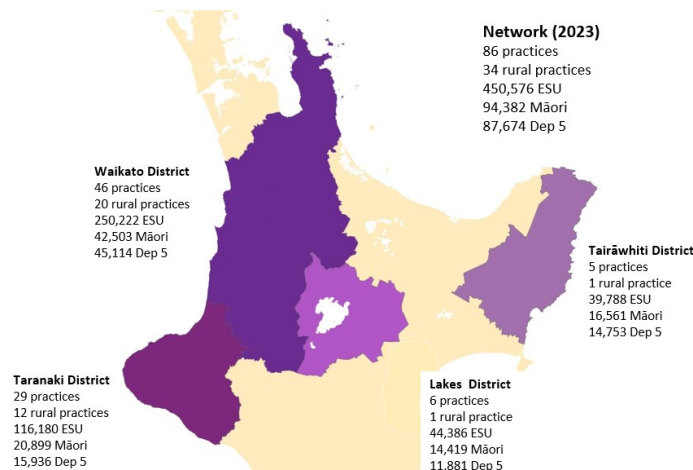


WORKFORCE SURVEY 2023

The Pinnacle Network

The network covers Tairāwhiti, Lakes, Taranaki and Waikato in Te Manawa Taki. Across this rohe, Pinnacle practices provide health care for over 450,000 people. Practices service a diverse population, encompassing rural, remote rural and urban areas, retirement zones, a relatively high proportion of Māori and many socio-economically disadvantaged communities.

Our regional demography adds to the challenge facing primary care. With inequities in access and outcomes for Māori, coupled with a growing and ageing population, growth in the incidence and impact of chronic conditions and population redistribution the network will face a greater increase in workload than are likely to occur in many other regions.



Overview

The GP workforce increased 33.6% from 2006 to a headcount of 386 in 2023. In this 17-year period there has been considerable change, including PHO consolidation. Since then there have been smaller movements of practices both joining and exiting the network, and some practice mergers. Māori and Pasifika remain underrepresented, and this is not reflective of the enrolled or wider Te Manawa Taki population. Historically the network has had a higher proportion of GPs in rural areas. The number of rural GPs has increased, but as a proportion of all GPs has decreased to 26%.

Measure	2006	2009	2023	Trend*
Number of GPs	289	323	386	↑
GP registrars	-	9 (2.8%)	57 (14.8%)	↑
Female GPs	91 (31.5%)	113 (35.0%)	201 (52.1%)	↑
Male GPs	198 (68.5%)	210 (65.0%)	185 (47.9%)	↓
Māori GPs	4 (1.5%)	2 (0.9%)	15 (4.2%)	↑
Pasifika GPs	-	-	0.6%	→
GPs in urban practices	197 (68.2%)	226 (70.0%)	285 (74.0%)	↑
GPs in rural practices	92 (31.8%)	97 (30.0%)	100 (26.0%)	↓
Overseas trained GPs	53%	54%	51%	↓
Ave years since 1st qualification	-	-	24 years	
Ave years registered in NZ	-	-	19 years	

* Arrow direction based on proportional trend

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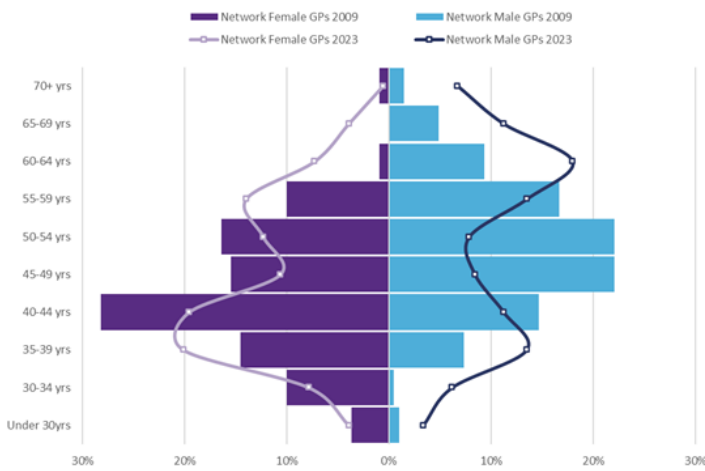
Key Points at a glance

- The **workforce has grown**, the headcount rising from 289 to 386 in 2023; equating to a 33.6% rise.
- A considerable **portion of the workforce has remained stable**. 28% of GPs counted in 2023 were here in 2006.
- The **workforce continues to gradually age**. Average age has risen from 47.6 years to 49.4 years.
- **Feminisation of the workforce continues**. Women are now 52% of the workforce, up from 35% in 2009.
- The **proportion of rural GPs continues to fall**. In 2006 almost 1 in 3 worked rurally, now 1 in 4.
- **Māori GPs have increased to 4.5%**. This is not reflective of the population.
- There is a **history of reliance on overseas trained GPs**. A majority remain foreign trained - but only just - at 51%.
- **Most are vocationally registered** and work as specialist GPs (69%).
- **Ownership arrangements are changing**. Owner-operators are no longer the majority; 70% in 2006 were owner operators, declining to 36% in 2023 (mirroring national trends).
- **GPs are generally satisfied with their job**. Using a 7-point scale where 7 = very satisfied; GPs averaged 5.5 in 2023.

