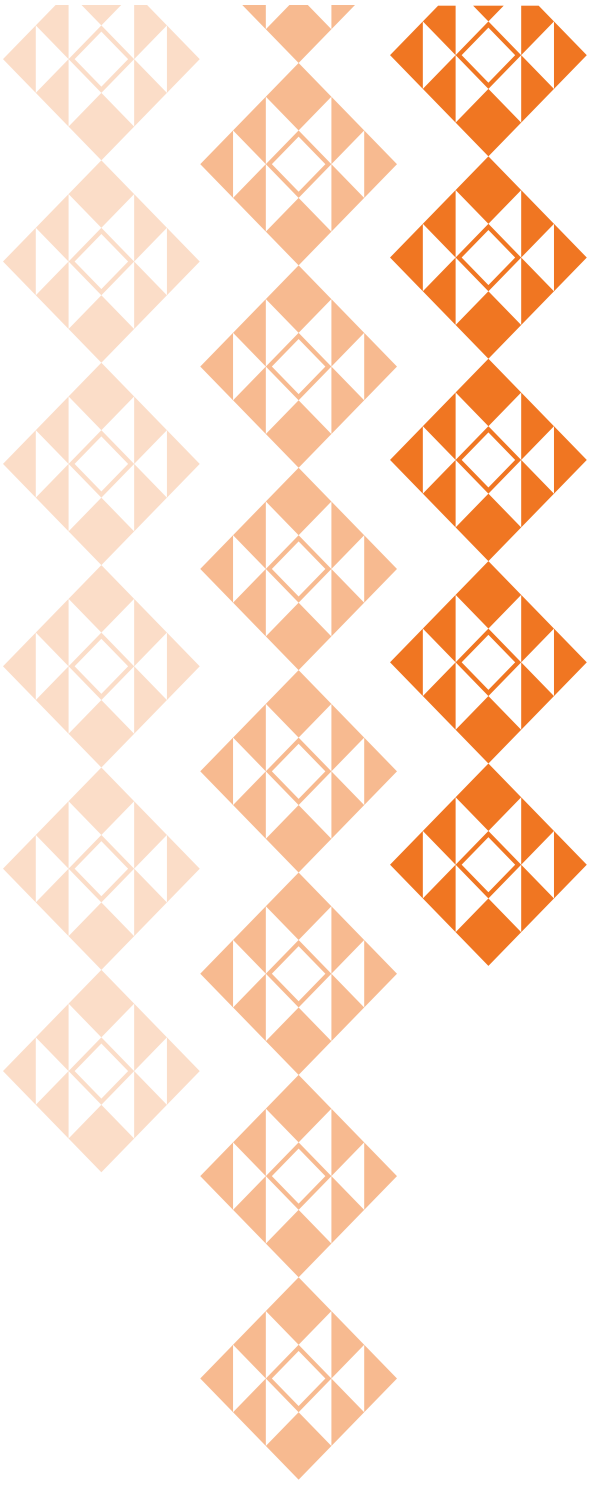


The Royal New Zealand
College of General Practitioners
Te Whare Tohu Rata o Aotearoa

Briefing to the Minister of Health

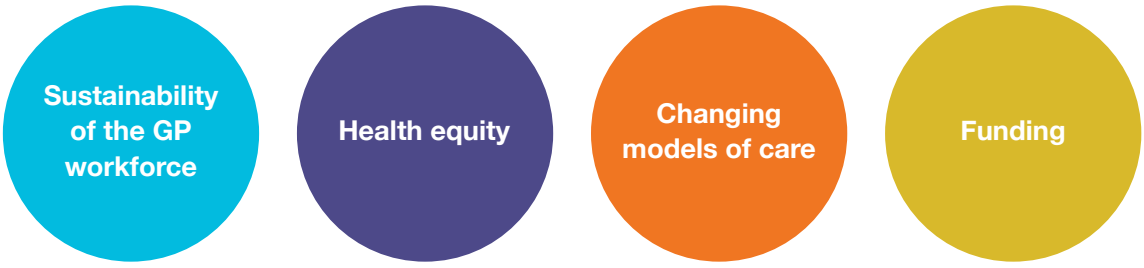
2021

Congratulations on your appointment as Minister of Health.

The Royal New Zealand College of General Practitioners (the College) looks forward to working with you. The purpose of this paper is to brief you on the role of the College and the current issues facing general practice and primary care (sometimes referred to as community-based medicine) in New Zealand.

