Responses from political parties to RACS Election Issues document

Note: No answers were provided by the ACT party.

ELECTIVE PRIORITISATION AND UNMET NEED

Question 1: How does your party plan to identify and meet the increasing surgical needs of New Zealand’s growing and aging population?

The Green Party
The Green Party will prioritise funding our health system to the level that actually keeps up with our growing and aging population so that we can keep up with New Zealanders’ surgical needs.

The National Party has for years underfunded the health sector to the tune of about $1.7 billion to $1.8 billion. As our population grows and ages we need to be investing even more in our health system, not underfunding it. Aging populations need a greater amount of health services and we need to spend more on providing services for that group.

As a specific policy point, the Green Party would also investigate whether the separation of elective and emergency theatre services would reduce delays in surgery due to emergencies.

The Labour Party
Labour has committed to fund district health boards as part of our additional $8 billion investment in health over four years, to meet their demographic and cost pressures which the current Government has failed to do. We have committed to an urgent rebuild of Dunedin hospital and will look at more ways we can scale up capacity in the public system in terms of infrastructure. We are prepared to use whatever spare capacity exists in regions to increase the number of electives, driven by sustainable and robust annual planning.

The Māori Party
We want to review the Health and Disability Act to determine the ongoing value of DHBs as both provider and funder. This review would also consider changing the criteria for elective surgery waiting times.

The National Party
Under National the number of elective discharges has risen from 122,153 in 2008, to 172,153 in 2016. That is an increase of around 50,000 over the eight years, and an average increase of around 6,000 a year.

More New Zealanders than ever are getting access to specialist assessments nationwide. We have lifted First Specialist Assessments across the country from 404,500 to over 552,400 in 2016 – a 36 per cent increase. The answer to increased demand is to do more and that is what we are doing.

That’s why we have announced that over the next four years, National will further increase the number of elective surgeries to 200,000 a year, ensuring access to life-changing operations like hip replacements for thousands more New Zealanders. By 2021/2022 we will increase the number of elective surgeries by an average of 5,500 more operations a year. To support this National will increase spending on elective surgery by $30 million per year for the next four years, rising to $120m per year by 2020/21 - part of our record investment in health. National will continue to invest more in lifting elective surgeries; the specialty emphasis is negotiated between individual DHBs and the Ministry, according to the needs of each DHB.

The funding of public health has been the top Government spending priority over the last 9 years. The fact is that is that Vote Health has gone up $5 billion from $11.8 billion in 2008 to $16.8 billion this year – that is a 42 per cent increase. More money for the health sector is always called for and we have provided major additional investment.
New Zealand First

New Zealand First acknowledges there are not enough resources in the current health system to provide consistent Elective Surgery services across all DHBs. New Zealand’s entire health system is desperate for more resources which must be allocated in a way that is fair for all.

With net immigration reaching an all-time high of 73,000 a year, the Government has failed to address the out of control immigration policy and we have seen this Government spend over $50 million treating foreign citizens. New Zealand First’s Affordable Healthcare Bill which is currently in the Ballot would require immigrants coming to New Zealand to have private health care insurance for up to 10 years, and would give benefits to SuperGold Cardholders who up take health insurance. This would allow us to better allocate some of the health budget to elective services.

New Zealand First will redress the balance between health administration and health practitioners within DHBs, ensuring that extra money going into health is ring-fenced for the delivery of health services rather than growing the health bureaucracy.

New Zealand First believes all patients have the right to know what will happen to them regarding their treatment, and when it will happen. The current priority score, that balances the needs of patients against the benefits of treatment, no longer meets the increased demand for elective service. DHBs are struggling to cope with the increased capacity of services.

New Zealand First knows that health is a critical Investment in New Zealand human resource – not a balance sheet item. New Zealand First will ensure a properly funded and resourced public health system will not only provide better for our country but save money in the long run.

The Opportunities Party

We must invest more in prevention and early intervention. Part of this includes increased investment in primary care so these problems are picked up as soon as possible and referred to a specialist.

United Future

Investigate the feasibility of a national health insurance scheme, as an extension of the existing ACC scheme, for non-trauma based disability such as elective surgery for the elderly.

Question 2: In what way does your party plan to improve data collection on unmet need in New Zealand?

