



# 2020 General Practice Workforce Survey

Summary report – Final

20 December 2020



**ALLEN+CLARKE**

## ACKNOWLEDGEMENTS

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## REVIEW

We thank Emmanuel Jo and Keri McArthur (Health workforce Directorate, Ministry of Health) for providing external peer review of this report.

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## INSIGHTS

- The year 2020 has been a particularly difficult year – reflected in high burn-out scores and retirement intentions, and the importance GPs gave to having a less stressful working environment.
- The GP workforce continues to face an issue of ageing, but the pace of ageing is slower than that in earlier years (2014 to 2016). The gender distribution of the workforce has been changing in the past six years, with the older, male-dominated cohort moving toward retirement, while the younger, female cohort is now constituting the majority of the workforce.
- Equity continues to be an issue: we found a disproportionately lower number of Māori and Pacific GPs, female GPs were paid less on average, with the gender pay gap being much larger for employees/contractors than for owners/partners, and many GPs noted that patient access to telehealth services was a problem.
- A younger female cohort of GPs is coming through who may need to be supported in different ways to improve wellbeing.
- The survey year 2020 is the first time that the number of ‘part-time’ GPs exceeded ‘full-time’ GPs. As time goes by, male GPs tend to work longer hours than female GPs, but since 2015, the gender difference in average working hours has narrowed.
- There is an older cohort who were working longer hours and had more after-hours commitments.
- The average GP income reported in 2020 has remained relatively stable since 2016.
- More GPs chose to be long-term employees or contractors and fewer GPs became practice owners or partners over the past six years.
- Telehealth technology use and confidence in using technology among GPs is high, with respondents also rating the usefulness of telehealth very positively.
- There is an impending GP workforce shortage: almost one third intend to retire within the next five years and almost half intend to retire within the next 10 years.
- Succession planning for rural hospital medical staff is needed: more than one-quarter state they intend to retire in the next five years and a further 18 percent intend to retire in 6-10 years’ time.

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## 1. INTRODUCTION

This is the fourth in a series of reports from The Royal New Zealand College of General Practitioners' (the College's) 2020 Workforce Survey. This summary report presents the main results from the 2020 workforce survey. Where relevant, results are compared to those from earlier surveys. Its purpose is to provide a summary of the survey findings, rather than a detailed discussion of the results. It is recommended to read the key findings from this report together with the series of specialised reports – 2020 GP Workforce Survey Overview, Time Series and Equity report.

This is the sixth in a series of workforce surveys that the College has undertaken since 2014. In 2020, the survey results have been collated and analysed by *Allen + Clarke* with support from College staff. Over 5,000 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine were surveyed (almost all doctors working in New Zealand general practice and rural hospital medicine), with a response rate of 60 percent.

### 1.1. Context

New Zealand requires appropriate general practice (GP) Workforce levels to ensure adequate service provision, and to enable safe, high quality primary health care.

The Royal New Zealand College of General Practitioners (the College) works to improve the health of all New Zealanders through high quality general practice care. The College is a professional membership organisation that works to strengthen the professionalism and practice of its members. The College provides education, assessment, quality and support services for general practitioners and rural hospital medicine; and represents its members by providing advice and expertise to government and within the wider health sector.

The College works to achieve its strategic aims of:

- Growing the GP workforce
- Setting quality standards for practices
- Representing its members
- Contributing to equitable health care for all New Zealanders
- Becoming a contemporary and sustainable organisation.

The College is the largest professional medical college in New Zealand and provides ongoing professional development to approximately 5,700 GPs and Rural Hospital Medicine practitioners.

The General Practice Workforce Survey is a cross-sectional survey conducted by the College among its members, first carried out in 2014. Prior to 2018, the survey was undertaken annually. In 2020, the College decided to change its frequency to a biennial survey. The survey aims to provide the College (and the wider health sector) with a strong evidence base that will help inform future decisions about general practice in New Zealand, track trends over time, and respond in a timely manner to emerging issues.

