

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

Briefing to the Minister of Health

2 0 1 7

Congratulations on your appointment as Minister of Health.

The Royal New Zealand College of General Practitioners (the College) looks forward to working with you during the coming years. The purpose of this paper is to brief you on the role of the College, and current issues facing general practice and primary care in New Zealand.

Executive Summary

The four most important issues we can assist you with in relation to general practitioners and general practice are:

The general practitioner workforce

Health equity

Changing models of care

Funding

The College notes the following policies your party announced during the election campaign:

- Lowering the VLCA fee cap by \$10 to \$8 for adults and \$2 for teens, with a funding increase to VLCA practices to cover this
- Increasing government funding for all practices that lower their fees by \$10, lowering the average non-VLCA fee from \$42 to \$32, and the maximum fee from \$69 to \$59
- Increasing funding for GP training places, taking the intake to 300 per year
- Carrying out a review of primary care funding to further reduce barriers to primary care and ensure the financial sustainability of practices
- Five percent increase on current funding
- Priority on addressing health inequalities
- Restore the shortfall of funding in health

The College can help you implement these policies by:

- » *Providing the advice and expertise of general practitioners.*
- » *Delivering vocational training for the general practitioner workforce.*
- » *Overseeing ongoing accreditation and reaccreditation of general practices against standards of excellence.*
- » *Providing feedback on what is and isn't working well in the health sector, particularly in primary care.*

About The Royal New Zealand College of General Practitioners

The College fosters and maintains the highest possible standards for medical care within the scope of general practice, in order to reduce health inequalities and achieve improved health for all New Zealanders.

We are the largest New Zealand-only medical college with a membership of more than 4,800 GPs. With more than 700 trainees currently in our General Practice Education Programme (GPEP), we are the largest provider of vocational education for doctors in New Zealand. The College sets and assesses quality standards for general practices. Other College functions

include research, assessment, post-graduate training, continuing medical education, advocacy and support for GPs and general practice. College Fellows also provide advice and expertise to government and the wider health sector. The Division of Rural Hospital Medicine is a separate, but related Fellowship which comes under the auspices of the College.

Structure and Key People:

The College is governed by a culturally diverse Board, which is supported by subcommittees, representative groups, advisory groups and the College's management team. These groups include Te Akoranga a Māui, the National Advisory Council, the Education Advisory Group, the Quality Advisory Committee, special interest Chapters and local Faculties.



Dr Tim Malloy | With roots firmly planted in general practice in Northland, the College President Dr Tim Malloy is a GP teacher, a former Chair of the Rural GP Chapter, and was instrumental in establishing the 'Centre of Excellence for Rural Primary Care - Te Whariki Teitei' an educational unit established in collaboration with Waitemata DHB.



Helen Morgan-Banda | Helen has been the College's Chief Executive since 2012. Her previous roles include Head of Corporate Affairs for ANZ, Director of Marketing and Communications at Victoria University, and Strategic Communications Manager in the Office of the Prime Minister. Educated at Massey University (MBA with distinction) and the London Business School, she is also an award-winning Fellow of the Public Relations Institute of New Zealand.

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 GP¹. The first contact care GPs provide means 90 percent of patients' health problems can be dealt with in the primary care setting². 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 specialists is associated with more spending and poorer care³. Evidence also demonstrates that it is more cost effective for GPs to provide care for common illnesses than specialists⁴.

¹ Ministry of Health. Annual Update of Key Results 2015/16 New Zealand Health Survey, Wellington: Ministry of Health; 2016. 77 p.

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.

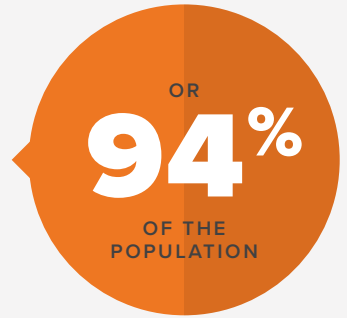
³ Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. The milbank quarterly. 2005 Sep 1;83(3):457-502.

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

AS AT JULY 4 2017,

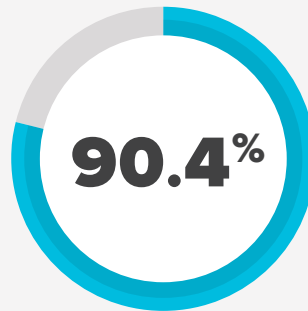
4,480,182
people were
enrolled with a PHO.

