Medicine Sans Doctors; Workforce Modelling and Future

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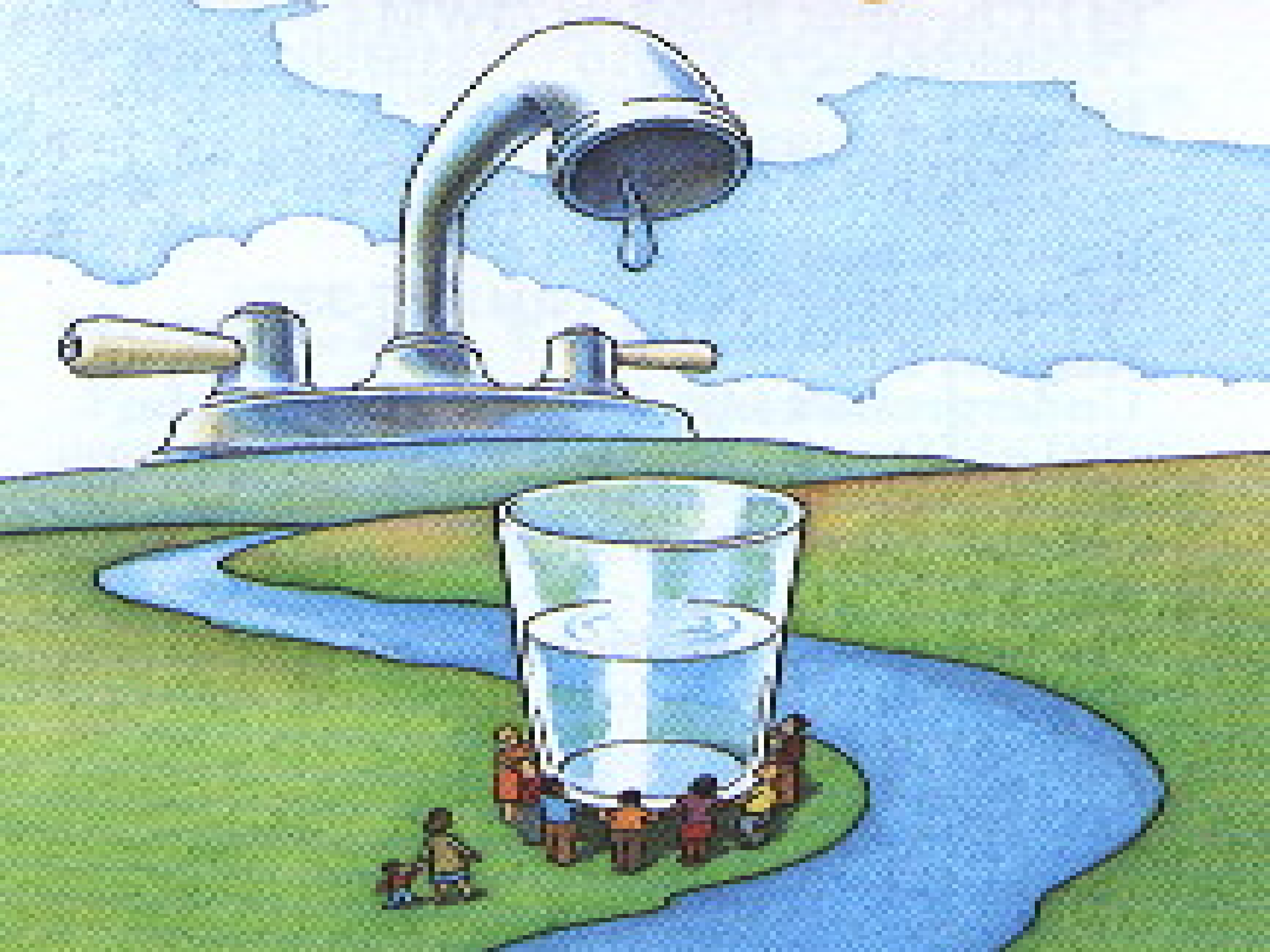
UNION PACIFIC



25 min

Outline

a) Medical Training Board (MTB)
b) Medical Workforce Issues – overview
c) Workforce Modelling
d) MTB Discussion points

