

*Te Rangahau Ohu Mahi*  
**The Workforce Survey**

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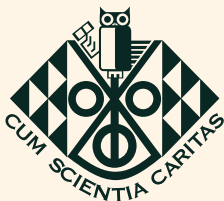
**2022**

# **Rural Hospital Medicine Report**

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27 February 2023

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The Royal New Zealand  
College of General Practitioners  
Te Whare Tohu Rata o Aotearoa



# Acknowledgements

We would like, first and foremost, to thank the members of The Royal New Zealand College of General Practitioners including the Division of Rural Hospital Medicine who gave their time to participate in this survey conducted during the height of the COVID-19 pandemic.

We would also like to thank the College staff who contributed to the development and completion of the survey, and Emmanuel Jo and Yi Ma, Te Whatu Ora Health New Zealand, for providing external peer review.

The College also acknowledges Allen + Clarke for running the survey and providing analysis of the quantitative survey results.



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# Insights

The year 2022 has been a particularly difficult year – reflected in high burnout scores and the reduced likelihood of recommending rural hospital medicine as a career.

Equity continues to be an issue: survey results show a disproportionately lower number of Māori and Pacific rural hospital doctors, and female rural hospital doctors were paid less on average than male rural hospital doctors.

About half of doctors currently use technology to engage with patients, in particular phone calls and emails. Most respondents expect to use technology to the same extent in the next 12 months.

There is an impending rural hospital medicine workforce shortage: almost one-third intend to retire within the next five years and half intend to retire within the next 10 years.

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# Executive summary

This is the third in a series of reports from The Royal New Zealand College of General Practitioners' (the College's) 2022 Workforce Survey. It provides an overview of the rural hospital medicine workforce in 2022, as well as a comparison with previous surveys' results from 2018 and 2020.

The purpose of this study is to collect consistent information on the rural hospital medicine workforce, facilitate comparison with historical survey data, and inform future decision- making about rural hospital medicine in New Zealand.

This is the seventh in a series of workforce surveys that the College has undertaken since 2014. Noting that rural hospital medicine survey data was first separated from general practice survey data in 2018. In 2022, the survey results have been collated and analysed by Allen + Clarke with support from the College.

Almost 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 72.0 percent.

In 2022 the Workforce Survey was conducted during the height of the Covid pandemic and a major restructure of the entire health system. During this time College members were under immense pressure resulting from workforce shortages and subsequent increased workload, and a shifting of complex patient care into the community.



# Rural hospital medicine workforce demographics

A higher percentage of respondents who are either working in rural hospital medicine or are registrars training towards Fellowship of the Division of Rural Hospital Medicine (FDRHMNZ) identify as female (52 percent) than male (47 percent).

Over one-quarter of these respondents (28 percent) are aged 55 years or older. Meanwhile, 4 percent of the respondents are in the age range of 24 to 29 years old. The mean age of the group was 45.8 years.

The majority of respondents identify as European (88 percent), and at a proportion greater than the 2018 Census population (70 percent). Māori, Asian, and especially Pacific respondents were underrepresented compared with the 2018 Census population.

Just under half (40 percent) of respondents in this group report that they gained their first medical degree overseas, compared to the 60 percent who gained their degree in New Zealand. The most common country in which respondents indicated that they had gained their first medical degree overseas was the United Kingdom (53 percent).

Over half of respondents working or training in rural hospital medicine who first gained medical registration in New Zealand did so in the past 10 years (53 percent).

More than two-thirds of respondents (69 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 (41 percent) and/or rural hospital medicine (41 percent).

Nearly half of respondents working or training in rural hospital medicine (43 percent) state they were enrolled in a vocational training programme. Just over one third (36 percent) are training towards FDRHMNZ and just under one third (27 percent) are training towards Fellowship of The Royal New Zealand College of General Practitioners (FRNZCGP).

# Working in rural hospital medicine

Almost three-quarters (71 percent) of respondents who work in rural hospital medicine work in a Level 3 rural hospital. Another 19 percent work in a Level 2 rural hospital, and very few work in a Level 1 rural hospital (2 percent).

The average number of hours worked in rural hospital medicine is 26.9 hours per week. Almost two-thirds of respondents working in rural hospital medicine (64 percent) work part-time (up to and including 35 hours per week) in rural hospital medicine.

Telephone calls (93 percent) and email (55 percent) are the two technologies that were most frequently used to engage with patients. Over half of respondents did not use technologies such as video call (55 percent), SMS (55 percent), patient portals (66 percent), and particularly phone messaging apps (75 percent) when engaging with patients.

Rural hospital doctors' average personal annual before-tax income is \$150,339, and the median income is \$150,339.

# Retirement intentions in rural hospital medicine

Seventeen 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.

Almost one-third (31 percent) state they intend to retire in the next five years. Looking only at those FDRHMNZ, the percentage decreases to 24 percent intending to retire in the next five years.

