



**NEW ZEALAND MEDICAL ASSOCIATION**

***An Analysis of the  
New Zealand General Practitioner  
Workforce – Update 2009***

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## Foreword

As the current Chair of the NZMA Workforce Sub-committee I am delighted to introduce this 2009 update of the General Practitioner Workforce Analysis first published five years ago. This report draws data currently available from other official sources to highlight specific trends critical to future general practitioner workforce planning and continues to be a “work in progress” complementary to other available information. The issues that it raises are similar to those also confronting many other specialties.

During recent years the NZMA has vigorously lobbied Government and the Ministry of Health on changing health needs, workforce ageing and changing population demographics relevant to workforce planning. Submissions have also been made on structural issues impacting on supply, training, retention and recruitment of doctors. Our primary position has been that a healthy and sustainable general practitioner workforce is a critical component of a strong, effective and productive health system. Unfortunately the international data shows that New Zealand is well below the average of other OECD countries for GP numbers per head of population and this is made worse by the uneven geographic distribution particularly in rural areas. There is now an increasing acceptance of the crisis facing the medical workforce in primary care and a number of initiatives are being progressed to address and hopefully reverse trends which can at best be described as disturbing.

A significant step was taken in 2007 when the Medical Training Board (“MTB”) was formed to act as a governance body providing oversight of the education and training of medical practitioners in the context of altering practices and requirements within the health sector. This initiative has been strongly supported from those involved in medical education and training as well as professional bodies such as the NZMA. Towards the end of 2008 the MTB released three reports and commenced a consultation process with initial recommendations for an increase in medical student intake, an objective of encouraging more graduates into general practice, improved co-ordination of training and addressing the specific shortages of Maori and Pacific Island doctors. This has coincided with the “Doctors in Training Policy” from the new National-led Government promising increased medical student training and funding a further 50 general practitioner training positions. There now seems to be a political will as well as an oversight mechanism to co-ordinate and address the workforce issues into the future. There will never be a single solution but we now have a structure around which future strategies can be developed and refined going forward.

My sincere thanks to Lucille Curtis for her conscientious work in producing this report.

Paul Ockelford  
Workforce Committee

## **Introduction**

In 2004 NZMA first produced its *“Analysis of the New Zealand General Practitioner Workforce”*. This second edition of the report is an update of that report, and continues to track trends first identified in 2004 and provides a commentary on what has happened since.

## **Key Areas of Interest**

Key GP workforce issues under consideration include the characteristics of the current workforce, the flows of doctors entering and exiting the workforce, as well as the intensity with which GPs are working. Factors to consider include:

- Numbers and career intentions of those in the current workforce
- Career intentions of recent graduates
- Age structure of workforce and change over time
- Gender structure of workforce and change over time
- Geographical distribution of workforce
- Numbers entering vocational training

### **Other issues to consider include:**

- The impact of funding levels and policies on supply of doctors
- Changes in practice, service delivery and training requirements
- Change in demand due to social change, consumer preference and demographics
- Interventions to address supply, demand and distribution issues
- International benchmarks for service levels
- Other indicators of adequacy of supply and change in demand

**Not all factors are easily quantifiable, nor readily available. The data compiled in this paper provides a summary and analysis of information sourced to date.**

### ***Background: Data Sources***

#### ***Medical Council of New Zealand***

The Medical Council of New Zealand (MCNZ) gathers medical workforce data via the Annual Practising Certificate (APC) application form. A workforce survey attached to the APC application has questions that are designed to gather information on structure and trends in the medical workforce. The response rate is generally around 95%. A medical workforce report based on the APC survey data is published by the MCNZ each year.

There are a number of gaps in the data remaining in this report. The most recent data available has been included wherever possible and the year the data refers to is annotated accordingly in each table.

The annual workforce reports published by MCNZ have to date provided limited GP specific analysis. Not all of the information collected by MCNZ via the APC application and workforce survey, or for the medical register, is analysed by vocational branch. As a result, analysis of the entrances and exits of doctors from the GP workforce is currently incomplete.

Summary information from the Medical Register is available from the MCNZ's Annual Reports and from their website. The most recent data available for this report was for the year ending 30 June 2007.

It is important to note also that data from the APC workforce survey provides information on 'active doctors' only.<sup>1</sup> Data on non-active doctors is limited.

### ***The Royal New Zealand College of General Practitioners***

An additional primary source of information on GPs is the Royal New Zealand College of General Practitioners (RNZCGP). An estimated 95% of GPs have membership of the RNZCGP. Data held by the RNZCGP includes demographic information on doctors undertaking GP vocational training (the General Practice Education Programme or GPEP), and on GPs engaged in the Maintenance of Professional Standards (MOPS) programme in order to maintain their vocational registration.

The RNZCGP has undertaken a number of different studies of its membership, the most recent being in 2007<sup>1</sup>.

### ***Other Sources***

In addition to information published by the MCNZ, the NZHIS, and the RNZCGP, other key sources of information on GPs used for this paper include the NZ Medical Journal, and the Ministry of Health (e.g. Health and Independence Reports).

See References for detail on all sources.

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<sup>1</sup> An active medical practitioner is a doctor who holds an APC and works four or more hours per week (on average) in NZ in medical or related work. Overseas medical graduates working on temporary registration do not hold an APC and are not included in this category.

## Information on the Current GP Workforce

In the last report the 2002 figures showed there were 2917 active GPs<sup>ii</sup> in New Zealand and indicated an 8% decrease over the previous two years. Since then that trend has reversed so that by 2007 that number has risen by 278 to 3195 (see Table 1). This represents a 9.5% increase for the last five years.

### *Size of GP Workforce*

*Table 1: Number of active General Practitioners (main work site)*

<b>Year</b>	<b>Males Number</b>	<b>Females Number</b>	<b>Total</b>
2007	1868	1327	<b>3195</b>
2006	1838	1268	<b>3106</b>
2005	1752	1172	<b>2924</b>
2004	1831	1182	<b>3013</b>
2003	1830	1176	<b>3006</b>
2002	1825	1092	<b>2917</b>
2001	1915	1122	<b>3037</b>
2000	2002	1164	<b>3166</b>
1999	2037	1154	<b>3191</b>
1998	2051	1108	<b>3159</b>
1997 <sup>2</sup>	2077	1042	<b>3119</b>
1996	1979	956	<b>2935</b>
1995	1971	879	<b>2850</b>
1994	1946	784	<b>2730</b>
1993	1906	725	<b>2631</b>
1992	1894	700	<b>2594</b>

*Source: NZHIS table. MCNZ data.*

Active international medical graduates granted probationary, general or vocational registrations that identify their work role as 'General Practitioner' at their main worksite, is included in Tables 1 and 3. The figures do not include temporary registrants.

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<sup>2</sup> Before 1997 the workforce data provided statistical information about the active medical workforce at the end of June of each year. The data for 1997 is as at 31 March. This coincides with statutory requirements to report to the MOH on the financial year 1 April to 31 March.

**Table 2: Numbers of Active General Practitioners**

	2000	2001	2002	2003	2004	2005	2006	2007
<b>Active GPs (work role at main site)</b>	3166	3037	2917	3006	3013	2924	<b>3106</b>	<b>3195</b>
<b>GPs doing general practice at main site (work role by work type)</b>	2639	2502	2538	2663	2658	2653	<b>2778</b>	<b>2533</b>
<b>All Drs doing general practice at main site (all work roles by work type)</b>	2701	2539	2597	2715	2737	2737	<b>2843</b>	<b>2579</b>
<b>All Voc Reg GPs<sup>3</sup></b>	1899	2027	2264	2324	2510	2606	<b>2705</b>	<b>2817</b>

Source: NZHIS. MCNZ data.

