

Examining the general practice workforce of rural Northland

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Introduction

While undertaking a Thomas J Watson research fellowship on the economics of rural health care in five nations on three continents, the author completed an independently-funded workforce development study in November 2002 on behalf of the New Zealand Northern Rural General Practice Consortium.

The purpose of the study was to identify the past characteristics, present opinions, and future plans of the general practitioners and practice nurses of the rural Northland workforce. This study provides an objective factual foundation from which effective policy can be created for general practice within the region. The study was conducted in the form of a 10 to 15 minute face-to-face confidential survey that consisted of twenty-four questions. Seventy-five per cent of the general practice clinical workforce was surveyed, 52 general practitioners and 43 nurses, in practices stretching 245 kilometres north from Wellsford to Kaitiaki and from coast to coast. The results are displayed in a series of graphs and the conclusions of this study are detailed overleaf.

Demographic information of rural general practice

Seventy-seven per cent of the general practitioners are male (Figure 1) and 56% are over the age of 45.

Fifty-eight per cent of female general practitioners work only part-time

compared with just 10% of males. Ninety-eight per cent of practice nurses are female and 54% of practice nurses are over the age of 45. Sixty per cent of practice nurses work part-time.

Only 36% of the general practitioners surveyed were trained in New Zealand. Thirty-five per cent of the

GPs were trained in the United Kingdom followed by 19% schooled in South Africa (Figure 2). Alternatively, 81% of practice nurses were trained in New Zealand.

Rural origins

Childhood environment has had an impact on the Northland rural

Figure 1. Male to female GP ratio

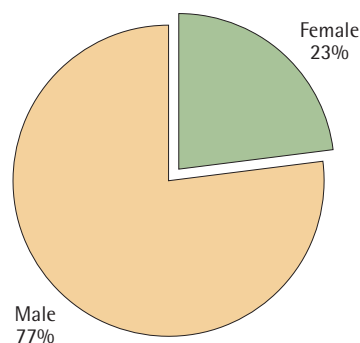


Figure 2. Qualification origin of general practitioners

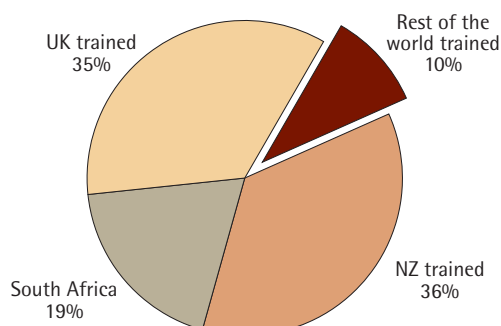


Figure 3. Years worked at present practice by **general practitioners**

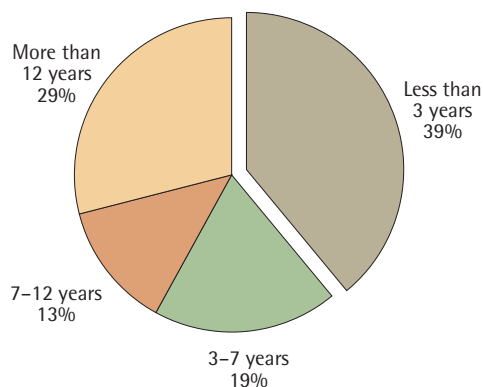
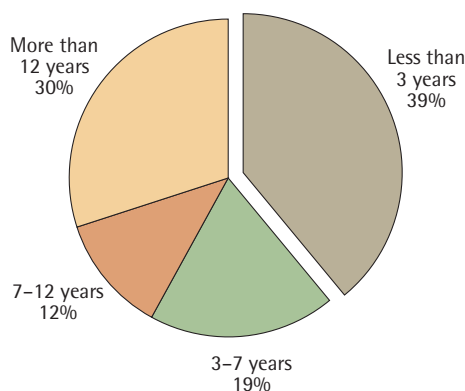


