



General Practice Owners Association  
of Aotearoa New Zealand

## **Pulling no Punches**

**April 2020**

We put your questions direct to our interim Chair, Dr Tim Malloy, and interim Deputy Chair, Dr Angus Chambers – here's what they had to say:

### **Q. GenPro is just for the big corporates, right?**

**Dr Malloy:** “Absolutely not. I wouldn’t be giving my support for the Association if that was the case. Our Constitution already sets the legal framework which ensures that GenPro has a focus on front-line, owner-operated General Practices and Urgent Care providers. If we improve funding and support for those owner-operators, it will automatically improve sustainability for those Practices which are owned, or part-owned, by one of the corporates”.

**Dr Chambers:** “I am an owner-operator GP but I also recognise that the corporate model is an established part of our sector and here to stay. I believe we should work alongside the corporates and ensure we all benefit from the expertise and support they can offer. We have been fortunate to have partners from corporate owners behind us and offering support for the establishment of GenPro – but we have also made sure that the Constitution and future governance arrangements have clear representation for, and a focus on, owner-operators”.

### **Q. Why does this look like another group of self-appointed and so called “GP leaders”?**

**Dr Malloy:** “That’s a fair question and I can understand why it might look like that at the moment. However, the current ‘Establishment Board’ is a temporary governance arrangement solely in place to oversee the appropriate set-up of the Association and then if those individuals want to continue to provide representation on behalf of the sector, they will have to step back and take part in a totally open, transparent and democratic process for the nomination and election of the GenPro Board – that will be a process open equally to all GenPro members and which we anticipate will take place between July and September 2020. For now however, the Establishment Board are also the

guys who have put forward initial sponsorship funding on behalf of the whole sector to get this much needed representation for General Practice owners up and running”.

**Dr Chambers:** “Just to add to what Dr Malloy has already said, the operating model of GenPro is based on the principle of “For General Practice owners, by General Practice owners” – that means that our strategy, priorities, work-plan, negotiating position and mandates will all be decided by our members. That level of governance and transparency has been sadly lacking in the recent representation of General Practice owners at the national negotiating table”.

## **Q. Can we assume you’ll both be positioning yourselves to be the substantive Chair and Deputy Chair when the Board is elected?**

**Dr Malloy:** “Quite simply, no. My wife won’t let me. After a number of previous health scares (including one well-publicised, self-inflicted mishap!) I have deliberately stepped back from a lot of national level work and I don’t intend to put myself in that position again. I am supporting the GenPro Establishment Board on the understanding that my role is temporary and short-term and also because I feel so strongly that representation for owners has been left wanting and an organisation like GenPro is well overdue”.

**Dr Chambers:** “The election and appointment of the substantive Board will be a fully transparent and democratic process. All members will be able to be nominated for, and vote in the election of the Board members. Those elected will then democratically elect the Chair and Deputy Chair. At that time if GenPro members feel I can personally contribute to the Board or those roles and can add value to a sector which I feel passionate about and am personally invested in, then I would be happy to work on their behalf”.

## **Q. Is GenPro’s focus on VLCA Practices?**

**Dr Malloy:** “GenPro’s focus is on the sustainability and viability of high quality General Practice for all New Zealanders. Whilst GenPro’s priorities will be determined by our members, I personally believe that the funding model for General Practice and Urgent Care is flawed. The COVID-19 crisis has highlighted that and we need to consider a better way of supporting what is an essential front-line component of a much wider health and disability system. In the meantime, much has been written and said about the current funding model and I agree with a lot of it. Dr Peter Moodie’s report pointed to a single, fair and equitable funding model across all General Practices – I would support that and would go further to ensure such a model was fit-for-purpose for the changing model-of-care and business model that is now rapidly emerging”.

**Dr Chambers:** “The funding model is a mess. VLCA Practices are pitted against non-VLCA Practices, Urgent Care providers are pitted against General Practice providers, ACC care is pitted against General Practice care. It needs sorting out and it needs a national representative organisation on behalf of those business owners to work with the funding agencies to put it right and remove the ridiculous perverse incentives we currently grapple with every day”.

## Q. How will GenPro work with PHOs?

**Dr Malloy:** “I really feel for PHOs at the moment. They seem to be under constant threat and in a no-win situation. They were never given the funding or authority to fulfil the expectation of their original establishment to support the Primary Health Care Strategy of 2001 and yet are repeatedly judged against it nationally. At a local level, PHOs are caught between directly representing their constituent General Practices whilst also being increasingly subject to some of the same expectations which are placed upon Crown entities in terms of complying with Ministerial directives and not ‘biting the hand that feeds them’. GenPro will work alongside PHOs and directly support that challenge. At a national level GenPro will absolutely be the voice of General Practice owners and sitting alongside PHO representatives can complement the strength they have in advocating for the wider primary health sector and the support they are required to offer their local DHBs with their statutory population health responsibilities”.

**Dr Chambers:** “We must remember that PHOs are the purchasing body with whom General Practices are legally contracted as a provider organisation. For PHOs to also then represent those General Practice owners in the negotiation of that contract is a significant conflict of interest. However, there are complementary skills and responsibilities here and I have a vision whereby PHOs and GenPro representatives work together at a national level and exploit their respective strengths to support sustainable, viable and high quality General Practice services on behalf of local enrolled populations as well as individual business owners”.



**Dr Tim Malloy** studied at the University of Auckland, originally training in paediatrics before moving into rural general practice.

From his base in Wellsford, he and his colleagues have successfully developed a virtual multi-disciplinary integrated family health service, which provides high-quality primary care to the local community – which contains many low income and high-needs patients.

Dr Malloy has been involved in practice leadership since the early 1990s through his involvement with the New Zealand Rural General Practice Network and was actively engaged with the Royal New Zealand College of General Practitioners for many years, including being elected President in 2012 and again in 2016.

Dr Malloy has also been involved with several significant projects including: negotiating for the Primary Response in Medical Emergencies (PRIME) service; negotiating the ACC rural contract; negotiating the PHO Services Agreement and establishing the New Zealand Locums national locum services for rural GPs.

In 2018, Dr Malloy was awarded Distinguished Fellowship, an award that recognises the immense contribution he has made to general practice and the College.



**Dr Angus Chambers** was born in England and came to New Zealand at a very young age. He was raised in Christchurch by a GP father and a health activist mother.

Dr Chambers studied medicine at Otago University and has been a GP in Christchurch since 1990. He also has a degree in Law from Canterbury. He is a part owner of Riccarton Clinic – a practice with approximately 17,000 patients which also provides Urgent Care services.

Dr Chambers became involved in PHO affairs in the early 2000s and is currently Chair of Christchurch PHO as well as the national collaborative organisation, Primary Health Alliance. It is through the latter organisation that Dr Chambers was

appointed a PSAAP representative for PHOs and over the last few years in this role has become deeply disillusioned with the historic PSAAP representation for General Practice owners – a subject on which he has been well quoted by NZ Doctor magazine and elsewhere.

*He has been a keen supporter of the establishment of GenPro to try to change that historic representation and to support sustainable and viable General Practice.*

*His interests are his family, both nuclear and extended, as well as conservation - the land, rivers and bush.*