

Response to Dr Caleb Armstrong: proposed Waikato medical school

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Dr Armstrong¹ raises a number of points about the Waikato proposal for a third medical school, which we would like to respond to.

Firstly, the Waikato proposal has of course taken in to account the increased intake of medical students since 2002. However, these increased numbers do not overcome the long-standing shortfall in training numbers, which has resulted in the dependence on international medical graduates, and the attendant problems that Dr Armstrong has so ably described.

The reality is that we should be increasing the number of medical students taken in to medicine by 15 each year in order to keep up with the demand for doctors due to population growth, the increasing demands of an ageing population and the reduced working hours. So by 2025 we should be planning to accommodate another 100 medical students in to the New Zealand health system.

We are not proposing a zero sum game moving student numbers from one school to another. Rather we have proposed a model of training that will complement the existing programs and will help build training capacity within the system.

There is no doubt that the pressures on Waikato District Health Board in providing services to an increasing and high needs population has led to some less than ideal demands on our SMOs who also have training roles.

However, Waikato Hospital has been successfully providing clinical training for Auckland medical students for more than 20 years. It also has more than 350 junior staff, of whom 40% have been imported due to the lack of availability of New Zealand graduates.

The lack of proper investment in undergraduate training in our region means that the DHB is under resourced to provide the infrastructure required to be a tertiary training centre—when compared with Auckland, Dunedin, Christchurch and Wellington.

The Waikato proposal is for a four year graduate entry program—so that the bulk of the funding for the program actually will be spent on clinical training and will be supporting the clinical services to provide a better training environment—it certainly does not result in the University gaining “tens of millions per year” claimed by Dr Armstrong.

Waikato DHB has already taken up the suggestion of developing appropriate community placements to help encourage postgraduate trainees to consider general practice.

Our proposal also puts considerable additional resource into the development of community learning centres. We would argue that part of the pressure on the health services in our region is the 13% shortfall in doctors per head of population in our region, and our over reliance on international medical graduates.

As a DHB we have outlined a strategy to improve as a centre of excellence in education, training and research so we are better placed to meet the health needs of the population we serve. The medical school bid is an essential part of the strategy to becoming a centre of excellence for both postgraduate as well as undergraduate training.

Competing interests:

Nil.

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1. Armstrong C. Waikato District Health Board: a trustworthy custodian of New Zealand's future doctors? N Z Med J 2017;130(1464):75-76.