

A rural winter

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Winter is coming. When the inevitable seasonal illnesses affect you or your family, I'd like to bet that, as a medical student, you have a choice of GPs, and can get an appointment fairly quickly. Not everyone in New Zealand has that luxury, and the Royal New Zealand College of General Practitioners is predicting a worsening shortage of GPs.

The shortage will hit hardest in rural and low-decile areas. We're seeing this situation building already now, and it's simply going to get worse if nothing is done.

There are enough medical graduates coming out of the two medical schools, Auckland and Otago, but the Royal New Zealand College of General Practitioners (the College) trains less than 200 per year to become GPs – around 30 per cent of graduates – and that's not enough to keep the workforce going. We need half of all graduates to enter the GPEP (General Practice Education Programme) and become the GPs of New Zealand's future. That means we need an increase in government funding to train more. And we need an increase in rural GPs.

Why isn't the current rate of training enough to keep the workforce going? Two reasons really. The first is that back in the '80s, financial concerns related to the oil crisis led the government to decrease the number of medical school admissions sharply. Student fees were introduced in 1990 and for various reasons general practice became unpopular as a career. As a result the number of medical graduates entering general practice dropped. This means that now, we have a bulge of forty per cent of the workforce aged over 55 and looking forward to retirement. You might think that's brilliant for you, because there will be more vacancies, and more practices for sale, but it's not good news for New Zealand as a whole.

The other reason is that the number of hours a modern GP works on average has sensibly reduced. Many new GPs have young families to care for, or take voluntary roles in their communities like sitting on trusts, boards, and advisory committees, or teaching and mentoring. Of course work-life balance also plays an important part in keeping us healthy and

fit enough to treat our patients. But the upshot of reduced working hours is that we need to train even more GPs just to sustain the current workforce.

In addition, the workload for existing GPs is increasing, with more patients presenting with complex issues that take longer to diagnose and treat. Over a fifth of GPs are reporting feeling burnt out. We're hearing of more and more practices closing their books to new patients for several months at a time: a survey of our members showed that more than 45% had closed books for more than a month during 2016.

If we increase the number of GP registrars, and increase the funding needed to train them, we also need to persuade more of them to head into rural communities to work.

This is where the proposal by Otago and Auckland Universities comes in.

There's firm evidence that if you do your GP training in a rural area, and have a high-quality learning experience, you're more likely to go back there to work later on. That might be for practical reasons, like you've put down roots in a welcoming community, made friends, or found your life partner, and maybe started a family. Hopefully it's also because, like me, you've found out that rural general practice is rewarding, offers different experiences every day, and beats being in a city.

You can begin to see why the universities' idea of basing medical training centres in rural areas starts being quite attractive as a pipeline to supply GPs to those areas.

The College aims to place half of all its GPEPs in a rural practice for six months in their first year for the same reason. But, at that stage, you'll be 25 years old plus, and have probably already decided where you want to live, if not also who with – and statistically speaking there's a pretty good chance you'll be partnered up with someone from your medical school, which might make one of you taking a rural placement less easy or desirable.

This is why the College supports the Auckland and Otago Universities' proposal for a national network of training centres based in rural communities. We like the fact they offer a national solution, not a regional one. This is a major advantage over Waikato University's proposed medical school, which looks to be quite locally-focussed. We will of course work with anyone if it helps us get more rural GPs, but we think it makes more sense to train the GPs where they'll eventually work, while they're young, rather than trying to relocate them later on.

The Otago and Auckland proposal also makes sense because it will vertically integrate undergraduate, early post-graduate medical and vocational General Practice, as well as Rural Hospital Medicine (both of which are scopes under the College's auspices). It will also integrate horizontally, providing inter-professional education for all health professionals. General practice can only benefit from having its GPs train alongside the very health professionals who will work with you and be part of your practice team.

You might be reading this wondering why you should care. You're already on your pathway. Why would the number of rural GPs even affect you? The simplest answer is that rural communities supply New Zealand with a good chunk of its GDP (19% in 2011 – 2012), and right now they have the poorest health outcomes, especially Māori, who are proportionately more likely to live rurally. As New Zealanders we should all care about having a healthy, rural-reliant economy, and as health professionals, we're committed to equitable health outcomes and a sustainable profession. Ensuring that there is a good supply of rural GPs, and basing the training facilities in the community, with all the local benefits that that will bring, makes good sense.

New models of care will, of course, go some way to relieving the pressure on our GPs, but it's not the panacea. There also needs to be system changes in terms of training and funding. You may have seen that the College is campaigning to get more funding for more GPs from government, under the 'GP - Heart of the Community' banner. We've got quite a lot of traction in the media: the issue of a GP shortage seems to resonate with everybody. People care deeply about their GPs, and value the long-term health relationship they have with them. What's more, our GPEP registrars tell us that's reciprocated: this relationship is partly what made them choose the GP speciality.

I have personally met with the Minister of Health, Jonathan Coleman, and he is very aware of our views. I hope he takes our messages to heart ahead of this year's general election.

If you're thinking about your future, do seriously consider training with the Royal New Zealand College of General Practitioners. General practice and rural hospital medicine are fantastic, rewarding specialities, peopled by amazing, big-hearted specialists who are extremely skilled in their own right and proud of it. And do also consider working in a rural setting: you're welcome to contact me and come to my practice in Wellsford to see what it's like. But I warn you – you'll never look back.

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