Executive Summary

The four most important issues we can keep you informed on in relation to general practice and general practitioners (GPs) are:



Underpinning everything we do now is our need to be involved in determining the detail of the Health and Disability System Review, and how that will work best for general practice.

General practice showed itself during 2020's COVID-19 response to be a nimble, responsive workforce actively working for the betterment of the New Zealand healthcare system. We repeatedly adapted to the changing environment, were proactive in moving to remote consultations (ahead of lockdown), advocated for the sector in the media, and tested, tested, tested.

About The Royal New Zealand College of General Practitioners

We are New Zealand's largest medical college with a membership of more than 5,500 GPs. We advocate for equity, access, and sustainable healthcare and believe fundamentally that regardless of who or where they are, every New Zealander should have access to their own GP.

The College is the post-graduate training organisation for doctors wanting to specialise in general practice. Right now, more than 850 doctors are training to be GPs in our General Practice Education Programme (GPEP), which covers clinical and practical education and takes around three years.

We also set and assess quality standards for general practices, and administer the ongoing professional development programme our members need to complete every year to maintain their practising certificates.

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

In addition, the College runs the post-graduate Rural Hospital Medicine vocational training programme, which has 87 registrars starting their four-year training in February 2021. Once they graduate, they'll join 131 Fellows who are Rural Hospital Medicine specialists (67 are purely Rural Hospital Medicine doctors and 64 are Dual Fellows of the Division of Rural Hospital Medicine (DRHM) and the College).

Registrars

GPS IN TRAINING

Fellows

GPS WHO'VE GRADUATED

Distinguished Fellows

GPS AT THE TOP OF THEIR FIELD, NOMINATED BY PEERS

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 and the National Advisory Council. Other committees include education advisory/Division of Rural Hospital Medicine (DHRM) board of studies, DRHM council, Pacific and rural chapters, and regional faculties.

Dr Samantha Murton | President

Dr Samantha (Sam) Murton is a working Wellington GP and Senior Lecturer and Trainee Intern Convenor at University of Otago, Wellington. She was the College's first medical director and is passionate about supporting general practice. Sam advocates for the profession at a national level, and she does this while maintaining practical experience that keeps her advice relevant and realistic.

In all Sam's roles she champions collaboration and transparency. She is willing and equipped to represent the challenges that face general practitioners and their patients, bring GPs together nationally, and champion the role of the expert general practitioner who works in the broader primary care team. Her vision for general practice is best reflected in her 2020 work (with collaborators) *A manifesto for general practice: an equitable, accessible health-positive model*. **Read a copy of the College's manifesto**.

Lynne Hayman | CEO

Lynne has led the College as CEO since June 2019. She is a Chartered Accountant with extensive executive and governance experience, including CEO roles for Horticulture NZ and Wellington Combined Taxis.

Education excellence and supporting our members are priorities for Lynne in her College role as she leads the College through substantial change and continuous improvement initiatives.

Dr Bryan Betty | Medical Director

Dr Bryan Betty is a working GP based in Cannons Creek, East Porirua, a suburb known for its high needs and social deprivation. Equity, and issues such as access to quality healthcare for all people, have been big motivators throughout Bryan's career. He often represents clinical interests for the College, speaking regularly to media and writing opinion pieces on topical medical issues.

He is a strong advocate for general practice and the role of general practitioners within the primary health care system. He was also the chairperson of the Primary Care Sub-Group of TAG (Technical Advice Group) for COVID-19.

Value of the GP Workforce

GPs play a vital role within the New Zealand community and are highly valued. Patients report a high level of satisfaction and trust with their GP.[1] The first-contact care GPs provide means 90 percent of patients' health problems are dealt with in a primary care setting.[2] Research has found that the higher the ratio of primary care physicians to population, the better the health outcomes for patients. In contrast, an increased supply of secondary care specialists is associated with more spending and poorer care.[3] Evidence also demonstrates that it is more cost effective for GPs to provide care for common illnesses than other specialists.[4]

[1] *Ministry of Health. Annual update of key results 2018/19 New Zealand Health Survey. Wellington: Ministry of Health website.*

[2] *Britt H, Miller GC, Charles J, Henderson J, Bayram C, Harrison C, Valenti L, Fahridin S, Pan Y, O'Halloran J. General practice activity in Australia 2007-08. Cat. no. GEP 22. General practice series no. 2008;22.*

