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

GP
Heart of the community
Kāinga Tupu

THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS

2017 general practice workforce survey

PART 2

Access to care | GP income
Cost of compliance

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Contents

Executive summary

This is one of two reports based on The Royal New Zealand College of General Practitioners' (the College's) 2017 workforce survey. It draws together the results of the survey and looks at them through the important lens of patient access to services. The report also looks at issues related to GP income.

The report finds that the following factors influence, or could potentially influence, New Zealanders' access to the services provided by general practitioners: practice vacancies, 'closed books', the proportion of 'high-need' enrollees, whether or not a practice is part of the Very Low Cost Access (VLCA) scheme,[1] the cost of appointments, and mandated compliance activities. The results of this analysis point to problems with the continued sustainability of the GP workforce.

Vacancies

- Twenty-six percent of respondents stated the general practice in which they work has a GP vacancy.
- One-third of respondents with a GP vacancy (32 percent) state their practice also had a practice nurse vacancy.
- Respondents working in rural practices are more likely to be contending with a GP vacancy than are respondents in urban practices.
- Respondents in practices with vacancies are less likely to be working in GP-owned practices than practices with other ownership models.
- Unsurprisingly, respondents reporting GP vacancies are also likely to state they have poor work–life balance and are burnt out.

Closed books

- Ten percent of respondents stated that the practice in which they work has 'closed books' (ie is not accepting new patient enrolments).
- Forty percent of respondents in practices with 'closed books' stated the books had been 'closed' for more than 12 months.
- One-third of practices with 'closed books' have a current GP vacancy (34 percent).
- Practices with 'closed books' are more likely to be urban based, small and to be owned by one or more GPs.

High-needs and VLCA practices

- A quarter of respondents (24 percent) stated that they worked in a practice where they considered more than 50 percent of enrolled patients would meet the MoH high-needs criteria.
- A quarter of respondents (24 percent) stated that the practice they worked in was part of the VLCA scheme.
- Only 75 percent of respondents in 'high-needs' practices were in practices that were part of the VLCA scheme, and only 80 percent of respondents in VLCA practices were in 'high-needs' practices.

1 This voluntary scheme supports general practices where the practice agrees to maintain patient fees at a low level. When the scheme was initially established in 2006, any practice could join, but more recently criteria were introduced that limits access to the scheme to practices that have at least 50 percent of their patients classified as high need.

Deferred appointments due to cost

- Forty-six percent of respondents stated that patients enrolled in their general practice frequently deferred appointments because of cost. This percentage rose to 53 percent among respondents working in high-needs practices.
- Eighty-one percent of respondents working in high-needs practices outside the VLCA scheme reported that patients enrolled in their general practice frequently deferred appointments because of cost. Among respondents working in high-needs practices within the VLCA scheme, the percentage of patients frequently deferring appointments fell to 48 percent.
- Practices with patients that frequently defer appointments because of cost are more likely to have a current GP vacancy.

Negative impact of compliance activities

- Seventy-one percent of respondents expressed concern about the negative impact of compliance activities required to meet performance targets.
- GPs who feel most negatively impacted by compliance are more likely to work in practices that are rural, have a current GP vacancy, and to report that their patients frequently defer appointments because of cost.
- Respondents most negatively impacted by compliance are less likely to report they have good work–life balance and are less likely to recommend a career in general practice. They are more likely to report feeling burnt out and to be intending to retire in the next 10 years.

GP income

- The median income for both 2016 and 2017 fell within the $100,000 to $125,000 income band.
- Respondents earning over $100,000 per year were more likely to be working full-time, to have after-hours commitments, to be male, or to be a practice owner or partner compared to respondents earning less than this.
- Respondents earning over $100,000 are also more likely to state that they are burnt out or do not have good work–life balance.

Foreword

Each year, The Royal New Zealand College of General Practitioners (the College) surveys its members to identify current and future workforce needs, capacity gaps, and issues that might affect members' ability to provide primary health care to their patients.

This year's report contains the responses of more than 2500 members who completed the 2017 survey. I hope you find this information as useful as the College has, and I'd like to extend my sincere thanks to all those who took the time to participate in this research. It is extremely valuable, and much appreciated.

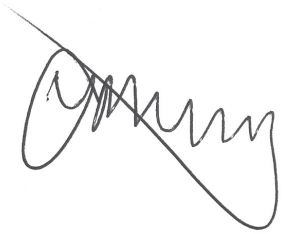
The survey provides the College with evidence to use in its advocacy work and workforce planning. For example, survey data has shown us that more than a quarter of the GP workforce intends to retire within the next five years. This is likely to cause a significant shortage of GPs because trainee numbers don't match this attrition. To counter this, the College has been calling for additional funds to increase the number of GP trainees, and we are looking at new models of care that will help members meet increasing patient demand.

The survey consists of two types of questions: the core questions we ask each year around things like working hours, location, and demographics, and questions designed to fill knowledge gaps of particular importance in that year.

This is the second report arising from the 2017 survey. It looks at some of the barriers patients face when accessing GP services. The relationship with both the Very Low Cost Access (VLCA) status and the level of need within the practice is examined. Questions around vacancies and closed books provide further information about the difficulty patients face getting a GP appointment.

These topics were chosen as the 2016 New Zealand Health Survey indicated cost and GP availability were two factors stopping people from visiting a GP when they need to.

Members often express concern about the impact of the various compliance activities they are required to complete, so we included questions about this to find out if, and how, these requirements might affect a GP's workload.



Dr Tim Malloy
President, The Royal New Zealand College of General Practitioners

Practices with vacancies

Respondents were asked to indicate whether the general practice in which they work currently has a vacancy, or had a vacancy in the past 12 months, for one or more GPs and/or practice nurses.

Table 1 shows that almost two-thirds of respondents stated that their general practice either currently has a vacancy for a GP (26 percent) or had vacancy in the past 12 months that has since been filled (39 percent).

Table 1 also looks at practice nurse vacancies and shows that over two-thirds of respondents stated that their practice either currently has a vacancy for a practice nurse (17 percent) or it had one in the past 12 months that has since been filled (51 percent).

Table 1. Practices with GP and/or practice nurse vacancies (n=2353)

Q34. Which one of the following best describes when the practice last had a vacancy for one or more GPs?

Q35. Which one of the following best describes when the practice last had a vacancy for one or more practice nurses?

	GP vacancy	Practice nurse vacancy
Unweighted base =	**2353**	**2353**
	%	%
Currently	26	17
Within the past 12 months (but not currently)	39	51
Not within the past 12 months	34	32
Total	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 2 shows that approximately one-third of respondents who work in a practice with a current GP vacancy also stated that the practice currently has a vacancy for a practice nurse (32 percent).

Table 2. Respondents in practices with GP vacancies by respondents in practices with practice nurse vacancies (n=2353)

Q34. Which one of the following best describes when the practice last had a vacancy for one or more GPs?

Q35. Which one of the following best describes when the practice last had a vacancy for one or more practice nurses?

		GP vacancy		
	Total	Currently	Within the past 12 months (but not currently)	Not within the past 12 months
Unweighted base =	**2353**	**622***	**929†**	**802‡**
	%	%	%	%
Practice nurse vacancy:				
Currently	17	32	13	10
Within the past 12 months (but not currently)	51	49	63	39
Not within the past 12 months	32	20	24	51
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Subsample based on respondents who work in general practices that currently have a GP vacancy.

† Subsample based on respondents who work in a general practice that had a GP vacancy in the past 12 months.

‡ Subsample based on respondents who work in a general practice that did not have a GP vacancy in the past 12 months.

