

Who are the GPs of New Zealand?

Ms Melissa Wilkinson BA, M Env St was a Research Officer at the RNZCGP and Dr Karen M Flegg MB BS (Hons), FRNZCGP, Dip Clin Epi is a former CEO of the RNZCGP

ABSTRACT

The purpose of this research is to profile the demographic characteristics of the RNZCGP membership. It analyses data recorded on the College membership database.

On the College database, 2 940 active members are recorded. Nearly two-thirds of the membership are males. Comparisons with Kljakovic (1996)¹ suggest the College has an ageing membership. Eighty-five per cent of College members practise in urban areas. Over 60% of the College membership are Fellows.

Nearly two-thirds of the College membership graduated in New Zealand with 70% of those from Otago University. The proportion of males graduating has steadily declined over time. The greatest number of College members graduated between 1980 and 1989.

This report adds to the debate on workforce planning. It is likely that the gap between the number of male and female GPs will continue to close as fewer males graduate. The College has an ageing membership which would indicate that not only may College membership decrease in future, but that numbers of GPs in New Zealand may also decrease.

Keywords

GP demographics, NZ general practitioners, GP workforce

(*NZFP 2001; 28:260–263*)

Introduction

This report profiles the demographic characteristics of RNZCGP members. The research was initiated because of

a lack of information on the demographics of the RNZCGP membership and the desire to extract as much information as possible from the existing College database. The report adds to the debate about workforce planning and provides a comparison with research undertaken by Kljakovic (1996)¹ and (1998)².

In 1999 the Medical Council of New Zealand (MCNZ) recorded a total of 3 191 general practitioners working in New Zealand. This is slightly higher than the 3 007 recorded for 1998 and the 2 966 recorded for 1997.^{3,4,5} The RNZCGP has 2 940 active general practitioners recorded on its database. This is 92% of the Medical Council figure for 1999.

It is likely that the Medical Council figures are subject to over-inflation rather than under-inflation. Some general practitioners may not be in active practice, yet they inform the Medical Council that they are active as they may be intending to practise in the upcoming year. All practising GPs are required to be registered with the MCNZ. Some special interest group doctors may be listed by the MCNZ as GPs due to the lack of other categories. It is therefore possible that greater than 92% of the total general practitioner workforce makes up the RNZCGP membership. This still allows for some conclusions to be drawn about the demography of New Zealand general practitioners.

Methodology

Initial research involved manual searching for and reading previous reports which profiled New Zealand

General Practice. The New Zealand Health Information Service was contacted for comparative data. Comparisons have been made against demographics of Australian and British GPs. A literature search on Medline and on the Internet did not prove useful. The search included various combinations of the words 'demographic characteristics of GPs'.

