Waitematā
District Health Board

Best Care for Everyone

Consumer Council

Wednesday

09 February 2022

2:00pm – 4:00pm

By Video Conference

Waitematā District Health Board
Best Care for Everyone

CONSUMER COUNCIL
02 February 2022

By Video Conference
Time: 2:00pm – 4:00pm

Consumer Council Members	Ex-officio - Waitematā DHB staff members
Lorelle George (Consumer Council Deputy Chair)	Dr Dale Bramley – Chief Executive Officer
Neli Alo	Samantha Dalwood – Disability Advisor
Samuel Cho	
Alexa Forrest-Pain (Te Rūnanga o Ngāti Whātua)	Other Waitematā DHB Staff members
Maria Halligan (Te Whānau o Waipareira)	Grace Yu – Manager, Asian Health Services
Insik Kim	Tamzin Brott – Executive Lead, IMT
Ngozi Penson	Ravina Patel – Manager, Patient Experience
Jeremiah Ramos	
Ravi Reddy	
Kaeti Rigarlsford	
Vivien Verheijen	
Hannah Bjerga (Student Representative)	
Eden Li (Student Representative)	

APOLOGIES:

AGENDA

Disclosure of Interests (see guidance)

- Does any member have an interest they have not previously disclosed?
- Does any member have an interest that might give rise to a conflict of interest with a matter on the agenda?

KARAKIA
WELCOME

	1.	**AGENDA ORDER AND TIMING**
	2.	**Welcome Rob Campbell, CNZM (Health NZ Chair)** **Introduction from:** David Lui (Waitematā DHB Board members and prior Chair, Consumer Council)
	3.	**DISCUSSIONS**
2.15pm	3.1	End of Life Choice Act
2.35pm	3.2	Youth Mental Health
2.50pm	3.3	COVID-19 update – Omicron (Verbal)
3.00pm		--- Break ---
3.10pm	3.4	3.4 Discussion on NZREX
	4.	**INFORMATION ITEMS**
3.30pm	4.1	Patient Experience Report
	5.	**CONFIRMATION OF MINUTES**
3.40pm	5.1	Confirmation of the Minutes of Meeting (01/12/21) Actions Arising from Previous Meeting
	6.	**ANY OTHER BUSINESS**
3:45pm	6.1	Community concerns and agenda for future meeting
3.50pm	6.2	Reflection

Waitematā District Health Board
Consumer Council
Member Attendance Schedule 2021

NAME	Feb 2021	Mar 2021	May 2021	June 2021	July 2021	Sept 2021	Oct 2021	Dec 2021
Neli Alo	×	✓	✓	✓	✓	✓	✓	✓
Samuel Cho	n/a	n/a	n/a	✓	✓	✓	✓	✓
Alexa Forrest-Pain	✓	✓	✓	✓	✓	✓	✓	✓
Lorelle George (Deputy Chair)	✓	✓	✓	✓	✓	✓	✓	✓
Maria Halligan	n/a	n/a	n/a	n/a	n/a	n/a	✓	✓
Insik Kim	✓	✓	✓	✓	✓	✓	✓	✓
Ngozi Penson	×	✓	✓	✓	✓	✓	✓	✓
Jeremiah Ramos	×	✓	✓	✓	✓	✓	✓	✓
Ravi Reddy	✓	✓	✓	×	✓	✓	✓	✓
Kaeti Rigarlsford	✓	✓	✓	✓	✓	✓	✓	✓
Vivien Verheijen	✓	✓	✓	✓	✓	✓	✓	✓
+Dale Bramley	✓	✓	*	*	✓	✓	✓	✓
+Samantha Dalwood	n/a	n/a	n/a	n/a	n/a	✓	✓	✓
Hannah Bjerga (Student representative)	n/a	✓	n/a	✓	n/a	✓	✓	n/a
Eden Li (Student representative)	n/a	n/a	✓	n/a	✓	✓	✓	✓

✓ *attended*
× *apologies*
* *attended part of the meeting only*
^ *leave of absence*
\+ *ex-officio member*

WAITEMATĀ DISTRICT HEALTH BOARD
CONSUMER COUNCIL

REGISTER OF INTERESTS

Board/Committee Member	Involvements with other organisations	Last Updated
Neli Alo	nil	24/09/19
Samuel Cho	Committee Member, Waitakere Health Link Member, Metro Auckland Asian and MELAA Primary Care Service Improvement Group (Auckland DHB and Waitematā DHB) Member, Asian Health Action and Advisory Group (Counties Manukau Health)	11/06/21
Alexa Forrest-Pain	Member, Auckland Council Youth Advisory Panel	17/03/21
Lorelle George (Deputy Chair)	Consumer Advocate – Harbour Hospice, Clinical Governance Committee	07/05/21
Maria Halligan	nil	13/10/21
Insik Kim	No declared interest	03/07/19
Ngozi Penson	Member, Metro Auckland Clinical Governance Forum Member, Ethnic Advisory Group (EAG), English Language Partners	27/07/21
Jeremiah Ramos	nil	03/07/19
Ravi Reddy	Board Member – Hospice West Auckland Senior Lecturer – Massey University Honorary Academic – University of Auckland	19/02/20
Kaeti Rigarlsford	nil	03/07/19
Vivien Verheijen	Member, Consumer Advisory Committee - PHARMAC Board member, Companionship & Morning Activities for Seniors (CMA)	31/08/20
Hannah Bjerga (Student Representative)	nil	28/06/21
Eden Li (Student Representative)	nil	22/04/21

Conflicts of Interest Quick Reference Guide

Under the NZ Public Health and Disability Act 2000, a member of a DHB Board who is interested in a transaction of the DHB must, as soon as practicable after the relevant facts have come to the member's knowledge, disclose the nature of the interest to the Board.

A Board member is interested in a transaction of a DHB if the member is:

- a party to, or will derive a financial benefit from, the transaction; or
- has a financial interest in another party to the transaction; or
- is a director, member, official, partner, or trustee of another party to, or person who will or may derive a financial benefit from, the transaction, not being a party that is (i) the Crown; or (ii) a publicly-owned health and disability organisation; or (iii) a body that is wholly owned by 1 or more publicly-owned health and disability organisations; or
- is the parent, child, spouse or partner of another party to, or person who will or may derive a financial benefit from, the transaction; or
- is otherwise directly or indirectly interested in the transaction.

If the interest is so remote or insignificant that it cannot reasonably be regarded as likely to influence the Board member in carrying out responsibilities, then he or she may not be "interested in the transaction". The Board should generally make this decision, not the individual concerned.

A board member who makes a disclosure as outlined above must not:

- take part in any deliberation or decision of the Board relating to the transaction; or
- be included in the quorum required for any such deliberation or decision; or
- sign any document relating to the entry into a transaction or the initiation of the transaction.

The disclosure must be recorded in the minutes of the next meeting and entered into the interest register.

The member can take part in deliberations (but not any decision) of the Board in relation to the transaction if a majority of other members of the Board permit the member to do so. If this occurs, the minutes of the meeting must record the permission given and the majority's reasons for doing so, along with what the member said during any deliberation of the Board relating to the transaction concerned. Board members are expected to avoid using their official positions for personal gain, or solicit or accept gifts, rewards or benefits which might be perceived as inducement and which could compromise the Board's integrity.

IMPORTANT

Note that the best course, when there is any doubt, is to raise such matters of interest in the first instance with the Chair who will determine an appropriate course of action.

Ensure the nature of the interest is disclosed, not just the existence of the interest.

Note: This sheet provides summary information only.

2. Welcome and Introduction

- Welcome Mr Rob Campbell, CNZM (Health NZ, Chair)
- Introduction from David Lui (Waitematā DHB Board member and former Chair of the Waitematā DHB Consumer Council)

3. DISCUSSION ITEMS

3.1 End of Life Choice Act
3.2 Youth Mental Health
3.3 COVID-19 Update – Omicron
3.4 Discussion on NZREX

Consumer Council Update – End of Life Choice Act

Feb 9 2022

Prepared by: Dr Jonathan Christiansen (Chief Medical Officer)

Waitemata DHB was well prepared when the End of Life Choice Act came into force.

The DHB's Steering Group overseeing the implementation of the Act are:

> Jonathan Christiansen CMO and Chair, Jos Peach (CNO), Sharon Russell (delegate for CAHSTPO), Dame Naida Rangimarie Glavish (Chief Advisor, Tikanga), Laura Chapman (Director Clinical Training), Fiona McCarthy (Director People and Culture), Penny Andrew (Exec Director I3), Amanda Mark (General Counsel), Mark Shepherd (Exec Director Provider Services), Matt Rogers (Director, Communications) and Sue Christie (Wellbeing).