35%
of rural practices currently have a GP vacancy

A profile of respondents working in practices with GP vacancies

Respondents are more likely to have a current vacancy in their practice if they are working in:

- practices in **rural areas** (35 percent of rural practices currently have a GP vacancy compared with 24 percent of urban practices).
- **larger practices** (32 percent of practices with 9000 enrolled patients or more currently have a GP vacancy compared with 23 percent of practices with enrolled patients of up to and including 5000, for example).
- practices that have an **ownership model other than being owned by GPs** (for example, 53 percent of practices fully or partially owned by a district health board (DHB) and 36 percent of practices that are community owned have a GP vacancy, compared with 23 percent of practices that are owned by one or more GPs).

Respondents working in general practices that currently have a GP vacancy are less likely to:

- feel they have a good work–life balance (53 percent, compared with 60 percent of GPs who work in practices that do not currently have a vacancy and have not had a GP vacancy in the past 12 months).
- recommend a career in general practice (53 percent, compared with 59 percent of GPs in practices with no recent or current vacancies).
- have plans to retire within the next 10 years (48 percent, compared with 53 percent of GPs in practices with no recent or current vacancies).

This group is also more likely to state that they are burnt out (27 percent, compared with 22 percent of GPs in practices with no recent or current vacancies).

Contrasted with GPs who work in practices that have not had a GP vacancy in the past 12 months, GPs working in practices that currently have a GP vacancy are not significantly different in terms of:

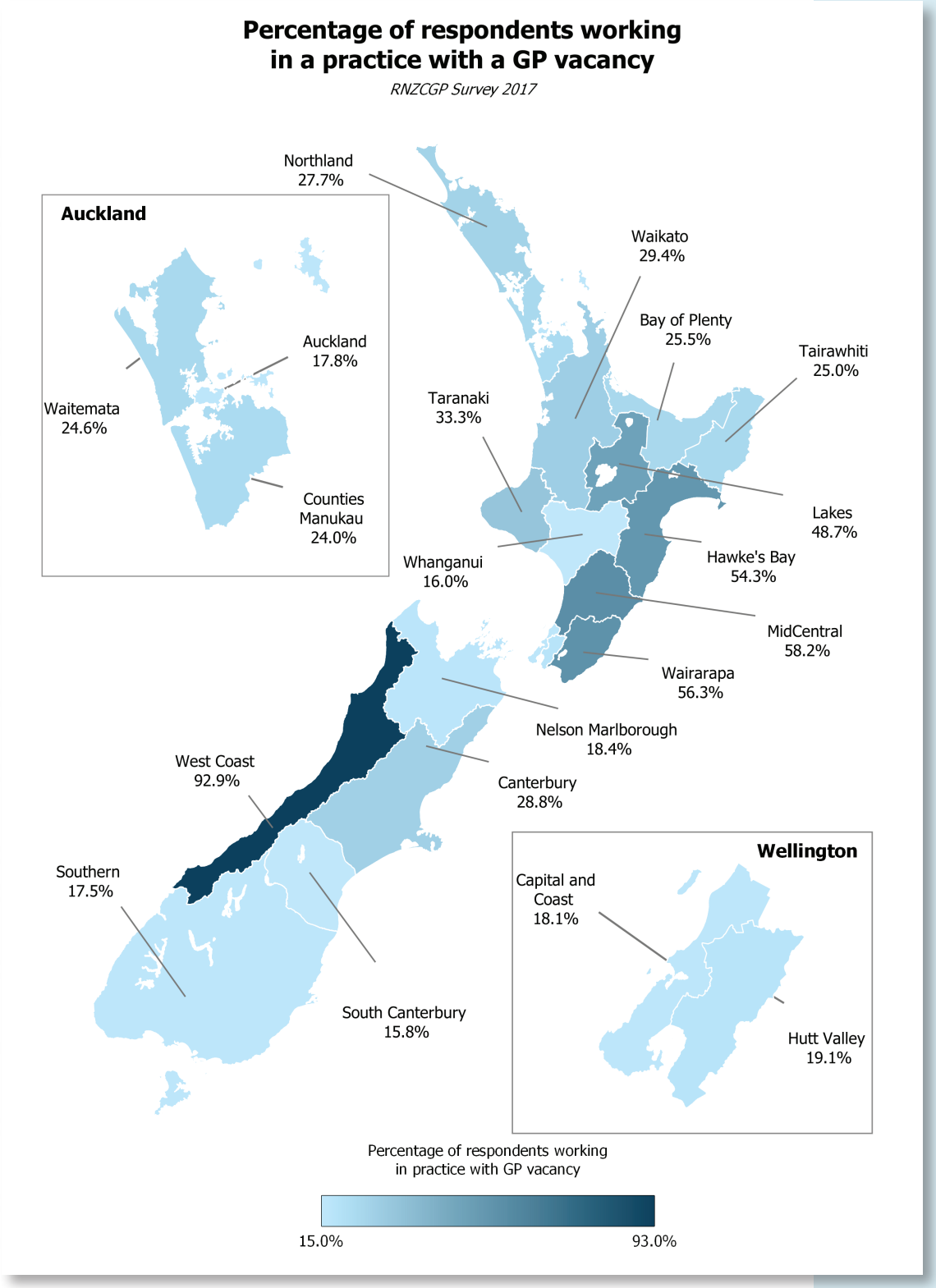
- gender
- whether they work full-time or part-time[2]
- after-hours commitments
- Very Low Cost Access (VLCA) status.

2 For the purposes of this survey, respondents working 36 hours per week or more in general practice are deemed to be working full-time in general practice and those working fewer hours to be working part-time.

Vacancies by DHB

Figure 1 reveals that DHBs vary in the extent to which respondents report a current GP vacancy in their practice. West Coast DHB has the highest proportion of respondents reporting a vacancy (93 percent) and South Canterbury DHB the lowest (16 percent).[3]

Figure 1. Percentage of respondents working in a practice with a GP vacancy



3 Note that these percentages are influenced by the size of practices and reflect respondent reports rather than the proportion of practices with vacancies. The results from large DHBs will be more robust than from smaller DHBs. In addition, some DHBs (notably Wairarapa and South Canterbury) had lower response rates.

Practices with ‘closed books’

Respondents were asked to indicate whether the practice in which they work was enrolling new patients or its books were ‘closed’.[4] Ten percent of respondents stated their practice currently had ‘closed books’.

Table 3. Practices with ‘closed’/open books (n=2351)

Q36. In the practice where you work are your books currently open?

	Total
Unweighted base =	**2351**
	%
Yes, the practice is enrolling new patients	83
No, the books are closed and new patient enrolments are not being accepted	10
I do not work in a practice that enrols patients	3
Don’t know	3
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

10%
of respondents stated their general practice currently had ‘closed books’

Table 4 shows the relationship between these results and the extent to which respondents were working in a practice that had a vacancy.

Table 4 shows that, in general, a practice with ‘closed books’ is more likely to be a practice that has a GP vacancy:

- Twenty-five percent of respondents who work in a practice that is accepting new patients said the practice had a GP vacancy.
- Thirty-four percent of respondents who stated their general practice had ‘closed books’ said that the practice had a GP vacancy.

4 ie new patient enrolments were not being accepted.

Table 4. Practices with GP vacancies by 'closed'/open books (n=2351)

Q34. Which one of the following best describes when the practice last had a vacancy for one or more GPs?

Q36. In the practice where you work are your books currently open?

	Total	Yes, the practice is enrolling new patients	No, the books are 'closed' and new patient enrolments are not being accepted	I do not work in a practice that enrols patients
Unweighted base =	**2351**	**1954***	**243†**	**74‡**
	%	%	%	%
GP vacancy:				
Currently	26	25	34	23
Within the past 12 months (but not currently)	40	43	22	28
Not within the past 12 months	34	32	44	49
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Subsample based on respondents who work in general practices that are accepting new patients.

