



NEW ZEALAND MEDICAL ASSOCIATION

18 June 2010

Committee Secretariat
Health
Parliament Buildings
Wellington

New Zealand Public Health and Disability Amendment Bill

The NZMA is New Zealand's largest medical organisation and has a pan professional membership. We have around 4500 members who come from all areas of medicine.

The NZMA aims to provide leadership of the medical profession, and promote:

- professional unity and values;
- the health of New Zealanders.

The key roles of the NZMA are to:

- provide advocacy on behalf of doctors and their patients;
- provide support and services to members and their practices;
- publish and maintain the Code of Ethics for the profession; and
- publish the New Zealand Medical Journal.

We are pleased to be able to provide comment on this bill although the extremely short time frame for consultation posed a considerable challenge for us.

We appreciate that this is an amendment to an existing act to allow for the establishment of the Health Quality and Safety Commission as well as the implementation of shared services arrangements between DHBs. Nonetheless there remains a need for overarching national health policy guidance and we had hoped that this Bill would give some direction in this regard. The lack of such a framework for example, we see as particularly important in terms of the proposed new sections 33B and section 38(2).

Section 33 allows the Minister to give direction to all DHBs to comply with stated requirements for the purpose of supporting government policy on improving the effectiveness and efficiency of the public health system. An overarching national health policy framework is essential here in respect of the governance of major health services. The absence of such a framework contributed to the Auckland laboratory service debacle.

Section 38(2) sets out additional requirements for district annual and strategic plans which are the requirements that the plan address –

- local, regional and national needs for health services, and
- how health services can be properly coordinated to meet those needs, and
- the optimum arrangement for the most effective and efficient delivery of health services.

Again, for this to work optimally the government needs to provide an overarching national health policy framework.

In regard to the plan for DHBs to share back office functions we give this our full support. In our view it is both unnecessary and extremely wasteful to have 20 separate DHBs in a country with just over 4,500,000 people. It also has led to the fragmentation of services and the variability of what some DHBs can provide as opposed to others has led to something of a postcode lottery. We would certainly support a reduction in the number of DHBs although we appreciate that this is not on the government's agenda at this time.

We also fully support the decision to set up the Health Quality and Safety Commission.

Finally, the Bill proposes to amend section 22(1) (ba) of the Act by including a new objective that requires every DHB to seek the optimum arrangement for the most effective and efficient delivery of health services in order to meet local, regional and national health needs. While we applaud the sentiment we are concerned with the effect this may have on training of resident medical officers (RMOs).

New Zealand currently has significant problems in regard to training as the objectives of DHBs are targeted towards financial imperatives and service delivery, and there is no explicit legislative requirement for DHBs to train the medical workforce of the future. The RMO Commission and (now disbanded) Medical Training Board both recognised this issue and agreed that New Zealand needed to find a way to protect medical training time (for both supervisor and RMOs). While we agree that DHBs should seek the optimum arrangement for the most effective and efficient delivery of health services, it should be noted that this must not be allowed to lead to a reduction in protected training time for RMOs. We therefore seek the inclusion of a further objective for the DHBs that requires them to achieve minimum training requirements in respect of their RMOs.

We wish to appear in support of our submission to Select Committee.

Yours faithfully

A handwritten signature in black ink, appearing to be 'P. G. G.', written in a cursive style.

Dr Peter Foley
Chair, NZMA