Briefing

Health New Zealand
Te Whatu Ora

Options for increasing funding of the General Practitioner Education Programme

Due to MO:	17 July 2025	**Reference**	**HNZ00092965**
To:	Hon Simeon Brown, Minister of Health		
From:	Jason Power, Acting National Director – Planning, Funding and Outcomes (PFO)		
Copy to:	Hon Nicola Willis, Minister of Finance		
Security level:	In Confidence	**Priority**	Routine
Consulted:	Ministry of Health – Manatū Hauora		
Proactive Release:	This title is proposed by Health NZ for proactive release		

Action sought	**Action required by**
Agree to funding arrangements to cover GP registrar costs in years two and three of the programme.	Ahead of any public announcements

Contact for further discussion (if required)

Name	**Position**	**Phone**	**1st contact**
Martin Hefford	Director Living Well	[redacted]	x
Jason Power	Acting National Director – Planning, Funding and Outcomes		

Attachments

Appendix 1:	Appendix 1: Pathway to become a specialist GP

Purpose

1. You recently received advice on ways that trainees on the General Practitioner Education Programme (GPEP) could be better supported (HNZ00090616 refers).
2. Following the in-principle decisions you have taken on GPEP, this briefing provides options for how to fund the initiative and seeks Ministerial approval for our preferred option.

Summary

3. Growing the General Practitioner (GP) workforce is key to improving patient access to primary care. GPs are an ageing workforce (with an average age of 53) and over half intending to retire in the next ten years.
4. GP registrar training (GPEP) is not as well-resourced as other specialist training programmes and many GP trainees do not finish their training because of financial and other barriers to training.
5. To attract more doctors into the GP training programme, and to achieve better completion rates, so that we can grow the GP workforce, we are proposing to fund the Royal NZ College of General Practice to cover:
    a. Exam and preparation costs for ~200 trainees who have completed, or nearly completed, GPEP to become Fellows of the College at an estimated cost of $1 million (one-off).
    b. Current GPEP2, GPEP3 and GPEP3+ trainees for their 2025 training costs to encourage completion at a cost of $2.5 million (one-off).
    c. The full training and education costs of an estimated 400 GPEP year 2 and 3 trainees at an ongoing cost of $3 million per annum.
6. This Briefing requests your approval to use $3.5 million of expected one-off underspend from the Primary Care Tactical Action Plan (PCTAP) urgent care framework action to support these initiatives. You are able to reprioritise this funding provided you are satisfied the outputs agreed to by Cabinet can still be delivered. Officials the Ministry and the Treasury recommend you also seek the Ministry of Finance's agreement.
7. After 25/26, outyears funding is proposed to come from allocating a portion of Budget 22 workforce enablement funding ($9.1 million) which is now in Health NZ baseline appropriations. This is not expected to adversely impact the other elements of this programme.

Recommendations

Health New Zealand | Te Whatu Ora recommends that the **Minister of Health**:

a)	**Agree** to fund the RNZCGP to reimburse current GPEP2, GPEP3 and GPEP3+ trainees for their 2025 training fees to encourage retention and completion at a one-off cost of $2.5 million	**Yes / No**
b)	**Agree** to fund the RNZCGP to cover exam and preparation costs for approximately 200 trainees who have completed training but not taken the fellowship exam, to become Fellows of the College at a one-off cost of $1 million	**Yes / No**
c)	**Agree** to fund the full training and education costs of an estimated 400 GPEP year 2 and 3 trainees at an ongoing cost of $3 million per annum	**Yes / No**
d)	**Agree** to repurpose $3.5 million from expected underspend on PCTAP action 6 (urgent care framework) to fund the one-off costs in FY25/26 for recommendations a and b.	**Yes / No**
e)	**Agree** that Health NZ will fund the ongoing costs of this additional support by repurposing $3 million of Budget 22 workforce enablement funding which is now in Health NZ baseline appropriations to reflect this priority	**Yes / No**
f)	**Note** that moving to 300 new trainees per year would cost an additional $15-$20 million per year, assuming a continuation of the current share of costs between Health NZ and practices	**Noted**
g)	**Request** officials from Health New Zealand to continue to provide progress reports on the PCTAP initiative including the delivery of outputs as agreed by Cabinet	**Yes / No**
h)	**Forward** this briefing, once approved, to the Minister of Finance for consideration	**Yes / No**

Health New Zealand | Te Whatu Ora recommends that the **Minister of Finance**:

i)	**Agree** to reprioritise $3.5 million of expected one-off underspend from the Primary Care Tactical Action Plan (PCTAP) urgent care framework action to support the GPEP investment in 2025/26	**Yes / No**

Hon Simeon Brown, Minister of Health

Date:

Jason Power, Acting National Director Planning, Funding and Outcomes

Health New Zealand | Te Whatu Ora

Date: 17th July 2025

Hon Nicola Willis, Minister of Finance

Date:

About the GP training programme

8. The Royal New Zealand College of General Practitioners (RNZCGP) is the provider of the GPEP. The GPEP is the only accredited training and education programme available in New Zealand for registrars[1] wanting to specialise as a GP. Vocational training on the GPEP pathway takes a minimum of three years to complete. The GPEP pathway and current funding is attached as Appendix 1.