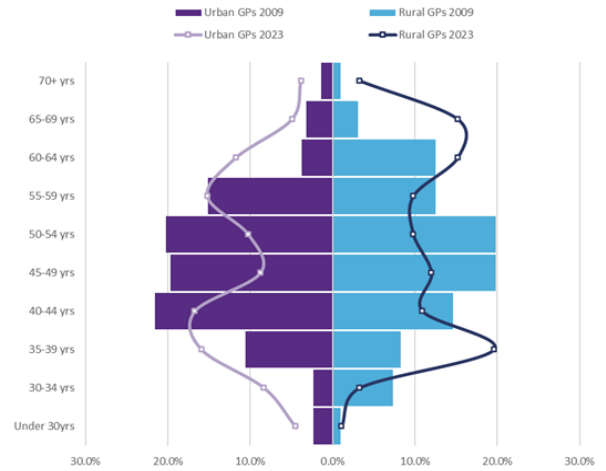
Workforce Ageing – Summary Points

- The continued gradual ageing of the network for both females and males, but more so for male GPs and for owner-operators.
- Younger GPs are entering the network, both male and female. In 2023 there is a growing proportion of GPs aged under 40 years compared with 2009.
- There has been a hollowing out of the male GP workforce in the ages of 40-54 years, due in part to the ageing of the 2009 workforce (those remaining in the network since then).
- Over time a growing proportion of female GPs have moved into the 55+ groups. As for males, this is due in part to those remaining in the network ageing. For example a GP in the prominent group (Figure 2) aged 40-44 years in 2009 will be aged around 53 to 59 years now.
- Male GPs have a significant proportion aged 60+ years in 2023, compared to the age structure in 2009. This is not surprising as the significant baby boomer cohort started reaching the age of 65 years in 2011.
- In 2009 there was only a small proportion of female GPs aged over 60+ years, this has increased in 2023 but remains well below that for male GPs.
- On average rural GPs are older than those in urban areas. Since 2006 this average age gap has increased.
- There is a growing proportion of all GPs aged over 65 years and this is in line with national findings of an ageing general practice workforce within an ageing population. However, there is a significant proportion of GPs who shortly will reach 65 years of age – this is evident when considering the proportion of all GPs currently aged 60+ years sitting at 23.8%.
- The most common source countries for GPs trained overseas are the UK and Ireland followed by Africa (majority in South Africa). However, both these categories have declined in proportion over time. There have been small but increasing proportions trained in Asia, USA/Canada and Australia. The source area with the largest increase over time is Other Europe.

