



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

2023 briefing to the Minister of Health



Hon. Dr Shane Reti

Congratulations on your appointment as Minister of Health

The Royal New Zealand College of General Practitioners (the College) looks forward to working with you. This document briefs you on the role of the College and the issues impacting general practice and primary care (sometimes referred to as community-based medicine) in Aotearoa New Zealand.

Executive Summary

Research and evidence, both national and international, repeatedly shows that a well-resourced and well supported primary care workforce and healthcare system saves lives, saves money, and reduces the number of people being admitted into hospital. The College strives to work collaboratively with government and its agencies to proactively identify and implement solutions to future-proof our profession. We believe this should be a top priority for this Government.

When you kindly agreed to participate in our political panel at GP23: the Conference for General Practice, you spoke to our members in attendance and referred to them as “my tribe”.

Your Tribe needs you.

During your term as Minister of Health, we are seeking positive change in five key areas that materially impact general practice and ‘your tribe’ of specialist general practitioners and rural hospital doctors who provide essential medical care to their communities.

General Practice has experienced tumultuous and chaotic times in recent years, having been on the frontline of the healthcare response to COVID-19, demonstrating as we did our ability as a profession to pivot, be innovative, and proactive.

Alongside the ongoing demands of COVID-19, we have been navigating the variability and uncertainty of the largest health reform in New Zealand in over twenty years. This far-reaching reform is mostly welcomed by our profession, however the lack of sustainable improvement to the well documented and evidenced challenges of providing medical care in the community puts the reforms in danger of losing credibility and the support of our members.

What we need to see now is action in the form of sustainable investment and ongoing improvement in the following five areas.

