



THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

26 August 2008

New Zealand

The University of Auckland



FMHS Māori Health
Week
Waipapa Marae

Year 2 medicine,
nursing and pharmacy
students



Growing health professionals: a symbiotic approach is required

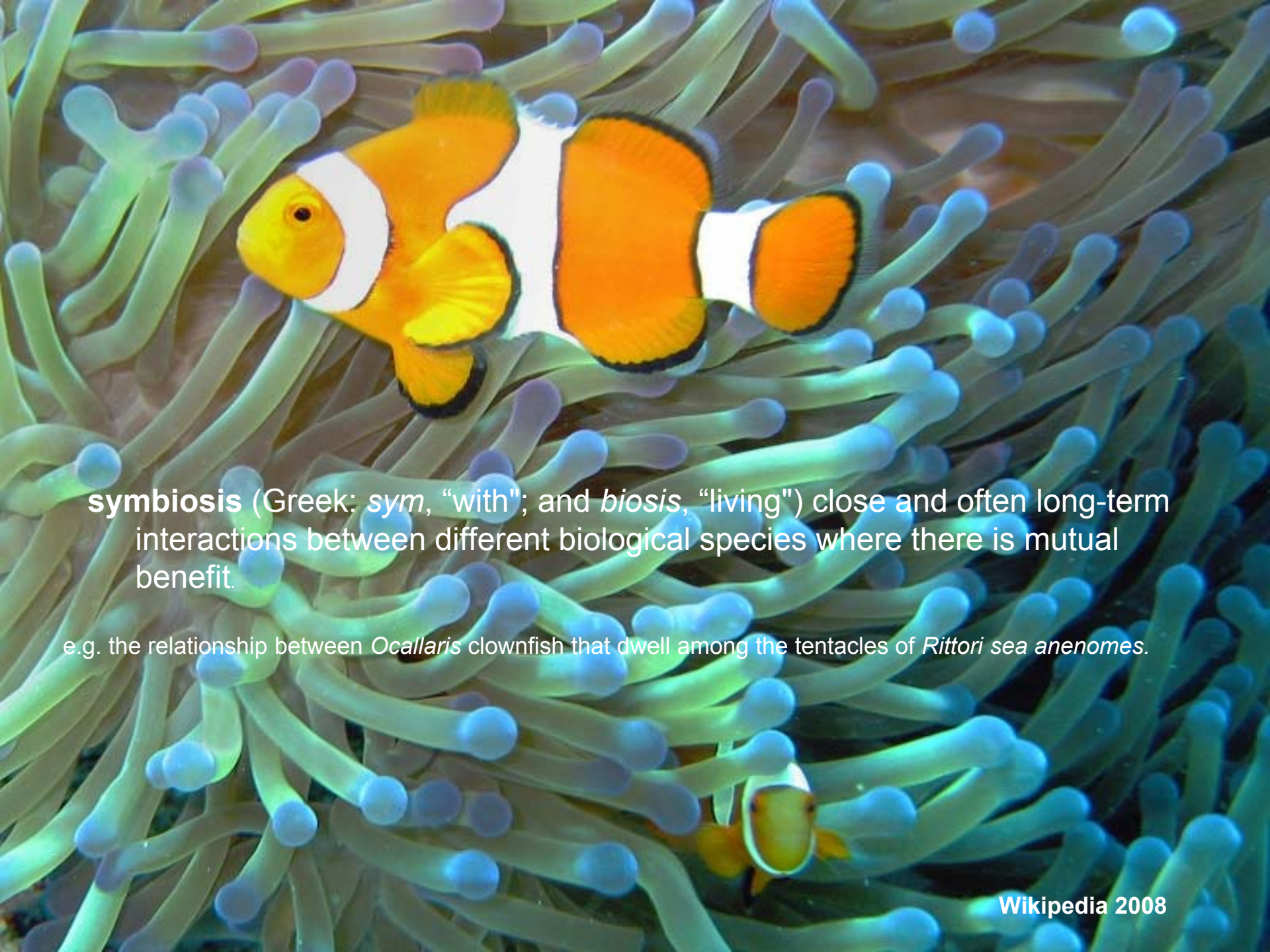


THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

Assoc Prof. Phillippa Poole **BSc MBChB FRACP**
Associate Dean (Medical Programme)
General Physician, Auckland City Hospital



symbiosis (Greek: *sym*, "with"; and *biosis*, "living") close and often long-term interactions between different biological species where there is mutual benefit.

e.g. the relationship between *Ocellaris* clownfish that dwell among the tentacles of *Rittori sea anemones*.