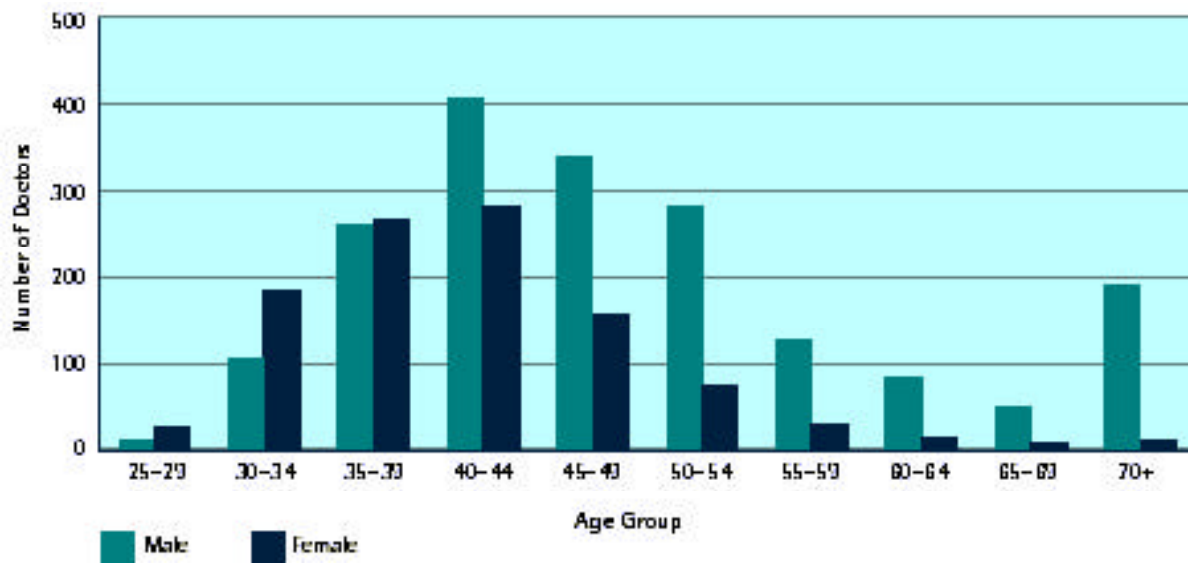
An attempt was made to find all active doctors recorded on the College database. This involved culling those members that were retired, deceased or lapsed for example. Life members have been included in the analysis although the majority would be retired from General Practice. There is no way of separating life members who are retired from those still practising. The analysis is therefore based on a total of 2 940 doctors.

Data was collated and means, standard deviations, medians and percentages were generated in MS-Excel.

It must be noted that the results presented are limited by the accuracy and completeness of the data recorded on the College database, which is dependent on the information provided by members in the first instance and on the accuracy of data entry. However, although some individual data may be inaccurate, because of the large number of records on the College database, general trends and conclusions can be drawn.

Data is compared with research undertaken by Kljakovic (1996)¹ and (1998)². Kljakovic's research was based on the results of a questionnaire. The results published in 1996¹ are based

Figure 1. Number of male and female doctors by age group



on a 40% response rate and those published in 1998² are based on an 82% response rate. Although there are limitations in comparing non-exact data, the lack of any other comparative published data make these the only comparisons possible. These comparisons provide a starting point from which to frequently publish information on College membership.

Results

The 2 940 identified active members recorded on the College database include all Fellows, Members and Associates whose subscription class stated full-time, part-time or life member.

College Fellows are GPs holding the College Fellowship (FRNZCGP) and they are therefore eligible to be vocationally registered. Of the membership, 60.5% (1 782) are Fellows. GPs who have completed an approved Stage 1 training programme and passed Primex are granted College Membership (MRNZCGP) and have not yet completed requirements for Fellowship. There are 414 (14.1%) Members in the membership. The College also has 744 (25%) Associate members, who are doctors that have not yet completed College approved vocational training. Some of these doctors may be vocationally registered. However the

majority will be current candidates in Advanced Vocational Education (AVE).

Gender and age

Of the active College members, 64% (1 874) are male and 36% (1 066) are female. The mean age (SD) of all doctors is 46 (11.6) years. The mean age (SD) of female doctors is 41 (8.2) and of male doctors is 49 (12.3). Figure 1 shows the number of males and females by age group.

The youngest male and female doctors are 27 years old while the oldest male is 92 and the oldest female is 90. Comparing these figures with 1996 figures¹ suggests that the

Table 1. Percentage of College membership by age group for 1996 and 2000

Age Group	Male %		Female %		Total %	
	1996*	2000	1996*	2000	1996	2000†
20-29	0.8	0.4	1.4	1.0	2.2	1.4
30-39	24.2	12.6	18.6	15.3	42.8	27.9
40-49	25.2	25.5	9.4	15.1	34.6	40.6
50-59	10.7	14.2	2.5	3.8	13.2	18.0
60-69	6.6	4.6	0.5	0.4	7.1	5.0
70+	0.1	6.2	0	0.5	0.1	6.6

* 1996 figures are taken from Kljakovic¹ where N (total number) = 2 104

† N (total number) = 2 940. Age group data was unavailable for 15 people in 2000 and are not included in the table so this column does not add to 100%.

