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THE RACP Aotearoa New Zealand 2026 Election Statement

Let Us Care

Let Us Care: A plan to improve specialist care for New Zealanders

Every day, New Zealanders wait too long for specialist care

Delays in specialist assessment and treatment mean many people's conditions worsen, pain increases, and opportunities to prevent avoidable disability and premature death are lost.

Timely specialist care improves patient outcomes while reducing pressure on hospital beds and long-term costs to the health system.

Delayed diagnoses and growing unmet healthcare needs are affecting patients across Aotearoa New Zealand.

This is not simply a workforce challenge – it is an access to care issue

Aotearoa New Zealand simply does not have enough specialists.

We have 44 actively practising specialist physicians for every 100,000 people, compared with 66 per 100,000 in Australia[i].

Only 61.2 per cent of patients received their first specialist assessment within the recommended four-month timeframe in the most recent reporting period. This is well below the Government's 95 per cent target[ii].

At the same time, many patients are never seen in specialist care, with referral rejection or non-acceptance rates reaching around one in five in some districts[iii].

Without growing the specialist workforce, patients will continue to wait longer for diagnosis and treatment.

Access to specialist care will continue to fall behind without long-term investment in Aotearoa New Zealand's specialist workforce.

The solutions are clear

Long-term workforce planning, investment in specialist training and retention, and stronger rural and regional training pathways are essential to improve access to care across Aotearoa New Zealand.

These are practical, achievable actions that will improve access to specialist care, strengthen a pressured workforce and deliver better outcomes for patients.

The RACP calls on all political parties to commit to three practical actions:

1. **Legislate a 10-year National Health Workforce Plan that survives electoral cycles.**
2. **Build a sustainable specialist workforce through investments in training, support and retention of our workforce to provide timely care.**
3. **Strengthen rural and regional training and workforce pathways so New Zealanders can access care closer to home.**

Every person in Aotearoa New Zealand deserves timely access to safe, sustainable specialist care – regardless of who they are and where they live.

Why these actions are needed

Aotearoa New Zealand's specialist workforce challenges are clear. They demonstrate why long-term workforce planning, specialist retention and regional training are essential to improving access to care.

- **Access to specialist care depends on where you live.**

  The RACP trains physicians across 33 adult and paediatric medical specialties to deliver world-class care. Yet parts of Aotearoa New Zealand are becoming "specialist deserts" – areas where there are too few specialists to meet community need. Around 16 per cent of New Zealanders live in rural areas[iv], yet only around one per cent of RACP physicians are based there[i].

  Two-thirds of RACP physicians and trainees are based in Auckland, Wellington and Canterbury, while some regions have only a handful of College members. The West Coast has just three, Marlborough 11 and Tasman 20, leaving many regional communities without timely access to specialists[i].

- **The specialist workforce does not reflect the population.**

  Māori make up 18 per cent of the population but only 5.5 per cent of doctors. Pacific peoples make up around 8 to 9 per cent of the population but only 2.7 per cent of doctors. Māori and Pacific doctors are significantly underrepresented in specialist roles – just 20.7 per cent of Māori doctors and 18.9 per cent of Pacific Peoples doctors report working as specialists, compared with 37.9 per cent of all doctors[v].

- **Aotearoa New Zealand succeeds in recruiting overseas-trained doctors but fails to keep them**.

  International Medical Graduates make up nearly half of Aotearoa New Zealand's medical workforce, one of the highest proportions in the Organisation for Economic Co-Operation and Development (OECD)[vi]. Yet only around 28.7 per cent remain in New Zealand after five years, compared with 84.9 per cent of doctors trained in Aotearoa New Zealand[vii]. IMGs are a vital part of our workforce, but support for those who come to Aotearoa is limited: only half receive a formal induction into the health system, and just 3 per cent report receiving any meaningful orientation to the health system[viii].

These gaps mean New Zealanders wait longer for diagnoses, treatment and follow-up care.

Investing in a sustainable specialist workforce will improve access to specialist care, reduce the postcode lottery and ensure more New Zealanders receive timely, high-quality care when they need it.

How can we address this need?

1. LET US CARE – BY PLANNING AHEAD

Legislate a 10-year National Health Workforce Plan that endures beyond electoral cycles and provides a stable framework for training, retaining and supporting New Zealand's specialist workforce.

Legislation means continuity across governments, improved accountability and greater certainty for training providers and health services planning and investing for the long-term.