The DHB works within the MoH's nationally consistent policy guidance for assisted dying. That guidance is available on the MoH website: https://www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act-implementation/end-life-choice-act-implementation-resources

Clinical staff are being asked about assisted dying, by patients, families and visitors.
Patients going through the formal process of seeking assisted dying may have ongoing care provided by our DHB clinical teams, in inpatient, ambulatory or community settings.

The working group ensures that all clinical staff are aware of the Act and their legal obligations, and are able to respond and support patients appropriately. A series of 13 teaching modules were written by the CMO and sent to staff. These were well received, are available on the DHB intranet, and are the basis of orientation of new clinical staff.

It is important that our staff feel supported to respond when patients ask about assisted dying. There is a group of senior clinicians who have a high level of understanding of the Act available to answer questions or advise on issues that arise. The Clinical Ethics Advisory Group are also available to advise on specific ethical concerns, and they provided helpful input into the DHB's preparedness.

No DHB staff member is obligated to participate in any part of the assisted dying process, except to initially respond to a patient request appropriately, including stating a conscientious objection as required by the Act.

The Executive Leadership Team at Waitemata DHB confirmed that clinicians employed by the DHB will not undertake the statutory roles of the Attending or Independent Medical Practitioners or Psychiatrist as part of their current DHB employment contract or agreed job size. This position is supported by the MoH which has stated: "District Health Boards (DHBs) are not expected to provide appropriately qualified staff to directly provide the assisted dying service."

It is expected that the majority of assisted deaths will take place in the community.
However all DHB's are required to provide a "facility of last resort" for the assisted death, if no other community setting is available. The DHB will have strict policy and procedures governing the use of our facilities for an assisted death. This approach is aligned to the Act and the MoH requirements.

Key elements of our process are:

1. Permission for an assisted death in the hospital will only be granted by the Chief Medical Officer, with input from the Chief Nursing Officer and the Chief Allied Health, Scientific, Technical Professions Officer.

2. The Attending Medical Practitioner (AMP) carrying out the assisted death (or Attending Nurse Practitioner, ANP) will be required to have a signed clinical Access Agreement with the DHB if they are not a Waitemata DHB employee.

3. The DHB will provide an appropriate facility for the assisted death to take place. A location has been identified. It will not be within an inpatient ward, and will ensure a minimum of interaction with other inpatients.

4. No DHB staff will be obligated to be involved in an assisted death. Some support from DHB staff will be required, but this will be on a voluntary basis only.

5. Once it is agreed that an assisted death will take place in the hospital, it will be carefully planned with the eligible patient and their AMP, and will meet all legislative requirements.

6. The AMP or ANP will be solely responsible for the medication for the assisted death, its administration and, where relevant, its disposal. As required in the Act the AMP/ANP will be available at all times to the patient throughout the assisted death.

To date there have been no enquiries to the office of the CMO seeking to utilise the DHB as a “facility of last resort”. The Ministry recently confirmed to media that fewer than 20 deaths had taken place nationally thus far.

Waitematā District Health Board
Best Care for Everyone

Information Paper: Overview of the current continuum of Children and Young People's Mental Health services – Waitematā DHB

Recommendation:

That the report be received

Purpose:

To provide an overview of the current continuum of children and young people's mental health services in Waitematā DHB, and provide information on the below:

- Areas of particular need
- Services available for children and young people (see **Appendix 1**).
- Access to services and the impact of COVID and restrictions
- Discrimination (stigma)

Background

The 2018 report of the Government Inquiry into Mental Health and Addiction - *He Ara Oranga* identified that mental health and addiction services for children and young people are facing sustained increases in referrals, in response to high levels of distress being exhibited by children and young people.

The *He Ara Oranga* report highlighted the importance of models of care with a focus on prevention, which can be accessed in the community and in schools, and help children and young people develop resilience and seek support from their peer and family/whanau networks. The report also highlighted the importance of ensuring those who meet the threshold for secondary mental health services are able to be seen quickly and receive the right level of care and support.

Waitematā DHB has a range of community, primary and secondary mental health services to support children and young people, however as is reported nationally, demand for these services is increasing.

The following paper provides more information around areas of particular need, services available for young people, and access and the impact of COVID-19. The Consumer Council also requested information on discrimination, so included in this paper is information around the impact of discrimination, and initiatives that exist to tackle the causes and the effect on our communities.

Areas of Particular Need

Nationwide, mental distress among young people has increased significantly over the last decade, with around 21% of young people aged 10-19 living with a mental disorder (Unicef, 2021).

In general, young people in Waitematā experience similar health issues to the national youth population with injuries; sexual health; violence; mental health; tobacco, alcohol and other drugs; activity, nutrition and obesity identified as key issues (Youth Health Services Literature Review, WDHB, 2010).

Māori and Pacific young people are more likely to experience poorer health status than other young people and Māori, Pacific and Asian young people are more likely to report higher rates of difficulty in receiving heath care from existing health services (Youth Health Services Literature Review, WDHB, 2010).

As outlined in *He Ara Oranga*, poor mental health and inequities in health outcomes, can be seen as symptoms of poverty, social exclusion and trauma. Children and young people who experience poverty and/or live in areas of greater deprivation, are more likely to have higher rates of distress. This is reflected in figures that show that low decile schools have higher rates of distress in the student population, than medium or high decile schools (YOUTH2000 Series, 2019 survey).

Suicide and depression has been linked to experiences of racial discrimination experienced by rangatahi Māori (Unicef, 2021). The proportion of rangatahi Māori who attempted suicide rose from 6% in 2012 to 13% in 2019 (YOUTH2000 Survey Series, 2019).

Māori are also disadvantaged in terms of access to mental health support. Māori have lower rates of enrolment with General Practices and access to primary and secondary mental health services than other ethnic groups.

There has also been an increase of significant depressive symptoms in Pacific young people from 2012 to 2019, increasing from 14% to 25% while the proportion of those who had attempted suicide in the last 12 months increased from 7% to 12% (YOUTH2000 Survey Series, 2019).

Young people who have been through the justice system are more likely to have mental health and addiction needs. Between 50 - 70% of youth involved with the justice system meet the diagnostic criteria for at least one mental health or substance-use disorder. This is significantly higher than the usual prevalence of 13% for youth generally (Gluckman, 2018)

Evidence also shows that young Rainbow communities have significantly poorer mental health and are at a much higher risk of distress, addiction and suicide (He Ara Oranga, 2018). Many young people in the Rainbow community will also have faced discrimination, both in their personal lives, and when accessing services (Out Loud Aotearoa, RainbowYouth).

Disabled young people are more likely to have poorer mental health than their non-disabled peers, and are more likely to experience poorer outcomes in relation to health, education and earning capacity (Unicef, 2021).

Young people living in rural areas are less likely to access mental health care and support (He Ara Oranga, 2018), mainly due to these services not being in close proximity to where they live.

During lockdown, health providers and NGOs that provide mental health services quickly moved to connect with their communities online. It is important to consider how this might restrict access to support for young people who may not have the required equipment, and who may live in crowded accommodation where there may be privacy concerns.

Services available for children and young people

Waitematā DHB has a range of mental health and addiction services to support children and young people. Secondary mental health services are funded and delivered directly by the DHB and are for children and young people who are experiencing significant mental health and addiction needs. There are also some specialist (tertiary) child and youth mental health services delivered to the Waitematā DHB population by Auckland DHB (e.g. the Regional Youth Forensic Service).

Community and primary mental health and addiction services are funded through Waitematā DHB and delivered by Primary Health Organisations (PHOs) and Non-Governmental Organisations (NGOs) to young people with mild to moderate mental health and addiction concerns. These services are accessed through referral from secondary mental health services, primary care or in some cases through self-referral.

There are also a range of services available to young people to support them in their mental health and wellbeing. These services offer either free or subsidised access, and are funded through philanthropic organisations and/or Government.

Appendix 1 outlines the services available to children and young people in Waitematā DHB to support them with their wellbeing and mental health, to be referred to in conjunction with the below information:

Secondary Mental Health and Addiction Services

The Marinoto Child and Adolescent Mental Health Service (CAMHS) delivers specialist support for children and young people (aged 4-18) in community settings. Access to the service is for those with acute and/or complex mental health and addiction needs. The entry point for CAMHS is through referrals from primary care and other professionals. The services work collaboratively with NGO partners through case management, joint triage and through the provision of clinical care and liaison services.

Waitematā DHB also deliver the Avatea service which is a Pacific Island Support team for children and young people with whanau/caregivers who have mental health needs and who are engaged with The Isa Lei Community Mental Health service, Malaga a le Pasifika Cultural Liaison team and Tupu, the Community alcohol and drugs and gambling service.