(Ministry of Health website, 2017)



GPS PROVIDE AROUND

12m



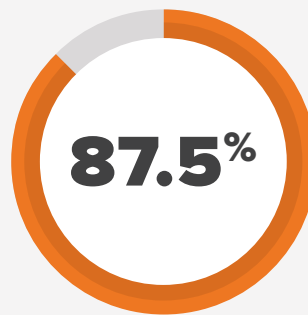
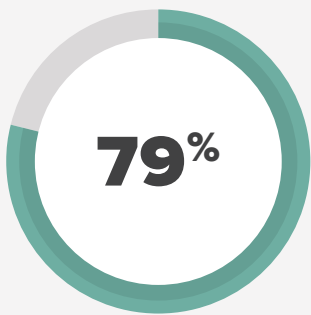
patient consultations
per year.

(Ministry of Health website, 2017)

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

explaining health conditions
and treatment.

(Annual Update of Key Results 2015/16 New Zealand Health Survey)



OF PATIENTS REPORT THAT THEY

definitely had trust and
confidence in their GP.

(Annual Update of Key Results 2015/16 New Zealand Health Survey)

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

involving them in
decision-making.

(Annual Update of Key Results 2015/16 New Zealand Health Survey)

Key Priorities

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

Workforce

New Zealand is facing a GP shortage, with the number of full time equivalent GPs per 100,000 population dropping from 84 in 1999 to 75 in 2015. These shortages are likely to get worse, with 41 percent of NZ GPs aged 55 or older and 27 percent stating they intend to retire within the next five years.

With government support, the number of GP trainees has increased during recent years (194 registrars entered the College's General Practice Education Programme in 2017, up from 74 in 2007). However further increases are necessary if we are to meet future demand for GP services.

On top of the overall shortage some areas are particularly badly affected. Counties-Manukau, Taranaki, Midcentral, West Coast, Waitemata, Hutt, Wairarapa and South Canterbury District Health Boards have the lowest number of GPs per head of population in the country. There are seven DHBs where at least 50 percent of GPs intend to retire in the next 10 years. Midcentral, Wairarapa and South Canterbury appear in both lists. The pressure on GPs is leading to a high proportion of burn out.

Currently, New Zealand does not have enough Māori and Pasifika GPs to match the young and growing Māori and Pasifika population. The numbers of Māori and Pasifika GPs is slowly changing. This change is due to the increased numbers of Māori and Pasifika medical graduates in the medical workforce pipeline. However, the majority of Māori and Pasifika medical graduates are not specialising.

How the College can help:

- » *We collect, analyse and distribute information on the GP workforce via our annual workforce survey.*
- » *Identify workforce shortages and pressure points.*
- » *Increase the number of Māori, Pasifika and rural GPs.*
- » *Encourage recruitment into general practice*
- » *Developing a new training model which involves GPs and practice nurses learning together.*
- » *Supporting new strategies that will provide greater undergraduate exposure to rural general practice.*

⁵ Medical Council of New Zealand Workforce Surveys, 1999 and 2015.

⁶ Royal New Zealand College of General Practitioners Health Workforce Survey 2017

