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Health training hubs critical as rural health workforce declines

Government commitment to establishing a network of rural health training hubs is now critically important to reversing a continued decline in the rural health workforce, according to the organisation representing almost every rural medical practice in the country.

Speaking on the release of the Royal College of GPs' general practice workforce study, New Zealand Rural General Practice Network CEO, Dalton Kelly, said there were concerning trends for general practice across New Zealand, but particularly in rural communities.

"The Minister of Health's announcement earlier this month that he supported the establishment of a network of hubs within rural communities to train the medical workforce inside our rural communities could not have come any later.

"What the latest research shows us now very clearly is that we haven't got a minute to wait in addressing the structural problems with the rural health workforce. The proposed network of rural training hubs for a range of medical professionals is the key to this challenge and urgency is now the key," he said.

Dalton Kelly said the Royal College's research made for grim reading:

- Excluding registrars, 34 per cent of GPs intend to retire in the next five years and 57 per cent in the next 10 years
- More than half of all GPs are over 52 years old
- 36 per cent of rural GPs intend to retire in the next one to five years
- 39 per cent of rural general practices report a current GP vacancy
- Rural respondents were twice as likely to identify as short-term employees or contractors than those in urban centres
- 52 per cent of rural respondents are providing medical training for others, compared with 36 per cent in urban centres
- International medical graduates now make up nearly half (46 per cent) of rural GPs
- 75 per cent of rural GPs also provide after-hours care, significantly higher than for those in urban centres.

"Additionally, we've seen a statistically significant increase from last year's numbers of GPs who are burnt out (26 per cent). We can also see in the survey that rural GPs are working longer hours and taking on more emergency and after-hours work," said Dalton.

"The research reinforces what we've known for some time. It's getting tougher and tougher to provide medical services in our rural communities. We've got large number of unfilled vacancies, a retirement boom is now upon us and we're increasingly relying on longer hours and short term and international GP cover to get by.

"Unfortunately, just by the sheer weight of numbers, it is going to get worse before it gets better."

"While the problem is now crystal clear, we are delighted that the solution is also taking shape. The announcement from the government that it will move ahead with designing and establishing a network of multidisciplinary health training hubs across rural New Zealand is precisely the structural intervention we need.

"We need this solution at scale and with the sector working cooperatively together to get this new system working as quickly and efficiently as possible. We think there is an important opportunity for New Zealand to appoint a rural health commissioner, as has recently been done in Australia, to coordinate and lead the urgent work required to start to build a sustainable rural health workforce," he said.

“While this solution is implemented, we are also going to have to focus on a wide range of short-term actions that will help us bridge between the current situation and the creation of a sustainable and fit-for-purpose domestic rural health workforce.”

The RNZCGPs’ full GP workforce report is available at www.rnzcgp.org.nz

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