

Heal Healthcare

It's time to get our healthcare system on the mend

Heal Healthcare – RACP Aotearoa New Zealand Election Statement 2023

The RACP understands our health workforce is facing ongoing system pressures and medical workforce challenges. Access to consistent high-quality hospital and specialist services is vital to keeping all New Zealanders well and should be available irrespective of where people live. Unfortunately delays in accessing treatment continue and statistics show the “post code lottery” in accessing health care is still alive and well in Aotearoa New Zealand¹.

Te Whatu Ora data shows lengthy waiting times remain in most of the 20 districts (formerly District Health Boards). Latest data (August 2023) indicates fourteen districts have seen an increase in the number of patients waiting for more than a year for treatment and twelve have seen an increase in the time to first treat cancer (from decision to treat) in the six months to March 2023 compared to the six months to December 2022².

People need healthcare more than ever before. The population is ageing, there is increased prevalence of chronic conditions and continued health disparities for our Māori and Pasifika populations^{3,4}. For those waiting to see a specialist and access treatment, these challenges can impact on patient health outcomes, affect their quality of life, and exacerbate health inequalities.

We are calling on the government to **#HealHealthcare**, and commit to ensuring our health workforce is planned, trained, and retained.

This election statement outlines four priority policy areas that we are asking the government to take action to support our health workforce and heal our health system:

1. Data-driven and evidence-informed health workforce planning
2. Grow the medical workforce to reflect the diversity of the population
3. Address barriers to accessing Telehealth
4. Prevent burnout to retain workforce and improve patient outcomes.

¹Factsheet - Hospital and Specialist Services, April 2021. [Internet]. Wellington: Department of Prime Minister and Cabinet (DPMC); 2021 Available from: [Hospital and Specialist Services \(dPMC.govt.nz\)](https://www.dPMC.govt.nz/hospital-and-specialist-services)

² Te Whatu Ora – Health New Zealand. Clinical Performance Metrics Report. [Internet]. Te Whatu Ora – Health New Zealand; 4 August 2023. Available from: [Clinical Performance Report – Te Whatu Ora - Health New Zealand](https://www.twh.govt.nz/clinical-performance-metrics-report)

³ Aspin C, Jowsey T, Glasgow N, Dugdale P, Nolte E, O’Hallahan J, Leeder S. Health policy responses to rising rates of multi-morbid chronic illness in Australia and New Zealand. Aust NZ J Public Health. 2010; 34:386-93. Available from: [Health policy responses to rising rates of multi-morbid chronic illness in Australia and New Zealand - ScienceDirect](https://doi.org/10.1007/s12187-010-9100-0)

⁴ Gurney J, Stanley J, Sarfati D. The inequity of morbidity: Disparities in the prevalence of morbidity between ethnic groups in New Zealand. Journal of Comorbidity. 2020;10. Available from: [The inequity of morbidity: Disparities in the prevalence of morbidity between ethnic groups in New Zealand - Jason Gurney, James Stanley, Diana Sarfati, 2020 \(sagepub.com\)](https://doi.org/10.1177/1099800820958888)

Data-driven and evidence-informed health workforce planning

Issues

There is a lack of detailed data on the health workforce in Aotearoa New Zealand. Systematic underinvestment has resulted from that poor data – leading to a failure to grow, recruit and retain people in the numbers needed, and with the right skills, diversity and professional qualifications⁵.

Te Whatu Ora and Te Aka Whai Ora have recently estimated an additional 13,000 nurses and 5000 doctors are needed in the next decade but there is limited understanding of which specialists are needed, what are the regional and rural workforce gaps, and how this will support our ageing, retiring population⁵.

It is crucial that the Government understands the capacity of the workforce and how this compares to the health needs of our population, both now and in the future.

Prior to the pandemic, staffing shortages among medical specialists were widespread, with an average 24 per cent shortage of medical specialists reported. In some regions, such as the West Coast and Bay of Plenty, shortages are now over 40%, illustrating the strain that some regions and rural areas are under⁶. The health workforce is now facing unsustainable pressure and requires urgent relief.