The Green Party

It is so important to get a more accurate understanding of the amount of unmet surgical need in New Zealand so that we can make sure that our efforts to improve the health care system are working.

One option for how to improve data collection would be to expand the New Zealand Health Survey questions on unmet primary health care need so that it also includes indicators of unmet surgical need.

The Labour Party

Labour want to properly measure unmet need and work with the sector to make sure it is addressed. This could involve extending the New Zealand Health Survey to get an indication of barriers to secondary services when health care is being sought.

The Māori Party

The Māori Party acknowledge that data collection is a fundamental part of planning for any organisation and information sharing is critical to achieving those goals.
While we agree that it is necessary to collect data – whānau privacy should be of primary importance and they should have a say concerning the control or limits to their data’s use and in what circumstance. The way data and technology work is constantly changing and the Māori Party support the development of necessary infrastructure that protects the individual’s information from being infringed upon.

We want to see a dedicated role established to address health disparities and inequalities, in so far as they impact on Māori and Pacific health outcomes.

This new role of senior independent Equity Advisor for Outcomes under an Equity Accord, who is responsible to the Department of Prime Minister and Cabinet and Minister of Māori Development, would directly advise on progress on the Equity Accord and provide oversight on a newly established Māori/Pasifika Health Commissioning Unit.

The National Party
Under National, the National Patient Flow project has completed a three year implementation plan to better understand unmet need. The first phase saw the collection of information on referrals received by DHBs for first surgical assessments. This has been underway since July 2014.

The second phase commenced in late 2015 and included information on referrals for elective surgery, and some other procedures, including colonoscopy.

The third phase of the collection which commenced in July 2016, and included the full scope of the collection. This encompassed a wider range of services, including diagnostics, and allowed linking of related referrals, and capture of a clinical classification of referral reason. This will allow more defined understanding of outcomes for patients.

DHBs are already making improvements to their referral management systems, administration processes, and communications with patients as a result of implementing the National Patient Flow project.

The integrity of the data continues to improve with each quarterly release, and National will focus on completing collection of this information.

New Zealand First
New Zealand First believes in quality and timely healthcare for all New Zealanders. We need a clear picture of unmet need in New Zealand and support the collection of data via regular health surveys undertaken by the Ministry of Health. The underfunding of health has created inequalities not seen before in this country.

The Opportunities Party
Rationing already exists in New Zealand’s health system. Given increased expectations, an ageing population, new technology and chronic disease, demand is likely to outstrip supply regardless of how much money is spent on healthcare. Even with more money we don’t have the doctors, nurses and hospitals to meet demand. We need to have a conversation about what people can reasonably expect from the public health system.

If rationing has to take place, TOP wants to see it done rationally. We should assess the return for our health investments much in the way we do for Pharmac (cost per QALY). We should invest more in cost effective treatments, and less in others.

For each treatment we need clear clinical pathways. Patients should be assessed consistently, the data collected, and patients with the greatest need and benefit should be treated first. Patients should face the same likelihood of treatment across the country.

United Future
We support investigating where feasible, and collecting data to inform if there needs to be changes.
MĀORI HEALTH EQUITY

Question 3: How will your party address the significant inequitable health outcomes for Māori?

The Green Party
The Green Party believes that health services should be focussed on reducing inequalities.

We acknowledge te Tiriti o Waitangi and the status of health as a taonga and so will work with Māori to:
1. Further build the capacity of Māori to manage their own health needs and provide Māori specific services.
2. Increase accessibility of health services to Māori through increased provision of community and marae-based services.
3. Ensure Māori representation and consultation at all levels of the health service.
4. Support the continued strengthening of Whānau Ora programmes.
5. Support additional funding for health research resources to be directed at Māori health issues in order to address the continuing disparities in the standards of health between Māori and non-Māori.
6. Facilitate and support the development of research partnerships between Māori and non-Māori researchers to meet the urgent need for research that benefits Māori health.
7. Support rongoa Māori (traditional Māori healing) practitioners and practices, and develop better linkages with other health services.
8. Accelerate the training and development for Māori healthcare workers.

The Labour Party
Labour is committed to ending the health disparities amongst Māori. To do this, Labour will work with Māori health providers, marae, and iwi to increase access to health services and activities, and support Whānau Ora.