*Allen + Clarke* was commissioned by the College to co-design and conduct the 2020 General Practice Workforce Survey. In addition to core questions that have been included in previous workforce surveys, it was decided to add content to the 2020 Survey relating to ‘new ways of working’. This included timely reporting on changes to service delivery models related to COVID-19 lockdown restrictions. New Zealand went into COVID-19 Alert Level 4 lockdown in March 2020; this may have influenced some of the findings of this report.

## **1.2. Objective**

The aim of this work is to add to the College’s evidence base to inform quality standards, and programmes to improve general practice workplace and clinical systems in general practice for the benefit of practices and patients.

## **1.3. Limitations**

Due to the lack of access to the full historical workforce survey datasets, *Allen + Clarke* has adopted a ‘Single Source of Truth’ approach and extracted the previous surveys’ results from the 2014 to 2018 GP Workforce reports.



## 2. METHODOLOGY

This section summarises the methodology used for the General Practice Workforce Survey in 2020. The survey has been designed to be highly consistent with the structure and methodology of the previous 2018 survey. The key question themes of each survey from 2014 to 2020 are presented in Appendix One. Related reports and questionnaires can be accessed through the College's [website](#).

The 2020 Workforce Survey was conducted from 3 August to 6 September 2020. The main questionnaire of the survey has been adapted from the core set of questions in the 2018 workforce survey, allowing comparison to past responses and trend analysis, and additional modules of questions have also been added in 2020. For example, this year's theme is "Ways of Working". The College is interested in understanding how work has changed because of the COVID-19 lockdown, including how GPs engage with their patients. The rural hospital medicine module is on its second survey cycle after being introduced in the 2018 workforce survey.

The questionnaire was pre-tested to ensure that the questions were appropriate, effective and easy to understand. After this process, some modifications were made to the questionnaire. Prior to the main phase of the data collection, a pilot study was carried out among 20 GPs. The pilot study confirmed that the questionnaire flowed well, and the estimated duration of survey was approximately 15 minutes.

The workforce survey's **target population** was all doctors currently working (three months prior to the survey) in either general practice or rural hospital medicine in New Zealand. We used a "census" approach (complete enumeration survey method) wherein every registered member of the College is selected for the study. The College's database, which includes most doctors working in New Zealand general practice, was used as the survey's **sampling frame** to identify and contact survey participants.

In New Zealand, doctors are legally able to work in general practice without the additional training required for vocational (specialist) registration, and these non-vocationally registered doctors may not be included in the College's database, i.e., they were not covered by the participant list (out of coverage), as a result, they were not reached by the survey. In addition, survey recipients also included doctors who are retired, currently out of the workforce, working in other careers, working overseas or have not been involved in clinical work in the previous three months. We have excluded those GPs (out of scope) in our analysis and reporting.

In total, 5193 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received the email invitation with a link to a personal copy of the online survey. A

reminder email was sent to those who had not responded approximately one week later. To further boost the final participation rate, two more follow-up emails were sent in subsequent weeks.

We received 3139 responses of which 22 were not valid (i.e., did not complete section one of the survey), leaving 3117 valid and useable responses and giving a response rate of 60.0 percent. This included 98 incomplete responses. These were included in the analysis as the majority were missing only the responses to some questions in the survey. The response rate is very close to the rate in the 2018 survey, which was 60.9 percent. Table 1 shows all the response rates in the previous surveys.

**Table 1. Response rate of workforce survey, 2014 -2020**

Survey Year	2014	2015	2016	2017	2018	2020
Response rate (%)	55.9	54.3	44.5	52.0	60.9	60.0

According to the 2020 survey, 242 respondents were GPs who are not part of the current workforce (e.g. they are retired or are working overseas), 46 respondents had not been involved in clinical work in the previous three months, 41 respondents stated they had only worked in rural hospital medicine, three respondents had worked in rural hospital medicine and some ‘other’ non-general practice setting, and one respondents were enrolled in rural hospital medicine but had not worked in rural hospital medicine or general practice in the previous three months.

As a result, unless otherwise specified, the data and analysis in the GP section of this report is based on the response to the survey questions for 2,784 respondents who stated they had done clinical work in general practice in New Zealand in the three months prior to the survey.

Where appropriate, the responses from the 46 who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison) are also taken into account. For example, this is the case for the demographics section of the report.

