



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

We need to
increase the
number of
GPs in training
because 64%
of Specialist GPs
are intending to
retire by 2032.

Team GP is at risk
why immediate change is needed

The Royal New Zealand College of General Practitioners 2022 Workforce Survey shows immediate action must be taken to address the GP workforce crisis in Aotearoa New Zealand.

The survey shows doctors working in general practice are more burnt out, more likely to retire, and less likely to recommend a career as a specialist GP than ever before.

While there have been positive commitments from the Government to increase the number of GP registrars in training, more needs to be done now to attract doctors into general practice.

There are a multitude of issues affecting recruitment and retention, but the most significant barriers relate to the current working conditions that lead to burnout and have contributed to 64 percent of specialist GPs intending to retire by 2032.

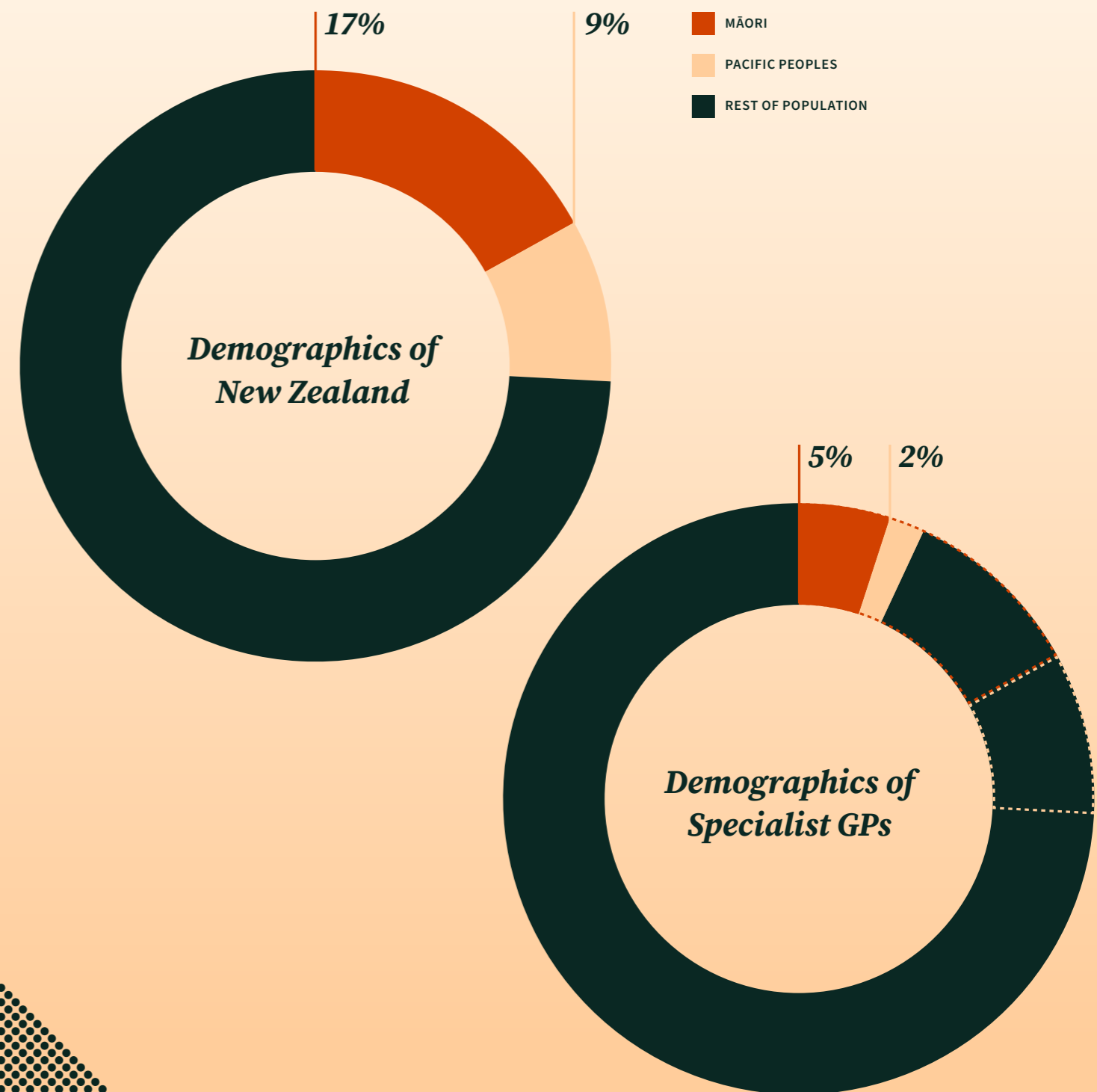
This diagram illustrates how many Specialist GPs intend to retire in less than 10 years.

