DEAR DAVID, THERE'S A HOLE IN THE SMO BUCKET

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Since the coming into being of the Public Health and Disability Act 2000 and before last year's surprise general election outcome, we have had five health ministers – Annette King (six years), Pete Hodgson (two years), David Cunliffe (one year), Tony Ryall (six years) and Jonathan Coleman (three years). Now we have a sixth minister, David Clark, who has now been in post for a little over a year.

David Clark has the high-risk attributes of being both a theologian and economist – a potentially deadly combination. The most famous person with these combined attributes is Scotland's Adam Smith who, in the 18th century, skilfully constructed the foundations of classical free market economic theory with his most notable publication being The Wealth of Nations. But even the free market-driven Smith had a sense of the need for some level of public good. In his ideological construct, this was provided by his notion of an 'invisible hand'.

But the invisible hand of Adam Smith was operating in the economy of the baker, butcher and candlestick maker, not today's modern complex economy and society. The closest New Zealand has come to applying classical free market economic theory in our public health service was in the ideological binge of commercially competing public hospitals run by state-owned companies in the 1990s. By this time there was no invisible hand. Instead we had a cumbersome iron fist without a velvet glove.

Fortunately, despite both being Presbyterian, Dr Clark is from a broader church than the church of Dr Smith and

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has a strong sense of why New Zealand needs and has a universal public health service.

DAVID'S TREAT

One of the special treats of the Minister of Health is to send an annual Letter of Expectations to the Chairs of the country's 20 district health boards. It is a letter of instruction. His Letter for the 2018/19 year was the first opportunity to get a fuller sense of the new Government's direction of travel for health.

In this Letter, Dr Clark gave DHBs a clear signal about the Government's health priorities. There is a welcome Government intention to focus on primary care, mental health, public delivery of health services, and improved equity in health outcomes. These are all worthwhile.

The focus on public delivery of health services represents a significant change in approach from the previous government. This clear signal on public delivery should strengthen confidence in the Government's commitment to public hospitals which have been under threat of privatisation for so long. The signal had already been given by the Minister's earlier decision to stop the controversial and financially precarious Public Private Partnerships promoted by the former Government (surprisingly, however, the Minister opted not to publicise this decision which would have been well-received by those working in DHBs and the wider public).

THE MISSING INSTRUCTION TO DHBs

Unfortunately, the Minister's instructions to DHBs does not include a requirement to address the precarious situation of their specialist workforce. This is a significant oversight as hospital specialists are a stressed and stretched workforce, and they have been shouldering the burden of an under-resourced public health system for years to the detriment of their own health.

ASMS published research shows high levels of burnout (50%) among DHB-employed senior medical and dental staff. It also shows 88% having to work through general illness and 75% having to work through infectious illness.

ASMS surveys in five DHBs to date (Counties Manukau, Hawke's Bay, MidCentral, Nelson Marlborough and Canterbury) illustrate the extent of senior medical and dental officer shortages as identified by clinical leaders. They show existing shortages of around 20%, suggesting a national shortage of around 800 to 1,000.

ASMS' survey last year of members workforce intentions revealed that on top of these existing shortages, around 25% intended to leave DHB employment in the next five years. Much of this is due to the aging of the workforce but job dissatisfaction is a noticeable contributing factor. On top of this, Ministry of Health analysis of Medical Council data predicts an annual loss from almost all branches of medicine of around 5% from the medical workforce subject to no changes in policy direction.

David Clark and his government colleagues must ask themselves: how on earth can senior doctors be expected to maintain their personal health and well-being and to ensure safe and quality patient care in such a precarious position? If a high priority of a transformational government is not to require DHBs to ensure staffing levels of senior doctors that are safe for both themselves and their patients, what is?

To his credit, when addressing the Resident Doctors Association's safer hours conference in November, Minister Clark acknowledged the seriousness of burnout among the senior medical and dental workforce and DHBs, and the importance of addressing it which, by implication, includes addressing specialist shortages.

But he must go further. ASMS is promoting an initiative of a safe staffing accord between Government, DHBs and ASMS to ensure DHBs have a sufficient number of specialists to provide comprehensive quality patient-centred care, and to look after the well-being of these specialists.

To paraphrase an old nursery rhyme: there is a hole in the specialist bucket, so fix it dear David, fix it.