RACP members have indicated that subspecialties that involve multidisciplinary care and treat long-term conditions, such as developmental paediatrics, rehabilitation medicine, and occupational and environmental medicine, are particularly strained. Similarly, services with limited public funding and availability, like dermatology and sexual health medicine, also face significant pressures.⁷

“Multi-disciplinary therapy/rehabilitation teams in hospitals and the community are vital to the good functioning of the health and whaikaha/disability system. When functioning well and in a timely fashion, they help to guide kiritaki/turoro/patients through the system, improve quality of life, and demonstrably reduce costs, both in hospital and for long term care in the community”.
- RACP member

The RACP acknowledges that recent health reforms present an opportunity for Te Whatu Ora and Te Aka Whai Ora to bring together national sources of workforce data, to establish estimates of present-day and anticipated workforce shortage and that this is underway⁵. The RACP also welcomes the announcement of a national data health platform to address the gaps in the current data collection of our health system. This will be crucial to understand health needs and plan a health system that can manage those needs⁸.

⁵ Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority. Health Workforce Plan, 3 July 2023. [Internet]. Te Whatu Ora – Health New Zealand and Te Aka Whai Ora – Māori Health Authority; 2023. Available from: [FINAL-HEALTH-WORKFORCE-PLAN_3-July-2023 \(2\).pdf](#)

⁶ Association of Salaried Medical Specialists (ASMS). Building the Workforce: Stopping the Drain. Wellington: ASMS Toi Mata Hauora; 2020. Available from: [Building the workforce pipeline, stopping the drain by Association of Salaried Medical Specialists - Issuu.](#)

⁷ Royal Australasian College of Physicians (RACP). Submission to the Pae Ora Legislation Committee on the Pae Ora (Healthy Futures) Bill. [Internet]. Wellington: RACP; December 2021. Available from: [racp-submission-on-the-pae-ora-healthy-futures-bill.pdf](#)

⁸ Te Whatu Ora – Health New Zealand media release, 26 July 2023. [Internet]. Project to build national health data platform commences. Te Whatu Ora – Health New Zealand; 2023. Available from: [Project to build national health data platform commences – Te Whatu Ora - Health New Zealand](#)

However, the Health Workforce Plan does not outline any cohesive plans to report on workforce demand and supply to ensure public confidence that the Government understands health need and that this is being matched to workforce capacity.

Solutions

The RACP has previously called on Government to produce detailed forecasts on future workforce supply and demand. This is to ensure that the health workforce can keep up with the evolving health requirements of the population and its growth. We also recommend making such forecasting a legislative obligation⁸.

We reiterate our call for Government to take on a co-ordinating leadership role to ensure comprehensive workforce data is collected and used for strategic planning and modelling purposes. This should include robust data on the Māori and Pasifika workforces, including those who do not work for Te Whatu Ora, such as kāiawhina.

In addition to building a more robust health system for Aotearoa New Zealand's post-pandemic recovery, these actions would align with the World Health Organization's Global Strategy on Human Resources for Health (2016), which encourages all countries to have institutional mechanisms in place by 2030 to effectively steer and co-ordinate an intersectoral health workforce agenda and established mechanisms for health workforce data sharing through national health workforce accounts⁹.

The RACP is calling for:

- Government to commit to funding a platform that profiles our health workforce, and the numbers needed in 5, 10 and 15 years time.
- This data to be published and include measures such as physician per capita, adjusted for an ageing/retiring population, changing workforce patterns and increased complexity of patient healthcare needs.
- Government should use this data to proactively engage with healthcare workers and communities about healthcare needed at local levels, in Māori and Pasifika communities and for priority populations more broadly— this is critical for ensuring that data is matched with what is happening in local contexts¹⁰.

Grow the medical workforce to reflect the diversity of our population

Issues

Our current medical workforce does not reflect the diverse population it serves. There continues to be underrepresentation of both Māori and Pasifika physicians in the workforce. This situation makes it harder for Māori and Pasifika to consistently access care which is culturally safe and responsive.

⁹ World Health Organisation (WHO). Global strategy on human resources for health: workforce 2030. [Internet]. Geneva: WHO; 2016. Available from: apps.who.int/iris/bitstream/handle/10665/250368/9789241511131-eng.pdf

¹⁰ Riva G, Hendy S, Ross K, Sporle A. Building sustainable health data capability in Aotearoa New Zealand: opportunities and challenges highlighted through COVID-19. Journal of the Royal Society of New Zealand 2023. Available from: [Full article: Building sustainable health data capability in Aotearoa New Zealand: opportunities and challenges highlighted through COVID-19 \(tandfonline.com\)](https://www.tandfonline.com/doi/full/10.1080/11779095.2023.2244444)

In 2022, only 4.6% of doctors identified as Māori, despite making up 16.5% of our population only 2.2% of doctors identify as Pasifika, despite making up 8.1% of our population¹¹. The enrolment rate in professional tertiary health programmes for Māori students was about 99 per 100,000 eligible population – compared to 152 per 100,000 for NZ European students.

