Queen Margaret
University, Edinburgh, UK

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Professor John Connell,
School of Geosciences,
University of Sydney, Sydney

Judy Conroy,
International Section Manager,
Australian Nursing and Midwifery
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Midwifery Officer, New South Wales

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Professor Kim Usher,
School of Nursing,
Midwifery & Nutrition,
James Cook University

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Mrs Atelini Wainiveikoso,
Acting Principal,
Fiji School of Nursing and
midwifery, Suva, Fiji

Associate Professor Anna Whelan,
School of Public Health and
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Z

Professor Anthony Zwi
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Appendix 2



NURSING AND MIDWIFERY WORKFORCE: CHALLENGES FOR THE PACIFIC

1st August, 2008 | AGSM Building| UNSW Kensington Campus| Gate 11 off Botany Street

PROGRAM

9:30	REGISTRATION AND COFFEE
10:00	WELCOME Opening address Professor Raina MacIntyre, Head of School, School of Public Health and Community Medicine. University of New South Wales
10:10	HRH KNOWLEDGE HUB Associate Professor Rohan Jayasuriya, Director (Technical) HRH Hub @UNSW, UNSW
10:15	FROM THE CHAIR Professor John Daly, Dean, Faculty of Nursing Midwifery and Health, University of Technology, Sydney
10:30 11:15	KEYNOTE SPEAKER ADDRESS Professor Jim Buchan, Visiting Professor, University of Technology, Sydney; Professor, Queen Margaret University, Edinburgh, United Kingdom <i>International trends in nursing and midwifery workforce shortage and its impact on developing countries</i>
11:15	Q & A SESSION FACILITATOR: PROFESSOR JOHN DALY, Dean, Faculty of Nursing, Midwifery and Health, UTS
11:30 11:45	MRS ATELINI WAINIVEIKOSO, Acting Principal, Fiji School of Nursing and Midwifery, Suva, Fiji <i>Strengths/Weaknesses of the Twinning project with Fiji School of Nursing and Midwifery Workforce development in Fiji Health System</i>
11:45 12:00	MRS MARY ROROI, Principal Advisor HR Training & Curriculum Development, Dept of Health, PNG <i>Current situation of Nursing and Midwifery education in PNG</i>
12:00	Q & A SESSION FACILITATOR: PROFESSOR JOHN DALY, Dean, Faculty of Nursing, Midwifery and Health, UTS
12:15 13:00	PHOTOGRAPHS AND LUNCH

13:00	PROFESSOR JOHN DALY, Dean, Faculty of Nursing and Midwifery and Health, UTS <i>The WHO Collaborating Centre for Nursing and Midwifery and Health Development</i>
13:15	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
13.30 13.45	ASSOCIATE PROFESSOR LORRAINE FERGUSON, School of Nursing and Midwifery, University of Western Sydney <i>Human Resources for Health in Pacific Islands Countries - Mapping exercise conducted by the School of Nursing and Midwifery, University of Western Sydney, on behalf of World Health Organization</i>
13.45	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
14.00 14.15	PROFESSOR LESLEY BARCLAY, Health Services Development, Charles Darwin University <i>Importance of Collaboration in Pacific Solutions</i>
14.15	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
14:30 14:45	LORRAINE KERSE, Formerly Regional Adviser HRH, WHO, Western Pacific Region <i>Enhancing and Standardising Regional Training Programmes in Nursing and Midwifery in Pacific Island Countries</i>
14.45	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
15.00.15	PROFESSOR KIM USHER, School of Nursing, Midwifery & Nutrition, James Cook University <i>Twinning with Fiji School of Nursing and midwifery/Kiribati School of Nursing and midwifery as a model for capacity building of Nursing and midwifery Profession in Pacific Island Countries</i>
15:15	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
15.30	AFTERNOON TEA
15.45 16.00	PROFESSOR JOHN CONNELL, University of Sydney <i>The Global Health Care Chain – From Pacific to the World</i>
16:00	Q & A SESSION FACILITATOR: PROFESSOR ANTHONY ZWI, School of Public Health and Community Medicine, UNSW
16.15	FINAL WRAP UP AND THE WAY FORWARD
16.30	CLOSE