



The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

18 August 2025

Committee Secretariat
Health Committee
Parliament Buildings
Wellington

By email: Health@parliament.govt.nz

Tēnā koe,

Thank you for the opportunity to provide a submission on the proposal of the **Healthy Futures (Pae Ora) Amendment Bill**.

The College does not support the Healthy Futures (Pae Ora) Amendment Bill.

About us

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand. Our membership of 5,927 specialist GPs and rural hospital doctors comprises 40 percent of the specialist medical workforce providing medical care in the community for patients, whānau and communities. In 2023, 23 million¹ patients accessed first point of contact care by clinical teams in 1,077 general practices across Aotearoa New Zealand to manage 90 percent of health concerns.

Te Akoranga a Māui

There is a robust partnership between the College and its Māori representative group Te Akoranga a Māui who provide governance and leadership across the College.

Te Akoranga a Māui is the first indigenous medical practitioner rūpū established in a New Zealand or Australian Medical College. It was created following an audit completed by Dr Ranginui Walker in 2001 and was subsequently launched in 2002 by the late Dr Paratene Ngata and other Māori General Practitioners at our annual conference in Rotorua. In 2025 there are 310 Māori specialist GPs. Te Akoranga a Māui was conceived to embody Te Tiriti o Waitangi and support the achievement of equitable health outcomes across various health indicators important to whānau, hapū and iwi.

The College is committed to honouring Te Tiriti o Waitangi and achieving Māori health equity

The College recognises its role and responsibilities in honouring Te Tiriti o Waitangi, upholding Māori health rights and prioritising the pursuit of Māori health equity². We reaffirm our commitment to a primary care system that is community-based, equity-focused, and grounded in Te Tiriti o Waitangi. We are concerned that the proposed amendments risk undermining the foundations of a fair and effective health system by weakening obligations to Te Tiriti o Waitangi, reducing local, clinical and iwi input, and centralising control in ways that could deprioritise the effective and equitable delivery of primary care. Our submission will highlight how these changes may affect GPs, their ability to deliver culturally safe and clinically appropriate care, and the broader aim of achieving pae ora (healthy futures) for all.

Te Tiriti o Waitangi affirms a place for everyone in Aotearoa New Zealand, emphasising existing Māori rights to self-determination and enabling non-Māori governance alongside Tino Rangatiratanga among Māori. The College is committed to honouring Te Tiriti o Waitangi as articulated in the College rules³. This guides our work across the College including proactive identification and prioritisation of actions that seek to achieve Māori health equity and support Māori health advancement. We also prioritise initiatives that support our members in developing cultural safety capabilities through our training, continuing professional development and quality programmes.

Undermines Te Tiriti o Waitangi obligations

The College recommends reinstating the original obligations to “give effect to the principles of Te Tiriti o Waitangi” alongside ensuring that genuine opportunities for Māori partnership and leadership are sustained and strengthened. We believe that “giving effect” to Te Tiriti and providing meaningful opportunities for Māori to contribute, particularly via our Iwi Māori Partnership Boards, must work hand in hand.

This Bill proposes to replace the existing statutory obligation for Health NZ | Te Whatu Ora to “give effect to the principles of Te Tiriti o Waitangi” with a significantly weaker requirement to “consider Māori interests”. This shift weakens a clear legal standard, replacing it with vague and difficult-to-enforce language. It represents a substantial step backwards in honouring Te Tiriti and fails to uphold the rights of Māori to equitable health outcomes under Article One and the principle of active protection⁴.

The original obligation to “give effect” acknowledges the legacy and intention of Te Tiriti o Waitangi which ensures that its principles are embedded in decision-making and service delivery within the health system. In contrast, to “consider Māori interests” is indistinct and open to wide interpretation, and lacks the direction needed to enforce meaningfully. This change contradicts the findings of the Waitangi Tribunal’s WAI 2575 Health Services and Outcomes Inquiry, which called explicitly for stronger accountability to Te Tiriti o Waitangi and for health approaches that are Māori-led⁵.