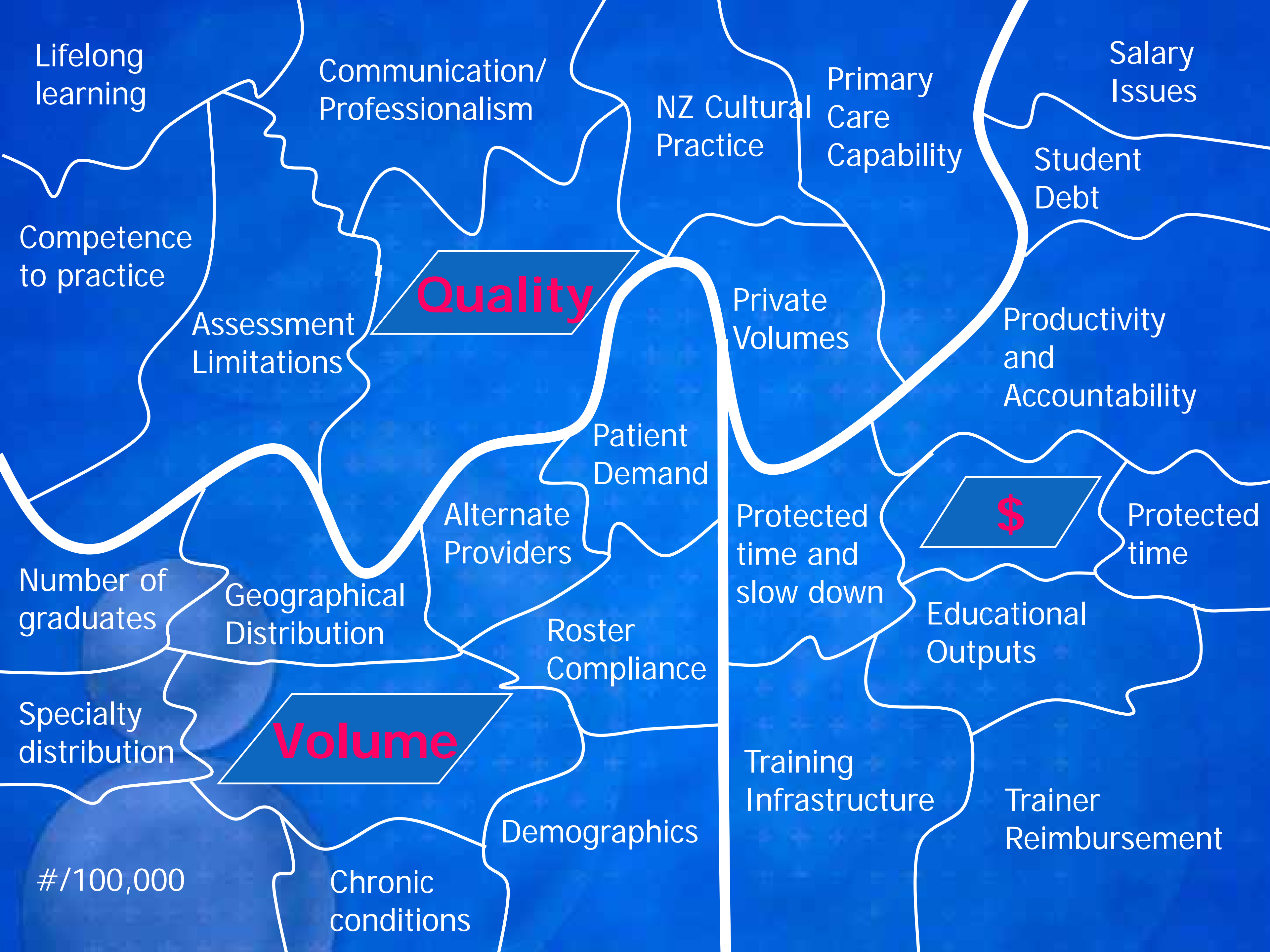
Workforce Taskforce Recommendations

1. a) Medical Training Board
   b) Trainee Intern “registration” from MCNZ
      - competency based assessment
2. Increased volume
3. New role development
4. a) DHB training plans
   b) National Curriculum and training structure
5. General training
6. General practice

Medical Training Board 2008

Len Cook – Chair
Cindy Towns – RMO
Papaarangi Reid – Maori/University
Sue Hancock – GP/College
Iain Martin – Dean
Don Roberton – Dean

Malcolm Futter – CMO/College
Kenneth Clarke – CMO/College
Stephen Child – DCT/College
MOH – Director General
MOE – TEC
David Meates – DHB



Lifelong learning
Communication/ Professionalism
NZ Cultural Practice
Primary Care Capability
Salary Issues
Student Debt
Competence to practice
Assessment Limitations
Quality
Private Volumes
Productivity and Accountability
Patient Demand
Alternate Providers
Protected time and slow down
$
Protected time
Number of graduates
Geographical Distribution
Roster Compliance
Educational Outputs
Specialty distribution
Volume
Training Infrastructure
Trainer Reimbursement
Demographics
#/100,000
Chronic conditions

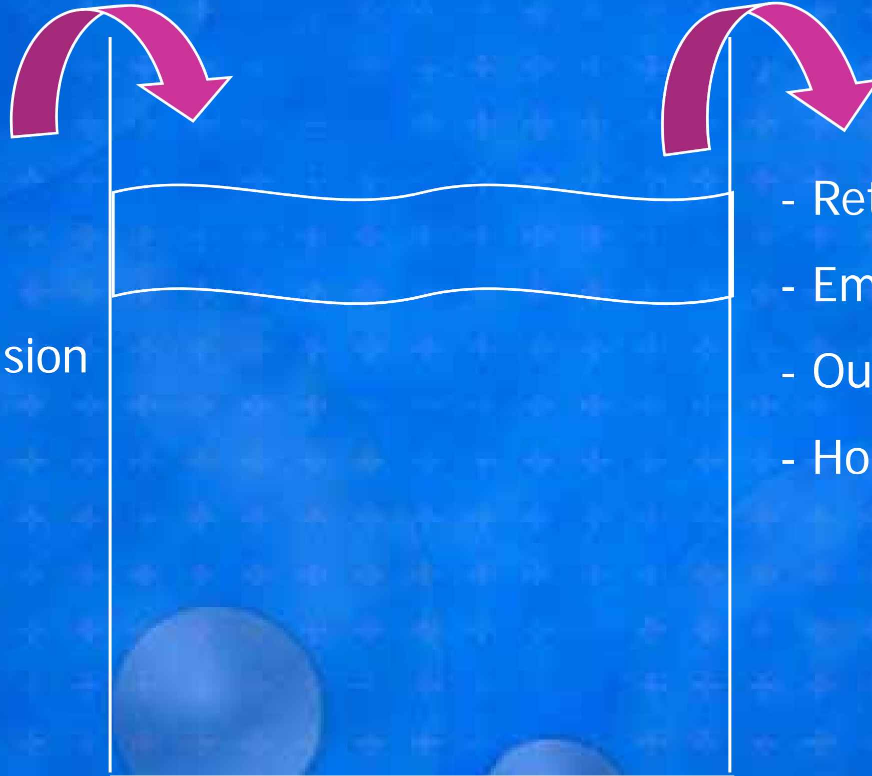
Medical Training Board 2008

Vision :

Provision of a system that will provide the ***right number*** of doctors of the ***right type*** in the ***right location*** to deliver the ***right care*** to New Zealanders

