

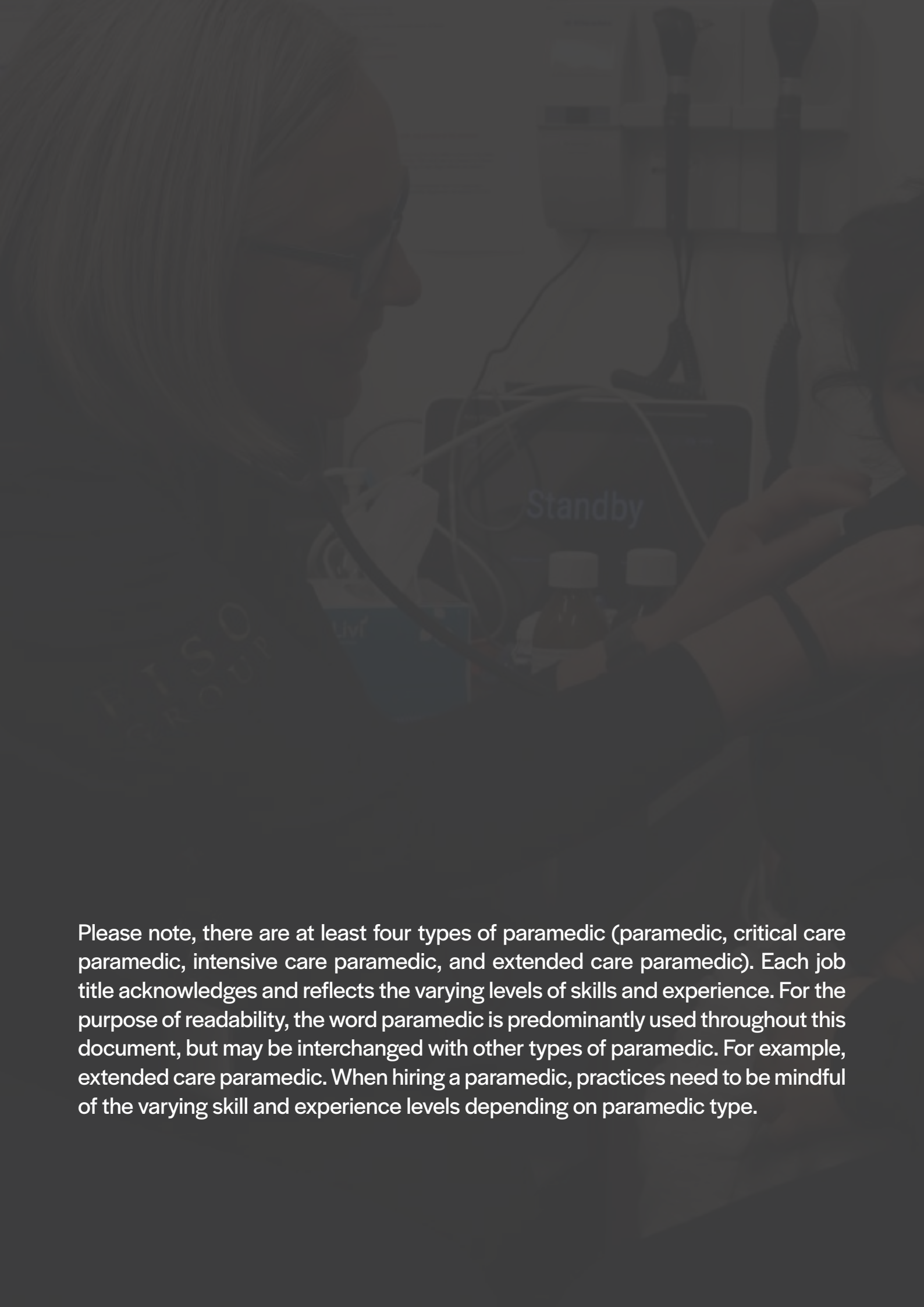


Toolkit for Paramedics and Extended Care Paramedics

Business Modelling for
General Practice

March 2025

Better health through great primary care



Please note, there are at least four types of paramedic (paramedic, critical care paramedic, intensive care paramedic, and extended care paramedic). Each job title acknowledges and reflects the varying levels of skills and experience. For the purpose of readability, the word paramedic is predominantly used throughout this document, but may be interchanged with other types of paramedic. For example, extended care paramedic. When hiring a paramedic, practices need to be mindful of the varying skill and experience levels depending on paramedic type.

