



# GENPRO ELECTION MANIFESTO

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**September 2023**

## There is an opportunity in this year's General Election for political parties to recognise the crisis in essential family doctor services throughout Aotearoa New Zealand.

The health of all New Zealanders is at risk - this crisis is so serious that general practices around the country are at risk of shutting down. A staggering 88% of general practices are concerned about the future financial viability of their practice.

Many general practices are already reducing and cutting services as they struggle to deliver what is needed due to underfunding and workforce shortages. As a result, many people are struggling to get an appointment to see their doctor or are having to wait weeks to see their family doctor, that is if they can get in at all. On top of that many have closed their books to new enrolments.

We also know that doctors and nurses in our essential family doctor services are feeling undervalued and underappreciated. Funding hasn't kept up with inflation or the costs of living, and it also fails to recognise increasing health needs. An ageing population, increasing levels of chronic conditions, and excessive waiting lists for hospital treatment are all contributing to greater pressure on our seriously underfunded family doctor service.

An August 2023 survey of our members found 35% of family doctor services made a loss in the last quarter of the financial year. The financial situation and workforce pressures have deteriorated in the past year, and it means we are at risk of losing our critical general practice services.

In response, GenPro has been engaging with its members to develop a plan on how the next government can better support a strong and essential family doctor service. We are calling this plan our **Election Manifesto**.

We know strong primary health care delivered in the community is best for everyone: for patients, for population health, for the wider health system, and for the tax payer.

As part of our Election Manifesto, we have developed some key recommendations. These recommendations will help to ensure that patients, their whānau, and their communities will be able to rely on sustainable family doctor services once again.

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We are focused on three key areas:

- ✦ **Fair pay - for our nurses**
- ✦ **More people - to expand the workforce**
- ✦ **Better and fairer funding - to invest in front-line primary health care services.**

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Sadly the issues within the sector are not new, and have been promoted and discussed for years. However, successive governments have failed to act.

The next government must address these key areas to appropriately support and fund Aotearoa New Zealand's essential family doctor services. If this doesn't happen, the health of all New Zealanders is at risk.

**Dr Angus Chambers**  
Christchurch family doctor  
and GenPro Chair

# + FAIR PAY

## RECOMMENDATION:

Nurses working in family doctor services are funded and paid at the same rate as their Te Whatu Ora-employed colleagues in hospitals, when undertaking comparable responsibilities and with comparable qualifications and experience.

Context: Successive governments have committed to addressing pay parity to ensure nursing staff are fairly and equitably paid, regardless of the health setting they are in. Yet the unjustifiable pay gap remains. The gap is significant and this is creating real challenges for general practice, particularly in the retention and recruitment of nursing staff. About half of all family doctor services have nurse vacancies, and this is impacting on the work the practices

are able to do. It is leading to service cuts and reductions in service delivery.

There is considerable evidence of the gap – the most obvious is the fact that many general practice nurses are leaving their jobs for higher paid positions in Te Whatu Ora hospitals and/or overseas. A recent survey of GenPro members found an average of 1.6 nurses had left a general practice in the past six months, and 43% of family doctor services have at least one current nurse vacancy.

**The pay gap varies but GenPro calculates it at between 15% to 35%, depending on role and experience.**

Funding to ensure pay parity should be directly locked into service contracts with those businesses and employers providing family doctor services.



# + MORE PEOPLE

## RECOMMENDATION:

Take immediate action to retain the current GP workforce, increase the number of GP Registrars, remove barriers for overseas-trained doctors and nurses to live and work in New Zealand, and expand the capacity and capability of the family doctor workforce.

Context: Immediate action is needed to retain our current general practice workforce. The most pressing need is to incentivise the large number of family doctors reaching retirement to stay in practice. More than 50% of family doctors are due to retire by 2030 and there is not an available workforce to replace them. So immediate action needs to be taken to ensure they continue to remain in practice.

While the current government has lifted the number of GP Registrar training places to 300, and increased their pay in the first year, these measures – while a good start – are not enough on their own. The fact is that despite these increases, only 178 doctors began their specialist GP training in 2023 – the lowest number for more than five years. This is a clear indication that more needs to be done to make general practice more attractive for doctors and nurses.