The proposed amendments represent a considerable reduction in the Crown’s responsibilities and threatens the core objectives of the Pae Ora Act, which are to achieve equity by reducing health disparities among New Zealand’s population groups, in particular for Māori⁶. Weakening these obligations compromises the Crown’s commitment to equitable health outcomes for Māori and undermines the foundational governance framework established for New Zealand’s health system.

In addition, this Bill removes requirements for Health NZ | Te Whatu Ora to maintain systems and processes to ensure it has the capability to understand and give effect to Te Tiriti o Waitangi. This would be replaced with a weaker provision to merely “*provide opportunities for Māori to contribute*”. While this may be intended to focus on tangible outcomes, it instead risks undermining our obligations as responsible treaty partners to uphold an equitable health system. For specialist GPs, these changes risk reducing access to culturally safe care, resources and support. This, in turn, could impair their ability to deliver high-quality, equity-focused care to Māori patients⁵.

Diminishes iwi Māori roles and responsibilities in relation to delivery of health services

The College recommends retaining the original authority afforded to iwi Māori via Iwi Māori Partnership Boards in the delivery of health services, namely, to represent local Māori perspectives on: a) the needs and aspirations of Māori b) health sector performance, and c) design and delivery of services and public health interventions. Iwi Māori Partnership Boards are also mandated to engage with whānau and hapū, evaluate current state of Hauora Māori, work with Health NZ | Te Whatu Ora to identify health priorities, monitor performance of the health sector and support the stewardship of Hauora Māori within their localised contexts.

While strengthening the Hauora Māori Advisory Committee (HMAC) is welcomed, this must be in addition to, not instead of, the existing functions of Iwi Māori Partnership Boards. The authority of Iwi Māori Partnership Boards should not be diminished.

Reducing their role to merely ‘engage with Māori communities about health needs...and provide advice to the HMAC’, fails to recognise fundamental Māori health rights in accordance with Te Tiriti o Waitangi. Particularly within Article two which reaffirms Māori tino rangatiratanga and Article 4; he ritenga Māori which guarantees Māori the right to live and flourish as Māori. Honouring these rights requires a health system that actively enables them.

Further, shifting the Boards’ role to ‘engage and advise’ risks creating a broad yet vague function. This makes it easier for the HMAC and the wider health system to disregard Iwi Māori Partnership Board advice, as has occurred under successive governments in the past. Currently, Iwi Māori Partnership Boards hold an accountability function

over the health system. The proposed amendments would strip them of this, replacing it with an advisory function that does not enable meaningful, transformative change necessary to address Māori health inequities.

Equity strategy repeals

The College strongly recommends the continuation of population-based health strategies. At a minimum, it is essential to retain a stand-alone Hauora Māori Strategy. This not only upholds our obligations under Te Tiriti but also serves as a vital mechanism for ensuring accountability across the health system.

The College does not support the proposed repeal of strategies specifically designed for underserved and marginalised populations, including the Hauora Māori Strategy, the Pacific Health Strategy, and the Health of Disabled People Strategy. These targeted strategies are essential tools for effective planning, monitoring, and holding the system accountable for delivering equity.

The Bill proposes replacing these targeted strategies with a single New Zealand Health Strategy containing a broad equity framework. While the intention to strengthen equity is acknowledged, consolidating these strategies risks reducing the visibility, specificity, and prioritisation of equity for high-needs and systematically disadvantaged groups.

The College is particularly concerned about the removal of:

- The requirement to consider ethnicity as a key indicator of equity and inequity.
- Statutory mandates for culturally safe care and kaupapa Māori service design.
- The New Zealand Health Charter as it provided a unifying platform for culturally safe, values-driven care across the healthcare sector.

These proposed changes have the potential to significantly diminish the quality and equity of healthcare services in New Zealand, particularly for communities already experiencing poorer health outcomes.