Foreword

It's my pleasure to present this document, which underscores the vital role paramedics play in General Practice. As demand on healthcare providers continues to grow, innovative solutions are crucial to improving service delivery, patient outcomes, and easing pressure on healthcare teams.

Early intervention is key to addressing many health conditions, and timely care in primary care settings helps prevent the need for hospital-level care. This reduces strain on secondary services, improving patient outcomes and generating savings across the healthcare system.

New Zealand's primary healthcare workforce is under significant strain. With extended care teams stretched, many patients are at risk of preventable illnesses due to delays in accessing timely care.

A decade ago, 40% of New Zealand's doctors were GPs. That figure has now dropped to around 25%, and this decline, coupled with an aging population, is intensifying pressure on primary care services. As a result, more patients are seeking care in secondary settings for conditions that could have been managed earlier in primary care.

Without greater investment in primary care, the broader healthcare system will face even greater challenges. The primary care sector is essential for preventing and managing illness within communities; its ongoing crisis is adding to the burden on overburdened hospitals.

Paramedics can help bolster workforce needs in primary care, especially in areas where extended care teams are stretched. Their integration into general practice clinics, integrated family health centres, rural hospitals and urgent care facilities can ease pressure on existing teams and enhance healthcare delivery. By embedding paramedics within general practice teams, we can create a more responsive, efficient, and effective healthcare system.

Paramedics are highly skilled professionals who can significantly benefit the primary healthcare system. By providing additional career pathways, such as secondment opportunities within primary care, we can retain talented paramedics who might otherwise leave the healthcare sector. Primary care offers a fresh and rewarding avenue for growth, enabling paramedics to continue contributing to the health system.

The inclusion of paramedics, particularly extended care paramedics, in primary care is an innovative workforce model that can safely manage demand, optimise care pathways, and deliver high-quality care for the benefit of patients and whānau. I also want to acknowledge and extend my thanks to Collaborative Aotearoa for their work on the initial Extended Care Paramedic toolkit which helped lay the foundation for some of the guidance to bring extended care paramedics into general practice.

Ngā mihi nui



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Introduction

With increasing demands on primary care, general practices are exploring innovative ways to enhance care delivery and lighten the workload on their teams. One exciting opportunity is integrating a paramedic into your practice, a solution that brings multiple benefits.

Paramedics are a specialised workforce that can play a vital role in timely patient access to care and treatment, improve patient outcomes, and ease the workload on other team members. Their work aligns with the Pae Ora/ Healthy Futures vision, ensuring whānau and communities have access to local, high-quality care when they need it.

This toolkit outlines clear, practical steps to establish a service that enhances patient care, supports your practice team, and optimises operations. Key highlights include:

The diverse **scope of a paramedics role** and the value they can bring to your team.

Evidence-based models of care that promote early intervention and empower patients to take care of their own health.

Financial and operational insights, including key metrics to ensure long-term sustainability.

Practice tools and templates to help you tailor services to meet the unique needs of your practice and patients

Case Study

A tangata whaiora with complex health needs, who is non-verbal and currently unable to self-advocate, was referred by a GP. The GP needed an assessment done but couldn't get this patient to come to the clinic. Multiple home visits by the Extended Care Paramedic (ECP) have enabled this patient to engage with multiple health services and longitudinal care planning. This patient has since come to the clinic (with support from the CPCT team) for an electrocardiogram (ECG).

Overview of Paramedics

Paramedics are registered health practitioners skilled in urgent and emergency assessment, diagnosis, and treatment. They collaborate with healthcare providers to offer integrated, timely care. Paramedics may also contribute to policy development and leadership.

With advanced clinical knowledge, paramedics can treat a wide range of conditions, enhancing patient care by assessing, diagnosing, and offering community-based follow-up care—often reducing the need for hospital visits. This proactive approach supports a more responsive workforce and prevents unnecessary strain on emergency departments.

Paramedics provide care ranging from minor ailments to life-threatening conditions, streamlining patient flow and saving valuable time for both staff and patients. Their work not only helps reduce emergency department visits but also fills workforce gaps, particularly in underserved areas where access to care is limited.

In addition to urgent care, paramedics assist palliative care teams, ensuring patients receive high-quality end-of-life care, often allowing them to remain in their homes rather than be admitted to the hospital.