Whitiki Maurea is the Māori Mental Health and Addictions Service, delivering whanau centred therapy and a marae-focused, wairua-driven service. Marinoto has a referral pathway with this service, however there is limited capacity, so not all Māori rangatahi will have access to this service.

There is also an Early Psychosis Intervention service for young people (aged 16-25) who are experiencing their first episode of psychosis.

Tupu Ora is a regional Eating Disorder Service, delivered by Auckland DHB, that provides support to children and young people through an outpatient, residential and day programme.

Altered High (which is part of the Community Alcohol and Drug Services (CADS)) provides dedicated support for young people (aged 13 – 20) and their family/whanau who have needs around alcohol and/or drug use. The service provides mobile community care, which enables young people to be seen in an environment most suitable for them.

The Regional Youth Forensics Service (delivered by Auckland DHB) is for young people (aged 10-18) with a known or suspected mental health disorder who are engaged in offending behaviours and involved with the Justice System. Clinicians deliver specialist interventions around mental health and addictions.

Child and Family Unit (Starship Hospital) provides acute inpatient mental health care to young people who require a period of hospitalisation to support their wellbeing and/or maintain their safety.

Acute mental health assessment and support is provided outside of usual business hours by the Adult Mental Health acute teams. They are supported by an on-call child and adolescent psychiatrist, when required.

Primary Mental Health Services

Primary Health Organisations (PHOs) are funded predominantly to deliver primary mental health interventions in the community, including talking therapies, psychosocial interventions, access to psychologists, brief alcohol interventions, extended nurse and doctor consultations, and primary care nurse mental health and addiction credentialing programme.

Young people in Waitematā also have access to mental health and wellbeing support in some General Practices through Health Coaches, Health Improvement Practitioners (HIPS) and Awhi Ora Support Workers. These services provide people with practical support to address issues, including mental health, wellbeing and physical health concerns or concerns around alcohol and/or other drugs. There are currently 13 General Practices with these services available across Waitematā DHB.

In addition to the primary mental health and addiction services offered by PHOs in general practices, Waitematā DHB also fund youth specific mental health and addiction services.

Waitematā DHB contracts an NGO to deliver youth mental health services through an Integrated Youth Primary Health Service contract. This provider is contracted to increase the early interventions and support offered to young people through the provision of:

- Youth Health Clinics
- Mental Health and Wellbeing Choice appointments, brief interventions and Packages of Care for young people with mild to moderate needs (there are also packages of care available to young people with more complex mental health needs).
- Linkages to a range of community services provided across Waitematā DHB.

Community Mental Health and Addiction Services

A range of other NGOs are also funded to provide mental health and addictions services, available to young adults aged 18+, through a variety of contracts across Waitematā DHB. These services include one to one

support in the community, support groups and whanau wraparound support services. There is also crisis respite beds and day programmes available to young people (aged 16-25) who are referred by Secondary Mental Health Services.

Universal and Ministry of Health funded Services

The Ministry of Health directly funds primary mental health and addiction services as part of the Access and Choice Programme, which came out of the 2019 Wellbeing Budget (see **Appendix 1** – Universal services). This includes the below services which are available for those living in Waitematā DHB:

- Kaupapa Māori and Pacific primary mental health and addiction services, available for all ages (Te Whānau o Waipareira - Te Aka Matua and Pasifika Futures).
- Youth primary mental health and addictions service, aimed at 12 to 24-year-olds (Ease up).
- National Services available for youth (Youthline Helpline, RainbowYOUTH, InsideOUT).

In addition to the above primary mental health and addiction services, a $25 million package over four years was announced in 2020 to enhance mental health and wellbeing services delivered in Tertiary Education settings across Aotearoa/New Zealand.

There are also a range of not-for profit organisations offering free or subsidised access to young people for support around their mental health and wellbeing (see **Appendix** 1 – Universal services). These services are funded through Government and Philanthropic means, and are accessed through self-referral. These services may have additional criteria such as location and age group, so a young person and their family may need support to navigate these services.

Access and the impact of COVID-19

Secondary Mental Health and Addiction Services

Emerging local evidence indicates that young people are experiencing an increasingly high burden of mental health distress. Nationally, wait times for young people (0-19) accessing specialist services are longer than for all other age groups (He Ara Oranga, 2018). The Marinoto services report the below trends in relation to access:

- Increase in number of referrals, especially as the Covid-19 restrictions begin to ease.
- Increase in acuity and complexity of presentations.

COVID-19 and the resulting restrictions have further impacted the wellbeing of children and young people and many are feeling the effects of the disruption to daily life, exposure to maltreatment at home and a lack of routine and social interaction.

National data showing the number of referrals to mental health and addiction services from Emergency Departments for 12-18 year olds, showed a significant drop in referrals during the Level 4 lockdown in 2020, with only approximately 150 referrals made in April 2020. This was followed by a sharp increase in referrals beginning in June and climbing to 400 referrals in August 2020 (PRIMHD, Nov 2020).

Similarly, the number of crisis contacts from young people aged 0-17 dropped in April 2020, with approximately 370 crisis contacts made, before sharply increasing to over 800 crisis contacts recorded in August 2020 (PRIMHD Nov, 2020).

Marinoto is planning for the predicted ongoing increase in referrals, with urgent consideration being given to how referrals could be better managed at front of service. This is to allow those young people who meet criteria for secondary mental health services to be seen in a timely manner, and for those not meeting the criteria to be redirected to appropriate primary mental health and addiction services in order to receive timely support.

Primary Mental Health and Addiction Services

As reported nationally, demand for primary mental health and community services for children and young people continues to increase.

A number of Principals of North shore Intermediate Schools have come together this year (2021) to express concern at the number of students who are presenting with mental health concerns, finding that on average, 23% of their student population will present with mental distress at some point during their time at school. It is predicted that this figure will increase as a result of COVID-19 lockdowns.

Youthline reported a 300% increase in the number of texts received on the day it was announced Auckland was going into lockdown; and a 200% increase in the number of young people accessing support, who had never previously used Youthline. This data reflects the distress that many children and young people were experiencing as a result of the restrictions. In response to the impact of COVID-19 lockdowns on young people in Auckland, the Government has provided further funding to help social service and community organisations like Youthline respond to the increased demand.

During lockdown, referrals for primary mental health services decreased, due to an inability of clinicians and young people to meet face to face, and community settings and schools being closed. It is expected that as restrictions ease, demand for these services will increase.

Discrimination (stigma)

Discrimination in relation to mental health can impact on peoples' ability to contribute, participate and feel connected to their community. According to a recent study, over 36% of people who were currently experiencing high mental distress reported being discriminated against because of their mental distress (Mental Distress and Discrimination in Aotearoa/New Zealand July 2020).

Studies have shown that youth in Aotearoa/New Zealand have identified peer discrimination around mental health and discriminatory treatment from school staff based on mental distress. Youth also report facing stigma from their whanau and friends, including harassment, violence and bullying behaviour (Mental Health Foundation of Aotearoa/New Zealand, 2014).

Many community organisations (see **Appendix 1**) actively advocate for social inclusion for those with mental health needs, and there are a number of programmes available, including Like Minds, Like Mine which is a

public awareness programme in Aotearoa/New Zealand that works to increase social inclusion and end discrimination towards people with experience of mental illness or distress. This work is promoted through public awareness campaigns, community projects and research.

Summary

It remains evident that there is significant demand for mental health and addictions support, across all socio-economic, age and ethnicity groups in Aotearoa/New Zealand.

Demand from young people for mental health and addiction support has seen significant increases over the last decade, and many young people will experience inequities in mental health and addiction outcomes. Māori and Pacific young people are less likely to access services, despite being overrepresented in figures of mental health distress. Young people who have other needs, including around offending or who have a disability, are also less likely to achieve positive outcomes, not only with their mental health, but across education, health and employment opportunities. Discrimination can also have a significant impact on access to services.

While Waitematā DHB provide and fund specific interventions to tackle inequities, sustained demand on these services, alongside ongoing workforce challenges (as reported nationally), is continuing to put pressure on the system. The spread of COVID-19 and the resulting restrictions on daily life, have exacerbated these pressures, and many young people have felt the negative impact of lockdowns on their mental health. It is anticipated that the effects of the restrictions required to minimise the spread of COVID-19 will have a longer term impact on young people's mental health and wellbeing.

It is also clear that mental health and wellbeing outcomes are intertwined with other aspects of young people's life, including education, housing, family and socio-economic status. Working in collaboration with other agencies, such as Ministry of Education, schools and other community organisations remains key to providing care that is holistic and person centred.

