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**The Royal Australasian College of
Physicians' submission to the Finance and
Expenditure Select Committee**

Budget Policy Statement 2020/21
Kohitātea 2020

Introduction

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to submit feedback on the Budget Policy Statement 2020/21.

The RACP works across more than 40 medical specialties to educate, innovate and advocate for excellence in health and medical care. Working with our senior members, the RACP trains the next generation of specialists, while playing a lead role in developing world best practice models of care. We also draw on the skills of our members, to develop policies that promote a healthier society. By working together, our members advance the interest of our profession, our patients and the broader community.

Key points

- Sustained investment across the identified priorities is crucial for transformative change
- The health impacts of climate change and the health benefits of climate mitigation must be incorporated
- The Future of Work must be the Future of Good Work – good work is work that is good for health and wellbeing
- Child Wellbeing is Whānau Wellbeing – the child cannot be separated from their whānau
- The findings and recommendations of the Waitangi Tribunal's *Hauora* report should guide initiatives in a number of Priorities, including Māori and Pacific Aspirations, Child Wellbeing and Physical and Mental Wellbeing
- Applying an equity lens would deliver greater wellbeing gains while addressing underlying structures which perpetuate injustice

Response to the Budget Policy Statement

The RACP is supportive of the five priorities identified for the second Wellbeing Budget (Just Transition; Future of Work; Māori and Pacific; Child Wellbeing; and Physical and Mental Wellbeing). We note that several of the priorities (Child Wellbeing; Mental Health) build on previous Budget priorities, and we acknowledge that meaningful, transformative change will require sustained investment over time.

While our submission responds to each priority individually, it is important to acknowledge the overlaps, alignment and dependencies across and between Priorities, and how each can be related to the Four Capitals. The Priorities do not exist in isolation from each other, the capital stocks or Treasury's Living Standards Framework outcomes.

For example, part of amplifying Māori and Pacific incomes, skills and opportunities will come through employment; however, the Future of Work suggests an emphasis on maximising technology and innovation. As many Māori and Pasifika work in physically-demanding and manual roles, greater automation and mechanisation of work could reduce income levels and opportunities, and too much focus on the potential of innovation and technological solutions could have unintended consequences, further entrenching existing disparities and systemic inequities (loss of Human capital).

While the RACP supports the continued Wellbeing Lens applied to government spending; that is, how will a new initiative contribute to the wellbeing of all New Zealanders, we contend that an Equity Lens – addressing systemic and structural factors which perpetuate injustice – could deliver greater wellbeing gains, increase productivity and improve many of the indicators the government is seeking to address, including tackling child poverty, improving physical and mental health, and lifting incomes.

Just Transition

The RACP recognises climate change as one of the greatest challenges for our planet in the 21st century. We also see climate change as one of our greatest health opportunities: transitioning to a low emitting, sustainable economy will have significant positive health impacts for our communities, including reduced rates of chronic disease, improved mental health and physical activity levels^{1 2}.

Transitioning our economy from its over-dependence on fossil fuels and unrelenting greenhouse gas (GHG) emissions will affect all aspects of population wellbeing – while our Natural Capital may be the most overtly affected, areas within our Human and Social Capitals will also need a managed and just transition from carbon dependency.

Health impacts of a changing climate

While the health impacts of climate change may be indirect or seen as less immediate than rising sea levels or prolonged drought, increases in respiratory conditions, mental health conditions, and other non-communicable diseases is the eventuality without concerted mitigation. Many communities who experience inequity, greater rates of poverty and disadvantage than the general population will be at increased risk of more severe health impacts. Climate change has a social gradient and will impact Māori, children and older people, and people with disabilities more than others.

