The role of medical student advocacy in the future of the New Zealand health system

Michael Chen-Xu
BMedSci (Hons) Student
Wellington School of Medicine
University of Otago

Michael Chen-Xu is a BMedSci(Hons) student at the University of Otago, Wellington between his fifth and sixth year of medical school. He is the current NZMSA president and his primary roles are to lead the NZMSA executive and represent medical students to government and various stakeholder bodies interested in the health system. Michael is passionate about health equity and has spoken about the issue on a number of occasions, including at the recent New Zealand Medical Association Marmot Symposium on the Social Determinants of Health in 2011.

INTRODUCTION

As the future of the New Zealand medical workforce, we will inherit the burden of responsibility for caring for the health of New Zealanders. We will also be responsible for the meeting of challenges currently facing the New Zealand health system. It is therefore imperative that medical students have a strong voice, not only on the issues directly affecting medical students, but also on issues pertinent to the New Zealand health system. The New Zealand Medical Students' Association (NZMSA) is the peak representative body for New Zealand medical students. One of the key roles of NZMSA is to provide a strong voice and advocate for medical students on national-level issues of importance. NZMSA recently launched a series of press releases and advocacy pieces on issues ranging from the impact of changes to the student allowance scheme on access to the medical degree. Others include the impact of the new health policy announcements in Budget 2012/13 on access to healthcare.

CHALLENGING FACING THE NEW ZEALAND HEALTH SYSTEM

Across the world, the cost of healthcare provision is growing rapidly – and New Zealand is no exception. In New Zealand, healthcare spending is growing 2% per annum faster than current growth in GDP (healthcare spending is increasing 4% of GDP per annum versus GDP growth of 2% per annum)[1] . Furthermore, Treasury predicts that by 2050, health spending will have doubled from 6.4% in 2006 to 12.6% of GDP[1]. Recently, just over one third of new spending in Budget 2012/13, an estimated $382 million, is going to health alone[2].

The drivers of this projected rapid growth in healthcare demand (and expenditure) can be categorised into supply-side and demand-side factors. Supply-side factors include the costs associated with how new technologies and interventions expand what the health system can do for patients, and the fact that New Zealand has to compete on the global market for a worldwide shortage of doctors. Demand-side factors driving up costs include caring for an aging population; the emerging epidemics of chronic, non-communicable diseases such as diabetes, cardiovascular disease and dementia; and a rising expectation amongst the public for new and expensive medical technologies and interventions. The importance of the impact of chronic diseases on the health budget cannot be underestimated; the incidence of chronic diseases is rising and it is estimated that chronic disease accounts for approximately 80% of healthcare use[1].

In response to the challenge of increasing cost, the government has taken a number of steps to drive efficiency in the health sector by improving access to primary care; commissioning workforce planning via Health Workforce New Zealand (HWNZ); considering the use of role-extenders, such as Physician Assistants (PAs); and promoting clinical leadership[3,4].

Despite increasing levels of health expenditure, New Zealand still suffers from significant and systematic disparities in health outcomes along the socioeconomic gradient and between ethnic groups. Those born and living in the poorest parts of the country are likely to die seven to eight years younger than those living in the most privileged areas, with a similar difference in life expectancy observed between Māori and non-Māori[5,6]. Inequalities in the social determinants of health are one of the key driving factors behind the resurgence of third-world infectious diseases such as rheumatic fever and impetigo in New Zealand; children from poorer backgrounds are three-to-four times more likely to suffer from a severe- to life-threatening infection than those from the most wealthy families[7]. Not only are such systematic disparities in health outcomes arguably unjust, the presence of these inequities in health also constitute a significant cost to society through productivity losses through illness, and the social costs associated increased incarceration and exposure to the criminal justice system[8].

It is now well established that New Zealand faces an immediate and major medical workforce crisis. Not only do we have fewer doctors per-capita than the OECD average, New Zealand also has one of the highest proportions of overseas-trained doctors in the OECD (41% of the medical workforce as of 2010)[9,10]. New Zealand's reliance on overseas-trained doctors places our medical workforce in a precarious position at the whim of the global market for doctors. Making matters worse, the gap between

New Zealand and the OECD average for the number of doctors per capita has steadily grown over the past thirty years[11]. In response to these concerns, consecutive governments have committed to increasing medical student numbers and have introduced a series of policies in an attempt to improve medical graduate retention, such as the Voluntary Bonding Scheme, the increase in the Trainee Intern Grant and career planning. The abolition of the Bonded-merit and Step-up scholarships in Budget 2009/10, the introduction of the 7EFTS (equivalent full time student) lifetime limit on Student Loans in Budget 2010/11, and the recently announced 200-week cap on access to Student Allowance, may however undermine some of the positive effects of the earlier policies on medical graduate retention.