References:

- CAMHS Data 2019-2020, *Referral, Access and Crisis Presentations,* PRIMHD data, 2018 – 2020.
- Health Promotion Agency, *Mental Distress and Discrimination in Aotearoa New Zealand, Results from 2015-2018 Mental Health Monitor and 2018 Health and Lifestyles Survey,* July 2020
- He Ara Oranga, *Report of the Government Inquiry into Mental Health and Addiction*, 2018.
- Office of the Prime Minister's Chief Science Advisor, *It's never too early, never too late: A discussion paper on preventing youth offending in New Zealand,* Professor Sir Peter Gluckman, 2018.
- Mental Health Foundation, *Young people's experience of discrimination in relation to mental health issues in Aotearoa New Zealand,* 2014.
- Out Loud Aotearoa, *sharing the stories and wishes of queer, gender diverse, intersex, takatApui, MVpFAFF and rainbow communities around Aotearoa's mental health and addiction services,* RainbowYOUTH & We Are Beneficiaries, 2018.

- Unicef 2021 – *Poor mental health in children and young people cannot be ignored* https://www.unicef.org.nz/stories/poor-mental-health-in-children-and-young-people-cannot-be-ignored-unicef
- Youth Health Services Literature Review *'A rapid review of: School based health services Community based youth specific health services & General Practice health care for young people'*, Peer Reviewed by Dr Peter Watson, 2010.
- Youth2000 survey Series *Youth19 Rangatahi Smart Survey Initial Findings Hauora Hinengaro /Emotional and Mental Health.*

Appendix 1: Child and Youth Mental Health and Addiction Services

Secondary Mental Health and Addiction Services

Waitematā DHB directly provide specialist care for children and young people with high and complex mental health and addiction needs.

Service Name	Eligible Criteria	Description of service	Access
Marinoto Child and Adolescent Mental Health Services – consisting of the following teams; Marinoto North, Marinoto Rodney, Marinoto West	Young people from 4 -19 years	The community teams provide assessment and treatment for children and adolescents with a known or suspected significant mental health concerns.	Self-referral, referral from primary and secondary services in the WDHB catchment area
Avatea	Pacific young people	Support for children and young people with whanau/caregivers who have mental health needs and who are engaged with community mental health and addiction services.	Self-referral and referral from DHB Mental Health services and primary care services
Early psychosis Intervention Service (EPI)	Young people aged 16- 25 years experiencing First Episode Psychosis	Provides intensive follow-up to young people and their whanau, experiencing First Episode Psychosis. The team use Early Intervention model and provide. support, information and treatment as soon as possible after their first experience	Secondary mental health services
Community Alcohol and Drug Services (CADS) – Altered High Youth Alcohol and Drug Service	Young people aged 13 - 20 and their family/whānau	Mobile community service - Provides counselling and youth friendly interventions, education and information evenings for families/caregivers and significant others	Direct referral, secondary services and through CADS pathway
Regional Youth Forensics Service (RYFS)	Young people aged 10 - 18 with a known or suspected mental health disorder who are engaged in offending behaviours.	Provides in-reach mental health support to the two secure residences. The service also provides liaison with other services involved in the Youth Coordination Teams, including Oranga Tamariki and Police.	Referrals from Oranga Tamariki, Youth Justice, prisons, secondary mental health
Tupu Ora –Eating Disorder Service	Children, Adolescents, Youth and Adults who meet the criteria for admission	Provides assessment & treatment for people with acute & complex eating disorders in the Metro Auckland region.	Referrals from Secondary or Hospital services.

Community and Primary Mental Health Services

The below NGO provided services are funded through Waitematā DHB and deliver mental health support to young people with mild to moderate mental health concerns.

Service Name	Eligible Criteria	Description of service	Access
HealthWEST Limited	Young people aged between 12-24 years who have difficulty accessing appropriate primary health care services and who have unmet or more complex mental health needs	An outreach service provided in a variety of community locations & youth clinics. This service also provides brief intervention and Packages of Care for young people with mild to moderate mental health needs.	Self-referral, primary care (GPs), schools and referral from Waitematā DHB Mental Health services
Provided by a variety of NGOS – Equip, Emerge Aotearoa, Te Whanau O Waipareira Trust, Te Puna Hauora O Te Raki Pae Whenua Society Incorporated, pporting Families in Mental Illness New Zealand (SFNZ) Ltd	Families/whanau/informal carers of mental health service users	Provides information, social and emotional support and advocacy services to the families and/or whānau and/or informal carers of mental health service users	Self-referral and referral from Waitematā DHB Mental Health services and primary care services
Provided by a variety of NGOs - Emerge Aotearoa Limited, Equip, Ember Services Limited, West Auckland Living Skills Homes Trust Board & Mind and Body Consultants Limited	People experiencing personal challenges related to their mental health and/or wellbeing	Walk Alongside Support is a flexible and person-centred wellbeing support service - brief intervention service of less than three months. This service is delivered in conjunction with the Wellbeing Teams based at some General Practices.	Self-referral, primary care (GPs)
Integrated Primary Mental Health and Addiction Service	People experiencing personal challenges related to their mental health and/or wellbeing	This model places Health Coaches and Health Improvement Practitioners (HIPS) into primary care teams. This service provides people with practical support to address issues, including mental health, wellbeing and physical health concerns or concerns around alcohol and/or other drugs.	Self-referral, primary care (GPs)

(*Waitematā DHB also fund an NGO to deliver a crisis respite service for young people with significant needs relating to their mental health. Access to these services is through direct referral from Specialist Mental Health Services).

Universal Mental Health Services

The below services offer free or subsidised access to young people for support around their mental health and wellbeing. These services are funded through Government and/or through Philanthropic means, and are accessed through self-referral. Services may have additional criteria and capacity will depend on the size of the organisation.

Service Name	Eligible Criteria	Description of service	Access
Te Whānau o Waipareira - Te Aka Matua	All ages	The service is funded by the Ministry of Health as part of the Access and Choice Programme. Whānau-centred, delivered for Māori by Māori and incorporates Te Reo, tikanga and Mātauranga Māori within the service.	Self- referral
Pasifika Futures – Ngala Fanifo Riding the Wave for Pacific Wellbeing	All ages	The service is funded by the Ministry of Health as part of the Access and Choice Programme. This service is Pacific-led and incorporates Pacific values, beliefs and practices, language, and models of care.	Self- referral
Ease up – Emerge Aotearoa	Young people aged 12 – 24 – floating support	The service is funded by the Ministry of Health as part of the Access and Choice Programme and is available to young people in ADHB and WDHB requiring primary/community level mental health and addictions support/brief interventions	Self-referral
Youthline	Young people – centres based NZ wide, online support also available	The service is funded by the Ministry of Health as part of the Access and Choice Programme. Provides counselling, youth development workshop and programmes, mentoring, ACC mates and dates programme and Stand UP AOD. Many of the services offered are free, and others are very affordable.	Self- referral
RainbowYOUTH	Young People - provide face to face support in Auckland, Bay of Plenty, Wellington, Northland & Taranaki and online everywhere else in Aotearoa	The service is funded by the Ministry of Health as part of the Access and Choice Programme. Provide Transgender, gender & sexuality, whanau, homelessness & other rainbow friendly services.	Self-referral
InsideOUT	Young People – support available nationwide	The service is funded by the Ministry of Health as part of the Access and Choice Programme. This service provides Rainbow Wellbeing Support.	Self-referral
Barnardos New Zealand	Young people - North Shore, Rodney, Waitakere, Other Auckland areas	Barnados provides the 0800 What's up - free counselling helpline and web chat service for children and teens.	Self-referral
Kindred Family Services	People experiencing personal challenges related to their mental health and/or wellbeing – based in Helensville	Offers counselling, support groups, family harm groups, drop in, women's refuge for children, young people and adults. Subsidised fees.	Self-referral
Rosa Counselling Trust	All ages – based in Rodney	Provide affordable counselling, education and support for people of all ages and ethnicity in the Rodney district	Self-referral