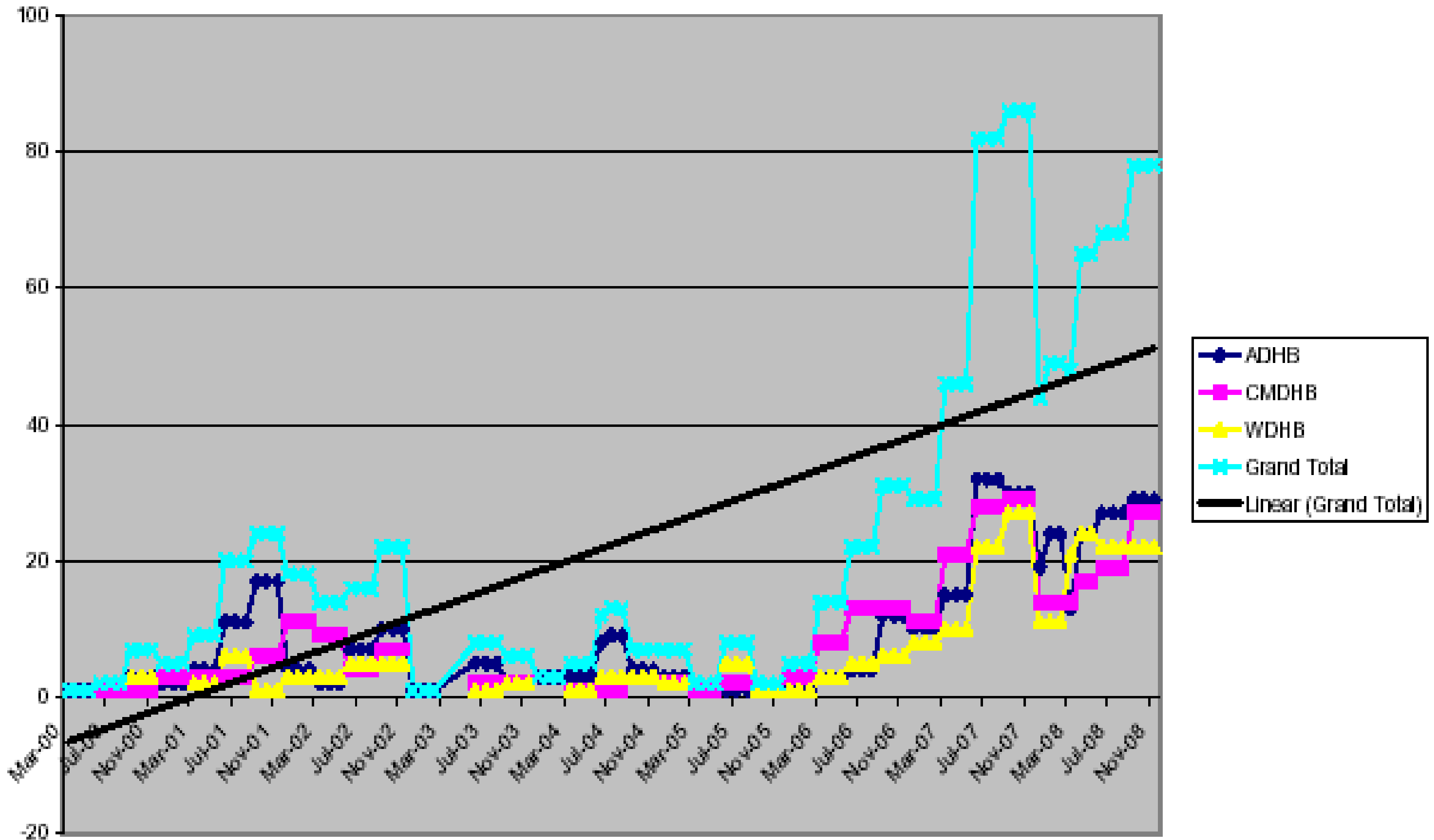
“Right Number”

- Graduates
- Immigration
- Alternate Provision

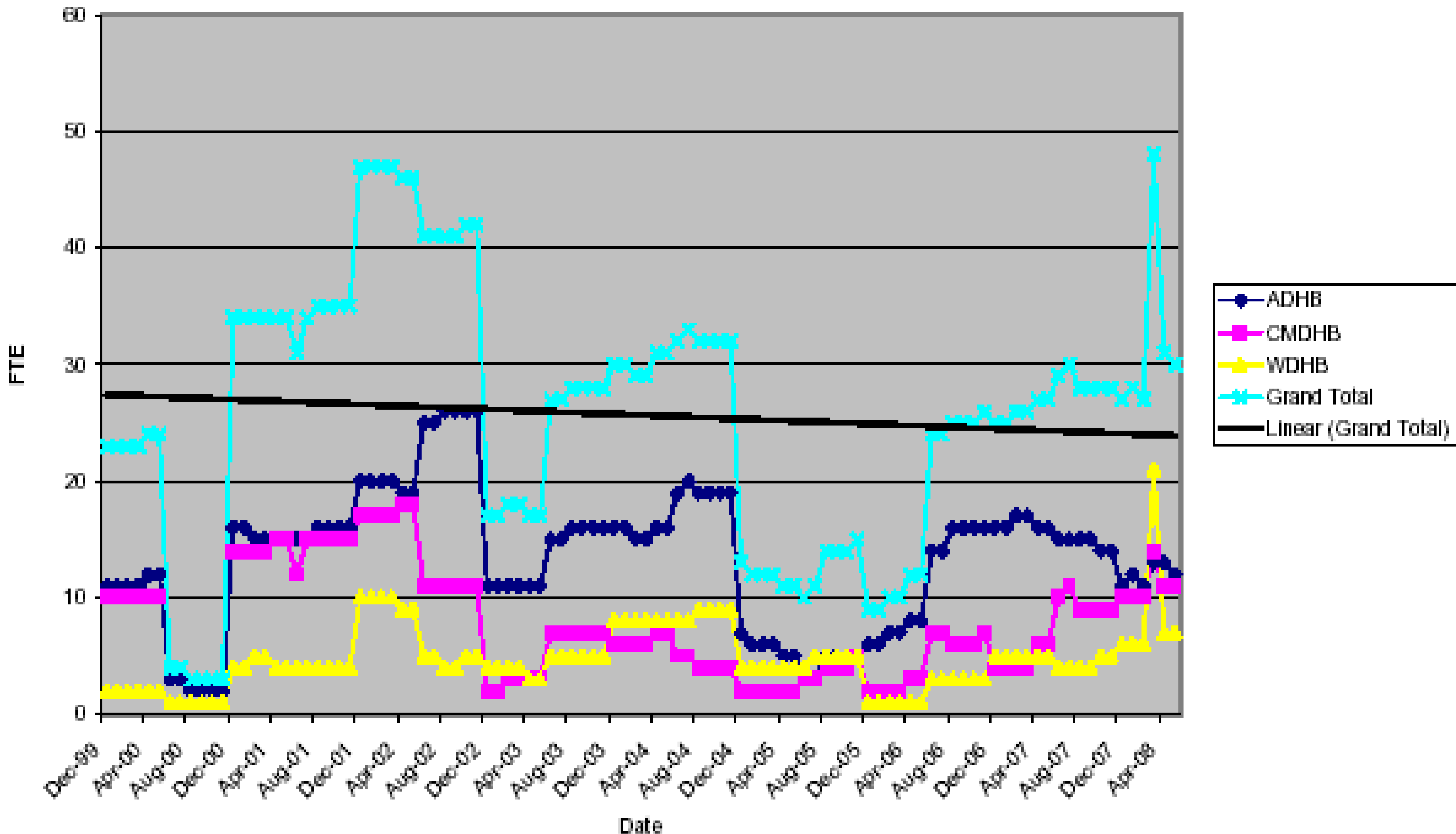


- Retirement / Death / Other
- Emigration
- Output decrease
- Hours reduction

“Right Number”



"Right Number"