This is a ratio of 0.7 Māori students for each NZ European student enrolling in health professional programmes, adjusted against population demographics¹².

At the same time, Māori have disproportionately higher health needs than the broader population, as well as increased exposure to the determinants of many conditions and reduced access to treatments. The RACP recognises that growing the Māori health workforce to meet these needs is essential to achieve health equity objectives under Te Tiriti o Waitangi and to ensure the quality of the health system in the future¹³.

These disproportionate figures are compounded by our low rates of medical graduates, with only 10.4 graduates per 100,000 people in New Zealand, compared to 14 in Australia¹⁴.

Solutions

A comprehensive integrated pipeline approach to recruiting Māori and Pasifika students that extends from secondary through to tertiary education contexts and vocational (post-graduate) training is needed.

RACP members observe that patterns of privilege begin early – a student must know by the age of 14 whether they want to focus on medical school if they want to give themselves the best chance of admission.

Evidence shows early exposure activities are required to encourage students to achieve success in appropriate school subjects, address deficiencies in careers advice and offer tertiary enrichment opportunities. Early exposure interventions include school visits for recruiting purposes, involvement of parents/families/career advisors in recruitment activities and the provision of financial and additional academic support¹⁵.

Literature exploring 'best' practice for recruitment into tertiary health programmes shows support for Māori and Pasifika students is needed to enable them to transition into and within health professional programmes. This may include bridging/foundation programmes, admission policies/quotas and

¹¹ Medical Council of New Zealand (MCNZ). The New Zealand Medical Workforce in 2022. [Internet]. MCNZ; 2022. Available from: [The New Zealand Medical Workforce in 2022 \(mcnz.org.nz\)](https://www.mcnz.org.nz)

¹² Crampton P, Bagg W, Bristowe Z, Brunton P, Curtis E, Hendry C et al. National cross-sectional study of the sociodemographic characteristics of Aotearoa New Zealand's regulated health workforce pre-registration students: a mirror on society? BMJ Open 2023;13. Available from: [National cross-sectional study of the sociodemographic characteristics of Aotearoa New Zealand's regulated health workforce pre-registration students: a mirror on society? | BMJ Open](https://www.bmjopen.com/content/13/1/e20220131)

¹³ Royal Australasian College of Physicians. Indigenous Strategic Framework 2018-2028. The Royal Australasian College of Physicians (RACP) Australia: RACP, 2018. Available from: [indigenous-strategic-framework.pdf \(racp.edu.au\)](https://www.racp.edu.au/indigenous-strategic-framework.pdf)

¹⁴ Association of Salaried Medical Specialists (ASMS) Research Brief – Forecasting New Zealand's future medical specialist workforce needs. ASMS (2019). Available from: <https://asms.org.nz/wp-content/uploads/2022/05/Research-Brief-specialist-workforce-projections-172060.2.pdf>

¹⁵ Curtis E, Wikaire E, Stokes K, Reid P. Addressing indigenous health workforce inequities: a literature review exploring 'best' practice for recruitment into tertiary health programmes. Int J Equity Health. 2012 Mar 15;11:13. Available from: [Addressing indigenous health workforce inequities: a literature review exploring 'best' practice for recruitment into tertiary health programmes](https://www.ijerph.com/article/view/11/1/13)

institutional mission statements demonstrating a commitment to achieving equity. Retention/completion support is needed, including academic and pastoral interventions and institutional changes to ensure safer environments for Māori students¹⁵.

The RACP is calling for:

- Boosting the numbers of placements for Māori and Pasifika enrolment in Medicine.
- Increased funding to ensure a comprehensive integrated pipeline approach to recruiting Māori and Pasifika students that extends from secondary through to tertiary education contexts and vocational (post-graduate) training.

Address barriers to accessing Telehealth

Issues

RACP supports the use of telehealth as a great “in-between” tool to support a stretched workforce and improve access to health care. Expanded access to telehealth consultations by phone and video can allow equitable and timely access to specialist care where face to face contact is not possible. However, the necessary infrastructure needs to be in place for patients to access it.