Figure 4. Years worked at present practice by **practice nurses**



Key Points

- 77% of the general practitioners are male and 56% are over the age of 45.
- Only 36% of the general practitioners surveyed were trained in New Zealand.
- 38% of general practitioners and 65% of practice nurses were born and raised in a rural area.
- Within five years, 40% of full time doctors and 26% of all nurses intend to have left Northland.
- If hours increase, patient levels increase, or pay does not increase, 80% of full time GPs who are currently planning on remaining say they will depart the region.
- Of those GPs and practice nurses who have left rural Northland in the last three years 58% are no longer in general practice in New Zealand.

workforce. Thirty-eight per cent of general practitioners and 65% of practice nurses were born and raised in a rural area.

Work force 'on the move'

General practitioners surveyed can largely be placed into two groups

relative to their length of time spent at their present practice. Thirty-nine per cent of GPs have stayed less than three years at their current practice, representing the increasing ease of relocating to better career or lifestyle options, and 29% have worked at their practice for more than twelve

years. Overall 42% have greater than seven years in their present practice (Figure 3). This latter group demonstrates an investment to their practice and their community, having remained for the long term.

This mobility is not necessarily characteristic of a younger workforce

Figure 5a. In five years, will you still be working as a **practice nurse** in rural Northland?

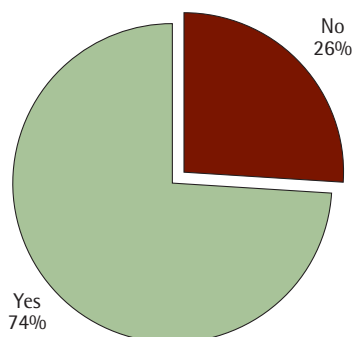
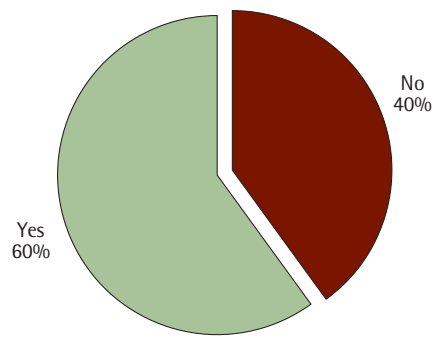


Figure 5b. In five years, will you still be working as a **general practitioner** in rural Northland?



as 55% of the doctors having worked less than three years at their practice are over the age of 40.

Remarkably, practice nurses exhibit the same patterns as general practitioners, especially as to their investment in their community (Figure 4).

Representative contentment

The satisfaction level felt by general practitioners and practice nurses can be gauged by a number of the questions asked in the survey. One question is simply whether they intend to remain in the region.

Current conditions

Notably, within five years, 40% of full-time doctors and 26% of all nurses intend to have left Northland (Figures 5a and 5b).

If conditions worsen

If hours increase, patient levels increase, or pay does not increase, 80% of full-time GPs who are currently planning on remaining say they will depart the region (Figure 6).

Stem the flow

Full-time New Zealand trained general practitioners are expressing no overwhelming plans for remaining as 44% plan to have departed Northland in five years time. This indicates that both foreign and domestically trained general practitioners are growing increasingly dissatisfied by the conditions they face.

Since 58% of rural Northland's practices consider themselves currently understaffed, this represents a potentially critical situation (Figure 7).

Zero per cent!

The medical profession has long been a family profession and whether that continues among the clinical personnel in rural Northland can speak volumes as to satisfaction within the profession. To that end, 0% of general practitioners' children and only 2.3% of nurses' children have followed their parents into any role in general practice, urban or rural.

Figure 6. General practitioners that will leave if conditions worsen

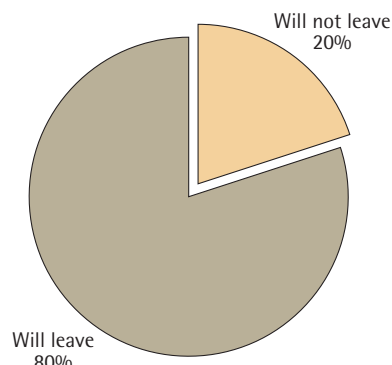


Figure 7. Is your practice appropriately staffed?