Demand

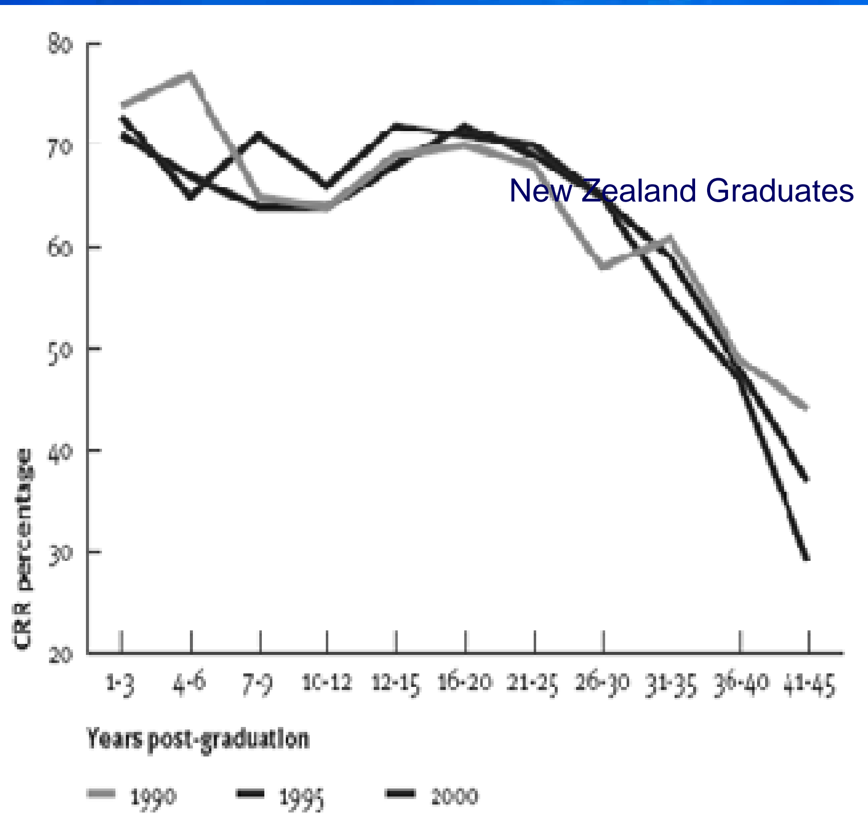
Auckland Region	2001	2007	%
House Officer	266	350	32%
Registrar	504	676	34%

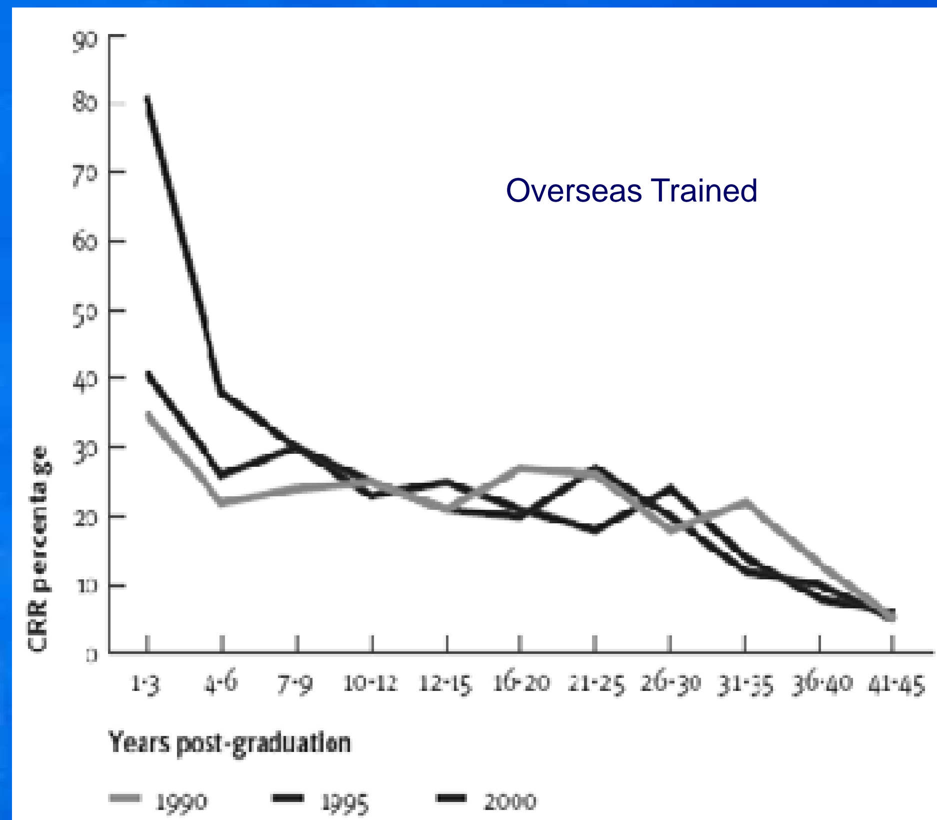
84 increase versus 50 vacancy ?

... National = 14%

14% x 2500 = 350

Percentage of New Zealand graduates and overseas-trained doctors retained in the New Zealand workforce 1990, 1995 and 2000





Source: New Zealand Medical Council (2000)