[3] *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.*

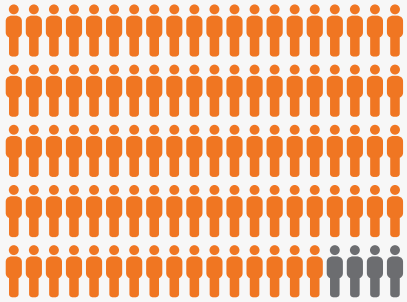
[4] *Starfield . The Primary Solution. Boston Review. 1 November 2005. Available from http://www.bostonreview.net/barbara-starfield-the-primary-solution-doctors.*

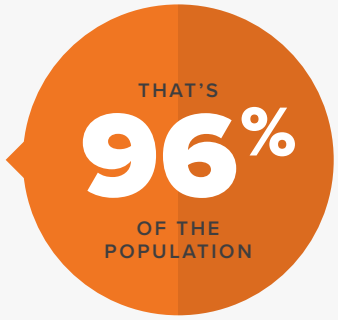
AS OF APRIL 2020,

4,745,431

people were enrolled with a PHO.

(Ministry of Health website, 2020)



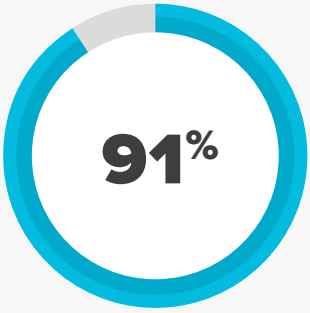


GPS PROVIDE AROUND

13,840,796

patient consultations per year.

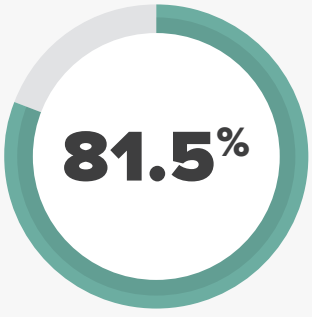
(Ministry of Health website, 2020)



OF PATIENTS AGREED THAT THEIR GP WAS GOOD OR VERY GOOD AT

explaining health conditions and treatments.

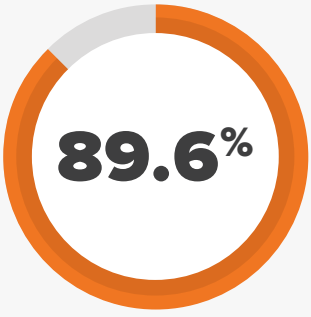
(Annual Update of Key Results 2018/19 New Zealand Health Survey)



OF PATIENTS REPORT THAT THEY

definitely had confidence in their GP.

(Annual Update of Key Results 2018/19 New Zealand Health Survey)



OF PATIENTS REPORTED THAT THEIR GP WAS GOOD AT

involving them in decision-making.

(Annual Update of Key Results 2018/19 New Zealand Health Survey)

Key Priorities

The College has identified the sustainability of the GP workforce; health equity; changing models of care; and funding as the main priorities facing the primary care sector.

Sustainability of the GP workforce

New Zealand has a GP shortage, with the number of full-time equivalent GPs per 100,000 dropping, retirement intentions increasing as the workforce gets older, and burn-out becoming a significant issue.

The current GP workforce is dominated by the large numbers of medical graduates from the late 1970s to mid-1980s, who are now in their late 50s or 60s and are moving toward retirement. In the College's 2020 Workforce Survey 27 percent of respondents stated they intend to retire within the next five years and 49 percent within the next 10 years.[5]

Burnout is a significant and increasing concern and another reason GPs are leaving the workforce. In a 2020 series of burnout case studies conducted by the College, GPs made comments like, *"Every GP I know is busting a gut to do the best they can, and wants to be efficient and effective, wants to deliver the high quality of care that's expected; but those expectations are immense, and we can't always deliver what's needed because we're working in a broken system."*

"You can't just turn the health tap off – there's always people needing me or just one more patient to be 'this one exception.' It is relentless. In a small-town GPs are heavily invested in our communities because our communities are our families; we're generations deep here."

The structure of the health system, a reliance on the 15-minute appointment time when patient needs are increasingly complex, the overwhelming burden of paperwork, and dysfunctional or failing relationships with District Health Boards (DHBs) have all been cited by GPs recently as reasons for burnout.