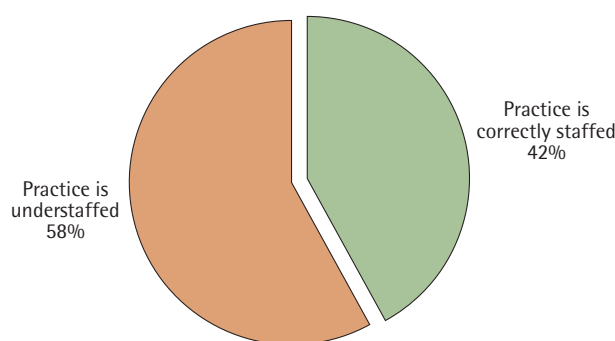
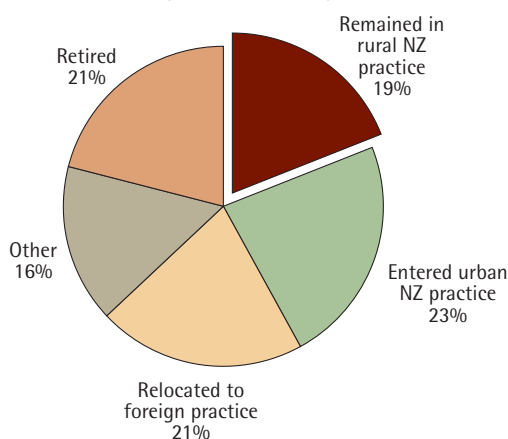


Figure 8. The relocation of clinical personnel in the past three years



Satisfaction level can also be expressed by where general practitioners and practice nurses have gone once they have left their practices. Figure 8 clearly shows that of those GPs and practice nurses that have left rural Northland in the last three

years, 58% are no longer in general practice in New Zealand.

Only 19% have continued in New Zealand rural practice. Twenty-three per cent have entered NZ urban practice and over 20% have left to practice medicine in other countries.

Major occupational issues

This survey gave the opportunity for the clinical personnel of rural Northland to voice their opinions in an open-ended question of what they felt were the major occupational issues they faced and what was needed to retain personnel longer. General practitioners and practice nurses understandably differed in what they considered were the key issues affecting their delivery of health care.

GP issues

Many GPs commented on the high after hours demand (50% indicated this was a major issue) and the inadequate remuneration (34%); there were several more issues frequently repeated by the general practitioners. Some of these were an overwhelming patient load (30%), unrealistic community and patient expectations (28%), work-induced stress (24%), availability of urgent and short-term locums (22%) and professional isolation (22%).

The issues faced by rural practitioners in places such as Australia, such as lack of spousal opportunities (6%) and children's education (2%) were infrequently mentioned. Eighteen per cent of respondents felt that government strategies and legal issues made their practice of medicine less effective and very costly. Interestingly, the major issues cited by female general practitioners were identical to their male counterparts (Figure 9).

Practice nurse issues

Practice nurses were understandably concerned with a different set of issues. The high level of professional isolation they face was their most important concern (38%). Second, they feel there are too few practitioners (33%) and there are too many patients to allow effective delivery of health care (30%). They feel stress is a major issue in their working life (20%) and finding time and funds to attend Continuing Medical Education

