

# PARLIAMENTARY BRIEFING

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## WELCOME TO 50<sup>TH</sup> PARLIAMENT: HEALTH OVERVIEW

The Association of Salaried Medical Specialists (ASMS) congratulates all MPs of all political parties elected (or re-elected) to the 50<sup>th</sup> Parliament. We are the professional union representing salaried senior doctors and dentists. Overwhelmingly our members are employed by district health boards and are specialists. However, we also have members employed in the non-DHB sector including community trusts, Family Planning, ACC, hospices and Maori authority trusts. While the large majority are secondary or tertiary care specialists, we also have a growing number of salaried general practitioners.

The ASMS has two broad priorities – to promote better and more accessible healthcare for New Zealanders and to represent the interests of our members. We currently have over 3,600 members (our membership has increased each year for over the past decade); this includes 90% of those employed by DHBs. We negotiate the national collective employment agreement covering senior medical and dental staff employed by DHBs along with several other collective agreements with non-DHB employers.

We encourage MPs to access our website [www.asms.org.nz](http://www.asms.org.nz) which also has regularly updated news on the homepage. We produce a quarterly print publication *The Specialist* along with an electronic publication *ASMS Direct*.

Below is a brief summary of issues that currently concern the ASMS and deserve to be brought to your attention. They will be expanded upon through the year. There is a narrative to be written and we intend to write it. Of course, the health sector is dynamic with an inexhaustible supply of issues that come from left field and new issues may well emerge over the year ahead.

### Specialist Workforce Crisis

We have a specialist workforce crisis in our public hospitals and other DHB-provided services. This fact was accepted by the Hon Tony Ryall when in opposition and subsequently as Minister of Health, at least up until October 2010 when he affirmed this crisis was the government's number one health priority. The DHBs also agreed with the ASMS that there was a crisis in a joint publication

*Securing a Sustainable Senior Medical and Dental Workforce in New Zealand: the Business Case* (November 2010). This document represents the best intelligence available at the time on the extent and nature of the crisis and can be downloaded from our website. The document is summarised in a series of shorter *Specialist Workforce Alerts* which can also be downloaded.

In summary, we have severe specialist shortages in DHBs causing increased workloads on insufficient specialist shoulders. We are not retaining and recruiting enough specialists to meet the growing demands they are expected to cope with. We fail to retain enough of those we train (at great cost to the country) and we lose too many overseas (mainly to Australia). This is not a sustainable position. Its continuation is fiscally irresponsible.

Regrettably the DHBs national leadership from mid-2011 reneged on this important document. Further, claims were then made that there were now around 800 more hospital doctors than three years ago. This claim simply conflicts with the practical reality of senior doctors at the workplace, which led to the Minister of Health's 'hot' reception at our Annual Conference last November. Nor is this claim supported by existing data on senior doctor numbers in DHBs.

Further, the ASMS's efforts to get the National Health Board to confirm the veracity of these claims have, to date, not succeeded. In the absence of verification from government we have to assume that there are many 'spreadsheet doctors' in our public hospitals. It is a pity they can't take a physical form and undertake clinical duties.

### Distributive Clinical Leadership

In 2008 the ASMS and the DHBs reached an agreement on clinical leadership known as *Time for Quality*. We are grateful for the positive contribution of former Health Minister David Cunliffe in facilitating this agreement. In 2009 Tony Ryall approved the *In Good Hands* policy statement on clinical leadership in DHBs. This statement was drafted by a working group established by Mr Ryall and chaired by the ASMS National President Dr Jeff Brown. Again we are

grateful for Mr Ryall's forward-thinking initiative. Both documents can be downloaded from our website.

Both documents are consistent in promoting the importance of distributive clinical leadership; formal clinical leadership positions (eg, clinical directors) are only a small part of clinical leadership. Rather it is about as many senior doctors as possible being involved beyond their immediate clinical practice in leadership and project activities. If we had comprehensive distributive clinical leadership in DHBs, then quality, accessibility and cost effectiveness would improve immensely.

Unfortunately these aspirations have not materialised. While there have been some advances they resemble an oasis in a desert. On balance and overall, DHBs are pretty much where they were three to four years ago. In late 2010 a survey conducted through the University of Otago concluded that only 20% of DHB-employed senior doctors had sufficient time to be involved in distributive clinical leadership. This is a direct result of the shortage of specialists. Regrettably, implementation has gone off the boil through a combination of lack of time due to specialist shortages and a still pervading contrary culture of 'managerialism' at the upper level of DHBs.

### **Privatisation**

When the National led government was elected in 2008 there were fears in some quarters that, based on the experience of the 1990s, this would lead to privatisation of public hospital services. However, those fears were not realised and if anything the capacity of the public system has been strengthened. Nevertheless alarm bells rang when the Minister of Health announced virtually on Christmas Eve last year that the government would be requiring DHBs (beginning with Canterbury) who needed major hospital rebuilding programmes to explore using so-called 'private-public partnerships'.

This would not have been a concern if it had been in the construction of hospital buildings which is what presently happens. But the edict goes beyond this to include in the design and operation of these

buildings. This is akin to asking a panel beater to design a traffic intersection. The experience of these sorts of arrangements in the United Kingdom has been very sorry. A good starting point on this subject is an article published in the *British Medical Journal* by Professor Allyson Pollock which can be downloaded from our website.

We are also concerned about suggestions that a new elective surgical centre proposed for North Shore Hospital may also be partially privatised. The ASMS recognises the value in some situations of collaboration with the private sector but the intermingling of financial and governance arrangements risks creating conflict of interest and operational problems. We have tried to raise our concerns with Waitemata DHB but, to date, have been confronted with a 'smart Alec' response.

### **Funding**

The ASMS would not want you to think that funding of DHB-provided services was not an issue. It is. But it is also difficult to get reliable data on its extent and implications. In broad terms this government has halved the rate of funding increases to DHBs. Funding has continued to increase but, since 2010-11, at half the rate of increase of previous years. What complicates the situation is that over the previous nine years of higher increases (eight Labour led and one National led) much of this went into primary care, major capital works and new initiatives. In contrast, funding for the maintenance of existing public hospital services remained tight over these nine years.

The financial restraints of the past two years have therefore had a greater impact on primary and community care where the consequences take time to materialise and are harder to assess. Hospital-based services in the main continue to be as pressured now (more so generally) as they were over the previous nine years. There is a narrative to describe here but, except at a macro level, the robust analysis has yet to be done.

Kind regards

Ian Powell  
EXECUTIVE DIRECTOR

*The Association of Salaried Medical Specialists (ASMS) represents salaried senior doctors and dentists. The large majority of our members are employed by DHBs. Outside the College of GPs we are the largest organisation representing doctors in New Zealand. Central to our existence is to promote the right of equal access for all New Zealanders to high quality public health services.*

*The ASMS publishes the ASMS Parliamentary Briefing to provide considered advice to MPs of issues and concerns where we believe we have the experience and expertise.*