



GP24: Peter Anyon address

Dr Zarah Allport

Tēnā koutou katoa

Tuatahi māku e mihi atu ki to tatou kaihangā, tēna koe

Ki ngā hunga mate moe mai, moe mai, moe mai rā

Kia tatou kua hui mai nei i tēnei rā, tenā tatou

Ki te rangi e tū nei, te papa e takoto nei, tenā korua

Ko Zarah Allport toku ingoa

He uri ahau no Te Ati Awa

Kia ora koutou my name is Zarah Allport, and I am incredibly honored to be given the chance to speak here tonight and to be here delivering the Peter Anyon Memorial Address for 2024.

I am currently a GPEP 2 registrar, and I work for Te Whānau o Waipareira in a newly opened Māori health clinic in Henderson, Tāmaki Makaurau.

So, a little bit about me and who makes me who I am; I was born in Otautahi Christchurch but grew up in Tāmaki Makaurau; through my mother's side I whakapapa to Te Ati Awa and Germany and Ireland and the UK on my father's side. I was raised by my mother Tanya to whom I am incredibly grateful for being an endless beacon of support and inspiration, she was in university from when I was less than a year old and continued through to completing her PhD sometime during my high school years, she has always been proof to me that if you set your mind to something you will likely have the capacity to achieve it.

Tonight I have been asked to speak about my journey to general practice, now I always thought that my path to GP was quite unconventional in that it was very disjointed with lots of pitstops in ED, general medicine and even Australia for a time however when I started GPEP last year we did an exercise where all of the registrars and our teachers told their life stories and almost everyone had a fairly nonlinear journey to general practice, so maybe you could say in fact that my journey to general practice has been entirely conventional.



I never actually wanted to be a doctor, reading has always been a passion of mine so throughout high school I dreamt of becoming a book publisher and getting paid to read all day, however - and much to the surprise of most of my friends & whānau - in my very last year of high school I decided that in fact I would set out to become a doctor.

My first exposure to medical school actually came a lot earlier and recently I've had the chance to reflect on how much that has probably affected my journey; when I was around 11 Years old my mum got a job for the Māori and Pacific Admission Scheme (MAPAS) at the University of Auckland, Faculty of Medical and Health Sciences, where she worked for the certificate of health sciences, a course specifically designed to grow the capacity and capability of young Māori and Pacifica students wishing to enter med school and the other health sciences; I loved hanging out at the offices, going on mārae stays and meeting all the incredible young students who were bravely undertaking their journeys into medicine and health, there was always such a sense of community and fun and I saw the way everyone supported each other.

Years later, when I decided to embark on my own journey into medical school I was privileged to become part of that amazing community of students. I am a proud MAPAS graduate, and I am not ashamed to say that I probably would not have gotten into medical school without MAPAS, and I most certainly would not have made it through the entire 6 years without their support.

These programmes work and they must be protected. It is a space where students are fully supported and encouraged to realise their own potential to become the amazing members of the health-care community that Aotearoa relies on. I graduated in 2016 and when I look at my graduating class, I see doctors working in general practice at places like Turuki Healthcare and etu Pasifika, many work rurally going back to their whānau or they are trailblazing in specialties with little to no Māori or Pasifika representation: we are vision 20/20 manifest and that commitment cannot be sidelined or forgotten.

As mentioned earlier I have worn many pōtae on my journey, during my junior doctor years, I worked across different specialties and spent time as an ED registrar, a general medicine registrar and locuming on the sandy shores of Byron Bay – all of which were great learning experiences that taught me so many things and led me to where I am today.

My true journey to general practice really began in 2021, after returning home from Australia due to coronavirus, when I got the call to come on to support Te Whānau o Waipareira in their Covid 19 response, initially just helping to train kaimahi on PPE and testing protocols, then supporting their vaccination campaigns and then supporting Māori in West Auckland with coronavirus.



Te whānau o Waipareira is a pan-tribal, well-established provider of health and social services for the urban Māori community of West Auckland, who like many iwi and other providers rallied to establish systems and processes to respond to the needs of their community during this time.

At this point I had grown very tired of the DHBs traditional medical model, and whilst I loved medicine and working with whānau I found the politics and lack of support in the hospital system very draining. Coming to Waipareira and being able to change my approach to one steeped in community with the emphasis being always on “whānau first” it truly felt like the first time I had genuinely loved my mahi.

My mahi at Waipareira continued to evolve and after leaving the hospital I came on board to support their new integrated services contract which saw health and social services delivered in an integrated approach out in the communities; one of the highlights for me of this mahi was moving away from traditional funder based outcomes which to me seem more like tick box experiences and instead focusing more towards whānau directed outcomes, reflecting the true wants and aspirations of that whānau.

In 2023 I began my first year of GPEP training and whilst working and completing this I also helped Waipareira in developing their own Māori health clinic. I am happy to say we opened our doors in April 2024 and although it has been chaotic and challenging, I can truly say I come home most days grateful to be able to do the mahi I do and to work with such an amazing team.

I have also been asked tonight to speak on the future of general practice and I cannot speak on the future without first reflecting on and acknowledging the past. I want to acknowledge the hard mahi of every single one of you and of those who have blazed this trail before us.

GP work is certainly not easy and whilst the 9-5 and weekend free lifestyle gives the promise of a cruisy life the added pressures, lack of funding and paperwork of the system we currently operate under continue to make it harder. During my GPEP 1 training year almost all of my classmates were either working part time or were already deciding on ‘side hustles’ as we all agreed the idea of working 40 hours a week as a GP seemed like a terrifying thing.

We are already seeing more doctor shortages, longer waiting times and reduced access for whānau across the motu and we must work towards future proofing healthcare for our all of our whānau.

