



BRIEFING TO THE INCOMING MINISTER

General Practice Owners Association of Aotearoa New Zealand

1. EXECUTIVE SUMMARY

There is an opportunity for the new government to recognise the importance of general practice in the delivery of health services to all New Zealanders, and to acknowledge that greater support is needed so general practice can deliver the essential services Kiwis need – in a timely, affordable and safe manner.

The current crisis in essential family doctor services throughout Aotearoa New Zealand should not be underestimated. A survey of the General Practice Owners Association of Aotearoa New Zealand (GenPro) members found 88% are concerned about the future financial viability of their practice, and many are reducing and cutting services. This is a direct result of ongoing underfunding of services and severe workforce shortages. Nearly one-quarter of all practices have also closed their books to new enrolments.

GenPro has been working with the sector and is focussed on three key areas that we believe are critical for strong and sustainable essential family doctor services. They are:

- Fair pay for family doctor teams
- Increasing the family doctor workforce
- Better funding for primary health care services

It is also important that the government realises the significant economic benefits to investing in general practice. Research suggests that every dollar invested in general practice returns 14 dollars to the state over the long term. Patients who enjoy continuity of care with a family doctor will live longer, and cost the health system less, than those without a regular doctor.

Given the myriad long-term social and economic benefits of investing in general practice, it is imperative the new government systematically addresses the areas identified. This will ensure that New Zealanders can once again access and rely on essential family doctor services as their first point of call in our health system.

2. WHO WE ARE

GenPro is a not-for-profit membership association representing the owners and providers of New Zealand's general practice services and urgent care centres. We represent over 400 general practices, providing services to almost half of the New Zealand population. We are the only national association which exists on behalf of individual providers of family doctor services.

Our members include a broad range of providers:

- Traditional GP owner-operated family doctor services
- Charitable community trust-managed family doctor services
- Nurse-owned and operated family doctor services
- Corporate-owned family doctor services and urgent care centres
- Iwi-owned and operated family doctor services.

The owners and providers represented above may not always have the time, expertise, or resources to ensure that they are appropriately supported by the Government, Ministry of Health, ACC or Te Whatu Ora. GenPro operates as a collective voice to ensure that all such general practices are acknowledged, supported, and funded to fulfil their essential role within the New Zealand health and disability system.

3. CURRENT STATUS

There is a long history of inaction from successive governments in addressing the challenges facing our family doctor services. Many reviews have been undertaken, and recommendations made, but few of these have been enacted. More care and attention are needed on primary care services and more effective collaboration and partnerships are required to address and implement the changes needed. Doctors around the country are exhausted, overworked, and often burnt-out. They need to see a fresh appetite for collaboration from the government, and a real desire to make concrete changes that will turn around the alarming trajectory that our family doctor services are on. Working in general practice is not an attractive proposition right now, with our survey finding 35% of practices made a loss in the last quarter of the financial year.

4. KEY PRIORITIES

Our key priorities fall into three main categories. They cover the most pressing issues facing general practice, and aim to create a more sustainable model of general practice that will benefit both our healthcare providers and our communities.

a) Fair pay for family doctor teams

1. Introduce pay parity for nurses.

Nurses working in family doctor services should be funded and paid at the same rate as their government-employed, hospital-based colleagues undertaking comparable responsibilities, and with comparable qualifications and expertise.

2. Ensure fair remuneration for family doctors.

It is important that family doctors are paid enough to attract young GPs from New Zealand, and doctors from overseas. Salaries in Australia and Canada are comparatively much greater; and Te Whatu Ora offers substantially better terms and conditions.

3. Ensure fair treatment for medical graduates working in general practice.

Medical graduates choosing to specialise in general practice should be paid at levels which are at-least comparable to hospital-based registrars, for the full duration of their training. Private family doctor businesses which support the hosting and training of registrars should be fully funded.

4. Remove the penalties for doctors choosing to serve as family doctors.

Qualified doctors choosing to serve as specialist GPs typically earn 25% less than their colleagues who are working as specialist hospital doctors. This unjustified difference needs to be rectified to attract more doctors into general practice.

b) Increase the workforce

1. Increase the number of GP Registrars.

We need to increase the number of GP training places, and also support the positive exposure of young doctors to family doctor services. Incentivising young doctors can be developed through further refinement of existing tools such as voluntary bonding schemes.

2. Remove barriers for overseas-trained doctors and nurses.

Family doctor services (as employers) require a reduction in the bureaucracy associated with recruiting overseas clinicians, and proactive support in attracting such professionals to New Zealand.

3. Expand the capacity of the family doctor workforce.

More nurse practitioners are required, and should be fully funded. Other models of extending the scope of workforce capacity in a cost-effective way need to be considered, such as the highly successful Physician's Assistant/Associate model from the US.

c) Fair contractual terms for private family doctor businesses

1. Jointly agree fair contracts for services

In line with the government's own procurement framework, the providers of family doctor services should be included in the development of fit-for-purpose contractual arrangements.

2. Fully fund new services, new developments and rising demand

Family doctor services should be fully funded for the entire range of additional workload pressures it is facing.

3. Invest a greater share of funding in front-line services

More health reform funding must be allocated to front-line patient services, and less to tiers of management and external consultants. Most critically, the family doctor service 'capitation funding model' must be updated. The current model is about 20 years out of date, and successive reviews have made widely-accepted recommendations for its improvement, which have yet to be implemented.

5. OUR PEOPLE



DR ANGUS CHAMBERS, **CHAIR**

Dr Chambers was born in England and came to New Zealand at a young age. Raised in Christchurch by a GP father and a health activist mother, he studied medicine at Otago University and has been a GP in Christchurch since 1990. He also has a degree in Law from Canterbury.

He is a part owner of Riccarton Clinic – a practice with approximately 17,000 patients which also provides Urgent Care services.

Angus became involved in PHO affairs in the early 2000s and is currently Chair of Christchurch PHO. He was previously also Chair of the national collaborative organisation, Primary Health Alliance. It is through the latter organisation that he was appointed a PSAAP representative for PHOs and over the last few years in this role became deeply disillusioned with the historic PSAAP representation for General Practice owners – a subject on which he has been well quoted by NZ Doctor magazine and elsewhere.

He has been a keen supporter of the establishment of GenPro to try to change that historic representation and to support sustainable and viable General Practice.



MARK LIDDLE, **CHIEF EXECUTIVE**

Mark has significant health leadership expertise spanning back to the late 1980s. During this time, he has worked within NHS hospital management in the UK as well as within the New Zealand public system.

Mark has spent the last 21 years in our primary care sector in various roles from practice management through to network leadership.

Educated to Masters level, Mark joins GenPro after 12 years in executive leadership roles at Pegasus Health in Canterbury, with his last role there as chief executive.

Mark has an established national profile and is the co-chair of Collaborative Aotearoa.

He is a strong advocate for the crucial role of general practice at the heart of primary care and brings a collaborative, solutions focused approach.