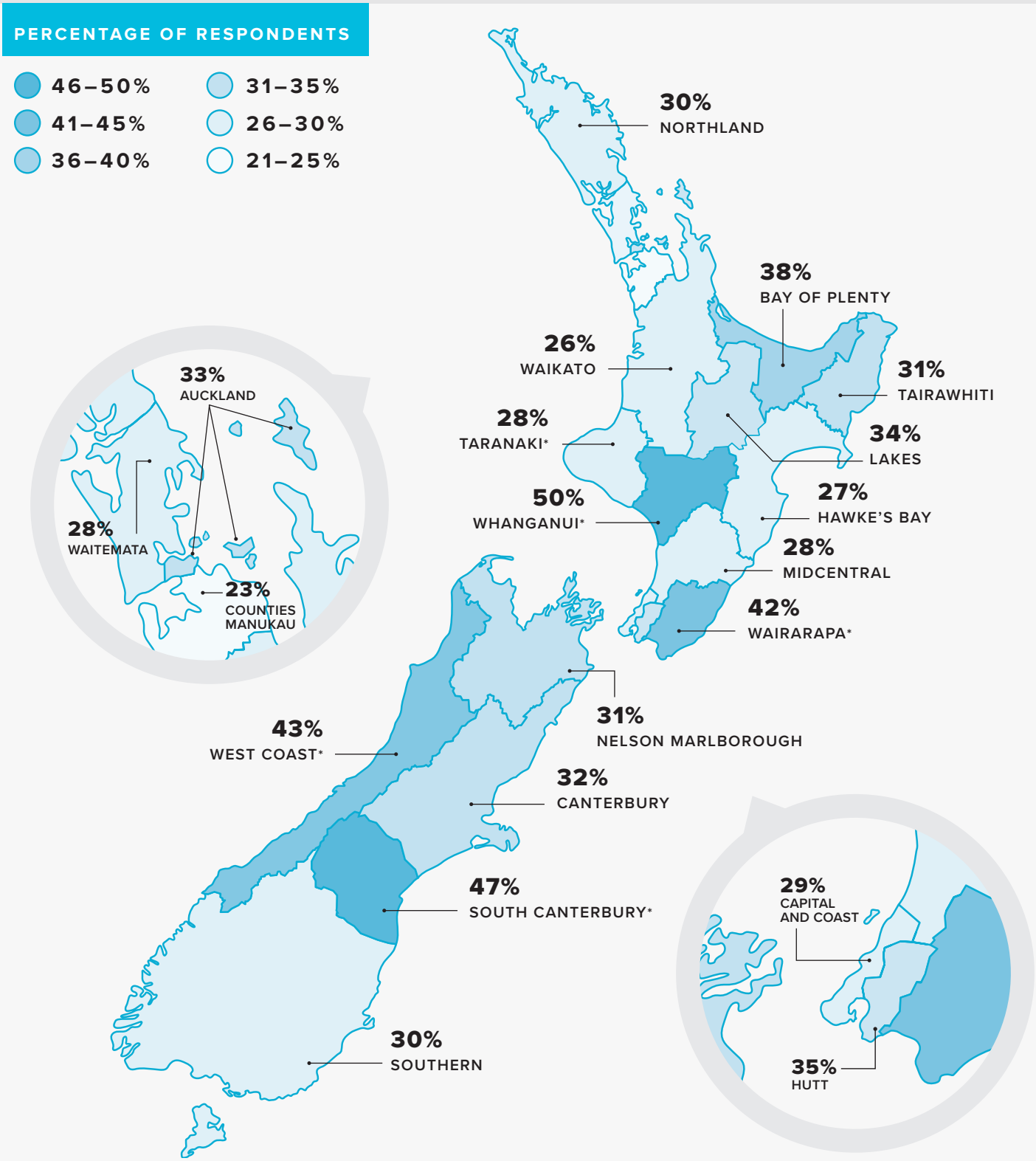
In good news, with government support, the number of GP trainees has increased during recent years. 214 registrars entered the College's specialist General Practice Education Programme in 2021, up from 194 in 2017 and 69 in 2007.

This increase is very welcome but is nowhere near enough to sustain the retirement intentions of the profession, so further increases are necessary if we are to meet future demand for GP services.

