

CALLS TO ACTION FOR SUSTAINABLE RURAL HEALTH



**Hauora
Taiwhenua**
Rural Health
Network

RURALFEST 2025

Members of Hauora Taiwhenua Rural Health Network met in Wellington at Parliament on July 16th 2025 to consider what progress has been made at achieving the Government's Rural Health Strategy. Those discussions resulted in the following calls to action that we are asking the Coalition Government to focus on in their remaining time in office prior to the next election late 2026. These priority actions have been reviewed by the Council and Board of Hauora Taiwhenua.

Action Number	Call to Action	Progress since July 17
1	Immediately expand rural GP training pathways through either the proposed Waikato Medical School, or ring-fenced funding to existing medical schools for rural-specific training. Ensure significant funding reaches the rural regions and health providers/teachers that are essential to delivering large parts of the training.	
2	Establish national criteria for equitable access to diagnostics (CT, MRI, PET, Ultrasound, etc.) NB: The NTA criteria should be revised to allow rural people to receive support to travel to the centres where these services are provided.	
3	Sustainably fund rural primary care and NGO-led rural hospitals to be able to deliver nationally agreed service specifications: <ul style="list-style-type: none"> • Pay primary care nurses at parity with HNZ nurses. • Re-weight capitation funding to recognise increased costs of operating rurally with high needs clients and smaller, dispersed populations. • Ongoing CPCT funding to support and further develop skilled primary care teams. • Implement RUUC to ensure sustainable afterhours unplanned care. • Monitor impacts of initiatives such as tele-health, RUUC and others on financial viability. 	
4	Task the HNZ Rural Team with 'rural-proofing' all health initiatives/commissioning (e.g Living well, Aging well, Workforce, Clinical Networks) so that there is accountability within the system to ensure all interventions are suitable for rural communities.	
5	Overhaul the National Travel Assistance Scheme (NTA) to ensure criteria allow rural communities financial support to access to diagnostics, specialist and hospital services unavailable closer to home. Streamline the claiming process.	
6	Collaborate with the rural health sector to co-design interprofessional Rural Training Hub model (HNZ Workforce Plan 2024, 5.7) with agreed vision, goals, and KPIs: <ul style="list-style-type: none"> • Establish at least one appropriately resourced hub in each region. • These should allow training close to home and earn-as-you-learn models. (e.g. 30 kaiāwhina annually, to transition to enrolled nursing or allied health roles in rural areas (as per Health Workforce Plan 3.1)). 	
7	Develop and implement a national action plan to ensure all rural communities have access to digital tools, data, devices and the necessary skills to engage in telehealth and tele-specialist services: <ul style="list-style-type: none"> • Tele-specialist consults available. • Telehealth integrated effectively for patients with enrolled practices. • Trial community e-hubs such as in the UK (Free access to data, device, assistance). 	
8	Ensure that all HNZ and MoH data sets, including Government health targets, can be filtered by rurality to enable comparison of rural health outcomes with national, and urban outcomes.	
9	Establish incentives and programmes to attract and retain skilled health professionals in all disciplines in rural areas: <ul style="list-style-type: none"> • Fund a rural school health careers promotion programme. • Support student placements in rural areas (e.g. travel and accommodation). • Implement a voluntary bonding scheme that reimburses student loans over three years in rural service. • Retention bonus for rural generalists (any profession) working in R2 and R3 areas. 	