## Our GenPro member survey found 60% of general practices currently have a vacancy for a doctor.

We must support the positive exposure of young doctors to essential family doctor services – not just in our main urban centres, but in provincial and rural areas too – and incentivise them to choose general practice. This can be achieved through refining existing tools, such as voluntary bonding schemes, and also appropriately funding host practices and teaching supervisors.

The next government must also make it easier for overseas-trained doctors and nurses to come to New Zealand, as our reliance on them will not be reduced in the immediate future. We need proactive support to attract these essential professionals to New Zealand and a responsive and flexible approach from immigration and health regulators.

We also need overseas-trained doctors who pass the New Zealand Registration (NZRex) examinations to be able to secure a prompt and funded family doctor posting with the required clinical supervision and competency assurance programmes.

Training more nurse practitioners, while not a substitute for the doctors we need, will help to provide additional capacity and capability.

# + BETTER AND FAIR FUNDING

**RECOMMENDATION:**  
Providers of family doctor services are included in the development of contracts for services, and new services are fully funded.

Context: The next government needs to treat private general practice businesses fairly. These businesses are developed, underwritten, and invested-in by thousands of private individuals, companies, and community organisations. If they are to continue to deliver essential family doctor services, the government must treat them fairly by jointly agreeing fair contracts for services.

Family doctor services must be included in the development of contractual arrangements that are fair, jointly agreed, and based on recognised commercial principles. These contractual arrangements must also include:

- Pay parity for family doctor teams ie. equivalent pay to health professionals employed by Te Whatu Ora
- Increased funding to cover cost increases and to ensure income is sufficient to maintain safe, accessible services
- Support for administrative and non-service expectations. This would include supporting broader service planning, locality development, teaching and support of junior clinicians, and multi-disciplinary collaboration.

Family doctor services should also be fully funded for a range of planned work, as well as the additional workload currently evident. Much of this additional workload is being driven by services that have been traditionally delivered in a hospital setting being transferred to local family doctor services, such as minor surgery and biopsies, and services, like unfunded post-operative follow up. This continued transfer of services from hospitals to family doctors is a result of the wider pressure on the health sector, and also includes increasing requests for family doctor services to follow-up diagnostic results, arrange scans, or to co-ordinate ongoing care for a patient after a same-day discharge.

The impact of long hospital waiting lists also means that patients are increasingly being treated by their family doctor for health issues such as disease management or an injury as they wait for their necessary hospital treatment.

We are also asking for a greater percentage of the health budget to be targeted at front-line services for patients.

The 'capitation funding model' should be jointly updated, as the current capitation formula is 20 years old. Successive reviews have made widely-accepted recommendations for its improvement, yet these changes are still to be implemented.

The current government has dismissed as low priority its own 2021 Sapere Report into general practice funding. This report concluded that general

practice was woefully underfunded, and found general practice would need a 9% funding increase just to break even and deliver the current level of service. It said a 10% to 20% funding increase is needed to provide a higher level of service and address some of the unmet need and inequity. Further it found increases from 34% to 231% would be needed for practices serving communities with very high health needs.

There is a view that even the Sapere Report under-estimates the cost of running a general practice.

The Sapere Report also recommended a funding system that considered age, sex, ethnicity, deprivation and morbidity of patients as well as the time clinicians spend with a patient rather than the number of consultations to determine funding.

The next government must work with providers of family doctor services to implement these recommendations. This should include replacing the inequitable Very Low Cost Access (VLCA) scheme with a single capitation solution.

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## OUR VISION

Sustainable, viable and high quality General Practice for all New Zealanders

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## OUR MISSION

To promote and advocate for sustainable, responsive and high quality general practice services for the population of New Zealand.

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## CONTACT

GENERAL ENQUIRIES  
[enquiries@genpro.org.nz](mailto:enquiries@genpro.org.nz)

MEMBER SERVICES  
[membership@genpro.org.nz](mailto:membership@genpro.org.nz)

FINANCE AND ACCOUNTS  
[accounts@genpro.org.nz](mailto:accounts@genpro.org.nz)