AUT Psychotherapy Clinics Low Cost Psychotherapy Services	All ages – based in North shore	Provide low cost psychotherapy services for children, youth and adults	Self-referral
Youth in Transition	Young people aged 10-24 – based in Rodney	Provide a programme called the “Journey Back to Awesome” which addresses the needs of young people who are dealing with issues such as low self-esteem, anxiety, depression and suicidal ideation.	Self-referral
Tu Wahine Trust	All ages – based in West Auckland	Kaupapa Māori counselling, therapy and support for survivors of sexual harm (mahi tukino) and violence within whānau. Programmes for tamariki/rangitahi and whānau that encourage safety planning, behaviour change, personal growth and relationship building Access is free.	Self-referral
Bays Youth	Young people aged 12-24 years old – based in North Shore	Programmes and services provide positive early intervention and support to 12-24 year-olds. Offer short-term, confidential counselling support to young people. The cost of 4 x counselling sessions is free to young people who meet criteria for funding. If you do not meet the criteria but are still interested in counselling this can be arranged and rates will be discussed.	Self – referral
Springboard	Young people aged 9-13 years old – based in North shore	Programmes including family support, work readiness, youth offenders, youth transitioning	Referrals from principals, counsellors, psychologists and social workers
Homebuilders	Families, young people – based in North Rodney	One to one counselling and support for teenagers going through a difficult time with an experienced youth worker, family support, children’s programmes	Self- referral
VisionWest Youth Solutions	Young people – based in Glen Eden	Youth Services is a free youth coaching and mentoring service providing wraparound support for young people with the aim of preparing them for long term employment. Different programmes available; Not in Education, Employment or Training provides 1:1 mentoring for young people aged 15- 17 years; Pae Aronui is a programme aimed at improving education, training, and employment outcomes for rangatahi Māori aged 15 - 24 years who are not in education, employment, or training; Youth and Young Parent Payment pprovides support for 16 – 20-year-olds who require independent living with financial support through Work and Income, and for young parents who require financial support.	Self- referral
Youth Horizons	Young people – based in West Auckland	Programmes for - Young people aged 16-18 who are not in education, training or work-based learning to support them into employment, training and/or education; Young people 16-18 and	Self- referral and agency referral

		young parents 16-20 who are receiving government financial assistance to support them in meeting their obligations for receiving support; Young people 15 – 25yrs who are leaving Oranga Tamariki care and transitioning to adulthood. All services are free to access	
Kaipatiki Youth Development Trust	Young people – based in Glenfield	Provide a variety of services including; Kanohi ki te Kanohi: individualized activity based mentoring and social support work; Early Intervention Programmes (EIP) in local Primary, Intermediate and Secondary Schools; After school activity based programmes; Collaboration and networking; Counselling services	Self-referral
Man Alive	Panmure, New Lynn, Northland	Provides adults services for men and boys - counselling, family & couple counselling, living without violence. Youth services for men - groups, courses, counselling. Some programmes are free if covered by for example Probation. Other services are offered on a sliding fee scale depending on income.	Self-referral
CARE Waitakere	All ages – based in West Auckland	Offers counselling, food assistance, family support on a sliding fee scale depending on income	Self-referral
Women's Centre Waitakere	Women, Children and Young People – based in Waitakere	Offers counselling, on a sliding fee scale depending on income.	Self-referral
Tu Wahine Trust	All ages and whanau – based in West Auckland	Kaupapa Māori counselling, therapy and support for survivors of sexual harm (mahi tukino) and violence within whānau. Access is free	Self-referral
Family Action	All ages – Waitakere	Family Action now offers the ChangeWorks programmes and also a range of services for those who have experienced abuse, trauma, family and sexual violence. Including counselling, outreach, women's refuge and youth programmes.	Self-referral
HELP Auckland	All ages – Auckland wide	Specialist provider of sexual abuse support services. Support services are free to access	Self-referral
Kindred Family Services	All ages – based in Helensville	Offers counselling, support groups, family harm groups, drop in, women's refuge for children, young people and adults. Subsidised fees.	Self-referral
South Kaipara Men's Trust	Men of all ages – based in Helensville	The Men and Family Centre is both a community agency – providing services and programmes and a Community Development catylist.	Self-referral

Helplines specifically targeted at Young People:
Youthline - 0800 376 633, free text 234 or email talk@youthline.co.nz or online chat
The Lowdown - Free text 5626 or email team@thelowdown.co.nz - for youth
What's Up - 0800 942 8787 (0800 WHATSUP) Mon-Fri 12pm-11pm and weekends 3-11pm. Online chat on www.whatsup.co.nz on Mon-Fri 1-10pm, on weekends 3-10pm
Kidsline - 0800 543 754 (0800 KIDSLINE)

NZREX DOCTORS PLIGHT. 26/01/2022

I was contacted by several Doctors in 2020, 61 to date, about their plight in securing entry into the health sector to practice as Doctors in New Zealand.

They have all been through NZREX rigorous process of study and spent thousands of dollars but have yet to secure any opportunity within any of the DHB throughout New Zealand to progress to the next stage of registration. They are all Ethnic doctors from various countries and are permanent residents, and some are citizens of New Zealand. A recent survey conducted showed that 80% have current NZREX qualification? This qualification expires every 5 years meaning that if they do not secure employment and it expires, they will have to go through the process all over again.

- Attached is an email sent to me by the Doctors. I have also received 51 additional personal emails from each one of the doctors sharing their stories of rejection and the impact it has on their mental health and wellbeing.
- Attached is the process to secure a role within the DHB from a survey I conducted in 2020 to gain context.
- Attached is the response from Stephen Davies, Associate Director, Human Resources, WDHB
- Attached also is the data from NZREX about Clinical-Pass-Rates-and-Subsequent-Registration between 2015 -2021.

I have shared this plight of the Doctors with Royal New Zealand College of General Partitioners (RNZCGP), Waitemata District Health Board Consumer Chair and Patient Experience Director, Metro Auckland Clinical Governance Forum and Regional team from The Ministry for Ethnic Communities (MEC) with very little progress to date.

There are news items that highlight the shortages of medical practitioners in NZ, yet there are qualified Doctors unemployed in the sector currently in living New Zealand.

The Royal New Zealand College of General Practitioners Workforce Survey shows that changes need to be made at a government level to ensure the sustainability of community medicine in New Zealand

The workforce is vital to the delivery of health services and a fair system is required to ensure communities have equitable access to health services. Where there are shortages of people with the right skillset to deliver on the organisations' mandate, there is a likelihood that the mission of the said organisation will not be accomplished.

This issue requires a system change to create opportunities for participation through employment for these doctors especially, with the current Pandemic and demand for health workforce. This is also the right time given the impending overhaul of the NZ Health sector.

I believe that to meet the needs of our communities and deliver better services for all, a diverse workforce is key. If there are barriers to entry, or people are excluded, we will not and cannot meet the needs of those we serve.

I welcome WDHB comments and Consumer Council thoughts on this matter.

Ngozi Penson

Every day we see on the news how overloaded our healthcare system is, how overworked our doctors are and how the patients suffer due to these inadequacies. We hear stories about people being on the waiting list for health treatments many months at a time. There were a few weeks this winter when our emergency departments were unable to cope with the demand and asked sick patients to not come to the hospitals.

We also hear about how so many GPs are going to retire soon, how GP clinics have exhausted their quotas for patients and how DHBs are spending millions of dollars on overseas marketing to attract doctors to New Zealand.

Covid-19 outbreak in New Zealand has caused further stress on the healthcare system and healthcare professionals who are at the verge of breaking.

Despite all of this, there are tens if not hundreds of qualified, competent doctors in New Zealand struggling to find a job. We are a group of 50+ doctors who have experience working in our own countries, before moving to New Zealand and being found competent by the Medical Council of New Zealand through their rigorous testing process. We are able and willing to work and most importantly are already here in New Zealand. Most of us are willing to relocate to other parts of the country too, if that is where our services are required. Unfortunately, there have been very few jobs advertised for us in the recent years.

We have worked as observers in hospital environments, in GP clinics, as health care assistants, as medical receptionists, at covid testing centres and at vaccinations centres among other areas. We have seen first hand the dire need for more doctors in hospitals and more GPs in clinics, yet we are told that there are no vacancies for us.

This article from March this year highlights how 30% of the GP workforce faces burnout:
https://www.stuff.co.nz/national/health/124477572/doctor-shortage-forcing-gp-clinics-to-turn-away-new-patients

This article from May this year reports that patients were queuing outside emergency departments due to overload:
https://www.nzherald.co.nz/nz/auckland-hospitals-overloaded-patients-waiting-in-corridors-as-demand-skyrockets/NIU26VB3XCSZFHHGASKSXOXP2A/

In July, a news article highlighted doctor shortage in the Bay of Plenty:
https://www.nzherald.co.nz/bay-of-plenty-times/news/bay-of-plenty-gps-limping-through-the-crisis-of-doctor-shortage/X3YJT2BQSPGCV2XKKZTIZDVC3Q/

The list of such stories is endless. There is no doubt that New Zealand is facing an acute shortage of doctors and this is leading to severe health consequences for the wider community.

This government website aims to attract overseas doctors to come work in NZ and identifies resident medical officers (RMOs) and GPs as roles for which there are "not enough qualified New Zealanders":

NZREX Doctors plight email sent to Ngozi Penson 18/10/2021

https://www.newzealandnow.govt.nz/work-in-new-zealand/job-market-key-industries/healthcare

In the last 5 years, 212 doctors were found to be competent by the Medical council of NZ through their extensive and rigorous assessment program. Hardly a handful were able to secure a job. This consequently led to the vast majority of competent, qualified doctors being forced either into lower skilled roles despite shortage of doctors or becoming a burden on the taxpayer by forced to seek unemployment benefits.

