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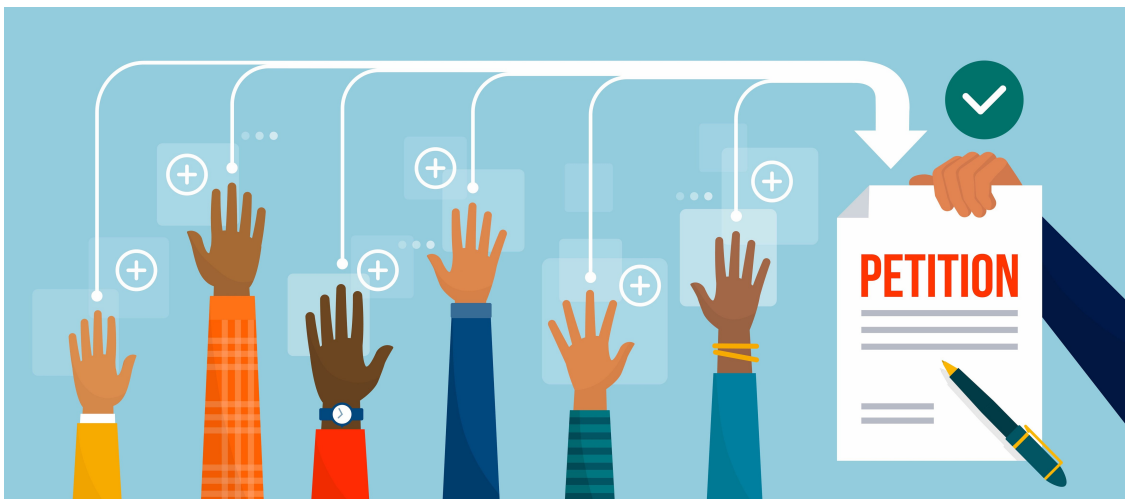
Rare petition launch: GenPro seeks public backing for 'On the Brink' campaign



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GenPro chair and specialist GP Tim Malloy says he can't recall a GP organisation launching a petition like this in his 35 years of sector leadership

In a rare move, general practices are seeking signatures from patients to a petition calling for immediate



Tim Malloy

Government action on the workforce and underfunding crisis hitting the sector.

The General Practice Owners Association today launched its “On the brink” campaign including the “Save your family doctor service” petition, a nine-step plan and an open letter to health minister Andrew Little.

GenPro chair and specialist GP Tim Malloy says he can’t recall a GP organisation launching a petition like this during his 35 years of leadership in the sector.

Dr Malloy says taking the step reflects how worried general practices are about the threat facing family doctor services and their patients from understaffing and underfunding.

“The campaign has been driven by the feedback we’ve received from our own patients. They are frustrated, upset and concerned. We are hearing anecdotes of poor health outcomes already where people’s care has been delayed by a lack of access to ourselves.

“That information tells us that it is the public who are affected the most.”

Open letter to minister

The open letter to the minister from GenPro, whose members cover about 400 practices and urgent care centres, talks of workforce shortages and underfunding causing delays for patients and threatening general practice sustainability.

“Without swift and decisive action from the government, we risk losing more essential family doctor services around the country, and an ongoing critical shortage of GPs and nurses into the future,” says the letter.

It calls for “immediate action” from government to address the crisis and refers to a nine-point plan including: fair pay for nurses, GP registrars and specialist GPs; increasing the general practice workforce; plus resolving issues over funding contracts, the out-dated capitation funding model, and the funding of new services.

Dr Malloy told *New Zealand Doctor Rata Aotearoa* that all nine points need to be addressed but the first priority would be “pay parity [for nurses] tomorrow, please”.

This would be “followed rapidly by a funding package for general practice” that reflects the outcomes of the capitation review and a “realistic reinvestment” in general practice.

College wants moves on funding

RNZCGP medical director Bryan Betty agrees general practice funding and the out-of-date capitation funding formula need to be addressed and says general practice services are the foundation for a functioning medical system.

“We’ve got workforce issues, funding issues and demand issues that we are seeing around the country,” says Dr Betty.

The Porirua specialist GP says every piece of research around the world shows that a “functioning community medical system, that is general practice, leads to better patient outcomes, less demand on hospitals and saves the system money”.

“We need to shore up the delivery of medical care in the community, which is general practice.”

Dr Betty, a member of a capitation review advisory group for the former health reforms’ Transition Unit, also says some “very good work” was done on capitation and appears in a paper that is yet to be released.

“That report does need to be released in public so there can be debate about the shortcomings of the funding situation that we are facing,” he says.

Minister cites COVID funding

Mr Little was reported in a BusinessDesk article last week pointing to general practices having their revenue “significantly increased” by COVID in the Community funding of an estimated almost half-a-million dollars, “last year alone”.

Dr Malloy says this COVID funding was a one-off income stream, can only be spent once and doesn't pay the wages going forward. ‘You can't keep spending it for business as usual.’

Dr Betty says the minister's comments were disingenuous, because general practice carried out a “huge amount” of work with COVID.

“The COVID and pandemic funding was outside of normal business as usual so it is totally separate to what is going on. So the two can't be confused.”

The nine-point plan

GenPro's plan, in its document *On The Brink: Saving New Zealand's family doctor service*, consists of:

Pay parity for nurses

Equitable treatment for medical graduates choosing to work in general practice: registrars being funded at hospital level for all three years

Remove the disadvantage for doctors choosing to serve as family doctors: by addressing underfunding

Increase the number of GP registrars: increasing training places not enough needs to encourage and incentivise young doctors to choose general practice

Remove barriers for overseas-trained doctors and nurses

Expand the capacity and capability of the family doctor workforce: including fully funding the training of more nurse

practitioners and regulating and accrediting new health professional roles including physician associates

Jointly agree fair contracts for services: “including enabling family doctor services to achieve a “fair return for the capital investment and risk”

Fully fund new services, new developments and rising demand

Invest a greater share of funding in front-line services: including updating the capitation funding model.

Health minister response

As the article went to print we got the below emailed response from health minister Andrew Little:

"None of the issues raised in the letter are particularly new – they're things the Government has been addressing over some time, requiring both short-term and longer-term solutions. As Genpro says in its letter, these are problems that successive governments haven't addressed.

"We have a funding agreement with GPs in place, and if we ask them to do more – such as during the COVID-19 programme - we pay them more. We are aware of the problems with the capitation system of funding GPs and there is a big piece of work to do on that.

"We know there are major challenges with the number of GPs, which is why we worked with the Royal New Zealand College of GPs put in place a programme to lift the number of GPs being trained, from 200 a year to 300 a year.

"We're also paying trainee GPs more, so they earn as much as young doctors working in hospitals, and paying GP clinics more to host them as they train.

"During the COVID-19 pandemic we made it possible for thousands of healthcare workers to come into New Zealand, and in July, we changed the immigration rules to make it easier than ever for doctors to come into New Zealand. So far, 65 GPs have applied to come to New Zealand under those new rules, and 26 have arrived.

"We've also made it easier for international doctors to get registered here, by covering their salaries during their six-week clinical induction courses and three-month training internships.

"We're also expanding a successful system to increase the number of overseas-trained doctors able to work in New Zealand by having them do the internships they need to do to get registered in GP clinics instead of in hospitals. The programme will start with a pilot in Waikato and build on work already done in the northern region.

"The Government is listening to GPs and the health sector. I regularly meet with GP representatives and recently hosted some 200 people from all parts of the health sector to discuss workforce issues and long-term planning, and last week announced the appointment of GP Dr Jeff Lowe to the board of Te Whatu Ora."

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