**Table 3: Change in Number of Active General Practitioners (main work site)**

Active GPs 1997	Active GPs 2002	Active GPs 2007	% change 1997-1998	% change 1998-1999	% change 1999-2000	% change 2000 - 2001	% change 2001-2002	% change 2002-2003	% change 2003 - 2004	% change 2004 - 2005	% change 2005 - 2006	% change 2006 - 2007	Cum change 1997 - 2007
3119	2917	3195	1.3	1	-0.8	-4.1	-3.9	3.1	0.2	-3.0	6.2	2.9	2.4

Data Source: NZHIS. MCNZ data

<sup>3</sup> Includes vocationally registered GPs who may not be still in active practice.

**Table 4: Work role by work type at secondary sites 2002 - 2006**

	Number of Doctors 2002	Number of Doctors 2003	Number of Doctors 2004	Number of Doctors 2005	Number of Doctors 2006	Number of Doctors 2007
GPs doing general practice at secondary sites (Site 2 &3 work type by role)	607	667	624	636	688	585
Other Drs doing general practice at secondary sites (site 2&3 work types by role)	306	49	61	90	63	60
<b>Total Doctors</b>	<b>913</b>	<b>716</b>	<b>685</b>	<b>726</b>	<b>751</b>	<b>645</b>

*Source: NZHIS. MCNZ data.*

Table 4 provides the numbers of doctors identifying general practice as their type of work at secondary sites. Unfortunately total hours worked at secondary sites by work type were not available, so it is unclear what level of general practice service is provided by doctors at these sites.

**Table 5: Role of active doctors doing general practice at main work site**

Year	GPs	PCs	MOSS	Specialist	Registrar	Other/Not Answered	Total
1998	2931	4	5	0	21	46	3007
1999	2539	<4	5	6	22	15	2591
2000	2639	6	7	7	32	10	2701
2001	2502	<4	7	<4	14	9	2539
2002	2538	<4	9	6	20	20	2597
2003	2663	6	13	3	21	9	2715
2004	2658	10	7	15	24	23	2737
2005	2653	10	16	15	24	19	2737
2006	2778	4	12	9	22	14	2843
2007	2533	7	7	7	20	9	2583

*Data Source: NZHIS. MCNZ data.*

In 2002 we noted reducing numbers of total doctors providing general practice (at main site). Although the numbers have increased since then, as at 2007 they had still not reached 1998 levels.

Table 5 also identifies that the number of GPs identifying general practice as their main type of work has reduced, from 2931 in 1998 to 2533 in 2007.

**Table 6: Changes in the Medical Workforce: Roles of Active Medical Practitioners 1995 to 2007**

Role	1995	% of 1995 total	2002	% of 2002 total	2003	% of 2003 total	2004	% of 2004 total
No answer	0	-	56	0.7	65	0.7	111	1.3
General Practitioner	2850	38.6	2917	34.7	3006	34.2	3009	34.2
House Officer	631	8.5	774	9.2	842	9.6	815	9.3
M.O.S.S.	225	3.0	277	3.3	303	3.4	315	3.6
Primary care not GP	275	3.7	166	2.0	138	1.6	138	1.6
Registrar	955	12.9	1238	14.7	1319	15.0	1335	15.2
Specialist	2274	30.8	2723	32.4	2873	32.7	2945	33.5
Other	171	2.3	252	3.0	244	2.8	314	3.6
<b>Total Drs</b>	<b>7381</b>		<b>8403</b>		<b>8790</b>		<b>8982</b>	

Role	2005	% of 2005 total	2006	% of 2006 total	2007	% of 2007 total
No answer	35	0.4	93	1.1	30	.3
General Practitioner	2924	33.3	3106	35.3	3195	32.7
House Officer	811	9.2	911	10.4	841	8.7
M.O.S.S.	307	3.5	329	3.7	363	3.7
Primary care not GP	157	1.8	181	2.1	203	2.1
Registrar	1365	15.5	1504	17.1	1529	15.7
Specialist	2940	33.4	3175	36.1	3359	34.4
Other	207	2.4	248	2.8	237	2.4
<b>Total Drs</b>	<b>8746</b>		<b>9547</b>		<b>9757</b>	

**Source: NZHIS. MCNZ data.**

In 2007 GPs constituted around 32.7% of the total active medical workforce, as detailed in Table 6. This is well below the figure for 1995 (38.6%) although it is anticipated that the recent increases in vocational training places for general practice should change this in the next few years. Specialists by contrast have increased from 30.8% of the total medical workforce in 1995 to 34.4% in 2006.

### **Ratio Of Fte GPs**

The number of doctors needs to be compared to the population to gain an indication of service levels. After an increase over the last decade in the number of GPs per 100,000 of the population, there has been a flattening since 1997 and a decline since 2000. The last few years show the number of

GPs per 100,000 population consistently sits in the low 70s. This is in sharp contrast to 2001 where the number of GPs per 100,000 population was 83.

The number of active GPs per 100,000 population varies by region, from 60 in Counties Manukau and Wanganui, to 98 in Auckland. (See Table 7).

*Table 7: FTEs for GPs per 100,000 pop by DHB; 2001-2007*

DHB Locality	2001	2002	2003	2004	2005	2006	2007
Northland	89	81	89	81	76	85	72
Waitemata	67	65	65	60	57	61	66
Auckland	102	86	92	91	83	92	98
Counties-Manukau	65	63	61	61	58	54	60
Waikato <sup>4</sup>	85	78	77	74	71	72	68
Bay of Plenty	77	76	71	70	70	75	79
Lakes	82	79	72	70	67	79	90
Tairāwhiti	84	81	70	73	78	84	71
Hawkes Bay	78	72	75	68	67	72	71
Taranaki	67	64	72	65	67	72	65
Midcentral	78	66	70	69	58	64	60
Wanganui	83	78	71	66	82	76	64
Wairarapa	95	67	73	65	64	66	65
Hutt	74	69	72	67	54	60	65
Capital and Coast <sup>5</sup>	97	81	80	77	79	78	84
Nelson-Marlborough	75	86	85	75	72	74	82
West Coast	60	63	60	61	52	55	65
Canterbury	94	88	89	82	78	80	85
Otago	97	86	99	91	81	91	86
South Canterbury	87	75	72	76	81	81	65
Southland <sup>6</sup>	80	68	63	71	66	76	74
<b>Total NZ</b>	<b>83</b>	<b>76</b>	<b>77</b>	<b>73</b>	<b>70</b>	<b>73</b>	<b>72</b>

