

Principles of Health Workforce Redesign

Approved February 2013

Preamble

The New Zealand Medical Association (NZMA) is fully aware of the need for healthcare reform driven by the twin factors of quality and efficiency. It is essential, however, to ensure that all healthcare reform (and workforce reform in particular) is developed, implemented and evaluated against broad core principles to ensure the safety of New Zealanders and the optimal delivery of healthcare to the population.

The NZMA has developed, in consultation with several other professional medical organisations, a set of core principles regarding health workforce redesign. Any proposed healthcare reform that compromises these core principles should clearly and openly acknowledge such a breach, and provide adequate rationale and justification for the deviation.

Principles

The NZMA believes that any proposed changes to workforce design should incorporate the following core principles:

1. Maintain or improve patient-centred access to the healthcare system, quality of patient care (including safety) and the patient experience.
2. Improve the involvement of Māori within the design and delivery of care, to ensure adherence to all the principles of the Treaty of Waitangi.
3. Respect all ethnic identities within the design and delivery of care.
4. Maintain or improve preventative care and population health.
5. Ensure equity in the access to and delivery of healthcare.
6. Incorporate/promote a whānau-centered approach to healthcare.
7. Maintain or improve patient-related communication flow including between healthcare professionals, as well as patient-driven care.
8. Maintain or improve integration between involved medical services as well as integration of the patient within the healthcare system.
9. Involve broad consultation with the key medical professional stakeholders and the public most affected by the change.
10. Ensure active clinical leadership in design, implementation and monitoring.
11. Ensure all reform is based on an assessment of the best available evidence/and or practice.
12. If pilot/demonstration schemes are considered, ensure these include requirements for thorough evaluation, including considerations of generalisability.
13. Facilitate rigorous evaluation and audit of systemic change.
14. Ensure adherence to a strong inquisitive research ethic and the facilitation of clinical and scientific research.
15. Clearly define the overall net cost and value to the healthcare system. Adequate rationale and possible concomitant disinvestment should also be considered.
16. Allow for dynamic change to ensure reform supports workforce responsiveness and adaptability.
17. Allow for ongoing healthcare education opportunities and the importance of continuing education as a core component of excellent healthcare delivery.

18. Ensure there is no net increased demand for limited health workforce resources without justifiable training, support or infrastructure for delivery.
19. Ensure that if role substitution or task delegation occurs, the delivery of healthcare is “fit for purpose” with all appropriate training, legislated authority and accountability for work delivery in-built.

Background

Views on the health system and the health workforce

Like all key stakeholders the medical profession, as an aggregate, desires that the New Zealand health system be: accessible, patient-centred, safe, and evidence-based. It should also be: integrated, culturally sensitive, fiscally responsible, cost effective, adaptive, equitable, and ethical. In addition, the system as a whole should be underpinned by an inquisitive research ethic and promote ongoing education of current and future health professionals. Clinical leadership should must be highly encouraged and form a core component of all healthcare reform and implementation.

As a consequence, in terms of the New Zealand health workforce, the NZMA promotes the profession’s view that it should be highly skilled, fit for purpose, sustainable, team based, and flexible. Health professionals themselves need to have the interests of the patient at heart, be accountable and be valued/respected.

The role of the doctor within the health workforce

Following broad, multi stakeholder, pan professional engagement, the NZMA led the development of a consensus statement regarding the role of the doctor within the New Zealand health system.¹ This statement can be briefly summarised in the following key statements.

- Doctors regularly take ultimate responsibility for medical decisions and diagnoses in situations of complexity and uncertainty, drawing on scientific knowledge and principles, clinical experience, and well developed judgement.
- Doctors accept their ethical responsibilities to act in the best interests of their patients, and the population as a whole, and undertake this in a caring, compassionate, competent, and trustworthy manner.
- Doctors work in partnership with patients in the delivery of their healthcare and serve as advisors and interpreters in the pursuit of optimal health outcomes using evidence-based medicine and in accordance with available resources.
- Doctors work effectively as leaders. As members of healthcare teams, doctors recognise and respect the skills and attributes of other practitioners.
- Doctors are advocates for improved population health and health equity for all people.
- Doctors are committed to the spirit and principles of The Treaty of Waitangi, particularly as it relates to the attainment of health equity for Māori.
- Doctors have diverse roles, within and outside of the health sector, in the promotion and maintenance of both individual and population health.
- Doctors accept responsibility for maintaining the high standards of the medical profession to uphold the trust placed in them by patients and the community, and demonstrate this

¹ Role of the Doctor Position Statement, NZMA, 2011

through adherence to relevant declarations including the New Zealand Medical Association Code of Ethics and the Code of Health and Disability Services Consumers Rights.