

**MEDICAL**

**TRAINING BOARD**

**COLLATION OF DISCUSSION  
PAPERS RELEASED ON 30  
SEPTEMBER 2008**

30 September 2008

## Medical Training Board

The Medical Training Board was established by the Minister of Health and the Minister for Tertiary Education in response to a recommendation from the Workforce Taskforce, which reported to the Ministers in May 2007.<sup>1</sup>

### Key issues

The Taskforce identified the following key issues from earlier working party reports that needed urgent attention:<sup>2</sup>

1. There is an overall shortage of medical practitioners, evidenced by the use of locums and reliance on overseas-trained doctors, which will be exacerbated in the future as the population ages and competition for medical practitioners increases in the international market.
2. New Zealand needs to train more medical practitioners locally to meet the demand. To achieve this, the level of the cap on funded undergraduate medical school places should be raised and further clinical training positions made available.
3. There is a 'maldistribution' of the available medical workforce, with rural and non-metropolitan areas finding it increasingly difficult to recruit and retain doctors.
4. Māori and Pacific peoples are currently under-represented in the medical profession in New Zealand. Those from lower socioeconomic backgrounds are also under-represented. There is a need for strategies to increase recruitment into medical schools from these groups.
5. The quality and relevance of medical education and training could be improved by greater continuity between undergraduate medical education and subsequent clinical training and increased responsiveness of the whole system to the needs of the health sector.
6. The health sector is complex, and there are many players involved in educating and training medical practitioners. There is a need for a central body to coordinate and oversee medical education and training.

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<sup>1</sup> Workforce Taskforce. May 2007. *Reshaping Medical Education and Training to Meet the Challenges of the 21st Century*.

<sup>2</sup> Medical Reference Group, Health Workforce Advisory Committee. 2006. *Fit for Purpose and for Practice: Advice to the Minister of Health on the Issues Concerning Medical Workforce in New Zealand; The Training of the Medical Workforce 2006 and Beyond*.

7. The difficulties for training in clinical settings created by the inherent tension between service delivery and training needs, the changing service delivery patterns in public hospitals, and the implications of industrial agreements over the last 20 years, are putting pressure on the current apprenticeship model.

The Taskforce recommendations follow similar themes to those identified in other countries such as the United Kingdom (UK), Australia, Canada and the Netherlands. In approaching its task, the New Zealand Medical Training Board realised that there is therefore an opportunity to learn from international experience.

Given the commonality of concerns in these countries, the Training Board has studied their experiences. More recently, an inquiry *Aspiring to Excellence*, led by Sir John Tooke in the UK, documents the development of the UK programme for Modernising Medical Careers. In examining the strengths and weaknesses of the programme that had been put in place to change postgraduate medical education and training in the United Kingdom<sup>3</sup>, the Tooke report included the:

- lack of meaningful consultation with the profession;
- lack of funding and incentivisation for those delivering education and training;
- failure to ensure that changes in the structure of postgraduate training were guided by clear principles that embraced a broad base in the early years, flexibility, and the pursuit of excellence; and
- need for workforce planning to account for the impact of changing patterns of healthcare on future medical workforce size and structure.

In an effort to avoid these pitfalls, the Medical Training Board began its work with the development of a clearly articulated mission, with an agreed vision statement, and with underlying core values as follows:

## **Mission**

The Medical Training Board's mission is the oversight and coordination of an integrated system of medical education and training, to meet the current and future needs of the medical workforce for New Zealand.

## **Vision**

The Board aims to ensure that New Zealand has access to a high quality medical workforce trained in a sustainable, integrated system, that values both trainees and trainers, and provides the right number of the right type of doctors providing the right care in the right location to meet the health care needs of the entire population.

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<sup>3</sup> Professor Sir John Tooke January 2008 *Aspiring to Excellence: Final Report of the Independent Inquiry into Modernising Medical Careers*.

## Values

The Board works to ensure that the system of medical education and training is of:

1. High quality: that education and training are provided within a high quality supportive framework and environment.
2. National: that issues are considered at a national level, reflecting the unique needs and requirements of New Zealand.
3. Integrated: that a system is in place that makes a reality the lifelong continuum of the medical education and training system.
4. Adaptable: that the education and training system recognises the need for change in both patient needs and population requirements.
5. Continuous: that coordination and commonality of process and outcomes (where appropriate) are evident across the system.
6. Patient-centred: that the education and training system is focussed on the needs of the patient, the community, and the population.
7. Recognising and valuing the unique role of doctors: the training system recognises, supports and enhances the role of doctors (both trainees and trainers) within an integrated and multidisciplinary health care team.

The New Zealand health system is extremely complex. The Board rapidly realised that it is impossible to make minor changes to one aspect of the system without having a significant impact on other areas of the health system. For this reason, the Board has, at times, made comments on aspects of the New Zealand health system that initially would appear to be outside the ambit of the Training Board. However, we make no apologies for this as we believe that it is essential for the development of a system capable of addressing the challenges facing the future workforce of New Zealand.

Consultation and wide stakeholder engagement is vital for success in any quality improvement or change system. The Board has researched, debated and discussed many aspects of medical training in New Zealand and has begun to develop some preferred solutions for the way forward. Not all of these solutions are unanimously endorsed by members of the Board, and the Board is fully cognisant that there may be better solutions or ideas from the wider community.