*Source: Health & Independence Report 2006. Based on NZMC data.*

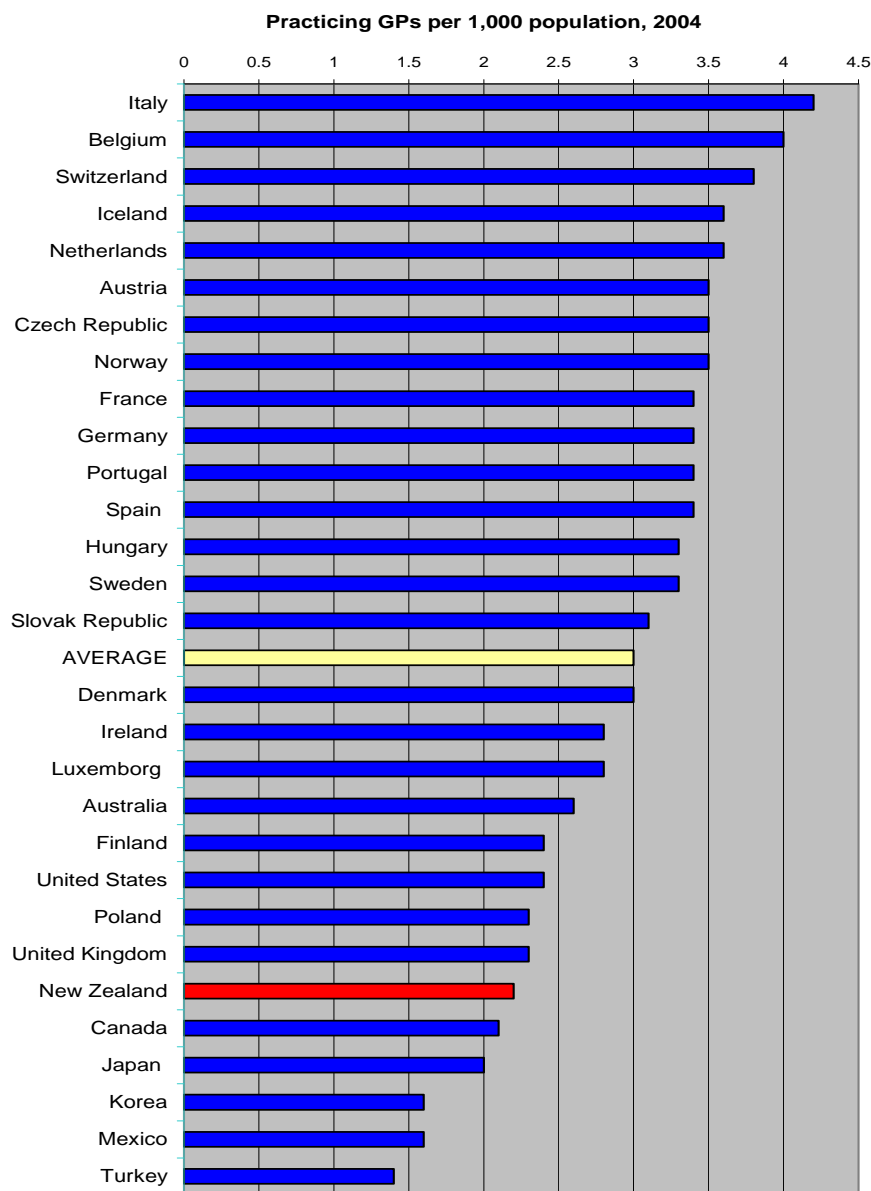
<sup>4</sup> Includes all TLA Ruapahu

<sup>5</sup> Includes all TLA Kapiti

<sup>6</sup> Includes all TLA Queenstown-Lakes

New Zealand however does not compare well with other OECD countries in terms of numbers of General Practitioners per 1000 population. Further while the graph below shows that both the UK and Canada have similar low numbers of GPs per 1,000 population both countries have since taken steps to address this by increasing the number of medical students they train.

*Table 8 Practicing GPs per 1,000 Population, 2004<sup>7</sup>*



<sup>7</sup>OECD Health Data 2006 (October 2006) Note that this rate is actual doctors rather than FTEs and hence the variance between table 7 and table 7.1.

An ideal ratio of doctors per population for New Zealand conditions has not been established, so a measure of the service gap cannot be easily determined<sup>iii</sup>. However the 1993 Health and Disability Services Act sets out a minimum doctor to population ratio of 1:1400 (FTE per local population) for the issuing of a Notice to practise in a locality.<sup>iv</sup>

### ***Temporary Registrants In General Practice***

In the 2004 edition of this report we were able to provide (limited) information on the total number of temporary registrants working in general practice. The introduction of the Health Practitioners Competency Assurance Act 2003 (which took effect from 2005) however saw the MCNZ change its registration policies. As a result information is no longer collected on whether a doctor wishes to stay permanently but focuses instead on the different pathways through which a doctor can qualify for registration.

The MCNZ's advice is that doctors coming to work in general practice for a limited period use the same pathway as that used by doctors who come to New Zealand permanently. It is therefore impossible now to determine from the data collected which doctors are temporary registrants and which are here for the long-term.

### ***Location of GPs***

Although there are now more GPs than there were in 2003 (3006 in 2003 versus 3195 in 2007), the number of GPs per 100,000 population seems to have dropped (down from 78 in 2002 to 72 in 2007) suggesting that increases in supply of GPs are not keeping up with increases in population.

In the cities the lowest ratios of GPs per 100,000 population are the Wellington regions of Lower Hutt, Upper Hutt and Porirua, as well as Waitakere City in Auckland. The city with the highest ratio has been Auckland city for years but in 2007 was overtaken by Nelson City. Changes in the number of Doctors per 100,000 are felt most keenly however in the rural districts. Of these the most striking example of a small increase in Doctor numbers leading to the number of doctors per 100,000 population increasing from 25 in 2006 to 117 in 2007.

The total hours a GP works together with population changes however also has a significant impact on the availability of GPs per 100,000 of population. For example figures for Central Otago show that while the number of active GPs has not changed from 2002 to 2007, the number of FTEs per 100,000 has reduced from 95 to 65 over the same period as the average hours has reduced from 50 to 39.

*Table 9: Active General Practitioners by TLA of main work site.<sup>8</sup>*

TLA	2003 FTEs per 100K	2004 FTEs per 100k	2005 FTEs per 100k	2006 FTEs per 100k	2007 FTEs per 100k	2003 nos of active GPs	2004 nos of active GPs	2005 nos of active GPs	2006 nos of active GPs	2007 nos of active GPs
<b>Cities</b>										
North Shore City	68	65	67	71	67	150	151	157	166	168
Waitakere City	58	53	48	50	56	110	106	99	101	118
Auckland City	92	91	83	92	91	400	404	386	422	425
Manukau City	60	58	57	54	60	193	202	197	187	221
Hamilton City	95	89	74	84	75	116	111	100	118	109
Tauranga	84	76	81	91	79	87	84	93	103	97
Napier City	87	83	79	86	83	45	45	44	48	46
Palmerston North City	76	82	76	81	86	50	60	54	59	61
Porirua City	83	82	52	55	57	42	43	27	28	31
Upper Hutt City	86	80	50	72	56	32	30	22	30	26
Lower Hutt City	66	62	55	55	59	65	63	57	58	66
Wellington City	83	77	85	84	75	156	151	171	174	168
Nelson City	88	87	94	92	106	39	42	46	45	50
Christchurch City	96	88	87	86	84	325	322	338	340	344
Dunedin City	101	96	83	95	95	118	119	100	118	118
Invercargill City	83	86	83	110	104	42	44	44	60	57
<b>Districts</b>										
Far North District	107	91	72	89	78	51	46	35	46	42
Whangarei District	88	82	84	85	69	58	57	60	63	58
Kaipara District	38	47	53	72	59	7	8	10	12	11
Rodney District	73	60	50	61	60	53	48	43	54	54
Papakura District	72	74	84	63	62	29	30	37	28	27
Franklin District	60	64	42	46	47	30	37	25	26	32
Thames Coromandel	94	93	97	93	80	23	23	24	25	21
Hauraki District	67	75	70	63	71	11	11	10	11	12
Waikato District	64	45	57	48	38	23	16	21	19	16
Matamata-Piako	68	79	75	64	78	17	21	23	18	22
Waipa	73	63	77	77	74	29	28	32	33	31
Otorohonga	60	45	60	82	87	4	*	5	6	6
South Waikato	49	45	47	48	52	12	10	10	11	13
Waitomo	70	96	77	42	67	6	8	6	5	7
Taupo	67	56	65	68	69	21	18	23	25	25
Western BOP	48	54	48	53	51	17	19	17	21	23
Rotorua	75	76	69	84	88	52	54	49	61	67
Whakatane	76	86	78	77	96	27	30	25	27	34
Kawerau	76	54	73	40	83	5	4	6	*	6

<sup>8</sup> Note that in Table 8 FTEs are based on a 40-hour week, so that one GP working 60 hours is equivalent to 1.5 FTEs. The calculation of FTEs includes all work hours recorded for GPs (as identified by work role) at their main site. Average hours worked are provided in the table as an indicator of the impact of hours on FTEs. Only partial information was available for 2002.

