

# GP Voice



YOUR NEWS, YOUR VIEWS, YOUR VOICES



## 10 years of the Pacific Chapter

A decade of Pacific health leadership

On the field with 'Doc'

Dr Kyle Eggleton

GP26: A conference programme for the future of general practice

Reflections from WONCA APR

Dr Luke Bradford and Dr Andrew Corin



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

June 2026

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# Editorial

Dr Prabani Wood

**Kia ora koutou,**

At the time of writing this column, 2026 Budget Day is on the horizon and I'm intrigued to see how, if at all, we might benefit from any new funding announcements. We have had funding wins over the past 12 months for both general practice and rural hospital medicine, which have made a difference. However, what will go a long way for the workforce is sustained investment backed by clarity and commitment. That investment needs to recognise our scope and expertise, address the challenges we face, and reflect the realities of how general practice and rural hospital medicine work day to day.

What the Budget might also foreshadow is where the priorities lie as we head towards the November general election, and we await the flurry of election promises and campaign headlines.

The College has been proactively preparing a series of papers that highlight priority areas of advocacy and outline practical solutions that will make a significant impact on how we work and how we provide care to our patients. These will be released either in response to announcements or to call out inaction between now and November's election and will be accompanied by social posts, opinion editorials and media coverage as the College continues its work advocating for you, our members, and calling on policy and decision-makers to commit to real change.

If you've seen my recent updates in ePulse, you'll be aware of some changes that will have an impact on our work and our patients. The first change came into effect on 1 May and that was the new Privacy Principle (IPP3A) that was introduced in the Privacy Amendment Act 2025. This means if your organisation collects personal information from third parties (i.e. not from the individual concerned), then you must be taking reasonable steps to ensure the individual is aware. We discussed these changes with MPS and also shared their guidance that highlights what you need to do to comply with these changes.

You can find this guidance on the [MPS website](#), along with a [podcast](#) on the topic. I'd like to thank Dr Lucy Gibberd and Dr Sam Twyman for their collaboration and work on this guidance.

Next month on 1 July changes to the HbA1c thresholds for diagnosing prediabetes and diabetes in New Zealand will come into effect. These changes are being made to align with WHO guidance and international definitions.

Below is a summary of the changes and [more information from Health New Zealand | Te Whatu Ora is also available on their website](#).



**Dr Prabani Wood**

Medical Director



- > **Normal:** HbA1c < 42 mmol/mol.
- > **Prediabetes:** HbA1c 42 – 47 mmol/mol (previously 41 – 49 mmol/mol)
- > **Diabetes:** HbA1c ≥ 48 mmol/mol (lowered from the current ≥ 50 mmol/mol).
- > **No confirmatory test required** if HbA1c ≥ 53 mmol/mol.
- > **No confirmatory test required** if last ≥ 2 HbA1c ≥ 48 mmol/mol

These changes will be applied to new patients being assessed from 1 July 2026 onwards.

As always, this issue of *GP Voice* has a range of stories spanning news from the College, views of our members and sector updates, including highlights from the recent WONCA World Rural Health conference in Wellington, celebrating 10 years of the Pacific Chapter, World Family Doctor Day and an update from College CE Toby Beaglehole.

Finally, a reminder that the full programme for GP26: Conference for General Practice is now available on the [conference website](#). Early bird registrations close tomorrow, 5 June, so get in quick to [register with the discounted rate](#).

Enjoy this issue,

**Prabani**



# Supporting the evolution of general practice

Toby Beaglehole

At times like this, when so much is shifting across health, training and technology, it helps to come back to first principles. For me, the College's job is straightforward: to educate and support registrars well, to back members throughout their careers, and to advocate strongly for general practice. Much of what we are working on comes back to those three things.

The first half of 2026 has been all about momentum for the College. The funding and positive signals from the Minister and Health New Zealand | Te Whatu Ora last year are translating into benefits for our current and future registrars on our General Practice Education Programme (GPEP). We have seen more GPEP3+ registrars getting their Fellowship, and we have had 225 registrars start one or both of our training programmes this year.

We have also announced with Te Whatu Ora that next year they will become the employer of GPEP1s, ensuring we provide registrars with a smoother transition into GPEP with pay and terms and conditions aligned with other specialist vocational programmes.

GPEP itself is a hot topic that we're addressing in two parts. The first piece is very much about the here and now – a new approach to GPEP2/3 that is well designed, properly supported and robust for registrars and educators alike. That means tightening up supervision, teaching support, learning groups, IPVs and the overall experience so it works as intended for our registrars.

The second piece steps back and looks at where education and medicine are heading with the increasing ubiquity of AI. With PGY2 shifting, new medical school models coming through, and increasing pressure on the system, we need a training pathway that's flexible, equitable, modular and delivers personalised learning. That's bigger work, and it needs space to think properly, so we're running that separately. Both matter. One improves what people experience right now; the other makes sure we're building strong future foundations.

We are also stepping up College advocacy. With Election 2026 getting ever closer, we have been working on four white papers covering important advocacy topics for the College. They carry your voice on the issues that matter most: workforce sustainability, clinical leadership, equity and the future sustainability of general practice, and they will land in your inbox soon.

The newly published national diary study by Dr Luke Bradford, Dr Sam Murton, Simon Wright and Jordan Schulde in the *Journal of Primary Health Care* about the 'Your Work Counts' diary study continues to give visibility and awareness to the hard numbers on the seen and unseen work of general practice, which is exactly the evidence we need to make the case for sustainable funding.

Closer to your day-to-day practice, the Foundation Standard review is currently underway. Certification now sits at 91% of practices – a remarkable national indicator of quality – and the review will protect that while making the experience



**Toby Beaglehole**  
Chief Executive



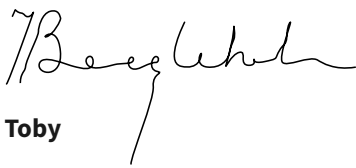
simpler. A core objective is to reduce unnecessary burden on practices, consistent with the principles of right-touch regulation, while maintaining the safety assurance our patients depend on. I encourage you to get involved and share your thoughts when the opportunity arises.

Finally, AI more broadly. AI isn't a side project for the College – it's a material shift in how work is done, and how medicine is practised. The real question isn't if it changes general practice and medical education, but whether we shape that change deliberately or let it happen to us. Future GPs will practise in AI-enabled environments, so our role is to ensure we develop a principled, transparent and deliberate approach not just to the sensible use of AI, but also where trust and critical thinking sit. This isn't about chasing shiny tech. It's about using AI thoughtfully to do the work better, free up time for the interesting bits, and make sure the College continues to lead through complexity.