† Subsample based on respondents who work in a general practice that has 'closed books'.

‡ Subsample based on respondents who do not work in a general practice that enrols patients.

There is no clear relationship between 'closed books' and practice nurse vacancies.

A profile of respondents working in practices that currently have 'closed books'

Respondents working in practices that have 'closed books' have a distinct profile compared with respondents working in practices currently enrolling new patients. They are relatively more likely to be working in practices:

- found in **urban locations** (11 percent of urban respondents stated their practice had 'closed books' compared with 7 percent of rural-based practices).
- with **a smaller number of enrolled patients** (14 percent, compared with 8 percent of practices with more than 9000 enrolled patients, for example).
- that are **owned by one or more GPs** (12 percent, compared with 3 percent of practices that are owned by a DHB, for example).

Interestingly, there are no significant differences by 'high-needs'/non 'high-needs' classification and/or whether or not they are part of the VLCA scheme.

Length of time practices have had ‘closed books’

Respondents who stated their practice either currently has ‘closed books’ or they had been ‘closed’ at some stage in the past 12 months were asked how long the books had been ‘closed’:

- Just over half of respondents who stated their practice currently has ‘closed books’ indicated the books had been ‘closed’ for up to 12 months (56 percent), while 40 percent said the books had been ‘closed’ for more than 12 months.
- Twenty-six percent of respondents who stated their practice had at some stage had ‘closed books’ in the past 12 months said their books had been ‘closed’ for more than six months.

Respondents who stated their practice’s books were ‘closed’ (or had been ‘closed’ at some stage in the past 12 months) were also asked to identify the distance to the nearest general practice accepting new patient enrolments.

Twelve percent of respondents who worked at practices with ‘closed books’ reported the nearest clinic accepting patients was more than five kilometres away. This is troubling, as such distances can present a significant barrier for patients trying to access health care.

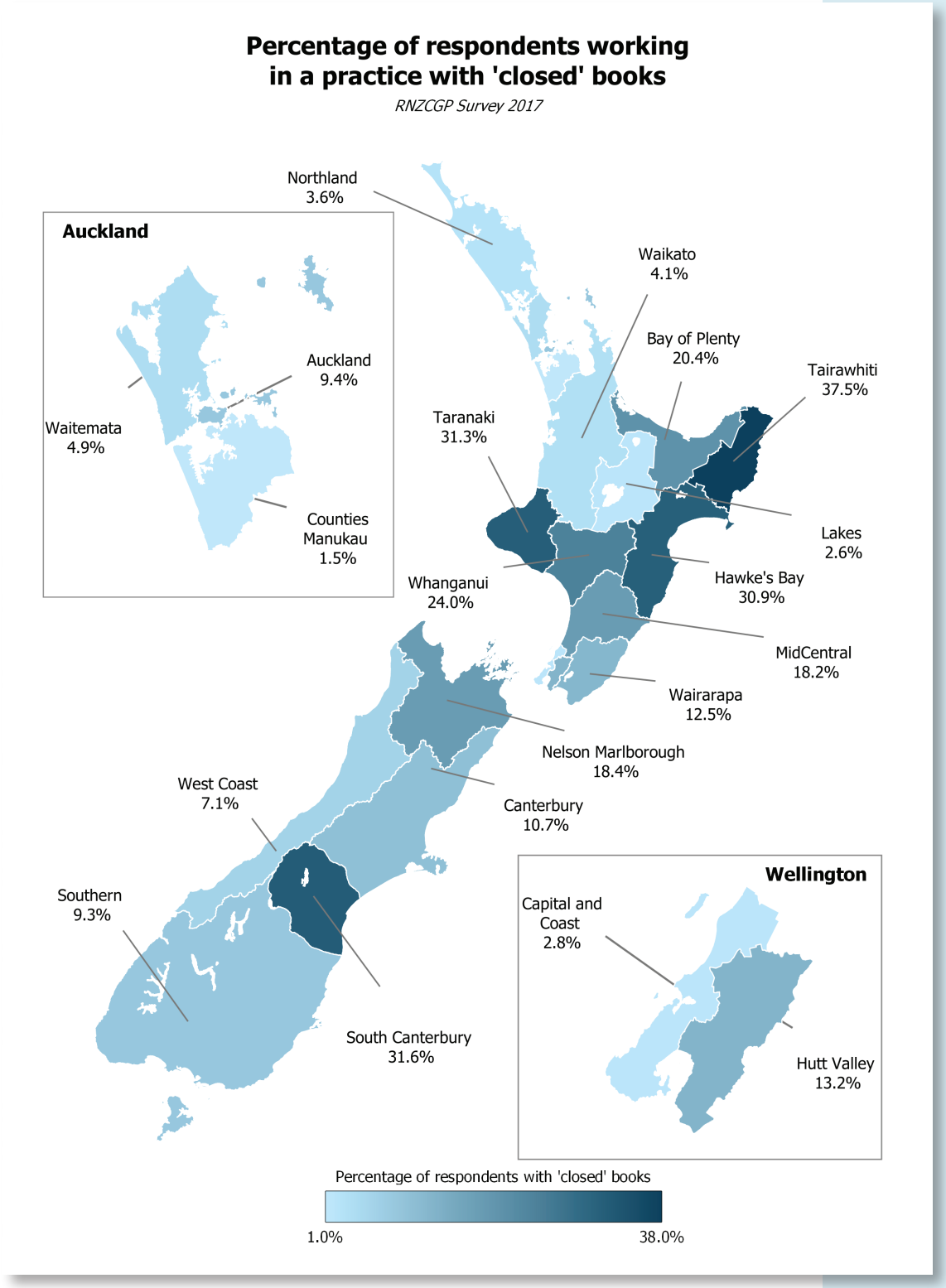
12%

of respondents who worked at practices with ‘closed books’ reported the nearest clinic accepting patients was more than five kilometres away

‘Closed books’ by DHB

Figure 2 reveals that DHBs vary in the extent to which respondents report that their practice has ‘closed books’. Tairawhiti DHB has the highest proportion of respondents reporting working in a practice with ‘closed books’ (38 percent) and Counties Manukau DHB the lowest (1.5 percent).[5]

Figure 2. Percentage of respondents working in a practice with ‘closed books’



5 Note that these percentages are influenced by the size of practices and reflect respondent reports rather than the proportion of practices with ‘closed books’. The results from large DHBs will be more robust than from smaller DHBs. In addition, some DHBs (notably Wairarapa and South Canterbury) had lower response rates.

High-needs and VLCA practices

Respondents were asked to indicate whether, in their opinion, 50 percent of more of the enrolled patients of the general practice in which they work would meet the Ministry of Health's (MoH's) definition of 'high need'. This was defined as Māori, Pacific or New Zealand Deprivation Index quintile 5 according to NZDep2013.[6]

While 24 percent of respondents answered 'yes' to this question, 68 percent reported that in their opinion less than 50 percent of the patients enrolled in the practice where they worked would meet the MoH's definition of 'high need' (Table 5). Eight percent were unsure.

Table 5. Whether 50 percent of enrolled patients meet the MoH's definition of 'high need'

Q27. In the practice where you work, in your opinion would more than 50 percent of enrollees meet the MoH definition of 'high need' (defined as Māori, Pacific or New Zealand Deprivation Index quintile 5)?