- SPECIALIST GPs WHO INTEND TO RETIRE
- SPECIALIST GPs WHO DO NOT INTEND TO RETIRE



The College is committed to an effective and resilient specialist GP workforce that reflects the communities they serve in Aotearoa New Zealand.

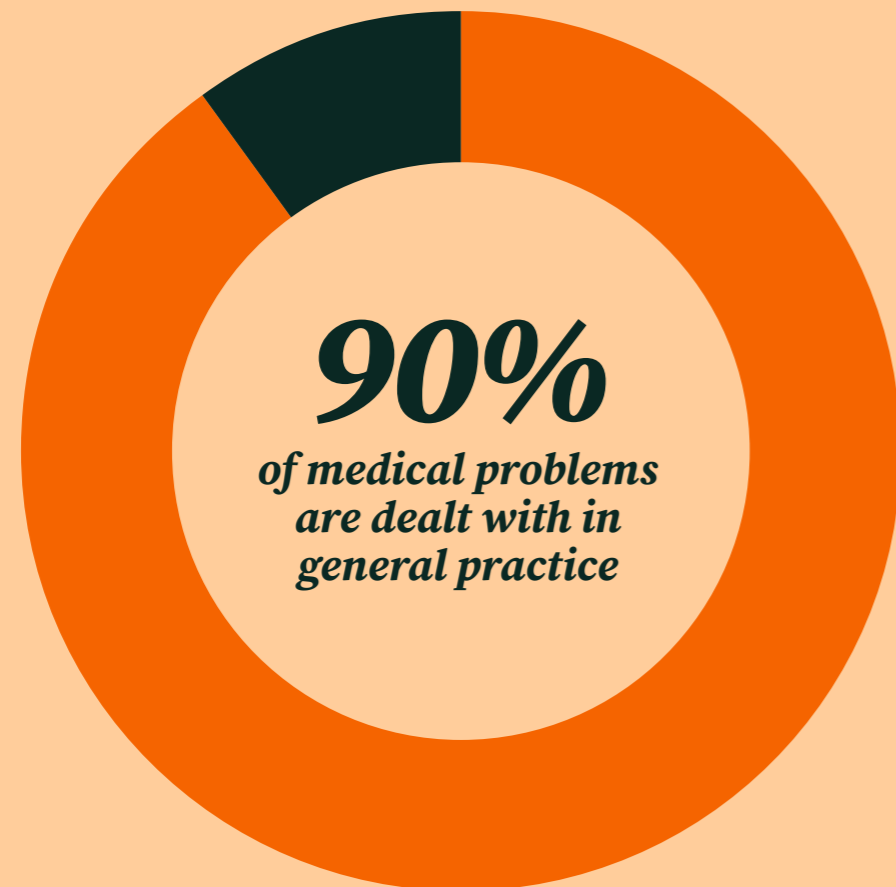
But with less than 5 percent of GPs identifying as Māori, and just 2 percent identifying as Pasifika, considerable systemic change is needed to materially achieve equitable health outcomes for Māori and other under-served communities.



Specialist GPs are worth the investment...

Specialist GPs are the *first point of contact for most New Zealanders* who have a health concern and 90 percent of medical problems are dealt with in general practice.¹

Patients report high levels of trust in their GP and satisfaction with the care they provide.² Continuity of care is at the heart of the specialist GP-patient relationship and is proven to reduce accident and emergency presentations, hospitalisation³ and mortality rates.⁴ The need for medical care delivered in the community in a culturally safe manner is increasingly recognised throughout the health system⁵ and is a key component of GP training and general practice quality assessment.⁶



...but we aren't training enough of them...