KEY ISSUES FACING MEDICAL STUDENTS

The impact of medical student debt on vocational choice and equitable access to the medical degree are important issues for both medical students and the New Zealand health system. Medical graduate indebtedness has a strong influence on medical graduate retention and vocational choice. Increasing levels of indebtedness are a strong driver of doctors choosing to practice medicine overseas, and have a strong influence over what vocational speciality doctors in training choose.[10,12]

NZMSA is concerned that the recently announced changes to the Student Allowance scheme in Budget 2012/13 and the 7EFTS lifetime limit on Student Loans will have a negative effect on indebtedness for postgraduate-entry students and students from lower socioeconomic backgrounds. This is because postgraduate students have to do a minimum of eight years of study to finish a medical degree and may therefore exhaust their 7EFTS of access to student loans before finishing. If such students were unable to source financial support from their families, they may be forced to fund their tertiary fees and living costs through work or potentially by taking out expensive personal finance loans from elsewhere to finish, thereby increasing their levels of indebtedness and potentially reducing retention rates. Furthermore, the changes do not take into account the length of the medical degree in comparison to other, shorter undergraduate degrees such as law or accounting that have comparable levels of remuneration after graduation. . Finally, the changes may discourage students from lower socioeconomic groups from choosing a career in medicine, restricting the quality and standard of those studying medicine to only the wealthiest in society.

SO, WHAT IS NZMSA DOING ABOUT THESE ISSUES?

NZMSA has a vision of a health system that we can be proud to work in and to return to as doctors. Faced with a world of opportunities, there has to be a compelling reason for medical students to continue to work in New Zealand. The realities of the global economy, the worldwide shortage of doctors, and the increasing cost and demand for healthcare indicate that financial reward is unlikely to provide that reason in the near future. Other economies and systems to which we will have access to, such as Australia or the United Kingdom, offer significantly higher rates of remuneration than here in New Zealand. For New Zealand to continue to retain doctors, it needs to look after its investment in medical students and provide rewards other than remuneration for graduates. This is where NZMSA and the advocacy we provide for medical students has an important role to play.

Given the current medical workforce and the government's commitment to continue to increase medical student numbers, it is important that the government invest in policies that promote medical graduate retention and limit and/or reduce student indebtedness. As stated earlier, NZMSA has concerns about the effect of the recent policy changes to the student allowance and student loan schemes on medical student indebtedness, retention and access to the medical degree. NZMSA has drafted a letter expressing our concerns about the changes to the Minister of Tertiary Education, Steven Joyce, and we are currently liaising with both universities, the New Zealand Medical Association, the New Zealand Union of Students' Associations and others in the health and education sectors on a joint approach to both the student allowance and student loan changes. NZMSA has also featured prominently in the media recently on the issue, with appearances in *The New Zealand Herald, The Otago Daily Times, Radio New Zealand, and New Zealand Doctor*[13, 14, 15, 16]. We have also developed a number of press releases on the changes that can be found on the NZMSA website.

The NZMSA has a representation on the NZMA Doctors in Training Council (DITC). Through the NZMA DITC, NZMSA has a say on some of the government's new workforce initiatives, such as the Physician Assistants trial and the workforce planning undertaken by HWNZ.

NZMSA is also advocating on the issue of health equity and the impact of social determinants on health outcomes. By getting medical students aware of the importance of addressing the social factors that contribute to both inequalities in health outcomes and the increasing prevalence of chronic diseases, we hope to help maintain the sustainability of the New Zealand health system for the future. Consequently, NZMSA has been working a campaign to get medical students aware of the importance of health equity, which has included a video, a Q+A sheet on the importance of health equity on our website, and health equity-related breakout sessions at NZMSA Conference 2012: *Catalyst for Change*[17]. This campaign culminated in NZMSA ratifying the NZMA Position Statement on Health Equity at the NZMSA Conference, and we hope that it will provide an evidence-based platform for medical students to advocate for changes in health, social, financial and trade policies for the health of all New Zealanders[9]. Ratifying the position statement on health equity allowed NZMSA to speak out against the rise in the part-charge for prescriptions proposed in Budget 2012/13 in a press release because of its negative impacts on equity of access to primary care for patients from poorer backgrounds.

CONCLUSION

The issues facing medical students and the challenges facing the New Zealand health system are inextricably linked, as we will be the ones who will inherit the responsibility for caring for the health of New Zealand. Given the backdrop of an increasing demand for healthcare services, a shortage of New Zealand-trained doctors, and the spectre of persistent systematic inequalities in health outcomes, medical students need to have their voice heard. NZMSA has been working hard to provide that voice for students, and we will continue to do so in the future.

Improving medical graduate retention will require limiting medical student debt and a health system that allows doctors and medical students to make meaningful contributions to society. Building such a health system will involve ensuring equitable access to the medical degree so that future generations of doctors are more representative of society and therefore more in-tune with the needs of the communities they will serve. It will also require that today's medical students are both well informed and keen to address the key challenges facing the New Zealand health system.

NZMSA, through its advocacy on medical student issues, such as the recent changes to student allowances and student loans, as well as its advocacy on broader health issues, such as health equity, is working hard to ensure that New Zealand trained doctors are ready and able to address the challenges facing the New Zealand health system.

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