	Total
Unweighted base =	**2272**
	%
Yes, more than 50% 'high need'	24
No, 50% or less 'high need'	68
Don't know	8
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

24%

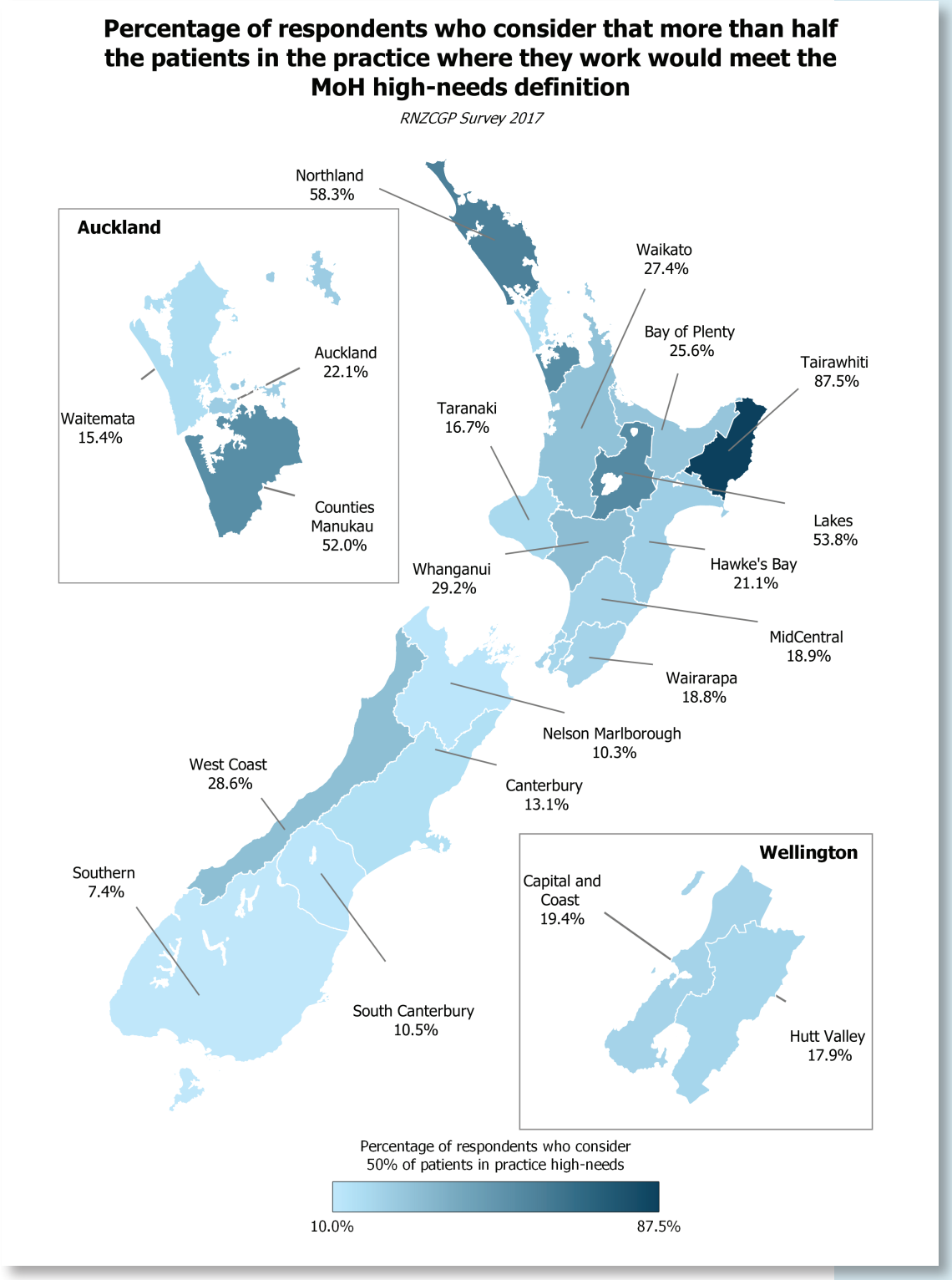
of respondents reported that, in their opinion, more than half of patients enrolled in the practice at which they worked would meet the MoH definition of 'high need'

6 Atkinson J, Salmond C, Crampton P. NZDep2013 Index of Deprivation. Dunedin: University of Otago; 2014.

‘High need’ by DHB

Figure 3 reveals that DHBs vary in the extent to which respondents consider that more than half the enrolled patients in their practice would meet the MoH definition of high need. Tairawhiti DHB has the highest proportion of respondents considering that more than half the enrolled patients in their practice would meet the MoH definition of ‘high need’ (88 percent) and Southern DHB the lowest (7 percent).[7]

Figure 3. Percentage of respondents who consider more than half of practice patients ‘high need’



7 Note that these percentages are influenced by the size of practices and reflect respondent reports rather than the proportion of practices. The results from large DHBs will be more robust than from smaller DHBs. In addition, some DHBs (notably Wairarapa and South Canterbury) had lower response rates.

Survey respondents were also asked to indicate whether the general practice in which they work was part of the VLCA scheme.

Twenty-four percent of respondents answered 'yes', 69 percent stated their practice was not part of the scheme, and 7 percent were unsure (Table 6).

Table 6. Whether practice is a member of the VLCA scheme

Q28. Is this practice included in the Very Low Cost Access (VLCA) scheme?

	Total
Unweighted base =	**2272**
	%
Yes	24
No	69
Don't know	7
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

