


# ThreePlusThree

## Six Targets for Health System Capacity and Equity in Aotearoa

Aotearoa's health system is under unsustainable pressure. Our workforce is chronically understaffed and exhausted, and population health needs are increasing.

These facts have been well-known for years, yet in 2023 unmet need limiting New Zealanders' quality of life and exacerbating health inequities continues to grow unchecked. The long-term underinvestment in Aotearoa's health system must be reversed, an action that will benefit wellbeing and support the economy.

ASMS recommends six actions to close the gap between population health needs, and the health system capacity required to meet those needs.



### 1 Complete a regular Health Workforce Census


Aotearoa has entrenched shortages of senior doctors and dentists. [ASMS data shows a shortfall of at least 22% senior medical officers](#). We rely heavily on internationally trained doctors, and persistently have one of the lowest numbers of medical graduates per capita in the OECD.

- Our workforce is ageing: [18 per cent of senior doctors will leave medicine by 2027](#).
- Global competition for doctors is increasing: we are losing doctors overseas, and [to the private sector](#), for better pay and conditions.
- Chronic staff shortages contribute to [high rates of burnout](#).

Despite 20 years of documented workforce challenges, workforce data is not routinely collected or analysed. A regular nationwide health workforce census is imperative to understand Aotearoa's medical workforce capacity and distribution.

**Undertake a three-yearly census of the medical workforce from 2024, including questions on vacancies, rostering, locum use, public and private work.**

### 2 Understand unmet need



Aotearoa has a data deficit on unmet need for hospital and secondary care, making it impossible to accurately assess health workforce requirements. Workforce projections have always been based on preserving the status quo rather than [addressing the unmet health needs of New Zealanders](#).

**Power up the New Zealand Health Survey from 2023/24 to understand unmet need for hospital and outpatient care including by age, ethnicity, gender, region, deprivation status and disease prevalence.**



### 3 Publish a comprehensive Health and Disability Workforce Plan and Implementation Road Map

[Health workers are the backbone of the health system](#), yet Aotearoa lacks a long-term Health and Disability Workforce Strategy. A comprehensive

Roadmap is urgently needed.

- The Plan must be informed by the results of targets 1 and 2 (above) to match workforce forecasting to service needs.
- The Plan will need to prioritise Māori and Pasifika workforce development, to ensure Aotearoa has a medical workforce that reflects our population.

**Engage directly with workers and their unions to close the gap between workforce capacity and health need through agreed short-, medium-, and long-term actions.**

## **Fund Specialist Mental Health Services for 5% population need**

Aotearoa is in a mental health crisis. [Our psychiatry workforce is experiencing increasing demand, acuity and complexity.](#) As a result, patients are often unable to access the right care due to resource constraints, and psychiatrists are experiencing moral injury.

Aotearoa has:

- just 33 psychiatric beds per 100,000 people, compared to the OECD average of 67.
- long-term shortages of psychiatrists, with Te Whatu Ora forecasting a worsening situation over the next decade.
- \$12 billion per year in costs of lost productivity and disability associated with mental health conditions.

[Approximately 5% of the working age population have severe mental health and/or addiction needs](#), yet specialist mental health services are funded for just 3%.

**Budget 2024 must increase the ringfenced funding for specialist mental health and addiction services to 5% of the population and is reported as a separate measure in Treasury documents.**

## **Reform primary and oral health services**

[The private model of primary and dental care has failed to provide accessible and equitable health care](#) for New Zealanders.



In 2020/21:

- over 400,000 people aged over 15 were unable to access primary health care
- [1.5 million people were unable to access dental care](#)
- Data shows user charges exacerbate unmet need, increasing complications, comorbidities, and hospital stays, disproportionately impacting Māori and Pasifika whānau, and people on lower incomes.

**User charges for both general practice visits and dental care must be eliminated, and new funding arrangements developed for the delivery of community based dental and GP care.**

## **Equity by 2040**

Health inequities are immoral given what we know about how to eliminate them. The New Zealand Health Strategy (2000) recognised international evidence focusing on economic and social determinants of health, including access to healthcare, as pathways to addressing health inequities.

23 years later, [gaps in life expectancy and health outcomes persist between Māori and Pakeha.](#) These gaps are systemic, unjust and unfair.

To achieve equity of outcome, Aotearoa must:

- Adopt [proportionate universalism](#) for health investment.
- Take a Health in All Policies approach to tackle the economic, commercial, and social determinants of health.
- End short-term thinking and build cross-party consensus to realise health equity.

**Working collaboratively with health workers and their unions is fundamental to realising outcomes in all six actions. Senior doctors and dentists must be engaged in policy, decision-making and delivery.**

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