Age pyramid, male & female GPs, 2009 and 2023



Age pyramid, urban & rural GPs, 2009 and 2023

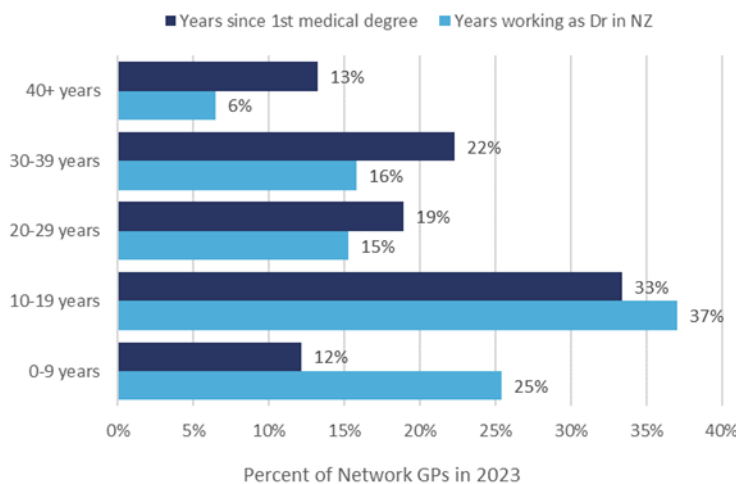


Pinnacle GPs | Specialist GPs are very experienced

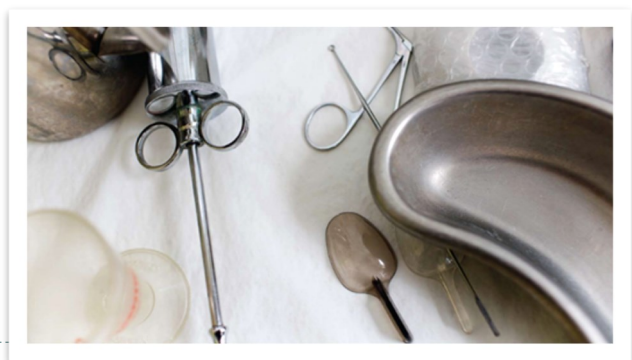
Network GPs bring considerable experience to the patients they serve with an average of 24 years since their first medical qualification and an average 19 years' experience in health care in this country. 35% have more than 30 years of experience as a doctor with 22% have worked in New Zealand for more than 30 years.



GP years' experience since initial medical degree and years working in NZ



“Prevention is the forgotten entity in primary care. Primary care as the ambulance at the bottom of the cliff, becoming primary health care at the top of the cliff.”



Workforce Burnout

Burnout is of concern world-wide. In the RNZCP 2022 workforce report, 79% reported some level of burnout, with nearly half reporting high levels. This 2023 survey used a different question and scale for measuring burnout. A total of 149 GPs answered the question (39% of all GPs). The question was “using your own definition of burnout, how would you describe your current state?” Some 43% self-identified as experiencing some degree of burnout. These GPs were provided with contact information about pathways for assistance. Many factors contribute to burnout and the resulting consequences will have a direct effect on the sustainability of general practice. Burnout will continue to remain an issue in the foreseeable future.

Working Arrangements

Working arrangements are increasingly complex, with a greater variety of ways to work and flexibility of arrangements. There are small numbers of GPs working for more than one employer and working part time virtually. For those undertaking virtual work, the consults are not necessarily occurring with the Pinnacle enrolled population. This growing flexibility, while making it harder to categorise GP working arrangements, is a positive development. The workforce has responded to demand by organising scarce resource more effectively; and a portfolio career is becoming a reality for GPs. Flexibility of arrangements may assist with career satisfaction and workforce retention, including for GPs reaching the traditional retirement age.

“Much greater central and community focus on addressing social determinants of health, such that these can occupy less space in health care delivery, and therefore we can focus more on the clinical side, which is what we are best at.”

General Practice Ownership Arrangements are Changing - in line with national trends

Measure	2006	2009	2023	Trend
Number of GP owner-operators	203	191	139	↓
Percent GP owner-operators	70.0%	60.8%	36.0%	↓
Male owner-operators	-	68%	42.2%	↓
Female owner-operators	-	47%	30.3%	↓
Rural owner-operators	-	69%	39.0%	↓
Urban owner-operators	-	57%	35.1%	↓
NZ trained owner-operators	-	65%	36.7%	↓
Overseas trained owner-operators	-	57%	35.4%	↓

The proportion of GP owner-operators has decreased since the 2006 survey. Owner-operators are no longer the majority, decreasing from 7 in 10 to less than 4 in 10 GPs in 2023. This is not an anomaly, but aligns with 2022 national findings from the Royal New Zealand College of General Practitioners’ report, where 3 in 10 were owner-operators (down from 4 in 10 in 2014).

Sector leaders have called for a national discussion on what this decline in owner-operators means for the provision of health care. It may be that some elements of practice ownership / partnership are particularly unattractive, or out of reach.



“Value the workforce and support paid paperwork time. Actually ask GPs what can be done to support their professional development.”

Attracting & retaining overseas trained GPs



Global workforce shortages have played a role in the current GP shortage. Shortages mean that practices have been forced to compete more over time. Many overseas jurisdictions can offer higher salaries and/or conditions than can be matched here by network general practices.

The Pinnacle network has historically relied on overseas trained GPs to address persistent workforce shortages.

This remains the case overall, at 51% of GPs. Earlier Pinnacle surveys showed the reliance on overseas trained GPs was higher in rural areas – this also remains the case, with 57% of rural GPs compared with 49% of urban based GPs.

Given the ongoing global shortage of GPs (that is predicted to worsen) this reliance is likely to become a riskier proposition in the future. The network will need to continue to implement options such as skill-mix solutions, workforce composition and changes to models of care to support GPs.

Specialist GPs

Almost 7 in every 10 GPs in the network are specialist GPs. A noticeable change in the context of a growing network is the number of GPs currently taking part in vocational training.

