Retaining the general practice workforce in Waitaha | Canterbury

November 2023

CCN

1. EXECUTIVE SUMMARY

A survey of general practice capacity in Canterbury | Waitaha (June 2023) undertaken by the Canterbury Clinical Network Primary Care Taskforce (PCTF) identified high rates of General Practitioners (GP) and Practice Nurses (PN) planning to depart or retire from general practice in the near future. This current and potentially worsening workforce shortage particularly in rural areas, aligns with findings from recent literature (RNZCGP, 2022).

The PCTF identified value in building on the survey responses to explore what was influencing GP and PN decisions to leave or retire from general practice and any opportunities locally to retain staff.

Qualitative data was collected through a series of focus groups, interviews and individual feedback involving 32 participants. This input adding to the 138 free text responses to the PCTF survey question of 'what would encourage you to delay your departure?'

The process of gathering data enabled the analysis of responses by two GP career stages, being early to mid, and late career GPs. The fewer PNs participating in the focus groups limited the ability to explore PN responses by career stages.

Analysis of data from all sources identified the following factors influencing GP and PN decisions to retire and opportunities to address these and assist in workforce retention.

Factors influencing decisions to leave or retire from general practice

The themes identified are discussed in the report and grouped into the following two categories.

1. Increasing the likelihood of people leaving or departing early from general practice:
    - Increased administration
    - Lack of parity in remuneration with secondary care colleagues
    - The level of stress, loneliness, and impact on wellbeing
    - Insufficient clinical support
    - Fiscal impact of working part time
    - Practice ownership
    - After hours workload
    - Feeling undervalued
    - Increased volume of patients with complex needs
    - Change in patients' expectations
    - Lack of advancement and training opportunities.
2. Increasing the likelihood of people remaining in general practice:
    - Working part time
    - Ability to pursue an area of special interest
    - Commitment to patients, practice team and vocation.

Opportunities to retain the workforce

The opportunities to retain the workforce are summarised below. The PCTF's focus was to identify local actions to retain the workforce. Through the data gathering, opportunities to retain staff that require a national response were also identified (e.g., achieving pay parity for nurses). While these are included in the report, the PCTF will contribute this information to organisations advocating for primary care.

- Addressing pay parity was the dominant change required to retain PNs. A lack of parity with secondary care colleagues also influenced the decisions of student doctors and early career GPs to pursue general practice as a specialty; and when combined with the current work environment, made continuing in general practice less attractive.

- All GPs and PNs raised the need to address the increasing amount of administration to regain the joy and fulfilment of their role, and for younger GPs to reduce the stress and anxiety they experience.
- Retaining our late career GPs would be improved by actions that support a phased retirement, allow them to work part time, focus on areas of specific interest, and transition out of practice ownership.
- Retaining our early to mid-career GPs would be improved by actions that strengthen the team orientation and positive culture of the practice, increase access to clinical and wellbeing support, encourage the involvement of other health professionals in the practice, and assist practices adopt efficient processes and workflow.
- All GPs raised the value of a positive workplace culture and the relationships across the practice team. While applicable to any workplace, it was noted that the emphasis practice owners and teams place on building a positive work environment may have lessened due to the change in ways of working through the COVID pandemic, and recent increases in workload.

Recommendations listed in the report detail actions that deliver on the opportunities identified. Some actions require further exploration to determine an effective response, e.g., identifying practical ways to increase access to clinical and wellbeing support, and determining how to assist practices seeking to strengthen their workplace culture and team orientation.

To continue building the knowledge of how to improve the retention of the general practice workforce, exploring unique factors that may influence decisions of GPs or PNs from a range of cultural backgrounds or following an extended period of leave, should be considered.

This report contributes to what is known about factors influencing GP and PN decision to depart or retire from general practice and actions to improve retention of the workforce. It also provides insights into factors that influence GPs' decisions at different career stages and suggests actions that respond to these differences.

Importantly it reinforces the criticality of all stakeholders prioritising effort and resources to retain general practice workforce to improve timely access to general practice services and the sustainability of primary care.

2. INTRODUCTION

A lack of investment in the primary care workforce, alongside changes in the flow of international health workers into Aotearoa|New Zealand are contributing to the workforce shortage that is threatening the sustainability of general practice (Betty B., et al, 2023). Recent reports highlight the decline in general practice workforce, notably:

- Royal New Zealand College of GPs (RNZCGP) Workforce Survey (2022) reports a "looming retirement crisis" with 37% of respondents signalling their intention to retire in the next five years and 55% in ten years; and a decreasing number of specialist GPs per 100,000 New Zealanders.
- NZ Medical Workforce Report (2022) identified modest increases in the number of GPs (+102 between 2000 and 2022), alongside a reduction in average hours worked per week from 42 hours per week (2000), to 35 hours per week (2022) as more GPs shift to working part time.

Increased wait times for non-acute general practice appointments and restrictions on enrolment are symptoms of the inability of general practice to meet the demand for services. Any reduction in access to services having the greatest impact on people and whānau that already experience poor access.

Alongside this shortage of the general practice workforce is rising concern about the wellbeing of staff, with 48% of respondents to the RNZCGP Survey (2022) rating themselves as burnt out (41%-45% in Waitaha|Canterbury). The Commonwealth Fund Survey of Primary Care Physicians (2022) identified the rate of burnout was higher in younger physicians, with 57% of physicians less than 55 years of age in Aotearoa reporting being burnt out compared to 40% for those 55 years and over. Alarmingly, New Zealand respondents reported the highest rates of burnout in both age groups of the ten high income countries surveyed.

The Waitaha |Canterbury PCTF survey of general practice capacity (June 2023) affirmed previous reports on planned retirement or departure from general practice. Responses from 105 GPs and 81 PNs suggested that:

- 59% (62) of GPs and 53% (43) of PNs indicated they were contemplating leaving or retiring from general practice in the near future (next 3-5 years), and
- A further 14% (15) of GPs and 22% (18) of PNs were not sure of their intentions.

Analysis of responses by domicile indicated even higher exit rates for the rural workforce[1] with 64% (11) of GPs and 72% (10) of PNs indicating they were contemplating leaving or retiring.

The PCTF identified value in better understanding factors contributing to GPs and PN decisions to leave or retire from general practice. The RNZCGP report (2022) also raised this knowledge gap, suggesting further work was required to understand how to retain experienced fellows and the reasons why younger GPs were leaving general practice.

Recent literature (RNZCGP, 2022. and GENPRO, 2022), offered the following list of contributing factors:

- Pay disparity between general practice staff and hospital colleagues.
- Time spent on administration tasks.
- Feeling undervalued.
- Increasing responsibilities with work being shifted from secondary to primary care.

The PCTF undertook this research to identify local opportunities to improve workforce retention, noting this work may add to information known nationally about what is influencing GP and PN decisions to leave or retire and opportunities to counter this trend.

It is anticipated the findings and recommendations will be of interest to general practice providers, people and organisations involved in supporting sustainability of general practice, education providers and commissioners, and may also be applicable to other primary care providers.

[1] Clinicians working at general practices that receive Rural Funding subsidies.

3. METHODOLOGY

The PCTF survey of general practice capacity asked GPs and PNs to comment on '*What, if anything, might encourage you to decide to delay or stage your retirement?*' with responses received from 77 GPs and 61 PNs.

Qualitative data was collected through a series of focus groups, interviews and individual feedback involving 32 participants. This input adding to the 138 free text survey responses.

Participants for the focus groups and email responses were mostly recruited from survey respondents who indicated interest in participating in further discussions on workforce retention. A snowball approach was used to enrol additional participants. Figure 1 below, summarises the range of methods of data capture and number of participants involved.

Method of data collection	Total number and duration	GPs involved	PNs involved
Phase One:			
Survey respondents to free test questions on retaining workforce	**138 respondents**	**77**	**61**
Phase Two:			
Focus groups*	4 x 1.5 hour each	19	5
Individual interviews	3 x 1 hour each	2	1
Email responses	7	5	2
Total	**32 participants**	**26**	**8**

Figure 1: Participant numbers by method

* Focus groups were offered in person (3) and one online.

A summary of the survey findings was shared with participants ahead of the focus groups.

Thematic analysis of all data was undertaken and contributed to the findings and recommendations in this report.

4. LIMITATIONS AND ASSUMPTIONS

All participants were advised that the focus of this work was on understanding the current situation and looking for changes that could be made locally. Their views on what was possible may have limited their contribution.

The ethnicity of participants was not captured. This limited analysis by people from different ethnic groups.

Participants based rurally identified similar factors impacting their decisions and opportunities to enable them to continue working in general practice longer than planned. This may have been influenced by the low numbers, with three rural and two semi-rural focus group participants.

Several participants contributed their views through both the survey and focus groups which may have strengthened the representation of an individual's viewpoint.

5. FINDINGS

5.1 What is influencing decisions to retire or depart from general practice?

Emerging themes are grouped below into those that increased the likelihood of GPs and PNs departing or retiring, and those that increased the likelihood of them remaining in general practice.

INCREASE LIKELIHOOD OF DEPARTURE OR RETIREMENT

Analysis of information gathered from all sources identified the following themes were likely to increase the departure or retirement of GPs from general practice.

Increased administration

Most frequently identified by all GPs was the increasing amount of administration. Late career GPs reflected that this reduced their enjoyment of the role and prompted them to consider retiring early or seeking part-time work involving less administration.

For many early to mid-career GPs the 'never ending demand of inbox tasks and administration' was a source of anxiety, and for some, a frustration because they were not allocated time or adequately remunerated for this work.

'Frustration with the amount of paperwork, ever increasing, the inbox feels out of control. After seeing patients and getting through my inbox at the end of the day I often feel near boiling point.'

PNs raised that a reduction in patient contact time was reducing their job satisfaction.

'Losing satisfaction in a nursing role with the increased workload in non-patient contact. Less time spent on phone trying to find appointments that aren't available.'

Pay / pay parity

While the PCTF focus was identifying changes that could be made locally, pay and the pay disparity with secondary care colleagues was raised by several GPs across both career stages and most PNs.

For registrars and early to mid-career GPs this pay disparity influenced decisions to continue their specialist GP training pathways or continue working in general practice.

Examples raised of this disparity included that secondary care colleagues were:

- Funded for Continuing Medical Education, and this was not pro rata for those working part time.
- Remunerated at higher rates.
- Funded by employers for the compliance costs of practising(e.g., registration).
- Receiving long service benefits.

For some GPs, this lack of pay parity demonstrated the system did not value their profession.

'I personally don't feel the hourly pay reflects the high stress and level of responsibility required in the job. The astoundingly better working conditions and pay secondary care clinicians get makes me feel General Practitioners are disrespected by the healthcare system. There is no recognition (especially financial) of the increased complexity of general practice.'

For most PNs the pay disparity with Te Whatu Ora employees was the most significant factor impacting their decision to depart general practice, particularly with the increasing cost of living.

'The cost of living would make me think about going back to Te Whatu Ora even though that is not where my clinical skills, knowledge and interests lie – the nurses I talk with say similar.'

Fiscal impact of working part time

Some GPs raised compliance costs (approximately $5,000 per annum in registrations, indemnity insurance and memberships) as a disincentive to work part time, noting that the limited discounts available for part-time GPs had a higher proportional impact on their remuneration.

For late career GPs the compliance costs of working part time were considered when exploring the option of extending their time practising. For early to mid-career GPs this was identified a barrier to:

- Returning to general practice part time, e.g., after having children.
- Working part time in general practice as a strategy to maintain their wellbeing.

For PNs compliance costs were not a barrier to working part time.

Practice ownership

GPs near retirement raised the issue of being financially committed to the ownership of the practice and wanting to take away the responsibility of the day-to-day management. In some instances where this had been achieved, GPs relieved of this ownership burden continued to work in general practice (their own or another practice).

Early to mid-career GPs viewed practice ownership as unattractive with 'tight margins, stress, and uncertainty'.

After-hours workload

Several GPs of all career stages raised that the after-hours requirement impacted their decision to continue in general practice. For late career GPs they no longer wanted to work after-hours, in particular overnight shifts. For some this had been the 'tipping point' to retire.

Feeling undervalued

GPs and PNs expressed feeling undervalued. Examples raised included:

- Lack of pay parity with secondary care colleagues for both GP and PN.
- Positioning of nurse practitioners as 'equal' to GPs.
- Having to 'grovel' to junior doctors to get a person admitted or a test completed.
- Nationally being referred as private businesses that can cover the pay disparity for nurses.
- Work being 'dumped' on general practice from hospital services without consultation.

> *'The perception of GPs by other medical specialists and wider society as 'just a GP'…. makes the training, effort and experience feel worth little.'*

Increase in patients with complex needs

Several GPs raised that the number of patients with complex needs had increased, linking this to:

- Patient demographic changes, noting that 'GPs are aging with their patients.'
- Post-covid health conditions.
- Providing care for people unable to access specialist support.

The time required to provide care for people with complex needs and constantly working at 'the top of scope' contributed to GPs feeling exhausted. Early career GPs also raised that the increased number of patients with complex needs, contributed to their need for more clinical support.

'Increasing complexity of the job with the hospital moving a large amount of their work onto us and a population with more complex health issues. Exhaustion from working at the top of my scope of practice constantly, my sessions no longer seem to have simple consultations such as Urinary Tract Infections, conjunctivitis scattered through them – I suppose these are being sorted by nurses and pharmacists now.'

Patient expectations

Some GPs raised that patient expectations of GPs had increased, with examples given of patients attending appointments with multiple needs. For one GP this raised concern about Health and Disability Commissioner complaints generated by patients who considered their healthcare needs were not adequately addressed.

A few PNs also highlighted the impact of shifting patient expectations and behaviour.

'Patient behaviour is getting demanding, confrontational and aggressive to nursing staff, but they don't present to the GP like that, so they don't get called out on it …this is all wearing me down.'

Stress, lack of support, loneliness, and wellbeing

Several GPs, mostly early to mid-career, identified that the combination of paperwork, increased volume of patients with complex needs, reduced access to secondary care services and / or constantly working at the 'top of their scope' contributes to them experiencing elevated levels of stress and exhaustion.

Some registrar and early career GPs also raised that they felt unsupported, lonely, and received limited clinical oversight. Furthermore, that the workload of more experienced GPs was a barrier to them seeking collegial support.

The impact of these factors on GPs' wellbeing contributed significantly to decisions by early to mid-career GPs to reduce their hours or leave general practice for other medical roles.

The anxiety around the paperwork, particularly the never-ending inbox demands, the need to manage the emotional load of dealing with complex and challenging issues. The work is exhausting, and the intensity is unsustainable.

I have tried to manage my own stress levels by resigning from my job with an enrolled patient population and doing locums – inbox less of a burden and less worry / feeling of responsibility around long-term complex patients who should be being managed at a secondary care level.

Despondency

Two of seven GPs interviewed or providing email responses strongly expressed a sense of hopelessness and lack of optimism about the future.

'At present the job feels impossible … I feel tired. I struggle to multitask, and I am knackered at the end of the day. Whereas I used to feel up for the challenge, I now feel over it. I feel dispirited that so much effort over several decades has led to where we are now. I see people's health worse than when I started (mental physical and spiritual) and I do not have the energy to fight it. (I should point out I feel in no way responsible for this – primary care is a huge strength, it has just been out played).'

Negative information and media

Substantial information in the media about the challenges of general practice raised questions for GP registrars about their decision to enter or continue with their GP training.

One GP Registrar stating *'We hear a lot of the negative things about general practice. While these conversations are important, we are trying to find reasons as to why we undertook the GP training in the first place and why we continue. It is a little depressing looking into the future and thinking – what have we got into*.'

Lack of training and advancement opportunities

Some PNs raised the limited support (funding and time) to attend training was disheartening particularly when compared to training provided to Te Whatu Ora nurses.

INCREASING THE LIKELIHOOD OF REMAINING IN GENERAL PRACTICE

Working part time

GPs across all career stages raised that working part time would enable their continued contribution to general practice.

For GPs near retirement this offered a way to step back from full-time work to:

- Develop or focus on an area of specific interest, e.g., acute walk-in patients;
- Provide variety and maintain an interest in general practice;
- Align with reduced energy levels; and/or
- Reduce the high volume of (unpaid) non-clinical or administrative work.

For early to mid-career GPs, working part time enabled them to sustain working in general practice, not feel overwhelmed and have a more balanced work / life.

Positive aspects of the role

Mid to late career GPs talked of 'the fun of general practice' and that it was 'the best job in the world.' Contributing to this were the long-standing relationships with patients, positive relationships with the general practice team, collegiality, variety of work, and the problem-solving aspect of being a GP.

GP registrars were attracted to general practice by the ability to have a special interest (e.g., people with surgical experience doing minor surgeries), and having more control of their lives when compared with working in the hospital. Also appealing was Canterbury's Acute Demand service and the ability it offered GPs to apply advanced acute care skills.

> *Working as a GP is fun and challenging – you must have your wits about you. It is medicine at its purest as you must use your heads and hands and you can't immediately order a test.*

Some PNs raised that the fixed roster and lack of weekend work enabled them to manage other commitments and was a reason they remained in general practice.

Commitment to patients, team, and vocation

Some mid to late career GPs and PNs expressed a commitment to providing care to patients they had known for a long time as influencing their decision to remain in general practice, in some instances beyond retirement age. For rural GPs, this sentiment extended to their commitment and connection with the community. GPs also recognised the benefit patients gain from receiving care from 'a person that knows them well'.

> *'It is hard to walk away from patients that you know well; and have provided care to over a long period of time. There is a sense of commitment to their ongoing care.'*

Experienced GPs also raised that they had a lot to offer and felt committed to seeing general practice flourish.

5.2 What changes would enable you to continue contributing to general practice?

All participants were prompted to respond to the following questions:

- What changes would enable you to continue to contribute longer than your planned retirement or departure from general practice?
- What could be implemented locally or regionally, and any suggestions you have about how we progress this?

Analysis identified similar responses were provided to both questions. The summary below has combined responses to identify key themes and comments on changes that could enable people to continue in general practice including what could be progressed locally.

Pay / Pay Parity

GPs across all career stages raised the need to address the remuneration of GPs and disparity with secondary care colleagues. Mid to early career GPs identified the following ways to address this:

- Offering CME grants to fund education that would benefit their patient populations.
- Providing or funding GP registrars to access more comprehensive training in a broad range of areas to reflect the diversity of skills required by a GP.
- Having a MECA for GPs to standardise the benefits and address inconsistencies in pay and conditions for GPs employed in practice.

Most PNs identified that addressing the pay disparity was critical to retaining PNs in general practice; financial bonuses and long service leave were identified as local options to consider.

Reduce the administration

GPs across all career stages and PNs raised the need to progress anything that reduced the administration load and provide more patient contact time.

Local suggestions:

- Change how the practice manages administration tasks:
    - Management of inbox tasks and cover for the inbox when working part time.
    - Practices funding GPs to complete the paperwork / administration tasks.
    - Practices streamlining processes / tasks to improve efficiency.
- Reduce administration at source:
    - Reduce the needless Healthline messages.
    - Reduce cc'd results from hospital ordered investigations.
    - Issue single discharge summary from the 24-Hour Surgery.

Also discussed was the potential to involve medical students as clinical assistants for administrative tasks, with the benefit of increasing their exposure to general practice. Increase ability for GPs to work part time

GPs across all career stages identified value in increasing the ability to work part time. Suggested local changes included:

- Encouraging practices to provide more flexible work arrangements.
- Addressing the relatively high compliance costs associated with working part time.
- Making part-time options more visible including options for late career GPs.

Linked to this were suggestions by some mid to late career GPs for information sessions on retirement planning.

Build resilience and reduce stress

To reduce the stress and anxiety associated with the role, early to mid-career GPs suggested:

- Addressing factors contributing to the stress (including workload, time constraints, lack of access to services).
- Funding professional supervision for GPs.

'Why do we see Doctors as being more resilient than other professions that receive supervision.'