TLA	2003 FTEs per 100K	2004 FTEs per 100k	2005 FTEs per 100k	2006 FTEs per 100k	2007 FTEs per 100k	2003 nos of active GPs	2004 nos of active GPs	2005 nos of active GPs	2006 nos of active GPs	2007 nos of active GPs
Opotiki	16	18	5	16	18	*	*	*	*	*
Gisborne	70	73	78	84	75	28	29	31	33	33
New Plymouth	76	68	67	70	62	53	52	48	53	49
Stratford	81	76	107	107	84	5	6	7	8	6
South Taranaki	60	52	55	66	57	16	12	14	17	15
Ruapehu	34	72	60	51	77	*	8	5	5	9
Wairoa	63	34	39	43	68	4	*	*	*	6
Hastings	69	65	64	68	69	45	47	44	47	53
Central Hawkes Bay	63	48	54	54	43	9	6	7	7	5
Wanganui	66	68	94	80	65	24	26	38	33	29
Rangitikei	77	59	48	63	59	9	7	6	8	9
Manawatu	74	69	45	59	74	21	16	11	14	18
Tararua	47	61	48	51	41	8	11	7	9	7
Horowhenua	34	42	28	30	32	8	10	6	7	9
Kapiti Coast	82	72	83	76	91	38	37	42	36	44
Masterton	68	71	62	100	80	13	16	14	20	17
Carterton	42	39	48	39	54	*	*	*	*	4
South Wairarapa	112	69	82	0	53	8	5	7	-	5
Tasman	80	61	45	59	54	35	32	22	31	27
Marlborough	87	76	76	70	77	34	31	32	31	34
Kaikoura	69	102	85	25	117	*	*	*	*	4
Buller	72	61	53	65	85	5	6	5	6	7
Grey	62	68	45	60	67	9	10	5	9	10
Westland	43	49	62	32	47	*	*	4	*	4
Hurunui	115	103	51	98	91	11	10	5	9	9
Waimakariri	46	40	50	45	45	17	15	18	17	19
Banks Peninsular‡	81	72	45	-	-	6	7	4	-	-
Selwyn	66	67	50	67	76	20	21	18	21	28
Ashburton	78	66	51	70	66	18	15	13	15	16
Timaru	76	76	66	81	79	29	28	24	30	30
Mackenzie	13	189	241	108	77	*	*	4	*	*
Waimate	56	51	99	65	43	*	4	6	5	4
Waitaki	79	78	61	76	83	13	15	10	14	16
Central Otago	95	100	89	89	65	12	14	12	13	12
Queenstown Lakes	93	100	82	62	55	20	25	22	18	15
Clutha	85	64	75	79	65	12	9	12	10	8
Southland	23	30	22	38	39	7	9	7	11	12
Gore	60	55	69	57	72	7	6	8	6	7
<b>Grand Total</b>	<b>77</b>	<b>73</b>	<b>70</b>	<b>73</b>	<b>72</b>	<b>3006</b>	<b>3009</b>	<b>2924</b>	<b>3106</b>	<b>3195</b>

Source: Numbers of GPs: NZHIS 2004 and updates

FTEs and Average Hours: MCNZ Workforce reports 2000 - 2006.

\* Denotes a number less than 4

‡ In 2007 Banks Peninsular TLA merged with Christchurch City

*Table 10: Average Hours of Active General Practitioners by TLA of main work site.<sup>9</sup>*

TLA	2002	2003	2004	2005	2006	2007
<b>Cities</b>						
North Shore City	39	37	37	37	37	36
Waitakere City	41	39	39	38	39	38
Auckland City	39	38	38	37	38	38
Manukau City	40	39	39	39	40	40
Hamilton City	42	41	41	39	39	38
Tauranga	40	38	37	37	38	36
Napier City	42	43	44	42	42	42
Palmerston North City	49	47	44	45	44	45
Porirua City	42	40	40	40	40	37
Upper Hutt City	43	41	41	35	36	33
Lower Hutt City	41	41	40	39	38	36
Wellington City	39	38	37	37	37	35
Nelson City	42	40	38	39	39	38
Christchurch City	40	40	39	37	37	37
Dunedin City	43	41	41	41	40	40
Invercargill City	40	41	41	40	39	38
<b>Districts</b>						
Far North District	48	48	45	48	48	44
Whangarei District	43	43	43	43	43	38
Kaipara District	42	39	44	40	40	43
Rodney District	44	46	45	43	43	44
Papakura District	45	43	45	41	41	43
Franklin District	45	44	41	39	39	38
Thames Coromandel	51	43	43	44	44	42
Hauraki District	45	41	46	45	45	40
Waikato District	47	47	46	46	46	45
Matamata-Piako	51	48	46	40	40	44

<sup>9</sup> Note that in Table 8 FTEs are based on a 40-hour week, so that one GP working 60 hours is equivalent to 1.5 FTEs. The calculation of FTEs includes all work hours recorded for GPs (as identified by work role) at their main site. Average hours worked are provided in the table as an indicator of the impact of hours on FTEs. Only partial information was available for 2002.

TLA	2002	2003	2004	2005	2006	2007
Waipa	39	43	37	41	41	41
Otorohonga	54	57	57	45	45	54
South Waikato	44	38	42	40	40	37
Waitomo	45	45	51	50	50	40
Taupo	46	42	42	39	39	37
Western BOP	46	46	45	48	48	39
Rotorua	41	39	39	39	39	36
Whakatane	44	39	39	44	44	40
Kawerau	41	43	37	38	38	38
Opotiki	55	31	70	20	20	65
Gisborne	47	45	46	45	45	43
New Plymouth	41	40	39	40	40	38
Stratford	54	57	47	53	53	53
South Taranaki	42	42	49	46	46	44
Ruapehu	52	64	51	64	64	47
Wairoa	49	56	51	53	53	47
Hastings	47	43	41	42	42	40
Central Hawkes Bay	38	37	43	42	42	47
Wanganui	50	48	49	45	45	41
Rangitikei	51	52	55	45	45	43
Manawatu	52	40	50	49	49	47
Tararua	38	42	40	44	44	42
Horowhenua	51	52	52	57	57	43
Kapiti Coast	40	39	37	38	38	40
Masterton	41	49	44	43	43	46
Carterton	30	40	37	46	46	40
South Wairarapa	47	50	52	42	-	39
Tasman	37	41	37	39	39	37
Marlborough	43	43	43	43	43	44
Kaikoura	51	50	49	43	43	45
Buller	70	56	39	44	44	50
Grey	41	36	36	45	45	38
Westland	53	45	53	49	49	41
Hurunui	49	44	45	50	50	46
Waimakariri	41	43	45	47	47	44
Banks Peninsular ‡	40	45	38	44	-	-
Selwyn	40	39	40	35	35	40
Ashburton	51	46	48	46	46	49
Timaru	48	45	47	48	48	47
Mackenzie	88	20	94	81	81	60
Waimate	45	53	36	47	47	32
Waitaki	50	49	43	45	45	43
Central Otago	50	47	45	49	49	39
Queenstown Lakes	39	38	37	35	35	38
Clutha	44	49	49	47	47	58
Southland	39	39	40	38	38	38
Gore	44	43	47	44	44	50
<b>Grand Total</b>	<b>42</b>	<b>41</b>	<b>40</b>	<b>37</b>	<b>37</b>	<b>37</b>

‡ In 2007 Banks Peninsular TLA merged with Christchurch City

When considering GP to population ratios around the country, the demographics of the population served and the impact that our ageing population must also be considered. Older people use GP services more often than younger people and are more likely to have multiple conditions requiring more complex consultations. Though there is evidence of improved health status of future generations of older people and falling rates of severe disability, this is unlikely to be sufficient to offset pressure on services from an increasing number of older people. Indeed, older people of the future are predicted to have higher expectations of continuing an active and independent lifestyle into their older age, and are likely to be more demanding of health services.<sup>v</sup>

Table 11 sets out the projected percentage of the population expected to be 65 and over in the future.<sup>vi</sup>

**Table 11: Percentage of total population 65 and over, by age group, 2001 base and series 4 projections**

Age group (years)	Percentage of population		
	2001	2011	2031
65–69	28.4	30.2	27.5
70–74	26.2	24.3	24.5
75–79	21.0	18.0	19.1
80–84	13.6	14.2	14.7
85 plus	10.8	13.3	14.2

### ***Demographic Structure of the GP Workforce***

The GP workforce continues to age. In 2002 GPs aged 40-44 were the largest group. In 2007 the largest group are those aged 45-49.