Figure 9. Major issues faced by GPs

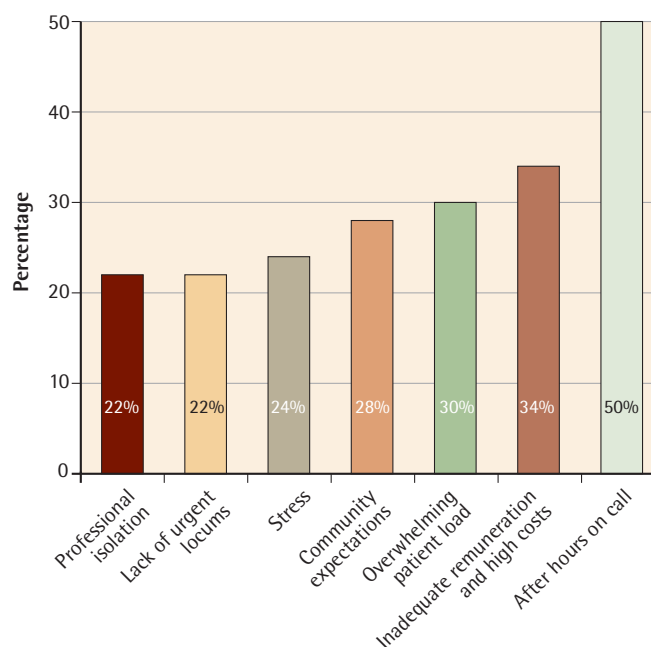
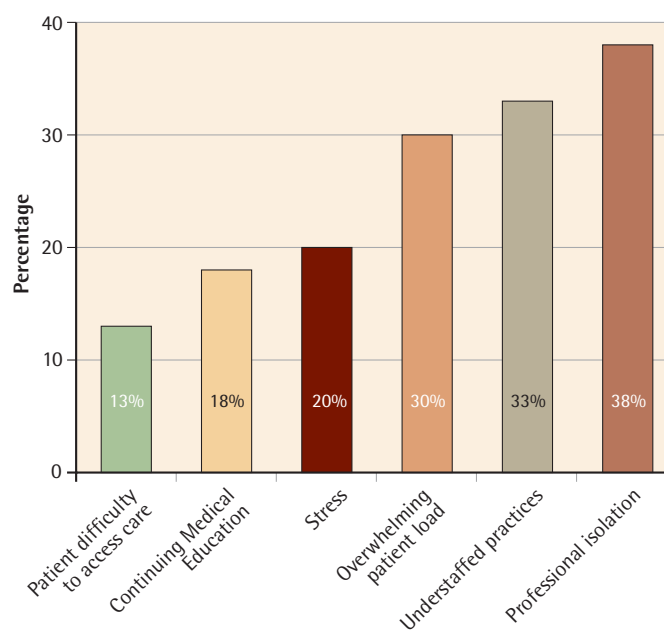


Figure 10. Major issues faced by practice nurses



Programmes is difficult (18%). They also expressed concern at patient difficulty in accessing care as being important (13%) (Figure 10).

Summary of issues

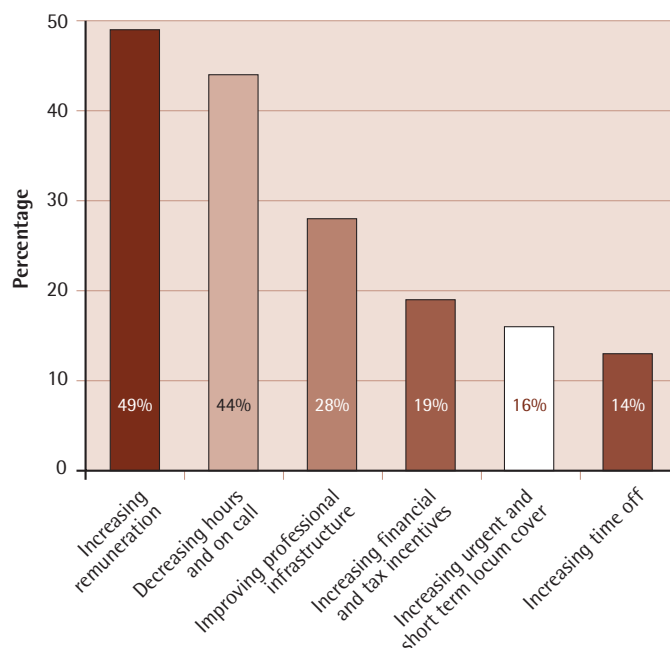
Even though these percentages are not overwhelming, they are remarkably cohesive given most respondents

had little or no prompting and were quickly able to list the difficult issues they faced.