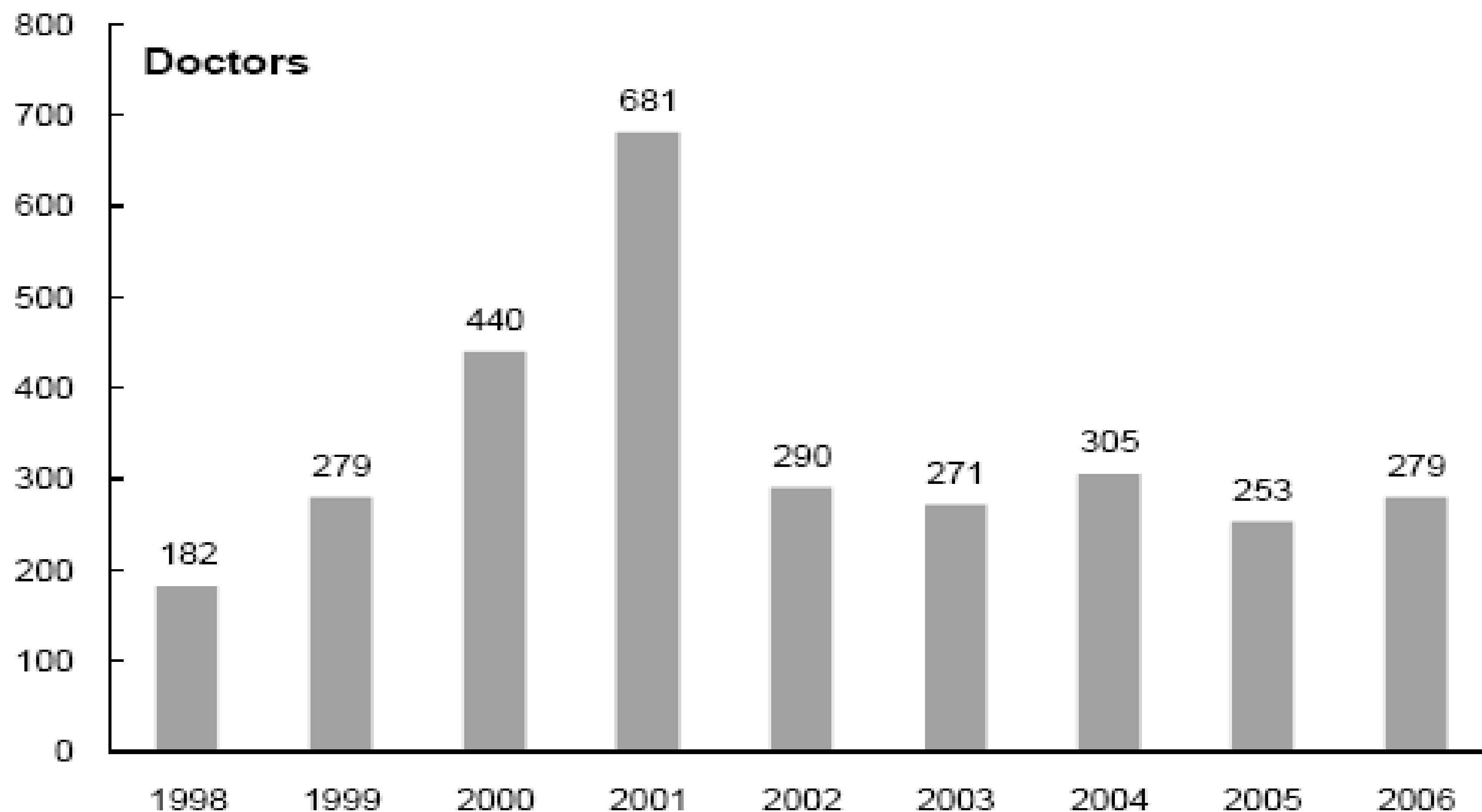
Health Workforce - Doctors

	1994	2004
% Overseas trained	31.9%	34.1%

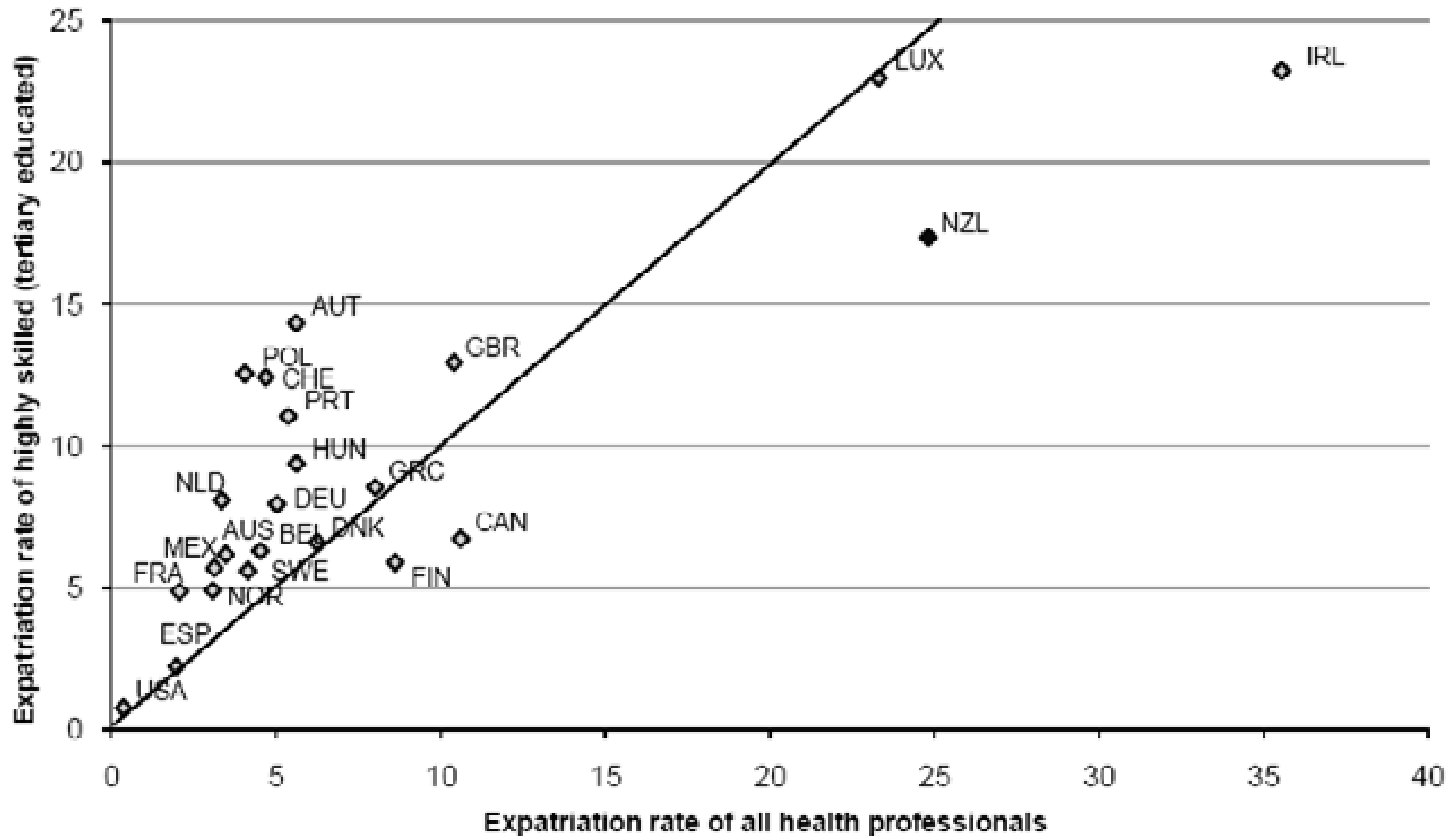
	1991	2006
% Overseas born	41.6%	51.8%

* OECD DELSA/HEA/WD/HWP(2008) 3 – Zurn and Dumont

Yearly permanent and long term arrivals of New Zealand doctors to Australia, 1998 - 2006



Expatriation rates of health professionals and highly skilled, selected OECD countries, circa 2000

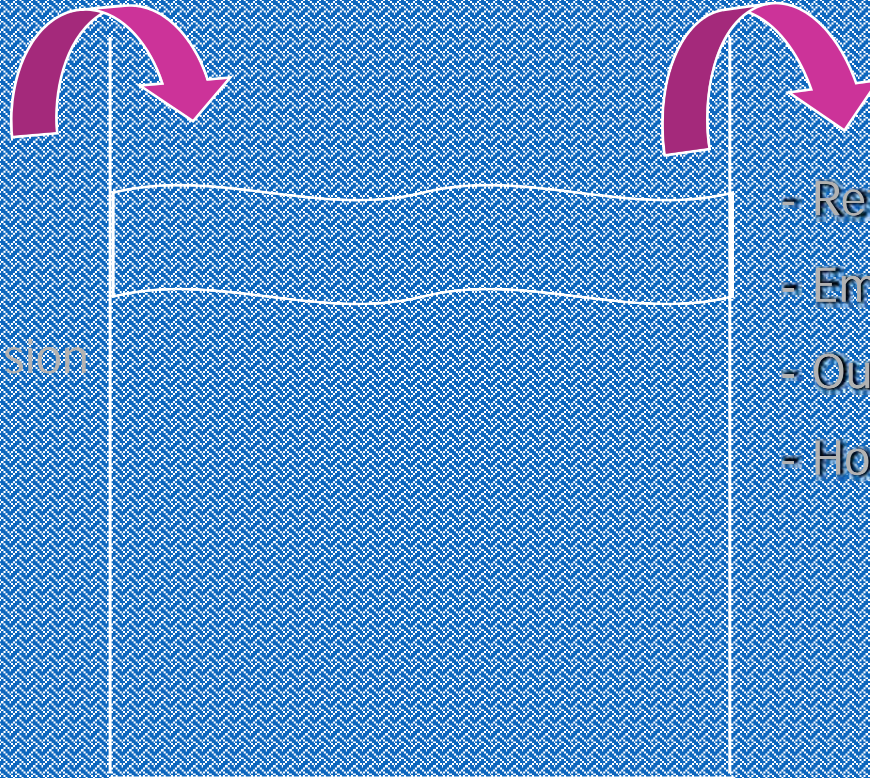


Sources: Dumont and Zurn (2007) and OECD database on immigrants and expatriates

RMO – Departure Reasons

House Officer	Registrar
1. Travel (30%)	1. Career (36%)
2. Rotation (21%)	2. Rotation (18%)
2. Career (21%)	3. Education (11%)
3. Family/Personal (15%)	3. Training (11%)
4. Training Development (10%)	3. Family/Personal (11%)
5. Wages/Salary (3%)	4. Travel (9%)
	5. Wages (5%)

"Right Number"



- Graduates
- Immigration
- Alternate Provision

- Retirement / Death / Other
- Emigration
- Output decrease
- Hours reduction

PUBLIC
MARKET
STEWART
Ryder
Ryder

	Average Surgery
Education	**13.51%**
Info Gathering	12.16%
Personal	6.36%
Testing	11.17%
Consultation	18.40%
Documentation	**15.08%**
Transit	7.48%
Procedures	2.88%
Patient Interaction	**5.24%**
Administration	2.82%
Searching	4.90%
No data	

Pager Study

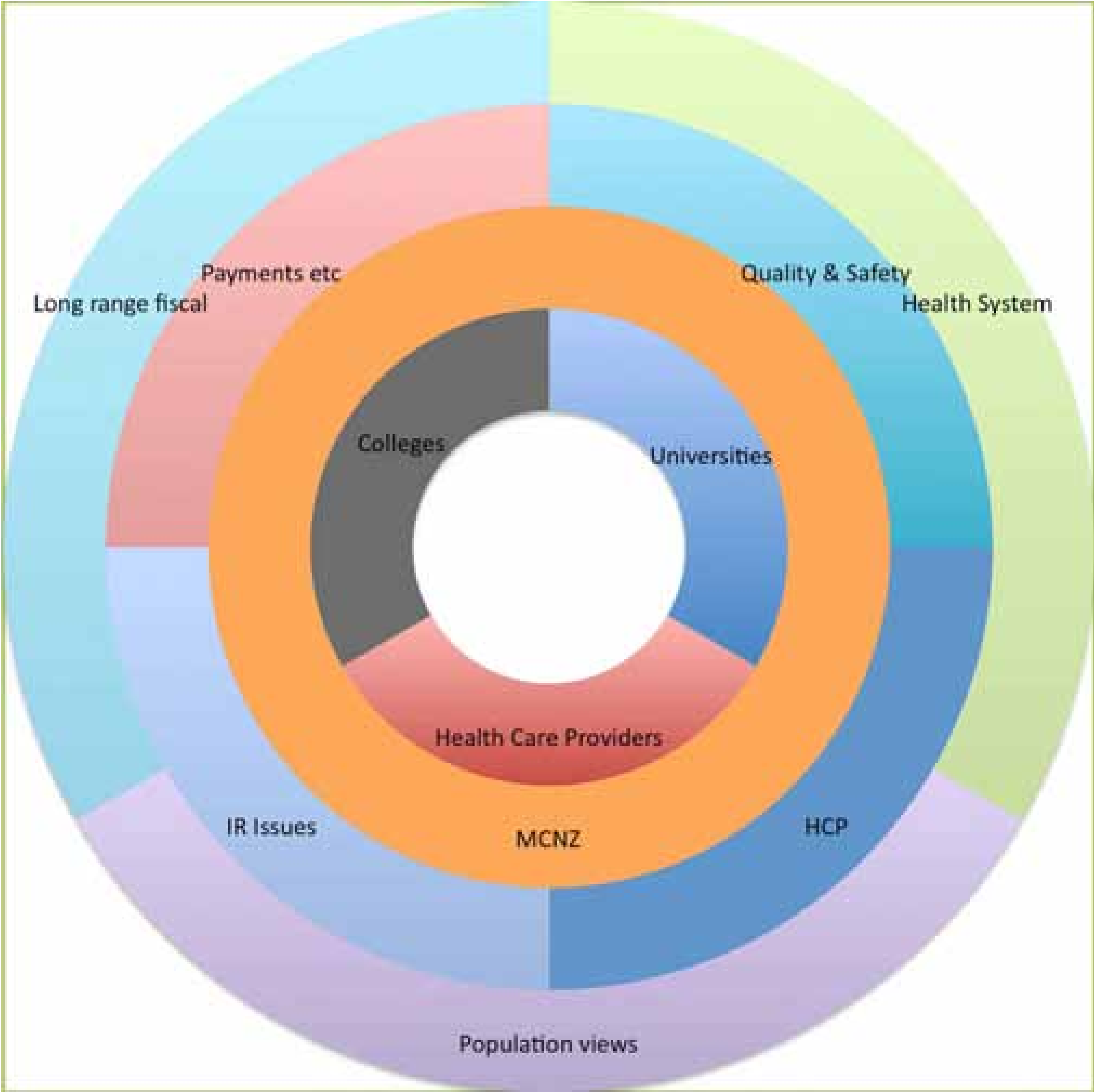
Results

Re-charting meds	53 (6%)
Sleeping tablet	46 (5%)
Fluid recharting	84 (10%)
Re-siting Luer	46 (5%)
Warfarin/Insulin	42 (4.5%)
Total	271 (30.5%)