So where to next? The white papers will be strategically released ahead of the election. GP26 in Tāmaki Makaurau will bring members together for a great clinical programme, collegiality and some fantastic social functions. We also have several key technology projects kicking off to ensure we continue to serve you, as our members, the best possible digital experience.

As the pace of change continues, I keep coming back to the College's first principles: educate well, support members, and advocate with purpose. That is the work in front of us, and together we can meet it with purpose and confidence.

Ngā mihi,



**Toby**



# College Advocacy: Months in review

April and May

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The College is a strong, constant advocate for general practice and rural hospital medicine. We use our voices and experiences to inform Government, politicians, other sector organisations, the media and the public about the importance of the work we do, and the value we add to the sector and our communities. Here is a snapshot of the College's advocacy work from April and May.

## International recruitment campaign launch

The College partnered with Health New Zealand | Te Whatu Ora to launch phase 1 of a recruitment campaign aimed at attracting UK-based GPs to make the move to live and work in New Zealand. The campaign featured videos from three UK-trained doctors who have moved to New Zealand, including College President Luke Bradford, who all shared their stories and experiences. The College hopes to work with Health NZ to roll out more phases of the campaign to other international GPs and doctors.

Dr Bradford was interviewed by [Radio New Zealand's Nine To Noon programme](#) and by [Pulse Today](#), a UK-based publication aimed at GPs and the wider primary care workforce to discuss the pathways for UK doctors who are interested in making the move, and he shared experiences from his career and the benefits of working here.

## Privacy Amendment Act changes

As of 1 May 2026, the Privacy Amendment Act 2025 introduces the new Privacy Principle (IPP3A). This means that if your organisation collects personal information from third parties (i.e. not from the individual concerned), then you must be taking reasonable steps to ensure the individual is aware. We discussed these changes with MPS and also shared their guidance that highlights what you need to do to comply with these changes.

You can find this guidance on the [MPS website](#), along with this [podcast](#) on the topic.

## Rural funding announcement

New funding for rural health care was announced at the WONCA World Rural Health Conference in April. This \$1 million investment will be used to train rural GPs to deliver planned care services locally, increasing support and access for people who live rurally and reducing hospital visits. The funding will cover agreed training costs and cover for GPs while they train, enabling rural practitioners to take part without patient care being impacted. The funding will be delivered through Health New Zealand | Te Whatu Ora using local knowledge to ensure funding is targeted to where it is needed the most. [Read the full statement.](#)



In response, via *ePulse*, College CE Toby Beaglehole said that this funding is a limited step in the right direction and the College will continue to advocate for funding of the rural training pathway which is critical to building and sustaining the rural medical workforce over the long term. Without meaningful investment in training and retention, rural services will continue to operate under pressure. Improving access to care closer to home requires funding that moves beyond short-term upskilling and addresses the pipeline that supports rural health now and into the future.

College President Dr Luke Bradford was interviewed on TVNZ and Newstalk ZB.

### Pacific Health Day

Held on Saturday 16 May in Te Whanganui-a-Tara, Pacific Health Day was attended by around 80 Pacific doctors, or doctors who work in communities with a high Pacific population, as well as other Pacific health experts, including Dr Patrick Thomsen, Associate Professor and Associate Dean, Pacific, at the Otago University Medical School in Wellington, Gerardine Clifford-Lidstone, Secretary for Pacific Peoples at the Ministry for Pacific Peoples.

College President Dr Luke Bradford gave a keynote speech focused on both the 10-year anniversary of the Pacific Chapter and highlighted the ways in which the College is working to improve Pacific health outcomes.

Dr Bradford also participated in a panel with the College's CE Toby Beaglehole and Tumuaki Māori and Head of Equity Sarah Herbert where they discussed the Pacific GP Workforce Development and outlined what work is currently underway to prioritise Pacific health and recruitment within the College.

### Foundation Standard review project

Over the past two months, the College's Foundation Standard review project has progressed through a strong and wide-reaching programme of engagement led by Medical Director Dr Prabani Wood and Sandy Bhawan, and supported by Heidi Bubendorfer, Carrie Hetherington and Lucy Wass from the Quality Programmes team. Through national online information sessions, faculty and chapter sessions, and targeted workshops, we have connected with GP members, practice teams, PHOs, clinical leads, equity groups, and health system partners. These conversations are directly shaping the review's core objectives: testing the Standard's relevance, usability and effectiveness, identifying where burden outweighs value, and strengthening alignment with equity and future models of care. This ensures the next version of the Standard is both practical for everyday use and robust in its role as the profession's baseline for quality and safety. Keep an eye out for the Foundation Standard review survey in June to have your say.

### Stakeholder engagement

#### Dr Luke Bradford

- › Visited South Island rural hospitals and practices in Greymouth, Buller, Reefton, Hanmer Springs to meet with practice teams and get a first-hand look at how rural hospital teams work with general practice and discuss the unique challenges faced by our rural workforce
- › Attended WONCA World Rural Health Conference in Wellington
- › Spoke at Pacific Health Day as a keynote and as part of a panel on Pacific GP workforce development



- › Medical Advisory Board meeting
- › Cancer Screening Programmes meeting
- › GPLF meeting
- › Spoke at RACGP Practice Owner's Conference, Sydney.

### **Dr Prabani Wood**

- › Primary Care Sector Group meeting
- › Meetings with Waikato GP Educators
- › Attended and presented at WONCA World Rural Health Conference in Wellington
- › Presented at the Pegasus PHO Hui in Christchurch on the role and value of GP Fellows
- › Meetings with ADHD stakeholders
- › Meetings with MPS on Privacy Act changes and the impact on general practice
- › Meetings with Ministry of Women representatives
- › Cancer Screening Programmes meeting
- › Meetings with HQSC
- › Meeting with the Ministry of Health on proposed policy changes to eligibility settings for publicly funded health services
- › Quarterly Meeting with ACC
- › Meeting with the Pharmaceutical Society to discuss the proposal to expand pharmacy services.