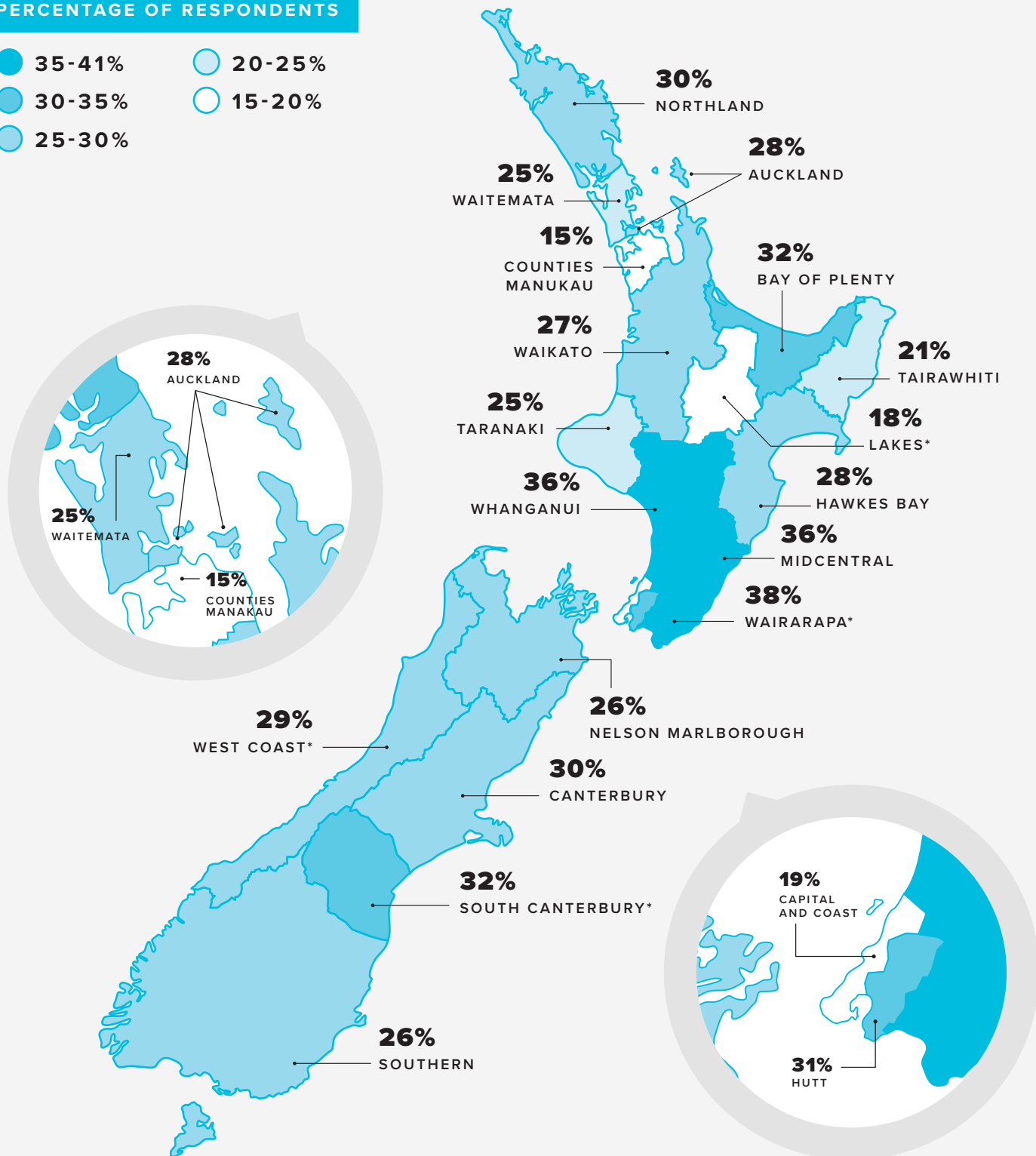
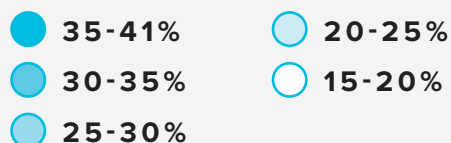
⁷ Medical Council of New Zealand Workforce Survey 2015.

⁸ Royal New Zealand College of General Practitioners Health Workforce Survey 2016.

Percentage of GPs intending to retire within 5 years

In May 2017 we asked nearly 5,000 College members to take part in our annual workforce survey. The overall response rate was 52%.

PERCENTAGE OF RESPONDENTS



* Results will be less robust from small DHBs such as West Coast, Wairarapa and South Canterbury, and Lakes DHB where it appears fewer GPs responded.

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 the colour of their skin, the area they live in, or their ability to pay.