In 2020, the number of respondents who stated they had worked in rural hospital medicine in the three months prior to the survey was 114. With 193 rural hospital doctors recorded in the College’s membership records, 114 responses represent a response rate of 59.1 percent. As such, the results can be regarded as being representative, despite the number responding being relatively small in an absolute sense.

Another 21 respondents identified themselves as registrars training towards Fellowship of the Division of Rural Hospital Medicine (FDRHMNZ). While these respondents had not worked in rural hospital medicine in the preceding three months, they were asked relevant questions and were therefore included in the RHM section of this report. This increased the total possible number of responses to relevant questions to 135.

As not all questions were compulsory, the survey was designed in such a way that questions that were not relevant to respondents due to the way they had answered preceding questions did not appear. Therefore, the total number of respondents on which tabulations and figures (in the Overview, Time Series and Equity report) are based differs according to the number of GPs or rural hospital doctors who were eligible to answer each question in the survey.

### **3. GENERAL PRACTICE WORKFORCE - DEMOGRAPHICS**

This section of the report provides demographic profiles, such as age, gender and ethnic group, of all participants from each workforce survey from 2014 to 2020. The analysis is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to each survey. It includes respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

#### **3.1. Age**

- In 2020, the mean and median age of GPs are 50.4 and 52.0 years respectively, both measures are similar to 2016, 2017 and 2018.
- More than one-third (35 percent) of GPs are aged between 25 and 44 years in 2020, increased slightly by 3 percentage point since 2014.
- The proportion of GPs aged 55 and over has remained unchanged at 43 percent since 2018.
- The GP workforce continues to face an issue of aging, especially in the 60-74 age range. The proportion of older GPs aged 60-74 increased dramatically by 11 percentage points in the last six years. The proportion of mid-career GPs aged 45-59 has dropped by 16 percentage points since 2014.
- Both indicators of the average age of GPs and the proportion of GPs aged 55 or over shows the pace of the ageing workforce is slower between 2017 and 2020 than it was between 2014 and 2016.

#### **3.2. Gender**

- There are more female GPs (58 percent) than male GPs (42 percent) in the workforce in 2020.
- The GP workforce has been experiencing a change in the gender distribution over the last six years, the trend shows that the older, male-dominated cohort is moving into retirement and the younger, female cohort is comprising a large proportion of the workforce.

- A large female cohort entered the GP workforce between 2014 and 2016 at the ages of 25-29 and 30-34, which is contributing to the high proportion of female GPs in the current 30-34- and 35-39-year-old cohort.
- The proportion of female GPs entering the workforce has been steadily reducing since 2016, which will influence the gender balance of the GP workforce in coming years.

### **3.3. Ethnicity**

- In 2020, the ethnic distribution of the GP workforce continues to be dominated by respondents identifying as European (77 percent) – higher than was found in the 2018 GP workforce survey (75 percent) and considerably higher than the 2018 Census population (70 percent of the New Zealand population).
- Significant and persistent deficits are seen for the number of Māori or Pacific GPs compared to the general population. In 2020, four percent of respondents identified as Māori compared to 17 percent of the 2018 Census population. Two percent of respondents identified as Pacific peoples compared to 8 percent of the population.
- There is larger proportion of younger Māori GPs in the 24 to 39-year-old range (8 percent), but this is still lower than the general population (16 percent).
- The percentage of survey respondents who identified as Asian has steadily increased from 16 percent in 2017, to 18 percent in 2018, and 19 percent in 2020 – higher than in the general population (15 percent).

### **3.4. International medical graduates (IMGs)**

- International medical graduates (IMGs) make up over one-third (37 percent) of the GP workforce in 2020, down from 42 percent in 2014.
- Nearly two-thirds (63 percent) of GPs obtained their first medical degree in New Zealand (NZMGs), an increase from 58 percent in 2014.
- IMGs were asked from which country they had received their first medical qualification. This was predominantly the United Kingdom, followed by South Africa, India and Australia over the period from 2014 to 2020.
- IMGs tend to be older, while NZMGs tend to be younger, only 4 percent of respondents who identified as IMGs are aged 34 years or younger compared with 20 percent of NZMGs in 2020.

