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VBS part of the rural workforce challenge

The Voluntary Bonding Scheme is making a valuable contribution to solving rural workforce shortages but is only part of the ongoing response to GP and nurse shortages in rural areas, says New Zealand Rural General Practice Network Chief Executive Dalton Kelly.

Commenting on the latest Government announcement that this year 39 new graduate doctors and 19 GP trainees registered for the Government's Voluntary Bonding Scheme (VBS) which will see them work in communities that find it hard to attract doctors and that 364 health professionals have registered to take part in the 2017 intake, Mr Kelly said that's good news but alone won't solve an historic and ongoing chronic shortage of rural GPs.

"Currently, approximately a quarter of all rural practices have either long-term or short-term vacancies. From a recruitment perspective, the demand to recruit International Medical Graduates is still as intense as ever.

"Rural general practice has a well-documented history of recruitment and retention challenges for GP positions including factors such as isolation, onerous out of hours work, lack of employment and schooling choice for partners and family etc. These challenges, while not unique to general practice, continue to be barriers to retaining and recruiting GPs to rural New Zealand.

"While rural general practice report significant benefits from targeted rural funding initiatives aimed at supporting retention and improving recruitment, the rural workforce shortage is far from resolved."

The Network through its government funded NZLocums Rural Recruitment and Locum Support service, is working to support the maintenance of the workforce. This is not only to recruit replacement GPs but also to support existing GPs with breaks and backup to assist with retention and also to ensure an ongoing availability of experienced, senior GPs available as GP trainers, mentors and supervisors, said Mr Kelly.

Added to that, approximately 44 percent of GPs nationally are set to retire in the next five to 10 years (the average age of a GP is 50) and there are about half the number of GPs in rural NZ compared to urban NZ, so the retirement situation will add extra pressure to the rural GP issue, he said.

"The VBS is a valuable piece in the puzzle but not a panacea to the workforce issues of rural general practice. Its scope and uptake has improved over the years, for example, with nursing being added to the list of specialties in 2014. Perhaps the Government has to look more closely at the incentives offered to make it more attractive to graduates.



“Generally there are not enough medical graduates choosing General Practice as a specialty let alone rural General Practice. The numbers the Government is quoting in its latest VBS figures probably paint too rosy a picture of the workforce woes of rural general practice.”

Mr Kelly said there are currently two proposals on the table for medical and rural health training schools – one from Otago and Auckland Universities and the other from Waikato.

The New Zealand Rural General Practice Network supports both initiatives if it results in more doctors and health professionals trained specifically to work in rural NZ, Mr Kelly said.

For comment contact NZRGPN Chief Executive Dalton Kelly 027 231 0067.