### **Submissions**

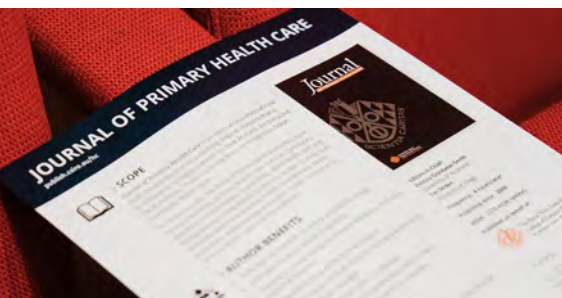
- › **Pharmac and Health New Zealand Te Whatu Ora:** Proposal to expand pharmacy services
- › **Ministry of Health:** Mental Health and Wellbeing Strategy
- › **Pharmac:** Potential brand changes arising from the 2025/26 annual tender
- › **Medsafe:** Medical Classifications Committee 76th meeting agenda
- › **Medsafe:** Letter of support for Medsafe approval of the RSVpreF (Abrysvo) vaccine
- › **CMC:** Joint Colleges submission to AMC – Specialist Medical Programs Standards Review
- › **Office of the Privacy Commissioner:** Inquiry into the cybersecurity breach affecting Mange My Health's patient portal
- › **MBIE:** Proposed changes to COTR and Definitions Regulations
- › **MOH:** Eligibility settings for publicly funded health services
- › **Parliament/Ministry of Justice:** Sale and Supply of Alcohol (Improving Alcohol Regulation) Amendment Bill
- › **Te Whatu Ora National Survey:** Supporting quality palliative and end-of-life care in everyday practice and non-specialist palliative care settings.

### **Advocacy and media**

- › [Opinion editorial: Ahead of the Budget and the ballot box: What will make a difference in general practice](#) | NZ Doctor | Dr Luke Bradford
- › [Workforce shortage and lack of funding stalls uptake in GPs diagnosing ADHD](#) | Newsroom | Dr Prabani Wood



- > [The essential health checks older Kiwis should not skip](#) | NZ Herald | Dr Prabani Wood
- > [Health professionals on AI self-diagnosis](#) | Radio NZ | Dr Luke Bradford
- > Elderly driving licensing and medical assessments | TVNZ | Dr Prabani Wood
- > GPs and their use of telehealth | NZ Doctor | Dr Prabani Wood
- > [NZ's parkrun movement links up with GPs for trial](#) | Radio NZ | Dr Andrew Boyd
- > [Does rising fuel costs mean patients missing appointments and low medicines supply?](#) | The Platform | Dr Luke Bradford.



# Journal

OF PRIMARY HEALTH CARE

The *JPHC* is a peer-reviewed quarterly journal that is supported by the College. The *JPHC* publishes original research that is relevant to New Zealand, Australia and Pacific nations, with a strong focus on Māori and Pacific health issues.

For between-issue reading, [visit the 'latest' section.](#)

## Trending articles:

1. [Understanding the determinants of health for Māori living with chronic disease in Aotearoa New Zealand](#)
2. [Pacific people in Aotearoa New Zealand and the treatment of long-term conditions: a narrative literature review about Pacific people's understandings of health and wellbeing](#)
3. [Patients' reasons for seeking traditional Chinese medicine: a qualitative study](#)
4. [Cultural safety in paramedic practice: experiences of Māori and their whānau who have received acute pre-hospital care for cardiac symptoms from paramedics](#)
5. [Barriers to older Pacific peoples' participation in the health-care system in Aotearoa New Zealand](#)



# 10 years of the Pacific Chapter

A decade of Pacific health leadership

## Hatala mo he Lumanaki OLATIA! | Navigating towards a prosperous future.

In 2016, a group of Pacific members wrote to the College Board with a question: Would the College consider creating a Pacific Chapter? Ten years on, the answer has shaped how the College thinks about equity, training and workforce for Pacific GPs, and the Chapter itself has grown into a community of more than 160 College members committed to Pacific health and the wellbeing of Pacific communities across Aotearoa.

This year, Pacific Health Day doubled as a celebration of that decade of Pacific Leadership. Held at Pātaka Art + Museum in Porirua, the day brought together Pacific GPs, registrars, students, academics and leaders to reflect on how far we've come and to navigate, together, towards what comes next.

### A Chapter built by its members

The Pacific Chapter was founded to give Pacific Fellows and registrars a place to come together for a common purpose. Under the leadership of its first Chair, Dr Api Talemaitoga, then Dr Monica Liva, and now Dr Alvin Mitikulena, with Deputy Chair Dr Anae Neru Leavasa, the Chapter has built a voice that is heard at every level of the College.

That voice now sits at the Board table. A Pacific Chapter representative has been appointed to the College Board, which is a milestone that ensures Pacific perspectives shape decisions on member, workforce and equity issues from the outset.

### A programme grounded in culture and clinical excellence

Pacific Health Day 2026 opened with Lotu Kamata led by Rev. Elder Tui Sopoaga, followed by a Tokelau Hua Ceremony from Te Kaiga Fakaofu, acknowledging Tokelau as the hosting nation. This was a special surprise for those attending, as it is not common for a Hua Ceremony to happen as it's reserved for very special occasions. MC for the day, Mr Herbert Bartley, commented that he had only ever seen one before that day.

The keynote programme featured Gerardine Clifford-Lidstone, Secretary for Pacific Peoples at the Ministry for Pacific Peoples, and reflected on a decade of Pacific health leadership, with Associate Professor Malaerule Seuta'afili Patrick Thomsen, Associate Dean (Pacific) at the University of Otago, Wellington, asking the question that has framed so much of the Chapter's work – Pacific Peoples Health in Aotearoa: How Far Have We Come?

Dr Mamaeroa David and Dr Phil Shirley presented a public health update on Pacific priorities beyond 2026, followed by a panel discussion on Pacific GP workforce



development with College President Dr Luke Bradford and College Tumuaki Māori and Head of Equity Sarah Herbert.

Afternoon workshops were pitched at three streams:

- › Clinical skills: Suturing skills for primary care with vascular surgeon Dr Lupe Taumoepeau
- › Equity and practice: Navigating the space between us: Safe practice with clear boundaries with Dr L'Ondine Tukuitonga and Sarah Herbert
- › Governance: Introduction to Governance with a Pacific Lens with Mele Wendt, MNZM.

The afternoon plenary turned the floor to emerging Pacific voices – medical students Roneima Koro-Teumohenga and Jayda Matara, GP registrar Dr Ha'ano Fonua (Tonga), Tokelau doctor Dr Dannielle Gaulofa, and Tokelau academics Dr Hana Tuisano and Kupa Kupa. The Chapter's next decade started taking shape in this room.