Tables 12 and 13 indicate that there is a growing proportion of GPs nearing retirement age while the number of younger Doctors entering general practice is not increasing at levels to offset this.

*Table 12: Age distribution of General Practitioners in NZ, 2002-2007*

Age (years)	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
No. of GPs 2002	31	243	530	708	562	369	206	133	55	80
No of GPs 2003	36	206	510	727	583	417	240	137	72	78
No of GPs 2004	39	181	465	481	627	457	276	131	74	82
No of GPs 2005	20	170	387	617	653	479	291	142	85	80
No of GPs 2006	37	174	384	607	719	531	314	172	90	78
No of GPs 2007	48	184	329	599	725	565	368	193	112	72

*Data Source: NZHIS. MCNZ data.*

*Table 13: Change in age distribution of General Practitioners in NZ, 2002-2006*

Age (years)	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
% in age group 1998	2.2	15	23.6	19.7	14.3	8.9	5.8	3.9	3.4	3.3
% in age group 2002	1.1	8.3	18.2	24.3	19.2	12.6	7.0	4.5	1.9	2.7
% in age group 2006	1.2	5.6	12.4	19.5	23.1	17.1	10.1	5.5	2.9	2.5

*Data Source: NZHIS. MCNZ data*

The average age of GPs has continued to rise. Whereas in 1998 the majority of GPs were spread over the 30 to 49 year brackets, by 2007 this group had moved to the 40 to 59 year age brackets.

In 2005 the RNZCGP undertook a survey of its membership, which focused on future workforce intentions, teamwork and remuneration. This follows on from the same survey that was undertaken in 2003. In the 2005 survey 27% of all GPs indicated they intended to change their future workforce arrangements within the next 5 years. (Cf. 49% in the RNZCGP 2003 survey, within the next 4 years). Of those intending to change their future workforce

arrangements the greatest reason stated was the intention to retire. Whereas in the 2003 survey the results indicated that 8.6% of respondents intend to retire in the next four years, in 2005 the number suggesting they would retire in the next five years had risen to 18%.<sup>vii</sup>

Also of interest however are the future workforce intentions of general practitioners. Whereas in 2003 41% of those indicating they intended to change their future workforce arrangements said they wished to become either a full time self employed GP (27.2%) or a part time self employed GP (13.8%), in 2005 this figure had reduced to 15.7 % (3.9% Full time self employed GP and 11.8. part time self employed GP respectively) Instead - aside from those intending to retire - the majority of GPs intending to change their future workforce arrangements indicated they intended to work as a locum (12.3%), undertake non GP medical work (10.7%) or work overseas (10.3%).

### ***Gender***

The number of men and women in the active GP workforce is now increasing although it is only in 2007 that the figures have now overtaken 1998 levels. Following a sharp increase in the proportion of women coming into the GP workforce over the nineties, this has levelled off; since 2003 the proportion of women to men has increased by only 2%.

Women GPs have traditionally worked fewer hours – both actual and on call than male GPs. That trend of reducing hours though is now affecting both sexes; In the March 2007 RNZCGP Membership Survey it was noted that on average GPs spend 39.3 hours per week working. (Cf. 48 hours a week in 2005.) Although the level of change may be somewhat skewed owing to the fact that GP locums averaged approximately 21 hours per week in 2006 compared with 37 hours a week in 2005, it is nonetheless significant that all work statuses were found to have a reduction in the number of hours worked per week.<sup>viii</sup>

***Table 14: Gender of Active GPs***

<b>Year</b>	<b>Males</b>		<b>Females</b>		<b>Total Males &amp; Females</b>
	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>	
2007	1868	58.5	1327	41.5	3195
2006	1838	59.2	1268	40.8	3106
2005	1752	59.9	1172	40.1	2924
2004	1831	60.8	1182	39.2	3013
2003	1830	60.9	1176	39.1	3006
2002	1825	62.6	1092	37.4	2917
2001	1915	63.1	1122	36.9	3037
2000	2002	63.2	1164	36.8	3166
1999	2037	63.8	1154	36.2	3191

1998	2051	64.9	1108	35.1	<b>3159</b>
1997 <sup>10</sup>	2077	66.6	1042	33.4	<b>3119</b>
1996	1979	67.4	956	32.6	<b>2935</b>
1995	1971	69.2	879	30.8	<b>2850</b>
1994	1946	71.3	784	28.7	<b>2730</b>
1993	1906	72.4	725	27.6	<b>2631</b>
1992	1894	73.0	700	27.0	<b>2594</b>

Source: NZHIS. MCNZ data.

### ***Maori and Pacific Island GPs***

The 2007 RNZCGP survey indicates that there continue to be significant shortages of doctors from Maori, Pacific and other ethnic groups compared with the general population. Ethnicity figures for GPs available for 2000 show that just 2% of the GP workforce was Maori and 0.8% Pacific. In 2007 the percentage of Maori working as General Practitioners had increased marginally to 2.7 and the number of Pacific Islanders to 1.6%. This remains less than the proportion of Maori and Pacific peoples in the general New Zealand population (17.7% and 6.4% respectively according to 2006 Census data).

### ***International Medical Graduates (IMGs)***

In 2002 35% of active GPs had received their primary medical training overseas.<sup>ix</sup> In 2007 that number had increased to 41%.<sup>x</sup>

Without the contribution of international medical graduates, our medical workforce would be exposed to further stresses and shortages. However the high proportion of IMGs does raise other issues. There are unique aspects to medical practice in New Zealand, notably the need to be sensitive to the health needs of Maori, and the operation of the parallel ACC system. All IMGs require orientation in these aspects of service delivery. Although we noted this in our 2004 report little since then seems to have been done to address this.

Doctors who completed their primary training overseas continue to be concentrated in rural areas. In 2001 50% or more of the doctors in 25 of the 56 non-city district authorities completed their primary medical training overseas. In 2006 it was 50% or more doctors in 30 of the non-city district authorities. Of those, the GP workforce for South Taranaki, Wairoa, Horowhenua, Buller, and MacKenzie, was made up of 75% or more. In contrast, the fifteen city-based territorial authorities continue to rely less on OTD's with only one (Invercargill having more than 50% of its GPs in 2006 who qualified overseas).<sup>xi</sup>

<sup>10</sup> Before 1997 the workforce data provided statistical information about the active medical workforce at the end of June of each year. The data for 1997 is as at 31 March. This coincides with statutory requirements to report to the MOH on the financial year 1 April to 31 March.

### ***Nature of Work Undertaken by GPs***

After what appeared to be a trend for GPs to increasingly become involved in a wider range of other areas of medicine, this has since stopped and more GPs are now recording general practice as the work they are involved in at their main work site. Table 14 indicates that most categories of work other than general practice have reduced with the exception of Accident and Medical (from 5 in 2002 to 58 in 2007).

The earlier rapid decline in the number of GPs involved in obstetrics has been maintained with now no GPs identifying obstetrics as their main area of work.

Primary care is the second most common category of work identified by GPs. However fluctuations between GP and primary care figures may be attributed to form changes making options more visible. Primary Care as a work type is defined in the workforce survey guidelines as including A&E or accident and medical services (note there is also a separate specified work type for accident & medical practice), allergy (sic), counselling, prison medicine, student health, travel medicine, complementary medicine, general primary care, and "other, for example manipulative medicine, ACC assessor, insurance examinations, pain management or other clinical work in primary care not specified".

