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The government's plan is to kill general practice. Ignorance or intention?

This week's [Health Workforce Plan released by Te Whatu Ora](#) demonstrates a profound negligence, says General Practitioners Aotearoa (GPA).

The purpose of the Plan is to “to strengthen the clinical frontline and deliver on the Government’s priorities”.

GPs are the frontline of the frontline, says GPA chair Dr Buzz Burrell, but they barely get a mention in this document, [as *New Zealand Doctor* well reported](#).

The GP workforce is in dire straits. Over half of New Zealand GPs plan to retire in the time period this Workforce Plan covers.

“Te Whatu Ora regularly trots out its target of 300 GP trainees per year as a commitment to growing the workforce,” Burrell says.

“Let me tell you, that target has never been achieved, and never will be achieved without significant investment in the sector,” he says.

“It’s not a commitment at all. It’s lip service, and it’s an embarrassment.”

Hospital trainee doctors are paid 18% more than GP trainees, and Te Whatu Ora pays their training fees, while many GPs have to fund their own training.

“I love being a GP, but frankly I understand why new doctors are choosing different specialties,” Burrell says.

“The only conclusion one can draw from this plan and the general lack of investment in general practice, is that our government does not see a role for GPs in the future.”

“My only question is: is the Government intentionally killing general practice, or is it pure ignorance?”

Breakdown:

Health Workforce Plan targets

National health targets

Two of TWO's five national health targets sit squarely with GPs.

Faster cancer treatment

The biggest obstacle to fast treatment of cancer is not long waiting lists. It is early diagnosis. If you are diagnosed with cancer early, your chances of recovery and survival increase enormously.

People do not magically appear in oncology wards asking for cancer treatment.

GPs are the ones working with people in the community, talking to them about their symptoms, screening them, and referring them to other specialists when there is a question of cancer.

Improved immunisation for children

We are the first point of contact for whānau with tamariki. Whether they are following an immunisation schedule, having a regular checkup, or bringing in a sick child, families regularly find themselves talking to a GP.

Some families do not know about, or don't prioritise immunisations. Some don't believe in immunisation.

GPs have an opportunity to build a relationship, build trust, and work with whānau to vaccinate their children.

One-off encounters with emergency departments and pharmacies cannot fulfil this target.

Modifiable risk factors

GPs are the main point of contact for every single one of these factors.

Smoking, poor nutrition, lack of exercise, harmful alcohol use, lack of social connection

When a patient visits the GP, they don't just deal with one issue. They build a relationship and talk about lifestyle and risk factors impacting their long-term health.

Then GPs work with those patients over months and years, supporting and advising, monitoring their health, linking them with other programmes and finding funding for them to attend.

Long-term conditions

GPs manage a patient's long-term conditions.

Cancer, diabetes, cardiovascular disease, respiratory, mental health and addiction

A patient with diabetes might see their specialist twice a year, and they might see their GP 20 times a year to manage their condition and related health issues.

Mental health & addiction (MH&A) targets

It is inconceivable that Te Whatu Ora is placing such a high value on these targets, while steadfastly underfunding community and specialist mental health services.

Faster access to specialist MH&A services

GPs refer patients to specialist MH&A services.

They have the hard job of balancing the severity of a patient's needs against the sad reality of a system that does not have room for them.

When a patient needs fast access to specialist MH&A services, it is the ones with a dedicated GP fighting for them who usually get the care they need.

Faster access to primary MH&A services

Most MH&A services are run in the community, by a network of GPs, nurses, social workers, charities and volunteers.

These services are stretched far beyond capacity.

Strengthened focus on prevention and early intervention

Prevention and early intervention is exactly what GPs do.

Most patients do not go directly to a mental health service provider when they begin to experience mental health problems or addiction.

They tend to explore these issues over time with trusted GPs.

We wonder how Te Whatu Ora plans to prevent and intervene without a functioning workforce of GPs.

“These targets are simply not achievable with the currently eroding GP workforce.” – Dr Buzz Burrell

ENDS

Contact for comment

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We may also be able to connect you with our members who wish to comment on relevant stories – email communications@gpaotearoa.co.nz for more information.

About General Practitioners Aotearoa

General Practitioners Aotearoa (GPA) is the only independent organisation exclusively representing the voices of doctors working in general practice. We are member-funded and receive no government money. GPA formed after the demise of the New Zealand Medical Association to independently advocate for GPs. gpaotearoa.co.nz