New Zealand’s health sector has been radically transformed over the past decade and a half. Successive governments with different perspectives and ideologies have made huge structural changes. The current Labour-led Government, headed by Prime Minister Helen Clark, is now 2 years into its third 3-year term, and is in a phase of consolidation rather than implementing new initiatives. This Government now faces a strong challenge from the main Opposition party, which is leading in the polls.

Over the past 15 years democratically-elected regional hospital boards have been set up, abolished and replaced by commercial companies, and then re-introduced. New Zealand now has 21 District Health Boards (DHBs) which are responsible for providing government-funded health care for the population in their region. DHBs focus on planning and delivering health services, running hospitals, overseeing primary health care services and delivering some public health programmes.

Adequacy of funding at District Health Board level is a continuing concern, with some running continual deficits and/or cutting services to meet budget constraints. The continuing inability of many DHBs to meet their commitments in respect of patient access to secondary and tertiary services continues to be of great concern. This is particularly so in relation to first appointment with specialists, and the long waiting times for many elective procedures. The situation is further complicated by the returning of many patients from hospital waiting lists to the care of their GP. This lack of timely access to the care they need causes great distress to many New Zealanders and their families.

Care in the private secondary health sector is available to those with health insurance or the means to pay. More than 50% of elective surgery takes place in the private sector, as funding restraints and restricted waiting lists mean only the most urgent cases get priority in public hospitals. A major issue has been the removal of subsidies, in some regions, for patients of private specialists who require laboratory tests. The NZMA believes this is inequitable and unfair both to the patients and private specialists.

Medical registration in New Zealand is controlled by the Health Practitioners Competence Assurance Act 2003, which brought together all registered health practitioners (such as doctors, nurses, dentists, midwives and physiotherapists) under the same registration, competency and disciplinary procedures. The Act has the primary aim of protecting the public. Of great concern to the NZMA is the fact that although the Act permits regulations to be made which would allow for elected members to the Medical Council of New Zealand (MCNZ), to date, the Minister of Health has not done so. For the MCNZ to work effectively it must have the respect and confidence of the profession, and that will not happen while there are no directly elected members.

The medical workforce in New Zealand continues to be under extreme stress. The high fees and resulting debt levels incurred by medical students in training lead to many newly-qualified New Zealand doctors seeking higher-paid positions overseas. Other problems include:

- Increasing demand
- Ageing workforce
- Doctor dissatisfaction and morale leading to retention issues
- Insufficient medical student places (self-sufficiency is needed)
- Student debt
- Long lead time to train doctors
- Generational changes in work-life balance expectations
- Inappropriate reliance on overseas trained doctors (OTDs)

Many of New Zealand’s practising doctors...
trained elsewhere in the world—currently 42% are from overseas countries. Doctor shortages in some regions and notably in rural areas continue to place extra demands on the profession. Specialities such as obstetrics, psychiatry and general practice are particularly short. The Government has established a Medical Training Board to find solutions to workforce problems. The NZMA has long called for a comprehensive strategic plan for the medical workforce which will address both the short and long term need for medical practitioners in New Zealand.

Seven years ago the Government released its Primary Health Care Strategy, based on capitated funding to general practices which enrol their patients as members of a Primary Health Organisation (PHO). PHOs receive public funding through District Health Boards. This was the biggest shake-up of the primary health sector for half a century.

The New Zealand Medical Association supported the broad proposals of the Primary Health Care Strategy as having the potential to improve the health of New Zealanders and their access to primary health services. The Government has progressively rolled out increased funding to all age groups, which has enabled patient co-payments to be reduced. We have fought hard to retain the principle that GPs be able to set their own fees, and charge a co-payment if necessary (as the government funding does not cover the entire cost of visiting a GP). The control of GP fees is shaping up to be a major election issue.

The NZMA continues to publish the New Zealand Medical Journal, which has been online only since 2002. The NZMJ is the premier scientific medical journal for the profession in New Zealand, and continues to publish well-regarded research on a wide variety of medical topics.

The NZMA provides the Code of Ethics for the profession in New Zealand, and has been reviewing the Code this year.

The NZMA works closely with the NZ Medical Students’ Association, recognising that students are the future of the profession. The NZMA also has a Doctors-in-Training Council, which represents the interests of junior doctors and medical student members.

Other NZMA initiatives include:

- Around 50 submissions on a wide variety of issues.
- Running a successful Trainee Forum, with participation from registrars from many of the Medical Colleges.
- The establishment of a Leadership Fund to support participation in leadership activities.
- Settling the largest multi-employer collective employment agreement ever to be negotiated in New Zealand (representing GPs as employers of practice nurses).
- Launching a new publication—the NZMJ Digest.
- Producing a member resource on the Commerce Act, to enable medical practitioners to develop an understanding of competition law and practise safely within the confines of the law.

It has been another busy and challenging year for the NZMA. We place a high value on advocacy for the health of the population and support for professional conditions. Continuing liaison with health sector policy makers, representation on consultative bodies, preparation of submissions on health-related legislation and advocacy about the introduction of new initiatives continue to keep members actively engaged in improving health care for all New Zealanders. We continue to work closely with other medical organisations both within the country and at an international level.