The future disposition of the New Zealand medical workforce

Des Gorman

The New Zealand health system is challenged. The extent of that challenge will increase significantly; even conservative predictions of the demand for health services are such that the supply of conventional health workers and resources will be well outstripped over the next decade.1

As is the case for all the OECD countries, the costs of modern health services are increasingly unaffordable.2,3 New Zealand’s situation is relatively worse than most of the other organisation’s members because: we are small and relatively poor and, from a health perspective, “joined at the hip” to Australia; and, because of what is already an unsustainable reliance on immigrant health workers.1,3

The remedy of this complex demand-supply-affordability mismatch is to be overseen in part by Health Workforce New Zealand (HWNZ). The predictable mission is to achieve a sustainable and fit for purpose health workforce. The consequentially proposed tactical responses are underpinned by central themes of intelligent planning, innovative (and hence disruptive) service configurations and models of care,4 and by clinical leadership.5

The paper in this issue of the Journal by Professor Phillippa Poole and her colleagues at the University of Auckland attends to two of these elements,6 namely health intelligence, which can enable sensible planning, and clinical leadership. There is a hypothesis that is central to this cited paper and it is that we need a much greater proportion of our medical graduates to choose a career as general medical practitioners (GPs) and that we especially need them to work in rural and metropolitan areas of high health need. This posit is agreed and has supportive financial and health outcome data.1,7

Acceptance of this hypothesis is also at the core of the recent agreement between HWNZ, the Royal New Zealand College of General Practitioners and the New Zealand Medical Council to work together to reconfigure both the training and employment of GPs. A new scheme is intended for introduction at the beginning of 2012 and is expected to include expanded scopes of practice and especially in the context of hospital-based roles.

Health planning has to be informed; at the risk of being thought too cynical, it is my opinion that we are currently “drowning” in data, but, are largely free of health and health system intelligence. Some data collection (monitoring) is distracting and perhaps even destructive. I am reminded of the analogy of a gardener assessing the health of their plants by pulling them out of the ground to inspect the roots.8

To illustrate this point, most of the variance in our health system’s productivity from 1999 onwards (a notable increase to 2001, a steady but significant decline from then until 2008/9 and an improvement since) remains unexplained.9,10 This situation is
unacceptable as the contextual “why” is essential to enable policy setting, planning, funding and implementation.

Central to any programme aimed at increasing the attraction of careers as GPs is an understanding of what determines career choice for today’s medical graduates, as compared to the dinosaurs of my generation. Unless these factors are understood explicitly with respect to influence and direction we will not be able to respond adequately at a tactical level to this strategic challenge. Serendipity has been the cornerstone of New Zealand health system planning and delivery for too long. It is for good reasons then that the National Health Board and HWNZ are concentrating on establishing an inclusive and across-sector health intelligence.

Professor Poole and colleagues base their conclusions on career intentions as compared to actual choices, but, their and the University of Otago’s student and graduate tracking systems are sadly young and this is an informative and valuable first contribution that will be influential in the very short term.11

The clinical leadership shown by this Auckland group is also to be encouraged as we doctors recognise the broader health system obligations that are part of our professionalism. Quite simply, the reforms we need are only likely to be successful if clinically led. I would encourage all readers to recognise this challenge and to contribute as best they can.

Health Workforce New Zealand has a website for you to access and for you to share your opinions and advice (www.healthworkforce.govt.nz). Both are more than welcome; they are essential in fact.

Competing interests: None known.

Author information: Professor Des Gorman, Executive Chairman, Health Workforce New Zealand, Wellington

Correspondence: Professor Des Gorman, Health Workforce NZ, Ministry of Health, PO Box 5013, Wellington 6011, New Zealand. Fax: +64 0(4) 4962191; email: d.gorman@auckland.ac.nz

References: