NEW ZEALAND COLLEGE OF
PUBLIC HEALTH MEDICINE

30 April 2019

Submission to the Ministry of Health: Health Workforce

Health Workforce Strategic Priorities

The New Zealand College of Public Health Medicine would like to thank the Ministry of Health: Health Workforce for the opportunity to make a submission on the national strategic health and disability workforce priorities 2019 - 2024.

The New Zealand College of Public Health Medicine (the College) is the professional body representing the medical specialty of public health medicine in New Zealand. We have 222 members, all of whom are medical doctors, including 185 fully qualified Public Health Medicine Specialists, with the majority of the remainder being registrars training in the specialty of public health medicine.

Public Health Medicine is the branch of medicine concerned with the assessment of population health and health care needs, the development of policy and strategy, health promotion, the control and prevention of disease, and the organisation of services. The NZCPHM partners to achieve health gain and equity for our population, reducing inequalities across socioeconomic and cultural groups, and promoting environments in which everyone can be healthy.

Background

The purpose and scope of this consultation on the national strategic health and disability workforce priorities 2019 – 2024 is described on the Health Workforce website as follows:

> The strategic priorities will provide a clear and pragmatic shared direction in the medium term for the overall health workforce, while allowing and enabling initiatives across the sector that will grow, support and develop specific workforces. The intention is for these agreed priorities and actions to offer the greatest benefit to the greatest number.
>
> The priorities and actions will be built around the consumer, whanau and community, with the aim of improving outcomes and wellbeing. They will contribute to the wider health priorities of improving equity, improving child wellbeing and developing a primary care focused health system.

The College is not aware of any further background information on the scope and purpose of this review and is not represented on any Health Workforce working groups. We welcome this opportunity to add our perspective.

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Priorities for the attainment of health and wellbeing for all New Zealanders

In 2017, the College identified what it believes to be the eight key priorities for the attainment of health and wellbeing for all New Zealanders.[1] We believe these priorities are still as relevant today. These priorities are:

i. Improving Māori health. Prioritise Māori health and achieving health equity for Māori as a focus for health policy and action by policy-makers and practitioners working at all levels of the health and disability sector.[2]
ii. Achieving health equity. This will require taking a whole-of-government approach to improving health and reducing health disparities. [3]
iii. Reduce child poverty rates and improve child health. This will require a whole-of-government plan to reduce child poverty which identifies greater, sustained investment in policies and services for children, particularly in early childhood. The plan should include active surveillance and reporting of measurable targets. [4]
iv. Mitigate climate change. The College recognises climate change as both a serious risk to global public health, development and equity, but also an unprecedented opportunity to improve health and health equity and reduce costs for the health sector. We believe that urgent action from the public, institutions and government is necessary to address climate change across society, fairly. [5,6]
v. Improve the quality and quantity of New Zealand's housing stock. This will require ongoing efforts to develop and implement a long-term housing plan that prioritises healthy housing for our population.[7]
vi. Support New Zealand to be smoke-free by 2025. A national smoke-free 2025 action plan, including specific measures to ensure that Smokefree 2025 is achieved for Māori and Pacific peoples is urgently required.[8]
vii. Address childhood obesity. A commitment to tackling childhood obesity and to coordinating contributions and policy across all government sectors and institutions is needed.[9]
viii. Reduce harm from alcohol consumption. This will require strengthened measures to change New Zealand's drinking culture and reduce the hazardous consumption of alcohol.[10]

A further priority area for action is to improve the mental health and wellbeing of our communities, by means of taking a public health approach to mental health and prioritising and funding mental health prevention and mental wellbeing promotion.[11]

The College's view is that a focus placed on these priorities would significantly improve health and wellbeing for all New Zealanders. To achieve this would require an increased and sustained investment in effective public health policy, programmes and services. This expenditure should not be seen as a budgetary cost, but rather as an investment:[12]

- Research indicates that investment in core public health activities adds value to the health sector and also helps to control the demand for other health services, thus reducing the burden on the health system.[13,14] The Organisation of Economic Co-operation and Development (OECD) predicts that nations' healthcare costs will double by 2050 with a

business-as-usual model.[15] Investing in cost-effective core public health activities is therefore essential.

- Evidence indicates that public health interventions are cost-effective (with some being cost-saving for healthcare systems and even revenue-raising for government) and contribute to improvements in health outcomes in the short, medium, and long term.[13,16,17,18,19] A systematic review from 2017 assessed return on investment of public health interventions in high-income countries with universal healthcare (including New Zealand).[20] This review indicated that local and national public health interventions contribute to long-term health gain, with a median return on investment of 14:1 for health spending.[20] Considering these benefits, it is important that governments view and consider public health spending as a high-value investment, rather than a budgetary cost.[21,22]

Strategic workforce priorities

Delivery of effective public health policy, programmes and services as outlined above will require a strategic focus on the development of the public health workforce at all levels, including:

1) A national strategy that guides public health workforce development. In this regard, we note that Te Uru Kahikatea: Public Health Workforce Development Plan 2007 – 2016, is out of date and consultation has not yet taken place around its replacement. The supporting documents Taeao o Tautai: Pacific Public Health Workforce Development Implementation Plan 2012 – 2017 and Te Uru Kahikatea Māori Workplan 2011 – 2017 are also out of date.
2) Adequate funding for the development of the public health workforce, at all levels.
3) Training opportunities offered to health professionals in other areas or medical scopes to ensure improved understandings of public health perspectives and greater collaboration and coordination of initiatives across the health spectrum.

The College would like to see this area included as one of the strategic priorities of New Zealand's health and disability workforce. Although the public health workforce is small, its footprint and impact are large: Public health has historically been the biggest driver of improved population health.[23] Advancements in public health in the last 100 years, such as vaccination, control of infectious diseases through clean water and improved sanitation, and the recognition of tobacco use as a health hazard, have led to significant improvements in health and wellbeing, and a substantial increase in life expectancy.[24]

Public health medicine workforce

Heath Workforce currently provides funding for the College's training programme for the speciality of public health medicine. This includes funding for registrars in basic training as well as an endowment for employers of advanced trainees.

We are grateful to Health Workforce for the funding provided to the training programme. However, the number of funded training positions for public health medicine has reduced in recent years,

leading to lower registrar numbers in the training programme despite an increasing number of high-quality applicants. Consequently, there are lower numbers of specialists exiting the programme.

Health Workforce data[1] on workforce projections for public health medicine shows the following:

- In 2018, there were 170 PHMS holding practicing certificates in New Zealand (165 full-time equivalent).
- The number of public health medicine registrars entering the system has diminished sharply since the early 2000s. These figures are shown in the table below.

  Public health medicine training programme entries, 2007 – 2018[2]

2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
13	14	11	10	8	11	4	10	8	7	3	5

  The number of international medical graduates (IMG) entering the country as PHMSs is also low. (Note that the one-year retention rate for newly qualified or newly recognised PHMS is 94% and the five-year retention rate is 86%: these rates are higher than average for the medical workforce.)
- The decrease in PHMSs entering the system has begun impacting on the total number of PHMSs holding practicing certificates – the decline began in 2016, and is projected to continue to at least 2021, even if the number of incoming registrars were dramatically increased in 2019/ 2020. At an estimated intake rate of approximately six per annum (including both training programme and IMG route), the total number of PHMS in NZ in 2027 will be 153.
- The number of PHMS per 100 000 population is currently at 3.54 (headcount, 3.44 FTE). At an estimated rate of intake of 6 per annum (including both training programme and IMG route), it is expected to be 2.87 (headcount, 2.78 FTE) by 2027.
- There is no evidence that the current level of PHMS staffing is adequate. Anecdotally, many DHBs are struggling to recruit to vacant Medical Officer of Health positions.
- In order to keep the rate at its current level, an annual intake of 15 or more PHMS would be required. Given that not all of those admitted to training subsequently complete and enter the workforce as PHMS, this would suggest that, at a minimum, the programme intake should be 10 candidates per year.

Whilst the public health medicine speciality is small, we believe it is crucial: public health medicine specialists (PHMS) fill essential roles as Medical Officers of Health in the various DHBs, as epidemiologists, academics, policy advisors and managers in the health sector. There is a strong risk that, if the current level of funding and intake to the training is continued, numbers in this scope will continue to decline.

We hope that in reviewing its strategic priorities, Health Workforce takes the training needs of public health medicine and the public health sector more broadly into account.

[1] Data provided by Health Workforce, 2018
[2] Data in this table is from College records, 2007 - 2018

Thank you for the opportunity for the NZCPHM to submit on the national strategic health and disability workforce priorities 2019 – 2024. We hope our feedback is helpful and are happy to provide further clarification on any matter covered in this submission.

Sincerely,

Dr Felicity Dumble, President, NZCPHM

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