### A decade of practical change

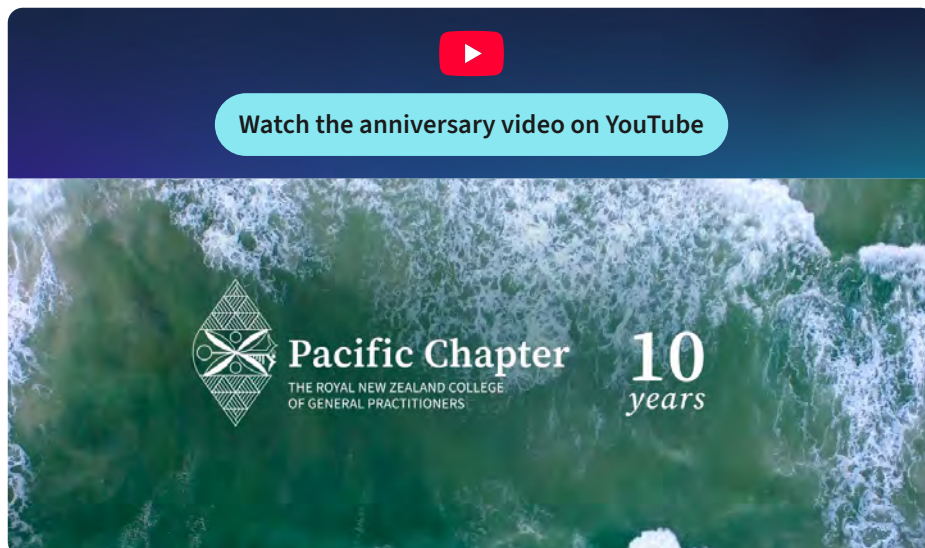
The Chapter has driven real, practical change inside the College. Māori and Pacific mock exams now support registrars through assessment. The Pou Whirinaki Pacific role provides pastoral support and outreach to Pacific registrars. This year, 16 Pacific registrars started training with us – the largest intake in recent memory. And the College's relationships with the Cook Islands, Samoan and Fijian GP Colleges continue to strengthen the wider Pacific health workforce.

Behind every one of those numbers is a Pacific doctor carrying clinical responsibility alongside cultural responsibility to family, to community, and to the next generation choosing this profession.

### Looking ahead

Pacific Health Day was followed by the Pacific Chapter's 10th Anniversary Dinner at Wharewaka on Wellington's waterfront.

Ten years ago, the Pacific Chapter was an idea at a GP Conference. Today, it is a community, a voice and a force for equity inside our profession. The next 10 years will be navigated by the leaders, registrars and students sitting in the room at Pātaka, and the College is stronger because of every one of them.





# GP26: A conference programme for the future of general practice

**E tū Matariki ki te tahatū o te rangi, ka mua, ka muri.**

Matariki stands on the horizon, a symbol of the past and the future.

**W**hen Matariki rises on the horizon, it asks us to look both backward and forward. GP26: Conference for General Practice has been built around that same kaupapa, honouring where general practice has come from, while making space for the technologies, partnerships and new models of care that will define the years ahead.

From Thursday 30 July to Saturday 1 August 2026, we will gather at the brand-new New Zealand International Convention Centre in Tāmaki Makaurau Auckland. With registrations open and the programme live, here's a taste of what's in store.

This year's keynote and plenary programme bring together international leadership expertise, homegrown clinical voices and one of Aotearoa's most recognisable storytellers.

**Adjunct Professor Mark O'Brien** opens the keynote programme on Friday. As Programme Director of the Oxford Healthcare Leadership Programme and Associate Fellow of Saïd Business School, Mark brings four decades of experience spanning rural family practice, medical education and health care risk leadership. His session will speak directly to GPs navigating system reform, complexity, and the work of leading through change.

**Paddy Gower** takes the stage on Saturday morning. After more than two decades reporting from the Press Gallery, Afghanistan, Iraq and beyond, Paddy now speaks candidly about resilience, mental wellbeing, addiction and recovery, themes our profession knows intimately. Expect honesty, humour, and a fresh perspective on what keeps us going.

**Dr Karlina Tongotea**, a specialist GP, College Fellow and reigning world champion powerlifter, will share a story that few in our profession can match. A Māori and Tongan wāhine from South Auckland, Karlina has spent her entire medical career competing internationally while practising in general practice. After losing her world title in 2024, she stepped back from clinical work, recommitted to her training, and reclaimed the championship in 2025. Her session on discipline, identity, recovery and sustaining excellence in demanding careers will resonate well beyond the platform.

Returning as our Conference MC this year is **Julian Wilcox** (Ngāpuhi, Te Arawa), one of Aotearoa's most respected broadcasters.



## Early bird closes Friday 5 June

**Don't miss the  
discounted rate!**

**Tāmaki Makaurau |  
Auckland**

**30 July –  
1 August 2026**

[generalpractice.org.nz](https://generalpractice.org.nz)



We'll also hear from College leadership across both days. President **Dr Luke Bradford** opens the conference, and Chief Executive **Toby Beaglehole** facilitates 'The future of general practice panel' on the Friday afternoon.

### A programme jam-packed with learning and social activities

The conference starts with an optional pre-conference CME day on Thursday 30 July, with workshops including the NZCSRH Long-Acting Reversible Contraception (LARC) Train-the-Trainer workshop and the New Zealand Resuscitation Council's CORE Immediate Adult and Child course. The day closes with a welcome reception from 5pm.

Across Friday and Saturday, concurrent sessions will offer clinical updates, research insights and practical tools for everyday practice, alongside the Peter Anyon address from one of our year 2 GPEP registrars, panel discussions and the College's annual general meeting (AGM).

GP26 is also about connection. Whether you're catching up with colleagues you trained alongside, meeting registrars at the start of their journey, or sharing a meal with colleagues from the other end of the country, the social programme is built for connection.

Our Friday Comedy night brings the lighter side to GP26 with **Pax Assadi**, one of Aotearoa's most exciting young comedians and a familiar face from *7 Days*, *Word Up*, *Crack Up*, *Brown Eye* and the NZ International Comedy Gala. Born and raised in New Zealand to immigrant parents, Pax weaves personal stories with sharp observation to deliver comedy that resonates across every audience. A Billy T nominee, NZ Comedy Guild Breakthrough and Best Male Comedian winner, and most recently a Fred Dagg Award nominee, expect to laugh and to think all while enjoying some food from local Auckland restaurants Masu, Depot and The Grill.