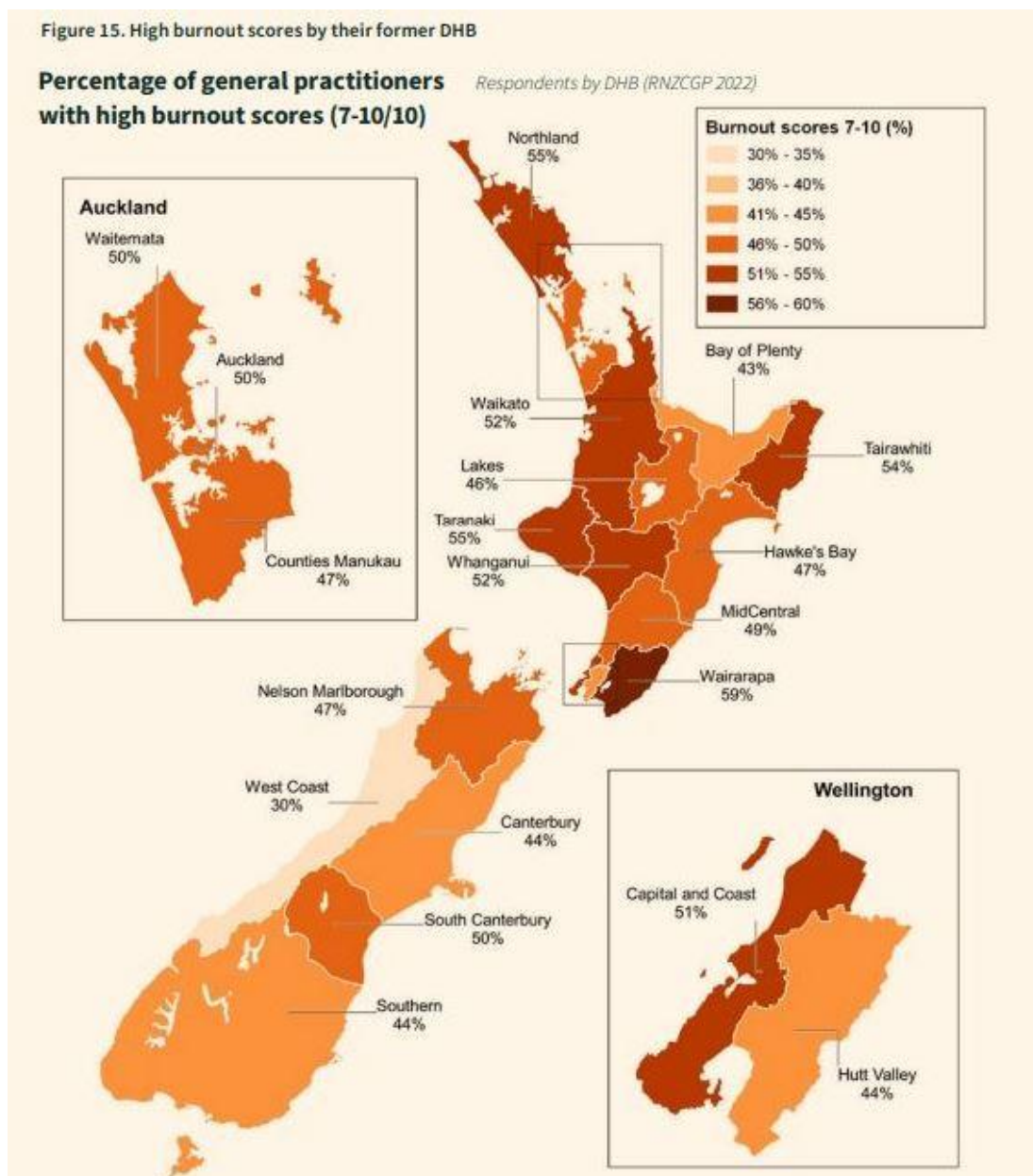


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1. Addressing the workforce crisis

New Zealand has failed to train and attract enough medical professionals, primary care nurses, and other healthcare professionals to meet the needs of complex medical care for our aging, and growing communities.

Our specialist general practitioners and rural hospital specialists are overworked and undervalued, with 79 percent experiencing some level of burnout, and 48 percent reporting high levels of burnout.