***Table 15: Types of work GPs are involved in at main work site***

<b>Site 1 Work type</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>
General Practice	2931	2539	2639	2502	2538	2663	2658	2653	2778	2533
Primary care	193	620	491	512	309	291	288	189	201	506
Occupational Medicine	4	5	<4	4	7	<4	<4	<4	4	5
Accident and Medical	-	-	-	-	5	26	33	41	33	58
<b>Public Health</b>	<4	<4	4	5	4	<4	<4	<4	4	<4
Sports Medicine	-	-	<4	<4	4	<4	<4	<4	<4	<4
Gen Surgery	4	<4	0	0	<4	0	0	0	0	0
Internal Medicine	<4	<4	5	<4	<4	<4	<4	<4	<4	<4
Musculo Skeletal Med	-	-	5	0	<4	0	0	<4	0	0
Psychiatry	<4	<4	<4	<4	<4	<4	<4	<4	<4	0
Obstetrics & Gynae	<4	<4	<4	<4	<4	<4	0	0	0	0
Emergency	<4	<4	<4	<4	<4	0	0	0	4	<4

Site 1 Work type	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Medicine										
Ophthalmology	0	<4	0	0	<4	<4	0	<4	0	0
Anaesthetics	0	0	0	0	<4	0	0	0	0	0
Sexual Health	-	-	0	0	<4	<4	0	0	<4	<4
Surgery – Orthopaedic	0	0	<4	0	0	0	0	0	0	0
Surgery - other	<4	<4	0	<4	0	0	0	0	0	0
Surgery - Paediatric	0	0	<4	0	0	0	0	0	0	0
Paediatrics	0	0	<4	0	0	0	0	0	0	0
Pathology	0	<4	0	0	0	0	0	0	0	0
Dermatology	0	0	<4	0	0	0	0	0	<4	0
Other	<4	7	5	5	<4	5	8	<4	6	<4
Not answered	16	8	0	0	34	<4	10	18	58	70

Source: NZHIS. MCNZ data.

**Table 16: Role of Dr by primary care work type at main work site**

	GPs	PCs	Other	Total
1998	193	156	69	418
1999	620	150	67	837
2000	491	155	49	695
2001	512	134	51	697
2002	309	119	48	476
2003	288	51	35	374
2004	291	55	41	387
2005	189	53	19	261
2006	201	62	29	292
2007	506	66	36	608

Source: NZHIS. MCNZ data.

Note that the workforce survey category “primary care other than general practice” is included by MCNZ as both a work type category and also as a role category. The role category of “primary care other than GP” is not defined. As a result it is an area that would benefit from additional research prior to further analysis.

Both uses of the category need to be considered when interpreting the data. For example, while the proportion of doctors identifying themselves as employed in the role “primary care other than general practice” has decreased, there has been an increase in the number of doctors identifying primary care as their main work type. That is, fewer doctors are self-defining as primary care practitioners, but more doctors have been identifying this category of work as their main area of work.

## **Workload**

The level of direct patient contact GPs have is affected by time spent on other activities such as management, administration, education and quality, and audit activities. In 2001 it was noted that the demands on GPs' time had increased with a greater emphasis on ongoing education, quality and audit, and an increasing complexity of information required. GPs have expressed frustration at a high administration burden and high compliance costs imposed on general practice by new and existing regulations.<sup>xii</sup>

The transition to PHOs has only increased that administrative burden. In its 2005 membership survey the RNZCGP reported:

While in the 2005 survey, GPs were not asked whether they wished to join a PHO, many commented that the PHO structure had increased the burden of bureaucracy, compliance costs, and paperwork. These observations are consistent with PHO funding policy, whereby future funding is often withheld until all the information requirements of the system are fulfilled. These bureaucratic requirements are driving many current and potential GPs away from general practice. As recommended in the first report, there needs to be an in-depth audit of the bureaucratic compliance cost issues to ensure that GPs are not being overburdened by unnecessary paperwork.<sup>xiii</sup>

## **Working Conditions**

GPs have indicated that heavy workloads, a perceived decline in the income potential of general practitioners (notwithstanding the gradual introduction of the universal subsidy from 2003) and increasing compliance tasks and costs continue to contribute to workplace stress and a resulting reluctance to enter or to stay in general practice. The RNZCGP Membership Survey *"Future Workforce Intentions, Teamwork and Remuneration"* Part II, March 2006 noted that as a result of a perception that remuneration was falling, some GPs were now opting for salaried positions with DHBs and PHOs and as a result were now beginning to be remunerated at rates comparable with other medical specialists.

**Table 17: Hours worked by GPs**

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total number	3159	3191	3166	3037	2917	3006	3013	2924	3106	3195
Average hours worked per week	42.9	43.2	44.1	44.7	42.0	40.9	40.4	39.8	39.6	37
Percent working > 50 hours per	29.7	31.1	33.3	36.7	n/a	n/a	n/a	n/a	n/a	n/a

week										
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Data Source: NZHIS. MCNZ data.

Although the average hours worked by GPs per week at first glance seems reasonable, the figures may be deceptive. For although the average hours in 2007 was 37 per week it is to be noted that the proportion of Doctors working more than 50 hours per week (where those figures are available) compared with average hours, suggest that around 1/3 of all general practitioners are working more than 50 hours a week. This in turn suggests that the "average" figure may be skewed by a small proportion of doctors working limited hours.

Also of note is the 2005 RNZCGP Membership Survey "*General Practice in New Zealand Part I*", December 2005 which found that men worked on average 55 hours per week and women 39.

### **Supply of GPs**

#### **General Practice as a Career Choice**

In 2001 the WIDE survey was conducted. This study recorded career intentions of 4th, 5th and 6th year Christchurch medical students, and showed that only 16% gave general practice as their first choice for career.<sup>xiv</sup> Level of debt and the attraction of higher salaries were factors affecting career choice.

In another survey of 1st to 5th year Auckland medical students conducted in 2001, only 13.6% indicated a desire to work in primary care.<sup>xv</sup> The authors speculated this was due to lower remuneration from general practice. Similarly a 2003 survey of Auckland medical school students, house officers and registrars indicated that junior doctors were more likely to express interest in careers in clinical specialities other than general practice. Only 8.9% of students were definitely interested in general practice as a career choice. Top factors influencing career choices were (in descending order) interest in the speciality, lifestyle, ability or aptitude for the speciality, and financial rewards. General surgery and internal medicine were the most popular choices (22.7% and 18% of students).<sup>xvi</sup>

#### **Retention of Graduate Medical Students**

Table 18 shows the percentage of graduates working, one, two and three years after their graduation (as measured by applications for APCs). A consistent pattern has developed whereby by PGY3 25% of all registered medical graduates have left.<sup>xvii</sup> Figures for 2003 and 2004 however suggest that the ratio of those leaving at PGY3 has declined although it is too soon to say whether the trend is reversing or if this is simply a blip in the figures.

*Table 18: Graduate Retention of all Medical Practitioners Class Years 1995 - 2006*

First Class Year <sup>1</sup>	Size of Class <sup>2</sup>	Number Registered	Percent of registered <sup>3</sup> graduates retained by postgraduate year <sup>4</sup>											
			1	2	3	4	5	6	7	8	9	10	11	12
1995	275	258	96	84	74	76	80	74	72	69	65	66	67	67
1996	275	264	97	88	78	80	78	77	75	69	64	64	61	
1997	284	266	97	86	73	68	72	72	70	68	64	65		
1998	288	251	96	80	69	77	77	73	70	66	61			
1999	305	270	99	79	75	77	77	72	70	67				
2000	323	286	94	82	74	77	78	79	76					
2001	297	271	95	79	78	81	80	78						
2002	308	285	94	81	76	79	82							
2003	329	302	94	81	80	78								
2004	342	284	101	87	85									
2005	318	297	100	84										
2006	322	287	99											

*Data Source: MCNZ Data*

Student debt contributes to newly graduated doctors' decisions to exit New Zealand to work overseas.<sup>xviii</sup> In 2006 the Government announced its decision to not charge interest on student loans for all students who reside in New Zealand for more than 183 consecutive days (6 months). Although too soon to tell, this is likely to have a positive impact on the decision of doctors to remain in New Zealand although there will always be some who will want to undertake an OE. The recent decision of the Government to provide incentive based debt relief to certain newly qualified doctors is also likely to have an impact.