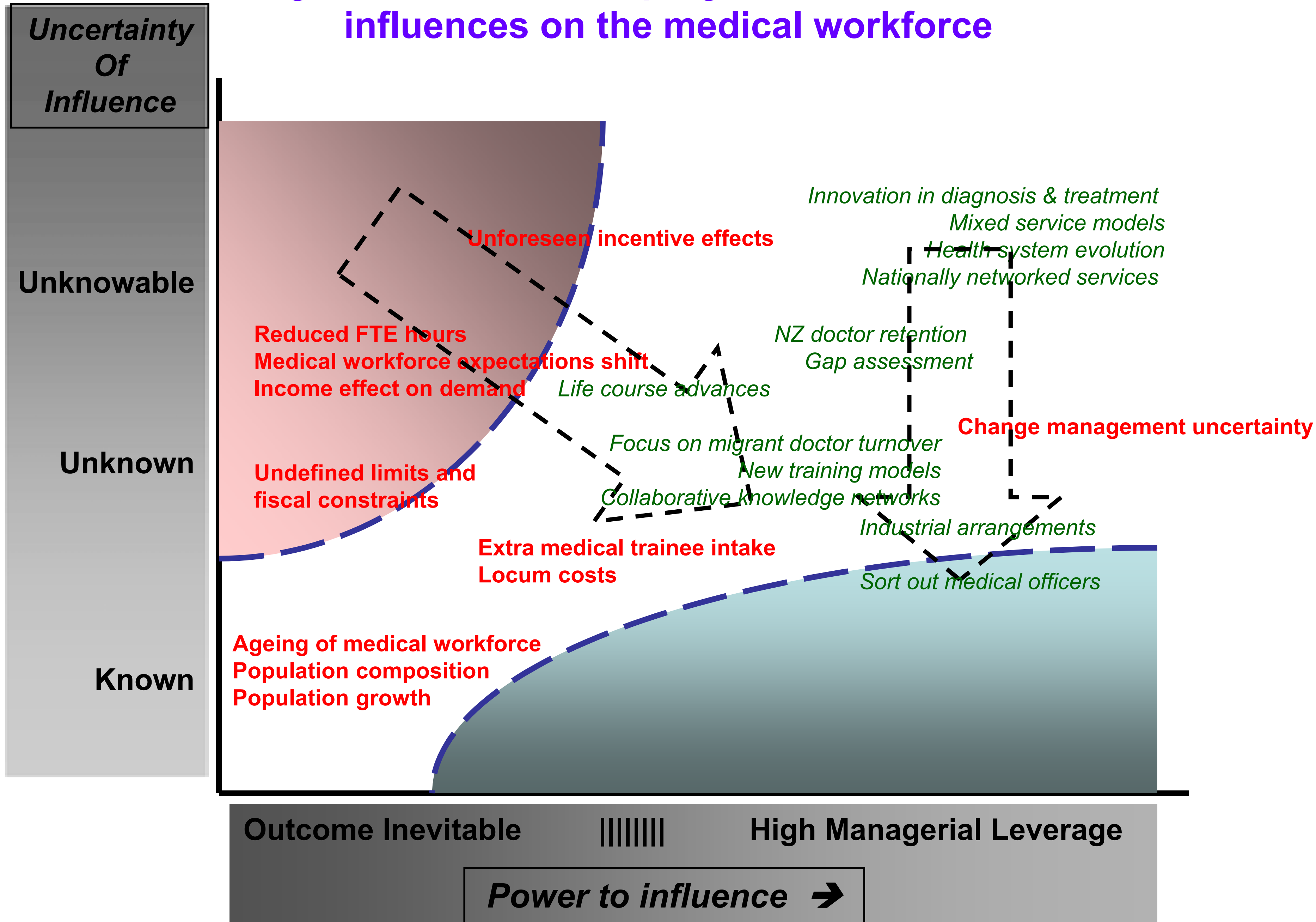
"Right Care"

End of PGY1
% of doctors having performed the named skill

Resuscitation of a newborn	14%
Removal of foreign body from ear	24%
Application of a cervical collar	25%
Application of traction	35%
Bladder catheterisation - female	43%
Chest drain insertion	43%
Closed reduction of a fracture	43%
Joint aspiration	43%
Nasal packing	43%
Placing a nasogastric tube	43%
Reduction of a joint dislocation	43%


Payments etc
Long range fiscal
Quality & Safety
Health System
Colleges
Universities
Health Care Providers
IR Issues
MCNZ
HCP
Population views

A strategic focus for developing information on the known influences on the medical workforce



Medical Training Board

- Met with colleges
- Reviewed HWIP, MCNZ, CTA, OECD data
- Examined pathway – “transition years”
    - Curriculum ?
    - Assessment ?
    - Waypoints ?

Medical Workforce

Issues / Assumptions

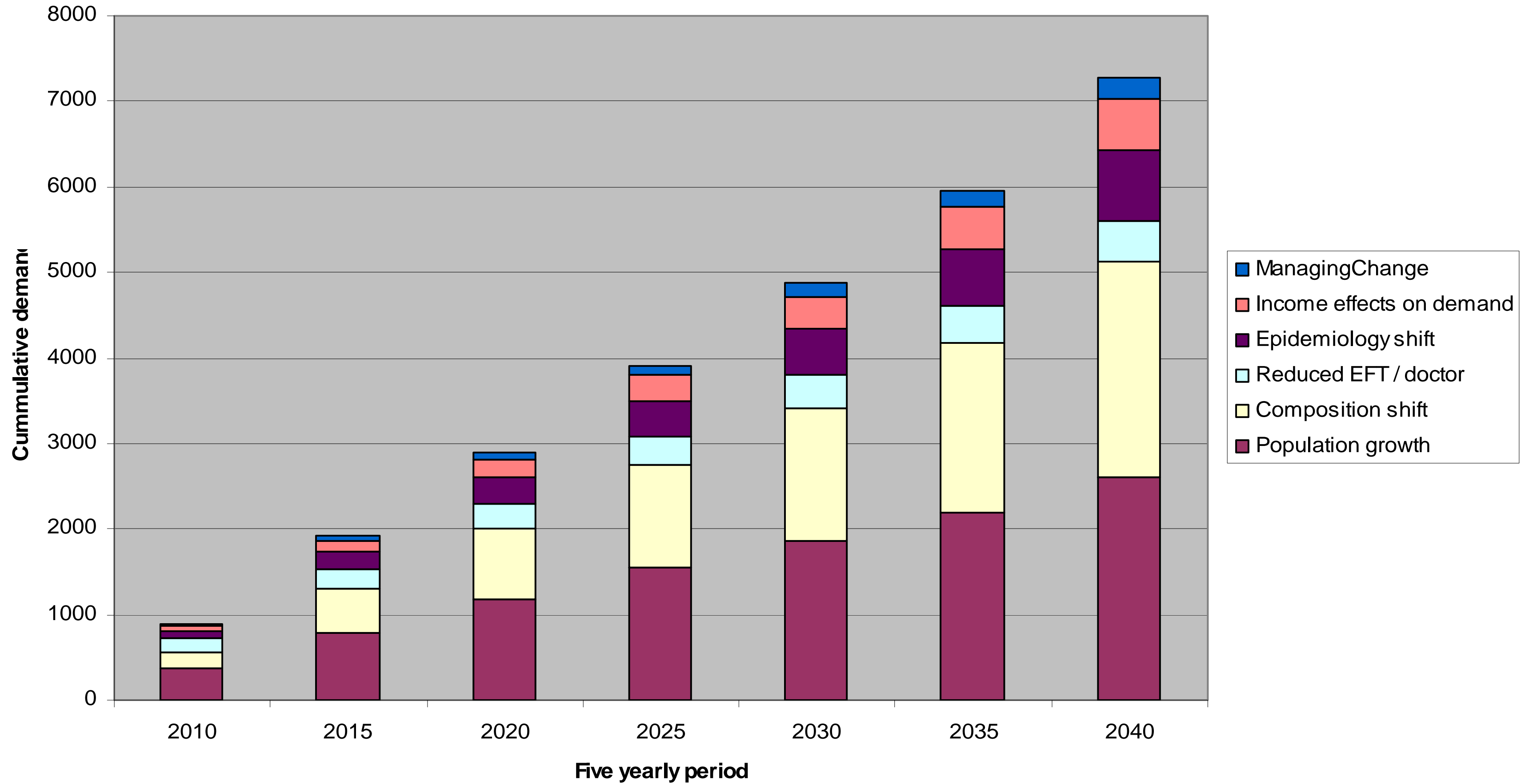
- Increased primary care
- Shift to clinical networks
- Management of chronic conditions
- International impact
- Resource limitations – Physical, people, $