The ideal health workforce

One that delivers optimal health care for the needs of the population it serves

- ✦ Sufficient numbers of well-trained practitioners
- ✦ Balanced by disciplines / specialisations / spread
- ✦ Demographically similar to the community it serves
- ✦ Adaptable and innovative
- ✦ Affordable and sustainable

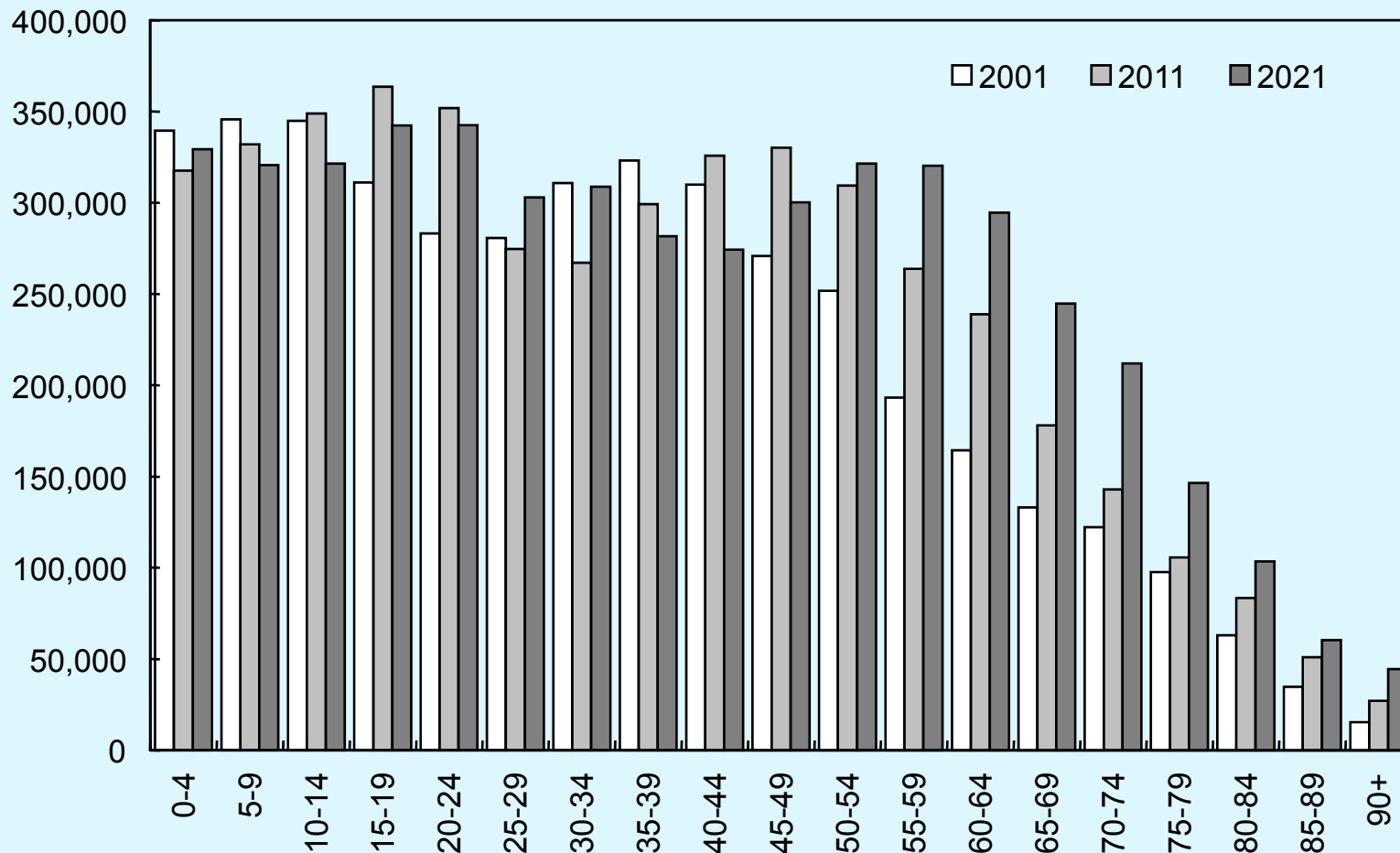


NZ Population Projections (medium population growth)

26 August 2008

New Zealand

The University of Auckland



To maintain current health services levels to 2021

Based on three scenarios of population age and size, disease incidence and disability progression.

- ❑ Best case scenario = **40%** more registered health professionals needed.
- ❑ Medium case scenario = **47%** more.
- ❑ Worst case scenario = **69%** more.

The crisis is here...



THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

Email to General Medicine consultants ADHB

“Unfortunately due to reliever resignations and a shortage of locums we have the following vacancies. I do apologise as there are so many”.

