



13 August 2018

Our ref: MT18-463

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Medsafe
Ministry of Health
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By email: committees@moh.govt.nz

Dear Chris

RNZCGP comments on the recommendations following the 59th meeting of the Medicines Classification Committee (MCC)

Thank you for the opportunity to comment on the points raised by the MCC regarding the reclassification of codeine.

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

GPs see the vast majority of patients who present to doctors with chronic pain, with specialist pain clinics having capacity for only a small subset of patients. The College notes that most GPs are aware of their responsibilities regarding prescribing of opiate analgesia. GP registrars are provided with access to learning modules on prescribing and addiction as part of the training, and these are available via the College's e-learning website. We are happy to remind our member GPs of their responsibility via our communication platforms.

The College also notes that the lack of availability of direct access to non-pharmacological treatments for pain, such as physiotherapy and psychologists, are an impediment to best practice care.

We hope you find our submission 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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