We will kick off the Saturday activities with a sunrise yoga and breakfast session focused on your wellbeing, as well as sharing more about becoming a parkrun practice.

During the conference, we will have wellbeing activations around the venue for you to partake in, including massages, rongōa Māori and mindful tukutuku or weaving. Awhina Murupaenga of Whatu Creative, a contemporary tukutuku artist and wellbeing facilitator, will create a live collaborative tukutuku piece throughout the event, inviting you to pause, reflect and contribute to a collective story of hauora, community and care.

After the conference closes, we will commence with another highlight of the College calendar, the Fellowship and Awards Ceremony, on Saturday evening, followed by a celebration function recognising our new Fellows and celebrating the achievements of our award recipients.

### Register now

Early bird registrations are open until 5 June 2026. Visit [generalpractice.org.nz](https://generalpractice.org.nz) to view the full programme, meet the speakers and secure your place.

GP26 invites you to reflect, renew and be reinvigorated through connection and learning. We can't wait to see you in Tāmaki Makaurau Auckland.



# Using research to shape the future of your profession

In any profession, research is a powerful tool for collecting insights and shaping the future of the profession.

Research relating to general practice, rural general practice and rural hospital medicine supports workforce sustainability, strengthens clinical decision-making, improves outcomes and gives an evidence base to highlight the challenges and innovations that define the work and the workforce.

To support research that benefits our members, workforce and patients, the College's Research and Education Committee (REC) funds research and education projects through three funding rounds per year.

In the first funding round for 2026, REC approved \$42,822 of funding to three successful applicants. The research proposals are varied, but all had a focus on rural health and health outcomes of those who live rurally.

This is the highest amount of funding approved in one round since 2021 and highlights that those working in primary and rural hospital care are seeing the benefits of research that both reflect the realities of their work while providing evidence and solutions that can have an impact on clinicians, patients and communities alike.

## Interested in applying?

Applications can be submitted by anyone who is undertaking a research project that benefits general practice, rural general practice or rural hospital medicine, and applicants don't have to be a member of the College.

The REC is always interested in receiving applications that reflect the principles of the College's Strategic Plan:

- > **Rautaki Māori**
  - Honouring Te Tiriti o Waitangi
  - Advancing hauora Māori
  - Māori leadership and partnership.
- > **Delivery**
  - Advocacy and influence
  - Education and training
  - Belonging and community
  - Sustainable operations and governance.
- > **Equity**
  - Tangata whenua
  - Pacific Peoples
  - Rural communities.



Other previous successful applications have included research on usage and equity of access to certain medications in Aotearoa New Zealand, culturally safe mental health artificial intelligence (AI) tools for Māori and Pacific Peoples, the impact of ethnicity and rurality on diabetes management and polypharmacy in Pacific communities.

Successful applicants are also encouraged to submit an abstract to the annual College conference to either seek feedback, update progress or present the final research, as well as submitting an article to the *Journal of Primary Health Care* (JPHC).

**The third and final funding round for 2026 opens on Wednesday 5 August, with applications being accepted until Wednesday 16 September.**

Please share this information with any peers, colleagues or contacts who have a research project in mind.

Visit the '[fund my research](#)' page on the College website for more information, guidelines and how to submit your application.



Waipapa  
Taumata Rau  
University  
of Auckland

# Abnormal Uterine Bleeding

Women's Health Short Course

Gain the skills and confidence to assess, manage, and treat abnormal uterine bleeding in primary care, applying national guidelines and evidence-based strategies. Work through the online modules then apply that knowledge in the specialist-led practical workshop including Pipelle biopsy and LNG IUS insertion.

Upcoming workshops are available at the University of Auckland: Sunday 2 August and November TBC.

<https://shortcourses.auckland.ac.nz/?query=AUB>

This course is endorsed by RNZCGP for CME credits.



# On the field with ‘Doc’

Hockey, community and rural general practice

**D**istinguished Fellow Associate Professor Kyle Eggleton is a rural GP, academic and community advocate with deep roots in Northland. He is Associate Dean of Rural Health at the Faculty of Medical and Health Sciences at the University of Auckland and Director of the Rural Health Unit, while also continuing to practise part-time as a rural general practitioner in Waipu.

A seventh-generation Northlander, Kyle grew up in the Hokianga and returned to Northland for GP training, drawn back by a strong sense of connection to place and community.

Alongside his work in general practice, teaching and rural health research, he also finds time for another long-standing passion: hockey. Known to his teammates simply as ‘Doc’, Kyle plays club hockey in Northland and represents Northland at Masters level. For him, the sport is more than just exercise. It is a way to stay connected to community, maintain wellbeing and build friendships beyond the clinic.

## How did you first get into hockey?

I started playing when I was about 12. I wasn’t a particularly sporty kid when I was younger, so my parents probably encouraged me to get involved in something. Once I started playing hockey, that changed quite quickly. I discovered that I really enjoyed the sport and being part of a team.

You returned to hockey while working as a GP registrar in Northland, and some of your teammates were also patients. What was that like?

That experience really made me think about the ethical boundaries we’re taught in medical school. In rural practice you cannot separate yourself from the community. You see people in the supermarket, at social events and on the sports field.

If you are playing sport, you will inevitably play alongside people who are also your patients or family members of patients. It brings extra context to consultations because you know more about their lives and their families.

At the same time, I am always aware of the two hats that I wear. On the hockey field I am just one of the team. Although my nickname is ‘Doc,’ which is not very imaginative.

## You’ve spoken about rural health inequities in your work.

### Do you see parallels in sport?

Yes, there are definitely parallels.

People often talk about what rural areas lack, but another way of thinking about it is urban privilege. Resources tend to flow into larger centres.

You see that in sport with the development of stadiums and sports complexes in cities. Smaller provinces don’t have the same level of infrastructure.



**Kyle Eggleton**

DFRNZCGP



Cost is another factor. Hockey is not a cheap sport. There's the equipment, and tournament or tour fees can be quite expensive.

That means people who are struggling financially may be less likely to play. And we know there are often greater socioeconomic pressures in rural communities compared with urban areas.

### **How do clubs deal with those financial barriers?**

Often clubs will apply for sports grants to help subsidise players, particularly younger players coming through.

But another challenge in rural areas is retaining younger players.

People grow up in rural communities, then leave for university or employment opportunities in larger cities. That means clubs often lose younger players as they migrate to urban centres.