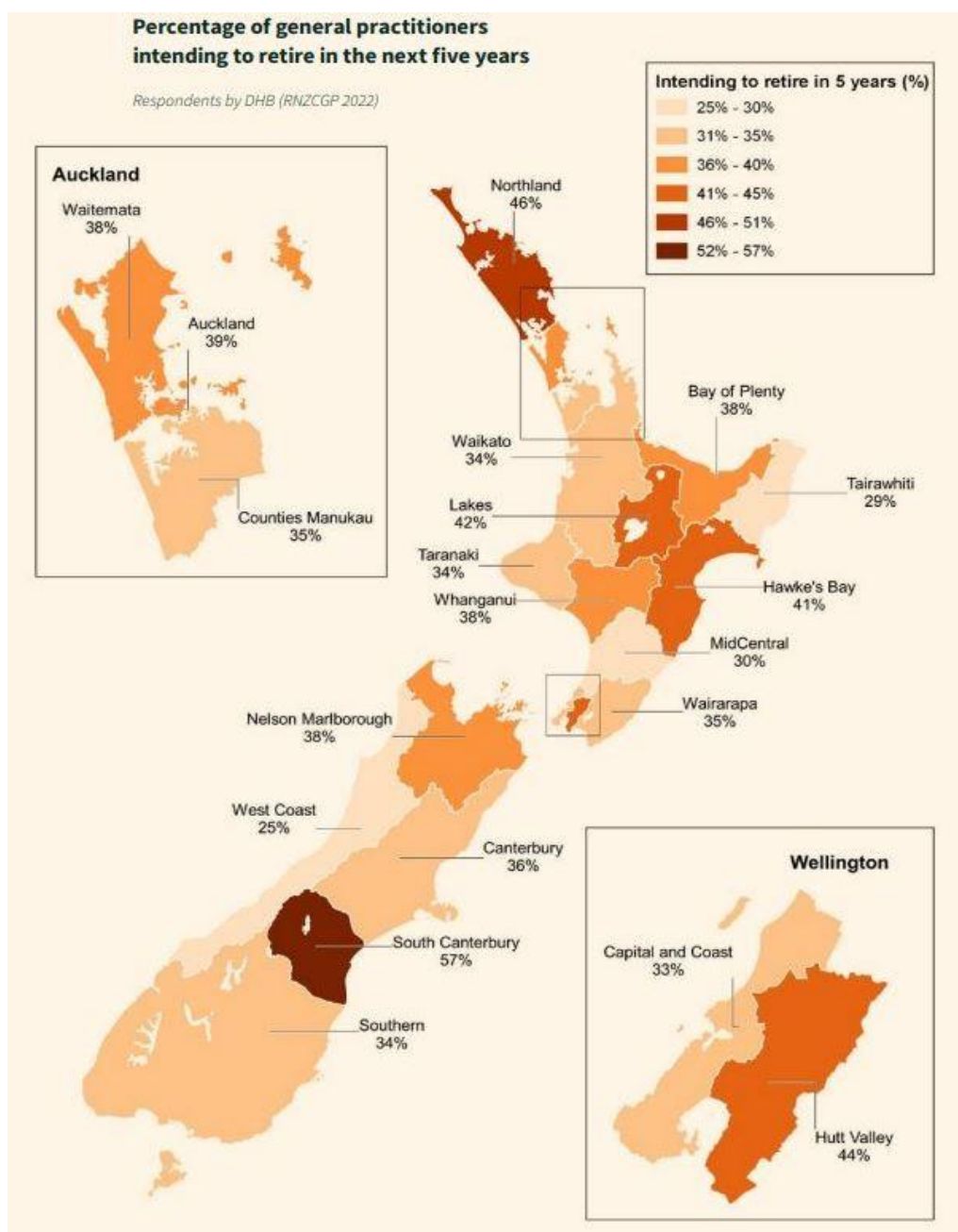


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In addition, 64 percent of our specialist general practitioners say they intend to retire by 2032.

We estimate if all the GPs who are at, or over, retirement age all stopped practicing tomorrow, there would be an additional 725,000 New Zealanders without a GP.

When waiting times are at an all-time high and practices are closing their books to new patients, having this many people searching for a new GP is unacceptable and goes against everything that our workforce stands for as we strive to provide complex, comprehensive, timely and equitable care for our communities.





Training more doctors

The establishment of a third medical school, based at the University of Waikato, that “will deliver more doctors committed to serving in provincial and rural parts of the country,” must keep this primary care focus at the core of its operations.

The shortage of specialist general practitioners and other primary care health professionals is well-documented. No one day goes by where there isn't a mention of closed books, long wait times, stretched services, burnout and feelings of being overwhelmed and undervalued.

The National Party's commitment to increase the number of doctors a year graduating from 539 to 759 will be a welcomed boost to the sector. However, we need to see an increase in the number of graduates choosing general practice if we are to create a sustainable workforce that can support New Zealanders health needs.

To do this, graduates need to see general practice being valued and supported in the same way that other medical specialties are - financially and otherwise. Having the support from our Minister and the Government and seeing tangible changes that address our concerns will go a long way to encourage more graduates to choose general practice and rural hospital medicine.



2. Health equity

The standard of health of the most privileged groups in New Zealand should be attainable for all New Zealanders, irrespective of their ethnicity, the area they live in, or their ability to pay.

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

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

Practices are closing their books and not accepting new enrolments as a response to the overwhelming patient demand. [A study from June 2022](#) found that 347 practices (33 percent of all practices) had closed their books and some regions, such as the previous Wairarapa MidCentral and Taranaki DHB areas, had less than 20 percent of practices still accepting new patients.

The GP workforce does not reflect the population it serves

With less than 5 percent of GPs identifying as Māori and just 2 percent identifying as Pasifika, considerable systemic change is needed to match the young and growing numbers of Māori and Pasifika.

The College acknowledges that more Māori and Pasifika specialist GP and rural hospital doctors need to be trained and more support needs to be provided for those that are already in the workforce.

We recommend:

- 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.
- Acknowledgement of how cultural loading contributes to burnout amongst Māori and Pasifika specialist GPs and GP registrars, and develop specific, practical actions to address this.



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3. Sustainable funding of general practice

Specialist GPs are part of comprehensive interdisciplinary teams within Aotearoa New Zealand's larger health system.

'Team GP' refers to the collective and collaborative effort delivered by general practice staff that is required to make a significant and positive impact on the health of New Zealanders.

Successive governments have acknowledged that the current general practice capitation funding model is not fit for purpose as the population has aged, grown, and is experiencing far greater health complexity and co-morbidities. This 25-year-old model needs serious overhaul and requires additional investment as well as a redistribution of the funding to match the effort.

A refreshed model of care, understanding patient load, and funding that follows the patient need is necessary. This work needs to be prioritised to avoid an escalating workforce crisis.

Significant pay gaps, feeling undervalued and overworked are among the reasons why those who are part of Team GP are leaving the profession, or being enticed to other parts of the health system for higher reward.