Last year 29 percent of New Zealand adults and 24 percent of children reported one or more instances of unmet need in primary health care⁹. This was largely due to patients not being able to access their normal GP within 24 hours, and also 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:

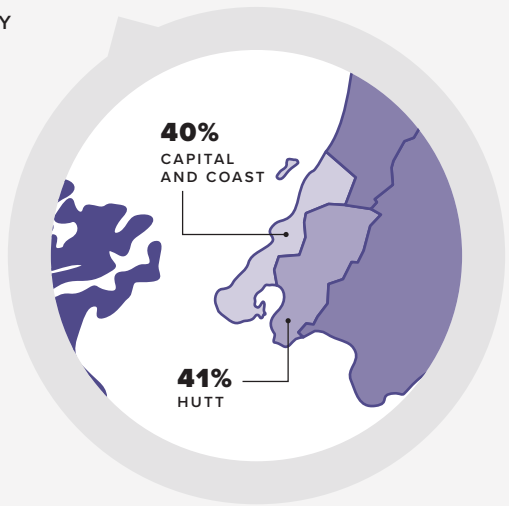
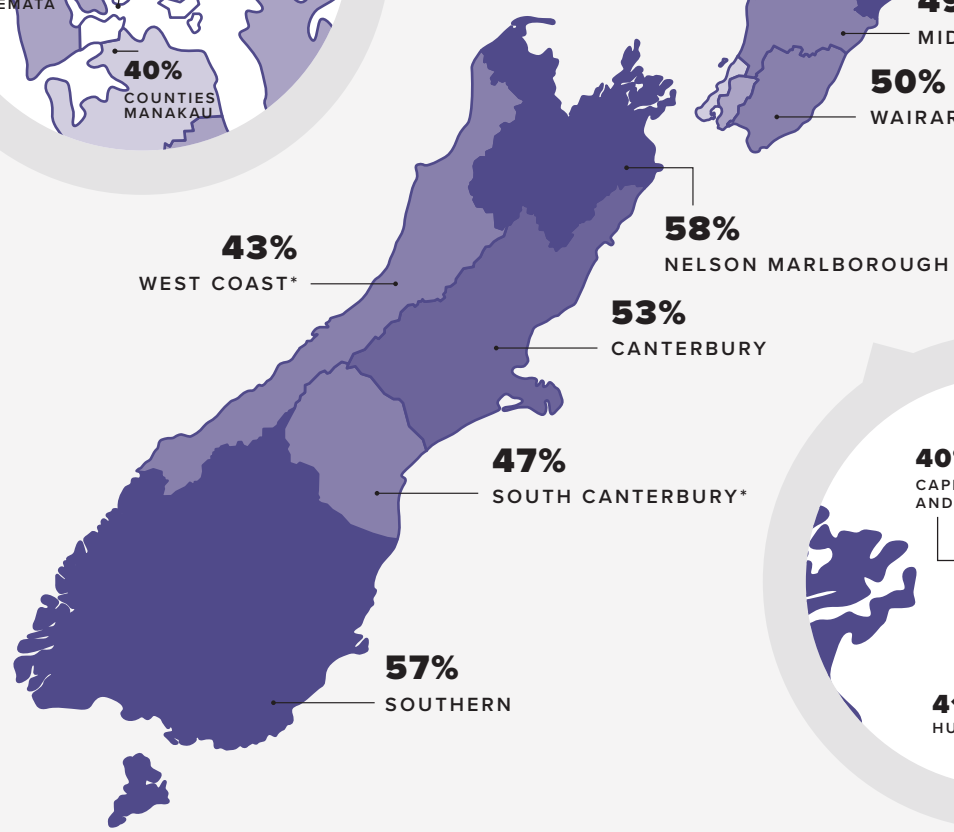
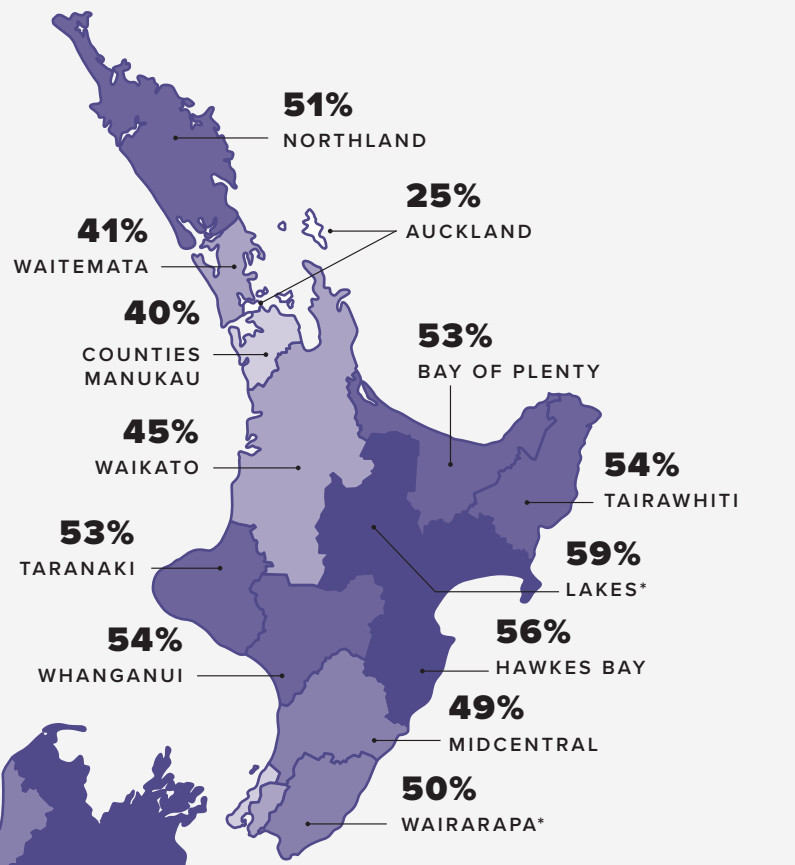
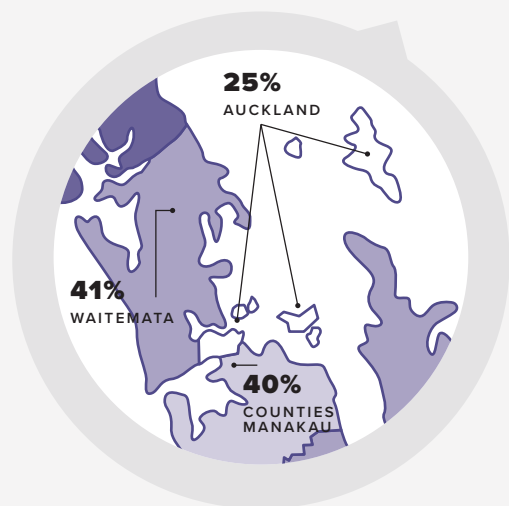
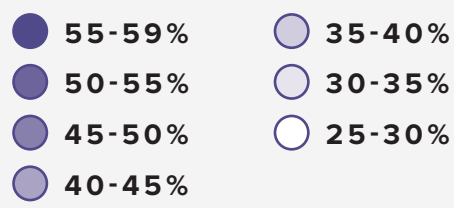
- » *Determine and enable a culturally and clinically competent GP workforce by continuing to implement our Māori Strategy.*
- » *Provide leadership and advocacy across the primary health sector to achieve equitable health outcomes for Māori, Pasifika and rural people and communities.*
- » *Work in partnerships across the government and non-government health and social sectors on health equity initiatives.*
- » *Implement the College Health Equity Strategy, with a focus on children as a starting place for change.*

⁹ Ministry of Health. Annual Update of Key Results 2015/16 New Zealand Health Survey. Wellington: Ministry of Health; 2016. 77 p.

Percentage of GPs that believe their patients frequently postpone visiting because of appointment cost

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PERCENTAGE OF RESPONDENTS



* Results will be less robust from small DHBs such as West Coast, Wairarapa and South Canterbury, and Lakes DHB where it appears fewer GPs responded.

Key Priorities

Changing models of care

Primary care is changing rapidly. Workforce and resource limitations have forced GPs to work in different ways. Disruptive technology is having a significant impact on the way GPs practise. Ownership models are changing, with a shift from small practitioner-owned services to larger, more business-orientated, integrated health centres.



How the College can help:

- » *Develop and update the College's Quality standards to meet model of care changes.*
- » *Continue working with Health Workforce New Zealand to examine the current workforce and plan for the future.*
- » *Provide general practice input into the development of models of care within the health system.*
- » *Proactively engage with digital health care start ups.*

Funding

Underpinning all of these priorities is the need for adequate and sustainable funding. The College welcomes a review of the current primary care funding model. We appreciate your promise of an increase in funding and look forward to continuing the conversation about how we can implement the vision of a sustainable, healthy workforce supporting a healthy, thriving population.