The Policy Statement highlights a number of current initiatives which restore, enhance and protect our natural environment, including tree-planting and freshwater quality programmes. We support the 2020/21 Budget to strengthen Aotearoa New Zealand's transition to a sustainable, low-emissions future by

- Addressing increasing energy consumption and demand including electricity and fuel
- Improving the quality of urban waterways in collaboration with mana whenua and local authorities
- Prioritising sustainability, efficiency and low emissions in the construction of major infrastructure investments, ensuring buildings such as hospitals and schools are working towards operating as close to carbon-neutral as possible and meeting net zero emissions well ahead of the 2050 goal
- Explicitly articulating the health impacts of climate change, as well as the health benefits of climate change mitigation in policy and strategy
- Conducting Health Impact Assessments as part of commissioning of new infrastructure and transition projects

The Future of Work

Secondary school students are frequently told to prepare to have five or more “careers” in their lifetimes; furthermore, it is likely that some careers that people will perform in 30 or even 10 years' time do not exist today. The OECD's analysis in this area points to major transitions that present both opportunities and challenges: the shift in market dominance of manufacturing to the growth of the

¹ The Royal Australasian College of Physicians. Climate Change and Health position statement. Sydney: The Royal Australasian College of Physicians; 2015. Available from <https://www.racp.edu.au/advocacy/policy-and-advocacy-priorities/climate-change-and-health>. Accessed 14 January 2020.

² Wang H, Horton R. Tackling climate change: the greatest opportunity for global health. Lancet 2015;386(10006):1798-9. Available from <https://www.thelancet.com/climate-and-health/2015>. Accessed 14 January 2020.

service industry; increases in automation and digitisation; and changes to skill sets required for new and emerging types of work³.

All work must be Good Work

The RACP calls for good work to be the norm in Aotearoa, and we are strongly supportive of all work being Good Work⁴. Work is an important determinant of health and wellbeing and being under- or unemployed is harmful to people's health. Good work – work that is meaningful, flexible, productive and does not cause harm – is good for people's health and wellbeing⁵.

In 2017 the RACP's Australasian Faculty of Occupational and Environmental Medicine developed a consensus statement on Realising the Health Benefits of Good Work:

Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics⁵.

The RACP convenes New Zealand and Australian-based Signatory Steering Groups of organisations, businesses, government department representatives and unions to discuss how employers and workers can realise the health benefits of good work. All signatories support the Charter of Principles⁶, a set of value statements which outlines commitments, including:

- The central role good work plays in a person's health and wellbeing
- Inclusive employment practice, which helps to reduce the risk of unemployment, social and economic inequality and associated poor health outcomes
- Involvement in good work can promote social cohesion and increase peoples' sense of contribution to society.

The future of work in Aotearoa

The Future of Work Budget Priority states "Enabling all New Zealanders to benefit from new technologies and lift productivity through innovation". We note the government has recently announced a Productivity Commission inquiry into New Zealand's lower-than OECD average productivity rate⁷. This newly commissioned project follows the 2019 launch of the Commission's

³ OECD. Employment outlook 2019: The future of work. OECD; 2019. Available from <https://www.oecd.org/employment/future-of-work/>. Accessed 15 January 2020.

⁴ The Royal Australasian College of Physicians. Making It The Norm. Sydney: The Royal Australasian College of Physicians; 2020. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources>. Accessed 16 January 2020.

⁵ The Royal Australasian College of Physicians. Realising the Health Benefits of Good Work consensus statement. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/afoem-realising-the-health-benefits-of-work-consensus-statement.pdf?sfvrsn=baab321a_14. Accessed 15 January 2020.

⁶ The Royal Australasian College of Physicians. Health Benefits of Good Work Charter of Principles. Available from https://www.racp.edu.au/docs/default-source/advocacy-library/afoem-health-benefits-of-work-charter-of-principles.docx?sfvrsn=46a8321a_8. Accessed 15 January 2020.

⁷ Radio New Zealand. Spotlight on New Zealand's top firms as part of productivity push. 13 January 2020. Available from <https://www.rnz.co.nz/news/business/407202/spotlight-on-nz-s-top-firms-as-part-of-productivity-push>. Accessed 16 January 2020.

inquiry into technological disruption and the future of work, which is due to report back to the Government in March 2020⁸.

Although New Zealand currently has low unemployment, this is not distributed equally: in the 15-24 years category, around 10 per cent are not in employment, education or training (NEET); this rises to 13 per cent for those aged 20-24 years. Growing opportunities for younger people to enter the workforce, obtain mentoring and support and transition to meaningful careers should be a priority, especially as younger people are the future workforce.

The Productivity Commission has identified technology adoption as an important source of labour productivity; and in turn, increased productivity is an effective means of achieving sustainable economic growth⁹. One significant challenge in driving economic growth through technological disruption is the costs of technological adaptation fall unevenly on employers, workers and whānau.

