ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

By email

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Chair
Capability and Capacity Review
Ministry of Health
PO Box 5013
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Re Capability and Capacity Review

The Association of Salaried Medical Specialists (ASMS) appreciated the opportunity to meet with the review panel on Friday 8 May 2015. This letter follows up on that discussion, which covered topics including pressures on the specialist workforce to meet increasing service needs. A particular issue we identified as a consequence of this pressure was the lack of time specialists had to provide effective clinical leadership, which the ASMS discusses in detail in our publication *The Public Hospital Specialist Workforce* (see link below). The following excerpt outlines why this is so important.

> There is now a strong body of evidence showing comprehensive clinical leadership can achieve what New Zealand's successive attempts at health reform have failed to achieve: significantly improve the effectiveness and efficiency of our public hospitals across the whole spectrum of services (not just the selected few targeted by Government) while managing the increasing costs of health care.
>
> Indeed, given the health indicators for the coming decade, the ability of our health system to meet the growing demands may well rest on the extent to which comprehensive clinical leadership is established in practice.
>
> *Quite simply, the reforms we need are only likely to be successful if clinically led.*
>
> – Professor Des Gorman, Executive Chair, HWNZ [i]
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> Successful clinical governance, as envisaged by the Government's *In Good Hands* policy statement and by the *Time for Quality* agreement between the ASMS and the country's DHBs requires distributive leadership, embedded at every level of the system.
>
> *Clinical leadership must include the whole spectrum from inherent (eg surgery, clinic, bedside, theatre relationships) through peer-elect (eg practice, ward, department arrangements) to clinician-management appointment (eg clinical directors, clinical board).*
>
> – *In Good Hands,* ASMS & DHBs [ii]

Clinical leadership means the entire clinical team of staff is actively engaged with the task of improving patient safety and outcomes. Clinical leadership will enable this engagement and facilitate high morale in a collaborative team environment.

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Where particular actions are identified as achieving positive clinical indicators, these should be addressed with haste. Clinical leadership will see the necessary culture change implemented to facilitate these outcomes.

The *Time for Quality* Agreement sets out the parameters of the partnership between managers and SMOs. The latter are expected to provide the leadership in service design, configuration and best practice service delivery driven by the parties' commitment to good quality outcomes for patients.

Some of the many specific benefits of comprehensive clinical leadership include:

- effective and efficient development of new innovative service models
- quality training and supervision
- sustainable achieve of government health targets
- improved safety and quality of services and outcomes.

Requirements for progress

The Ministerial Review Group recommendations to reinforce the development of clinical leadership (endorsed by the Government) include that:

a) clinical leaders have a recognised allocation of time for the role

b) a programme of cultural change is developed to enhance clinical leadership

c) resources are available to develop leadership skills as part of professional development programmes.

Priority must be given to seeing these recommendations put into action. For this to succeed in any meaningful way, financial investment is needed to develop the capacity of the specialist workforce to enable 'time for quality'.

This requires, as a matter of urgency, improved specialist recruitment and retention measures, including more competitive salaries and working conditions.

The Public Hospital Specialist Workforce further discusses the related issue of long-standing specialist workforce shortages. The consequences of a continuing under-supply of specialists include:

- increased risks to the clinical and financial viability of some services
- increased wasteful expenditure
- reduced cost-effectiveness of hospital services overall
- decreasing ability to improve safety and quality of services
- reduced capacity to develop more innovative and efficient services
- continuing heavy dependence of overseas recruitment, escalating specialist turnover rates
- reduced capacity to train new specialists, with far-reaching negative flow-on effect for the whole medical workforce.

The Public Hospital Specialist Workforce and a follow-up publication, *Taking the temperature of the public hospital specialist workforce*, are available electronically via the links below.

Information services to support the workforce

It is important that the health workforce's activities are supported by up-to-date and functional information technology. Clinicians increasingly rely on information technology to deliver day-to-day services. This includes but is not limited to accessing patient information, electronic medical records, results of investigations, etc. Systems implemented (or being implemented) to enable electronic prescribing and electronic requesting of investigations further add to our reliance on IT for the management of patients. We discussed at our meeting the frustration and time wasted in dealing with unreliable systems and outdated software. Furthermore, patient care can be severely compromised when access to IT is interrupted.

The National Health IT Board is pushing ahead with its work programme and vision of the shared medical record across providers, and we fully support this. However, the National Health IT Board seems to have very little or no influence on individual district health boards' information services departments. Some basic functionality is lacking at the coal face. Outdated web browsers, difficulties in accessing email on different work stations, and system down-time adds to frustration and risk.

Patients' expectations of what hospital information technology can deliver far exceed reality. Patients increasingly want to communicate with their doctor via email or text message and have access to their laboratory results, etc. They are willing to share their health information via insecure IT systems to expedite their care. We do need to find a secure solution.

Thank you again for the opportunity to engage in this review.

http://www.asms.org.nz/wp-content/uploads/2014/07/The-Public-Hospital-Specialist-Workforce-web.pdf

http://www.asms.org.nz/wp-content/uploads/2014/09/Taking-the-temperature-of-the-public-hospital-specialist-workforce-August-2014-FINAL.pdf

Kind regards

Hein Stander
NATIONAL PRESIDENT

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[i] D Gorman. "The disposition and mobility of medical practitioners in New Zealand", *NZMJ* 4, Vol 124 No 1330; March 2011.

[ii] Ministerial Task Group on Clinical Leadership. *In Good Hands – Transforming Clinical Governance in New Zealand*, February 2009