A key problem with the use of telehealth is it is often not a viable option for those who need it most, with significant gaps in access to the internet across our population. Māori, Pasifika, those living in larger country towns, and older members of society are less likely to have internet access. Only 70% of those living in social housing, and 70% of people who identify as being disabled, have regular access to the internet, compared to 91% in the rest of the population¹⁶.

Solutions

The RACP supports investment in infrastructure and other supports to reduce the digital divide and enhance uptake of telehealth among priority populations (especially Maori and Pasifika communities), those living in rural and regional areas, aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual)^{17,18,19}.

The College does not regard this technology as a substitute for a face-to-face health service provision and is of the view it should complement and augment existing services, rather than replace good local care²⁰.

The RACP is calling for:

¹⁶ NZ Digital Government. Digital inclusion and wellbeing in New Zealand. [Internet]. Wellington NZ Digital Government; 18 February 2022. Available from: [Digital inclusion and wellbeing in New Zealand | NZ Digital government](#).

¹⁷ Royal Australasian College of Physicians (RACP). Federal Election Statement, March 2022. [Internet]. RACP; 2022. Available from: [2022-racp-federal-election-statement.pdf](#)

¹⁸ NZ Digital Government. Digital inclusion and wellbeing in New Zealand. [Internet]. Wellington: NZ Digital Government; 18 February 2022. Available from: [Digital inclusion and wellbeing in New Zealand | NZ Digital government](#).

¹⁹ Gurney J, Fraser L, Ikihele A, Manderson J, Scott N, Robson B. Telehealth as a tool for equity: pros, cons and recommendations. [Internet]. N Z Med J. 2021 Feb 19;134(1530):111-115. Available from: [602db18fc5d6fcada6b95653_4699-final.pdf \(website-files.com\)](#)

²⁰ Royal Australasian College of Physicians (RACP). Submission to Telehealth New Zealand. On the Patient Anywhere Specialist Everywhere (PASE) Whitepaper. [Internet]. Wellington: RACP; November 2022. Available from: [racp-submission-on-telehealth-nz-patient-anywhere-specialist-everywhere-pase-whitepaper.pdf](#)

- The Government to engage with communities and professional groups to understand local challenges with infrastructure to support access to telehealth – this would help inform the funding initiatives proposed below.
- Funded videoconferencing technology packages to enhance the uptake for priority populations (especially among Māori and Pasifika) to promote equitable access to telehealth including in rural and regional areas, Kāinga Ora/Housing NZ and aged care settings and for patients for whom access to face to face consultation is limited by the presence of disability (including developmental and intellectual).
- Funding mechanisms and a funding model for health professionals to enable equitable access to health technologies for patients whose disease and disability management can be facilitated through devices and technologies.
- Funding further measures to reduce the barriers for physicians to use telehealth because of the infrastructure requirements– these might include additional technology and administrative support (telehealth equipment, scheduling software, mechanisms to collate and email patient records and investigation results).

Prevent burnout to retain workforce and improve patient outcomes

Issues

The 2023 New Zealand Women in Medicine Survey shows burnout remains an entrenched feature of the health workforce in Aotearoa New Zealand²¹. Doctors and other front-line health-care professionals were experiencing high levels of burnout before the COVID pandemic, with a survey of ASMS members showing 50% of doctors had high levels of burnout in 2015²². In 2021, a similar survey showed no improvement, with over half continuing to report high levels of burnout and almost three-quarters reporting some level of burnout, affecting female doctors more than male doctors²³.

The impacts of burnout are widespread. Evidence shows burnout impacts not only on workforce retention (reduced hours of work or workers leaving) but is also associated with poorer patient outcomes²⁴. Moral distress is linked to burnout and occurs when health-care workers feel they cannot deliver the care they are trained to provide²⁵.

RACP members describe a domino effect in the health care system. Unnecessary staff reductions contribute to further workforce shortages, meaning less staff available to provide care to the patients and increased pressure on those clinicians left behind, who then feel unable to take leave.