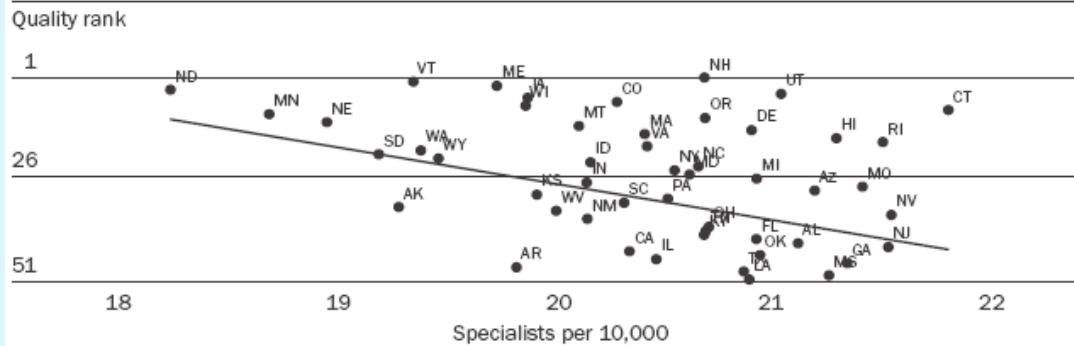
RMO Advisor

Auckland Regional RMO Services Ltd

31 July 2008

Generalists are needed

EXHIBIT 6
Relationship Between Provider Workforce And Quality: Specialists Per 10,000 And Quality Rank In 2000

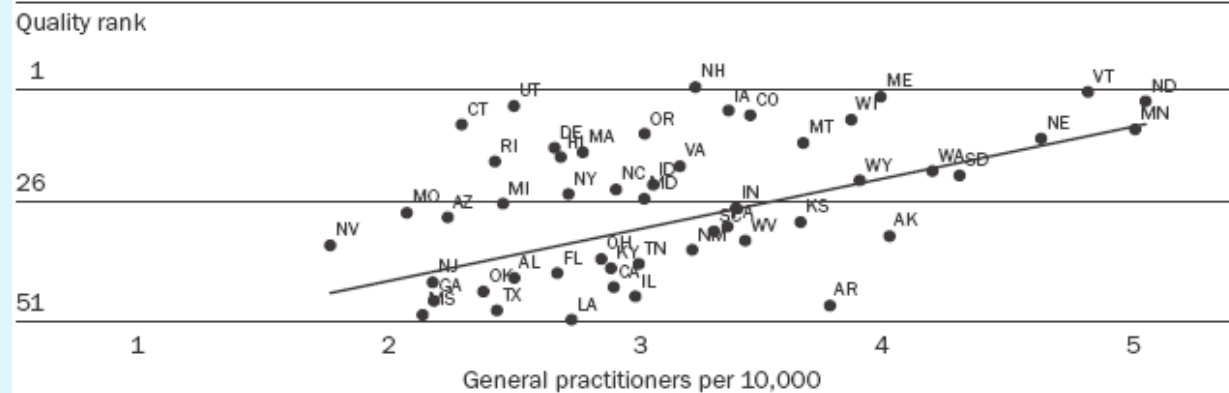


SOURCES: Medicare claims data; and Area Resource File, 2003.

NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.

Baicker & Chandra 2004

EXHIBIT 8
Relationship Between Provider Workforce And Quality: General Practitioners Per 10,000 And Quality Rank In 2000



SOURCES: Medicare claims data; and Area Resource File, 2003.

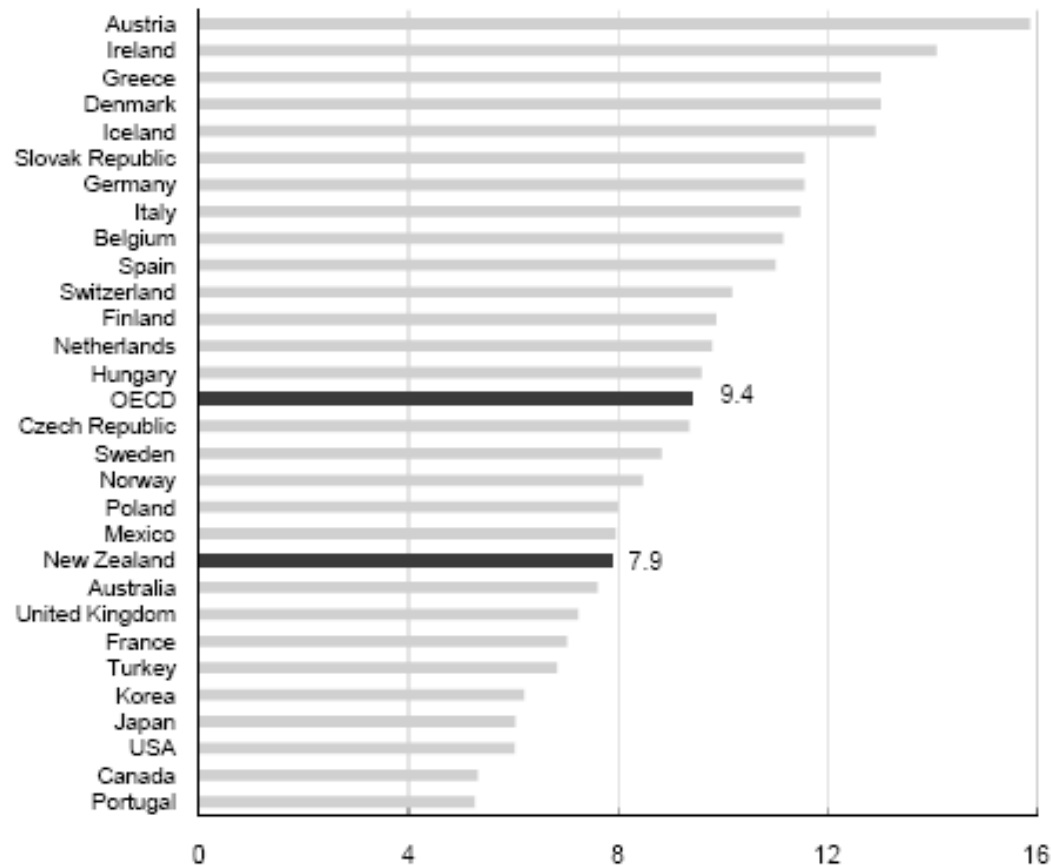
NOTES: For quality ranking, smaller values equal higher quality. Total physicians held constant.