Due to underfunding, the Ministry of Health’s own analysis shows that the district health boards are not passing on the equivalent of their funding increases to Māori providers. On top this, district health boards are no longer providing separate Māori health plans as part of their annual planning process. We consider this a step backwards in addressing inequities. We need to bring back the accountability of Government for when inequitable outcomes are not improving.

The Māori Party
We will establish a new Māori and Pacific social investment fund managed by the Māori Pasifika Health Commissioning Unit, funded through a mix of Government direct investment, and reprioritisation of poor existing expenditure within Ministry of Health.

The National Party
There are a number of initiatives underway and progress is being made in terms of improving Maori health outcomes. Since the late 1990s, Maori life expectancy has been increasing at the same rate as non-Maori, sometimes slightly faster. The gap between Maori and non-Maori life expectancy has followed a continuing trend, narrowing to 7.1 years by 2012–14.

The National Government is taking steps to reduce the rate of Sudden Unexpected Death in Infants by 94% for Maori by 2025. With the National Government’s focus on immunisation rates, coverage has significantly improved for Maori in the last few years with around 91% of 8 month olds fully immunised since 2014. When coverage is measured at 12 months of age, Maori immunisation rates are similar to those of the population as a whole at around 94%.

National’s free GP visits for Under-13’s and free prescriptions have improved access to healthcare for Maori children. Since the introduction of zero fees for Under 13s in July last year there has been a 17.1% increase in the number of Maori children accessing primary care. The WellChild Tamariki Ora programme, B4 school checks and the Raising Healthy Kids target provide a series of health visits and support free to all families for children from around 6 weeks up to around 5 years.
The rates of Rheumatic fever for first time admissions for Maori have been reduced by 48% at the end 2016.

In terms of the Maori Health workforce The Maori Health Workforce Development Programme is aimed at the recruitment, support and retention of Maori in the health workforce. New Zealand medical schools have seen significant increases in Maori entering and completing health science degrees. Maori representation of medical graduates from Otago University aligned with the proportion of Maori in New Zealand's population in 2017 at 15.7%.

The Hauora Maori Scholarships provide financial assistance to students who are undertaking or completing a course in health and disability studies, in 2016 35 scholarships were awarded.

The number of Maori nurses has increased 14% from 3,481 in 2011, to 3,977 in 2017.

However, there is still more to do. He Korowai Oranga: Maori Health Strategy 2014 sets the overarching framework to guide the Government and the health and disability sector to achieve the best health outcomes for Maori and work towards health equity.

New Zealand First
Maori face real problems, not just in health, but also housing, but New Zealand First does not believe in running two health systems, two social welfare system or two types of housing systems. We all have the same needs.

It is disturbing that there are huge differences in need. We need to focus on improving our economy which will lead to job creation, to improved living standards, and so all New Zealanders have better access to healthcare.

Our current health system needs some refinements to ensure affordable healthcare is accessible to all. Our ultimate aim must be to provide our citizens with certainty about their healthcare and ensure timely access to quality services, with a move to a preventable model of care.

The Opportunities Party
Currently healthcare is rationed on the basis that the squeaky wheel gets the oil, so often Maori and Pasifika miss out. We want to ensure healthcare rationing happens rationally; on the basis of need and benefit, not because people know how to work the system. If we collect data on need, we should ensure there is no racial bias in that data when it comes to treatment.

United Future
Reassess the efficacy of the national vision and hearing screening programme in schools, introduce a free annual health check-up to all over 65s.

Question 4: Does your party support additional funding for research into improving Māori health outcomes?

The Green Party
Yes. That research needs to be carried out by Māori, or in partnership with Māori.

The Labour Party
Yes, we believe this is crucial in informing how we effectively address unmet need and inequities in health outcomes.

The Māori Party
We want our whānau to live healthy lives and have be supported by an equitable health system. We would also direct Pharmac to explicitly seek to address the disparity in health outcomes for Māori and Pasifika when funding decisions are made.
The National Party
The National Government announced an increase of $97 million in health research funding to the Health Research Council in Budget 2016. This sees funding increase by 56 per cent over four years, going from $77 million in 2015/16 to $120 million in 2020.