Without clear, targeted strategies and measurable commitments, there is no legal assurance that specific communities including Māori, Pacific, disabled, and rural populations, will be prioritised in areas such as funding, service design, and outcome monitoring. To ensure equitable access to resources and services, targeted approaches must be developed in partnership with the communities they are intended to serve. Such strategies foster a more inclusive system that promotes the health and well-being of every population group.

For specialist general practitioners, discontinuing these strategies removes a vital advocacy and planning framework. It weakens the ability to improve access for underserved and marginalised communities, advance workforce equity initiatives, and develop culturally safe, patient-centred models of care.

Centralised control and oversight

The College recommends ongoing dialogue between policymakers, healthcare professionals, and community members to ensure that any amendments to Pae Ora truly focus on patient outcomes without compromising clinical autonomy.

The College is concerned that the proposed amendments signal a shift toward greater centralised control of the health system, with fewer opportunities for independent input and clinical oversight.

While a coherent health system is crucial, increasing political influence risks undermining the autonomy of healthcare workers within the wider health system. It is essential that all healthcare workers, regardless of their role or employer, can speak up for their patients and the safety of the health system. Advocacy in this context is not a matter of political affiliation, but a professional obligation to protect clinical standards and ensure safe, high-quality care. Specialist GPs deliver safe, evidence-based care that is grounded in professional standards, clinical judgement, and the needs of their communities. The College believes that to preserve this role, all parts of

the health system including general practice, must be safeguarded by clear statutory protections that ensure political neutrality, uphold independent clinical leadership, and prevent undue interference in professional decision-making.

Frontline clinicians report consultation fatigue, with numerous reform initiatives overlapping and minimal clarity on how feedback shapes final decisions. The lack of a coherent consultation process particularly in the removal of Te Tiriti-based accountability is deeply concerning.

As the body responsible for setting professional, clinical, and educational standards for specialist GPs, the College has a duty to advocate for a health system that protects clinical independence and upholds the integrity of medical practice. It is imperative that any policy direction changes support rather than hinder the ability of healthcare workers to exercise their clinical judgement freely and uphold their professional responsibilities. This will continue to support continuity of care and provide public trust within the healthcare system.

In Summary

The College does not support the proposed Healthy Futures (Pae Ora) Amendment Bill. We are committed to honouring Te Tiriti o Waitangi and ensuring equitable health outcomes for Māori. As such, we fully endorse the findings within the Waitangi Tribunal's Report on Stage One of the Health Services and Outcomes Inquiry (Wai 2575)⁵. These proposed amendments risk diluting our shared obligations to Te Tiriti, a move that could undermine the very foundation of equitable, culturally safe healthcare for all New Zealanders.

We welcome the opportunity to speak to our submission to further outline our concerns.

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

Nāku noa, nā



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President | Te Tumu Whakara



Dr Nina Bevin
Chair | Te Akoranga a Māui

¹ Ministry of Health, 2024 data

² RNZCGP Te Tiriti o Waitangi and Māori Health Equity: Position Statement. Available at: <https://www.rnzcgp.org.nz/resources/submissions/treaty-principles-bill-submission/>

³ The Royal New Zealand College of General Practitioners, College Rules. 2024. Available at: <https://www.rnzcgp.org.nz/resources/corporate-documents/college-rules/>

⁴ Te Puni Kōkiri. He Tirohanga o Kawa ki te Tiriti o Waitangi: A Guide to the Principles of the Treaty of Waitangi as Expressed by the Courts and the Waitangi Tribunal, 2001. Available at: <https://www.tpk.govt.nz/documents/download/documents-179/He%20Tirohanga%20o%20Kawa%20k%C4%93%20te%20Tiriti%20o%20Waitangi.pdf>

⁵ Waitangi Tribunal Hauora: Report on Stage One of the Health Services and Outcomes Kaupapa Inquiry (Wai 2575), 2023. Available at: <https://www.health.govt.nz/maori-health/wai-2575-health-services-and-outcomes-inquiry#toc-0-2>

⁶ Ministry of Health. Pae Ora (Healthy Futures) Act 2022. Available at: <https://www.health.govt.nz/our-work/pae-ora-healthy-futures-act>