### **3.5. Rural or urban practice location**

- Over time, the majority of GPs working in general practice remains located in urban areas. In 2020, three-quarters of respondents (75 percent) consider the practice they work in to be urban-based, compared with 15 percent who consider they work in a rural-based practice. The remainder (9 percent) consider themselves to be working in a practice that is not clearly urban or rural.
- In 2020, half of the GPs working in rural-based practices report obtaining their first medical degree overseas, compared with 34 percent of GPs in urban-based practices.

## **4. TRAINING AND TEACHING IN GENERAL PRACTICE**

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to each of the surveys. It includes respondents who state that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

### **4.1. GPs currently in training**

- In 2020, nearly a quarter (22 percent) of GPs are currently enrolled in a vocational training programme, which is higher than 20 percent in 2018 and 21 percent in 2017.
- Nearly one-fifth (19 percent) of GPs enrolled in training towards Fellowship of the College, i.e., the General Practice Education Programme (GPEP). The majority of respondents report that they are not in training. This reflects the high proportion of respondents who are already a College Fellow.
- Of those enrolled in GPEP, 82 percent of respondents are at GPEP2/3, an increase from 67 percent in 2017 and 74 percent in 2018. In contrast, less than a fifth (18 percent) are at GPEP1, decreased by 15 percentage points since 2017. The survey results show that GPs are spending a longer time gaining their College Fellowship at GPEP2/3. This could be explained by the fact that an increasingly female workforce at this stage of their career, may also be affected by childbirth and/or child-rearing.

## **4.2. GPs providing training**

- In 2020, nearly half (49 percent) of GPs report that they currently provide training to medical students or doctors, with 18 percent provide at least 2 types of training to medical students or doctors.
- Over half (55 percent) of GPs provide training to medical students are female and are more likely to be 35 years or older.
- Reflecting the smaller workforce and the push for training in rural hospitals, 64 percent of respondents in rural-based practices are providing training compared to 45 percent of those in urban-based practices.

## **5. HOURS WORKED AND AFTER-HOURS COMMITMENTS IN GENERAL PRACTICE**

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey.

NOTE: This section excludes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

### **5.1. Hours in general practice per week**

- In 2020, the average number of hours worked in general practice is 34.8 hours per week. The average hours per week have fluctuated between 34.2 hours and 35.3 hours in the last six years.
- Less than half (45 percent) of respondents have been classified as working ‘full-time’<sup>1</sup> in 2020, which is the lowest percentage since the College’s workforce survey began in 2014.
- The proportion of GPs that worked less than 36 hours (part-time) steadily increased from 46 percent in 2014 to 54 percent in 2020. It is notable that for the first time the number of GPs working ‘part-time’ exceeds the number of GPs working ‘full-time’ in 2020.

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<sup>1</sup> For the purposes of this survey, ‘full-time’ is defined as working 36 hours per week or more in general practice.

- Male GPs tended to work longer hours than female GPs over the last five years. However, the gender difference in average hours worked narrowed from 8.6 hours in 2015 to 7.0 hours in 2020.
- GPs working in rural-based practices are more likely to be working full-time (54 percent) compared to GPs in urban-based practices (44 percent) in 2020.

## **5.2. After-hours practice commitments**

- In 2020, more than half (58 percent) of respondents state they have after-hours general practice commitments, which is the lowest percentage since this measure was introduced in 2016 (66 percent), the result has dropped by 8 percentage points in the last four years.
- GPs working in rural-based practices are more likely to experience after-hours practice related commitments (74 percent) compared to GPs working in urban-based practices (54 percent).
- Those working 'full-time' and male GPs report more frequent after-hours practice related commitments.

## **6. GP INCOMES**

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey.

NOTE: This section excludes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

### **6.1. Personal annual income**

- In 2020, GPs' average and median personal annual before-tax income are \$157,594 and \$140,000 respectively, which indicates a right-skewed income distribution.
- GPs' average income (\$157,594) in 2020 slightly increase from \$156,250 in 2018, but it is less than the expected inflationary increase.