Over the last five Health Research Council annual funding rounds, over one quarter (26%) of all research funded through the annual funding round has been classified as contributing to Maori Advancement or Maori Development. In 2016, 40 percent of all contracts were classified as contributing to Maori Advancement or Maori Development.

New Zealand First
New Zealand First believes our health system should be fit for all and be able to deliver to every New Zealander on an equal basis.

The Opportunities Party
Yes

United Future
We support an increase funding for health research to bring New Zealand's funding up to at least the OECD average as a proportion of GDP.

ALCOHOL RELATED HARM

Question 5: What are your party’s policies to address alcohol-related harm?

The Green Party
- Evidence-based and age-appropriate drug, including alcohol, education in schools; and non-judgemental evidence-based information available through health services and point of sale.
- Support policies to minimise harm caused by drug use – for example wet houses.
- Sufficient resources for rehabilitation services and other programmes that provide help rather than punishment for people with drug and alcohol problems.
- Phase out all broadcast, billboard and print advertising of alcoholic beverages, and sponsorship by alcohol brands.
- Set a minimum price for alcohol and replace the current alcohol tax regime with a tax that is directly proportional to the quantity of pure alcohol in a drink.

The Labour Party
Labour will re-examine the recommendations of the 2010 Law Commission’s Alcohol Report and do a stocktake of the progress since.

The Māori Party
The Māori Party are committed to investing in whānau-focused alcohol and drug addiction, recovery and restoration programmes and services.

We would establish a moratorium on new liquor outlets in the community.

We also agree the Law Commission’s recommendations on alcohol reform.

The National Party
National has already responded to alcohol harm by tightening the rules on the sale of alcohol and putting more control in the hands of local communities through the Sale and Supply of Alcohol Act 2012, reducing the blood-alcohol limit for driving and increasing alcohol screening and brief interventions in primary care.

We’ve also published the Fetal Alcohol Spectrum Disorders action plan in 2016. This plan aims to provide better support to those affected by Fetal Alcohol Spectrum Disorder, and reduce the numbers of babies born with this preventable condition. Specific funding has already been allocated to a number of actions identified in the Plan. $12 million over four years for intensive alcohol and drug support for pregnant women was allocated in the 2016/2017 Budget. An
additional $1 million was invested via Criminal Proceeds recovery to develop tools and training for frontline professionals and build New Zealand’s evidence base.

Other actions include developing more robust and higher-profile statistics for alcohol and other drug harm and to provide guidance to support schools dealing with alcohol and drug issues and helping students who need it, with a focus on keeping students engaged where possible.

New Zealand First
New Zealand First would raise the purchase age to 20 years. Additionally, we would make it compulsory for repeat drink drivers or offenders caught at a Blood Alcohol Checkpoint of 1.5+ to have an alcohol interlock installed in their vehicle immediately and introduce random saliva-based roadside drug testing.

The Opportunities Party
In New Zealand alcohol causes 3x the harm of all other drugs put together. We want to implement the 3 most effective recommendations set out by the Law Commission Report:

- Increasing the price of alcohol by 10%
- Increasing the age of purchase at off-licenses to 20 years
- Giving local communities clear powers to restrict sales (e.g. times, supermarket availability etc).

United Future
Support public education campaigns that highlight the risks of smoking, alcohol and substance abuse.

Question 6: Does your party support tighter national restrictions on outlet density and an earlier national closing time?

The Green Party
Yes, both outlet density and hours are associated with increased harm. So to reduce the harm that alcohol causes we need to address both of these things. It’s also true that communities know their own local issues around alcohol and need the ability to set local alcohol policies so they can further restrict location and opening hours when necessary for their community.

The Labour Party
Yes, we believe there are issues around off-licence density and the process around the awarding of licences for these outlets. We will proactively work with councils to investigate options around closing times for all licences.

The Māori Party
Yes, we want a moratorium on the establishment of new liquor outlets and would look to restrict density on existing outlets also.

We consider an earlier closing time is appropriate and we also believe a review of closing times is necessary.

The National Party
National has enabled local communities to be able to make these decisions themselves to meet the best interests and needs of their own community. This includes the concentration, location, and hours of alcohol outlets (including one-way-door policies) for both on-and-off-licences.