You can see that reflected in the population demographics of rural areas more broadly.

### **How do you measure success for your team?**

Success can be measured in lots of ways. Sometimes it might just be getting through a tournament without injuries. Scoring a goal can be a success. Enjoying the social side of things is definitely a success as well. We've actually had the wooden spoon a few times over the years. We're not the strongest team in the competition at the moment, but that's never really been the point.

For me personally, success might be having a good game and feeling like I contributed well to the team.

We have a lot of banter as well. The camaraderie and humour between teammates is a big part of why people keep playing.

### **How does hockey help you manage the pressures of rural general practice?**

There are two main aspects for me. One is the physical outlet. Hockey gives me an incentive to stay fit and exercise regularly, which is really important for my wellbeing.

The other aspect is the social side. After a game we might head back to the clubrooms, watch another match, have a burger and beer and catch up with teammates. That connection with friends is something I really look forward to.

### **Does your team have a motto?**

It's actually quite simple.

When we're playing for Bream Bay, the call is just "Bream Bay". It's about representing our community.

For the Northland team, it's "Go the taniwha".

That's our symbol and identity as a province.

### **Would you encourage other GPs to find a similar outlet?**

Absolutely. I think everyone should have something outside medicine that supports their wellbeing.



Hockey is one outlet for me, but I also enjoy woodworking, tramping, reading and volunteering in the community. Those activities all bring different aspects of balance to life.

If your whole life revolves around medicine, it is very easy to burn out.

**You are also involved in the Bream Bay Community Support Trust. Can you tell us about that work?**

The trust provides social services in the community, including family violence support, youth work, counselling and housing assistance. We also run alternative education programmes for young people.

One of the goals is to help address some of the gaps that exist in rural areas, such as access to therapists or social workers. It is about supporting the community in a holistic way.

After head knocks, torn hamstrings and the occasional trip to the emergency department, what keeps you playing hockey?

Friends, teamwork and fitness. Hockey gives me a physical outlet and a social one as well. These connections are really important.

Even when we're returning the wooden spoon, we're still having a good time.



# World Family Doctor Day

Compassionate Care in a Digital World

**Dr Luke Bradford, President**

Every year on 19 May we celebrate World Family Doctor Day and take a moment to pause, reflect and celebrate the doctors who are most often the first point of contact for patients in the health care system – GPs. It is also a chance to be clear about what needs to change.

This year's theme was 'Compassionate care in a digital world,' and it spoke to what general practice does best. Every day, GPs and primary care teams across Aotearoa New Zealand provide care that is trusted, relational, continuous and grounded in community. This is what keeps the system functioning, especially as patient complexity and need increases and demands grows.

The issues and challenges facing the membership are ones that have been raised consistently and are reflected in workforce survey data and Your Work Counts findings, but progress has not kept up with the need.

There have been positive steps taken to address the challenges, and we have welcomed these steps and the impact they have had on the workforce. But incremental change is not the same as a system-wide shift.

As we head towards November's election, GPs cannot remain at the margins of health policy. Without a strong, well-resourced GP workforce, commitments to improve access, equity and outcomes cannot be delivered. The system and the health outcomes of patients depend on GPs leading a well-resourced general practice team. We need to see appropriate investment and be involved in policy and workforce planning so that it reflects the full scope of the work that we do. To attract junior doctors into our fulfilling and awesome specialty, we must demonstrate that they are not being professionally and financially disadvantaged by choosing it.

Looking at this year's theme, the same is true for digital transformation. Technology is constantly evolving and increasingly shaping how care is delivered – but again, it must be designed and used in a way that supports and reflects the realities of general practice. Digital tools should reduce the burden, improve access, and support continuity, not add complexity or take us further away from patients.

World Family Doctor Day is a reminder of what general practice and primary care makes possible. But it should also mark a shift in expectations.

Over the coming months, the College will continue to advocate for change that is practical, evidence based, and grounded in experience. That includes pushing for recognition of general practice as a specialist discipline, funding that aligns with the complexity of care, and policy settings that enable, not constrain, delivery.

General practice is essential infrastructure. GPs are the foundation of it. If we want a health system that works, we must invest in us accordingly.

Even though World Family Doctor Day has passed, I would still like to thank you for the work that you and your teams do every day. You make a difference to the lives of many through your commitment, skills, knowledge and compassionate care, and that does not go unnoticed.



# Reflections from WONCA APR

Healing, connection and the future of general practice

General practitioners from across the Asia Pacific recently gathered in the Philippines for the [WONCA Asia Pacific Regional Conference 2026](#), hosted by the World Organization of Family Doctors (WONCA). With representatives from more than 25 countries, the conference explored the challenges and opportunities facing primary care systems around the world.

Among those attending were College President Luke Bradford and College Fellow Andrew Corin, who both presented at the conference and returned with reflections on the evolving role of general practice, the power of relationships in medicine, and the importance of keeping care truly patient-centred.

## Shared challenges across health systems

Dr Bradford said one of the most striking aspects of the conference was how similar the challenges are across countries.

“Over 25 different countries were represented, and I was struck by the common threads,” he said. “Equity, the need for a bigger and more resilient workforce, education, the evolving role of AI, the challenge of climate change, access to care and mental health.”

Despite these challenges, he said the conference highlighted the deep pride many doctors feel in the profession of general practice.

“There was a strong sense that general practice remains central to the strength of health systems.”

## The courage of generalism

A highlight of the conference for both doctors was the Wes Fabb Oration delivered by Donald Li, a family doctor in Hong Kong and a past president of WONCA.

Dr Bradford said several of Professor Li’s reflections resonated strongly with the audience, including, “Generalism is not a compromise, it is courage.”

Other quotes captured the essence of family medicine:

“Relationship is therapy.”

“When medicine fragmented, someone had to remain whole.”

“Competence treats disease, wisdom understands context.”

“The young doctor longs to cure; the mature doctor longs to heal.”

For Dr Corin, these ideas reinforced the unique role of general practice.

“Family medicine is the only speciality that uses time as a tool,” he said.

“We work within complexity, uncertainty and humanity.”



One message in particular stood out to him.

“The system we work in might be broken... however my relationship with my patient is sacred and I will protect it.”

### **Whole-person health and healing**

In his own presentation, Dr Corin explored how general practice can support patients to take greater ownership of their health.

He reflected on the concept of wellbeing described by Māori academic and leader Sir Mason Durie through the model of Te Whare Tapa Whā, where health is supported by four pillars: physical, psychological, emotional and spiritual wellbeing.