## 6.2. Gender pay gap

- In 2020, among GPs working full-time (at least 36 hours per week), the median incomes for male and female GPs are \$200,000 and \$160,000 respectively.
- Male GPs are paid 14.6 percent more than female GPs, the gender pay gap<sup>2</sup> for female GPs is higher than the population average (9.3 percent) according to the 2018 Household Economic Survey, roughly the same as that of community and personal service workers (14.4 percent), but lower than that of professionals (16.7 percent) and technicians/trades workers (16.2 percent).
- The gender pay gap varies over age, it is lowest (10 percent) for the 24-39 age group and highest for those aged between 40 and 54 years (18 percent).
- The gender pay gap is larger for College Fellows (15 percent) than for those not fellows (11 percent), and larger for practice employees/contractors (12 percent) than for practice owners/partners (4 percent).

## 6.3. Multiple regression analysis of GPs' income

- The income gap between male and female GPs is approximately \$25,000 after controlling for the significant variables of employment status, weekly working hours, Fellowship status and years since gaining MCNZ registration. Importantly, ethnicity is not statistically significant in contributing to gender income difference.

## 7. FACTORS THAT MIGHT ENABLE PART-TIME GPs TO INCREASE WORKING HOURS

This section of the report is only based on survey respondents who indicated they were working or had worked in general practice in part-time (work less than 36 hours per week) in the three months prior to the survey.

NOTE: This section excludes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

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<sup>2</sup> The gender pay gap is calculated as the median hourly pay rate of males minus the median hourly pay rate of females, divided by the median hourly pay rate of males.

- Among part-time GPs, a less stressful working environment is the most commonly identified factor (38 percent) in encouraging increased working hours, followed by higher remuneration (29 percent) and greater workplace flexibility (28 percent).
- Of those part-time GPs provide at least one factor, a less stressful working environment is considered the most important factor (28 percent) in encouraging increased working hours, followed by higher remuneration (18 percent), and increasing age of children (17 percent).
- A less stressful working environment is the most important factor for both male and female GPs. The next most common factor is different across gender, with males rating higher remuneration (23 percent) and females reporting that their children getting older (20 percent) as most important.
- Respondents under 55 years of age also state a less stressful working environment as being the most important (albeit lower at 26 percent) and the increasing age of their children (23 percent) as the second most important factor. Respondents over 55 state a less stressful working environment is most important (31 percent) and higher remuneration next (21 percent).
- Higher remuneration is highest rated by long-term employees/contractors (19 percent), with short-term employees/contractors lower at 16 percent, and 15 percent of practice owners/partners.
- A fifth of short-term employees (20 percent) reported that flexibility in working hours was the most important factor in encouraging them to increase their hours compared to long-term (14 percent) and practice owners/partners (9 percent).
- Almost a quarter of GPs earning less than \$75,001 reported that their children growing older (23 percent) was the most important factor, while those earning over \$75,000 rate a less stressful working environment highest (between 29 and 32 percent).

## **8. EMPLOYMENT TYPE AND PRACTICE OWNERSHIP**

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey.

NOTE: This section excludes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

## **8.1. GP employment status**

- In 2020, long-term employees and contractors continue to make up the largest proportion of the GP workforce, over half (52 percent) of GPs state they are either a long-term employee or a long-term contractor regarding the general practice they work in or mostly work in, increased from 46 percent in 2014.
- Over one-third of respondents (34 percent) state they hold an ownership stake in the practice in which they work in 2020; this has dropped from 39 percent in 2014. Short-term employees and contractors' percentage increased from 9 percent in 2014 to 15 percent in 2017, then dropped to 11 percent in 2020.
- In 2020, 44 percent of male GPs report being a practice owner or partner compared to 26 percent of female, reflecting a consistent gap for female GPs over the last six years. However, both percentages have declined since 2016. It is notable that the percentage of male practice owners or partners is falling faster than that for females. There are indications of the younger cohort of female GPs becoming owners or partners as the GP workforce ages.

## **8.2. Practice ownership models**

- In 2020, the vast majority of respondents worked in a practice owned by one or more GPs who also worked in that practice, but the result has declined from 73 percent in 2015 to 69 percent in 2020.
- The next most common ownership model was full or partial corporate ownership, its percentage has increased from 7 percent in 2015 to 10 percent in 2020.
- The percentage of respondents working in community, trust or charity owned practices has increased from 3 percent in 2015 to 7 percent in 2020.