A further 18 percent intend to retire in 6-10 years' time, meaning that in total half (50 percent) intend to retire in the next 10 years.

**17%** *of respondents intend to leave New Zealand to work elsewhere within **the next five years***

# Intention to leave New Zealand to live and work elsewhere

Almost one-fifth (17 percent) of respondents intend to leave New Zealand to live and work elsewhere within the next five years. Almost one-quarter (23 percent) were uncertain.

Respondents intending to leave New Zealand to live and work elsewhere in the next five years tended to be male and younger.

# Burnout and recommending a career in rural hospital medicine

Four in 5 rural hospital doctors (80 percent) working in rural hospital medicine rate themselves as being burnt out to some degree. Forty-nine percent of respondents rate themselves as burnt out (7 to 10 inclusive on the burnout scale), which is more than double the proportion in 2020 (21 percent). Thirty-one percent rate themselves as somewhat burnt out (4 to 6 inclusive on the burnout scale).

Almost three-quarters of rural hospital doctors (72 percent) state they were likely to recommend a career in rural hospital medicine. Only 7 percent state they were unlikely to do so.



## 1.0 *Kōrero Whakataki*

### **Introduction**

#### 1.1 Context for the survey

In 2022, the rural practice workforce was under immense pressure resulting from the following.

1. Workforce shortages throughout the country, especially in rural and areas of high need, leading to increased workload.
2. The complexity of patient care as care is shifted out of hospitals and into the community.
3. Lack of recognition within the health system of post-graduate specialist general and rural medicine practitioner training.

In addition to these factors, the survey was conducted at the height of the Covid pandemic in New Zealand which meant that the rural practice workforce had to immediately transform its practices (e.g., telehealth consultations) to enable continuity of care and patient safety. During the Covid pandemic the New Zealand borders were closed to people who were not New Zealand citizens or permanent residents, thereby preventing the entry and new employment of international medical graduates. At the same time, a major restructure of the entire health system was underway.

## 1.2 About the College

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 practice 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 specialist GP and rural hospital medicine 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 members.

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 and rural hospital medicine 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 2022 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 2022 survey relating to overtime, retirement intentions, intentions to leave New Zealand to live and work elsewhere, telehealth consultations, and income for members working in rural hospital medicine.

## 1.3 Objective

The aim of this work is to add to the College's evidence base to inform advocacy, policy, quality standards, and programmes to improve workplaces and clinical systems in general practice and rural hospital medicine for the benefit of members and patients.



## 2.0 *Tikanga Rangahau*

### **Methodology**

The 2022 Workforce Survey was conducted from 3 July to 15 August 2022. Allen + Clarke, an independent research company, was commissioned to co-design and conduct the survey and to analyse and report the results. It worked closely with the College.

The main questionnaire of the survey has been adapted from the core set of questions in the previous 2020 Workforce Survey, allowing comparison to past responses and trend analysis, and additional questions have also been added in 2022. The questions added related to overtime, retirement intentions, intentions to leave New Zealand to live and work elsewhere, telehealth consultations, and income for members working in rural hospital medicine. In 2020, a module of questions on “Ways of Working” was added to understand emerging models of care, how work is changing, the impact of Covid, and methods members use to engage with patients to provide continuity of care. The rural hospital medicine module is on its third survey cycle after being introduced in the 2018 Workforce Survey.

The questionnaire was pre-tested to ensure that 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 35 members. The pilot study confirmed that the questionnaire was relevant, flowed well, and that the duration of survey was approximately 15 minutes.

The survey's **target population** was all members 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 membership database, which includes most doctors working in New Zealand general practice and rural hospital medicine, 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 doctors (out of scope) from our analysis and reporting.

In total, 4,846 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received the email invitation with personalised link to a 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, four more follow-up emails were sent in subsequent weeks. The College also sent reminder text messages. A prize draw incentive was also used to facilitate a high response rate.

**132** respondents stated they had worked in rural hospital medicine

a response rate of **68%**

We received 3,510 responses of which 22 were not valid (i.e., did not complete section one of the survey), leaving 3,488 valid and useable responses and giving a response rate of 72.0 percent. This included 102 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 much higher than the rate in the 2020 survey, which was 60.0 percent.



The number of respondents who stated they had worked in rural hospital medicine in the three months prior to the survey was 132. With 193 rural hospital doctors recorded in the College's membership records, it represents a response rate of 68.4 percent. As such, the results can be regarded as being representative, despite the number responding being relatively small in an absolute sense.

Another 37 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.

As a result this report presents the responses of the doctors who indicated they worked in rural hospital medicine in the three months prior to the survey (n=132) and the doctors who were training towards registration in the vocational scope of rural hospital medicine but who were not working in rural hospital medicine at the time of the 2022 survey (n=37). The responses of all 169 respondents are included in the analysis, except where the question was only appropriate for those 132 who are currently working in rural hospital medicine. The tables and figures in this report take account of the subgroups defined above. Please refer to the title or footnote provided at the base of each table and figure.