Clinical support

Several early to mid-career GPs raised the need to increase the availability and quality of clinical support. Suggested local changes included GP teachers having more dedicated time to help, and better funding experienced GPs in practice to 'bounce ideas around'.

The quality of Supervision is variable. This is impacted by the capacity of GPs to provide good quality teaching. Anything to support GP teachers to have dedicated time would help.

Practice culture and connectedness

A positive practice culture and collegial support was identified as a positive influence on retaining GPs and PNs. Ideas tabled to encourage practices adopt a team orientated approach included:

- Shared space to complete paperwork.
- Huddles.
- Shared time – morning tea / lunch.
- Working as part of a team.

Contributing into this was encouragement from GPs for practices to **involve other health professionals,** with suggestions on implementing this being to provide information about clinicians and their scope.

'Having a supportive team and a positive workplace culture. Being appreciated by team members and bosses that recognise their contributions, supported them during challenging times (e.g., through the COVID-19 pandemic), and fostered a sense of value and belonging.'

Training and professional development of PNs

Several PNs identified that practices could influence retention by:

- Better supporting PNs to access professional development.
- Recognising skills and empowering PNs to utilise these fully.
- Enabling PNs to pursue an area of interest or passion.

A few PNs raised the need to advocate for the development of a nurse specialist role in general practice or a two-tier structure that better recognised an experienced PN from those new to practice.

Improving communications between primary and secondary care

Maintaining and strengthening the communication between primary and secondary care was considered important. Suggested local changes include:

- Remove expectations for GP to follow up on test results ordered in the hospital.
- Get written advice from specialists on managing people declined or waitlisted referrals if there are other things primary care could do in the meantime.
- Upskill the hospital staff /house surgeons on useful information in discharge summaries.
- Increase exposure and understanding of general practice; e.g., through more house officers doing general practice runs.

Promote the positive aspects of general practice

Registrars and early career GPs raised the value of hearing positive information about working as a GP to counter the negative media that was making them question their career choices. Opportunities locally to strengthen social connections between GP registrars and GPs, and promote the positive aspects of general practice included:

- Hearing from late career GPs about their life as a GP; e.g., through GPEP training.
- Providing visibility of the diversity of roles and lifestyles working as a GP enabled.
- Positive media / social media commentary about general practice.

After-hours expectations

Late career GPs raised the value of locally reducing the after-hours expectations with a specific suggestion to not roster GPs on night shifts, especially those nearing retirement.

'Need to reduce after-hours load for late career GPs as they don't bounce back as when younger, question their ability the next day when they are tired, and worry about the Health and Disability Council.'

Transfer of practice ownership

Some GPs raised the opportunity locally to implement a way to transfer practice ownership from a retiring GP to a younger GP; with some improvements made to the functioning of the practice through the process.

Some PNs raised the value of encouraging nurses to be part of general practice ownership with a suggestion to have training on the business model of general practice offered to enable this.

Other local changes raised to retain the workforce:

- Being valued and respected.

GPs also raised:

- Access to data to inform the targeting of services and demonstrate primary care value to the system, also demonstrate changes e.g., increase in administration, specialist referral declines. This is needed to advocate for primary care.
- Longer appointments.
- Workforce recruitment cover.

PNs also raised:

- Assistance with Professional Development and Recognition Programme auditing.
- Addressing barriers to access funding; e.g., PN claiming for ACC payments.
- Advocating for a change to the training model for reinstating a PN's lapsed practicing certificate.
- Standardised position description for PN and development of two-tier role.

6. DISCUSSION

This report adds to what is currently known about factors influencing the retention of the workforce in Aotearoa. Of note are the insights on factors influencing GPs' decisions to depart general practice and how to target local responses to retain GPs more effectively at different stages of their career.

In some instances, the emerging themes from all GPs were the same, yet the underlying sentiment differed between the two career stage groups. Two examples are:

- The increased administration for late career GPs had reduced the joy of general practice, and a factor in taking on part-time work or retiring. For young to mid-career GPs this was one factor contributing to feeling overwhelmed and stressed.
- Working part time for late career GPs was a way to continue contributing, ideally in an area of interest, while for young to mid-career GPs it was a way to manage the stress, risk of burnout and sustain working as a GP.