## **9. RETIREMENT INTENTIONS IN GENERAL PRACTICE**

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. It includes respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

## 9.1. Retirement intentions in general practice

- The proportion of GPs intending to retire within the next two years has increased steadily every year, rising dramatically from 4 percent in 2014 to 14 percent in 2020.
- Over the next five years, 31 percent of GPs intend to retire, which is double the proportion in 2014. Over the next ten years, nearly half (49 percent) intend to retire, increased from 36 percent in 2014.
- In 2020, if we exclude registrars, these percentages rise to 16 percent intending to retire in the next two years, 36 percent in the next five years and 58 percent in the next ten years.
- There is little difference in retirement intentions between GPs working in rural- and urban-based practices.

## 10. BURN-OUT AND GENERAL PRACTICE AS A CAREER

This section of the report is based on survey respondents who indicated they were or had worked in general practice in the three months prior to the survey. It includes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

### 10.1. Burn-out

- In 2020, nearly one-third (31 percent) of respondents rated themselves 'high' on the burn-out scale<sup>3</sup>. This percentage has been steadily increasing over the past four years. In 2016, 22 percent of respondents rated themselves as 'high' on the burn-out scale.
- Respondents reporting high burn-out are more likely to be aged between 40 and 64 years, a practice owner or partner, and working full-time.

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<sup>3</sup> Using an 11-point scale, which ran from 'not at all burnt out' (0) through to 'extremely burnt out' (10), all survey respondents were asked to rate the extent to which they felt burnt out with the following question: "How would you currently rate yourself on a 0 to 10 scale, where 0 = 'not at all burnt out' and 10 = 'extremely burnt out'?" This question was asked from 2016 onwards.

## 10.2. Recommending general practice as a career

- In 2020, over half of GPs (54 percent) rate themselves as likely to recommend a career in general practice, a decrease from 63 percent in 2018.
- 14 percent rate themselves as unlikely to recommend a career in general practice.

## 11. WAYS OF WORKING IN GENERAL PRACTICE

For the 2020 survey, in response to the impact of COVID-19 on GPs work, we added questions looking at the use of remote technologies, patient engagement and a new set of questions based on College insights into the challenges faced by GPs in 2020. In the report, 'pre COVID-19 lockdown' refers to the period prior to the Level 4 COVID-19 lockdown, and 'post-COVID-19' refers to the period after the Level 4 lockdown. This distinction was made explicit in the questionnaire.

- Between pre- and post-COVID-19 Level-4 lockdown, we observed an increase in use of all the technologies enquired about, with the largest changes seen in video conferencing (11 percent vs 54 percent). This is followed by the use of phone messaging, which also increased during the period (13 percent vs 22 percent).
- Nearly half (49 percent) of participants report being confident or very confident in using Video conferencing – a dramatic increase from 2016 (12 percent).
- The vast majority (over 95 percent) of respondents feel that the use of telehealth was positive at least sometimes.
- Almost one-fifth respondents (19 percent) report that their patients face barriers to using these technologies often or always.
- Over a quarter (26 percent) of respondents report that their practice was a Health Care Home practice pre-lockdown, increasing to 29 percent post-lockdown.
- Almost a third (32 percent) report having a nurse practitioner at the practice, which did not change over the lockdown period, with 45 percent reporting having a healthcare assistant pre-lockdown rising slightly to 47 percent post-lockdown.

## 12. RURAL HOSPITAL MEDICINE WORKFORCE

The 2018 workforce survey was the first time that the College collected information on doctors working in rural hospital medicine. Most of the questions have been repeated in the 2020 survey.

This section of the report presents the responses of the doctors who indicated they were working in rural hospital medicine in the three months prior to the survey. It also includes the doctors who were training towards registration in the vocational scope of rural hospital medicine (DRHM registrars) but who were not working in rural hospital medicine at the time of the surveys. All responses are included in the analysis, except where the question was only appropriate for those respondents who were currently working in rural hospital medicine.

