



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

26 September 2025

Whaikaha | Ministry for Disabled Peoples
PO Box 1556
WELLINGTON 6140

By email: disabilitystrategy@waikaha.govt.nz

Tēnā koe,

Whaikaha | Ministry for Disabled Peoples New Zealand Disability Strategy for 2026-2030

Thank you for the opportunity to provide a submission on the proposed Whaikaha | Ministry for Disabled Peoples New Zealand Disability Strategy for 2026-2030.

The Royal New Zealand College of General Practitioners (the College) is the largest medical college in Aotearoa New Zealand, with a membership of 6,018 specialist General Practitioners (GPs). Through our General Practice Education Programme (GPEP) and Rural Hospital Medicine Training Programme (RHMTTP) we train the specialist General Practitioner and Rural Hospital Doctor workforce. The Medical Council of New Zealand accredits the College to deliver a Vocationally Registered workforce via our Continuing Professional Development Programme, comprising 40 percent of the specialist medical workforce.

Our members are the first point of contact for medical care, supporting patients and their whānau, in managing 90 percent of all patient healthcare concerns in the community. Each year, approximately 24 million¹ patient contacts are recorded by 1,085 general practice teams across Aotearoa.

The College is committed to the reduction of health inequities experienced by Māori, honouring Te Tiriti o Waitangi, and the rights of Māori. To do this we prioritise initiatives that support our members in developing cultural safety capability across our training, professional development and Quality programmes.

Our submission

The College supports the draft Strategy in principle but notes it does not sufficiently recognise systematic inequities across different ethnic groups or the importance of intersectionality.

In 2024, 24% of the population (1.1 million people) were identified to be living with a disability². However, disability prevalence varies significantly by ethnicity. Around 32% of Māori and 26% of Pacific peoples live with a disability, compared to 24% of Europeans and 17% of Asians². These inequities are not simply about prevalence; they are further compounded by intersecting factors such as colonisation, systemic racism, and ableism. These dynamics shape poorer access to services, reduced quality of care, and inequitable health outcomes for many disabled people — particularly for Whaikaha Māori, Pacific peoples, and other marginalised disabled communities.

Without explicit recognition of these intersecting barriers, the Strategy risks defaulting to a 'one size fits all' approach that may unintentionally perpetuate existing disparities. These are not the result of disability alone, but of a health system that was not designed with tangata whaikaha at its centre.

Further compounding these inequities are intersectional barriers such as expectations around health literacy, socioeconomic disadvantage, and communication or cognitive needs. These factors influence how disabled people experience healthcare, with many reporting that interactions with health professionals feel rushed, rely on

overly technical language, or assume levels of health knowledge that may not be accessible — particularly for those in more impoverished communities.

Addressing these inequities requires more than a generic, one-size-fits-all strategy; it calls for intentional action to dismantle systemic barriers, respond to the lived realities of diverse disabled communities, and ensure the health system is safe, accessible, and equitable for all. Without this, we risk leaving our whaikaha communities behind and worsening health outcomes as they continue to navigate a complex health system.

The College recommends that the strategy explicitly recognises intersectional inequities, incorporates targeted actions to address disparities across ethnic groups, and prioritises tailored approaches supported by mechanisms to monitor equity in outcomes.

Supporting Specialist GPs to Deliver Equitable Care

Specialist GPs are the first point of contact for medical care in the community, and they provide care to patients and their whānau to manage 90 percent of all patient healthcare needs in the community³. Each year approximately 24 million patient contacts are recorded by 1,077 general practice teams working across Aotearoa. The relationship between specialist GPs and patients is central to supporting health and wellbeing across all communities. It is essential that GPs are resourced and supported to meet the diverse and intersecting needs of disabled patients, addressing the inequities that exist within the disabled community, and ensuring care is culturally responsive and tailored rather than relying on a one-size-fits-all approach.

The College strongly supports the Strategy's goal for health, particularly its focus on equity, accessibility, and self-determination for disabled people. The vision of a health system where tāngata whaikaha Māori, Pacific Peoples, and other disabled communities can make informed decisions and have those respected is critical. However, for this vision to be realised in practice, it is essential that primary care – and specifically general practice – is meaningfully recognised as central to delivery.

While Whaikaha is not directly responsible for funding general practice, all government agencies have a role in recognising and supporting the vital contribution of specialist GPs within the health system and ensuring they are adequately supported to deliver inclusive and culturally responsive care to tangata whaikaha and their whānau, and above all, are part of the solution.

To achieve the Strategy's health goals and actions, specialist GPs must be resourced and supported to implement the proposed system changes. For example, we fully support the inclusion of disabled people in national health data and the ability to record accessibility needs against the National Health Index. These measures have the potential to transform experiences for disabled people by reducing the need to repeatedly communicate their needs and by improving the system's capacity to deliver responsive care. However, many accessibility needs and disability-related barriers are not formally diagnosed and therefore are not consistently captured at the national level. In current practice, GPs often rely on informal notes or flags within local Patient Management Systems (PMS), which are not linked to the National Health Index (NHI) and are invisible to other parts of the system. This not only limits continuity of care across providers but places a burden on patients to repeatedly explain their needs.

To enable GPs to provide equitable and proactive care, national guidance is also needed to support consistent definitions and approaches for identifying and recording disability and accessibility needs. This is particularly important in cases where formal diagnosis is absent or delayed, which disproportionately affects Māori, Pacific Peoples, and others facing systemic barriers to assessment. Clear guidelines and culturally informed frameworks would empower GPs and their teams to better support patients whose needs may not fit neatly within medicalised definitions of disability but nonetheless experience significant barriers to care.

The College recommends that Whaikaha work with government agencies to develop a nationally integrated PMS, supported by shared standards, coordinated systems, and clear guidance for identifying and recording accessibility needs. This will enable general practices to consistently record, share, and act on this information to realise the Strategy's goals.

Conclusion

The College supports any efforts to build an accessible and equitable society where disabled people and their whānau can thrive, lead, and participate in all aspects of life. To ensure this ambition is realised, the Strategy must provide the necessary system-level supports that enable specialist GPs to deliver equitable care.

We recommend that the Strategy:

- **Recognise intersectional inequities**, including colonisation, racism, ableism, and socioeconomic barriers, and commit to targeted actions to address these.
- **Affirm the vital role of specialist GPs** as the first point of contact in community healthcare, ensuring they are included and supported in implementation.
- **Support integrated health data systems** that enable consistent recording and sharing of accessibility needs across the health sector, with resources for general practices to participate.
- **Develop national guidance** to support the consistent identification, recording, and sharing of disability and accessibility needs, including where formal diagnosis is not present, to ensure that GPs can deliver equitable, patient-centred care.
- **Strengthen monitoring and accountability** to track equity outcomes for disabled people over time.

The College welcomes the opportunity to work with Whaikaha and health system partners to ensure the Strategy delivers tangible, lasting improvements for disabled people, their whānau, and communities across Aotearoa.

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

Nāku noa, nā



Dr Prabani Wood
BA, BMBCh, MPH, FRNZCGP
Medical Director | Mātanga Hauora

¹ Ministry of Health, data 2024

² Whaikaha, Annual Report 2024

³ Ministry of Health, 2024 data