A notable difference between the two GP groups was the elevated level of anxiety and stress reported by several early to mid-career GPs and the view that working full time was unsustainable.

This upholds the Commonwealth Fund (2022) finding that younger primary care physicians report higher levels of stress and burnout than their older colleagues. Interestingly this survey went on to identify most physicians, regardless of age who reported emotional distress did not seek help for mental health needs; the responses by New Zealand physicians indicating only 23% of those under 55 years and 11% of 55 aged and over, sought assistance. Combined, these findings highlight the importance of improving access to clinical and wellbeing support, with work required to identify practical ways that would meet the needs of young to mid-career GPs.

Anecdotal comments through the study suggest strategies that target people returning to work following a period of leave (e.g., post maternity leave) may also be required.

GPs and PNs acknowledged the collegiality and practice team relationships were a positive aspect of general practice and source of support. Suggestions were also made that the increased workload and shift in the way of working that reduced team interactions through the COVID pandemic (e.g., GPs remaining more isolated in consulting rooms, less practice team social interactions), may be contributing to some early-mid career GPs feeling isolated and needing additional support. Some practices may not have actively prioritised ongoing work to strengthen the team culture following the COVID pandemic in the context of current capacity pressures. Useful ways to highlight this opportunity and support practices to 'reclaim the tearoom' and strengthen the team culture and collegiality need to be identified.

Some practice owners recognise that a practice which operates efficiently, has processes to manage administration (e.g., inbox management), involves other health professionals and values a positive workplace culture, offers significant benefits to recruiting and retaining staff. The cost of recruitment of a new GP is estimated at $20K-30K in addition to the impact on the wider team and patient population. This highlights the value of reinforcing the workforce and financial benefits of an efficient team orientated practice.

A local GP discussing inbox management reflected the value placed on workplace culture stating:

'If we can't pay our staff for work that they do – how can we make their job better. How can we make people feel valued when they are working incredibly hard. There is a very clear culture from the directors that we want this to be a great place to work. If the staff can clearly see we are doing our best by them, they are more likely to tolerate the rough stuff that we can't fix.'

While the low number of PN participants impacted the depth of findings, the need for pay parity was the dominant theme. It is suggested that many opportunities identified to retain GPs (reduced administration, team culture) are applicable to PNs also.

Other themes identified through the analysis indicate that retaining PNs would be assisted by more access to professional development, for their capabilities to be recognised and fully utilised in general practice, and by being empowered to take a more active role in the management and ownership of practice. Combined they signal that involving PNs as a valued clinician and decision maker in the practice team would contribute to retaining them in practice. Consideration is needed on what can be achieved locally and where advocacy is needed.

The factors identified by GP and PN participants were similar to those raised by participants residing in urban areas. Given the PCTF survey results indicating higher exit rates for the rural workforce, it is important recommendations are progressed in a manner effective for clinicians working rurally.

7. SUMMARY

Understanding ways to improve retention and wellbeing of the general practice workforce is an important step to improving access and sustaining general practice. This report highlights the importance of prioritising work to retain our experienced workforce as they near retirement, provide working conditions that support our younger any newly recruited workforce to flourish, and reclaim general practice as an attractive option for future staff.

Consideration is needed of extending this work to identify unique needs and opportunities to attract the workforce back into general practice following an extended period of leave and support retention of general practice workforce from diverse cultural backgrounds.

The recommendations provide practical short to mid-term actions that can be progressed locally to retain workforce while longer term national changes and recruitment efforts are completed.

RECOMMENDATIONS

The recommendations focus on changes that can be made locally to support the retention of the workforce. With the PCTF survey results indicating high exit rates for GP and PNs, particularly those working rurally, the urgency of progressing these recommendations cannot be overstated.

Consideration should also be given to adding voice to organisations advocating for addressing:

- Pay disparity for nurses in general practice and the wider primary care.
- Training and remuneration provided to GP Registrars to retain general practice as an attractive specialty to pursue.
- Training opportunities and career development pathways for PNs.