If technological adaptation is prioritised as the lever to augment innovation, productivity and economic growth – thereby increasing wellbeing – the RACP recommends

- The Health Benefits of Good Work principles are incorporated into the overarching settings for future policy
- Understanding the ‘digital divide’ in Aotearoa is critical to lifting productivity – this encompasses both material resources and skills, as well as access to skill acquisition
- further research and analysis into the relationship between technological adoption is necessary, as both the workforce and inequality has shifted over time, making the current relationship unclear
- Removing barriers to technology adaptation for all New Zealanders to benefit from the economic and wellbeing gains attributable to innovation and growth
- Empowering younger people (especially the NEET cohort) through training opportunities and mentoring, enabling them to enter meaningful and productive careers
- Exploring the significant overlap with the Priorities of Just Transition and Māori and Pacific – shifting to a low-emissions economy and lifting Māori and Pacific incomes, skills and opportunities, should be investigated as pathways with a greater emphasis on equitable outcomes.

Māori and Pacific

The RACP supports strengths-based initiatives which foster Māori development and mana motuhake through the Crown honouring the promises in the articles of Te Tiriti o Waitangi.

The establishment of Te Arawhiti in 2019 signals the Government recognises there is improvement to be made in how the Government engages and collaborates with hapū and iwi Māori, including building capability within the public sector. The RACP sees wider awareness across sectors for the need to improve connection and partnership with Māori, as well as a more nuanced approach to structural inequities and injustices which have historically held Te Ao Māori in a deficit model.

The connection between whenua (land) and whānau are vital in Te Ao Māori. Inequities in health, education, justice, employment, housing and incomes is a consequence of land lost through

⁸ Productivity Commission. Technology and the future of work Inquiry. Wellington: Productivity Commission; 2019. Available from <https://www.productivity.govt.nz/inquiries/technology-and-the-future-of-work/>. Accessed 15 January 2020.

⁹ Productivity Commission. Draft report 2: Employment labour markets and income. Wellington: Productivity Commission; 2020. Available from <https://www.productivity.govt.nz/assets/Documents/437c9e3982/Draft-report-2-Employment-labour-markets-and-income-v3.pdf>. Accessed 15 January 2020.

colonisation^{10 11}. We note collaborative programmes to improve connections for whānau, hapu and iwi with their land through the Whenua Māori programme, led by Te Puni Kokiri and the Ministry of Justice, intend to build connections and skills, so that whānau, hapū and iwi can decide how land might be used to support development and wellbeing.

While raising incomes and providing opportunities is important for wellbeing, the RACP contends that a sense of self, purpose and identity may also be crucial – particularly where Māori and Pacific development is concerned. Supporting Māori and Pacific aspirations should be premised on Māori and Pacific people determining their aspirations for themselves and their communities; and then being enabled to realise these in a culturally safe, meaningful way which supports tino rangatiratanga, autonomy and whānau ora.

The findings and recommendations of the Waitangi Tribunal's report into the primary health system, *Hauora* must inform this Budget Priority¹². This could include:

- How funding can support Māori (and Pacific) health organisations, and eliminate the perpetuated underfunding of kaupapa Māori health services, which has embedded disadvantage for whānau with high needs
- How undercounting in the Census – which in 2018, did not achieve comprehensive coverage for Māori (68 per cent) or Pacific peoples (65 per cent) – impacts on capitated distribution of Vote Health to District Health Boards, which in turn exacerbates inequities for already-marginalised groups¹³
- How agencies can work together to ensure accountability and monitoring to support the Crown's role as a Treaty partner – while the Tribunal identifies health, equally education, housing, and justice – among other sectors – would benefit from greater oversight and reporting on outcomes supporting or impacting on Māori and Pacific peoples' aspirations.

Child Wellbeing

The RACP sees Child Wellbeing as Whānau Wellbeing¹⁴. Children do not exist in isolation from their parents, caregivers, grandparents, siblings, cousins and extended whānau. Equally, child poverty is whānau poverty: framing it as child poverty not only disassociates the child from its immediate contexts, it denies the structural injustices and systemic inequities perpetuated by broader structural drivers, the economic systems of capitalism and colonisation.