College has an ageing membership. Table 1 compares the 1996 figures with those for 2000.

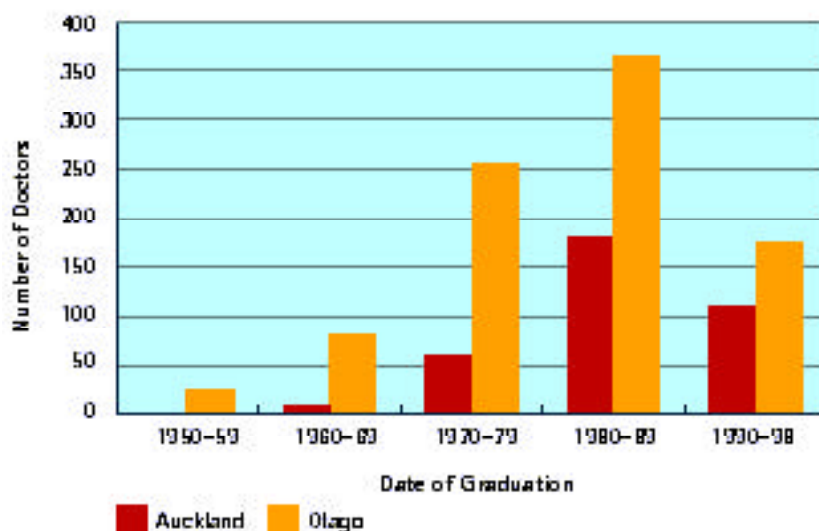
Within the membership categories, a greater proportion of males make up the Associate (56%) and Fellow (72%) categories whereas a greater proportion of females make up the Member (57%) category.

Graduation and training

Table 2 shows the percentage of doctors by place of graduation. Of the 1 436 (49%) College members known to have graduated from New Zealand universities, 30% graduated from Auckland University and 70% from Otago University. Figure 2 shows the number of doctors graduating from New Zealand universities by date of graduation.

Forty-eight per cent of all GPs have completed a GP training programme. Analysis of the data shows that New Zealand graduates are more likely to have completed a GP training programme than those who graduated overseas. Sixty-one per cent of New Zealand graduates have completed a GP training programme whereas 37% of overseas graduates completed a training programme. Fourteen per cent of those who completed a GP training

Figure 2. Number of doctors graduating from Auckland and Otago, by date of graduation*



* Note that figures were unavailable for 109 Otago graduates and 73 Auckland graduates.

programme are now working in rural areas. One-third of those who have completed a programme are female.

Location

The majority (85%) of College members practice in urban areas. The gender balance is similar in both rural and urban areas with 63% male and 37% female in urban areas, and 68% male and 32% female in rural areas. Those

in rural areas are likely to be younger than their urban colleagues. The average age (SD) of a doctor working in an urban area is 47 (12) years. The average age (SD) of a doctor working in a rural area is 44 (8) years.

There is no significant difference in the proportion of doctors practising in urban and rural areas who hold College Fellowships. Of urban GPs, 61% hold Fellowships and in rural areas 57% hold Fellowships. Thirteen per cent of New Zealand and Australian graduates now practise in New Zealand rural areas. Between 20% and 30% of those graduating from the UK and Ireland, South Africa and 'other' countries now practise in rural areas. Fifteen per cent of those who graduated in Sri Lanka now work in rural areas. Only 5% of those who graduated in India now work in rural areas.

Discussion

Despite the limitations of the data available and the limitations of comparing non-exact data, the analysis gives an indication of the demographics of the College membership and an insight into the general practitioner population of New Zealand. It provides a baseline on which to start the frequent publication of information on RNZCGP membership.