Some solutions to this could be to create more funding for additional PGY1 positions per DHB, another could be resumption of bridging course leading to GP training of doctors (already functional in UK and Australia and previously trialed in NZ). Something similar will certainly have a positive impact on our lives and on the lives of thousands of others in our communities
Another solution could also be issuing annual practicing certificate and annual renewals if nzrex doctors can do CME/CPD,this enable nzrex doctors utilise their skills and knowledge in other health related jobs whilst waiting for employment from Dhb.
A solution can also be a one off registration for all nzrex passed doctors who are in New Zealand at the moment which can reduce the anxiety which is coming from the 5year validity time frame of their exams
Incooparating Nzrex into the Ace system which opens the recruitment process to nzrex doctors as well and remove the barrier of bias

Kindly support us so that this can be addressed with the decision-makers in the health sector.

Undersigned by all the doctors who are currently unemployed

Wajiha Saif
Nida Omair
Nida Afroz
Mona Elbalshy
Sanduni Nishadika Hewa Wellage
Ruth Habib
Shanzida Tanni
Vivekaraj Jairaj
Lucy Adeoye
Shorena Nachkebia
Rima Albert HaykazKarabedyan
Nurmeen Akhtar
Sadia Sharmin
Rabia Farrukh
Gurinder Dhillon
Fazeela Hameed
Asima Shamrose
Viveka garg
Ramanpreet Kaur
Christof Park

Sent by Ngozi Penson from Lucy Adeoye 18/10/2021

Shadi Yavari
Kanchana Wijewickrama
Saba Alshawi
Afsheen Farrukh
Indika Mudiyanselage
Aliya
Joanna Kim
Rabeeah
Anusha
Afsoon Ansari
Puneet Kaur Pahwa
Riffat Sultan
Sana Syed
Ayushi Cynthia Somai Sharma
Mandeep Kaur
Kranthi Tummalacharla
Ashraf Arain
Jeyanthini Prasannah
Maja Vukotic Asani
Sadaf Intikhab
Sidra Ali
Ashwana Paul
Nargis
Pallavi Kurikyala
Reem Al-Dabbagh
Umee Abiha Adeel
Isha Singh
Lorena Natalia Statkiewich
Janette Florendo
Umais Jalal
Olufunmi Adewale
Anjalee Gunathilaka
Oddette Angelyn Hernandez
Tanja Milovanovic
Amy consuela Guevara- Garcia
Krishna Sindhu
Eubettina Drillon
Josefina Laroza
Wajiha Farooq
Paula Limardo
Sadaf Farooqi

Sent by Ngozi Penson Phone: 0274943 500

Exploring the barriers to employment for Migrant Doctors in New Zealand. 29/06/2020

What is the process to be registered as a medical practitioner in New Zealand?

Step 1	Hold a recognised primary medical qualification obtained from a medical school listed in the World Directory of Medical Schools. The medical school should meet the eligibility requirements for ECFMG Certification.
Step 2	Satisfy the English language requirements. 1. OET or 2. IELTS, 3. Or have 2 referees from the country where you practised medicine if English was your primary language and have them approved by them.
Step 3	Have passed one of the following examinations within 5 years of the NZREX Clinical date you are applying for: Professional and Linguistic Assessments Board (PLAB) test Part 1 or Medical Council of Canada Qualifying Examination (MCCQE) Part I or Australian Medical Council MCQ or United States Medical Licensing Examination (USMLE) Steps 1 and 2 (Clinical Knowledge)
Step 4	Pass the NZREX Clinical exam
Step 5 (we are here now)	Find a job as an intern (also known as a house officer or PGY1- Post graduate year 1) at a Council accredited training provider to start prevocational training. District Health Boards (DHBs) have been accredited by the Council as prevocational training providers. No other alternatives.
Step 6	Once we have secured employment, we can then apply for registration with the Council in the provisional general scope of practice.

From: Ngozi Penson 0274943500

	That's the time we get registered as doctors in NZ. If we want to be specialists, we will need to continue to meet the PGY2 requirements for prevocational training. Or practice as GPs.

What is bad about this process?

As specified, we are not able to obtain registration until we have secured employment. Only when we get employed under a DHB accredited hospital as a PGY1 House officer, that is the only time we can get registered.

The problem is there not enough position or not enough opportunity to get this job. Most of us has applied repeatedly (sent our CVs, walked-in personally, phoned the RMO recruitment Managers) all over NZ and some did observerships, but to no avail.

So, we get stuck in STEP no. 4. ☹

We are not saying they are not giving employment to NZREX doctors (because as they posted in their website, there are a number of NZREX doctors who got the job) but there is not just enough for everybody as hundreds are still waiting. So a lot of us get stuck to where we are now, either unemployed, doing odd jobs we are overqualified for and overtime lose the skills and practice we have built for years.

Medical students graduating from NZ (or those from Aus, UK, or Ireland who has comparable pathways) has their own matching system, ACE programme. NZREX doctors are not included in this. We are asked to apply directly to the DHB's in which (sadly) we are less prioritised.

We undertsand that they prioritise the local graduates (and those who studied in the comparable system) but as we also passed all the exams they required, we know that we have met their standards. We are not questioning the need for us, International medical graduates, to clear all the exams and requirements and to familiarise ourselves in the NZ medical health system and go thru the 2 years of internship. I think it is a great way to learn. All we want is a fair and just system to be given to us. An opportunity that we are welcome to the healthcare system or at least give us an alternative pathway for us to get in the system.

After passing NZREX and all other requirements, which took years of study and loans, we are left in the dark. This is the exact words they have written in the email letter when we pass NZREX.

" Please note that the Council cannot provide any advice on finding and securing employment. If you are searching for a job, we recommend that you start your search by directly contacting your DHB of choice."

In your opinion, what can improve the process for you?

We want a clear system or alternative pathway for NZREX doctors, who for years, have not been employed by the DHB. Alternative pathways like getting the internship through accredited GP programmes. As we know that we have a massive lack of GP throughout NZ and this is a great win-

From: Ngozi Penson 0274943500

win opportunity for us, the GP clinics and most especially the patients. This way we won't be competing with the slots in the PGY1 hospitals where for the new medical graduates are priotised. We also want the system to be open to migrant doctors with diverse ethnicities, backgrounds and experiences who made NZ as their residence. Most of us came here to live with our families and left our practice in our own countries. We love New Zealand and considered ourselves as Kiwis as we became citizens and PRs. We also want to be part of the healthcare workforce and serve the community as practicing doctors.
How many years after you originally arrived NZ did you gain your registration to practice? Not yet (only if I get employed by the DHB as a doctor, even if I passed all the exams) Year Arrived: Aug 2015 The year you gained registration: Passed NZREX March 2019 (but not yet registered as I have not yet been employed under DHB hospital as a House officer PGY1)
How much did the whole process cost you? About 10,000 NZD
Anything else? We are hoping that by getting our voices heard the Medical Council or DHB's, they would not take it against us. We heard from NZREX doctors who cleared the exam before us, that there has been an incident years ago where someone went to the Media to voice out and complained about the system as he/she was also waiting for years. But instead of getting help, we heard he/she has been banned in the DHB's and not allowed to practice. (Source unverified as I don't personally know who is involved) So a lot of us choose to be quiet, as we don't want to lose the chance to practice and years of hard work. We just want them to know that we are trainable and willing to learn the NZ medical system. We want to hone our skills and practice so that we will also be of help to the community.

Name	NAME WITHHELD
Ethnicity	Filipino

From: Ngozi Penson 0274943500

Waitemata
District Health Board

Best Care for Everyone

Human Resources
First Floor, 43 Taharoto Road, Takapuna
Private Bag 93-503, Takapuna, Auckland 0740
Telephone: 09 442 7147

Private and Confidential

26 October 2020

David Price,
Director of Patient Experience
Sent via email to David.Price@waitematadhb.govt.nz

Re: An item proposed for next Consumer Council

Dear David,

Thank you for your email received on 7 September 2020.

I have set out below background information relevant to the issue you have raised.

ACE Process and NZREX

New Zealand Government policy requires priority to be given to placing New Zealand Government-funded medical graduates[1] in First Year House Officer placements at DHBs. DHBs operationalise this policy through The Advanced Choice of Employment (ACE) process.

The ACE process is a matching exercise after which it is up to each DHB to determine to whom they wish to offer employment. The Government policy restricts entry to ACE on grounds of education (specifically, medical qualification) and not due to national origins or any other prohibited ground of discrimination.

What is ACE?