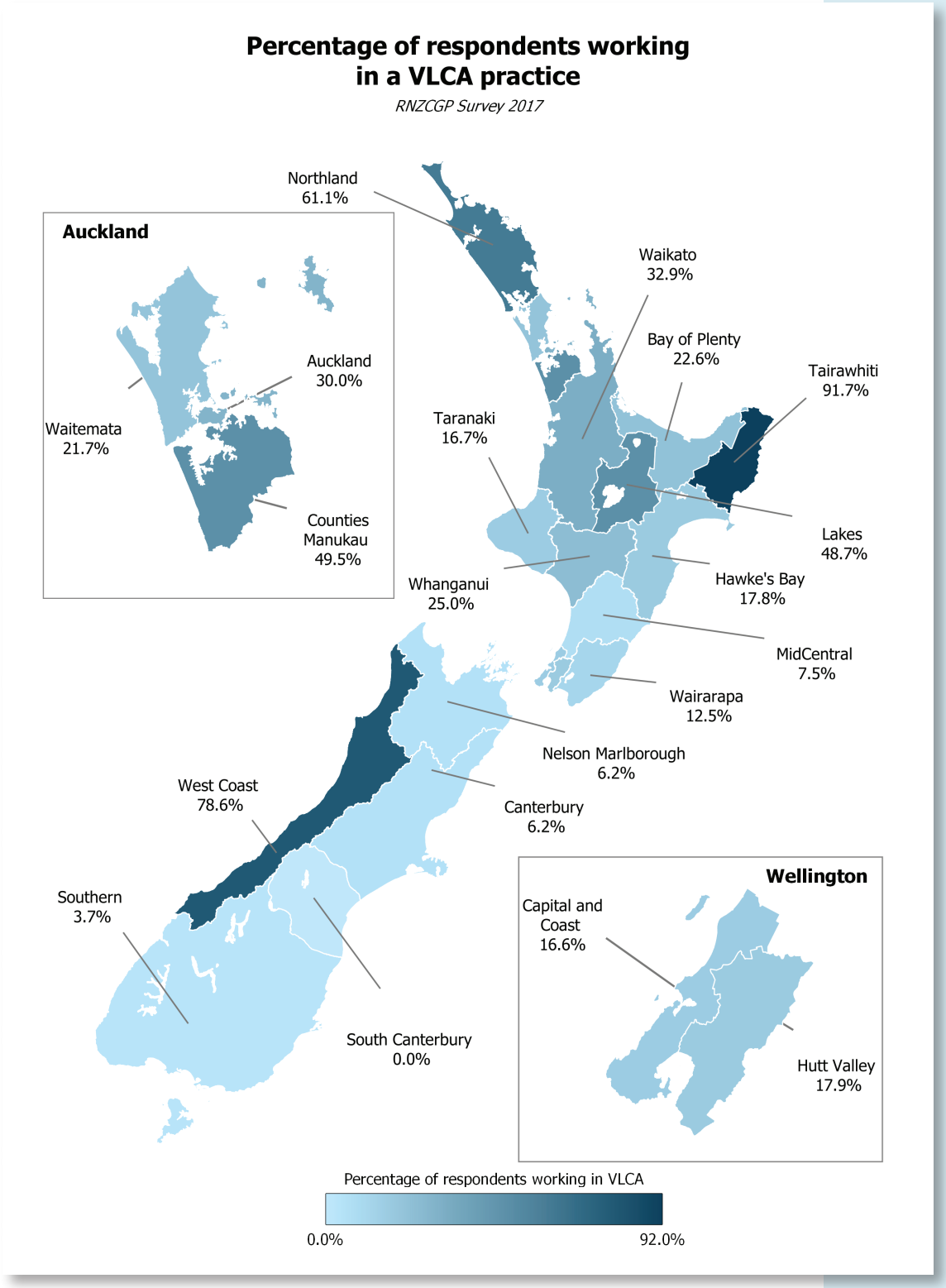
24%

of respondents reported that the general practice in which they worked was part of the VLCA scheme

VLCA status by DHB

Figure 4 reveals that DHBs vary in the extent to which respondents report that the practice in which they work operated under VLCA funding. Tairawhiti DHB has the highest proportion of respondents working in VLCA practices (92 percent) and South Canterbury DHB the lowest (zero percent).[8]

Figure 4. Percentage of respondents working in a VLCA practice



8 Note that these percentages are influenced by the size of practices and reflect respondent reports rather than the proportion of practices. The results from large DHBs will be more robust than from smaller DHBs. In addition, some DHBs (notably Wairarapa and South Canterbury) had lower response rates.

Table 7 examines the relationship between the level of 'high needs' and VLCA status. It shows that, in general, there is a positive relationship between 'high-needs' practices and those that are currently part of the VLCA scheme, although this relationship is not absolute.

Seventy-five percent of respondents who work in 'high-needs' practices stated that their practice was currently part of the scheme. However, 25 percent of respondents who work in 'high-needs' practices either stated that the practice was not part of the scheme (16 percent) or they were unsure (9 percent).

Similarly, 90 percent of respondents who work in non 'high-needs' practices stated that their practice was not part of the VLCA scheme; however, 7 percent of respondents stated their practice was in the VLCA scheme, and a further 3 percent were unsure.

Table 7. VLCA practice respondents by 'high-needs' practice respondents (n=2272)

Q27. In the practice where you work, in your opinion would more than 50 percent of enrollees meet the MoH definition of 'high need' (defined as Māori, Pacific or New Zealand Deprivation Index quintile 5)?

Q28. Is this practice included in the Very Low Cost Access (VLCA) scheme?

	Total	'High need'		
		Yes, more than 50% high needs	No, 50% or less high needs	Don't know
Unweighted base =	**2272**	**553**	**1546**	**173**
	%	%	%	%
Yes, part of the VLCA scheme	24	75	7	17
No, not part of the VLCA scheme	69	16	90	53
Don't know	7	9	3	30
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

16%

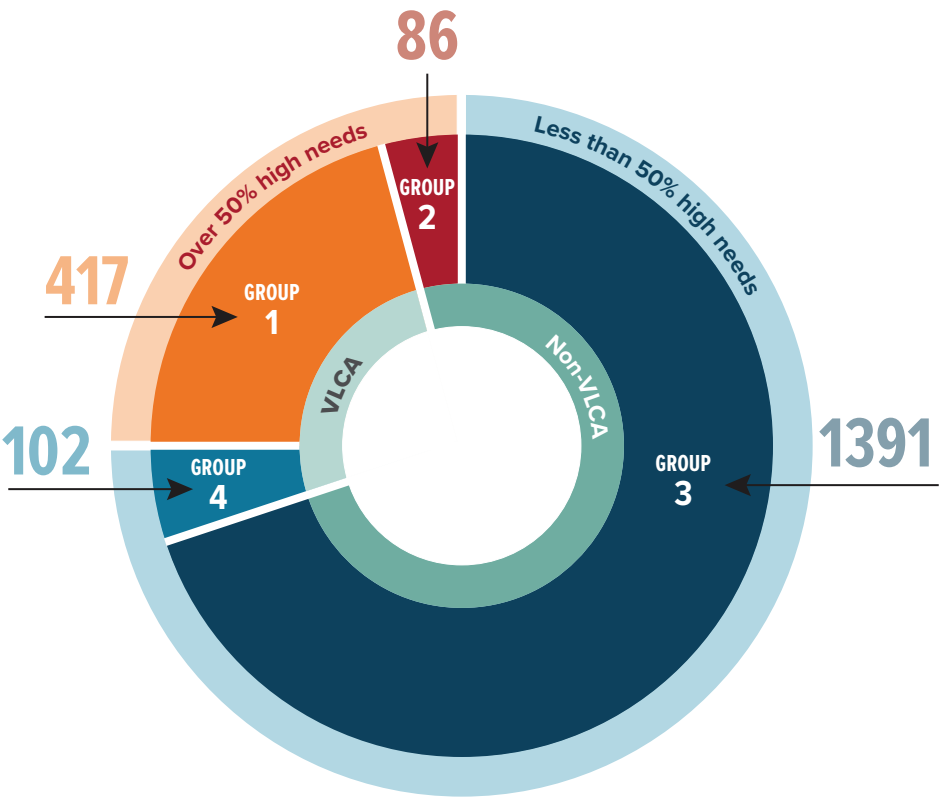
of respondents who work in 'high-needs' practices stated the practice was not part of the VLCA scheme; a further 9 percent were unsure

A profile of respondents by patient need and VLCA status

Using the results shown in Table 7, we have created four subsamples or groups of respondents as follows, and these are illustrated in Figure 5:

1. Respondents working in general practices that are both 'high-needs' practices and are part of the VLCA scheme (n=417).
2. Respondents working in general practices that are 'high-needs' practices, but are not part of the VLCA scheme (n=86).
3. Respondents working in general practices that are not 'high-needs' practices and are not part of the VLCA scheme (n=1391).
4. Respondents working in general practices that are not 'high-needs' practices and are part of the VLCA scheme (n=102).

Figure 5. Number of GPs in 'high-needs' and non 'high-needs' practices by VLCA status of practice.



Compared with respondents who work in non-VLCA practices that are also non 'high needs' (Group 3), respondents who work in 'high-needs', VLCA practices (Group 1) are relatively more likely to be:

- located in **rural areas** (23 percent, compared with 15 percent of non 'high-needs', non-VLCA practices).
- **part of a practice that is community owned or owned by a trust or charity** (20 percent, compared with 3 percent of respondents from non 'high-needs', non-VLCA practices).
- **part of a practice that is smaller in terms of enrolled patients** (only 26 percent worked in practices with more than 9000 enrolled patients, compared with 34 percent of GPs in non 'high-needs', non-VLCA practices).

They are also relatively less likely to be working in a practice owned by one or more GPs (50 percent, compared with 84 percent of GPs in non 'high-needs', non-VLCA practices).