[5] *Royal New Zealand College of General Practitioners Health Workforce Survey 2020.*

Percentage of GPs **intending to retire within 5 years**

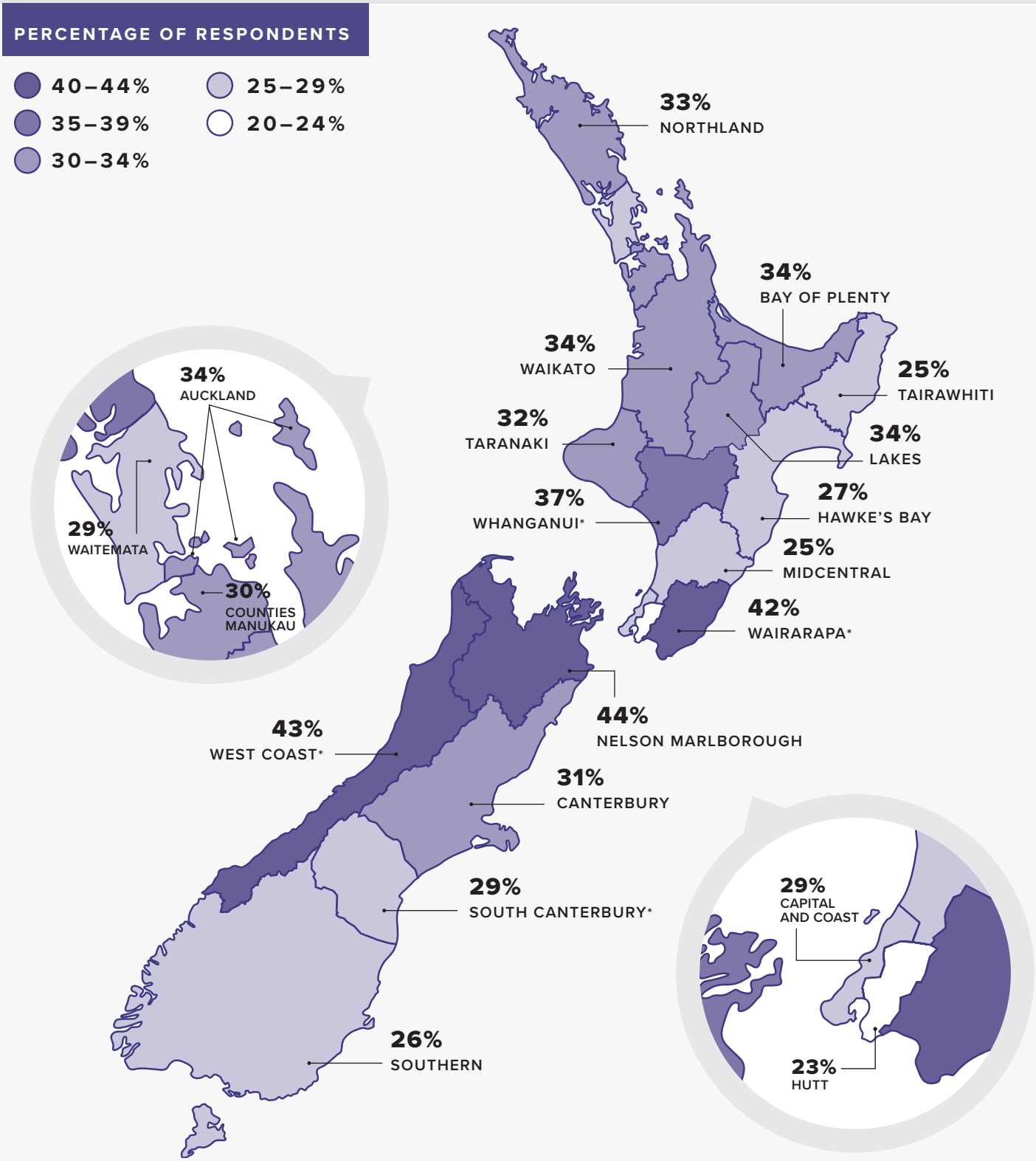
In August 2020 we asked nearly 5,500 College members to take part in our workforce survey. The overall response rate was 60.4%. The workforce survey will be run again in 2022.