Workforce shortages are only going to get worse

- *Needs of ageing population with chronic diseases*
- *Insufficient recruitment and excessive losses*
 - NZ competing in global marketplace
 - Feminisation of medical workforce
 - Fewer young people
- *Distribution of health care workers*
 - Geography
 - Disciplines / specialities
- *Failure to adapt*

Relatively low nos. of medical graduates

Chart 11. Average number of medical graduates per 100 000 population, OECD countries, 1995-2004



Note. Average is calculated with the latest available data for each country

Source: OECD Health Data 2006

FMHS medical student ethnicity 2008



THE UNIVERSITY
OF AUCKLAND

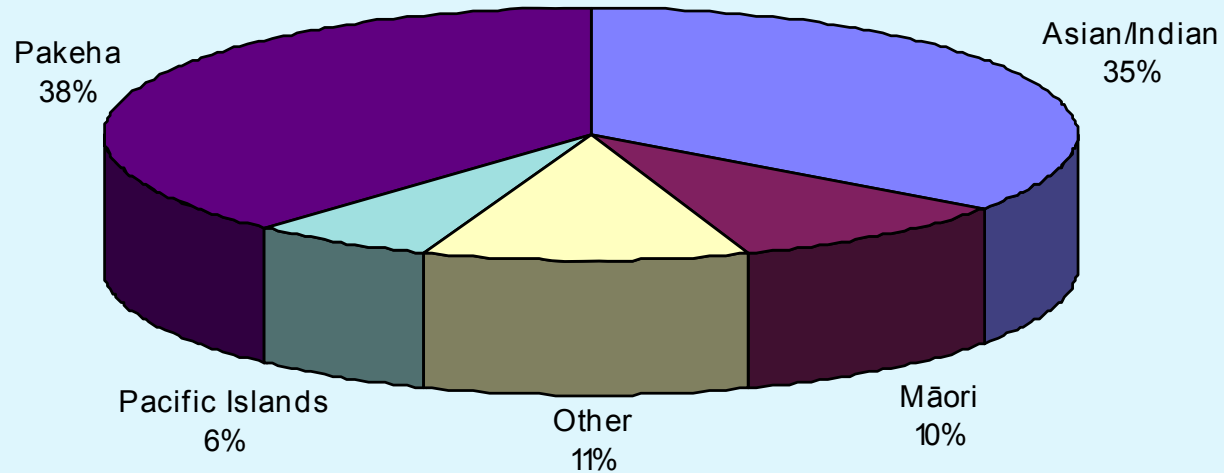
NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

