

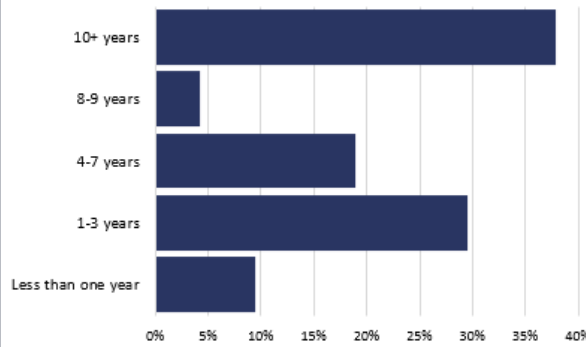
WORKFORCE SURVEY 2023

Practice Management & Administration

Response Overview

Measure	2023
Practice managers	46
Average age PMs	50.9
Ethnic group Māori	13%
Female PMs	83%
Practice administrators	55
Average age	43.2
Ethnic group Māori	29%
Female PAs	95%

Job Experience (PM & PA)



Survey Method

101 practice-based managers and administrators responded to the survey. Of these, 46 were practice managers, directors, CEO or business managers. Survey links were sent through email and the practice newsletter and via FB posts. Process summary:

- Reminders in weekly practice newsletters (with contact details for the project team).
- Reminders from project team in any meetings during the period the survey was open.
- Reminder sent in calendar invite to set time aside to undertake the survey.



Job Satisfaction

Measure	PM's	PA's
Job satisfaction	5.7	6.0

Measured on a 7-point Likert scale, where 1 = very unsatisfied and 7 = very satisfied.

“Te Tangata, Te Tangata, Te Tangata—focus to the people, rather than systems and processes. Every system (if set correctly with change and risk management in place) works. It comes down to its execution—to appoint the right people to the right places and trust them to do their jobs. Appoint leaders, rather than managers—huge difference. People in primary health are highly intelligent and dedicated, respect that and express it. They need a structure and leaders, not managers focused on goals and targets. These are reached easily, once people start to manage their jobs, not just tick the tasks.”

How your role could work better for you or your patients?

- More appointments needed – for GPs and nursing staff | more frontline staff (including for cover).
- Better funding, flexibility around funding options i.e. funded to provide own mental health support and to fund equity projects.
- More time to work on the practice not in it | more strategic planning time. Time to plan process improvements | LEAN implementation etc. Time to work on better business structures.
- More time for staff to collaborate.
- Better access to online education sessions for support staff and more types of professional development for all staff. Including, for example, helping patients with mental health issues.
- Equity in costs between practices to see clinicians.
- Being able to pay support staff what they are worth to attract and retain them.
- Review all current paperwork with a view to reduce it where it is just box ticking.
- More help for practices with Foundation Standards.
- Improved IT experience so that time is not wasted | so we can be more efficient.
- Procedure manuals both paper and electronic. All practices engage and work in generally the same way.

“More time to work on the business strategic goals — at the moment a lot of time is being spent fixing all the problems that were created through the 3 years of COVID.”

“I could be more efficient and perform better in my role if I had access to online education sessions specific to primary care for the entire team as so much time is needed for ongoing inhouse training & orientations for new team members.”



Burnout

“Using your own definition of burnout, how would you describe your current state?”

- (1) I enjoy my work. I have no symptoms of burnout.
- (2) Occasionally I am under stress, and I don't always have the energy as I once did, but I don't feel burned out.
- (3) The symptoms of burnout I am experiencing won't go away. I think about the frustrations at work a lot.
- (4) I am definitely burning out, and have one or more symptoms of burnout, such as physical or emotional exhaustion.
- (5) I feel completely burned out and often wonder if I can go on. I am at the point where I may need to make some changes or may need to seek some sort of help.



“Funding to pay Locums. Locum fees as extremely expensive, and also have to put extra staff (nurses+admin) on floor with extra pay, because Locums are slower and unfortunately see less patients so cash flow is even less.”

Scores 3-5 considered as degrees of burnout

Burnout of those working in the health field is of concern world-wide. Practice managers had an average score of 2.0 with Practice administrators on 1.9. While these scores are not high in the survey group, this issue will continue to remain in the foreseeable future.

If you could make one suggestion for how primary care could thrive?

Practice managers and administrators were asked this question (combined with themes from any closing comments that were made). Four main themes were identified:

Funding – increases needed across the board if general practice is to achieve the wanted outcomes.

- ⇒ More funding for nurses – pay parity, to recognise the work done and retain all that experience.
- ⇒ For more services in the community to meet need, including primary options and for mental health.
- ⇒ Reduce fees for patients or make it free for those who really need it.
- ⇒ To be truly patient centric for those with complex needs.
- ⇒ To attract and retain GPs and Allied Health staff.
- ⇒ Incentives for training and to retain general practice staff (across roles).
- ⇒ To pay support staff adequately for the work they do.
- ⇒ Apprenticeship type training so that people can afford to change path.
- ⇒ Free fees for those training to be in front line health roles.
- ⇒ For keeping up with technology.

More frontline staff are needed – both clinical and support staff who are empowered and trusted to do their jobs.

Focus on people instead of hospitals.

More transparency around how the system works and is funded.

“Having a consistent and streamlined approach to primary health where all races, cultures, religions, and gender sare accepted and treated with sensitivity to ensure equal access to good health care services. To keep educating patients in our communities on making healthy life choices and becoming more health literate for themselves, and their families.”

“Way more primary options funding with a much broader equity focus. We have the ability, skills and resources to do so much more in primary health care to keep patients out of hospital but we do not have the funding to do so.”

“A scheme that provided free tertiary education for nurses and doctors who were committed to staying in NZ. The best way for this to work is that it would be set up as a normal student loan, when a doctor or nurse works for a NZ company, that company would receive additional funding to pay the student loan fees on behalf of that employee. Therefore, anyone going overseas after graduation or a few years of work, would still be liable to cover the remaining costs.”

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

