

## Aide-Memoire: Advice on the School of Rural Medicine Cabinet paper

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<b>To:</b>	Hon Chris Hipkins, Minister of Education
<b>From:</b>	Tim Fowler, Chief Executive
<b>Date:</b>	19 October 2018
<b>Reference:</b>	AM/18/00749

### Purpose

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1. Your office has requested advice on a paper that the Minister of Health is submitting to the Cabinet Social Welfare Committee (SWC) on Tuesday 23 October 2018. This paper recommends rescinding the previous Government's decision to establish a School of Rural Health, which we have previously briefed you about<sup>1</sup>, and replace it with a wider programme of work to address the issues associated with access to health care. Talking points are attached in Appendix 1.
2. We recommend that you release this aide-memoire in full once a decision has been made by Cabinet.

### Rescinding the decision to establish a School of Rural Medicine

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#### The School of Rural Medicine responded to two proposals, which attempted to address issues with rural healthcare

3. In September 2017, Cabinet agreed in principle to establish a School of Rural Medicine [CAB - 17-MIN-0464 refers] through a competitive tender process with a maximum cost of \$300 million. This initiative was intended to address the maldistribution issue within the medical workforce that results in rural areas having poorer access to doctors than urban areas.
4. The decision was made following the submission of two proposals. The first proposal was submitted by the University of Waikato and the Waikato District Health Board (DHB). This proposes establishing a new post-graduate entry medical school that would focus on recruiting students that are more likely to choose a rural career, and providing enhanced rural training experiences to encourage students to enter rural practice on graduation.
5. The second was from the University of Auckland and University of Otago. This proposes to establish a National School of Rural Health, which expands on existing initiatives to provide students with an enhanced rural training experience. This proposed to incorporate other health

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<sup>1</sup> B17/00840 Next steps in the establishment of a School of Rural Medicine. 21 November 2017.

professions such as physiotherapy and nursing to support integrated learning and help address shortages in these professions.

**Educational solutions are unlikely by themselves to significantly improve the number of health professionals seeking a rural career**

6. Rural practice is unattractive for a variety of reasons including: a lack of opportunities for spouses and families; perceptions of long hours and low pay; and, a lack of infrastructure. In addition, those that initially select a rural career often report a lack of support and training opportunities, which ultimately affects retention of rural staff.
7. Although a School of Rural Medicine could address attraction through positive profiling of rural practice and providing better training experiences, international evidence suggests it will only partially influence graduates' decisions remain in rural practice. Addressing issues affecting retention will need a variety of initiatives that are largely outside the scope of education.

**There are other possible solutions that should be considered**

8. The Cabinet paper recommends that Cabinet rescind the decision to establish a School of Rural Medicine in favour of supporting a wider programme of work led by the Ministry of Health to address the issues associated with access to health care, and the lack of availability of health professionals in some rural areas. The TEC supports this recommendation.
9. There are a wide range of other possible alternative strategies that may be cheaper and more effective. Better support for existing practitioners by providing locums to cover out of hours and emergency work; continuing professional development; funding transport costs; and enhancing community and social support for families of practitioners would all contribute to making a rural career attractive and address staff retention. However, these factors would not be addressed by an educational solution.
10. Additionally there are a number of technologies that can be considered, including the use of tele-health, artificial intelligence and expanding existing initiatives such as the iMOKO project to use digital technology to allow communities to deliver virtual health services.
11. The Ministry of Health is in the very early stages of developing its programme of work. More work is required to refine the details of its plans and complete the steps required to provide Ministers with its work programme.



**Tim Fowler**

Chief Executive,  
Tertiary Education Commission

19 October 2018

**Hon Chris Hipkins**

Minister of Education

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## Appendix 1 – Talking points

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### Why I support rescinding the decision to establish a School of Rural Medicine

#### *The problem is complex*

- Shortages in the rural medical workforce arise from problems attracting new staff and difficulties in retaining existing staff.
- Urban environments are more attractive. They provide better opportunities to train and upskill, better social opportunities, easier access to infrastructure such as schools, and opportunities for spouses and partners to find employment.
- Plus pay and working conditions are seen as being better, as are facilities, and opportunities for career progression.
- And, the more concentrated urban workforce means there is increased likelihood of finding cover for leave and training.
- To develop a plan that is likely to be successful and actually make a difference for rural communities, we need to consider all of these reasons and how they contribute to the problem.

#### *A School of Rural Medicine will only address part of the problem*

- A School of Rural Medicine could increase the number of new graduates seeking rural employment.
- But the methods it would put in place – selecting students more likely to pursue a rural career, providing a positive experience of work in rural practice – only address the attraction part of the problem.
- The School might partially address other issues. For example, creation of hubs or rural training centres might also be able to give rural staff access to training and opportunities to up-skill and provide some newer facilities for rural use.
- But addressing what are likely to be the bigger issues – lower earnings, lack of back-up, the need to be on-call, long travel distances, lack of facilities for family life – is outside the scope of education.
- And addressing only part of the problem is unlikely to yield a successful and lasting solution.

#### *Value for money is questionable*

- A School of Rural Medicine could be expensive. Up to \$300 million is earmarked for the establishment of the scheme and this reflects the set up costs for the University of Waikato/Waikato DHB proposal – others may well be much cheaper.
- But other solutions could provide an even better solution and may be better value for money. This is what needs to be properly considered.

### **Is New Zealand training enough Doctors?**

- There is a maldistribution in the health workforce, which means there is a shortage of health professionals in rural areas.
- Information from the Ministry of Health indicates we are training enough doctors, but we do rely on large numbers of international medical graduates to fill the gaps.
- We could ask the Ministry of Health to look at this as part of its work.

### **What educational initiatives currently address these problems?**

- The Universities of Auckland and Otago already have initiatives in place to encourage students to select a rural career.
- This includes targeting students who are more likely to choose rural practice through targeted admission schemes and, providing clinical training opportunities in our regions.
- These Universities are already working on expanding these initiatives so they can offer them to more students.
- We could ask the Ministry of Health to consider whether additional funding to further enhance these types of programmes would be appropriate.