

Summary of our Advocacy Team Activity and Initiatives



December 2025

Regulation of Physician Assistants

Rebekah is developing a formal position statement on the role and value of PAs and other members of the multidisciplinary teams within rural general practice, that will be ready for wider feedback in January 2026. This will highlight the integrated models of care and scope-based contributions across the workforce. This will also link in with providing feedback to the consultation document recently released by MCNZ on the regulation of PAs within NZ.

Grant was a member of the MCNZ expert advisory group looking at supervision requirements for PA's once regulation is in place. The framework that is being finalised is similar in structure to the proposed supervision framework for IMGs: a risk-based approach that in the case of PA's will be ongoing as they always need to be supervised in their work.

Rural Services Framework

- The Rural Hospital Sustainability project was launched in 2024 in response to escalating operational and financial challenges across some rural hospitals. This constituted the first national review of rural hospital services and funding, drawing on facility interviews, data analysis, and hui to understand service models, demand, and risk. Significant variation across rural hospitals was identified and highlighted the absence of nationally consistent expectations for services in rural communities.
- A principal recommendation was to develop a rural health services framework and associated service specifications, that embed data quality, reporting, accountability, and service components.
- Health NZ is progressing work to develop a Rural Health Services Framework (RHSF). The RHSF is intended to enable a shift towards a unified, nationally consistent planning environment. The RHSF seeks to address this gap by delivering a transparent, evidence-based guide linking population size and geography to service levels for rural communities.
- The key planning principle underpinning the RHSF framework is that for the services people and whānau regularly access, these should be available close to home. Where people will need a service very infrequently, it is appropriate to support access to services at a distance.
- The RHSF is being considered by Health NZ leadership, in advance of wider targeted consultation in early 2026. If ELT approves this proposal, the national Rural Health Team will prepare working sessions to consult with key stakeholders for feedback on the draft RHSF.

Rural Urgent Care Prototype Project

The RUC Prototype project plan that was approved by Minister Doocey at the end of June is almost fully completed. The project has set up the basis upon which Health NZ can commission 30 Rural and Remote Urgent Care sites in 2026, and 40 in 2027. Health NZ co-director rural health, Rachel Pearce, has established new national roles to support the HNZ regional rural team's rollout RUC services within these time frames.

Project achievements include:

- Cost efficient procurement processes for POCT and POCUS devices
- Contracts with three labs for POCT lab support and connectivity
- A programme for initial training and ongoing clinical and peer support for POCUS
- 5 sites have worked with Hato Hone St John to co-design an integrated service models that bring Extended Care Paramedics (ECP), or paramedics into the RUC service:
 - Coromandel Family Health Centre has had paramedics working within the medical centre for the past 2 years. Three of their staff (admin and HCAs) are trained as HHSTJ volunteers and provide support for PRIME attendances, and the lower acuity 111 calls.

- Aotea Great Barrier has a full time Extended Care Paramedic role working within the practice and leading the PRIME responses.
- Golden Bay Health Centre (GBCH) and HHStJ went live in early December with an ECP working in the Acute Care service. The HHStJ Emergency Management Technician and ambulance are also stationed at the Health Centre. Rosie Whittaker told me (Marie) that this has got off to a fantastic start: the ECP is onsite about 50% of the time, easily slipped into the GBHC team. Last week, the treatment of an infant with a serious medical emergency was enhanced by having the additional expertise onsite, with baby successfully transferred to a tertiary hospital.
- Te Kuiti Medical are working with HHStJ to recruit an ECP who will be working in the Medical Centre acute care team, and leading the PRIME and 111 responses, with the latter backed up by the HHStJ crew based in Te Awamutu. The 'go live' date will be determined once the position has been filled – but likely to be by the end of January 2026.
- HHStJ are aiming to set up an interim 24/7 service based in Twizel so that it is operational over the summer holiday season and working with Twizel Medical to co-design a sustainable service.

Minister for Rural Health Road Show

Grant, Mark Eager, and Marie attended and/or chaired the busy programme of 13 Rural Road Shows that travelled across the country and ended in late October. A final report is being compiled and will be available to the public by the end of the year. We will distribute it to members when it is available.

Work on Rural Primary Care Funding Arrangements

Over the course of this calendar year, HNZ has undertaken several co-related pieces of work that have a direct impact on the revenue of rural general practices:

1. **Rural Primary Care Funding:** HNZ has led a working group, of which Grant is a member, to develop a new, national model for the allocation of approximately \$26m to rural general practices. This funding has historically been allocated through PHO mechanisms and so the decision to adopt the proposed model rests with PSAAP. The proposal for the new model will be presented to PSAAP in early 2026.
2. **Reweighting Capitation Funding:** Grant has also been involved in this work and alongside a couple of other rural stalwarts, has ensured the rural voice has been included in this work.
3. **PSAAP Rural Voice:** Now, more than ever before, we need a strong rural voice around the PSAAP table. Hauora Taiwhenua represents 16 rural general practices at PSAAP and is regularly welcoming others as the realisation that there are significant changes to rural funding coming over the next few months hits home.
4. **PRIME and Rural Afterhours:** the redesign of these co-related components of many rural general practices, sits within the Rural Urgent Care project. Future funding for this will come through the government allocation of \$41m in the May 2025 Urgent Care Budget. The National Urgent Care Framework sets the goal of having 70 Rural and Remote Urgent Care sites by 2027

Rural Training Hubs

Over 40 members participated in our webinar about the Rural Training Hubs led by HNZ's Jeff Brown and John Snook. The take home message from the webinar is that there has not been a lot of definitive work done on the Hubs, and left participants with more questions than answers! We will continue to work with HNZ to refine this initiative into 2026.

Submissions

- **PHARMAC:** Improving access to treatments in the community for trauma and medical emergencies, and ketamine for palliative care – due 19th December
- Proposed data collection approach and content for the NZ census – to ensure that census collection returns data that is accurate enough to compile health statistics based on GCH, especially for remote rural residents.

Develop an Advocacy Plan for Workforce Data Collection Not Started

Rebekah will progress this in early 2026 when the revised version of the GCH (based on 2023 census results) and web-based address tool is available.

MPI Rural Wellbeing Fund

Grant has been on the evaluation panel for the MPI and HNZ joint Wellbeing Fund initiative of \$4m available over 4 years. From an opening 110 proposals, the group has finalised their selection, and we look forward to hearing the results as soon as they are available.

Primary Care Dementia/Mate Wareware Future Management

HNZ has formed a Primary care Dementia/Mate Wareware working group, supporting the development of practical recommendations to Health NZ/Te Whatu Ora to enhance primary care involvement in dementia assessment and management across Aotearoa. Rebekah is our rural voice on this working group

Royal Australasian College of Surgeons Aotearoa New Zealand (RACSANZ)

Rebekah has been part of the working group that are reviewing the Health Equity Strategy document for regional surgery to ensure that the primary care and rural hospital voice is heard whilst this is being developed.

Member Primary Care Medical Training Pathways group with HNZ

Grant is a member of this group that is looking to provide a primary care pathway for PGY 2 graduates to do their training in primary care workplaces rather than in Hospitals. The hope is that this will lead to more medical graduates heading down a General Practice specialist pathway. This pathway is looking to be trialled for a small group of PGY2's in 2026 and fully operational in 2027 for a group of 50.