

GP workforce: Emerging trends

Madhukar Mel Pande, Research Fellow, RNZCGP

Correspondence to: mel.pande@rnzcgp.org.nz

The Royal New Zealand College of General Practitioners (RNZCGP) has been collecting workforce data from its members since 2003. The key messages/problems identified from the findings of the RNZCGP 2007 Membership Survey Report Part I¹ and Part II² are:

1. The continuation of trends which are likely to result in further decreased availability of GPs. The shortage of GPs is already acknowledged, and is likely to be exacerbated by:
 - a. An ageing workforce
 - b. Many GPs, especially female and younger GPs, reducing the hours they work.
2. Maori and Pasifika GPs continue to be under-represented in the GP workforce.
3. There has been a substantial decline in the percentage of GPs who are self-employed.^{1,3} Self-employment has in the past been the mainstay of general practice in New Zealand. This decline has been accompanied by an increase in GPs undertaking locuming, salaried work, sub-specialised work, non-general practice medical work, and other types of work.
4. The number of GPs reaching retirement age is increasing.²
5. GP income seems to have improved, however it is still early to determine how well it compares with the incomes of other medical specialists.²

6. The ability to find locums is a concern for many GPs.²

New Zealand trained female graduates constitute the majority of new entrants into general practice. Additional challenges are posed because female GPs have traditionally worked fewer hours than male GPs.³ The mean and median age of GPs continues to increase; the majority of GPs are aged 46 years and over.^{1,3,4}

GPs are also reducing the number of hours they work; however GPs are spending a greater percentage of their time on patient consultation and care.^{1,3}

In 2007, 38% of participants intended to change their work arrangements in the next five years compared to 30% in 2005.² A fifth of those intending to change their work arrangements intend to retire in the next five years. Participants also mentioned retirement, unfavourable working conditions, family considerations (including childbearing), poor personal health, inadequate remuneration, and politics in health as factors likely to influence their future work intentions.²

The 2007 membership survey showed that the average GP remuneration improved in the last two years, however some GPs are still not remunerated satisfactorily in comparison to their medical specialist colleagues.² GPs were generally satisfied with most aspects of their work environment, but concerns still remain about the availability of locums. As a consequence some GPs cannot take vital holidays.

New Zealand needs an adequate GP workforce to work with the other health professionals in delivering quality primary health care. The current shortage of GPs is producing access and equity issues for many communities where GPs have closed their books because of capacity issues.⁵

A lack of a well-researched and widely accepted GP to patient ratio (a 'gold standard' for workforce capacity) is a contributing factor to the current situation.⁶ Without such a 'standard', workforce planning is compromised as it will be difficult to determine how many GPs are needed.

The College perceives a 'gold standard' for workforce capacity to be important for the future sustainability of general practice and primary health care. The determination of a desirable GP to patient ratio should not only include the consultation time needed to provide safe and quality care to particular populations and demographic groups (rural, low socioeconomic, elderly), but also on time spent on administration, continuing professional education, on leave, and in training those entering the health workforce.⁶

The quality of primary health care delivered to New Zealanders is fundamentally based on having an adequate general practice workforce. The College values members' feedback and will continue to engage with them regarding future GP workforce issues.

References

1. Royal New Zealand College of General Practitioners. The 2007 RNZCGP membership survey Part I: GP demographics, work arrangements & hours worked. Workforce Series 5. Wellington: RNZCGP; 2008.
2. Royal New Zealand College of General Practitioners. The 2007 RNZCGP membership survey Part II: Future work intentions, GP remuneration & working conditions. Workforce Series 6. Wellington: RNZCGP; 2008.
3. Pande M, Stenson A. GP workforce demographics in 2007: Gender, age, ethnicity, and work arrangement. *NZ Fam Physician* 2008; 35:191-196.
4. Medical Training Board. The future of the medical workforce: Discussion paper. Wellington: Ministry of Health; 2008.
5. Topham-Kindley L. GPs continue to close books. *NZ Doctor*. September 2008. <http://www.nzdoctor.co.nz/news?article=814f1160-1444-44e4-8ea4-e1d0874c8174>
6. Fretter J, Pande M. How many general practitioners are enough? Forecasting GP workforce capacity in New Zealand. *NZ Fam Physician* 2008; 35:232-244.