



# General practice fact sheet

## Challenges

The general practice sector faces two distinct challenges:

- A shortfall of GPs in the next 10 years
- Inadequate and inequitable funding mechanisms

## GP shortage

- The general practice workforce in New Zealand is ageing with 57% of GPs aged 50 or over, (compared with 25% in 1998). The GP workforce is also shrinking in terms of the total GP hours worked per unit of population.
- The average age of male GPs is 53 , and 44 percent of GPs intend to retire in the next 10 years.
- The College believes that to meet community demand for GPs, funding is required to enable at least 60 additional GP training places.
- This will enable approximately 300 GPs a year to be added to the GP workforce, a figure we believe is supported by HWNZ.
- This increased volume of training places will be required for the next 10 years to counteract the low numbers of GPs among graduates of the 1990s and early 2000s resulting in low numbers of younger GPs . Only 25% of GPs were aged in their 40s in 2014 compared with 35% of hospital specialists . The high numbers of GPs trained in the 1980s who have been the mainstay of the workforce, are now reaching retirement age.
- In 1999 there were 84 FTE GPs per 100,000 New Zealanders. This ratio dropped to 74 by 2012 . When fluctuating MCNZ survey response rates are taken into account it can be seen that much of the drop was between 2008 and 2012, following which the ratio has remained fairly constant. In 2014 the ratio had risen slightly to 75.4, mainly due to a slight increase the response rate to the MCNZ survey.
- The large numbers of upcoming retirements combined with the feminisation of the workforce and the international trend towards doctors of all genders working shorter hours means that there is a risk of future worsening in this ratio.
- The need for more GPs is based on both New Zealand's population growth, (19% increase between 1998 and 2014) the shift of services from secondary to primary care, and the ageing of the population, which results in a higher proportion of patients with complex health needs and multiple morbidities.



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## Inadequate and inequitable funding

- NZ Health Survey results in 2014 show that 14% of New Zealanders (over 500,000 people) chose not to see a GP because of cost.
- Even more concerning is the fact that 21 percent of Maori and Pacific people could not afford to see a doctor when they needed one.
- This unmet health need has financial, health and societal impacts.
- The sector needs additional funding and there is considerable evidence to show that investing in general practice will help to control secondary care costs and enhance patient outcomes.
- Research by Deloitte in the UK found that spending an extra £72 million on primary care each year could lead to short-term savings of £447 million annually.
- Despite that, the value of capitation in NZ has decreased in real terms by \$47 million since 2006.
- RNZCGP submits that funding of primary care should be linked as a percentage to the total Vote Health budget, and the Ministry of Health should be required to monitor DHBs' compliance with this.
- The College also argues the sector needs a model whereby funding follows the patient to ensure greater equity of services.