



## So why are New Zealand-trained doctors leaving?

A Craig Lynch

This issue of the *NZMJ* contains two articles that examine the motivations of doctors in New Zealand (NZ). One, a study from a major metropolitan hospital, solicited comments from departing junior medical staff.<sup>1</sup> The other examined general practitioners' commitment to remain in general practice.<sup>2</sup> Both address concerns regarding a shortfall in the NZ medical workforce—in hospitals and in primary care.

Medicine, like many industries and professions, is now a globalised culture. This is reflected in the majority of junior doctors leaving Christchurch Hospital being overseas-trained. Their reasons for leaving are more likely to be a desire to travel rather than employment issues such as salary and education.<sup>1</sup>

Junior doctors live in a wider environment than the hospital system and have plans to travel, to pursue a career, and experience life in other countries. Australia, for instance, is within easy reach of main NZ cities several times daily, and offers many better-paid career opportunities from motivated employers facing similar staffing issues.

The relative worth of NZ medical graduates is well recognised in the global marketplace. We are able to gain jobs and access some of the best training programmes around the World, and think nothing of spending several years living overseas, but it is of concern if these skills are not welcomed back.

Morton et al cite no specific reasons for significant dissatisfaction from departing doctors, however those staying have been more explicit. Recent reports of email from junior doctors sent to Health Minister David Cunliffe during the recent 48-hour nationwide junior doctors strike paint a more concerning picture. They fear the NZ system is “becoming Third World as doctors leave,” and they themselves are “at breaking point due to the dilemma of cutting corners...debating whether to throw my chair at the wall or cry in response to the ongoing pressure and frustration of having inadequate numbers of staff available.”<sup>3</sup>

McComb examines GPs' occupational commitment to stay in general practice and how commitment can modulate other factors to stabilize a workforce.<sup>2</sup> Such commitment needs to be supported in the face of continuing global pressures. This is increasingly difficult however given the current perceived difficulties in the NZ health system.

The hostile environment generated by difficulties relating to patient care, protracted Union negotiations and strikes, involving both senior and junior staff is not conducive to recruiting and maintaining clinicians in the NZ medical workforce.

Morton cites respondents' favourable impression of teaching gained from senior clinicians while employed at Christchurch Hospital.<sup>1</sup> Unfortunately benefit from this teaching is lost, as the doctors have left—resulting in no long-term gain for the NZ health system. If the healthcare environment supported NZ-trained doctors staying in

NZ for their house officer years and beyond, this mentorship could be of long-term benefit to the NZ health service. As it is, our medical school graduates are receiving similar mentorship and support to continue a career in health systems overseas.

NZ graduates moving overseas for training are exposed to an environment offering long-term jobs with better financial rewards, research, and education opportunities. NZ must compete on all these levels to foster long-term career development to attract those people back.

Strategies to facilitate junior doctors to stay in NZ and to encourage more senior clinicians to return from overseas will require cooperation between hospital management; universities, and training programmes. Career opportunities need to be internationally competitive, and initiatives such as physicians' assistants and competitive salary packages need to be seriously considered. Importantly, there needs to be a revision of the current expectation that NZ graduates will return to work on a 'take it or leave it' basis, as clearly the latter option predominates.

Australia has already recognised the shortages they now face across many health professions and have taken steps to combat the efflux of medical personnel seen in NZ.<sup>4</sup> In 2007, a state-funded research project *Barriers of employment within Victoria for international medical graduates* commenced, seeking to address some of the issues faced by international medical graduates (IMG) and their recruiting health services.<sup>5</sup> To this end, the state of Victoria has produced an up to AUD\$50,000 incentive package available to IMGs recruited to positions in high demand or areas of acute shortage, as well as active marketing of Victorian job vacancies at international expos such as the BMJ careers fairs.

NZ-trained doctors are obviously going to continue to respond to the rising global demand for well-trained medical practitioners. If the health system fails to respond with active measures to make a career in NZ attractive, current staffing issues will worsen as overseas-trained doctors are employed elsewhere, and the remaining committed few consider their options.

**Disclosure:** The author is a New Zealander who gained his medical degree (graduated 1991) and Master of Medical Science (1998) degrees at the University of Otago, and who also did his general surgical training in NZ (1997–2001). Post-fellowship training followed in colorectal surgery at Cleveland Clinic (Cleveland, Ohio, USA) and Melbourne 2002–2005. He returned to Christchurch Hospital in 2005, and is now resident in Melbourne, Australia, working at Peter MacCallum Cancer Centre, Box Hill Hospital, Monash University, and in private practice.

**Author information:** A Craig Lynch, Colorectal Surgeon, Peter MacCallum Cancer Centre, East Melbourne, Victoria, Australia

**Correspondence:** A Craig Lynch, Colorectal Surgeon, Peter MacCallum Cancer Centre, St Andrews Place, East Melbourne, Vic 3002, Australia. Email: [craig.lynch@colorectalsurgeons.com.au](mailto:craig.lynch@colorectalsurgeons.com.au)

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