The ACE process was implemented in 2003 to establish a national process for the placement of New Zealand medical school graduates into PGY1 positions. Technical Advisory Services (TAS) manages the ACE contract on behalf of the 20 District Health Boards.

ACE is a process that matches candidate preferences with the DHBs' preferences as to candidates. Once the match has been completed each DHB completes the recruitment process in terms of offering placements within their DHBs. ACE is not used in the actual employment of the candidates – it is just the application and matching process.

The priority for the ACE process has always been filling those training positions that are funded by the New Zealand Government. Those funded training positions are automatically available only to graduates from New Zealand medical schools who are New Zealand citizens or residents. The decision made by Health Workforce

[1] http://www.health.govt.nz/our-work/health-workforce/medical-workforce-pipeline

New Zealand on the funding of positions outside of that category is beyond the ambit of the ACE process and DHBs.

When DHBs need to fill a PGY1 position outside of the ACE process however, they are free to appoint any suitably qualified candidate, including NZREX candidates based on their particular need. The opportunity for international medical graduates (IMGs) is in the mid-year when we recruit to fill any vacancies not filled during the ACE process, and we have employed IMGs under such circumstance

PGY1 Positions

The number of PGY1 positions available to be filled via the ACE process is determined by each DHB. In determining the number of positions, we consider the number of New Zealand medical school graduates and the particular requirements of our DHB.

In 2007, the Government increased domestic medical student places by 40. A phased increase of a further 200 places over the period 2010–2016 was introduced by the previous Government. The intention of this policy is to "grow our own" doctors to provide services to the New Zealand public. The current Government has continued the commitment to place all funded New Zealand medical graduates (who are New Zealand citizens or residents) into PGY1 funded training positions.[2]

The increase in the number of New Zealand medical school graduates has meant that there is reduced capacity for DHBs to place NZREX candidates and any other applicants other than those categories of applicant outlined in the ACE criteria. The reason for Australian graduates remaining in ACE is because of the comparable health system, their training is similar to New Zealand, and they have the same employment status as New Zealanders when applying for positions.

ACE however is not the only route to employment in DHBs. Applicants can apply directly to DHBs and, DHBs regularly employ NZREX doctors in PGY1 positions. DHBs advertise vacancies centrally on the KiwiHealthJobs website[3]. The ACE website Eligibility Page[4] also explicitly instructs those who do not meet the criteria for participation in the ACE process to apply directly to DHBs. The following statistics indicate successful employment is frequently achieved.

Data shows us that from 2008 to March 2017, 72% (357) of those who passed the NZREX exam (494) have obtained registration with the MCNZ in a provisional general scope. This registration can only be obtained by working for a DHB, which means that 72% of NZREX doctors have been employed by DHBs. Of those doctors, 85% hold a current practising certificate (303).

Indeed, there are currently 40 RMOs across the three Auckland metro DHBs who came in to New Zealand via the NZREX pathway. Of those 40 there are 15 employed at Waitemata DHB (9 House Officers and 6 Registrars). Those that are Registrars would have come into NZ and started as a PGY1 and have now progressed through to Registrar level.

A pass of the NZREX exam is valid for five years. The average time to register for NZREX applicants with the MCNZ (216 days) indicates NZREX doctors are obtaining positions at DHBs well within this timeframe.

Observership

A challenge for both us and the IMGs continues to be work readiness. The NZREX qualification does not provide that in itself and that is why the ready to work programme was valuable as it prepared IMGs for a PGY1 placement thus allowing some to progress to general registration. Not all managed that, the difference in

[2] http://www.health.govt.nz/publication/health-workforce-new-zealand-annual-report-minister-health-1-july-2015-30-june-2016

[3] http://www.kiwihealthjobs.com

[4] https://rmo.acenz.net.nz/content/Eligibility

medical training and the gap since last worked being indicators of success or otherwise. In the absence of such a programme we agree that an observership may be of value and a stepping stone to employment. I do need to advise that we may not be able to accommodate observerships because of our commitments to current health sciences and post graduate students of local training institutions.

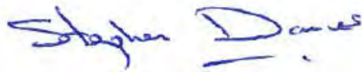
I hope that goes some way to reassuring your community and network that it is not that we do not wish to employ IMGs but rather we have only so much capacity to employ.

Conclusion

The information set out above provides background information in respect of the processes in place within DHBs.

I hope that this information provides you with sufficient background to the ACE process and clarity around the circumstances for NZREX applicants in this process. We also hope that the information provides some assurance that NZREX doctors are obtaining employment in DHBs.

Yours sincerely,



Stephen Davies
Associate Director, Human Resources
Waitematā District Health Board

Te Kaunihera Rata o Aotearoa
Medical Council of New Zealand

NZREX Clinical

Pass rates and subsequent provisional general registration

Updated – 15 November 2021

The following table displays information for the past 5 years of the number of candidates who:

- sat the examination,
- passed the examination,
- subsequently gained provisional general registration, and
- how long it took to gain provisional general registration.

Year	Exam Date	Number of candidates who sat	Number of candidates who passed	Number who have gained provisional registration	Average time to gain provisional registration (in days)
2016	12-Nov-16	28	15	10	490.2
2017	25-Mar-17	27	20	12	544.5
2017	24-Jun-17	28	13	9	206.8
2017	4-Nov-17	28	19	14	472.2
2018	24-Mar-18	28	15	10	398.6
2018	23-June-18	28	11	8	511.9
2018	3-Nov-18	28	16	14	382.7
2019	23-Mar-19	28	17	9	452.3
2019	22-Jun-19	28	15	9	320.2
2019	2-Nov-19	28	20	10	290.7
2020	31-Oct-20	31	21	4	264.5
2021	27-Mar-21	29	18	7	168.0
2021	19-Jun-21	30	19	4	111.5

This data is up-to-date as at 15 November 2021.

The figures above are updated regularly to reflect when successful candidates find employment and gain provisional registration.

Background information

- Every candidate who passes NZREX Clinical must undertake prevocational training (a 2-year intern training programme) at an accredited training provider (District Health Board).
- There are a limited number of internship positions available and Council strongly recommends candidates consider their employment prospects before applying to sit NZREX Clinical.
- In the past NZREX Clinical has been administered up to five times per year. In recent years the frequency of the examination has been reduced to three per year.
- The data suggests that while candidates who pass NZREX Clinical may not find employment immediately after they pass, the majority do eventually find employment and get registered.
- Not all candidates actively seek employment immediately after receiving a pass result (for example, some candidates still reside overseas).
- Internship positions are made up of four clinical attachments per year which start at set times. Therefore when a candidate passes the examination may affect their ability to apply for work in a particular intake.
- A pass in NZREX Clinical is valid for 5 years.
- The Council accredits training providers but cannot provide any advice on employment prospects.

4. INFORMATION ITEMS

4.1 Patient Experience Report

Patient Experience Feedback

1.0 National Inpatient Survey

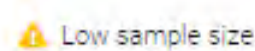
Participation

- Patients discharged from Waitematā DHB hospitals from 11th October to 7th November 2021 were emailed the survey.
- Waitematā DHB sent out 1578 invitations to complete the survey and achieved 494 responses, a 31.3 % response rate. This is higher than the national response rate of 25.2%.
- Of the 494 responses, 31 responses were from Māori patients and 23 were from Pacific patients.

Performance

Highest-performing results for Waitematā DHB

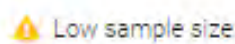
The table below shows the highest-performing questions for Waitematā DHB in November 2021.



Question Click on a question to see more detail		Overall	C.I.	n
Patient did NOT identify perceived unfair treatment	Nov 2021	92.4%	(89.7%-95.1%)	370
Patient definitely treated with respect by doctors.	Nov 2021	91.3%	(88.7%-93.9%)	438
Patient definitely treated with respect by nurses.	Nov 2021	89.8%	(87.0%-92.6%)	443
Patient definitely felt cultural needs were met.	Nov 2021	89.4%	(85.8%-93.0%)	284
Patient definitely treated with respect by other members of health care team.	Nov 2021	89.3%	(86.3%-92.3%)	420
Always had name used and pronounced properly by those providing care.	Nov 2021	88.6%	(85.7%-91.5%)	465

Lowest-performing results for Waitematā DHB

The table below shows the lowest-performing questions for Waitematā DHB in November 2021.



Question Click on a question to see more detail		Overall	C.I.	n
Hospital staff definitely included patient's family/whānau or someone close to patient in discussions about the care received during visit.	Nov 2021	56.2%	(50.6%-61.8%)	306
Patient was definitely told the possible side effects of the medicine (or prescription for medicine) they left hospital with, in a way they could understand.	Nov 2021	58.9%	(53.5%-64.3%)	319
Patient definitely had enough information about how to manage their condition or recovery after they left hospital.	Nov 2021	62.5%	(58.0%-67.0%)	437
Towards the end of the patient's visit, they were definitely kept informed as much as they wanted about what would happen and what to expect before they could leave the hospital.	Nov 2021	65.4%	(61.0%-69.8%)	448
Hospital staff definitely talked with the patient about whether they would have the help they needed when they left the hospital.	Nov 2021	66.0%	(61.0%-71.0%)	347

Patient Experience will work with the discharge planning team to ensure our patients are given the support they need to manage their recovery after they leave the hospital.