### 12.1. Rural Hospital Medicine workforce – Demographics

- In 2020, the median age of rural hospital doctors<sup>4</sup> is 49.0 years, a slight increase compared to 48.1 years in 2018. Nearly a quarter (22 percent) are aged 60 years or older. Meanwhile, one-tenth of the respondents (10 percent) are in the age range of 25 to 29 years old.
- The proportion of female rural hospital doctors increased from 41 percent in 2018 to 44 percent in 2020.
- The majority of rural hospital doctors identify as European (84 percent), compared to 80 percent in 2018.
- Less than half (46 percent) of rural hospital doctors report that they obtained their first medical degree overseas, up from 37 percent in 2018. The most common country in which respondents indicated that they had obtained their first medical degree overseas was the United Kingdom (42 percent). In contrast, 54 percent gained their degree in New Zealand.
- Just one-third (31 percent) of rural hospital doctors first gained medical registration in New Zealand in the past 10 years.
- More than three-quarters of respondents (76 percent) who work in rural hospital medicine or who are rural hospital medicine registrars state they were registered in a vocational scope, most frequently in general practice (54 percent) and/or rural hospital medicine (42 percent).

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<sup>4</sup> Rural hospital doctors included respondents who are either working in rural hospital medicine or are registrars training towards FDRHMNZ.

- Just under one-third of respondents working or training in rural hospital medicine (30 percent) state they were enrolled in a vocational training programme. Of these, 95 percent are training towards FDRHMNZ and 64 percent towards FRNZCGP. 62 percent are training towards both FDRHMNZ and FRNZCGP.

## **12.2. Working in Rural Hospital Medicine**

- In 2020, more than two-thirds (68 percent) of respondents who work in rural hospital medicine work in a Level 3 rural hospital, similar to the result in 2018. While 16 percent of respondents work in a Level 2 rural hospital and very few in a Level 1 rural hospital (4 percent), both the percentage of level 1 and level 2 decreased in 2020.
- The average number of hours worked in rural hospital medicine is 28.4 hours per week, which is lower than 29.7 hours in 2018. More than half (55 percent) of rural hospital doctors work less than 36 hours (part-time) per week.
- Between pre- and post-lockdown, we observed a noticeable increase for the use of video call (38 percent to 47 percent) or SMS messaging (43 percent to 52 percent) or phone messaging app (27 percent to 34 percent). Conversely, the use of email went down over the period (56 percent to 54 percent).

## **12.3. Retirement intentions in rural hospital medicine**

- Fifteen percent of respondents working in rural hospital medicine or enrolled in the rural hospital medicine vocational training programme intend to retire in the next one to two years, decreased from 18 percent in 2018.
- More than one-quarter (29 percent) state they intend to retire in the next five years. Looking only at those FDRHMNZ, the percentage decreases to 23 percent intending to retire in the next five years.
- A further 18 percent intend to retire in 6-10 years, meaning that in total nearly half (46 percent) intend to retire in the next 10 years.

## **12.4. Burn-out and options about a career in rural hospital medicine**

- More than one-fifth (21 percent) of rural hospital doctors rate themselves as being burnt out to some degree, compared to 29 percent in 2018.

- Eighty percent of rural hospital doctors state they were likely to recommend a career in rural hospital medicine. Only 5 percent state they were unlikely to do so.

### 13. RECOMMENDATIONS

We have 9 key recommendations:

1. Use the survey findings to advocate to Government, DHBs, PHOs, practices, universities, and the public about the urgent need to address the challenges in the GP workforce.
2. Use the findings of this and previous surveys to target support and resources to practices and individual members about ways to support the workforce, recognise burnout, minimise structural and functional stressors in the workplace, and help build organisational and personal resilience.
3. Advocate for Government, DHBs, PHOs, and practices to recognise the changing needs of the GP population and GP Practices, especially in relation to:
  - Providing additional childcare support and flexible work hours to GPs with young families.
  - Identifying practical pathways to practice ownership and/or becoming a partner for those who wish to do so.
  - Providing a support service within the College to support older GPs in implementing succession planning for their practice.
4. Recognise, publicise, and seek to address the impending workforce crisis of retiring GPs, through pro-active recruitment of medical graduates into GP education programmes, and novel ways to incentivise graduates to enter general practice.
5. Encourage Māori and Pasifika to study medicine and choose a career in general practice. For example by:
  - increasing scholarship opportunities for Māori and Pasifika medical students.
  - visibly and substantively supporting existing STEM initiatives in High Schools (e.g., Puhoro).
6. Use the findings of the 2020 survey to measure progress towards these targets in the 2017 RNZCGP Māori Strategy (He Rautaki Māori):