Address the administrative burden

- Assist practices continue improving their management of administrative tasks through:
    - Encouraging the adoption of alternative approaches to managing inbox tasks, including a process to cover inbox tasks for GPs working part time.
    - Adopting efficient processes to streamline administration.
    - Considering allowing time and or remunerating GPs for this work.
- Progress opportunities to reduce administration at source including:
    - Streamlining communications and pathways with secondary care.
    - Reduce other unnecessary administration at source.
- Explore the use of digital assistants and artificial intelligence to manage routine tasks.
- Grow the workforce available to assist practices with administration. Suggested action to explore the use of medical students as clinical assistants in general practice to undertake inbox management, etc.

Increase clinical support available for early career GPs

Explore and implement ways to increase the clinical support available for early career GPs. For example:

- Encourage or resource experienced GPs in practice to provide more ad hoc support.
- Utilise experienced GPs external to the practice.

Note this could extend to additional supervision for undergraduates and trainee GPs.

Strengthen access to well-being and resilience support – with a focus on early to mid-career GPs

Explore options to increase the availability of support, counselling, or funded supervision for the general practice workforce with an initial focus on responding to the needs of early to mid-career GPs.

Note: Accompanying this are actions that reduce the high levels of stress and anxiety experienced.

Strengthen positive workplace culture and adoption of a team approach in general practice

Explore ways in the context of post-COVID pandemic and significant capacity pressures to assist practices continue to build a positive workplace culture and team orientation with suggestions including:

- Highlighting the benefit of a positive workplace culture to business owners / leaders.
- Sharing ideas of practical steps a practice can take.
- Sharing examples from other practices.

Increase involvement of other (non-traditional) health professionals / workforce

Suggestions include to make information available on other health professionals / workforce that can contribute to general practice including their scope of practice and examples of how this has been implemented.

Note this aligns with work underway to implement the Comprehensive Primary Care Team initiative and previous work implementing Te Tumu Waiora / Access and Choice programme.

Promote the positive aspects of general practice

Involve early career GP and PN students in determining ways to increasing the visibility of the benefits of general practice with suggested actions including to:

- Provide visibility of the diversity of roles, regular hours, part-time options, and lifestyles working in general practice enables.
- Provide positive social media commentary about general practice.

Increase visibility of part-time options

Suggested actions include to**:**

- Make options for working part time more visible and explore the value and interest in a mechanism that links people with practices.
- Encourage practices to consider ways that support more flexibility and part-time work.
- Advocate for changes as needed to compliance costs for GPs working part-time.

Improve the primary / secondary care interface

Suggested actions include to**:**

- Improve communications between primary and secondary care.
- Address unnecessary administration and streamline pathways.
- Consider opportunity to increase exposure of trainee doctors (e.g., PGY2 all having a community placement in general practice).

After-hours requirements

Explore options of adjusting the after-hours requirements of late career GPs.

Transfer of practice ownership

Explore ways to assist with the transfer of general practice ownership. Suggested actions include:

- PHOs adopt an approach of part purchasing a practice and strengthen the practice functionality ahead of on selling it to a younger GP.
- Providing education module for PNs on the business of general practice.

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9. ACKNOWLEDGEMENTS

On behalf of the PCTF, I would like to acknowledge this report is a result of the contribution of many people across our Canterbury | Waitaha health system. I would like to express my sincere thanks to:

- The 32 GPs and PN who generously made time to share their experiences and wisdom through the focus group discussions, interviews, etc. The depth of information provided has resulted in recommendations that when implemented will benefit their colleagues locally and nationally.
- Dr. Kim Burgess and Emeritus Prof. Les Toop who actively led and supported this research as part of the PCTF. This included being part of the team facilitating the focus groups and interviews.
- Additional facilitators of the focus groups who capably guided the discussions; Dr Marie Burke, Janetta Skiba and Michael McIlhone.
- PCTF members who assisted in recruiting additional participants, in particular Renee Noble and Dr. Rosie Laing.
- Koral Fitzgerald who coordinated the information gathering for PNs.
- Te Whatu Ora Waitaha as funder of the CCN Programme Office which provides project facilitation and communications support to the PCTF and supports system wide leadership to this work through the CCN Leadership Team.

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It has been a privilege to complete this report alongside such capable system leaders.

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