“In primary care we are often good at caring for the physical and psychological pillars,” Dr Corin said.

“However, the emotional pillar, which represents social and family connectedness, and the spiritual pillar, our sense of meaning and purpose, often do not form a significant part of the care package.”

He noted that modern definitions of health increasingly recognise that in a world where people live longer with chronic conditions, health is best understood as the ability to adapt and self-manage.

“This definition is patient-centric rather than physician- or system-centric,” he said.

### **Supporting patients to lead their own health journey**

Dr Corin shared insights from his Abundance Healthcare Project, a proof-of-concept study conducted in general practice that focused on building patients’ self-efficacy, their confidence and ability to manage their own health.

Patients received training and support to develop personalised self-management strategies, guided by their GP but led by the patients themselves.

The results showed measurable improvements across multiple domains of wellbeing.

“If we as health system agents – as healers – can equip and mentor patients to be the project leaders of their own health journey, we have the potential to reduce costs, increase access, improve outcomes and raise satisfaction for both patients and clinicians,” Dr Corin said.

### **The role of AI in medicine**

Another major topic at the conference was the rapid development of artificial intelligence in health care.

Dr Bradford said discussions explored both the opportunities and the risks.

“There was excitement about the role of AI in education, particularly in creating virtual patients and realistic clinical scenarios that support adaptive learning,” he said.

However, delegates also raised important questions.

“Can AI recognise hesitation, interpret silence or hold fear?” he said.

As technology evolves, Dr Bradford said clinicians must remain closely involved in how it is used.



“As the tech community creates these tools, we must ensure governance and oversight. AI is now learning from information on the web, including content it generates itself, so clinical supervision and deliberate decision-making will be essential.”

### Holding on to continuity of care

Across all discussions, one theme consistently emerged: the importance of continuity of care.

“All countries are seeking continuity as the gold standard,” Dr Bradford said.

“It made me reflect that we must hold on to that goal and not surrender it to efficiencies or pressure within the system.”

He also took part in a workshop with representatives from WONCA and WHO exploring the development of global indicators for primary care performance.

“The domains were what you would expect: access, quality, equity and outcomes,” he said.

“In comparison with many countries, New Zealand is actually ahead in creating an accessible and equitable system, and we should be proud of that.”

### The heartbeat of the health system

Ultimately, the conference reinforced the enduring importance of general practice.

As Professor Li reflected in his address, general practitioners are more than clinicians.

“We are the heartbeat of our health systems – scientists, storytellers and healers.”

## RECOGNITION OF LEARNING – LOG YOUR CPD

### Goodfellow Unit podcast: **A.I. Medical Co-Pilots**

Dr Yariv Doron is a child and adolescent psychiatrist working in New Zealand. He has more than a decade of experience in various issues relating to the Mental Health and Development of children and adolescents, including diagnosis and treatment of anxiety, depression, ADHD, Autism, OCD, to name a few.

This episode explores the current and future role of artificial intelligence in medicine, focusing on practical applications like transcribing tools, decision support, and ethical considerations. Dr Yariv Doron shares insights from his experience in psychiatry and primary care, emphasising AI’s potential to enhance efficiency and accuracy in clinical practice.

The key take-home messages of this podcast are:

- The keyword is ‘Efficiency’ beyond the hype.
- Medical-grade AI transcribe tools are viable NOW.
- Less time on admin, more time for patients and thinking.



[Listen to the podcast](#)



# Hashimoto's thyroiditis

Dr Francis Hall

## What is it?

Hashimoto's thyroiditis is an autoimmune condition. It is also called chronic lymphocytic thyroiditis. Antibodies, either thyroid peroxidase (TPO) antibodies and/or anti-thyroglobulin (Tg) antibodies damage the thyroid gland. Over time the inflammation can lead to enlargement of the thyroid gland or hypothyroidism.

In fact, Hashimoto's thyroiditis is the most common cause of hypothyroidism. About 5% of the population develop hypothyroidism at some stage in their lifetime and Hashimoto's thyroiditis is the cause of hypothyroidism in two out of every three patients.

Hashimoto's thyroiditis was first described by a Japanese doctor, Hakura Hashimoto, in 1912.

The TPO and Tg antibodies are thought to develop following T cell-mediated destruction of the thyroid gland.

## Who gets Hashimoto's thyroiditis?

Like most autoimmune conditions, Hashimoto's thyroiditis is more common in women. The typical patient is a 30–50-year-old woman, although it can occur in males and in any age group, including children. Hashimoto's thyroiditis often runs in families, and there is an increased incidence of Hashimoto's thyroiditis in patients with Down Syndrome.

## How is it diagnosed?

Hashimoto's thyroiditis presents in several different ways. It most commonly presents as a mildly enlarged thyroid gland and hypothyroidism. It may present with a markedly enlarged thyroid gland, euthyroidism or even thyrotoxicosis (a condition called Hashitoxicosis) in the early stage of the disease.

It is suspected clinically and confirmed with positive thyroid peroxidase (TPO) antibodies and/or anti-thyroglobulin (Tg) antibodies.

Hashimoto's thyroiditis on ultrasound presents with a diffusely enlarged gland in the early stage or a small atrophic gland in the later stages. It is characterised by hypoechoic (dark) heterogeneous thyroid parenchyma with fibrous echogenic (white) bands. Small nodules about 1–7mm in size and increased vascularity on Doppler is seen. Sometimes the nodules are larger, measuring 15–18mm. A giraffe pattern with dark nodules and pale fibrous bands mimics the appearance of giraffe skin and is characteristic of Hashimoto's thyroiditis.

Sometimes Hashimoto's thyroiditis is only diagnosed by a pathologist after thyroidectomy.



**Dr Francis Hall** is Head of the Department of Otolaryngology Head and Neck Surgery at Counties Manukau DHB. He has a private practice in Auckland. He is a New Zealand trained ORL head and neck surgeon with extensive additional overseas training in head and neck surgery in Toronto, Sydney and Melbourne. He worked for five years as a head and neck / thyroid surgeon at Henry Ford Hospital in Detroit. He is an accomplished writer and presenter and loves to share his experiences with fellow specialists and general practitioners.



In summary, Hashimoto's thyroiditis is diagnosed in the following ways:

1. Large thyroid
2. Hypothyroidism
3. Positive TPO or Tg antibodies
4. Characteristic ultrasound features
5. Pathological diagnosis following thyroidectomy.