At the time of the survey nearly 15% of GPs were involved in vocational training. A high proportion of owner-operators are specialist GPs (86.3%).



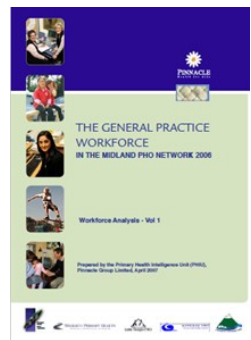
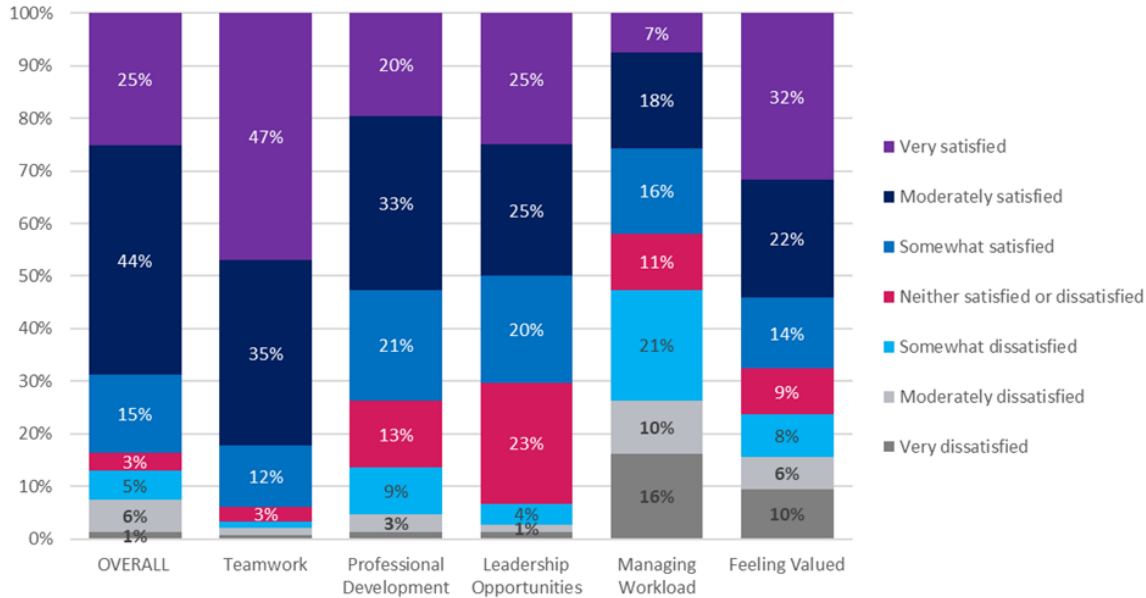
Job Satisfaction

GPs were asked : “All things considered, how satisfied are you with your job?”

Job satisfaction overall was calculated from use of a 7-point Likert scale question. Some 38% of GPs in 2023 responded (n=146). And the average job satisfaction score was 5.5. This compares to 5.4 in 2009. Although there are differences in response rates between the two surveys, overall job satisfaction has remained very similar.



Job satisfaction, GPs overall and selected aspects in 2023



How Could Primary Care Thrive?

- Change the funding model for a sustainable model and increase service funding.
- Increase interprofessional working that supports general practice and patients.
- Train and recruit more GPs and then work to retain them as careers develop.
- Formalise a physician assistant training system and registration.
- Train more nurses and grow them into senior roles that support general practice.
- Review all current bureaucracy with a view to reduce unnecessary paperwork.
- Better use of technology, and cost effectiveness (especially for smaller practices).
- Recognition from Te Whatu Ora, Te Aka Whai Ora and Manatū Hauora for the significant role played by general practice.

“We need the support and recognition from secondary care to be able to do our job. Currently feel underappreciated and not valued. Also, our referrals are often bounced back which puts more pressure on us to manage patients with very complex health issues that should be seeing specialists.”

Workforce Recommendations



PLAN

- A population health approach
- Workforce sustainability measures
- Strengthen engagement on workforce issues
- Build understanding of the nuances of workforce issues in the network
- A coordinated workforce leadership strategy
- Research and evaluation network



RECRUIT

- Growing the Māori and Pasifika workforce in general practice and primary care
- Promotion of general practice and primary care, including rural practice as a career pathway (for New Zealand and internationally qualified)
- Build skill-mix development



RETAIN

- Support wellbeing and reduce burnout
- Strengthen induction and early career support
- Workforce flexibility options for early career, mid-career and staff approaching retirement
- Gather feedback on how we can make primary care a place staff want to stay
- Expanding professional practice
- Growing existing staff
- Organisationally led representation