9. Health NZ fully funds employment (for trainees who choose a RNZCGP-employed option), education, and training for all trainees in Year 1 of GPEP and provides very partial support in subsequent years.

10. GPEP registrars are resourced at a lower level than comparable hospital-based training programmes, including pay, fees, and training conditions. This suggests to medical graduates that GPEP is not as highly valued as a specialty and impacts on interest and uptake in the programme.

11. The lack of support (both financial and other) in years 2 and 3 to complete the training results in a long tail of registrars that have been in the programme for more than 3 years. Currently there are 322 post year three GPEP registrars who, with some additional support, could become full vocationally registered GP fellows. Increasing the number of Fellows will grow the potential pool of supervisors for medical students, NZ Registration Examination doctors, and GPEP trainees in future years.

One-off boost in 2025/26 to improve completion rates

12. To encourage retention and improve completion rates, Health NZ proposes to fund the RNZCGP to reimburse current GPEP2, GPEP3 and GPEP3+ trainees for their 2025 training fees. This would cost $2.5 million (one off).

13. Health NZ also proposes to fund the RNZCGP to support ~200 trainees who have completed training but not taken the fellowship exam, to become Fellows of the College. This funding will pay for their final exam and preparation costs. This would cost $1 million (one-off).

14. We expect the proposed investments attract more doctors into the GP training programme, and enable more to complete their training, in order to grow the GP workforce.

15. The RNZCGP have agreed to extend the closing date for 2026 GPEP applications. They have indicated that applications are lagging behind last year and would be boosted by these investments.

Funding multiple years of training

16. Fully funding GPEP education and training for years 2 and 3 of the programme in 2026/27 (and outyears) would cost an additional $3 million per annum, based on 400 doctors in years 2 and beyond (i.e. this will support an entry of 200 new trainees per year). This is on top of the existing investment of [redacted] in the annual contract.

[1] Registrars are doctors undertaking specialist training, also known as vocational training

Funding the proposed investments

17. Action 6 of PCTAP is implementing a new, nationally consistent urgent care framework. The detailed implementation plan for this action has now been completed. It phases in changes over two years to allow for the necessary workforce and other enablers to be put in place progressively. This phased implementation results in a forecast one-off underspend on this action of [redacted] for 2025/26.

18. Health NZ recommends that a portion of this forecast underspend be repurposed to meet the one-off costs of $3.5 million in 2025/26.

19. Health NZ proposes to meet the ongoing costs ($3 million per annum) by reprioritising spend on regional workforce development. Budget 22 included $9.1 million in workforce enablement funding.

20. [redacted] $9.1m has been allocated to regional workforce enablement in 2024/25 and 2025/26. Examples of the use of this funding include supporting prescribing pharmacist internships, nurse skill development and backfill funding for practices to support staff development.

21. Health NZ considers that, given the other PCTAP workforce investments in nursing development, a portion of this investment could be reprioritised in 2026/27 and outyears to cover the GPEP costs described in this paper, without significant adverse impacts on nursing development. The remaining $6.1 million of workforce enablement funding will be sufficient to cover priority initiatives going forward.

Further development work on the training programme

22. [redacted]

Option of funding 300 trainees

23. [redacted]

24.

25.

26.

27. [redacted]

28. [redacted]

29. [redacted]

30. [redacted]

31. [redacted]

32. [redacted]

33. [redacted]

Financial implications

34. This paper requests approval to use $3.5 million of expected one-off underspend from the PCTAP urgent care framework action to support the GPEP investment in 2025/26.

35. The Ministry of Health advises that you have the authority to reprioritise this funding provided you are satisfied the outputs agreed to by Cabinet can still be delivered within the reduced funding profile. Health NZ report that there is a degree of risk involved in the outputs agreed to by Cabinet being delivered for workforce actions (1 and 2) where there is uncertainty as to whether deliverables will match the volumes and timeframes against what Cabinet agreed. Health NZ also report that the anticipated underspend from Action 6 – Improving access to urgent and after-hours care will not have an impact

[2] Changes to the programme would need to be agreed by the Medical Council and Health NZ.

upon the delivery of that action from the programme, and therefore that funding can be reprioritised by you through this paper. Officials will continue to monitor progress of the initiatives against Cabinet intent and provide regular progress reports to you. Officials from the Ministry and the Treasury recommend you also seek the Ministry of Finance's agreement to the reprioritisation from PCTAP and has also been provided for in the recommendations above.