26 August 2008

New Zealand

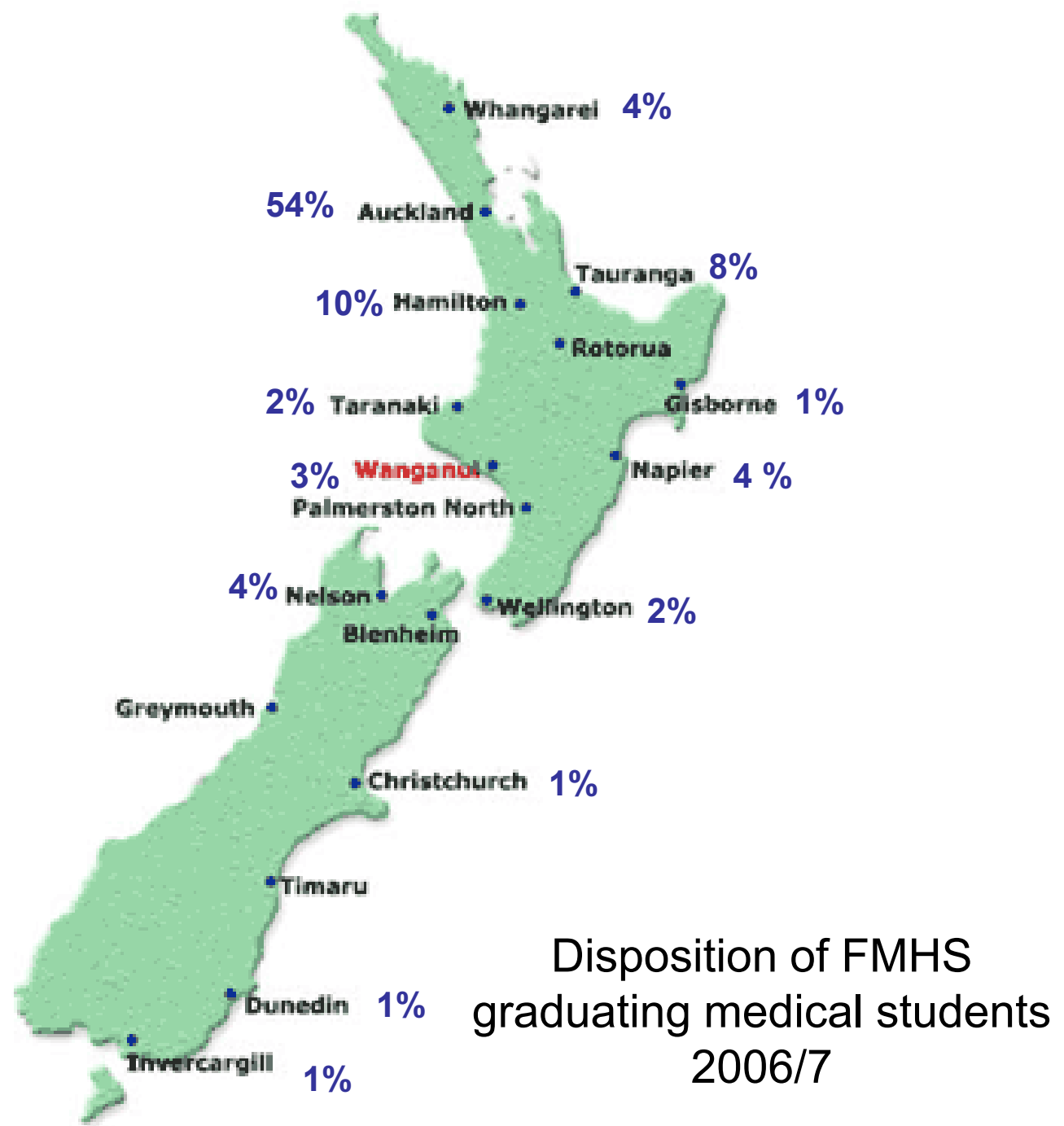
The University of Auckland



Male : Female

55% : 45%

Australia 4%



N =
186

Disposition of FMHS
graduating medical students
2006/7

FMHS Tracking Project 2006



THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

- ❑ Longitudinal study
- ❑ Characteristics and career patterns of students in Pharmacy, Nursing, Health Science and Medicine
- ❑ Participants complete questionnaires at entry and exit years
- ❑ Will be followed up into workforce