In preparation for the analysis, a comparison of the age and gender profile of the survey respondents with the age and gender profile of those on the College database was undertaken. As this showed a close match between the two profiles, the survey data has not been 'weighted' to correct for any variations. That is, all the data for 2022 in this report are presented in an unweighted basis.

As not all questions were compulsory, the survey included conditional logic, so only relevant questions were presented to participants according to their earlier responses. Therefore, the total number of respondents on which tabulations and figures are based differs according to the number of members who were eligible to answer each question in the survey.

Rural hospital medicine was established as a specialist vocational scope in 2008 to tackle growing workforce issues within rural hospitals. Previous studies of the rural hospital medicine workforce were conducted in 2009 and 2015. 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 and 2022 surveys. Therefore, this report will discuss changes in the study areas compared to the previous years of 2018 and 2020.





### **3.0** *Ngā hangapori ohu mahi o te mahi rongoā i ngā hōhipera tuawhenua*

## **Rural hospital medicine workforce demographics**

## 3.1 Age

The median age of respondents working in rural hospital medicine is 45.8 years in 2022, with most (92 percent) between the ages of 24 and 64 years (Table 1). Relatively few respondents are between 24–29 years (4 percent), 65–69 years (4 percent), or 70 years and over (4 percent). Noticeably, almost one-quarter of respondents are between 30–34 years. For the remaining age groups, the percentage in each five-year age band is reasonably even.

**Table 1. Age profile of respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	125	135	169
	%	%	%
24–29 years	8	10	4
30–34 years	13	12	22
35–39 years	10	8	14
40–44 years	10	14	13
45–49 years	10	10	11
50–54 years	14	13	8
55–59 years	13	12	8
60–64 years	13	12	12
65–69 years	8	7	4
70–74 years	2	3	4
> 74 years	1	0	0
Total	100	100	100
<b>Mean age</b>	<b>45.8</b>	<b>47.6</b>	<b>45.8</b>
<b>Median age</b>	<b>48.1</b>	<b>49.0</b>	<b>44.0</b>

Total may not sum to 100% due to rounding.

Over the period from 2018 to 2022, the median age of respondents working and training in rural hospital medicine decreased from 48.1 in 2018 to 44.0 in 2022. The majority of rural hospital doctors (92 percent) are aged between 24 and 64 years old, as it was in 2018 and 2020 (89 and 90 percent respectively).

The proportion of people aged between 30 and 49 years increased over time, from 43 percent in 2018 to 60 percent in 2022.

Table 2 shows that rural hospital doctors who are not fellows are considerably younger than those who are fellows. Eighty percent of rural hospital doctors who are not fellows are aged 24-39 years old, compared to only 17 percent of fellows.

**Table 2. Age profile of respondents working or training in rural hospital medicine by fellow status in 2022**

	<b>2022 TOTAL</b>	<b>NOT A FELLOW</b>	<b>FELLOW</b>
Unweighted base	169	60	106
	<b>%</b>	<b>%</b>	<b>%</b>
24–29 years	4	10	0
30–34 years	22	48	8
35–39 years	14	22	9
40–44 years	13	8	15
45–49 years	11	10	12
50–54 years	8	0	13
55–59 years	8	2	12
60–64 years	12	0	19
65–69 years	4	0	6
70–74 years	4	0	7
> 74 years	0	N/A	N/A
Total	100	100	100
<b>Mean age</b>	<b>45.8</b>	<b>35.4</b>	<b>51.7</b>
<b>Median age</b>	<b>44.0</b>	<b>33.5</b>	<b>51.0</b>

Total may not sum to 100% due to rounding.

## 3.2 Gender

Table 3 shows that a higher percentage of respondents who are working in rural hospital medicine identify as female (52 percent), compared with male (47 percent). The percentage of respondents who identify as gender diverse or prefer not to specify is 1 percent.

Over the last four years, the proportion of male rural hospital doctors decreased from 59 percent in 2018 to 47 percent in 2022.

**Table 3. Gender profile of respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	<b>2018 TOTAL</b>	<b>2020 TOTAL</b>	<b>2022 TOTAL</b>
Unweighted base	125	135	169
	<b>%</b>	<b>%</b>	<b>%</b>
Male	59	56	47
Female	41	44	52
Gender diverse / prefer not to specify	0	0	1
Total	100	100	100

Total may not sum to 100% due to rounding.

### 3.3 Ethnicity

Figure 1 shows the profile of the doctor workforce in New Zealand rural hospital medicine by total-response ethnicity in 2022 and compares it with the total ethnic distribution of the New Zealand population as at the 2018 Census. In 2022, the largest ethnic group is made up of those identifying themselves as European (88 percent of respondents), which is higher than the 2018 Census population (70 percent of the New Zealand population). Similarly, the proportion of respondents who identified as Middle Eastern/Latin American/African (MELAA) (4 percent) is higher than the 2018 Census population (2 percent). