

GEMBA 3 Day WORKSHOP

51 invited participants attended between 1 – 3 days each with a total of 125 person-days so all percentages given are days per 125 total person-days). I have the list of all attendees and their role.

1. The hospital staff have been informed that:

There were “**50+ participants**” and “**21+ GPs and doctors**”

The reality:

I can only identify that **9 were doctors** (19%), **2 were ST based and attended every day** (<5%) and **1 was a GP** (2%). Please note GPs are doctors.

2. The TDHB members were informed that:

“**Of the participants 58% delivered clinical care in South Taranaki, 37% managed local health services and 5% represented Iwi/community**” [58+37+5=100% so what about the Midlands and Gemba gurus?]

The reality:

17 delivered clinical care in ST = 38% (48 p-d), made up of **10 ST based “clinicians”** [including 2 doctors, 1 pharmacist, 1 MW, 1 OT, 1 MH worker & 4 nurses all attending 3 days] = 23%) plus **7 TBH based specialists** (18 p-d = 14%) doing some outpatient or ED work in ST.

27 Managers = 48% (only 60 p-d) of which **6 were from ST** (16 p-d = 13%), **12 were NP based** (23 p-d = 18%) and **9 were from outside Taranaki** (21 p-d = 16%).

Three people specifically represented Community/Iwi (8 p-d = 6%).

3. The Draft Proposal states:

“**The overall model is widely supported by clinical staff**”

Most South Taranaki clinicians who attended the workshop were not happy with the model and subsequent staff, GP and Physio/OT feedback has not been particularly supportive of the model.

4. DHB members have said:

“**More South Taranaki GPs should have attended**”

True, but if the TDHB wanted GPs, they should have run weekend and/or evening workshops, not three days out of a busy working week.

- There is a dire shortage of GPs in ST, with “The NZ Medical Workforce in 2010” figures showing we have only 33 GPs per 100,000 which is half the national average of 67/100k (Stratford=57, NP=66). Only Westland is worst at 25. GPs cannot just “down tools” to attend weekday meetings.
- Offering to pay for locums was nice but where are these locums to be had at short notice and are they acceptable to our patients and meet requirements of the RNZCGP?
- I had already contributed my ideas and thought it would be more use if other GPs could share their ideas, also as the only fully self-employed clinician on the Steering Group, I could not afford more time away from my practice (employed clinicians and managers still get paid while attending meetings in the day, self-employed still have costs but no income).

Many South Taranaki GPs did not see this workshop as anything more than “rubber stamping” the already decided Midlands IFHC / EOI models and this was confirmed by many participants.