Table 2. Number and percentage of doctors by place of graduation

Place of Graduation	Number	Percentage %
Otago, NZ	1006	34
Auckland, NZ	430	15
UK and Ireland	361	12
South Africa	151	5
Indian subcontinent	110	4
Australia	60	2
Asia	29	1
North America	25	1
Other*	49	2
Not stated	719	24
GRAND TOTAL	2940	100

* note that the 'other' category is made up of those graduating from Denmark (2), Fiji (5), Germany (7), Iraq (3), Norway (4), Papua New Guinea (2), Romania (2) and one each from Albania, Brazil, Ghana, Hungary, Poland, Spain, Yugoslavia and Zimbabwe.

Almost two-thirds of active members are male. This is a slightly smaller proportion of males to females than that found by the Medical Council of New Zealand for all doctors.⁵ The data shows a similar picture to that in Australia, where just over two-thirds of GPs are male.⁶ This is also the same as the gender balance of The Royal College of General Practitioners (RCGP) in the United Kingdom.⁷

Analysis showed that females were more likely to dominate the younger age groups. Once again this is also a characteristic of the RCGP demography.⁷ In a study by Kijakovic² of the RNZCGP membership it was also noted that females were significantly younger than their male colleagues. This has also been noted as a characteristic of the whole medical workforce by the Medical Council of New Zealand. The trend towards 'feminisation' of the General Practice workforce has also been noted in Australia.⁶

The Medical Council of New Zealand states that the higher proportion of females in the younger age groups should ultimately reduce the gap in the proportion of males to females.⁴ This is also true for the gender balance of the College membership. Feminisation of the medical workforce brings with it other issues relating to the medical workforce. It would seem that more women GPs have prolonged periods of absence from practice and more of them work part-time, thus reducing the total number of full-time equivalent practitioners servicing the population. Therefore the increase in women GPs over time may well be accompanied by a decrease in the full-time equivalent general practi-

tioner workforce. This possibility needs further investigation.

The comparison of figures from Kijakovic¹ with figures from this research suggested the College has an ageing membership. This would indicate that not only may College membership decrease in the future, but that numbers of GPs in New Zealand may also decrease. This could further add to the stresses of the 'feminisation' of the workforce and result in a shortage of GPs in the future. This also needs further investigation.

The majority of the College membership (85%) practise in urban areas. This is similar to the proportion found by Kijakovic.² This comparison can only be considered as indicative, as different classifications of location were used by Kijakovic. This research found that the gender balance working in urban and in rural areas is similar to that of the overall gender balance of College membership, two-thirds male to one-third female.

Associates and Members are slightly younger than Fellows. This is to be expected as it takes longer to gain Fellowship than it does to become an Associate or Member of the College. This research showed that the majority of the 25–34 year olds are Associates. Most of the 35–39 year olds are Members and in each of the age groups of 40 and over, over 60% are Fellows.

Nearly two-thirds of the College membership is made up of New Zealand graduates. This is similar to the medical workforce as a whole. The remaining third of College membership is mostly made up of those graduating from England and from South Africa. New Zealand graduates are more likely to have completed a

GP training programme than those who graduated overseas.

There has always been a greater number of people graduating from Otago than from Auckland. However, College database figures show a recent drop in absolute numbers of people graduating from both universities. This needs further investigation. It is possible that universities have reduced their intake or that alternatively there may have been a reduction in the number of graduates entering General Practice in New Zealand.

If it is the latter, perhaps these doctors are graduating from New Zealand and then leaving to work overseas. Australian figures show that there were 936 New Zealand doctors working in Australia in 1998, 246 of these were working as GPs.⁶

The proportion of those who graduated overseas and are now working in rural areas is greater than the proportion of New Zealand graduates working in rural areas. The exceptions are Australian graduates whose patterns are similar to New Zealand graduates and more particularly for those who graduated in India, who work predominantly in urban areas.

In order to gather a more accurate description of the demographics of the College, and hence the GPs of New Zealand, further surveys need to be conducted involving the College membership on a regular basis. It would be interesting to include information on ethnicity in future. Such a survey should be conducted every 2–5 years in order to build a picture of how the demographics of the College are changing over time. This will provide extremely useful information relating to the general practitioner workforce and future projections regarding this.

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