Since 2000, the proportion of doctors in New Zealand working as specialist GPs has dropped from 37 percent to 25 percent, whereas the proportion of secondary care specialists and registrars (primarily working in hospitals) has increased from 45 percent to 58 percent.⁷ Not only do health outcomes improve when there is a higher ratio of GPs to population, but increasing the numbers of secondary care specialists has been linked to more spending and poorer outcomes.⁸ While employing more specialists may reduce hospital waiting times; ensuring more specialist GPs reduces the number of New Zealanders who need to be on waiting lists in the first place.

One of the key barriers to doctors choosing general practice is the lack of exposure they have during their training years, both during medical school and during their PGY1 and PGY2 intern years. Without quality role models and prolonged time spent in general practice, doctors simply do not have enough worthwhile experience to be able to make this career choice. Increased exposure to general practice must come with real support to the Fellows and practices that host students and interns. Current funding to general practice relies on seeing patients and does not support the mentoring and supervision of medical students and other primary care professionals who spend time learning in general practice.

...and we must do more to keep the ones we have.

There is a desperate GP shortage, with the number of specialist GPs per 100,000 New Zealanders dropping, retirement intentions increasing, and burnout rising to unprecedented levels. The current GP workforce is dominated by the medical graduates from the late 1970s to mid-1980s, who are now in their late 50s, 60s, and older, and who are rapidly moving toward retirement.

In the College's 2022 Workforce Survey, 37 percent of respondents stated they intend to retire by 2027 (1,213 total). 55 percent (1,804 total) intend to retire by 2032 and counting just our most experienced and highly skilled specialist GPs, the number increases to 64 per cent intending to retire by 2032.

If all 425 GPs aged 65 and over chose to retire immediately, there would be approximately 725,000 patients without a doctor.

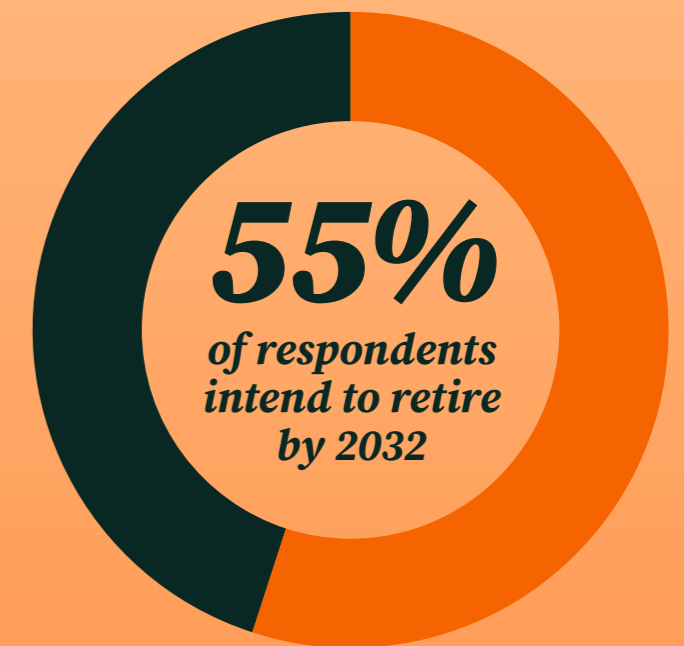
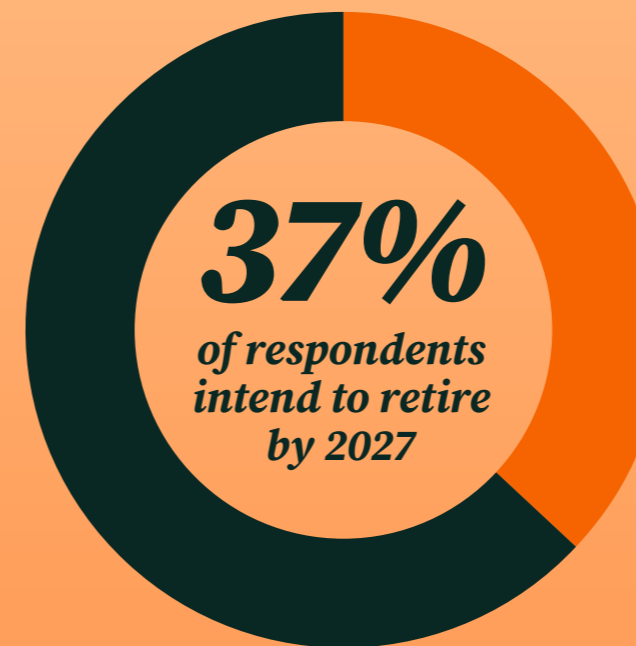
While the registrar intake for the College's General Practice Education Programme (GPEP) has increased over the last 15 years, it has not been sufficient to meet the current requirements of the population and its increasingly complex health needs.