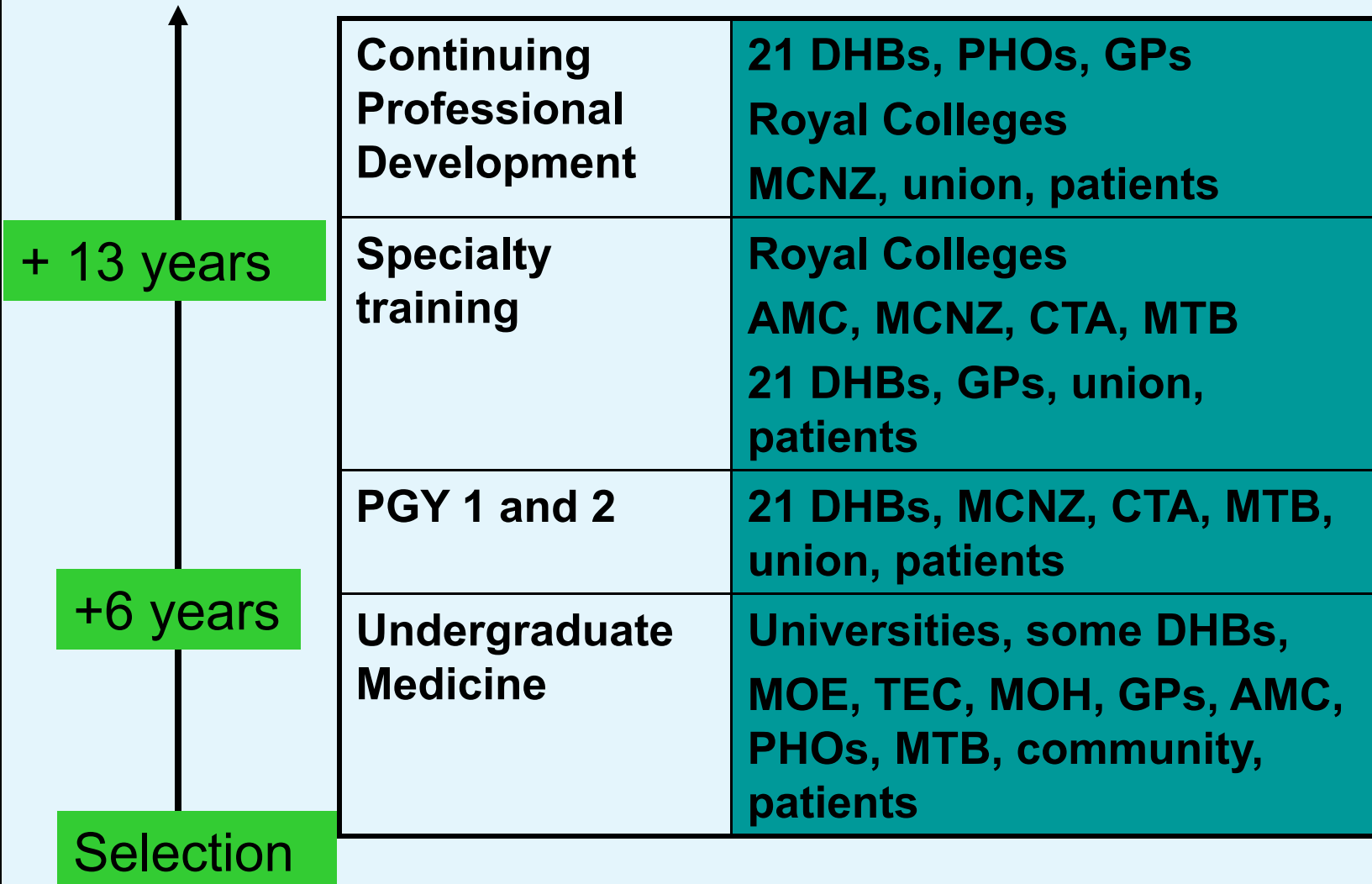
26 August 2008

New Zealand

The University of Auckland

Stakeholders in the Medical Education Continuum

The University of Auckland
New Zealand
26 August 2008



Learners

How do (health) professionals learn?



THE UNIVERSITY
OF AUCKLAND

NEW ZEALAND

Te Whare Wānanga o Tāmaki Makaurau

- ❑ Base of core knowledge and skills
- ❑ Take graded accountability for patients under supervision
- ❑ Reflect on experiences in a range of settings
- ❑ Observe role models

“Knowing is not enough for doing and nor is doing enough for learning; competencies require experience of, and reflection on, professional practice at any level of experience.”

Govaerts 2008

- 26 August 2008
- New Zealand
- The University of Auckland
- ❑ Move away from tertiary teaching hospital exclusivity
to
 - ❑ Learning experiences that are:
 - + authentic and supported
 - + multi-site/ networked, including community
 - + sufficiently long
 - + interprofessional
 - + outcomes-guided

Continuum of competencies

7 levels of expertise	<i>Clinical Management</i>	<i>Professionalism</i>	<i>Communication</i>
(Virtuoso)			
(Maestro)			
Expert	Rapid and accurate identifier of all main problems and management plans in range of settings.	Accountable for patient management, and supervision of others	Timely and effective communicator... in both routine and complex situations.
Proficient			
Competent	Identifier of main problems. Basic management plan	Limited integration of professional roles and responsibilities.	
Expert Novice	Performs in controlled and clinical settings under direct supervision.		
Beginner	Knows elements		