New Zealand First
New Zealand First has received concerns from the public about the number of outlets that sell alcohol in our communities. We would support a review of the current Sale of Liquor Act 1989 to further identify ways to reduce alcohol-related harm.
The Opportunities Party
We wouldn’t mandate these aspects nationally but we do want to make it easier for local areas to change these settings themselves. So far local authorities trying to change opening hours or restrict outlet density have been subjected to legal challenge, and this should not be the case.

One way to give local areas more power might be to set a more restrictive national baseline but allow communities to argue for it to be looser. Default settings make a big difference in policy making. The side benefit is that this might get people more interested in local politics!

United Future
We do not have any policy to do so.

OBESITY

Question 7: How does your party propose to address both childhood and adult obesity?

The Green Party
The Green Party has both a healthy heart and a diabetes action plan which both follow our preventative health model to reduce rates of obesity and the harm caused by them. The plans include:
• Nationwide evidence-based programmes for lifelong healthy eating and activity are available and promoted for all New Zealanders.
• We support active transport by making walking and cycling to school easier, and investing in public transport to allow people to do more activity in their daily life.
• Introduce mandatory ‘traffic light’ style labelling of fat, salt and sugar content on all food and drinks, including a version for restaurant, café and takeaway foods.
• Instatement of a ‘living wage’ to ensure that healthy foods and drinks are within the reach of all New Zealanders.
• Comprehensive restrictions on the advertising of unhealthy foods and drinks, and on sponsorship by the companies that produce them.
• Tax sugary drinks to drive down consumption. Revenue generated from this tax to be made available to fund other programmes.
• Investigation (and implementation if workable) of taxes and other disincentive measures for other foods and drinks with high sugar, salt or fat content.
• Prevent unhealthy foods and drinks being sold or made available in schools or school-based events like sports events, and making healthy foods available.
• Substantially increase funding for health promotion approaches in those communities most at risk to prevent or minimise obesity-related diseases, including heart disease, and maximise the positive health gains per dollar invested.
• Equitable and improved access to primary care interventions such as cardiovascular checks, Green prescriptions and prescription medicines such as statins, with a target of no ethnic or socioeconomic inequality of outcome.
• Fund Secondary Care services to provide the hospital-based (inpatient and outpatient) services necessary to meet the needs of people living with diabetes, including increased provision for ophthalmology, dialysis, transplantation and bariatric surgery in the most extreme cases.

The Labour Party
Labour will set reduction targets for industry for added sugars in everyday processed foods. We will also implement national childhood reduction target rather than a referral target. We also want clearer front of pack labelling of food. The Health Star Rating System has been discredited with the ability to negate additional sugars with other ingredients to increase the number of stars. We will also bring back National Administration Guideline (5) which states ‘where food and beverages are sold on schools’ premises, to make only healthy options available’.
The Māori Party

The Māori Party would remove all GST off fresh fruit, fresh vegetables and milk and introduce labels on drinks and processed foods that have the number of teaspoons of sugar they contain, clearly marked in large print.

14.7% of Māori children and 47.1% of Māori adults are obese. What we know is that there is an increasing need for effective prevention right through to primary care and specialist services. We want Kaupapa Māori centres and community based programmes that address the needs of those communities.

The National Party

In October 2015 the National Government launched the Childhood Obesity Plan. The Plan is made up of a range of interventions across Government, the private sector, communities, schools and families. It includes improved public information and resources; initiatives aimed at increasing physical activity and making health food choices, actions for the health sector, as well as the food and beverage industry.

At the core of the Plan is the new Raising Healthy Kids health target which was introduced on 1 July 2016, making it one of our six national health targets. The aim is to have 95 per cent of children identified as obese in the B4 School Check referred to an appropriate health professional for family based nutrition, activity and lifestyle interventions. It also includes new set of Physical Activity Guidelines have been released for Under-5s, and for 5 – 17 year olds that were released in May this year.

To further support kids being active during their school day the National Government has invested over $8 million over four years into Play.Sport. This community based initiative aims to improve the quality and quantity of physical education and sport in schools and communities.

Another important component of the comprehensive Plan is the Advertising Standards Authority’s review of the Children’s Codes which was released in October 2016. The major code change is an explicit restriction on advertising occasional food and beverage products to children.