Top Tips for Success



Be Prepared

Clarify your service goals and plan how the paramedic will be integrated into your daily practice to maximise their impact.



Choose the Right Service Model

Select a paramedic service model that best suits your patient demographics, business model, and practice goals to ensure alignment and success.



Set Up the Practice Environment

Create a well-equipped clinic space and establish clear processes for accessing paramedic support. This will enhance care quality and support clinician well-being.



Get the Team Onboard

Ensure all staff understand the paramedic's role, referral pathways and service objectives.

Set up processes for claiming POAC, ACC and other relevant revenues generated by the paramedic's work.



Provide Clinical Support

Ensure the paramedic has access to supervision, peer support, and clear processes for seeking help, which promotes high-quality care and clinician well-being. Assign a senior clinician to champion the paramedic's role, ensuring it is understood and valued. Implement standing orders and audit processes to maximise the paramedic's potential.

Paramedics in Action

During the 2024-2025 Comprehensive Primary Care Teams (CPCT) programme, several practices experienced significant benefits from integrating paramedics, including reducing appointment wait times and improved outcomes like increasing immunisation rates. A GP involved in the programme observed that paramedics effectively managed acute cases, freeing up other clinicians to focus on long-term care.

Paramedics Excel In



Assessment, triage and early diagnosis



Condition treatment and management



Health Promotion and patient education



Collaboration with the healthcare team



Community Integration and support



System Knowledge to optimise patient care



Case Study, Patient Coordinated Care

A patient visited a paramedic in a VLCA practice for a sore back and was diagnosed with strep throat, which put them at risk of rheumatic fever. The paramedic started the patient on antibiotics and extended the treatment to the patient's household, including four young children, to prevent the spread of strep throat.

Beyond addressing the immediate medical needs, the paramedic also tackled the patient's broader health and social issues, supporting an ACC claim for the back pain and providing a pathway for financial assistance. Additionally, the paramedic enrolled the unenrolled children for immunisations and connected the family with Whānau Ora, ensuring they received resources, counselling, physiotherapy, and GP appointments.

The paramedic's follow-up care ensured the patient's recovery from strep throat and rheumatic fever, while also providing comprehensive support for the patient and their whānau, addressing both medical and social determinants of health. This coordinated approach significantly reduced the workload pressure on the general practice team by managing multiple aspects of care and connecting the patient with necessary resources and services.

Integration of Paramedics into General Practice

The integration of paramedics into general practice has proven to be a valuable addition. Paramedics bring a unique set of skills and expertise, especially in acute care, which can vary depending on their scope and experience. They have excelled in practices with acute clinics, where their ability to manage and assess acute conditions has been particularly beneficial. This specialised knowledge ensures that patients receive timely and effective care.