For this reason, the Board has decided to produce draft options and three discussion papers to stimulate debate and feedback from the New Zealand health and lay community.

The Medical Training Board intends to consult widely over the subsequent six to nine months and collate feedback in a formal fashion. It intends to publish more definitive recommendations early in 2009 regarding changes

required to develop a robust, flexible, integrated system to meet the future workforce needs.

A brief summary of our discussion papers is as follows:

## **Integrated and Coordinated Medical Training**

In this paper, an individual author begins to address the question of “why the need to change for our education system?” The paper outlines the need for a continuum of learning as well as a nationally integrated framework for learning. It proposes a potential structure for education and outlines some of the principles of a competency-based education system.

## **The Curriculum Framework**

This paper was the end product of a joint piece of work commissioned by the Medical Council of New Zealand and the Medical Training Board. It aims to address the question of “how should doctors be trained?”. The paper proposes the adoption of a modified set of competencies from the Australian Junior Doctor Curriculum Framework, and defines the competency levels. It attempts to integrate these competencies with the New Zealand undergraduate curriculum and Australasian post-graduate framework in an effort to smooth the continuum of learning. Finally, it discusses a potential assessment programme and educational delivery system. Again, it should be noted that this paper does not necessarily have the full endorsement of the Medical Council or the Medical Training Board. Rather, it is a useful starting point for discussion and healthy debate in an effort to find a robust education system to ensure competent medical staff for the future.

While the Medical Training Board will be conducting a full consultation process for all aspects of its discussion papers, there will be a focussed parallel consultation conducted in partnership with the Medical Council of New Zealand on this particular discussion paper and the issues raised.

## **The Future of the Medical Workforce**

This large paper addresses the key question of “How many doctors should we train?”. The paper reviews all of the major drivers for both supply and demand of the future medical workforce and identifies our limitations in accurate information for predictions. The paper makes a recommendation for increased medical student numbers in an effort to meet the principle of net self sufficiency in New Zealand. This recommendation, however, is only a small part of the changes that are required to meet future demand and will have a long lag time before any benefits would be potentially gained.

## Prerequisites for the delivery of mission

In order to achieve its mission, the Training Board also identified a number of prerequisites that it believes are required for the successful delivery of a medical education and training system. Such a system would require:

- a national approach to the coordination of health service provision, education and training;
- the national integration of, and continuity for, the education and training of the medical workforce;
- increasing the numbers in training;
- improved infrastructure for learning and support for teachers; and
- integrated assessment of competencies during training.

Given this underlying core vision, and the values and prerequisites for success, the Medical Training Board suggests the following draft options prior to the first broad consultation round:

## Options

1. That a national integrated medical training body be established to provide strong national and regional leadership for the implementation of the system of medical training:
  - This body must work within the system New Zealand currently has, but continually recognise, respond to, and drive change. It will require additional investment to ensure excellence in systems processes and full support for teachers and an educational system framework.
2. The numbers entering training need to be increased:
  - A national cap on the number of medical students should be retained but the numbers included within the cap could be increased. A policy of overall net self-sufficiency for medical practitioners should continue to be advocated and for the basis for workforce estimation.
  - Numbers entering each vocational branch must be considered and drivers for changing distributions identified, at all times ensuring the focus on generalist skills.
3. The educational philosophy behind the training system should be a balanced mixture of experiential and competency-based learning, to deliver excellence in educational outcomes.
4. The needs and requirements of education and training to produce the sustainable future workforce for New Zealand health care should be systematically integrated across the entire spectrum of health care organisations within New Zealand.
5. The Medical Training Body will ensure that training is matched with new and improved models of healthcare delivery; in particular the

move to clinical networks and the increasing role of primary and community care.

## **Conclusion**

In summary, the Training Board has extensively researched and debated the aspects of medical education and the future workforce. It has proposed draft options and presents three discussion papers that further elucidate some of the underlying issues. The Board now intends to initiate a broad consultation phase to receive feedback from the wider community. This feedback will be collated and the Training Board will then modify or even delete some concepts for its more definitive recommendations paper in 2009.

The Training Board is fully cognisant of the ongoing parallel workstreams of:

- Resident Medical Officer independent commission;
- Senior Medical Officer independent commission;
- Ministry of Health Long-Term System Framework;
- District Health Boards New Zealand Future Workforce; and
- MidCentral District Health Boards regional planning work.

The draft recommended options are intended to integrate with the work of these groups and even to assist these groups in their deliberations. It is intended that the Board's papers will act as a focus for discussion regarding many of the key challenges facing the future workforce.

The Medical Training Board has sought to provide an analytical basis for the very necessary engagement of the health community and wider communities of New Zealand in developing solutions to the huge challenges that face the New Zealand medical workforce in the years to come.

Len Cook

Chair

Medical Training Board

## **Consultation**

The Medical Training Board would welcome your comments on any or all of these discussion papers and will be conducting a series of forums starting in November (notice of these will be advised when details are finalised). You can also give comments to

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The closing date for comment is 16 January 2009.