In addition, respondents working in 'high-needs', VLCA practices are more likely than respondents working in non 'high-needs', non-VLCA practices to state their practice has GP and/or nurse vacancies. As Table 8 shows, 30 percent of GPs working in 'high-needs', VLCA practices currently have **GP vacancies** compared with 24 percent of GPs in non 'high-needs', non-VLCA practices.

This table also shows that a higher proportion of respondents from 'high-needs', VLCA practices reported a GP vacancy in the past 12 months, which has since been filled (45 percent), compared with respondents from non 'high-needs', non-VLCA practices (39 percent).

Table 8. GP vacancies by 'high needs'/VLCA (n=2268)

Q34. Which one of the following best describes when the practice last had a vacancy for one or more GPs?

		More than 50% high needs		Less than 50% high needs		
	Total	VLCA	Not VLCA	Not VLCA	VLCA	Don't know
Unweighted base =	**2268**	**416**	**85**	**1389**	**102**	**276**
	%	%	%	%	%	%
GP vacancy:						
Currently	27	30	33	24	29	32
Within the past 12 months (but not currently)	40	45	36	39	44	39
Not within the past 12 months	33	25	31	38	26	28
Total	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 9 shows that 25 percent of GPs in 'high-needs', VLCA practices are working in a practice that currently has **practice nurse vacancies** compared with 14 percent of GPs in non 'high-needs', non-VLCA practices.

Table 9. Practice nurse vacancies by 'high-needs'/VLCA status (n=2268)

Q35. Which one of the following best describes when the practice last had a vacancy for one or more practice nurses?

	Total	More than 50% high needs		Less than 50% high needs		Don't know
		VLCA	Not VLCA	Not VLCA	VLCA	
Unweighted base =	**2268**	**416**	**85**	**1389**	**102**	**276**
	%	%	%	%	%	%
Practice nurse vacancy:						
Currently	17	25	20	14	18	21
Within the past 12 months (but not currently)	52	48	49	52	61	49
Not within the past 12 months	31	27	31	34	22	30
Total	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Similar proportions of respondents stated their practices are enrolling new patients or have 'closed books', irrespective of patient need or VLCA status (Table 10).

Table 10. Closed book practices by 'high-needs'/VLCA status (n=2267)

Q36. In the practice where you work are your books currently open?

	Total	More than 50% high needs		Less than 50% high needs	
		VLCA	Not VLCA	Not VLCA	VLCA
Unweighted base =	**2267**	**415**	**85**	**1389**	**102**
	%	%	%	%	%
Yes, the practice is enrolling new patients	86	89	91	86	87
No, the books are closed and new patient enrolments are not being accepted	11	10	6	11	13
I do not work in a practice that enrols patients	0	0	0	1	0
Don't know	3	1	4	2	0
Total	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

A profile of respondents working in 'high-needs', VLCA practices

Compared with respondents working in non 'high-needs', non-VLCA practices, respondents working in 'high-needs', VLCA practices are more likely to:

- be an **employee** of the practice in which they work (70 percent, compared with 52 percent of respondents who work in non 'high-needs', non-VLCA practices).
- have a **younger age** profile (27 percent are under 40 years of age, compared with 23 percent of respondents who work in non 'high-needs', non-VLCA practices).

They are also less likely to:

- have after-hours commitments (61 percent, compared with 69 percent of respondents working in non 'high-needs' practices).
- state they plan to retire in the next 10 years (40 percent, compared with 49 percent of respondents working in non 'high-needs' practices).

There are no significant differences between these two groups of respondents by:

- the hours worked in general practice per week
- income
- the extent to which they have good work–life balance
- the extent to which they state they are burnt out
- their willingness to recommend a career in general practice
- gender.

Practices with enrolled patients that frequently defer appointments due to cost

Respondents were asked to estimate how frequently patients enrolled in their practice put off coming to, or choose not to, visit the practice because of the cost of appointments. Respondents were asked to respond using a 4-point Likert scale.

Forty-six percent of all respondents stated that patients enrolled in their practice deferred appointments either 'frequently' (36 percent) or 'very frequently' (10 percent) (Table 11).

Table 11. Frequency with which patients defer appointments (n=2267)

Q29. In your opinion how frequently do patients enrolled at your practice put off coming or choose not to visit the practice because of the cost of appointments?

	Total
Unweighted base =	**2267**
	%
Very infrequently	9
Infrequently	40
Frequently	36
Very frequently	10
No opinion	5
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 12 and Table 13 show the relationship between these results and whether the respondents' practices can be classified as 'high needs' and/or are part of the VLCA scheme:

- Importantly, both tables show that many patients are deferring appointments because of cost, regardless of whether the practice they are enrolled at is classified as 'high needs' and/or is part of the VLCA scheme.
- Table 12 shows that a significantly higher proportion of respondents who work in 'high-needs' practices state their patients frequently defer appointments because of cost compared with respondents who work in practices that are non 'high needs' (53 percent and 43 percent respectively).
- Table 13 shows that respondents who work in practices that are part of the VLCA scheme are less likely to report that their patients frequently defer appointments because of cost, compared with respondents who work in practices that are not part of the scheme (42 percent and 48 percent respectively).

Table 12. Deferred appointments by proportion 'high needs' (n=2272)

Q27. In the practice where you work, in your opinion would more than 50 percent of enrollees meet the MoH definition of 'high need' (defined as Māori, Pacific or New Zealand Deprivation Index quintile 5)?

Q29. In your opinion, how frequently do patients enrolled at your practice put off coming or choose not to visit the practice because of the cost of appointments?

	Total	'High-need' proportion		
		Yes, more than 50% high needs	No, 50% or less high needs	Don't know
Unweighted base =	**2272**	**553**	**1,546**	**173**
	%	%	%	%
Very infrequently	9	13	8	10
Infrequently	40	31	44	32
Frequently	36	39	35	33
Very frequently	10	14	8	7
No opinion	5	4	4	18
Total	100	100	100	100

Source: RNZCGP, Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 13. Deferred appointments by VLCA scheme (n=2272)

Q28. Is this practice included in the Very Low Cost Access (VLCA) scheme?

Q29. In your opinion, how frequently do patients enrolled at your practice put off coming or choose not to visit the practice because of the cost of appointments?

	Total	Member of VLCA scheme		
		Yes, part of VLCA scheme	No, not part of VLCA scheme	Don't know
Unweighted base =	**2272**	**548**	**1569**	**155**
	%	%	%	%
Very infrequently	9	16	7	10
Infrequently	40	39	41	32
Frequently	36	31	38	35
Very frequently	10	11	10	6
No opinion	5	3	5	16
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

A profile of respondents who work in practices where patients frequently defer appointments due to cost

Other than those differences mentioned earlier in this section in relation to whether a respondent's general practice can be classified as 'high needs' or is part of the VLCA scheme, there are relatively few differences that characterise respondents who have patients who frequently defer appointments due to cost. The only additional distinguishing characteristics are as follows:

- These GPs are more likely to be working in **mid-sized practices** with between 5001 and 9000 enrolled patients (49 percent, compared with 42 percent of respondents working in practices with up to and including 5000 enrolled patients, for example).
- These GPs are more likely to be working in a **practice with a GP vacancy** (51 percent, compared with 39 percent working in practices with no vacancy in the past 12 months).

There are no significant differences by practice location (ie whether the practice is urban or rural based), practice ownership, or whether or not the practice currently has 'closed books'.

Table 14. Impact of cost of appointments on GP visits by 'high needs'/VLCA (n=2272)

Q29. In your opinion how frequently do patients enrolled at your practice put off coming or choose not to visit the practice because of the cost of appointments?