The consequences of persistent poverty and deprivation are well-known and have been articulated and analysed in the literature internationally and in Aotearoa NZ. The Child and Youth Epidemiology Service, based at the University of Otago monitors the impacts of material hardship and poverty of children. It states "Poverty interferes with the capacity on children to enjoy their right to an adequate

¹⁰ Moewaka Barnes H, McCreanor T. Colonisation, hauora and whenua in Aotearoa. *Journal of the Royal Society of New Zealand*. 2019; 49(suppl 1). Available from <https://www.tandfonline.com/doi/full/10.1080/03036758.2019.1668439>. Accessed 16 January 2020.

¹¹ Robson B, Harris R. Māori Standards of Health IV: a study of the years 2000-2005. Wellington: Te Rōpū Rangahau Hauora a Eru Pōmare. Accessed 16 January 2020.

¹² Waitangi Tribunal. *Hauora: Report on stage one of the Health Services and Outcomes kaupapa inquiry*. Wellington: Waitangi Tribunal; 2019. Available from <https://www.waitangitribunal.govt.nz/inquiries/kaupapa-inquiries/health-services-and-outcomes-inquiry/>. Accessed 15 January 2020.

¹³ Independent Review of New Zealand's 2018 Census. Report. Wellington: New Zealand Government; 2019. Available from <https://www.stats.govt.nz/reports/report-of-the-independent-review-of-new-zealands-2018-census>. Accessed 16 January 2020.

¹⁴ The Royal Australasian College of Physicians. *Make it the Norm: Equity through the social determinants of health*. Sydney: The Royal Australasian College of Physicians; 2017. Available from <https://www.racp.edu.au/fellows/resources/new-zealand-resources/new-zealand-election-statement-2017>. Accessed 16 January 2020.

standard of living. There is strong evidence for negative effects of poverty on a wide range of children's outcomes, including cognitive development, school attainment, health, and social, emotional and behavioural development"¹⁵. Similarly, the World Health Organization's Commission on the Social Determinants of Health found that experiences in early childhood, and in early and later education, lay the critical foundation for the entire life course; in addition, brain development is highly sensitive to external influences in the early years, with lifelong effects¹⁶.

Increasingly in high-income countries like Aotearoa New Zealand, conditions of material deprivation and poverty are compounded by a poverty of possibility, hope and opportunity. Whānau who are systematically excluded from narrow, externally-imposed definitions of wellbeing and success find themselves bereft – not only of items on the list of the NZ-Dep17, but of hope and aspirations for the future, and that of their children. In a recent essay, Dr Renee Liang writes

“Being poor can lead to undue focus on short-term gain (updating a phone rather than saving money for a rent bond). People who are poor have loss of hope, leading to inertia or self-sabotage. They are more likely to self-medicate with alcohol or drugs. The stigma and negative stereotypes are hard to shrug off”¹⁷.

In December 2019, the RACP released three Report Cards assessing government progress in the areas of healthy housing, good work and whānau wellbeing⁴. We found that, although there are some movements towards increased equitable outcomes, opportunities to make a difference to whānau wellbeing and household incomes remain unrealised, such as:

- Extending the Winter Energy Payment to whānau on low incomes (currently it is available to all beneficiaries and is not means-tested)
- Extending free primary care visits and associated costs, such as prescription co-payments to all children under 18 (currently available to all children 13 and under)
- Raising abatement rates for all main benefits, allowing people receiving benefits to work more hours before their government benefit is cut.

Additionally, our 2019 position statement, *Early Childhood: The Importance of the Early Years* outlines the evidence for investment in early childhood development across parenting support (including maternal and paternal mental health); nutrition, physical activity and sleep; education; and safe home and community environments¹⁸.

The RACP recommends that initiatives supporting Whānau Wellbeing are informed by a life course and rights-based approach to health and wellbeing, underpinned by the articles of Te Tiriti o Waitangi. Many solutions have been presented to the government and cabinet, including through the Welfare Expert Advisory Group's report *Whakamana Tangata – Restoring Dignity to Social Security in New Zealand*.

