



19 March 2025

Morag McDowell
Deputy Health and Disability Commissioner – Te Tiohau Hauora
Office of the Health and Disability Commissioner
PO Box 1791
AUCKLAND 1140

By email: morag.mcdowell@hdc.org.nz

Tēnā koe Morag

Health New Zealand | Te Whatu Ora House Officer, Dr B (Case 20HDC00866)

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand with a membership of 6,018. Our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) trains the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a vocationally registered workforce through its Continuing Professional Development Programme, making up 40 percent of the specialist medical workforce. The College is committed to prioritising the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members to develop cultural safety capability through all our Training, Member Professional Development and Quality programmes.

Our members provide medical care to patients and their whānau. Each year approximately 24 million¹ patient contacts are recorded in 1,077 general practice teams across Aotearoa. They deliver first point of contact care to effectively manage 90 percent of all patient healthcare concerns in the community.

Recommendation 210

On 4 March 2025, the College, Health New Zealand | Te Whatu Ora, and Immigration New Zealand met to discuss Recommendation 210 of the Health and Disability Commissioner's Report.² The report described a complex situation compounded by persisting system failures. Mr A did not receive safe, quality, or timely care when he needed it most and this resulted in his eventual death. We acknowledge the tragic experience of Mr A and his family, the significant stress caused by the confusion about his eligibility for health care, and the focus on payment for services.

Importantly, the considerable time lag of eight years by the HDC to produce the final report is an unacceptable added stress for the grieving family. The lag did not enable the sector to respond in a targeted way to resolve the recommendations. The report found important system improvements that would have made it easier for preventive measures to be put in place to help other refugee and migrants entering New Zealand.

We note that some of the recommendations are already out of date as there have been substantial incremental system responses in health and immigration since 2017. Joint efforts have been based on refugee and migrant

¹ Ministry of Health, 2024 data.

² Health and Disability Commissioner. Health New Zealand | Te Whatu Ora House Officer, Dr B. A Report by the Deputy Health and Disability Commissioner. (Case 20HDC00866).

experiences and have provided guidance for making improvements to patient safety, clinical governance and practice improvements in medical care, clinical integration, and referrals.³

The College advocates for an update on the refugee and migrant health pathway. We consider that a refugee and migrant pathway is an urgent matter to progress to support clinical teams to make a difference for refugee and migrant populations.

- The development of integrated clinical pathways is needed to reduce complexity and confusion, support clinical roles and responsibilities and set up approaches to support continuity of care.
- We note that the pathway would not reduce variation in access where services are not available. Variation needs to be understood before refugees and migrants are resettled so they are not put at risk from the beginning of their journey.

In response to the HDC request:

- a) Reflect on how relevant Immigration NZ information can be made more accessible to other healthcare providers should a person present acutely during their time in New Zealand, including reiterating Health NZ's role in this process.**

The HDC Report highlighted New Zealand's duty of care to meet the urgent health needs of people eligible for a medical waiver in the immigration process.

The College has asked that:

- **Immigration New Zealand** offers specific guidance on which visas allow access to medical care.
- **Health New Zealand** meets with its Chief Medical Officers to discuss awareness and learnings from the Mr A case and other research on migrant health experiences.

- b) Guidance and Training, Roles and Responsibilities, Communication**

Mr A's case was a tragedy involving multiple players working across a complex system. The case highlighted that health professionals still do not know enough about the experiences of migrants going through the system, whether they are still experiencing barriers such as those named in the HDC report, or how best to support them.

The College undertakes to ensure that any education and updates are distributed to our members.

If you require further clarification, please contact Maureen Gillon, Manager Policy, Advocacy, Insights – Maureen.Gillon@rnzcgp.org.nz.

Nāku noa, nā



Dr Luke Bradford
BM(Hons), BSc(Hons), FRNZCGP
Medical Director | Mātanga Hauora

³ The Royal New Zealand College of General Practitioners. Quality Programme – Foundation Standard, Practice Assessment, Quality Improvement Modules. <https://www.rnzcgp.org.nz/resources/practice-resources/quality-programmes-brochure/>