	Total	More than 50% high needs		Less than 50% high needs		Don't know
		VLCA	Not VLCA	Not VLCA	VLCA	
Unweighted base =	**2272**	**417**	**86**	**1391**	**102**	**276**
	%	%	%	%	%	%
Very infrequently defer	9	14	7	7	22	11
Infrequently defer	40	36	8	44	51	33
Frequently defer	36	35	59	36	21	34
Very frequently defer	10	13	22	9	4	7
No opinion	5	2	3	4	3	16
Total	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

The survey provides insight into the effect of the VLCA scheme on how frequently patients forgo or defer practice visits due to cost (as estimated by GPs in the practice).

Comparison between the perceptions of those respondents in 'high-needs' practices that are and that are not part of the VLCA scheme (ie between group 1 and group 2)[9] reveals that 81 percent of respondents in 'high-needs', non-VLCA practices (group 2) considered that patients would frequently or very frequently forgo or defer appointments due to cost. This decreased to 48 percent of respondents in 'high-needs', VLCA practices (group 1).

Comparison between those respondents in non 'high-needs' practices that are, and that are not, part of the VLCA scheme (ie between group 3 and group 4) reveals that 45 percent of respondents in practices that were neither 'high needs' nor in the VLCA scheme (group 3) considered that patients would frequently or very frequently forgo or defer appointments due to cost. This decreased to 25 percent among respondents in non 'high-needs' practices in the VLCA scheme (group 4).

This finding suggests that appointment cost is also a barrier to access for patients who would not meet the MoH definition of high needs.

81%

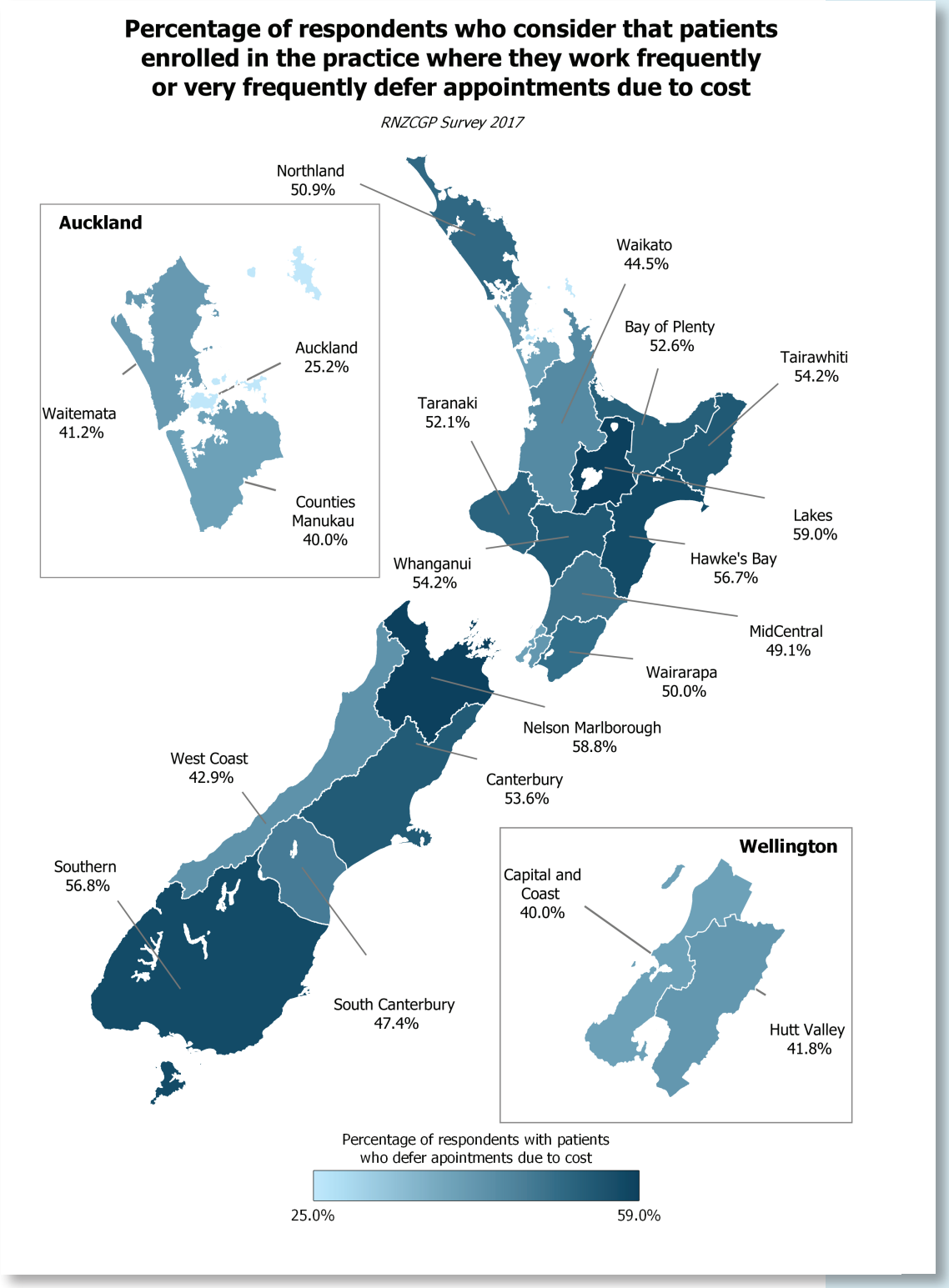
of respondents in 'high-needs', non-VLCA practices (group 2) considered that patients would frequently or very frequently forgo or defer appointments due to cost

9 This differs from the sections relating to vacancies and closed books where the comparison was between the two largest groups, group 1 and group 3.

Forgone and deferred appointments due to cost by DHB

Figure 6 reveals that DHBs vary in the extent to which respondents considered that patients enrolled in the practice in which they work frequently or very frequently forgo or defer appointments due to cost. Lakes DHB has the highest proportion of respondents who consider that patients do so (59 percent) and Auckland DHB has the lowest (25 percent).[10]

Figure 6. Respondents who consider that patients defer appointments due to cost



10 Note that these percentages are influenced by the size of practices and reflect respondent reports rather than the proportion of practices. The results from large DHBs will be more robust than from smaller DHBs. In addition, some DHBs (notably Wairarapa and South Canterbury) had lower response rates.

The impact of compliance

Respondents were asked to agree or disagree with two attitudinal questions measuring the impact of compliance. Respondents were asked to respond using a 4-point scale that had 'strongly disagree' at one end of the scale and 'strongly agree' at the other end.

Table 15 shows the responses to these two questions:

- Sixty-two percent agreed or strongly agreed that, 'Compliance with activities required to meet performance targets is significantly reducing the time remaining within each consultation to address the concerns and medical problems that the patient has come to see me about'. In contrast, 13 percent disagreed.
- Fifty-seven percent agreed or strongly agreed that, 'The amount of time I now spend on compliance means that I am having to decrease the number of appointments available per week or encroach on my family/personal time'. In contrast, 18 percent disagreed.

Table 15. The impact of compliance requirements on patient consultation time, and family/personal time (n=2371)

Q15. Compliance with activities required to meet performance targets is significantly reducing the time remaining within each consultation to address the concerns and medical problems that the patient has come to see me about.

Q15a. The amount of time I now spend on compliance matters means that I am having to decrease the number of appointments available per week or encroach on my family/personal time.