### ***GP Vocational Register***

Notwithstanding a slight hitch in 2003 when the total number of GP vocational registrations dropped back for one year, the number of GP vocational registrants continues to increase if slowly. The decision in 2006 to increase the number of GP Vocational Training Posts from 54 to 69 in 2007 and 104 in

<sup>1</sup> Final class year is used as Auckland and Otago identify graduate year differently.

<sup>2</sup> Size of class is list of those in final class years as given by medical schools. Not all will necessarily be eligible for graduation.

<sup>3</sup> Registered is defined as those from the class year who have been registered at some time.

<sup>4</sup> Years give those who held one or more APC in the year April to March as a percent of the graduates from the class year who have registered in New Zealand

2008 is welcome news although it is still insufficient to combat gradually rising demand coupled with an aging general practitioner population.

**Table 19: Vocational Registrations in General Practice in New Zealand 2000 – 2006**

Year	Added	Removed	Net change	Total No. of GP vocational registrations	Number OTD with GP voc reg
2000	173	45	128	1902	62
2001	153	28	125	2027	60
2002	299	62	237	2264	99
2003	143	83	60	2324	55
2004	234	48	186	2510	103
2005	138	43	95	2605	72
2006	144	45	99	2705	62
2007	129	17	117	2817	64

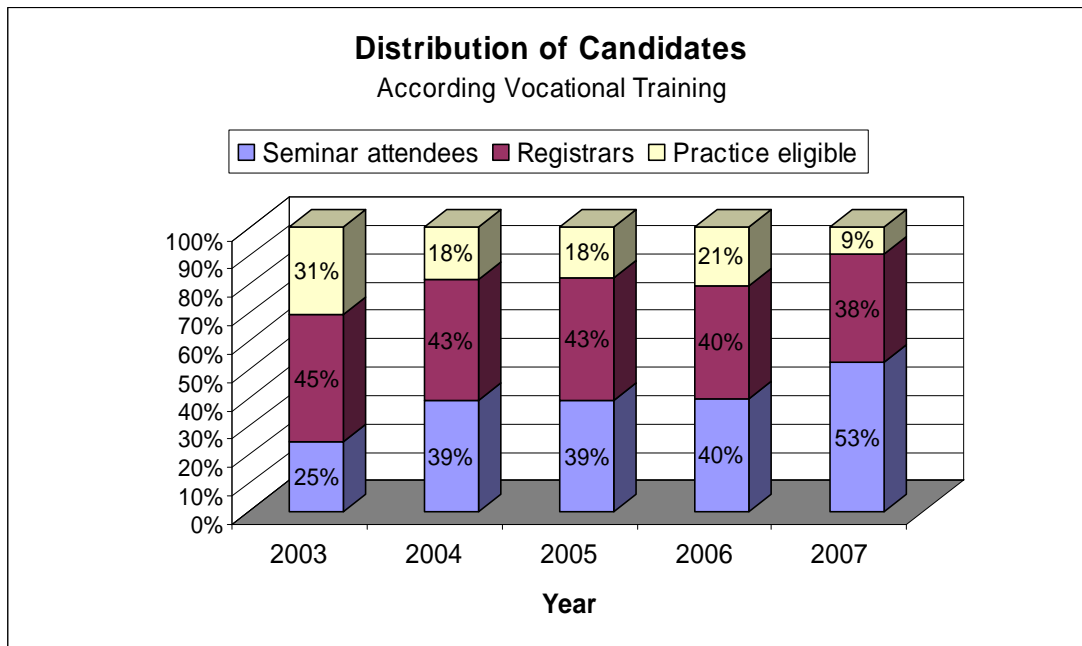
Source: MCNZ Annual Reports

The number of overseas-trained doctors obtaining vocational registration seems to be quite variable and ranges between 55 and 103. Figures for 2002 (99) and 2004 (103) are significantly higher than those for other years although the reason why is not clear. Further research on the supply and retention of overseas-trained doctors would provide clarity.

The determining of trends on numbers entering general practice is complex due to the myriad of factors affecting the numbers entering, undertaking and completing the pathway to Fellowship and the gaining of vocational registration. Information on the doctors undertaking vocational training has been provided by the RNZCGP. College data shows that in 2007 there were 207 candidates sitting Primex, which is a significant increase compared with previous years (148 in 2005 and 156 in 2006).

Of the 205 2007 Primex candidates, 78 had undertaken the registrar programme in 2007 or earlier years, 108 had attended the seminar programme and 19 were practice eligible candidates. Whereas the rate of seminar programme attendees remained around 40%, the proportion of registrars increased moderately. Conversely, the number of practice eligible candidates decreased markedly in 2007 as a result of new requirement to sit the exam. Since 2007 the College requires all those entering Primex to enrol in either the GPEP1 intensive clinical training programme or seminar series or to apply to the College Board of Studies for an exemption where the candidate considers they have completed general practice vocational education equivalent to GPEP1 and are seeking recognition of their prior learning.

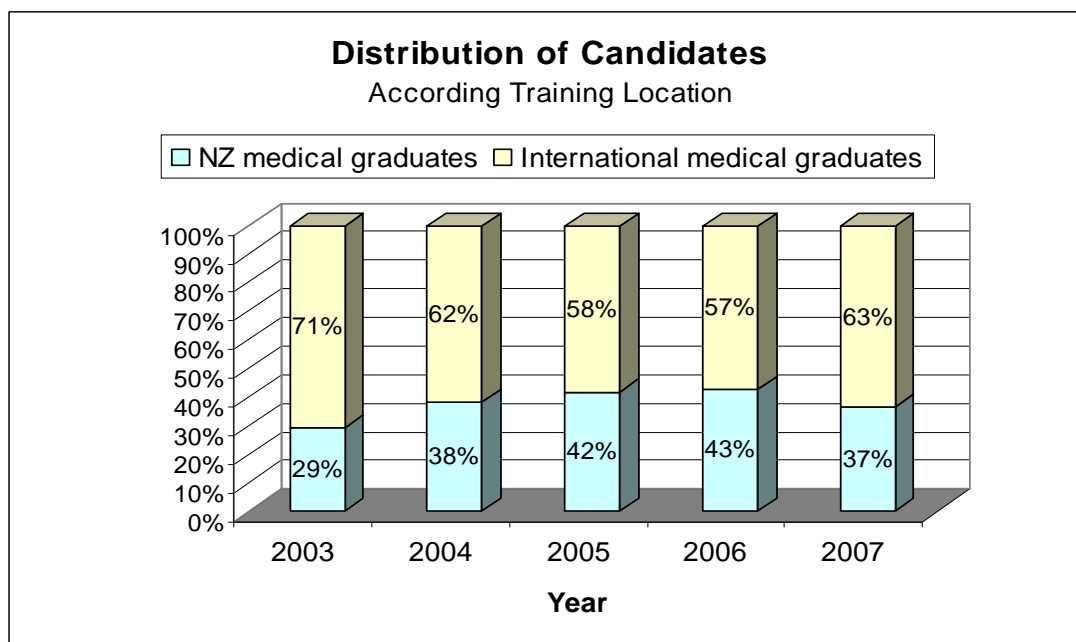
**Table 20: Distribution of Candidates According to Vocational Training**



*RNZCGP data*

In 2003 71% of candidates who sat Primex gained their first medical degree overseas. This decreased to 57% in 2006 and increased again in 2007 with 63% sitting Primex gaining their first medical degree overseas.

