



New Zealand Medical Association

Briefing for the incoming Minister of Health

November 2017



About the NZMA

The New Zealand Medical Association (NZMA) is the only pan-professional medical organisation in New Zealand representing the collective interests of all doctors. Our members come from all disciplines within the medical profession, and include specialists in various fields, general practitioners, doctors-in-training and medical students. We have approximately 5000 members.

Role

The NZMA aims to provide leadership of the medical profession, and promote professional unity and values, and the health of all New Zealanders. The key roles of the NZMA are to: i) provide advocacy on behalf of doctors and their patients; ii) provide support and services to members and their practices; iii) publish and maintain the Code of Ethics for the profession; iv) publish the *New Zealand Medical Journal*.

The NZMA works closely with many other medical and health organisations, and provides forums that consider pan-professional issues and policies. The NZMA provides a platform for doctors to come together to focus collectively on issues for the profession and for the health of New Zealanders. The NZMA aims to influence the policy environment in which doctors study and work, and navigates the political environment on behalf of the profession.

The NZMA's advocacy focuses on strengthening the medical profession and delivering an effective health service to our patients. We value our regular meetings with Government health officials and other agencies at the highest levels. We also make submissions on a wide range of topics, and are regularly invited to comment by the media.

Our high profile and influence places us in a strong position to advance core health issues, such as addressing medical workforce challenges and achieving the best value for investment in health services. The opinions and input of the NZMA are sought at all levels of policy development and review.

The NZMA is in the unique position of being able to provide you with timely and independent information that is representative of the entire medical profession. We would welcome the opportunity to meet with you regularly.

Structure and key people

The NZMA organisation consists of a Board and several advisory Councils.



Dr Kate Baddock
NZMA Chair

A General Practitioner in Warkworth, Dr Baddock is a Fellow of the Royal College of General Practitioners, was a member of the Medical Council of New Zealand, and has had leadership roles in a number of general practice organisations.



Prof Harvey White
Deputy Chair, Specialist Council Chair

A cardiologist, Professor White currently works as the Director of Coronary Care at Greenlane Cardiovascular Research Unit at Auckland City Hospital, and as Honorary Clinical Professor of Medicine at the University of Auckland.



Dr Jan White
General Practitioner Council Chair

A General Practitioner in Auckland, Dr White has been a member of the NZMA's General Practitioner Council for 10 years.



Dr Magnus Cheesman
Doctors-in-Training Council Chair

A surgical trainee based in Hamilton, Dr Cheesman has been involved with the NZMA's DiTC for two years.



Ms Lesley Clarke
NZMA CEO

CEO of the NZMA, Ms Clarke has held several executive leadership roles in the health sector and has a Master's degree in Public Policy.

Key issues

Health as an investment

The NZMA believes that spending on health is a positive investment in the health, wellbeing and productivity of New Zealanders, and grows our economy. Ultimately, health money saves money in many sectors. Other countries achieve returns on investment of nearly \$5 for every \$1 spending on health. We ask the Government to take an investment approach to health as articulated in the New Zealand Health Strategy and elaborated in our position statement (attached).

Equity

To eliminate inequities in health, it is important to address the social determinants of health. These are the conditions in which people are born, grow, live, work and age. These circumstances are, in turn, shaped by wider forces, including economics and social policies. The NZMA asks that the next Government prioritises actions to address the social determinants of health. Inequity in health is a fiscal as well as a moral failure, because health equity improves economic performances. Addressing the social determinants of health achieves better health equity and is crucial to the financial sustainability of the health system.

Mental Health


The NZMA asks the new Government to strengthen investment in mental health (including addiction) services. Existing services need to be adequately supported. We believe that suicide prevention should be a priority, and we ask the new Government to commit to a target for suicide reduction.