In order to meet the current general practice needs with only a modest population growth projection New Zealand needs to be training 300 GPEP registrars per annum. Currently the College is training 200 GPEP registrars per annum.⁹

In 2022, the net number of GPs counted in the Medical Council of New Zealand's Workforce survey only increased by 15.¹⁰

Retirements will soon exceed new GPs entering the system and the net GP population will start to rapidly fall.

At the same time, medical complexity in the community is growing.¹¹ An ageing population, more lifestyle related conditions, and increased need to support mental health issues all drive demand. This, combined with the expected population growth and the forecast decline in specialist GP numbers, paints a very grim picture for the future health of New Zealanders.

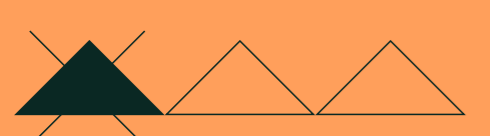


Burnout impacts the number of specialist GPs leaving general practice...

Burnout is a significant and increasing concern in New Zealand and internationally.¹² Nearly four out of five respondents (79 percent) to the 2022 Workforce Survey reported some level of burnout with nearly half (48 percent) reporting high levels of burnout.

Those that are burnt out are more likely to report that they will retire sooner than GPs with a lower burnout rating. A further 2022 College research project¹³ identified many factors that contributed to burnout, including:

- Shortages of GPs and nurses mean that practising GPs are **overburdened**.
(96 percent of participants agreed with this statement)
- **GPs feel undervalued** by the government compared with DHB salaried staff.
(91 percent agreed)
- The time spent doing **patient administration and 'inbox' tasks** is a significant factor that contributes to burnout.
(94 percent agreed)
- Every day brings **more responsibilities** pushed out to primary care with **no extra resources or training**.
(90 percent agreed)



Nearly 1/3 of GPs would **not recommend** general practice as a career

96%

of respondents agreed that shortages of GPs and nurses meant practising GPs are **overburdened**

...decreases the number of new GPs...

The link between burnout rates and retirement intentions is stark and alarming. But the effect of burnout on the supply of GPs is equally concerning and directly affects the future sustainability of general practice. Nearly a third of GPs (31 percent) would not recommend general practice as a career, up from 14 percent in the 2020 survey.

Our ability to train doctors to become specialist GPs relies on our most experienced and capable Fellows taking up teaching roles in their practices and those suffering from high levels of burnout are less likely to do so.

...and is a key contributor to the specialist GP workforce crisis.

79%

of respondents reported **some level of burnout**

48%

of respondents reported **high levels of burnout**

The impacts of burnout

As demand on medical care in the community increases, and the supply of specialist GPs decreases, we expect to see the following impacts:

- The trend of general practices **closing their books to new patients** will intensify (in a 2023 study of practices with closed books¹⁴ respondents said that “too much work” (86 percent) and “couldn’t recruit GPs” (69 percent) were reasons for not enrolling new patients).
- **Māori are already less likely to be enrolled** in practices¹⁵ and so are more likely to be unable to find a general practice that will enrol them.
- Rural practices already face **difficulties recruiting new staff** and an overall decline in the number of specialist GPs will make this worse.
- Patients who are enrolled will experience **longer wait times**, last year 11.5 percent of adults and 7.6 percent of children did not see a GP when they had a health problem because wait times were too long.¹⁶
- Some patients will present in a **worse condition** due to the wait time.¹⁷
- Some patients will choose to go to urgent care or emergency treatment rather than wait, placing **further pressure on these services**.¹⁸
- The **stress** of constantly seeing patients who have had to wait long periods of time for care will contribute to GP burnout.
- Increasing burnout leads to **declining quality of care**¹⁹ and fewer GPs recommending general practice as a career to new doctors.