Workforce Model

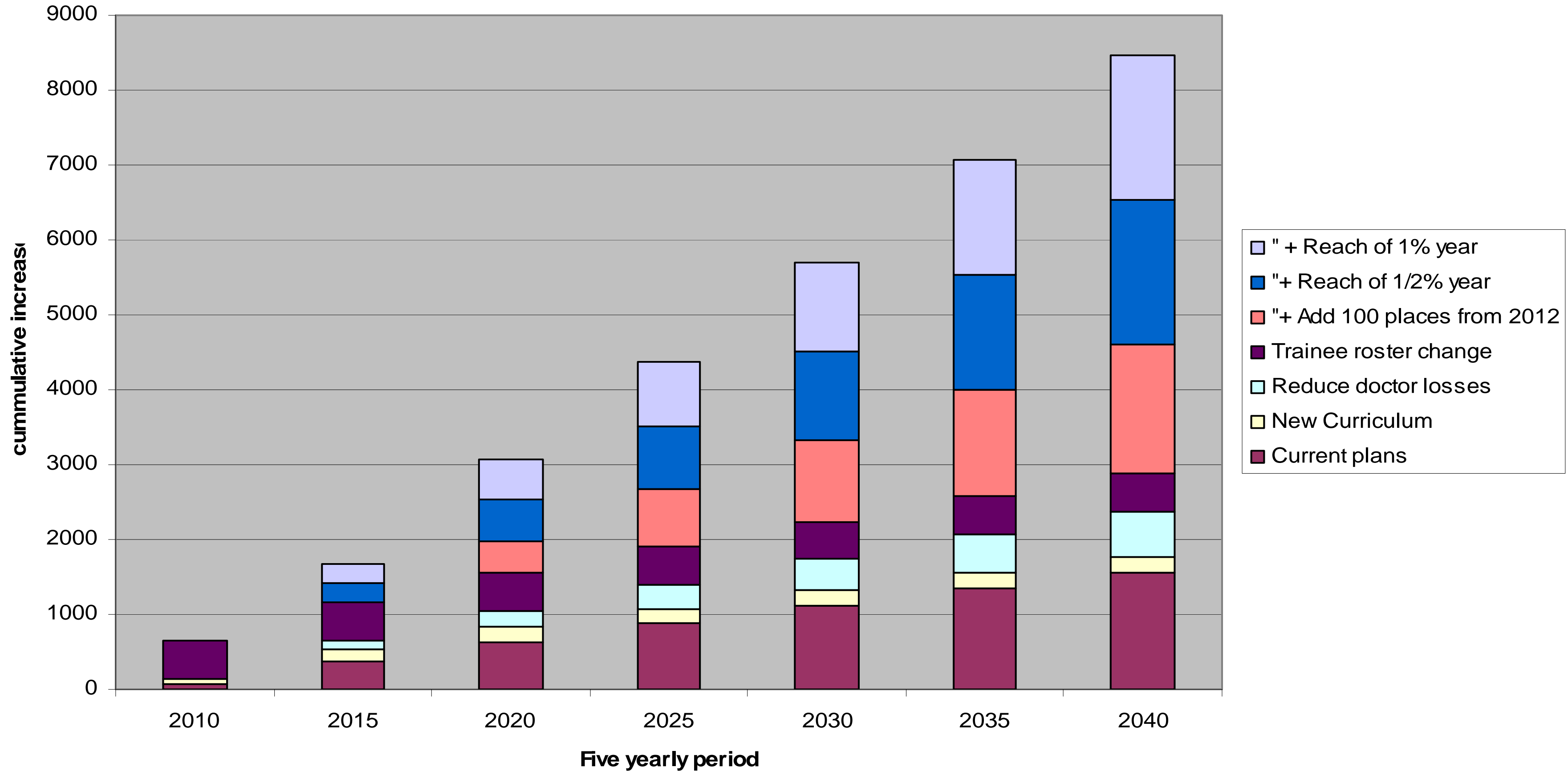
Assumptions – 25 years

- Net self sufficiency – Goal 25% IMG by 2040
- 20% reduction in emigration
- 5% hours reduction
- 1% growth health "productivity"
- "efficiency" gains of service delivery
- 50% will have 1 year shorter training

Demand Projections



Supply Projections



Medical Training Board 2008

Principles

- Pluripotent doctors – "Generalist"
- Enhancement of primary care
- National integrated system – not "serendipity"
- Continuous but flexible learning
- Pursuit of excellence

Medical Training Board 2008

Principles

- Teacher/Student "friendly"
- Integrated with healthcare and future models
- Based on experiential learning
- "Self-sufficiency" (net)
- Affordable

Medical Training Board Recommendations

1. Increase medical school places with continual review
2. National Integrated Training System
3. Competence linked with experience

Significant Issues for Consultation

1. ? Shorten training – undergraduate?
2. ? Assessment system / method
3. Delivery models
4. Teacher support (? Commission)
5. Student employment (? Commission)
6. CTA / TEC funding

Future of Medical Training Board– 08/09

1. Consultation
2. Volumes to specialty level
3. System changes
4. Primary Care