36. Outyears funding is proposed to come from allocating a portion of the Budget 22 $9.1 million of workforce enablement funding which is now in Health NZ baseline appropriations. This is not expected to adversely impact the other elements of this programme.

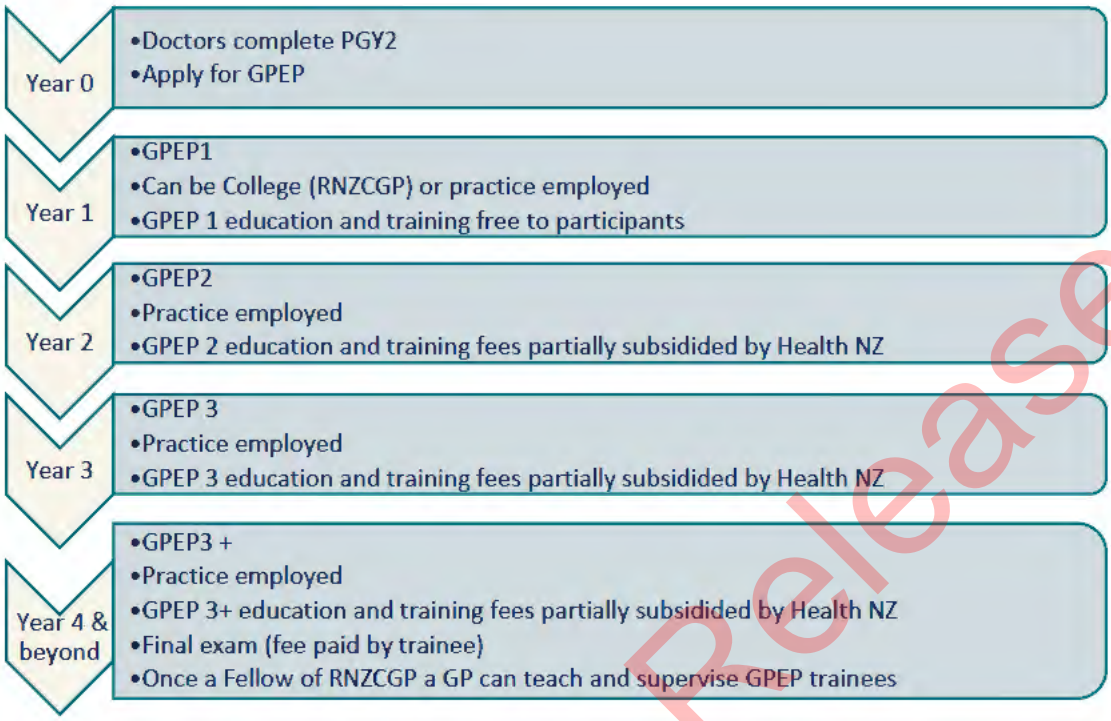
Next steps

37. If you approve this memo then we will urgently communicate the outcome to the RNZCGP, with a view to reopening applications post announcement.

38. RNZGCP's annual conference (24-26 July) could provide an opportunity to announce this development.

Appendix 1: Pathway to become a specialist GP

Pathway to become a specialist GP



Health NZ fully funds employment (for trainees who choose this option), education, and training for trainees in Year 1 of GPEP (GPEP1).

Health NZ only provides very partial funding to support training and education in subsequent years. Trainees in GPEP2 and above must pay fees to continue to participate in the programme. In contrast hospital registrars have all their fees covered.

About half the registrars are employed by the RNZCGP for GPEP1, and the other half by GP practices. From GPEP2 all are employed by GP practices.

Health NZ has an understanding with the RNZCGP that we will cover training costs for up to 300 GP registrar entrants each year (GPEP1). However, this level of new entrants has never been achieved, and Health NZ has therefore budgeted for just over 200 trainees for the 2026 calendar year. We estimate that fewer than 200 trainees will enter the GPEP programme in 2026.

GPEP registrars are resourced at a lower level than comparable hospital-based training programmes, including pay, fees and training conditions. This suggests to medical graduates that GPEP is not as highly valued or as well supported financially as a specialty and impacts on interest in the programme.

The lack of support to complete the training results in a long tail of registrars that have been in the programme for more than 3 years. Currently there are 322 post year three GPEP registrars.

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[redacted]