- 22 percent of the total annual GPEP1 training intake is Māori by 2021.
  - Increase the number of Māori GPs practising in three agreed regions by 2021.
  - Increase the number of Māori GP Fellows by 50 percent by 2021.
7. Further investigate patient access to and acceptance of telehealth services.
  8. Promote visibility of pay equity for female GPs and practice ownership/partnership pathways.
  9. Undertake the analysis of the after-hours work commitments of the older GP cohort with reference to
    - The kinds of commitments.
    - What support or advice could be provided.

## 14. APPENDIX ONE

Main variables collected in the 2014, 2015, 2016, 2017, 2018 and 2020 Workforce Surveys. Ticks mean that question areas were covered in the survey that year, but they do not necessarily mean that the questions were asked in an identical fashion.

Topics/Questions	Survey Year					
	2020	2018	2017	2016	2015	2014
<b>General Practice workforce - Demographics</b>						
Age	✓	✓	✓	✓	✓	✓
Gender	✓	✓	✓	✓	✓	✓
Ethnicity	✓	✓	✓	✓	✓	✓
IMG or NZ graduate	✓	✓	✓	✓	✓	✓
Country of first graduation	✓	✓	✓	✓	✓	
Practice is urban/ rural/ not clear	✓	✓	✓	✓	✓	✓
Year first registered in NZ	✓	✓				
Vocationally registered & scope	✓	✓	✓	✓	✓	✓
<b>Training and teaching in general practice</b>						
Vocational Training? If so scope	✓	✓	✓	✓	✓	
GPEP stage	✓	✓	✓	✓	✓	✓
Training provided (GPEP teacher, undergrads, none etc)	✓	✓	✓	✓		
<b>Current working status</b>						
Currently working in medicine in NZ (Yes/No)	✓	✓	✓	✓	✓	✓
Current situation if not working	✓	✓	✓	✓		
DHB	✓	✓	✓	✓	✓	✓
Kind of work past 3 months GP/RHM/A&M	✓	✓	✓	✓	✓	
Nature of work (clinical/non-clinical)	✓	✓				
<b>Hours worked and after-hours commitment in general practice</b>						
Hours worked per week in general practice	✓	✓	✓	✓	✓	✓
Frequency of after-hours commitments	✓	✓	✓	✓		
Factors that might enable part-time GPs to increase working hours	✓	✓				
<b>GP incomes</b>						
Personal income	✓	✓	✓	✓	✓	✓
<b>Burn-out and general practice as a career</b>						
Burnout 0-10	✓	✓	✓	✓		
Likelihood of recommending career in general practice (0-10)	✓	✓	✓	✓	✓	
<b>Employment type and practice ownership</b>						
Employment status (owner/partner/contractor/employee)	✓	✓	✓	✓	✓	✓
Ownership model: GP/trust/iwi/corporate etc	✓	✓	✓	✓	✓	

Topics/Questions	Survey Year					
	2020	2018	2017	2016	2015	2014
Number of weeks of unpaid leave	✓	✓	✓	✓		
<b>Retirement intentions in general practice</b>						
When intend to retire from general practice	✓	✓	✓	✓	✓	✓
<b>About the general practice you work in</b>						
Number enrolled patients	✓	✓	✓	✓	✓	✓
PHO	✓	✓	✓	✓	✓	✓
Number of FTE GPs in current practice	✓	✓	✓	✓	✓	✓
<b>Rural Hospital Medicine workforce</b>						
Age	✓	✓				
Gender	✓	✓				
Ethnicity	✓	✓				
IMG or NZ grad	✓	✓				
Training and teaching	✓	✓				
Level of rural hospital	✓	✓				
Hours worked per week in rural hospital	✓	✓				
When intend to retire from rural hospital	✓	✓				
Likelihood of recommending career in rural hospital (0-10)	✓	✓				
Burnout 0-10 (RHM)	✓	✓				