Currently, around 55 percent of a specialist GPs time is on paid work spent in patient consultations – with the remaining time spent on administrative tasks, maintaining CPD, teaching, clinical governance and non-contact clinical time. These are all key aspects of our job – but are not remunerated.

This adds considerably to burnout rates.

The College's current 'Your Work Counts' project is collecting data from our members on what a safe patient load should be, information on how many GPs per 100,000 of the population the country needs and determine what a fair and sustainable 40-hour week looks like for GPs.

Pay parity for primary care nurses and healthcare workers

In September 2023, 12 leading primary, community and telehealth care organisations, including the College, joined together to call for pay parity for their nursing and healthcare workers. A subsequent briefing has been developed on this topic and sent to you.

These 12 organisations represent services that support New Zealanders healthcare needs from cradle to grave and came together because of the fear that communities are missing out on critical healthcare.

While the group welcomed the historic pay equity settlement for Te Whatu Ora nurses and healthcare workers, it has created a stark pay gap with those working in primary, community and telehealth care, that is now estimated at between 15 and 35 percent.



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The impact that this pay gap has on recruitment, retention, and subsequently the delivery of essential health services, has reached a crisis point and cannot continue to be ignored.

What pay parity means for our communities

When GP services begin to crumble, patients are forced into an already overrun hospital system that is also at its breaking point. This is evidenced by Te Whatu Ora's Clinical Performance Report 1 April - 30 June 2023 which shows preventable hospital admissions are up nationwide. For babies and pre-schoolers, the rate shot up by 35 per cent in the year to June, in Auckland the rate was up by more than 60 per cent.

Most of these children had illnesses such as asthma, pneumonia, respiratory and ear, nose and throat infections, gastroenteritis, dehydration and skin infections. Many, if not most, of these children could have avoided hospital if they had been able to access medical care in the community in a timely fashion.





4. Valuing Fellowship

There are currently close to 1,000 registrars enrolled in the College's General Practice Education Programme (GPEP) all at different stages of their journey to become a specialist general practitioner.

But unlike their hospital-based colleagues, when they receive their College Fellowship, all they have to show for it is a certificate and the letters *FRNZCGP* after their name.

General practice is the **only medical specialty** that does not receive financial recognition in the form of funding for their specialist qualification.

The College believes this is a quick fix that would go a long way towards encouraging more young doctors to choose general practice or rural hospital medicine as their specialty.

The lack of recognition that specialisation in general practice receives is one of the reasons that it is often overlooked by doctors when they are deciding which branch of medicine to work in. This is alongside the lack of exposure to general practice and rural hospital medicine during their five years of medical school and in their PGY1 and 2 placements.



5. Supporting quality training

The College supports more than 1,000 general practices across Aotearoa to provide safe, equitable, and high-quality healthcare for people, mainly through the operation of our Quality Programmes – a two-step programme of quality assurance and quality improvement.

Our team encourages practices to become approved teaching sites so they can help to educate the next generation of specialist GPs.

With the need to attract more medical graduates into general practice it is imperative that we support our teaching practices and aging GP teachers to stay in the workforce longer to pass on their valuable knowledge and experiences to our GP registrars. The capitation funding model that only funds patient consultations, actively disadvantages GPs to consider training the next generation, and this needs to change.

GP teachers and educators need appropriate recognition and support to undertake this essential work to train and educate the next generation of specialist GPs. Registrars gain their training through immersion in general practice under the guidance and support of experienced, dedicated specialist GPs in a quality practice setting.

Completion of the College Foundation Standard is compulsory for general practices receiving capitation funding. Foundation Standard certification provides assurance that the practice has quality control systems and processes in place to ensure patients are receiving healthcare services which meet legislative, regulatory and clinical requirements.

The College's Cornerstone Quality programme enables practices to continue their quality improvement journey by improving equitable health outcomes and supporting patient population needs and is required for practices to be able to host and train GPEP registrars.

Support from the Government for practices wanting to complete and maintain Cornerstone accreditation is essential, especially as general practice lacks funded resources to assist with quality programmes which should be a key concern for decision makers.

Support to incentivise Cornerstone accreditation could include:

- Funding for the College to support teaching practices to achieve this accreditation e.g. build it into the Te Whatu Ora contract for training GPs.
- Funding for teaching practices to create capacity (time and resources) to complete the requirements for accreditation.
- Reimbursing the teaching practice costs of assessment for Cornerstone accreditation.
- Prioritising Cornerstone accredited practices for specific service delivery contracts.