We all know that our current system is strained, and the demand for primary care services only continues to grow. I believe that to address this, we must embrace and



chase integration and continue the work as many of you are already doing in creating our own integrated health teams.

It is not only about having diverse team that encompass a range of clinical and non-clinical support but it is about building the capacity of all of those within the team; last year I had the privilege of speaking and the Asia-Pacific conference on integrated care; I presented Waipareira's organisation and operational models for integration as an example of an indigenous led example for integration being driven by the voice of our community.

It was interesting to hear about many of the Australian health departments who have identified integrated care as an area of key priority to build a resilient health system. I observed that many organizations were still at the very iterative point in trying to understand how integrated care might work within their organisations or even just in trying to figure out what integration even meant. Integration and whānau first approaches are not a new concept to indigenous communities and you only have to look at some of our own Māori and Pacific providers who are leading the way in demonstrating the power of an integrated whānau centric approach.

A critical component of these integrated teams is the inclusion of young people, our rangatahi, especially those who are entrenched already within their communities. This is our succession planning, by exposing these rangatahi to the healthcare environment, we not only create a pipeline for future professionals but also enrich our teams with fresh perspectives and diverse experiences. These individuals can provide essential support to patients and help us create a more resilient healthcare system.

I have seen firsthand proof of this Kaupapa during the covid 19 pandemic, when Waipareira trained a team of rangatahi, the youngest of which was 16 at the time to administer supervised vaccines, not only did these rangatahi bring in large groups of their peers but many of them have gone on to pursue pathways in health. I am proud to say three of them currently are part of our clinic team helping navigate whānau through services, helping to run our community cancer screening programme and provide our hāuora checks for our kohanga reo babies, one has been accepted to medical school for next year, the other is starting a degree in public health and the other has hopes of becoming a midwife. This is how you build capacity for our strained health system, from the ground up.

Something I also see as crucial part of our future is that we advocate for Tino Rangatiratanga, self-determination, and for our patients to hold their own health autonomy, Mana Motuhake.



We need to help whānau to build resilience both within as well as outside of the health system and we need to empower communities to care for their own hāuora; I believe that in the coming years an emphasis should be placed on teaching and supporting our communities to ‘keep themselves well.’

When our clinic opened it was built on the vision of our whānau navigating their own waka towards hāuora and however that was defined for them and that as the care team our job was not to dictate or steer but to be the wind and the stars that helped navigate them and support them on their own journey.

Now this is not an abdication of the responsibility's our governments and health organisations hold to ensure our whānau can access timely and appropriate care or work towards a system that finally provides equitable outcomes, but it is about allowing our patients to learn to navigate through these systems and enabling them to advocate for themselves and their whānau within them.

We also need to rethink where we deliver care, we already know the act of even getting to the clinic is a huge barrier for some and although covid has heralded a new age of tele-health we need to remain conscious that this will not suit everyone. Instead of making patients come to us, we should bring resources and care to our whānau within their communities; this is something many amazing hāuora Māori organisations are already undertaking with proven results.

This community-based approach allows us to meet people where they are, in their world with them at the centre allowing us to address health issues whilst also minimising barriers to care. It is a shift that not only benefits patients by making healthcare more accessible but also strengthens the fabric of our communities.

I think for me one of the most challenging parts of general practice is knowing what your patient needs but not being able to provide free or prompt access to it, we see this time and time again particularly in mental health or in patients without insurance having to wait months to be seen.

I imagine we have all had the same conversation with a hospital doctor, while trying to advocate for our patients but being knocked back; just the other day I had a hospital doctor say to me “I’m sorry but that is just the system.”

We have to stop thinking that this is an acceptable excuse, we know the system continuously fails so many: Māori, Pasifika, people living on the breadline, people who are already othered and excluded; if the system does not work, we cannot continue to just accept and excuse the system and its failings. We need to be brave enough to think outside of what the current system offers, to think big, bold and to be creative.



And this is something I love about general practice, you can get a little more creative with it, the other day I saw a Facebook post about trying to use a combination of naltrexone and Bupropion to make Contrave more affordable and I was blown away by that, I loved that this group of doctors were consulting with their peers on ways to make things easier and more accessible for their patients.

Within general practice we have the privilege to work slightly outside the box at times, to step away from those traditional hierarchies and the freedom to advocate for our whānau, and to get creative with a system that we know may not always be in their best interests.

As doctors, we have a profound responsibility to advocate for our patients, not only within the confines of our clinics but also in the broader societal context. It is crucial that we help the public understand the complexities and challenges of navigating the health system. Many of our patients face real and significant barriers to accessing care, from financial constraints to logistical issues, and even systemic biases. By raising awareness and advocating for systemic improvements, we can work towards a more equitable healthcare environment where everyone has the opportunity to receive the care they need. Our voices, informed by firsthand experience and clinical expertise, are powerful tools in driving positive change and ensuring that the health system serves all members of our community effectively.

So, my message to all of you is to use this privilege, get creative, advocate for whānau as hard as you can. I know our job is already busy and hard, but times are getting harder for everyone out there and with the current situation our patients, our whānau are going to need us more than ever.

So that is it my journey and my view for the future; for the first time I am not dreaming about packing up, ditching medicine and escaping to a Caribbean island, I am genuinely excited to go to mahi, excited to work with my community and excited to use my voice and time for those who need me. I remain optimistic about the future, my own and that of primary care in general, and I cannot wait to see where the rest of my path leads.

I would like to thank you all for the work you do, for the way you show up day after day for your patients and your communities and I would like to thank those of you whose mahi has personally inspired me and all of you who have personally supported me. I stand here today with a lot of pride, I am proud to be here, I am proud to be Māori and I am **incredibly** proud to be a GP.

No reira, tēnā koutou, tēnā koutou, tēnā tatou katoa.