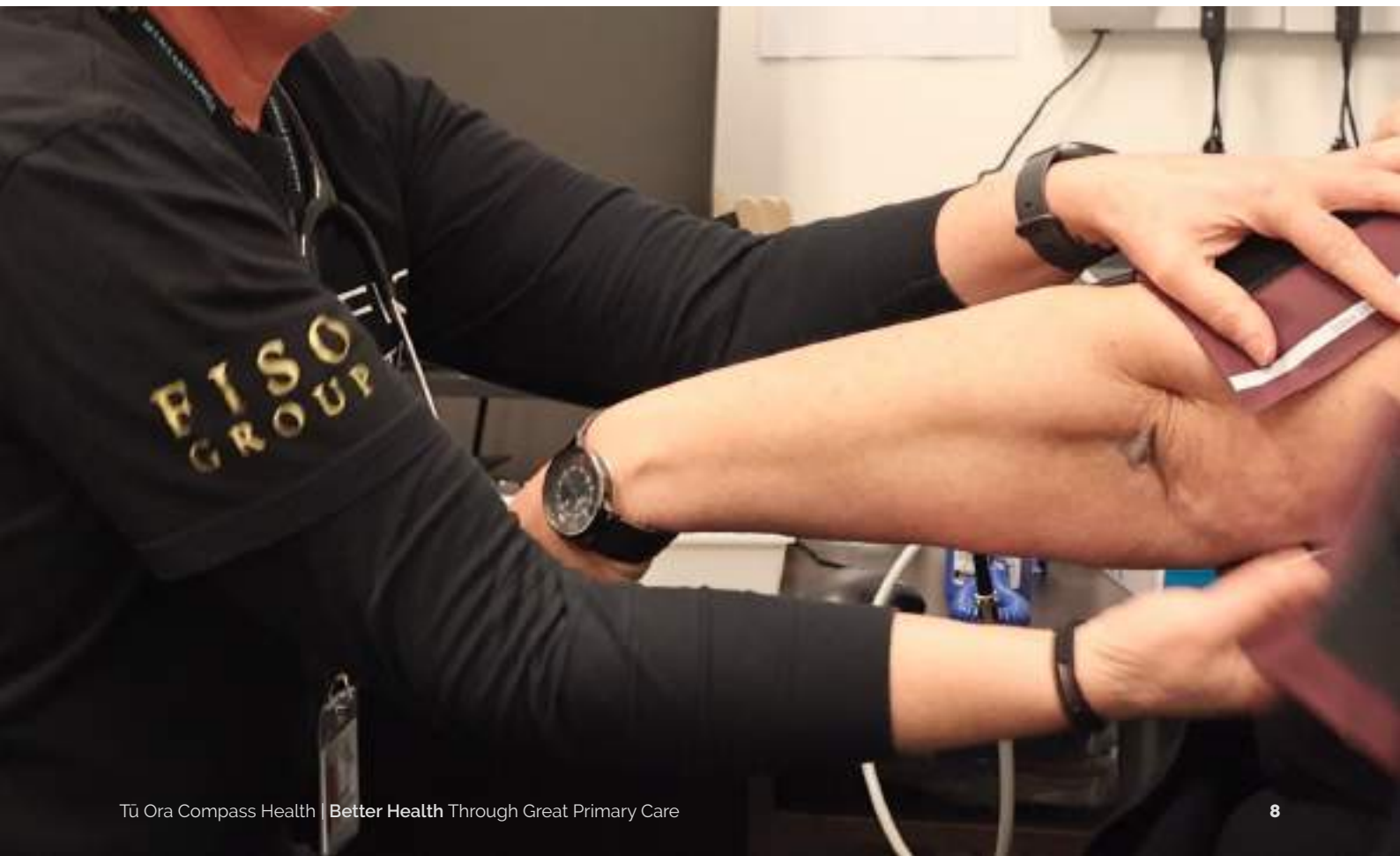
Paramedics have demonstrated their versatility by adapting to different practice environments. Their presence has been most impactful when their roles are clearly defined and integrated into the practice's structure. This approach leverages their acute care expertise to its fullest potential.

Furthermore, paramedics help alleviate pressure on the healthcare system by addressing low-acuity patients calling 111 for non-urgent care. By treating these patients at home or in the community, they reduce demand on emergency services.

The introduction of paramedics into general practice is a positive step towards enhancing patient care and improving healthcare efficiency.

Clinical Oversight & Audits

Regular audits by a GP or NP and clear Clinical Practice Guidelines ensure paramedics' skills are fully utilised, improving overall practice efficiency. Practices can access Tū Ora's standing order policy for guidance which includes audit processes.



Benefits of Paramedics in Your Practice

Benefit to Patients



Improved, faster patient access to care - Paramedics provide care to walk-ins that might otherwise be directed to ED. They help patients access the right care quickly, reducing delays in treatment and waiting times for GP/NP appointments.



Holistic care - Paramedics assess not only immediate health needs but also broader concerns, ensuring comprehensive care.



Trusted Relationships - Strong patient relationships enhance engagement and adherence to treatment plans.



Increased Accessibility - Patients benefit from equitable pricing under general practice models, e.g. reduced costs for CSC holders.



Seamless, Coordinated Care - Paramedics work closely with the practice teams and community healthcare providers to ensure smooth transitions and coordinated patient care.

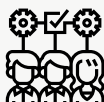
Benefit to Practices



Relieves clinician workload, increasing practice capacity - Paramedics manage unexpected walk-ins, freeing up GPs and NPs for other critical tasks. Paramedics can independently manage multiple patient conditions



Acute Clinics and Clinical Skills - Establishing acute clinics led by paramedics for urgent cases improves patient care and maximises paramedic skills in acute management. Paramedics' expertise in acute care, including IV insertion, suturing, and pain management, allows for effective handling of urgent cases in practice



Integrated Approach - Working collaboratively within the practice team ensures an integrated approach and reduces the need for external referrals.



Additional Team Expertise - Paramedics offer a wide range of knowledge and expertise, and inhouse training and skill sharing with the team.



