

EMBARGOED UNTIL 6am MONDAY 4 MARCH 2024

GPs working for free to complete crucial patient follow-up – study shows

The well-documented workforce shortages have meant that specialist GPs and rural hospital doctors are having to take on more work and work longer hours.

To understand how widespread this issue is, and how it is truly impacting our membership of over 5,800 specialists, The Royal New Zealand College of General Practitioners developed the ‘Your Work Counts’ project. The aim is to identify how much time is being spent on key tasks and addressing the unrecognised and often non-remunerated work that GPs put in to caring for people throughout the course of their lives.

The data collected will help the College to develop evidence-based guidelines around:

The infographic features the Royal New Zealand College of General Practitioners logo at the top right. The main title is 'THE DATA COLLECTED' in large, bold, black letters. Below the title, it states 'will help the college develop evidence based guidelines around'. There are three orange rounded rectangular boxes, each containing text and an icon. Box 1: 'What a fair and reasonable 40 hour work week looks like' with a stethoscope icon. Box 2: 'Ratios for how many GPs per 100,000 patients are needed' with an icon of three people and a plus sign. Box 3: 'Safe and sustainable patient loads' with an icon of a person and a plus sign. Below each box is a large number: 1., 2., and 3.

College Medical Director and Tauranga GP Dr Luke Bradford says, “Until now, most discussions about the way we work have focused only on the patient-facing aspect. The College wanted to highlight the amount work that is actually required to look after a primary care patient load as a specialist GP or rural hospital doctor.

“The results, below, clearly show the demands being placed on the workforce and that there needs to be a change in thinking around GP workloads and the funding model.”

The results

Over 400 members completed the project’s first diary study. At the end of every day for 14 days, including weekends, participants recorded the time they spent on five key tasks:

1. Contact time (patient consultations)
2. Non-contact clinical time
3. Training and education
4. Clinical governance and practice improvement
5. Management (running the practice)

***see below for full results on task breakdown*

Not surprisingly, clinical contact time with patients took up the most time over the two-week period – 56.4%.

Non-contact clinical time, which consists of all the paperwork, emails and administrative tasks generated from patient consultations came in second at 30.8% of participants' time.

Dr Bradford explains, "These results show that over an 8-hour working day (without breaks), 4.5 hours of patient consultations generates 3.5 hours of follow-up work and helps to explain why getting an appointment can be difficult.

"To make ourselves available to see more patients, many choose to move the non-contact clinical work into our evenings or weekends, or sacrifice training, teaching or clinical governance time to complete it. This is the work that we are not remunerated for, despite it being a core part of our role.

"For our hospital-based specialist colleagues, their clinical time accounts for approximately 70% of their role. However, this incorporates the non-contact clinical work for their patients. All health professionals have patient follow-up, so why is the way it's remunerated and structured so different?"

Looking at the hours that participants worked over the two-week period:



College President and Wellington GP Dr Samantha Murton says, “The breadth and complexity of care we provide is unlike any other medical specialty. We’re working longer hours to try and plug the gaps of the workforce shortages because we want to be available to patients when they need us. But these extra hours of work, paired with all the follow-up work that comes with it, is not a long-term solution.

“We do this work because it needs to be done. It is a key part of our role. Imagine the consequences if we didn’t make that referral, email a specialist, schedule a procedure, or review test results.”

Dr Bradford says, “Having dedicated and remunerated time to do important patient follow-up and administrative work during the day is not an unreasonable expectation to have. Neither is working more manageable hours and having a sustainable patient load.”

The ‘Your Work Counts’ project will be running another diary study which will be easier for members to take part in during a period that suits them. This will allow us to build on this data and further support the College’s advocacy efforts to have the profession valued appropriately for the work that they do and the complexity of the care they provide, and that reflects their individual situations.

RESULTS AT A GLANCE



Demographics of respondents

Gender

- 312 (75%) women
- 102 (25%) men
- 1 gender diverse
- 2 preferred not to say

Ethnicity

- 351 (84%) European
- 16 (4%) Māori
- 5 (1%) Pasifika
- 57 (14%) Asian
- 3 (neg) MELAA

Location of respondents