Green Prescriptions provide people with advice and support to improve their nutrition and physical activity. A Green Prescription is written advice from a health professional (usually a doctor or practice nurse) to encourage people to be active and improve their diet. Almost 50,000 adults received a Green Prescription in the past year. The initiative is having a really positive impact, with two thirds of patients who received a Green Prescription last year saying they’re now active and almost three quarters said they were eating more healthy foods.

New Zealand First

New Zealand First support preventable measures, with a focus on family health and particularly early intervention. Prevention is always better than cure, and we need to be able to provide our people with the tools to be able to make informed health decisions.

New Zealand First is committed to improving health statistics in areas of non-communicable diseases such as diabetes and obesity. We would establish and implement a national strategy for addressing diabetes and obesity, and other diseases and health concerns where a national strategy is clearly needed and incorporating health education initiatives and improved screening. We would also review accessibility of affordable healthy foods, with the aim of ensuring all families can afford to eat nutrition rich meals by removing GST from basic food items. We would review accessibility of safe spaces in communities to exercise and play, with the aim of ensuring all New Zealanders can have somewhere to maintain physical fitness.

The Opportunities Party

TOP will ban junk food advertising to children, ensure healthy eating guidelines in public institutions and tax junk food. We will use the revenue from this tax to subsidise wholesome food like fruit and veges.
We also need to invest in ensuring all neighbourhoods have access to recreational facilities, active and public transport.

United Future
Support community-based education campaigns that empower parents and extended families to take responsibility for healthy eating and lifestyles.

Encourage employers to offer healthy lifestyle incentives (such as a gym membership) as a supplement to sick day provisions in an employment contract negotiations.

Question 8: What is your party’s plan to improve access to bariatric surgery?

The Green Party
We will fund Secondary Care services to provide the hospital-based services necessary to meet the needs of people, including bariatric surgery. Our focus on preventative health measures will, over time, reduce the need for bariatric surgeries.

The Labour Party
We recognise the importance of improving the health of New Zealanders with rising obesity prevalence in the population. We would expect the number of surgeries to rise as we properly fund district health boards to improve their capacity to deliver more complex surgeries.

The Māori Party
It is vital that we get the necessary information to our communities in the right way so that they are able to make informed choices about their health and the health of their children. In 2014, there was a budget of $10 million which was set aside for at least 480 bariatric surgery operations over four years within the elective-surgery initiative. Bariatric surgery continues to be a Māori Party policy and we would like to see the number of surgeries increased.

The National Party
In 2014, the National Government announced a further $10 million of funding had been allocated to support continued focus on bariatric surgery. This funding supports provision for at least 480 bariatric surgery operations over 4 years commencing 2014/15, in addition to bariatric procedures already funded out of DHB elective surgery budgets. This funding will support an average of 120 more procedures per year.

New Zealand First
New Zealand First believe that prevention is the best policy, and would work toward a preventative focus, however, we support access to bariatric surgeries as a last resort for those that are morbidly obese.

The Opportunities Party
If bariatric surgery is cost effective compared to other treatments (which it appears to be) we would ensure it is better resourced.

United Future
We don’t have any policy on this issue.

Question 9: Does your party support the provision of publicly funded body contouring surgery for removing excess skin following therapeutic weight loss?

The Green Party
Yes.

The Labour Party
Labour is going to invest in district health boards to make more services accessible. Right now, we are not even meeting demand. We will expect to see an ability for district health boards to deliver more types of surgeries as a result of capacity improvement.
The Māori Party
No.

The National Party
Surgery to remove excess skin is included in elective surgeries. As mentioned previously, National will further increase the number of elective surgeries to 200,000 a year, ensuring access to life-changing operations like hip replacements for thousands more New Zealanders. By 2021/2022 we will increase the number of elective surgeries by an average of 5,500 more operations a year. To support this National will increase spending on elective surgery by $30 million per year for the next four years, rising to $120m per year by 2020/21 - part of our record investment in health.

New Zealand First
The need for surgery such as the removal of excess skin will be required more and more if we do not act now to reduce the obesity burden in New Zealand. We believe access to such surgery should be the same as for all other surgery as recommended by the patients’ medical team.