Public health and health literacy

Action taken at a population level can protect and improve the health of the population. The Government has the opportunity to further influence a large number of factors that affect the health of New Zealanders, including interventions such as more effective regulations to reduce the environmental drivers of the obesity epidemic and alcohol-related harms. We recommend a tax on sugar-sweetened beverages as one of a suite of measures needed to tackle obesity. We recommend policies to reduce the availability of extremely cheap alcohol as part of a comprehensive response to reducing alcohol-related harm. The NZMA asks that the next Government makes Public Health policy a coherent and clear national priority. The NZMA also asks that the next Government commits to improving health literacy and makes this an explicit health goal.

Workforce

We strongly support the Medical Council's aspiration for all prevocational doctors to spend a minimum of 3 months in a community-based attachment by the end of their second year of work and training. Community-based attachments are an investment in the future of the medical workforce and a significant contribution to developing doctors capable of working across the breadth of the health sector. We ask the new



Government to ensure adequate resourcing of community-based attachments across New Zealand.

Vocational medical training

The NZMA accepts the need to change the way in which medical vocational training is funded. However, we do not support the model that has been proposed by HWNZ to address shortcomings in the status quo. We believe the proposal to use a PHARMAC-like approach to training the health workforce is unworkable and naïve. We also believe that a contestable market model would lead to several negative consequences. Baseline funding for vocational medical training needs to be commensurate with the increase in medical student places from 2008. We ask the new Government to commit to adequately funding the health workforce to meet population health needs. All recipients of HWNZ funding, including DHBs, should be required to provide a minimum standard of reporting to ensure clear accountability.

Legislation

We look forward to the passage, without delay, of the Natural Health and Supplementary Products Bill, still awaiting its second reading. When enacted in law, this will require health benefit claims made for natural health and supplementary products to be supported by scientific or traditional evidence. The use of credible evidence to inform and base decisions about healthcare is a core value of the NZMA. We ask the new Government to expedite the introduction of the therapeutics products bill. As well as replacing and modernising the regulatory arrangements for medicines, this will provide regulation of all therapeutic products.


Primary care funding / sustainability of general practice.

We support investment to reduce the number of barriers that vulnerable and high-needs patients meet when trying to access the care they need. The Very Low Cost Access (VLCA) model attempted to channel additional funding to those most in need but it has ultimately proved to be ineffective and inequitable.

Adjustments to the VLCA scheme alone will however not address affordability and access issues. General Practice funding needs a complete overhaul. There is an increasing deficit in the relative value of capitation, and the current capitation formula itself is no longer fit for purpose; it was developed over 15 years ago and does not reflect the nature of general practice today and the needs and expectations of patients.

Euthanasia

The NZMA is opposed to both the concept and practice of euthanasia and doctor-assisted suicide; we believe these are unethical. However, we encourage the concept of death with dignity and comfort, and strongly support the right of patients to decline treatment, or to request pain relief, and the right of access to appropriate palliative care. In supporting patients' right to request pain relief, the NZMA accepts that the proper provision of such relief, even when it may hasten the death of the patient, is not unethical. We have recently commissioned an independent report on the ethical issues



surrounding euthanasia by Professor Grant Gillett of Otago University and would be happy to share this report.

Health and wellbeing of medical workforce

The need for health professionals to care for their own health and wellbeing is vital, but often overlooked. The World Medical Association has recently amended the Declaration of Geneva to include the pledge: “I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard”. Increasing workload and occupational stress has the potential to affect not only the doctor’s personal health but also the care of the patient.

The NZMA seeks acknowledgement of the importance of the health and wellbeing of the medical workforce and asks the Government to encourage policies and workforce practices that promote these objectives.

The NZMA is also working to promote good professional behaviours across the sector and eradicate bullying and harassment. The World Medical Association recently adopted a policy condemning bullying and harassment in the medical profession that was proposed by the NZMA at last year’s General Assembly.

Trade agreements

While international agreements on trade, investment and services are intended to produce economic benefits, they can have a significant impact on health, health equity, and the social and environmental determinants of health. The Government must protect and prioritise public health considerations in negotiations. Government actions to protect and promote health should not be subject to challenge through an investor-state dispute settlement or similar mechanism. We therefore ask that, before committing to any international agreement on trade, the Government commission a formal, comprehensive, independent Health Impact Analysis.