Whole-of-government approaches to improving whānau wellbeing are supported by the existing structure where Child Poverty Reduction and Child and Youth Wellbeing sit in the Department of the Prime Minister and Cabinet. This arrangement should enable greater cross-sector collaboration and reductions in siloing and duplication, however there is little evidence that there is active partnership

¹⁵ Duncanson M, Richardson G, Oben G, Wicken A, Adams J. Child poverty monitor: technical report 2019. Dunedin: Child and Youth Epidemiology Service, University of Otago. Available from <http://www.nzchildren.co.nz/>. Accessed 15 January 2020.

¹⁶ Commission on the Social Determinants of Health. Closing the gap in a generation: final report of the Commission of the Social Determinants of Health. Geneva: World Health Organization; 2008. Available from https://www.who.int/social_determinants/thecommission/finalreport/en/. Accessed 16 January 2020.

¹⁷ Liang R. A kete half empty: Why poverty in New Zealand is everyone's concern. Available from <https://www.noted.co.nz/currently-currently-currently/poverty-new-zealand-kete-half-empty>. Accessed 16 January 2020.

¹⁸ The Royal Australasian College of Physicians. Early Childhood: The importance of the early years. Position Statement. Sydney: The Royal Australasian College of Physicians; 2019.

across and within departments. The RACP would support greater qualitative and quantitative evidence of how wellbeing priorities – including from Child Poverty Reduction and the Child and Youth Wellbeing Strategy and Framework – are being realised, over and above the existing Budget Day reporting.

Physical and mental wellbeing

The RACP recognises the inextricable links between physical, psychological and social health and wellbeing – the biopsychosocial model of health as promulgated by Engel, but also through Māori models, notably Professor Sir Mason Durie's Te Whare Tapa Wha. Te Whare Tapa Wha not only instils the sense of strength and capability of hauora (total health and wellbeing) when all four dimensions (walls of the whare) are functioning, but describes the often very literal destabilising effect when one element is unsupported or unbalanced. As such, all dimensions of health must be supported equally to achieve and improve health and wellbeing, and one cannot be held in greater importance at the expense of others.

The emphasis this government has placed on mental health and wellbeing is to be commended. The RACP hopes that the renewed visibility of mental health and wellbeing will support more New Zealanders to not only enjoy good mental wellness, but for those with mental health conditions to be supported, including through improved preventative services such as the primary mental health service established in Budget 2019.

To realise hauora in Aotearoa New Zealand, sustained investment across all four capital stocks is crucial. This encompasses the health workforce, the physical environments and settings for healthcare delivery, making improvements to reduce the health sector's impact on resources and the natural environment, and greater emphasis on prevention of illness and disease by addressing the social and economic determinants of health.

Successive governments have failed to make capital investment in health infrastructure or maintain operational funding of the New Zealand health system¹⁹. The ramifications of continued underinvestment are significant, and ultimately lead to an inability to maintain currency with best practice due to unworkable facilities, reduced quality and safety, and poorer health outcomes for whānau. As our population in Aotearoa ages and grows, demand for healthcare at all levels of the system forces our health workforce to remain stretched and over capacity, and in some cases, experiencing burn out – and this is before accounting for any unmet health need, which 30 per cent of New Zealanders experienced in 2018/19^{20 21}.

¹⁹ Rosenberg B, Keene L. Did the 2019 Budget provide enough for health? Working paper on health No. 22, August 2019. Wellington: Council of Trade Unions and the Association of Salaried Medical Specialists. Available from <https://www.union.org.nz/wp-content/uploads/2019/08/Did-the-Budget-provide-enough-for-Health-2019.pdf>. Accessed 21 January 2020.

²⁰ Ministry of Health. Barriers to accessing health care. NZ Health Survey: Annual update of key results 2018/19. Available from <https://www.health.govt.nz/publication/annual-update-key-results-2018-19-new-zealand-health-survey>. Accessed 21 January 2020.

²¹ Association of Salaried Medical Specialists. Forecasting New Zealand's future medical specialist workforce needs. ASMS Research brief 15. Wellington: Association of Salaried Medical Specialists; 2019. Available from <https://www.asms.org.nz/wp-content/uploads/2019/06/Research-Brief-specialist-workforce-projections-172060.2.pdf>. Accessed 21 January 2020.