MTB draft curriculum concept 2008
AJDCF 2006
Dreyfus 1992

26 August 2008

New Zealand

The University of Auckland

Fundamental relationships in clinical education

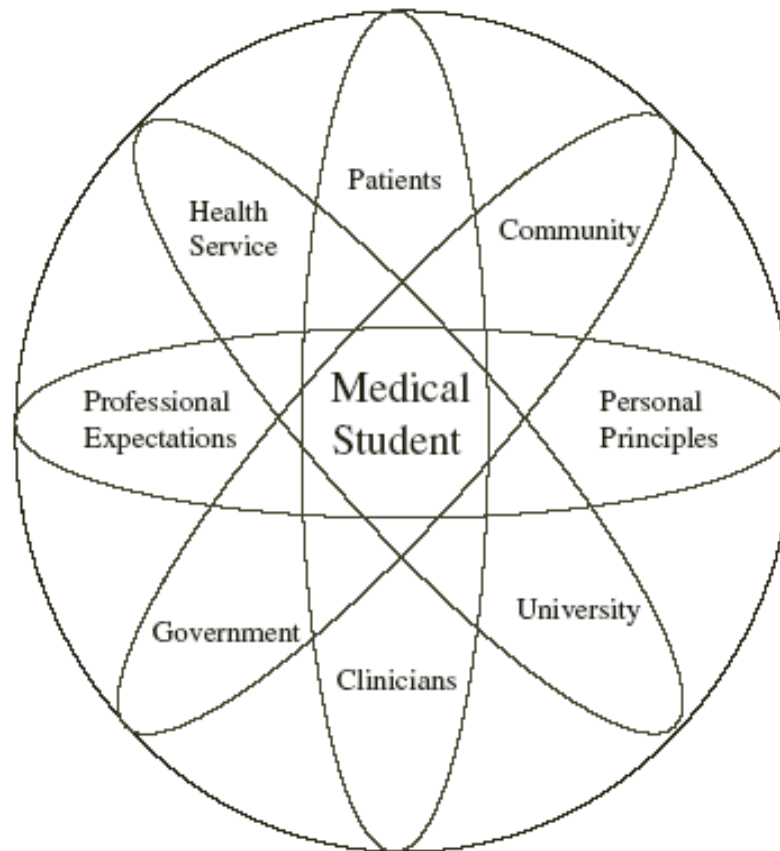


Figure 1. Relationships in clinical education (from Worley et al.²).

Encouraging signs of a more “linked up” system

- Enhanced partnerships among stakeholders
 - e.g. Workforce conferences, ARRMOS
- Medical Training Board (2007)
 - Link between education and workforce
 - Transitional curriculum
- Undergraduate education initiatives
 - Interprofessional activities
 - Quotas of rural students (2005)
 - Cohorts of students in rural / regional settings for a year
 - *Rural (Otago) 2006*
 - *Pūkawakawa (Northland immersion) 2008*

20 Year 5 students in Northland 2008

- ❑ Regional and rural learning experiences
 - Regional hospital learning
 - Rural GPs and small hospital learning
 - Learning from multidisciplinary teams and community health workers
 - Integrated community-based delivery of health services
- ❑ Equivalent but different programme
 - GP/Integrated care Women's and Children's Secondary Care

The Partnership Project

- ❑ Northland DHB
 - ❑ Refurbished accommodation in Maunu House for 20 students, with IT access for all students
 - ❑ Provided teaching and administration spaces
- ❑ University of Auckland
 - ❑ Curriculum and resource development
 - ❑ Induction and training
- ❑ Hokianga Health Trust
- ❑ Northland PHO and Iwi providers
- ❑ Northland Community Foundation – social integration, projects



"The community has a sense of pride in the ownership of the programme. Co-learning occurs - they gain from teaching us and we share what we have learnt with them"

Te Puawaitanga, Te Wiki o te Hauora Māori



He mihi tēnei ki a koutou ngā uri ma apōpō

Factors important in medical career choice

26 August 2008	Positive experience in clinical attachment	94%
	Positive role model	88%
New Zealand	Flexibility in specialty	82%
	Positive experiences in lectures / teaching	66%
	Area of need in health system	44%
The University of Auckland	Potential for remuneration	28%
	Friend / family member in area	17%
	Student loan debt	11%

Poole & McHardy 2008

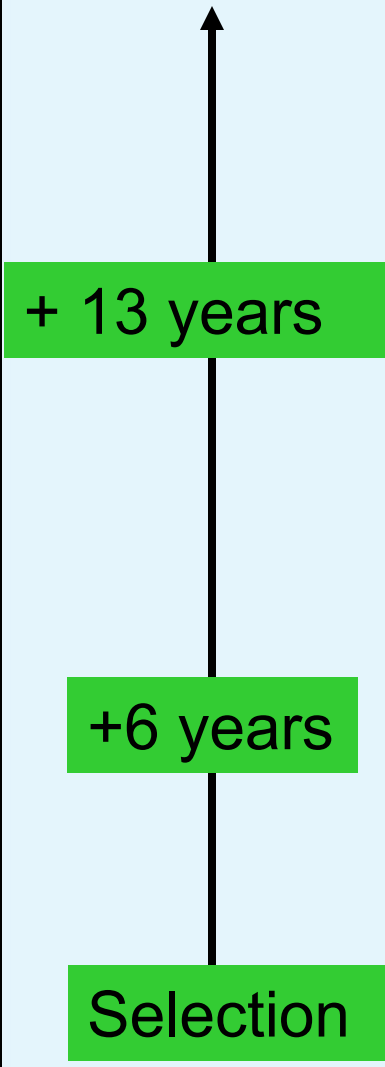
74% reported that their loan would have 'no effect' on career decision.