The Opportunities Party
This would depend on the cost per QALY that such surgery generates.

United Future
We don’t have any policy on this issue

HEALTH WORKFORCE

Question 10: Does your party support the contestable funding model for medical specialty training as proposed by Health Workforce New Zealand?

The Green Party
We have concerns about the contestable funding process. New Zealand’s relatively small size means that we should work in cooperation rather than competition to build a better, more resilient health system.

The Labour Party
We acknowledge the problem Health Workforce NZ is trying to solve and we will commit to training more people over time and increasing funded training places. We need a sector approach to solving this issue.

The Māori Party
Yes.

The National Party
This is still under consideration and a decision is due shortly.

New Zealand First
New Zealand First believes that we need to be investing in areas where there is the highest need. We are concerned that certain specialities would suffer as a result of disinvestment. We would take our cue from the sector on this and listen to their concerns.

The Opportunities Party
No. Nor do we support the current tertiary funding model. We think the whole system needs a review to meet the needs of the 21st century.

United Future
We don’t have any policy on this issue.
Question 11: How will you work with medical specialty training programmes to ensure that the future specialist workforce requirements are met?

The Green Party
The Green Party is committed to working with the health sector, including the medical specialty training programmes to plan for the future needs of our health system. We need to work together to make sure that we have a stable, resilient and collaborative workforce with appropriate skills and expertise.

The Labour Party
We are looking forward to sitting down with the sector in Government and setting out a robust plan to ensure additional training places will be able to keep pace with future specialist workforce requirements. Our commitment to investing an additional $8 billion over four years to the health system compared to National Government projections, is a strong indicator of how seriously we are taking the health portfolio and recognising the demands of it.

The Māori Party
The Māori Party are very keen to support medical students by removing the 8-year student loan cap for all medical students. We also support increasing the accommodation supplement by half for all tertiary students.

The Māori Party will seek to be led by the sector to find a strategic approach to identify what is needed in terms of specialty training programmes to ensure it is supported so that the future workforce needs are met.

The National Party
Under National the number of FTE specialists in DHBs has increased by over 1,100 since 2008, and the DHB employed specialist workforce is currently increasing at around 140 per year. DHBs invest significantly in our specialist workforce and there has been continued engagement on workforce capacity issues, particularly as part of the MECA negotiations.

The total number of specialists - public and private - practising in New Zealand has increased by nearly 80 per cent since 2000 – that’s around five and a half times the increase in New Zealand’s population.

DHBs are committed to being less reliant on overseas recruitment achieved in part through increases in the number of funded places for medical students and in the number of Resident Medical Officers. Leadership and guidance from specialists is essential in training Resident Medical Officers to be the specialist workforce of tomorrow.

New Zealand First
New Zealand First will use a range of measures to ensure the adequate recruitment and retention of health professionals, particularly in rural areas including:
- Consideration of student loan abatements, fees reductions, scholarships and bonding schemes, amending the definition of ‘rural’ in relation to the rural GP premiums and lifting the levels of primary healthcare premiums, the development of a robust peer support programme for rural practitioners, an alternative route for the registration of family doctors, the supply of locums to enable ongoing training, support and a sustainable quality lifestyle, and resources for visiting specialists.
- Commit to increasing the number of medical professionals choosing to be General Practitioners in line with the needs of the communities being served.
- Explore amending the recent changes to the Student Loan system to ensure Graduate Entry Medical Students are not disadvantaged compared to their peers. New Zealand First will get rid of the student loan for Kiwi students staying and working here in NZ after they finish their studies The only requirement is that they work for the same number of years as they have studied. Example: three years in tertiary education requires three years in the workforce - five years tertiary means five years in the workforce.
- Funding allocated for the training, recruitment and retention of New Zealand trained health professionals.
The Opportunities Party

*For all public sector dominated workforces we need to do far better workforce planning. We also need to make sure that everyone in the health sector is operating at the top of their scope. The sheer scale of future demand necessitates this.*

United Future

*Zero tuition fees for those studying medicine, dentistry, pharmacy and nursing. Provide first class working conditions for health professionals as the key to recruitment and development, through the accreditation of workplaces such as the American “magnet” hospital status.*