### What is the prognostic significance of positive TPO antibodies?

About 50% of patients with positive TPO antibodies eventually develop hypothyroidism. It is for this reason that it is recommended to perform annual thyroid function tests (TSH, fT4) in patients with positive TPO antibodies.

TPO and Tg antibodies precede the development of hypothyroidism by three to seven years. TPO and Tg antibodies are the earliest footprint of Hashimoto's thyroiditis.

About 10% of patients with Hashimoto's thyroiditis have negative TPO antibodies.

There is an 80-fold increase in the development of thyroid lymphoma in patients with Hashimoto's thyroiditis.

### The treatment of Hashimoto's thyroiditis

Thyroxine therapy is the mainstay of treatment for patients with Hashimoto's thyroiditis who develop hypothyroidism.

### Controversies in Hashimoto's thyroiditis

Vitamin D deficiency and micronutrient deficiencies, especially selenium deficiency, have been implicated in the development of Hashimoto's thyroiditis. There is a literature on hypothyroidism symptoms in euthyroid patients with Hashimoto's thyroiditis. There is also a literature on persistent hypothyroidism symptoms in patients treated with levothyroxine who are biochemically euthyroid.

### Summary

Hashimoto's thyroiditis is the leading cause of hypothyroidism and is suspected when thyroperoxidase antibodies are positive. Euthyroid patients with positive TPO antibodies should have annual thyroid function tests as a high proportion of these patients become hypothyroid with time.

### References:

1. Francis Hall. Understanding thyroiditis. GP Voice. 2024 Nov; 25–27.
2. Ragusa F, Fallahi P, Elia G, et al. Hashimoto's thyroiditis: Epidemiology, pathogenesis, clinic and therapy. Best Practice & Research Clinical Endocrinology & Metabolism. 2019; 33:6: 101367.
3. Zhang H, Tong W, Zeng W, et al. Persistent symptoms in euthyroid Hashimoto's thyroiditis: current hypotheses and emerging management strategies. Front. Endocrinol. 2025;16:1627787.

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# University of Auckland celebrates two new associate professors

The Faculty of Medical and Health Sciences (FMHS), Waipapa Taumata Rau – University of Auckland, is delighted to celebrate the promotion of Dr Kyle Eggleton and Dr Fiona Moir to associate professors, recognising their contributions to research, teaching and leadership in general practice and primary health care.

Associate Professor Eggleton is a general practitioner and researcher whose work focuses on health equity, primary care access and system performance. His contributions help inform policy and practice to better meet the needs of communities across Aotearoa. Kyle also serves as Associate Dean for Rural Health. His award-winning leadership in rural primary health care workforce development and research is recognised in New Zealand and internationally.

Associate Professor Moir is widely recognised for her leadership in mental health education and clinician wellbeing. Her research explores burnout and workplace culture across the health care workforce. Fiona is also a dedicated educator who supports medical students and doctors to navigate the complex emotional and professional demands of their careers. She developed the internationally recognised SAFE-DRS wellbeing curriculum and was recently recognised for leadership in the University of Auckland Vice-Chancellor's Awards for Teaching Excellence.

Together, their work strengthens the academic foundations of primary care research and education at FMHS and across Aotearoa. Through research, teaching and leadership, they are helping shape a future health workforce equipped to meet the changing needs of patients and communities.

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# HealthPathways Education

## Abnormal uterine bleeding

As part of the HealthPathways Education programme, a webinar in March focused on the primary care assessment and management of abnormal uterine bleeding (AUB) in non-pregnant people of reproductive age. Presenters highlighted the updated national AUB guideline and the nationally aligned AUB pathways on HealthPathways.

The session was presented by Dr Sathana Ponnampalam, SMO and Chair of the National AUB Working Group, alongside general practitioners Dr Sue Tutty, GP in South Auckland and Clinical Advisor with the Northern Region Planning, Funding and Outcomes team, and Dr Peter Ou, National Clinical Editor HealthPathways.

### The key take-home messages for assessing and managing AUB are:

- › Proactively ask about periods and bleeding impact in a whānau-centred, culturally appropriate way.
- › Treat the bleeding and iron deficiency as a core part of AUB care.
- › Use risk-based assessment for endometrial cancer; do not rely on ultrasound findings.
- › Be aware that endometrial sampling may be indicated despite 'normal' endometrial thickness on USS.

### Why the guideline matters

AUB is common, under-recognised, and associated with significant physical, emotional, and social morbidity. Rates of endometrial cancer incidence are increasing, particularly among younger women, with Māori and Pacific Peoples experiencing a disproportionate burden of disease.

The updated guideline reflects an equity-focused redesign of care, supporting earlier recognition, timely investigation, and appropriate management of AUB in primary care to reduce reliance on delayed secondary care assessment.

### A shift to risk-based assessment

A key change is the move from ultrasound-led decision-making to a risk-based approach.

Ultrasound and endometrial sampling are now separately indicated investigations, with key decisions guided by clinical risk factors rather than endometrial thickness.

Endometrial sampling may be appropriate even when ultrasound findings are reported as normal if risk factors for endometrial hyperplasia or cancer are present.

Risk factors include excess oestrogen exposure (such as obesity, PCOS, or chronic anovulation), diabetes, increasing age, relevant family history, and iron-deficiency anaemia. For Māori and Pacific Peoples, investigation to exclude endometrial cancer or hyperplasia should be considered early, including at or soon after first presentation with AUB. Age informs decision-making, but age alone does not determine the need for endometrial sampling.



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### The general practice role

General practice plays a critical role in early recognition and management. Management should begin at the initial consultation alongside appropriate investigation, and may include medical management of bleeding, active treatment of iron deficiency, discussion of longer-term options (including LNG-IUS where appropriate), and planned follow-up or referral. Treating symptoms does not replace further investigation when clinically indicated.

### HealthPathways: Consistent guidance, local implementation

While clinical intent is nationally consistent, the agreements for funding mechanisms, training, and service provision for LNG-IUS insertion and endometrial sampling may vary across the country.

Clinicians should refer to their local HealthPathways site and PHO for current information on access, referral criteria, and training opportunities. HealthPathways remains the reliable local source of detailed, up-to-date clinical guidance.

### [Watch the webinar recording.](#)

You can also find the recording at the bottom of the Abnormal Uterine Bleeding pathway, in the Information section, under 'For health professionals'. If you are new to HealthPathways, [create an account.](#)

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