Stakeholders in the Medical Education Continuum

26 August 2008

New Zealand

The University of Auckland



Continuing Professional Development	21 DHBs, PHOs, GPs Royal Colleges MCNZ, union, patients
Specialty training	Royal Colleges AMC, MCNZ, CTA, MTB 21 DHBs, GPs, union, patients
PGY 1 and 2	21 DHBs, MCNZ, CTA, MTB, union, patients
Undergraduate Medicine	Universities, some DHBs, MOE, TEC, MOH, GPs, AMC, PHOs, MTB, community, patients

Learners

Fundamental relationships in clinical education

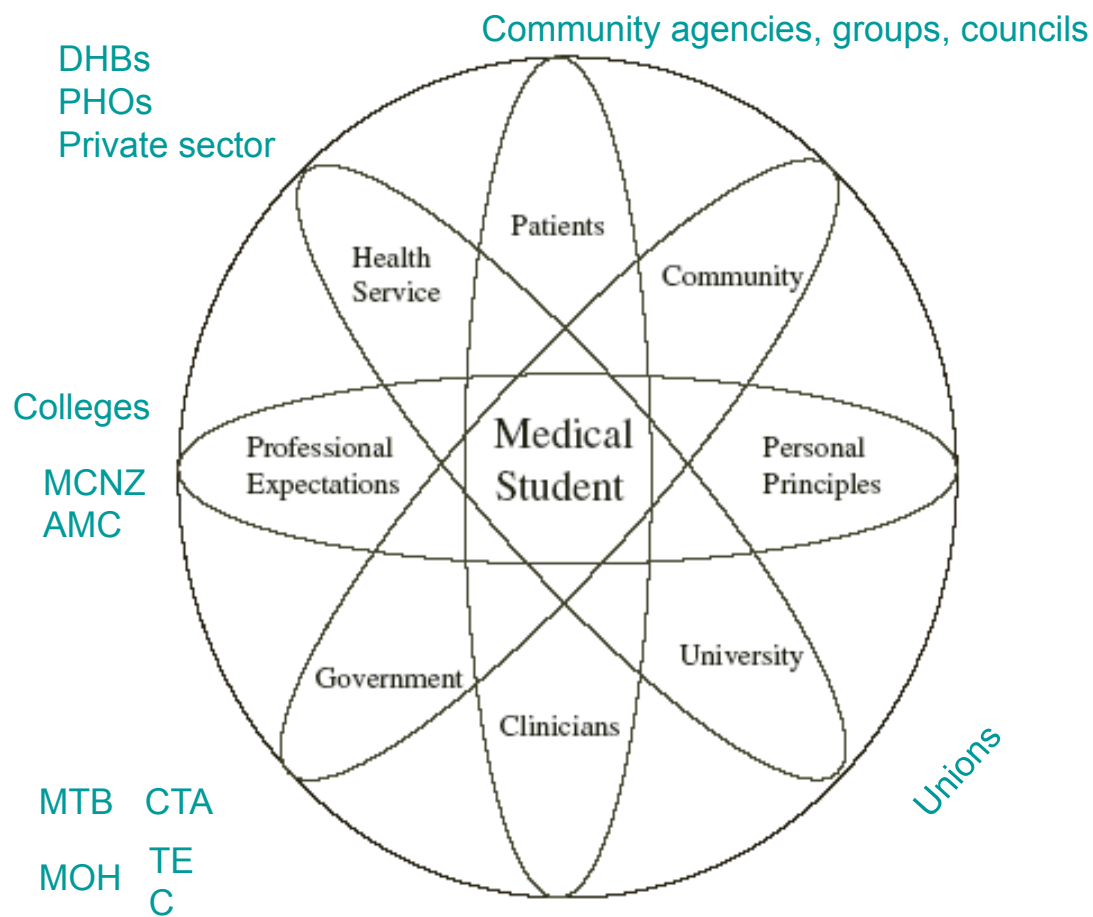


Figure 1. Relationships in clinical education (from Worley et al.²).

Growing health professionals: challenges ahead

1. Promoting sustainable relationships among so many stakeholders
 - Valuing the education and retention of junior health professionals as core business
 - Alignment of efforts and standards
 - Balancing incentives / perverse incentives
2. Prioritising self-sufficiency in health professionals, especially those of Māori and Pacific descent
3. Resourcing \$\$\$



He tangata, he tangata, he tangata

A symbiotic approach among stakeholders

The mutual benefit (common goal) is a sustainable supply of well-prepared health professionals

Arguably, survival

patients
systems
ourselves

Nā tō rourou, nā taku rourou
ka ora ai te iwi