²¹ New Zealand Women in Medicine (NZWIM). New Zealand Women in Medicine 2023 Workforce Survey. [Internet]. NZWIM; July 2023. Available from: [NZWIM 2023 Workforce Survey \(squarespace.com\)](https://www.nzwim.org.nz/workforce-survey)

²² Association of Salaried Medical Specialists (ASMS). The Specialist, October 2016. [Internet]. Wellington: ASMS; October 2016. Available from: [The-Specialist-Oct-2016-Issue-108.pdf \(asms.org.nz\)](https://www.asms.org.nz/the-specialist/oct-2016-issue-108.pdf)

²³ Association of Salaried Medical Specialists (ASMS). The Specialist, March 2021. [Internet]. Wellington: ASMS; March 2021. Available from: https://issuu.com/associationofsalariedmedicalspecialists/docs/the_specialist_issue_126

²⁴ Hall L, Johnson J, Watt I, Tsipa A, O'Connor D. Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review. [Internet]. July 2016. PLoS ONE 11(7). Available from: [Healthcare Staff Wellbeing, Burnout, and Patient Safety: A Systematic Review | PLOS ONE.](https://doi.org/10.1371/journal.pone.0158881)

²⁵ Smallwood N, Pascoe A, Karimi L, Willis K. Moral Distress and Perceived Community Views Are Associated with Mental Health Symptoms in Frontline Health Workers during the COVID-19 Pandemic. Int. J. Environ. Res. Public Health 2021, 18, 8723. Available from: [IJERPH | Free Full-Text | Moral Distress and Perceived Community Views Are Associated with Mental Health Symptoms in Frontline Health Workers during the COVID-19 Pandemic \(mdpi.com\)](https://doi.org/10.3390/ijerph180508723)

Solutions

The RACP has [called on the Government for](#) burnout prevention to be a priority issue going forward and for changes to workplace culture. The RACP is particularly [concerned about trainee burnout as a recent survey shows increased workload pressures](#)²⁶.

RACP members stress that burnout is not an individual failure but a failure by the system to address the root cause of the problem. The RACP calls for action by Government to change workplace culture to prevent this accelerated loss of skills, ensuring healthcare organisations have strategies to support and promote staff wellbeing and putting in place a better workforce plan to protect the welfare of physicians²⁷.

RACP members highlight that increased flexibility among employers is key to changing workplace culture. Flexible leave arrangements are identified as vital for doctors' wellbeing, thereby preventing burnout and improving retention. This issue is of particular concern for women, who often have greater carer burden on top of workforce issues. Wellbeing and wellness "tools" do not necessarily address real wellbeing issues and members do not wish to be repeatedly surveyed.

The Association of Salaried Medical Specialists (ASMS) reinforces the perspective of RACP members, reporting that aside from remuneration and clinical satisfaction, the ability to manage one's own time and workload is the most common factor influencing decisions to work outside the public system²⁸.

RACP supports its own trainees through its [Flexible Training Policy](#), the provisions of which are designed to:

- a) Encourage retention of RACP trainees who are unable to train on a full-time continuous basis
- b) Support diversity, equity, inclusion, anti-discrimination and wellbeing in training
- c) Assist trainees to pursue training whilst fulfilling other obligations such as carer responsibilities
- d) Support continued training in programs on a time-equivalence (pro-rata) basis²⁹.

The RACP is calling for:

- Government to ensure that Te Whatu Ora improves workplace culture and prevents burnout through developing and implementing flexible working policies. This must be done in partnership with Te Aka Whai Ora to ensure workplaces are culturally safe for our Māori workforce.

²⁶ Royal Australasian College of Physicians (RACP). Media Statement – RACP concerned about trainee burnout as new survey shows increased workload pressures. [Internet]. RACP; 1 February 2023. Available from: [RACP concerned about trainee burnout as new survey shows increased workload pressures](#)

²⁷ Royal Australasian College of Physicians (RACP). Media Statement – Workforce Burnout. [Internet]. RACP; 12 May 2022. Available from: [Media Statement - Workforce Burnout \(racp.edu.au\)](#)

²⁸ Association of Salaried Medical Specialists (ASMS). ASMS submission to Te Kōmihana Whai Hua o Aotearoa Productivity Commission on Improving Economic Resilience 17 April 2023. [Internet]. Wellington: ASMS; April 2023. [asms-sub-to-productivity-commission-8pp-april-2023.pdf \(documentcloud.org\)](#)

²⁹ Royal Australasian College of Physicians (RACP). Flexible Training Policy. [Internet]. RACP; 2023. Available from: [flexible-training-policy-2023.pdf \(racp.edu.au\)](#)