2.0 Friends and Family Test

2.1 Friends & Family Test Overall Results – Adult Survey

In December the Net Promoter Score (NPS) was 84 with feedback from 436 people. The NPS is up slightly on the previous month by 3 points and the score remains strong achieving above the target of 65. The number of responses remains lower than usual due to Covid-19.

2.2 Friends & Family Test Overall Results

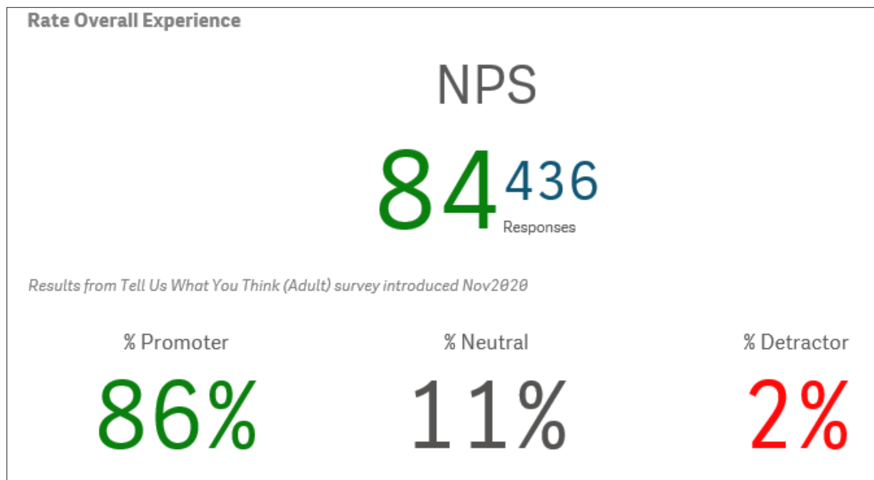
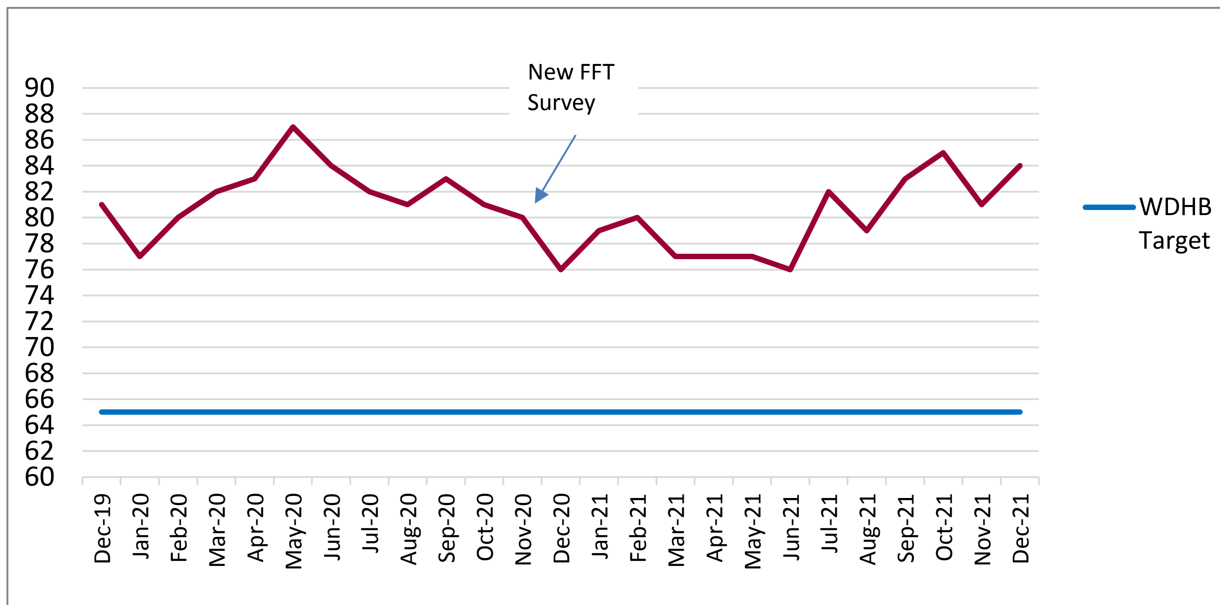


Figure 1: Waitematā DHB overall NPS

Pt Experience by Service (Adult and Maternity)

Month & Year	Surveys	Rate Overall Experience	Welcoming and Friendly	Listened To	Treated with Compassion	Involved in Decision Making	Explained in a Way I Understood
Totals	**436**	**84**	**92**	**88**	**89**	**80**	**87**
Dec-2021	436	84	92	88	89	80	87

Table 1: Waitematā DHB overall FFT results



Graph 1: Waitemata DHB Net Promoter Score over time

The above chart shows the net promoter score over the last 2 years. A new Friends and Family Test was introduced in November 2020 changing the question from 'based on your experience would you recommend' to a general question asking about their overall experience. The scale was also changed from a five point scale to a more sensitive 11 point scale.

2.3 Total Responses and NPS to Friends and Family Test by ethnicity

December 2021	NZ European	Māori	Asian	Pacific	Other/ European
Responses	255	39	46	28*	68
NPS	85	90	85	64	82

*Low base size, interpret with care

Table 2: NPS by ethnicity

In December, all ethnicities met the Waitemata DHB NPS target and scored 65 and above with the exception of Pacific which achieve a score close to the target of 64.

December 2021	NZ European	Māori	Asian	Pacific	Other/ European
Staff were welcoming and friendly	93	90	91	86	90
I was listened to	89	85	91	83	88
I was treated with compassion	90	90	91	79	86
I was involved in decision making	79	74	86	83	82
My condition/treatment was explained in a way that I understood	87	95	89	76	90

Table 3: NPS for all questions by ethnicity

This month, all measures score at or above the DHB target. NZ European recorded their highest scores to date for 'welcoming and friendly', 'listened to' and 'treated with compassion'. Pacific achieved their highest score for 'listened to'.

2.4 Patient Experience Highlights

- **Patient Feedback**

Feedback this month has been positive with patients and whānau citing amazing staff (helpful, kind, supportive, professional and caring), great care and good communication as some of the main reasons for an exceptional experience.

3.0 Volunteers

3.1 Volunteer Recruitment Statistics

Volunteers are down by one on the previous month.

Green Coats Volunteers (Front of House) (A)	Other allocated Volunteers (B)	Volunteers on boarded awaiting allocation (C)	Total volunteers available (D) (A) + (B) + (C) =(D)
50	131	15	196

Table 4: Volunteers Recruitment

The Patient Experience team continues to receive and process applications through our online process and word-of-mouth. Unfortunately, we have lost one volunteer due to a change in circumstances. Volunteers were due to resume their roles from the 14th February 2022, however as the country has move to 'red' under the traffic light protection framework, this date will be revised.

3.2 Volunteer Highlights

- **Hospital Auxiliary**

Hospital Auxiliary volunteers have been working tirelessly to provide various items to the hospital. For the month of November 2021 Auxiliary distributed 598 items to North Shore Hospital and 103 items for a special order for the Waitakere Covid Unit requesting clothing. In December 2021, they completed 64 maternity packs, 10 SCBU discharge

packs, 2 boxes of sleep packs, 45 palliative care toiletry bags filled and 54 food bags in supporting some of the projects that aim at enhancing patient experience.

Figure 2 Moses basket & mum's pack

Figure 3 Mums Christmas pack

Figure 4 Christmas packs

- **Maternity Sleep Safe Team**

A ward volunteer has been supporting the Maternity Safe Sleep team to assemble baby cots at Waitakere Hospital. The volunteer assembles much needed Moses basket stands and folding bassinets for distribution to some of our most vulnerable families in WDHB. In December, nine bassinets and seven stands were completed. Volunteer support has meant that the team has sufficient supply and it has also freed up precious time for the team who have been assembling the cots themselves.

Figure 5 Folding bassinet

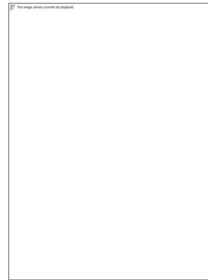


Figure 6 Moses basket with stand

6. OTHER BUSINESS

6.1 Community concerns and agenda for future meeting

6.2 Reflection