In summary

We look forward to talking with you about how we can implement the College's vision of a sustainable healthy workforce supporting a healthy, thriving population.



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Who we are

The College is governed by a Board, which is supported by subcommittees, representative groups, advisory groups, and the College's management team. These groups include Te Akoranga a Māui, the College's Māori representative group, and the National Advisory Council. Other committees include the GPEP and Division of Rural Hospital Medicine (DRHM) boards of studies, DRHM council, Pasifika and rural chapters and 13 regional faculties.



(L-R) Lynne Hayman, Dr Samantha Murton, Dr Luke Bradford

Dr Samantha Murton, MNZM | President

Dr Samantha (Sam) Murton is a Wellington GP and Senior Lecturer at University of Otago, Wellington. She was the College's first medical director and is a Distinguished Fellow of the College. She is currently Chair of the Council of Medical Colleges and of the General Practice Leaders' Forum (GPLF). Sam is passionate about general practice and advocates for the profession at a national level while maintaining practical experience that keeps her advice relevant and realistic. This combination of governance, leadership, and professional experience equips her to understand the challenges that general practitioners and their patients face, to see the big picture of health care in which primary care plays a vital role.

Lynne Hayman | CEO

Lynne has led the College as CEO since June 2019. She has a Business Degree and is a Chartered Accountant with extensive executive experience, including CEO and 'C' suite roles encompassing a diverse range of industries and sectors spanning over twenty-five years. Lynne is also a chartered Member of the Institute of Directors and has served on a number of governance boards.

Dr Luke Bradford | Medical Director

Dr Luke Bradford is a Tauranga-based GP who trained in the UK. Luke moved to New Zealand in 2008 and initially worked in emergency medicine before moving into general practice and embracing hauora, a Māori philosophy of health. He served as Chair of the Western Bay of Plenty PHO for five years and chaired the Primary Health Alliance. He became one of the Chief Medical Officers at Bay of Plenty DHB in 2021, where his responsibilities included primary care and clinical leadership for COVID-19.



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About The Royal New Zealand College of General Practitioners

We are New Zealand's largest medical college with a membership of more than 5,800. Our members are registrars who are working towards Fellowship or doctors who have achieved Fellowship. As well as training and supporting specialist general practitioners and rural hospital doctors, we advocate for equity, access, and sustainable healthcare. We believe every New Zealander should have timely access to their own GP.

2023 marks 50 years of The Royal New Zealand College of General Practitioners. A lot has changed over the last half a century, but what hasn't changed is the passion and commitment from our members to improve the wellbeing and medical care of their communities.



Registrars
GPS IN TRAINING



Fellows
GPS WHO'VE GRADUATED



Distinguished Fellows
GPS AT THE TOP OF THEIR
FIELD, NOMINATED BY PEERS

The College is the post-graduate training organisation for doctors wanting to specialise in general practice. There are close to 1,000 registrars undertaking the General Practice Education Programme (GPEP), which covers clinical and practical education and takes a minimum of three years.

We are delighted to be inducting a further 239 for the programme starting in February 2024. This is the biggest intake in the history of the programme, but when the research says that we need to be training 300 additional registrars every year just to stand still, it is positive step, but just not enough.

The College has worked incredibly hard to promote general practice as an attractive and rewarding specialty to pursue and hope that this increase is sustained, therein increasing the specialist general practitioner workforce.

Those who complete the programme become Fellows. We support them with the ongoing professional development programme they need to engage with to maintain their practising certificates. We contract Fellows for roles in the development, delivery, examination, and assessment of GPEP.



In addition, the College runs the post-graduate Rural Hospital Medicine vocational training programme, which currently has 105 registrars in the four-year training programme, with 14 due to start in February 2024.

Once they graduate, they'll join 166 Fellows who are Rural Hospital Medicine specialists (89 are purely Rural Hospital Medicine doctors and 77 are Dual Fellows of the Division of Rural Hospital Medicine (DRHM) and the College).

We also set and assess quality standards for general practices, both at the foundation level required to access capitation funding and with advanced modules that address equity and continuous quality improvement.

Other College functions include research, assessment, communication, representation, and advocacy. College Fellows also provide advice and expertise to government and the wider health sector.