** Results will be less robust from DHBs where fewer than 30 people responded. These are Wairarapa, West Coast, South Canterbury and Whanganui.*

Percentage of GPs
in each District Health Board (DHB) that scored themselves 7–10 on the burnout scale

In August 2020 we asked nearly 5,500 College members to take part in our workforce survey. The overall response rate was 60.4%. The workforce survey will be run again in 2022.



** Results will be less robust from DHBs where fewer than 30 people responded. These are Wairarapa, West Coast, South Canterbury and Whanganui.*

Key Priorities

We need more Māori and Pasifika GPs

New Zealand does not currently have enough Māori and Pasifika GPs to match the young and growing Māori and Pasifika population. Growth in numbers of Māori and Pasifika GPs is slowly changing, with increased numbers of Māori and Pasifika medical graduates in the medical workforce pipeline. In 2021, 31 of the doctors entering the College's General Practice Education Programme identify as Māori or Pasifika.

The role of the College

- *Collect, analyse, and distribute information on the GP workforce via our two-yearly workforce survey.*
- *Identify workforce shortages and pressure points.*
- *Increase the number of Māori, Pasifika, and rural GPs.*
- *Encourage recruitment into general practice.*
- *Support new strategies that will provide greater undergraduate exposure to rural general practice.*

Key Priorities

Health Equity

The standard of health of the most privileged or advantaged 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.

In the 2018/19 year 30.4 percent of New Zealand adults and 19.9 percent of children reported one or more instances of unmet need in primary health care.[6] This was largely due to patients not being able to access their normal GP within 24 hours due to cost barriers. Māori and Pasifika were more likely to have unmet needs than the rest of the population.

How the College can help:

- *Determine and enable a culturally and clinically competent GP workforce by continuing to implement our Māori Strategy.*
- *Provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori, Pasifika and rural communities.*
- *Work in partnerships across the government, non-government, health and social sectors on health equity initiatives.*
- *Advocate for equity issues like better medication for Type 2 diabetics and improvements to housing to reduce rheumatic fever statistics.*

[6] *Ministry of Health. Annual update of key results 2018/19 New Zealand Health Survey. Wellington: Ministry of Health website.*

Key Priorities

Changing models of care

Primary care is changing rapidly. COVID-19 has been an extraordinary event for general practice in New Zealand – one that highlighted inequity and showcased the role of technology in medicine like never before.

On 21 March 2020, with just over 48 hours' notice, the College asked our 5,500 GPs across New Zealand to immediately begin remote consultations – seeing patients by phone and video – with a target of 70 percent of consultations happening this way. We made the decision having taken advice from overseas that showed sick patients sitting in waiting rooms had fuelled the rampant spread of COVID-19.

Community-based health services consistently deal with 90 percent of New Zealand's health needs, COVID-19 or no-COVID-19.

The change, although dramatic, demonstrated the nimbleness and flexibility within community medicine, but it also highlighted that the 'system' is simply not equipped to support such a change.

How the College can help:

- *Provide expert advice from the frontline of medicine in New Zealand through our network of 5,500 working GPs.*
- *Provide general practice expertise during the implementation of the Health and Disability System Review's recommendations.*
- *Engage with the Ministry around capitation models and funding, and outline how and why those needs have changed.*
- *Lead a workforce of 5,500 GPs across New Zealand through any changes in the health system.*

Funding

GPs are currently working to a model of 15-minute appointments that was developed 30 years ago. People are now living longer, their medical needs are more complex, GPs are seeing issues that a hospital would have traditionally dealt with; not to mention the significant mental health load. The 15-minute appointment and tagging funding to it is not fit for purpose. The funding needs to follow the patient and allow for complexities.

Our sector has long known, and been vocal about, the capitation model being 'one size fits all' and that it needs to be reworked to cater to the increasingly complex demands of our patients.

We're struggling with a model that was developed years ago and the patients we're seeing now just don't have the same issues as those in the data model for capitation. It's an outdated model that badly needs a significant upgrade. We all agree, as the Health and Disability Review states, that funding needs to be reviewed to:

- account for the higher needs of people aged over 75
- ensure equitable funding for Māori and Pacific peoples
- account for the concentration of complexity in certain areas.

Any funding review needs GPs at its heart, guiding and advising based on our frontline practical experiences of what this country's population health needs are.

How the College can help:

» *The College is well positioned to engage with Government and the Ministry of Health around capitation models and funding and outline how and why those needs have changed.*

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.

We also recommend the paper *Realising the Potential of Primary Health Care.*