As greater numbers of patients struggle to access medical care in a timely manner, the ability for specialist GPs to provide continuity of care is undermined. This special relationship with patients, built over time and fostered through partnership and empathy, has been proven to reduce complications, hospitalisations and deaths, while improving trust and adherence to treatment plans.²⁰

Access to a GP not only means a patient can see a medical professional, but it is also the gateway to the collaborative teams of health professionals leveraged through general practice, offering access to a wide range of services integrated into the wider health system.

*more general practices
closing their doors to
new patients*

*Māori will be less able to
find a general practice that
will enrol them*

*more difficulties
recruiting new staff
for rural practices*

*longer wait times
for patients*

*more patients will present
in a worse condition*

*further pressure
on urgent care and
emergency treatment*

*stress will contribute
to more burnout*

*quality of care may
decline due to burnout*

Specialist GPs are part of a wider team within the larger health system...

General practice works within a wider health system that is under reform and a broader social context that is constantly evolving.

The College continues to support long-term investments to make the health system more accessible, equitable and efficient, and programmes that address fundamental determinants of health such as poverty, education, systemic racism and inequity.

This work is important, but actions are urgently needed to address the specific challenges facing the specialist GP workforce for the benefit and welfare of all New Zealanders.

Every New Zealander has the right to a Specialist GP, their doctor.

...and small gains have been made to improve registrar recruitment...

Recently the Government agreed to a number of College proposals that, when fully implemented, will help to address some of the barriers to doctors choosing general practice as their vocation. These include:

- committing to ***fund an increase of registrars*** training in GPEP to 300 / annum
- providing a ***funding allowance for general practices*** hosting community based attachments for PGY1 and PGY2 doctors²¹
- providing first year GPEP registrars with ***pay parity*** with medical registrars training in hospital based disciplines
- increase ***funding teaching time*** in GPEP from one and a half hours a week to four hours a week.

These changes are positive but don't address the crisis we face right now due to unprecedented levels of burnout.

Urgent work is needed to review capitation rates and the outdated 15-minute consultation model as these affect health outcomes for patients^{22, 23} as well as the sustainability of general practice. However, this work is taking too long to complete and is being used as an excuse to avoid urgent funding changes now.

...but meaningful change is critical now to reduce the number of specialist GPs leaving.

What is the solution?

Burnout

Burnout occurs as a result of multiple or significant frustrations that are outside the individual's power to change. For our members the causes of burnout are prolonged overwork, unpaid time spent on administrative tasks, no value attributed to the years spent attaining a specialist qualification, and the unrelenting demand for specialist GP services far outstripping the hours available. The College recommends:

- Fellowship in general practice **should attract a differential in funding** as is the case in every other specialty.
- GPs should be **funded for 30 minutes of non-clinical time per half-day of clinical time**, that could be spent on essential non-patient administration and follow up, similar to how other health care workers are funded.
- Burnout and stress are Health and Safety risks in the workplace, and **practices should have support to have plans in place** to both prevent and address GP and staff burnout.
- **Consistent national support** to complete the College's quality programme The Foundation Standard, conduct quality improvement projects and equity focused activities, and invest in new technologies and ways of working to support telehealth.

Support

Specialist GPs need to be supported in the same way as specialists in the hospital sector. There are specific actions that can be taken now and that need not wait for the outcomes of a wider review of funding or capitation:

- Specialist GPs should be **financially supported to receive professional supervision and or support from psychologist or psychiatrist teams** to address the issues of high levels of burnout and stress.
- Specialist GPs should be **paid in the same way** as their hospital colleagues for Continuous Professional Development (CPD) training.