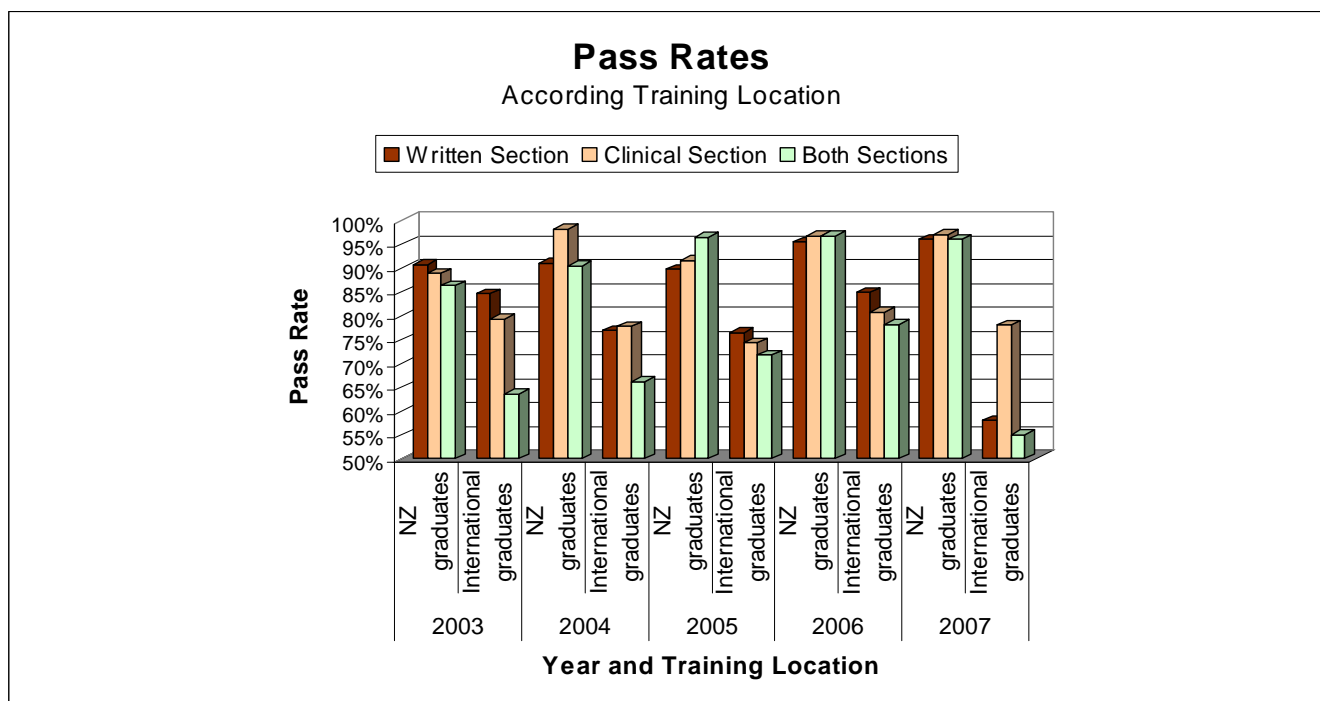
**Table 21: Distribution of Candidates According to Training Location**



*RNZCGP Data*

The pass for those who gained first medical degree overseas varied over the years and dropped to 55% in 2007. The performance of those who gained their first medical degree in NZ is steadier with the pass rate around 90%.

**Table 22: Pass Rates**



## Concluding Comments

After a period of declining numbers, the general practitioner workforce is once again increasing albeit slowly. Unfortunately the rate of increase is not keeping up with population increases. Thus while in 2007 numbers had increased to 72 FTEs per 100,000 population, this is still well below the 2001 level when there were 83 FTEs per 100,000 population. This figure is also well below those given for other OECD countries, although we add the caveat here that the OECD figures are based on 2004 data.

As might be expected, the cities and towns generally continue to outstrip rural areas in terms of numbers of doctors as a percentage of population. Having said that, in 2007, the highest number of FTE general practitioners per 100,000 kms could be found in Kaikoura (117), Nelson (106), Invercargill (104), and Whakatane (96). The fact that some smaller areas have high ratios owes to the fact that the population is small and thus a single extra doctor can skew the figures. For example in 2007 Kaikoura had only 4 doctors but in 2006 had less than that with a ratio of only 25 doctors per 100,000 kms. Areas where the ratio of general practitioners per 100,000 kms was lowest were Opotiki (18), Horowhenua (32), Waikato District (38) and Southland (39).

The average hours general practitioners are working is gradually reducing and in 2007 the average was 37 per week. This suggests that more and more general practitioners are placing greater emphasis on lifestyle than has been the case historically.

Given all of the above and the fact that there is an aging population (including general practitioners), it suggests that the workforce crisis continues for general practitioners and that action needs to be taken now. Having said that we are heartened by the government's proposal to increase medical student numbers, the recent work of the Medical Training Board as well as that currently being done by the Resident Medical Officers Commission and Senior Medical Officers Commission respectively. These collectively give us hope that change can be made and the crisis ended.

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<sup>i</sup> Royal New Zealand College of General Practitioners. A Profile of General Practice in 2007. Occasional Paper 9.

<sup>ii</sup> 'Active GPs' are those doctors who in the APC workforce survey have self-selected 'General Practitioner' as their role code. They hold an APC and work four or more hours per week (on average) in NZ in medical (including non-clinical) work.

<sup>iii</sup> Some work towards developing this has been done by the Royal New Zealand College of General Practitioners in 2006. See RNZCGP Occasional Paper 8 "*Forecasting GP Workforce Capacity; Towards an Understanding of GP Workforce Capacity, Long Term Forecasting and Benchmark Tools*", Fretter J and Panda M, 2006.

<sup>iv</sup> Section 51 of The Health and Disability Services Act 1993, as set out in the 'Procedure for application for a Notice' under Advice Notice: *To General Practitioners Concerning Patient Benefits and Other Subsidies*, and now referred to as Section 88.

<sup>v</sup> Ministry of Health. Health of Older People: A Statistical Reference. Ministry of Health, Wellington 2002. Available at [www.moh.govt.nz](http://www.moh.govt.nz)

<sup>vi</sup> "Impact of Population Ageing in New Zealand on the Demand for Health and Disability Support Services, and Workforce Implications", Background Paper prepared for the Ministry of Health, Cornwall J and Davey J New Zealand Institute for Research on Ageing (NZiRA) and the Health Services Research Centre (HSRC), Victoria University of Wellington, page 3

<sup>vii</sup> Royal New Zealand College of General Practitioners. Membership Survey 2003. Final workforce results. February 2004, 2005 RNZCGP Membership Survey General Practice in New Zealand Part II, March 2006

<sup>viii</sup> 2006 RNZCGP Membership Survey, March 2007, page 20.

<sup>ix</sup> Medical Council of NZ. Annual Reports. Available at [www.mcnz.org.nz](http://www.mcnz.org.nz)

<sup>x</sup> MCNZ the New Zealand Medical Workforce 2007

<sup>xi</sup> MCNZ. The New Zealand Medical Workforce in 2001, and New Zealand Medical Workforce in 2006 Wellington: Medical Council of New Zealand, Available at [www.mcnz.org.nz](http://www.mcnz.org.nz)

<sup>xii</sup> Report to the Minister of Health from the General Practice Test Panel on Compliance Cost. February 2001

<sup>xiii</sup> RNZCGP 2005 Membership Survey Report II March 2006.

<sup>xiv</sup> Gill D, Palmer C, Mulder R, Wilkinson T J. Medical student career intentions at the Christchurch School of Medicine. The New Zealand Well-being, Intentions, Debt and Experiences (WIDE) survey of medical students pilot study. Results part II. NZMJ 2001; 114: p465-467.

<sup>xv</sup> O'Grady, G and Fitzjohn, J. Debt on graduation, expected place of practice, and career aspirations of Auckland Medical School students. NZMJ 2001; 114: p468-470.

<sup>xvi</sup> Zarkovic, Andrea, et al. Postgraduate Career Choices. Clinical Education & Training Unit, Auckland District Health Board. 2003

<sup>xvii</sup> MCNZ 2000 - 2006 Workforce Reports . Available at [www.mcnz.org.nz](http://www.mcnz.org.nz)

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<sup>xviii</sup> Gill D et al. Medical Student Career Intentions at the Christchurch School of Medicine. The NZ Well-being, Intentions, Debt and Experiences (WIDE) survey of medical students pilot study. Results Part I and Part II. NZ Med J 2001; 114 : 461-7