

**From:** s9(2)(g)(ii)  
**To:** s9(2)(a); s9(2)(g)(ii)  
**Subject:** RE: X/17/00676 Returned briefing and follow up questions for answer by COP 27/7 - Waikato medical school proposal briefing  
**Date:** Thursday, 27 July 2017 2:32:04 pm  
**Attachments:** [image001.png](#)

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Thanks s9(2)(a)

s9(2)(a)

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**From:** s9(2)(a)  
**Sent:** Thursday, 27 July 2017 2:30 p.m.  
**To:** s9(2)(a); Ministerial Requests  
**Subject:** RE: X/17/00676 Returned briefing and follow up questions for answer by COP 27/7 - Waikato medical school proposal briefing

Hi

Sorry - please see below.

Kind regards

s9(2)(a)

- P4, para 4 – please can you take a look at the Minister’s question *‘Is 200 of that extra?’* The \$102 million is the establishment cost to 2020 and includes funding for facilities development, programme establishment/development and other capital charges. This is included in the total capital cost of \$111.7 million, which the Crown would need to establish as new funding.

The establishment costs also include some operational costs (see graph below) that will probably be met through existing DHB sources.

cid:image003.png@01D3060E.9AEF7710



- P8, para 30 – *‘How many not working as opposed to going offshore?’* Health Workforce New Zealand has indicated that it is currently preparing a briefing for the Minister of Health on this topic with a particular focus on retention of IMG’s. You could request a

copy from the Minister of Health.

- Minister commented re: pages 9 – 10 – *‘Very strong [something] just training more doctors not solution*

Noted. It is likely that a bundle of recruitment and retention initiatives would be required to result in significantly more rural doctors.

- Note comments on pages 6 and 12

*Noted page 6 that greater Auckland and Waikato have similar numbers of general doctors. Health Workforce New Zealand has commented that:*

- The Waikato is similar to the greater Auckland region in relation to the ratio of general practitioners per 100,000 population.
- The reason that it combines the three Auckland DHBs as one for this data is that the geographical location data in the Auckland region is unreliable because of the way doctors have reported their location (numbers in South Auckland are probably artificially low whilst those in Auckland are artificially high).
- We can confidently say that the ratio of GPs per 100,000 is only slightly less than in the Waikato than in the greater Auckland region.
- Even within district health board boundaries the ratio of general practitioners per 100,000 population varies. For example within the Waikato there will be more general practitioners in Hamilton per 100,000 population than in many of the more rural areas

It is noted that for more rural DHB’s, Tarawhiti has the same number of general practitioners per 100,000 population as greater Auckland (70), whilst Lakes DHB has more (82). Taranaki has fewer (60).

Noted page 12:

Graduate medical students are likely to attract more SAC 3+ funding than those that take the direct entry option due to the student completing a prior degree (although this would depend on the nature of the first degree). Some examples are as follows:

- 3-years Arts/social science - \$18,588 (based on 2018 funding rates)
- 3-year Science - \$40,626 (based on 2018 funding rates)

Indirect costs will be still higher if the student has completed honours or post-graduate qualifications. There is also the possibility that students will have undertaken more costly prior qualifications such as pharmacy, medical radiation therapy, or dentistry.

However, approximately 30% of Otago/Auckland medical students go through the graduate entry pathway (approximately 160 students). If these students went through a programme similar to that in the Waikato proposal, there would be a one year saving in medical school SAC3+ funding of \$43,048 per student based on 2018 SAC-funding rates (approximately \$6.7 million).

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**From:** s9(2)(a)

**Sent:** Thursday, 27 July 2017 1:28 p.m.

**To:** s9(2)(a)

**Subject:** FW: X/17/00676 Returned briefing and follow up questions for answer by COP 27/7 - Waikato medical school proposal briefing

Out of scope



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**From:** s9(2)(a)  
**Sent:** Tuesday, 25 July 2017 11:06 a.m.  
**To:** s9(2)(a)  
**Cc:** Ministerial Requests; Tim Fowler  
**Subject:** X/17/00676 Returned briefing and follow up questions for answer by COP 27/7 - Waikato medical school proposal briefing

Hi s9(2)(a),

Please find attached the returned briefing *Joint Tertiary Education, Health and Treasury Report: University of Waikato/Waikato DHB proposal to establish a third medical school in New Zealand*.

The Minister has scribbled some comments and questions, and I'd like the TEC to **1)** note these in case they come up in discussion with the Minister e.g. at officials meetings, and **2)** provide answers to some of the questions.

**Questions/comments for response by COP this Thursday please – by email to me is fine:**

- P4, para 4 – please can you take a look at the Minister's question '*Is 200 of that extra?*'
- P8, para 30 – '*How many not working as opposed to going offshore?*'
- Minister commented re: pages 9 – 10 – '*Very strong [something] just training more doctors not solution*'
- Note comments on pages 6 and 12

Let me know if you'd like clarification for any of these.

As you know, the Minister is meeting with Hons Joyce and Coleman next Monday afternoon to discuss this. I'm still waiting to confirm whether Ministers would like officials in attendance. Jen has put a hold in Tim's diary for the time being.

Let me know if you have any questions.

Thanks,

s9(2)(a)

Office of Hon Paul Goldsmith | Minister for Tertiary Education, Skills and Employment  
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