Income Generation - Paramedics can provide a steady income stream through capitation, patient co-payments, Primary Options for Ambulatory Care (POACs) including Electrocardiogram (ECG) funded by POACs, Long Term Conditions, and ACC billing.

Professional Standards of Practice

Paramedics in New Zealand must meet professional standards set by Te Kaunihera Manapou Paramedic Council.

Paramedic Requirements

Paramedics in New Zealand are required to hold registration with Te Kaunihera Manapou Paramedic Council and must maintain their annual practising certificate (APC). The Health Practitioners Competence Assurance Act 2003 (HPCA Act) requires Te Kaunihera Manapou Paramedic Council to define paramedics' areas of mahi (known as scopes of practice). To become an Extended Care Paramedic (ECP) in New Zealand, a paramedic needs to undertake postgraduate-level studies.

Scope of practice

Paramedics work under standing orders to provide medications as they are not currently prescribing practitioners under the Medicines Act. A review by the Paramedic Council to address this is planned.

Continuing Professional Development (CPD)

Paramedics must complete a minimum of 25-30 hours of CPD annually, including 10% focused on cultural competencies. This involves an annual development plan, peer reviews, and reflective statements on cultural, ethical, and professional competence.

Support and Supervision

Practices should provide time and resources to ensure high professional standards, service quality, and paramedic well-being. This includes:

- Covering APC certification and Te Kaunihera Manapou Paramedic Council costs.
- Offering structured supervision and peer collaboration opportunities.
- Assigning a senior clinician to champion the paramedic role.
- Allocating time for paramedic-specific professional development.
- Ensuring standing orders and audit processes are in place.

Note

Medicines (Standing Order) Regulations 2002 and Ministry of Health Standing Order Guidelines outline audit frequency and scope, providing support for paramedics' clinical activities.

Practices can access the Tū Ora standing order policy for guidance which includes audit processes.

Skillset Requirements

For effective integration into primary care, paramedics must have skills that meet the practices needs and patient population.

Key Skills

Evidence-Based Practice:

Ability to apply the latest evidence to deliver high-quality patient care.

Advanced Communication & Teamwork:

Strong skills in engaging with diverse patients and collaborating within a multidisciplinary team.

Clinical Autonomy:

Experience (5+ years) with the ability to manage a wide range of conditions commonly seen in general practice.

Health System Navigation:

Knowledge of local and regional support services to provide comprehensive care.

Health Equity:

Applying an equity lens to improve health outcomes for Māori, Pacific peoples, and other priority populations.

Te Tiriti o Waitangi & Cultural Safety:

Recognising the impacts of colonisation and historical trauma when working with Tāngata Whenua, and ensuring culturally safe clinical interactions.

Desirable Skills

Population Health Awareness:

Understanding common health issues affecting communities and delivering appropriate interventions.

Paramedic Advocacy:

Promoting the role of paramedics in improving wider health outcomes

Planning for Successful Integration

Setting the Foundation

Introducing a paramedic into your practice requires thoughtful planning, clear goals, and a structured integration strategy. This approach helps reduce clinician workload, enhances patient care, and generates revenue.

Consider these key questions to align the paramedic service with your practice's objectives:



What are your goals?

Reducing clinician workload, improving access to care or expanding services?



What does your patient population need?

Are there backlogs or a high demand for acute care?



How will you prioritise access to care?

Is there an underserved group at your practice that could benefit from a paramedic?



How does the paramedic complement your team?

How will they integrate into workflows and contribute to patient care?

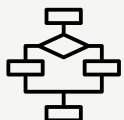
The Importance of Seamless Integration

The success of integration relies on fostering trusted relationships within the team and community. Well-integrated paramedics streamline practice flow through clear communication, shared expertise, and smooth patient transitions, improving both outcomes and efficiency.



Shared Care for Better Outcomes

Paramedics collaborate with the team, sharing caseload responsibilities and co-designing services to improve patient care.



Streamlined Pathways

Clear processes ensure patients are directed to the appropriate care at the right time, reducing delays and enhancing the patient experience.



Improved Clinical Efficiency

With paramedics handling a range of conditions, GPs and NPs can focus on other clinical priorities, optimising workflow and resources.

Paramedic Service Models

The type of paramedic service offered in your practice should align with the specific needs of your practice, patient demographics, and available resources.