The Plan should establish a long-term framework for workforce planning and accountability, including:

- an annual State of the Medical Workforce report supported by a national specialist workforce dashboard
- regular independent review and public reporting against workforce plan targets
- sustained investment in specialist training capacity, including rural and regional training pathways, to meet current and future workforce needs
- recruitment, training and career development pathways to build a specialist workforce that better reflects the communities it serves.

Why it matters

Training specialists takes at least 10 years – far longer than an electoral cycle. Yet workforce investment continues to be shaped by short-term funding decisions rather than a long-term national strategy. **Access to specialist care does not begin when someone becomes unwell – it depends on decisions made years earlier**. Without an enduring workforce plan, shortages will persist, postcode lotteries will widen, and patients will continue to experience delays in diagnosis, treatment and follow-up care. Better workforce planning enables smarter investment, reduces reliance on locums and improves timely access to specialist care.

Ultimately, better workforce planning will ensure more patients receive the right specialist care at the right time, regardless of where they live.

2. LET US CARE BY BUILDING A SAFE, SUSTAINABLE SPECIALIST WORKFORCE

Support Health New Zealand | Te Whatu Ora to take practical measures that improve specialist workforce support, sustainability and retention including:

Safe workloads and workforce sustainability

- A specialist-led occupational physician in every district to lead health and wellbeing for all health care workers.
- Clinically led workload and staffing benchmarks for specialists.
- Monitoring and addressing burnout, fatigue and psychosocial risks.
- Recognising and resourcing the additional workload for cultural responsibilities.

Training and supervision for tomorrow's specialist workforce

- Protected time away from clinical commitments for training and supervision embedded in employment agreements – ensuring Aotearoa New Zealand's trainees can become the specialists our country needs. Structured national induction for International Medical Graduates into the Aotearoa New Zealand health system, its communities and tikanga, together with funded supervision and support during their early years of practice.
- Continued support for advanced employment offers to provide certainty for specialist trainees to return to Aotearoa New Zealand.
- Growing flexible training pathways, including part-time and non-typical options to maintain specialists and trainees in the health system

Why it matters

Aotearoa New Zealand cannot improve access to specialist care if it cannot support and retain the specialists it trains and recruits.

The medical workforce already carries a huge risk of burnout. More than one in five doctors are at risk of severe burnout, with a rate 1.8 times higher rate than that of the general workforce[ix].

Structural gaps in support compound this risk for two groups in particular: specialist trainees and International Medical Graduates. Nearly half of physician trainees report being prevented from meeting training requirements by workload pressures, yet only one in five trainees report that their clinical workload is reduced to protect study time[x]. Supervision of trainees and International Medical Graduates is undertaken by an already stretched workforce and is typically unrecognised and unpaid.

Investing in safe workloads and wellbeing, as well as training and supervision will improve workforce retention, reduce specialist turnover, minimise recruitment costs and help ensure New Zealanders can access timely, high-quality specialist care when they need it.

3. LET US CARE WHEREVER PEOPLE LIVE

Health New Zealand | Te Whatu Ora must expand rural and regional specialist training pathways so more specialists train in and remain with the communities where they are most needed. This should include:

Expanding rural and regional training opportunities

Ensure all specialist trainees have access to funded, accredited rural and regional training placements.

Increasing rural specialist training capacity

Expand specialist training positions in rural and regional hospitals and community settings.

Ensure rural and regional training capacity is a core component of national workforce planning and investment decisions.

Supporting rural and regional recruitment and retention

- Fund and implement a national rural workforce support package, including funded locum relief, relocation navigation supports, and enhanced, flexible employment arrangements.

Why it matters

All New Zealanders deserve timely access to specialist care, regardless of where they live. Health NZ data shows the regional differences in access to specialist care are significant[xi] – consistent with workforce data that shows only around 1 per cent of physicians live in rural areas[i].

The regional and rural medical workforce is highly dependent on International Medical Graduates. In South Canterbury 61 per cent, in Whanganui 60.4 per cent, and in the West Coast 52.9 per cent of specialists are trained overseas[v].

Evidence shows where doctors study and train is one of the strongest predictors of where they choose to practise[xii]. Expanding rural and regional specialist training, alongside the support needed to build long-term careers, will strengthen the rural workforce, improve continuity of care and reduce inequities in access to specialist care.

Let us care – by planning ahead, making specialist work sustainable and ensuring access to care wherever people live.

We are calling on all political parties to commit to these three actions in their election platforms so every New Zealander can access the specialist care they need when they need it.

Ki te kore te pūtake e mākūkūngia, e kore te rākau e tupu | If the roots are not watered the tree will not grow.

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