Te Kaunihera o Ngā Kāreti Rata o Aotearoa
COUNCIL OF MEDICAL COLLEGES
NEW ZEALAND

WORKFORCE MANIFESTO:

FIVE KEY ACTIONS

Our invitation

Aotearoa New Zealand needs a medical workforce that is connected to, supported by, and reflective of the communities we serve. We invite politicians, colleges, clinicians, educators, iwi and community partners, universities, and system leaders to focus our shared efforts on building a sustainable, culturally safe, future-ready workforce that delivers equitable outcomes for all people of Aotearoa.

The challenge

To put patients first we need equitable outcomes across the motu.

Putting patients first means delivering the equitable healthcare New Zealanders deserve, across the motu. Yet after years of fragmented planning and legislative change, our medical workforce is in crisis, with patients paying the price. This manifesto sets out five decisive actions to fix the pipeline, build capacity, and put patient care and safety first.

Our role

Te Kaunihera o Ngā Kāreti Rata o Aotearoa | the Council of Medical Colleges (CMC) unites the voices and expertise of eighteen medical colleges, each dedicated to equitable, high-quality care for all people of Aotearoa. While we are not representative of the whole medical workforce, we bring institutional knowledge in education and training within multidisciplinary teams. With sector partners - including the Medical Council, Te Ohu Rata o Aotearoa (Te ORA), universities, Ministry of Health and Health New Zealand | Te Whatu Ora – we work to help align systems and build a sustainable, culturally safe and future-ready medical workforce that serves every community with excellence and compassion.

Our vision

Our vision is for a medical workforce that is:

Coordinated - nationally aligned and sustainably supported.

Culturally grounded - reflecting Te Tiriti o Waitangi and the communities we serve.

Digitally connected - with systems that enable safe, seamless care across all settings.

Representative and resilient - sustained by equity, belonging, and professional growth.

Five key actions

1) Build integrated digital infrastructure for patient care

Develop national interoperability that allows for health information exchange and seamless and safe information flow between primary care, hospitals, and private providers.

Ensure through this interoperability that patient management systems allow national access to patient records, clinical portals for primary care continuity, and digital infrastructure linking secondary and private care.

Enable easier access to integrated data systems including e-ordering for laboratories, radiology, dispensing, and prescribing to support coordinated care across all settings

2) Establish a nationally coordinated training system

Create a specialty-specific, nationally coordinated training system with agreed volumes and delivery plans across all settings, including stronger community integration and integration that allows seamless transition between Health New Zealand | Te Whatu Ora and other providers. Where appropriate, this should include Aotearoa-wide requirements and support for cross-specialty learning.

Plan, allocate, and fund supervision nationally to address the critical shortage of supervisors that constrains student learning and career opportunities.

Placements and sustainable funding for training and supervision should be co-ordinated by Health New Zealand | Te Whatu Ora in partnership with colleges and universities.

3) Embed community-based and rural training in every vocational programme

Strive to support community and rural systems to increase the ability of the system to care for people in the community and better address the determinants of health. This includes expanding diverse placements for appropriate trainees and appropriate specialties to improve workforce distribution and incentivise practice beyond metro areas. Evidence-based tools, such as the Geographical Classification of Health (University of Otago) should be used, where possible, to determine where placements will have the most positive impact.

Improve retention by placing trainees in regions where they can build whānau and careers.

4) Strengthen support for International Medical Graduates (IMGs)

Streamline immigration, registration, and training for IMGs committed to long-term practice in Aotearoa.

Provide coordinated mentoring, system orientation, and meaningful cultural safety training (including te ao Māori and tikanga Māori).

Establish a single point of contact to support settlement needs and ensure international medical graduates receive appropriate support from well-resourced colleagues throughout their transition into the healthcare system – because evidence shows that better integration support significantly increases retention of international medical graduates.

5) Grow and retain a representative and culturally safe workforce

Improve health outcomes by growing and retaining a workforce that reflects the communities it serves, especially in communities with high proportions of Māori and Pacific Peoples.

Implement targeted recruitment and retention pathways for Māori, Pacific, and rural communities. This needs to include increased funding for medical school and training programme placements and equity-focused recruitment processes.

Appropriately resource leadership programmes for Māori and Pacific whānau who are being asked to sit on committees, groups and boards.

Manage cultural loading, burnout and attrition of Māori and Pacific fellows and seniors.

Our context

Aotearoa is small and geographically isolated, with bi-national colleges and the highest proportion of overseas-trained doctors in the OECD (41%).

New Zealand's population is similar in size to Norway, Singapore and Ireland but is spread over a geographic area similar in size to the United Kingdom, Italy or Japan - factors that demand **a workforce approach designed for our unique context**.

Colleges, educators and clinicians are dedicated to putting patients first. However, shortages, pathway complexity, and enduring inequities persist. We need to reduce preventable demand, while also increasing capacity. **Progress depends on sustained effort towards long-term strategic goals and objectives, rather than constant change aimed at meeting short-term needs**.

At a glance: recent policy shifts affecting equity

Since late 2023, the coalition government has reversed several equity-focused initiatives - removing Māori health structures and tools, constraining ethnicity-informed service design, and signalling funding changes that risk under-serving high-needs practices. These initiatives have removed dedicated institutional structures for Māori health leadership, eliminated evidence-based tools for addressing inequities, and created barriers to ethnicity-based service design.

Call to action

We invite politicians, system leaders, colleges, clinicians, iwi and community partners, universities, and government agencies to align behind these five actions. Together we can build a sustainable, culturally safe and future-ready medical workforce that serves every community with excellence and compassion.