	Compliance with activities required to meet performance targets is significantly reducing the time remaining within each consultation to address the concerns and medical problems that the patient has come to see me about	The amount of time I now spend on compliance means that I am having to decrease the number of appointments available per week or encroach on my family/personal time
Unweighted base =	**2371**	**2371**
	%	%
Strongly disagree	2	3
Disagree	11	15
Neutral	24	25
Agree	43	35
Strongly agree	19	22
Total	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Using these results, we have created three subsamples or groups of respondents as follows:

1. Respondents who agreed with both questions – these GPs feel that compliance has multiple negative impacts in that it reduces patient consultation time and means that they have to decrease the number of appointments available per week or encroach on their family/personal time (n=1123).

2. Respondents who agreed with one of the questions – that is, respondents who feel that compliance has 'some' impact (n=572).

3. Respondents who either disagreed or gave a neutral response to both questions – that is, respondents who feel that compliance has little/no impact (n=665).

A profile of respondents who feel most negatively impacted by compliance

Importantly, respondents who feel most impacted by compliance (Group 1) are more likely to:

- state they **are burnt out** (31 percent, compared with 13 percent of GPs who do not feel negatively impacted by compliance).

- be **planning to retire in the next 10 years** (57 percent, compared with 36 percent of GPs who do not feel negatively impacted by compliance).

Reflecting these results, they are less likely to:

- state they feel they have good work–life balance (47 percent, compared with 72 percent of GPs who do not feel negatively impacted by compliance).

- be willing to recommend a career in general practice (48 percent, compared with 67 percent of GPs who do not feel negatively impacted by compliance).

They are also more likely to:

- be based in **rural** locations (19 percent, compared with 15 percent of GPs who do not feel negatively impacted by compliance).

- **work in smaller practices** of less than 5001 enrolled patients (40 percent, compared with 35 percent of GPs who do not feel negatively impacted by compliance).

- work in **practices with a current GP vacancy** (30 percent, compared with 24 percent of GPs who do not feel negatively impacted by compliance).

- work in practices that **have patients who frequently defer appointments** (49 percent, compared with 38 percent of GPs who do not feel negatively impacted by compliance).

- be an **owner of a practice** (61 percent of respondents who are owners of a practice stated they were negatively impacted by compliance, compared with 39 percent of respondents who were employees).

- be **working full-time** (54 percent of respondents working full-time, compared with 41 percent of respondents working part-time).

- have a **higher annual personal income** (57 percent of respondents with an annual income of $200,001 and over stated they were negatively impacted by compliance, compared with 37 percent of respondents with an income of up to and including $75,000).

- be **55–64** years of age (57 percent of respondents aged 55–64 stated they were negatively impacted by compliance compared with 31 percent of respondents aged 25–39, for example).
- Be **male** (53 percent of male respondents stated they were negatively impacted by compliance, compared with 43 percent of respondents who are female).

There are no significant differences by:

- patient enrolment and whether books are 'closed' or open
- after-hours commitments
- current practice nurse vacancies
- 'high-needs' status
- membership of the VLCA scheme.

GP incomes

Working with broad incomes bands, survey respondents were asked to indicate what their personal annual income, before tax, was from working in general practice. In doing this, they were asked to include any income from providing after-hours services, as well as income from teaching registrars or students. The question was optional and, therefore, the results presented in this section exclude those respondents who did not provide a response (n=35).

Table 16 compares this year's results with the results for 2016. The median income for both 2016 and 2017 falls within the $100,000 to $125,000 income band.

Table 16. Annual personal income (n=2360)

	2017	2016
Base =	**2360***	**1787†**
	%	%
Up to and including $25,000	4	2
$25,001 to $50,000	5	6
$50,001 to $75,000	10	10
$75,001 to $100,000	14	12
$100,001 to $125,000	11	12
$125,001 to $150,000	13	13
$150,001 to $175,000	10	11
$175,001 to $200,000	9	11
$200,001 to $225,000	7	7
$225,001 to $250,000	5	5
$250,001 to $275,000	3	3
$275,001 to $300,000	3	4
$300,001 to $400,000	3	3
$400,001 to $500,000	1	1
$500,001 to $1,000,000	1	1
$1,000,001 or higher	0	0
Total	100	100

Source: RNZCGP. Workforce Survey, 2016 and 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Data for 2017 is unweighted.

† Data for 2016 is weighted for the relatively disproportionate number of registrars responding to the 2016 survey.

A profile of respondents who are earning the median annual personal income and above

Respondents earning the median annual income and above (ie over $100,000 per year) have the following distinguishing characteristics when compared to those earning less than that.

First and foremost, they are more likely to be working **full-time** (85 percent, compared with 46 percent of GPs working part-time). They are also more likely to have **after-hours commitments** (73 percent, compared with 57 percent of GPs with no after-hours commitments).

In addition, they are more likely to work:

- in a **rural-based practice** (72 percent, compared with 67 percent of GPs working in urban practices).
- in **larger practices** (74 percent of GPs working in a practice that has between 5001 and 9000 enrolled patients, compared with 66 percent of GPs working in a practice that has up to and including 5000 enrolled patients, for example).
- in a practice that is **not classified as 'high needs'** (70 percent, compared with 65 percent of GPs working in practices that are classified as 'high needs').

Demographically, they are also more likely to be:

- **male** (81 percent, compared with 56 percent of female GPs).
- **older** (78 percent of GPs aged 55–64 years earn over $100,000 per year, compared with 51 percent of GPs aged 25–39 years, for example).
- **practice owners/partners** (92 percent of GPs who have an ownership stake in the practice, compared with 53 percent who are employees or contractors).

Significantly, GPs who earn more than the median income are also more likely to state they **do not have good work–life balance** (for example, 45 percent of GPs earning between $250,00 and $275,000 state that they do not have a good work–life balance, compared with 12 percent of GPs earning less than $100,000) .

Furthermore, they are more likely to state they are **burnt out** (for example, 41 percent of GPs earning between $250,000 and $275,000 state that they are burnt out, compared with 17 percent of GPs earning less than the median).

There are no significant differences by:

- willingness to recommend a career in general practice
- membership of the VLCA scheme.

Methodology

The 2017 Workforce Survey was conducted during May and June 2017. Research New Zealand, an independent research company, was commissioned to design and conduct the survey and to analyse and report the results. In this regard, Research New Zealand worked closely with College staff.

In total, 4922 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received an email invitation with a link to the online survey. A reminder email was sent to those who had not responded one week later. To boost the final participation rate, two more follow-up emails were sent in the subsequent weeks.

The College database, which includes the vast majority of doctors working in New Zealand general practice, was used to identify and contact survey recipients. It should be noted that, in New Zealand, doctors are legally able to work in general practice without the additional training required for vocational (specialist) registration, and these non–vocationally registered doctors are not usually included in the College database.

A total of 2572 valid responses were received by the survey close-off date, giving a response rate of 52 percent. This included 13 incomplete responses, which were included in the analysis given that the answers to only a small number of the survey questions were missing. Twenty-six respondents stated they had only worked in rural hospital medicine, and these respondents were excluded from the analysis. Additionally, 175 respondents were doctors who were not part of the current workforce (for example, they were retired or were working overseas). These respondents were also excluded from the analysis. As a result, unless otherwise specified, the data and analysis in this report is based on the responses to the survey questions for 2371 respondents who stated they had worked in general practice in New Zealand in the three months prior to the survey.

A comparison of the age and gender profile of survey respondents to the age and gender profile of those on the College database was also undertaken. As this showed a close match between the two profiles, the survey data has not been weighted to correct for any variations. Therefore, unless otherwise stated, all data in this report is presented on an unweighted basis. Not all questions were compulsory, and the survey was structured so that respondents were not asked questions that were not relevant to them. Therefore, the totals in the tables differ according to the number of doctors who responded to the relevant question.

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