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By email: kooi@mcnz.org.nz

Dear Kanny

Statement on safe practice in an environment of resource limitation

Thank you for giving The Royal New Zealand College of General Practitioners the opportunity to comment on the statement on safe practice in an environment of resource limitation.

Introduction to general practice and the College

General practice is the medical specialty that treats patients: with the widest variety of conditions; with the greatest range of severity (from minor to terminal); from the earliest presentation to the end; and with the most inseparable intertwining of the biomedical and the psychosocial. General practitioners (GPs) treat patients of all ages, from neonates to elderly, across the course of their lives.

GPs comprise almost 40 percent of New Zealand's specialist workforce and their professional body, The Royal New Zealand College of General Practitioners (the College), is the largest medical college in the country. The College provides training and ongoing professional development for GPs and rural hospital generalists, and sets standards for general practice. The College has a commitment to embed the three principles (participation, partnership and protection) of Te Tiriti o Waitangi (Treaty of Waitangi) across its work, and to achieving health equity in New Zealand.

Health equity is the absence of avoidable or remediable differences in health outcomes and access to health services among groups of people, whether those groups are defined socially, economically, demographically, or geographically (WHO). To achieve health equity, we advocate for:

- A greater focus on the social determinants of health (including labour, welfare, education, housing, and the environment)
- Funding and support to sustain the development of a GP workforce of sufficient capacity to meet population need for access to quality primary medical care, particularly in rural and high need areas.
- Sustained focus on measures to reduce smoking and to increase healthy food options for low-income families.
- Improved integration of primary, community, and secondary care health and social services which ensures the provision of high quality services.
- Universally accessible free primary health care for children and low-income families, because health inequities begin early and compound over the life course.
- A review of the funding model for primary care to ensure that resourcing is allocated equitably across diverse populations with differing needs.

Submission

The College welcomes the proposed changes to the statement. However, we do have some concerns related to the definition of resource limitation, care of acute patients, care of outpatients and managing workload.

Define resource limitation

The current opening paragraph of the statement is a little bit unusual, in that it appears to be made up of political statements by the Council ("If the state, an agency of the state…"), mixed up with a key point made elsewhere ("Doctors who are unable … must …"). We suggest that the key point be incorporated into the grey summary box above, and that the rest of this paragraph be replaced with an explanation of the purpose of the statement and a definition of resource limitation.

Currently, it is unclear whether resource limitation refers to any, or all, of the following situations: where the state is limiting resources; where the patient cannot afford fee-for-service care; where no services are available, for example where no GP in the region has capacity to take more patients; or if it includes being a first responder at the scene of an emergency where access to medicines and equipment is limited. We suggest that the circumstances addressed by the statement be made more explicit.

Care of acute patients

The College agrees with the proposed change from ''dealing with acute patients'' to ''care of acute patients.'' However, we consider that there should be more detail in this section of responsibilities when a patient cannot afford treatment and the circumstances, if ever, when it is appropriate to not provide them with care.

Care of outpatients

The College would like more guidance as to roles and responsibility in the referral process, especially when a provider rejects a referral. Furthermore, the College considers it is not just 'good practice' but essential for the referrer and service provided to keep each other informed of changes in a patient's priority while the patient is awaiting treatment. By keeping in touch with one another it would avoid unnecessary appointments.

We also suggest that more detail is needed in paragraph 21 ("All referrals must be met with a timely and appropriate response"). GPs have raised concerns with us about receiving unhelpfully imprecise feedback such as "not sick enough" and we have been advised that one DHB department is currently issuing rejection notices that are unsigned – meaning that GPs in the region have no idea who made the decision to reject the referral, or who to contact to query that decision and seek advice about alternative care options.

Managing workload

The College considers this section too focussed on doctors' individual responsibilities. As one of our members pointed out, 'doctors, like everyone else, have a right to reasonable quality of life *within* and outside their work.' Furthermore, we would suggest changing the wording of paragraph 34 from 'Doctors can be at risk of burn out' to 'The environment doctors sometimes work in means they might be at increased risk of burn out.'

We hope you find our feedback helpful. Should you require any further information or clarification please contact the College's policy team at policy@rnzcgp.org.nz.

Yours sincerely

Michael Thorn
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