Below are examples of service models to consider:

Service Model	Scope of Practice	Expected Outcomes
First Contact and Early Intervention	<p>Patients can access the paramedic directly via self-referral, phone triage, or clinician referral.</p> <p>Focus is on timely assessment, early diagnosis, intervention, and issuing medication when appropriate.</p> <p>Complex cases requiring more extensive care are referred onward.</p>	<p>Provides faster, direct access to care with prompt assessment and treatment.</p> <p>Reduces the workload for the extended care team.</p> <p>Decreases the likelihood of patients presenting to the emergency department.</p>
Home visits and Early Intervention	<p>The paramedic visits patients in their homes to conduct assessments.</p> <p>Focus on early diagnosis, intervention and treatment, including medication issuance.</p> <p>Complex cases are referred for further care if necessary.</p>	<p>Enables faster, direct access to care and treatment in the patient's home.</p> <p>Eases the workload of the extended care team.</p> <p>Reduces the likelihood of patient emergency department presentations.</p>

Note

Practices can adopt a combination of these models, tailoring the service mix to meet patient needs, optimise clinician expertise, and ensure the best use of resources. This flexible approach enhances the overall impact for both patients and the practice.

Case Study - Business Modelling in Action

A Wellington Practice has taken a proactive self-funded approach by employing a paramedic. Patients are charged the same fee to see the paramedic as they would for a GP visit.

Serving a diverse patient base of 9,200 individuals, the paramedic sees approximately 20 triaged patients each morning. This generates sufficient income to cover the costs of employing the paramedic. While not all consultations are chargeable, many are funded under specific PHO funding streams, such as the Winter Wellness Programme.

Additionally, the paramedic can dispense medication under standing orders, saving patients a trip to the pharmacy.

To maximise revenue, the Practice has implemented a robust management process for claiming POACs and other clinical interventions or services. This ensures that the practice can continue to provide high-quality care while maintaining financial sustainability. The presence of the paramedic not only enhances patient care but also alleviates workload pressure on the general practice team, allowing them to focus on more complex cases.

Employment Models

Selecting the right employment model is critical once the service model and role priorities are confirmed. To determine the best approach, practices should assess their patient demographics, goals, and financial position.

Employment Model	Pros	Cons
Direct Employment (Salaried) Employing a part-time or full-time paramedic. Permanent or Fixed Term	Seamless integration and continuity of care. Full practice control over service delivery. Consistent service quality.	Practice must cover recruitment and maintain professional standards. Requires high patient volumes to sustain costs.
Secondment Arrangements	Acute demand within practices Ambulance service manages recruitment and professional standards. Contributing to health workforce sustainability.	Shorter term placements may affect continuity of care. Requires patient volumes to sustain costs.
Contracted Services Hiring a paramedic on a sessional basis	Flexible hours and scalable services. Financial impact in low-demand periods. Fewer obligations for the practice.	Higher contractor rates. Limited control over scheduling and continuity of care. Paramedic is only onsite for patient appointments.
Public Health Partnership Collaborating with Te Whatu Ora (TWO) or Primary Health Organisations (PHOs)	Share service agreements with Health NZ / Te Whatu Ora or Primary Health Organisations (PHOs). Aligns with healthcare models that focus on addressing the needs of high-priority populations. No direct employment costs for the practice.	Funding often not guaranteed long term. May not be able to charge patient co-payments under current funding models.

Financial Considerations

Employing a paramedic in a general practice can be a financially viable option with proper planning. Income potential depends on the employment model, patient volume, and effective processes for claiming revenue. A first-contact model can provide immediate value when supported by a robust triage system that ensures timely referrals and optimises service use.

PHOs and general practices receive capitation payments based on the number of enrolled patients, not visits. Hiring a paramedic can increase capitation income, as they can handle patient consultations, freeing up GP time and allowing practices to enrol more patients.

Salary and Daily Costs

The cost of employing a paramedic depends on the employment model and experience level. For example;

Salaried Paramedic (8-hour day): \$84,000 - \$125,000 per annum \$388 - \$576 per day (includes 20% employment overheads)

Secondment Arrangement (8-hour day) \$4,000 - \$125,000 per annum \$320 - \$480 per day. Employment overheads provided by Ambulance Service

Contracted Services (8-hour day) \$150 per hour = \$1200 per day

Budgeting Considerations

Successful integration of a paramedic requires financial planning to balance start-up costs, recurring expenses, and income potential. Key considerations include:

Start-up costs:



Room Preparation, e.g. treatment table



Clinical Equipment, e.g. assessment aids and treatment tools



Onboarding Resources: Training and orientation

Recurring costs:



Salaries/Contractor Fees



Clinical supplies



Clinical Supervision and Professional Development

Income Potential

Practices with high patient volumes and diverse demographics can generate income through capitation, co-payments, POACs, ACC billing, Long-Term Conditions funding, strep throat swabbing claims (if applicable), which can contribute to the paramedic's salary.