Māori and Pasifika

More Māori and Pasifika specialist GPs need to be trained and more support needs to be provided for those that are already in the workforce. The College recommends:

- **Additional investment to fully support and increase the numbers of Māori and Pasifika doctors** before, during and after their medical training so that the GP workforce better reflects New Zealand's diverse population.
- Undertaking further research to understand how **cultural loading²⁴ contributes to burnout** amongst Māori and Pasifika specialist GPs and GP Registrars, and developing specific, practical actions to address this.

Retention

A significant proportion of specialist GPs are rapidly approaching retirement and with a large number of younger GPs halting their clinical practice every year, either temporarily or indefinitely, the College recommends further research to examine:

- **How to retain our most experienced Fellows**, in a part time capacity particularly with respect to their role in teaching and mentoring new registrars.
- **The reasons that younger GPs leave general practice** and how to support them to either stay or return sooner.

It's time for *action*

The 2022 Workforce Survey provides yet more evidence of the rapidly declining state of general practice in Aotearoa. The College seeks urgent solution-focused action that will turn the tide and improve access to community-based medical care *for the health of all New Zealanders.*

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3 British Medical Journal (BMJ). Association between continuity of care in general practice and hospital admissions for ambulatory care sensitive conditions: cross sectional study of routinely collected, person level data. February 2017 (cited 21 March 2023).

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5 Council of Medical Colleges New Zealand. Cultural safety within vocational medical training. May 2021 (cited March 21 2023).

6 The Royal New Zealand College of General Practitioners (RNZCGP). Foundation Standard – Te Tiriti o Waitangi. (Cited March 21 2023)

7 Medical Council of New Zealand. The New Zealand Medical Workforce in 2022. June 2022 (cited March 21 2023)

8 Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. The milbank quarterly. 2005 Sep 1;83(3):457-502.

9 RNZCGP. 2021 GP Future Workforce Requirements Report. October 2021 (cited 21 March 2023)

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11 Journal of Primary Health Care. The concentration of complexity: case mix in New Zealand general practice and the sustainability of primary care. October 2022 (cited 21 March 2023).

12 The Commonwealth Fund. Stressed Out and Burned Out: The Global Primary Care Crisis. November 2022 (cited 23 March 2023).

13 During an online exploration of burnout, 598 GPs voted on (agree, disagree or pass) statements about burnout that were written by other participants. RNZCGP. Burnout: Let's understand it and find solutions. March 2023 (cited 21 March 2023)

14 This paper is expected to be published later this year.

15 International Journal for Equity in Health. The enrolment gap: who is not enrolling with primary health organizations in Aotearoa New Zealand and what are the implications? An exploration of 2015–2019 administrative data. 2022 (cited 21 March 2023).

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17 New Zealand Medical Journal. Navigating the health system during COVID-19: primary care perspectives on delayed patient care. November 2021 (cited 21 March 2021)

18 Academic Emergency Medicine. Why Do People Choose Emergency and Urgent Care Services? A Rapid Review Utilizing a Systematic Literature Search and Narrative Synthesis. September 2017 (cited 21 March 2023)

19 The Commonwealth Fund. Stressed Out and Burned Out: The Global Primary Care Crisis. November 2022 (cited 23 March 2023).

20 British Journal of General Practice. Continuity in general practice as predictor of mortality, acute hospitalisation, and use of out-of-hours care. February 2022 (cited 21 March 2023)

21 PGY1 and 2 refers to the two years students spend doing practical work at the end of their medical degrees, primarily in the hospital setting

22 BMJ. Relationship between general practice capitation funding and the quality of primary care in England: a cross-sectional, 3-year study. November 2019 (cited 21 March 2023).

23 BMJ. Investigating the relationship between consultation length and patient experience: a cross-sectional study in primary care. August 2016 (cited 21 March 2023).

24 MCNZ. Baseline Data Capture: Cultural Safety, Partnership and Health Equity Initiatives, page 38 - Māori doctors experience cultural loading in the workplace. October 2020 (cite 21 March 2023)