The RACP finds that

- In the short term, increasing pressures on the workforce and increasing demand due to population and demographic changes will exacerbate inequities, unless equity is prioritised within decision-making frameworks
- Ambitious programmes to improve health outcomes – such as the primary mental health initiative signalled in Budget 2019 – can only be implemented with the support of a competent and culturally-safe workforce
- A persistent gap in specialist service capability and health service need remains entrenched, resulting in longer waits for treatment, and higher thresholds for accessing services – particularly for medical specialties where an ageing population will drive demand, such as orthopaedics and ophthalmology
- There is a need for the health workforce at all levels of the system to reflect the communities it serves, and for workforce planning and development to be centrally-driven – this was also a finding of the Health and Disability System Review’s interim report.

Centring equity in decision-making

The RACP notes that messaging from the Minister and Ministry of Health has tended towards a focus on a system emphasising wellness, access, equity and sustainability^{22 23}. One powerful determinant of overall health and wellbeing at a population level is life expectancy: non-Māori born in 2012-14 will have an average life expectancy of 83.9 years for females, and 80.3 years for males, compared with 77.1 years for Māori females, and 73 years for Māori males born in the same period²⁴. Inequities stem from structures and systems directly and indirectly designed to exclude, resulting in avoidable differences which are unjust and unfair, leading to negative health and wellbeing, and lower quality of life.

The stark differences in life expectancy for Māori compared to non-Māori shows that, despite the introduction of policies and programmes to address adverse outcomes across the board, there remain fundamental systemic realities which perpetuate inequity, including the design of the healthcare system. Without wholesale redesign, as well as meaningfully reorientating resource distribution to empower kaupapa Māori health services, it is likely inequities will remain, as evidenced by the ‘gap’ in mortality between Māori and non-Māori.

Inequities in outcome are not insurmountable. There is a substantial body of evidence to support Māori being screened earlier than non-Māori to reduce inequities in cancer outcomes in national screening programmes (colorectal, breast and cervical cancers). Māori are more likely to have cancer than non-Māori, and they are more likely to present with late-stage disease, making treatment less viable. Moreover, the difference in life expectancy shows that screening Māori earlier (for bowel cancer, from age 55 compared to age 60 for non-Māori) could account for stage at presentation and reduce inequities from access to timely diagnosis through screening programmes^{25 26}. This is one example of how a programme can be actively reoriented based on evidence towards improving

²² Minister of Health David Clark. Opening address to the Ministry of Health Forum, October 2019.

²³ Minister of Health David Clark. Details of major health review finalised. Media release. August 2018. Available from <https://www.beehive.govt.nz/release/details-major-health-review-finalised>. Accessed 21 January 2020.

²⁴ Ministry of Social Development. The Social Report 2016. Wellington: Ministry of Social Development; 2016. Available from <http://socialreport.msd.govt.nz/>. Accessed 21 January 2020.

²⁵ Gurney J, Stanley J, Jackson C, Sarfati D. Stage at diagnosis for Māori patients: disparities, similarities and data limitations. N Z Med J 2020; 133(1508):43-64. Available from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2020/vol-133-no-1508-17-january-2020/8091>. Accessed 21 January 2020.

²⁶ Robson B, Ellison-Loschmann L, Jeffreys M, McKenzie F. Cancer survival equity by 2030: a Treaty compliant systems approach required. N Z Med J 2019; 132(1506):7-9. Available from <http://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2019/vol-132-no-1506-29-november-2019/8053>. Accessed 21 January 2020.

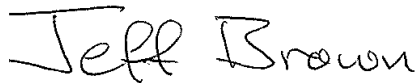
outcomes for Māori, rather than the tacit acceptance of health inequities as par for health statistics in Aotearoa New Zealand.

Centring equity in decision-making and resource allocation is more than a guiding principle: it must seek to address fundamental, deeply embedded and often historical disparities in the ways our systems are designed and implemented. The RACP strongly recommends equity is prioritised in government decision-making based on analysis of the four capital stocks.

Conclusion

The RACP thanks the Finance and Expenditure Select Committee for the opportunity to provide feedback on the Budget Policy Statement. To discuss this submission further, please contact the NZ Policy and Advocacy Unit at policy@racp.org.nz.

Nāku noa, nā

A handwritten signature in black ink that reads "Jeff Brown". The signature is written in a cursive, slightly slanted style.

Dr Jeff Brown
Aotearoa NZ President
The Royal Australasian College of Physicians