For practices with lower-income populations, additional funding streams may be necessary to support the role.

The following table outlines a potential appointment schedule of a paramedic, based on the principle that the resolution rate for telephone triage is 60%, and 40% of patients triaged will be booked into an in-person appointment on the day.

Appointment Breakdown	Patient Generated Income	ACC Billing	Total Income Per Day
Morning Phone Triage 15 calls 9 calls 30 mins resolved - phone consult charged	(\$540 - \$675)		
Afternoon patient clinic <ul style="list-style-type: none">6 patients booked:4 co-payments1 home visit1 ECGPlus ACC ClaimOne extended POAC	(\$240 - \$300) (\$120 - \$150) \$55 \$300	(\$31.50)	\$1286.50 - \$1511.50

Note

These projections assume 6 hours of clinical time, with 1 hour reserved for non-patient tasks (breaks, admin, meetings). Actual revenue will vary based on practice fees and population. Appointment duration will vary based on the service model and clinical priorities.

Onboarding Guide

Integrating a paramedic into your practice calls for clear planning, effective onboarding, and strong team collaboration. These practical steps will help you set up the service efficiently.

Key Areas for Induction

Initial Planning

- Define the paramedic's role, responsibilities, and service objectives.
- Establish clear referral pathways to ensure efficient patient workflow.

Team Introduction

- Introduce the paramedic, ensuring the team understands the role and referral process.
- Foster collaboration and shared decision-making within the multidisciplinary team (MDT), encouraging attendance at clinic meetings.

Operational Setup

- Ensure the paramedic's room is properly equipped and accessible.
- Provide training and access to practice management software, for scheduling patients and documenting clinical work. Have dedicated IT support to ensure a smooth setup.

Induction and Training

- Onboard the paramedic, familiarising them with practice workflows, systems, and policies.
- Assign a clinical supervisor for ongoing support.
- Arrange protected learning time for professional development.
- Introduce the paramedic to practice emergency protocols (e.g., handling emergencies, medical escalation processes).

Marketing and Patient Awareness

- Promote the service through website updates, social media, and in-practice signage.
- Train reception staff to promote the new service.

Monitoring and Feedback

- Track key performance indicators such as patient satisfaction, service utilisation, clinical outcome measures and impact on practice workload

Community Links

- Establish connections with local health resources for referrals and ongoing patient support.

Sample Induction Checklist

Task	To-do	Date	Notes
Define the paramedics Role	Outline paramedic services (phone assessments, acute clinics, emergency management, and specialist referrals).		
Confirm goals	Align service objectives with practice goals.		
Clinical Supervision	Assign a clinical supervisor for guidance, support and standing orders audit.		
Confirm Referral Pathways	Develop pathways for self-referral, triage, or clinician referrals.		
Community Links	Connect with local health and wellbeing resources.		
Team Introduction	Introduce the paramedic to the team, ensuring role clarity.		
Encourage Teamwork	Establish communication channels within the MDT.		
Provide Space	Set up paramedic room		
Equipment	Equip the room with tools		
Ensure IT Access	Provide training and access to practice management system (PMS) for scheduling, records, and communication.		
Onboarding	Train the paramedic on practice workflows, digital systems, and policies.		
Emergency Training	Brief the paramedic on handling emergencies (e.g.: evacuation procedures)		
Promote the Service	Update the website, share on social media, and display signage/flyers.		
Reception Training	Train reception staff on how to promote and explain the paramedic role to patients.		

Summary

Paramedics bring invaluable skills and expertise to general practice. Integrating a paramedic can enhance patient care, expand services, and support practice efficiency. This guide provides a clear framework for financial planning, role definition, and successful integration, empowering practices to establish sustainable paramedic roles.

By investing in a paramedic, practices strengthen their team, improve health outcomes, and lead the way in modern healthcare.

For more support or to explore further resources, contact Tū Ora Compass Health on enquiries@tuora.org.nz, or your local PHO.

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