6 August 2026

Member of parliament

Tēnā koe,

Train five. Keep five.

New Zealand trains up to five neurologists each year, yet funds public hospital roles for only about three. The result is simple: we train specialists, then risk losing them because there are not enough funded jobs for them to stay and serve patients here.

As Chief Executive of Motor Neurone Disease New Zealand, I am asking you and your party to commit to the Neurological Alliance of New Zealand campaign, **Train five. Keep five**: fund two additional public hospital neurology positions each year, so New Zealand can train five neurologists and keep five, and commit to a national neurological workforce strategy.

The Alliance brings together more than 20 NGOs representing the 1.5 million New Zealanders living with neurological conditions. These conditions affect one in three New Zealanders through their own diagnosis or that of someone they love and are the cause of death for one in five New Zealanders.

MND NZ supports 400+ people with motor neurone disease for whom time is of the essence. With an average duration between diagnosis and death being just over two years, delays to diagnosis through specialist neurology services, are particularly significant. For those living outside the main centres, access to neurologist support is also problematic with visiting neurologist appointments too far apart to keep up with the rapid changes associated with a disease that moves too fast for bureaucracy.

This is also an economic issue. Earlier access to specialist care helps people get the right diagnosis, treatment and follow-up sooner, reducing avoidable deterioration and pressure elsewhere in the health system.

The system impact

Research led by Professor Anna Ranta, published in BMJ Neurology Open in 2026, shows New Zealand has one adult neurologist for every 74,604 people, compared with one for every 41,000 in Australia and one for every 14,000 across other high-income countries. In 2024, New Zealand had 83 neurologists across the public and private sectors, providing 67.3 full-time equivalents. The same research found that demand significantly exceeds supply and, if current training, recruitment and retention patterns continue, the gap is expected to widen over the next 12 years.

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Train five. Keep five. Funding two additional public hospital neurology positions each year would allow New Zealand to employ the neurologists it already trains, instead of relying on a workforce pipeline that produces more specialists than the public system is funded to retain.

The shortage has specific and measurable system impacts. Clinically appropriate referrals are declined because there are too few neurologists and funded hours. People who need ongoing specialist review are discharged back to general practice after one appointment. Follow-up capacity is far below what chronic neurological disease requires, with Health NZ reporting an overall ratio of first specialist assessments to follow-ups of about 1:1, when the Ranta workforce research says around six follow-up appointments would be expected for each first specialist assessment.

For patients and whānau, this means delayed diagnosis, missed opportunities for earlier treatment, greater reliance on emergency departments, more pressure on general practice, avoidable deterioration, lost independence and higher long-term costs.

The ask: fund two more roles each year

The case for action is practical and targeted. Two additional funded public hospital neurology positions each year would lift the publicly funded intake from about three to five, matching the number of neurologists New Zealand trains. It would improve access to first specialist assessment and follow-up care, support faster specialist decision-making, reduce avoidable emergency department presentations, and help people receive treatment before their condition deteriorates.

We are asking for two straightforward commitments:

1) **Fund two additional public hospital neurology positions each year.** This would allow New Zealand to train five and keep five, rather than continuing to lose specialists to private practice or overseas, because funded roles are not available.
2) **Commit to a national neurological workforce strategy.** New Zealand needs a planned approach to current and future neurological demand, including training, recruitment, retention, regional access, follow-up care and the needs of people living with chronic neurological conditions.

A commitment before the election

We ask you to make a clear public commitment before the election to fund two additional public hospital neurology positions each year and to support a national neurological workforce strategy.

Specifically, we ask that you confirm whether you will: publicly support the **Train Five. Keep Five** campaign; include the commitment to two additional funded neurology roles each year in your party's health policy; and meet with the Neurological Alliance to discuss the workforce strategy New Zealand needs.

Please provide a written response by Friday, September 18, including whether you and your party will commit to funding two additional public hospital neurology positions each year. We would

welcome the opportunity to meet with you, your caucus, and your health spokesperson to discuss how this practical commitment can improve care for the one in three New Zealanders affected by neurological conditions.

Nāku noa, nā,

Mark Leggett

Chief Executive, Motor Neurone Disease New Zealand