Retention options

Practitioners discussed some general ways to increase retention. The major issues were increasing remuneration to approach global market conditions

Figure 11. The top six ways to better retain clinical personnel



(49%) and decreasing hours worked, both during and after hours (44%).

Interestingly, many respondents thought improved financial and tax incentives could greatly improve retention while reducing the prohibitive cost of entering practice (19%). Increasing support of personnel through improved infrastructure – better communication, professional support etc. – (28%) and increasing urgent and short-term locum cover (16%) are also solutions. Increased time off was mentioned by 14% of respondents (Figure 11).

Again, female general practitioners responses were identical to their male counterparts.

Specific suggestions

While the areas listed above are general, the following are some of the specific suggestions made by respondents.

- Increase the general practitioner's subsidy for patients seen after hours to make up for the time spent away from families and the frequency of patients not paying their co-payment, especially after hours.

- Following the example of other nations, to adequately remunerate practitioners for the hours worked and the risk level undertaken, the government should enact some level of tax relief on the local level that would provide a greater incentive for practitioners to remain in the area.

- Establish government funded walk-in centres in a central location between towns in Northland. This would enable the public to reach after hours service while allowing doctors to join their services together across communities and greatly decrease the time individual doctors

spend on call. This site could easily be made secure so as to alleviate the issues of security that concern many practitioners. This would not be a costly solution but could immediately improve the

lives of many practitioners and the health of patients.

Summary of findings for rural Northland general practice

This study provides several key insights to the current situation facing the general practice workforce in rural Northland. It shows that Northland is mainly comprised of ageing (56% are 45+ years), foreign-trained (64%) general practitioners that are quite mobile. Several factors, such as their plans of moving out of the region and their insistence that their children not follow into general practice shows the growing dissatisfaction with their situation. They identified high after hours demand (which is one day on call in every 5.4 for male general practitioners and one in every 8.6 for females), low remuneration, overwhelming patient load, and communities expecting high quality medical care available anytime with little or no payment, as areas which appear central to their frustration.

The increasing bureaucracy of general practice is another steadily growing burden upon doctors as they spend 29% of each day on administration and paperwork.

The steady flow of clinical practitioners is demonstrated by 39% of the workforce having arrived within

the last three years and 40% of full-time general practitioners planning on leaving within the next five years.

Practice nurses are primarily domestically trained but also have a propensity to be mobile in their choice of work.

Their unionised status

allows them to be less concerned with hours worked and insufficient pay but they are very disturbed with their isolation and the inadequate staffing of their work environments. For these reasons, over a quarter of

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the practice nurse population intend to be gone within five years.

These factors, along with the view that the majority of practices in Northland are considered to be understaffed, indicate a critical staffing situation could develop if the incoming flow of practitioners declines. As potential practitioners become more aware of the drawbacks of practising in rural areas, it will become harder to attract and retain quality doctors to these regions. While new practitioners may be found to replace the departing population, that is not a responsible solution to the greater problem

and will lead to a continued degeneration in continuity of care. This will further reduce quality of care as patients become more wary of establishing an honest and confidential relationship with their temporary practitioner.

This is especially important in rural Northland, which is home to the largest percentage of rural Maori in New Zealand, given the region's high incidence of chronic disease and complex medical histories of many members of the population.

This study provided general practitioners and practice nurses of rural Northland the opportunity to speak

with one voice regarding the issues they felt were important.

No one understands their situations better than the practitioners themselves.

Acknowledgement

On a personal note, I would like to give my deepest thanks to Adrienne Harris and Paula May at the Northern Rural General Practice Consortium. I would also like to thank all of the many general practitioners, practice nurses, and practice managers who took time out of their very busy schedules to speak with me. Only through their assistance was I able to make this a thorough study.

A copy of the questionnaire used in the survey is available from The NZFP Management Board.
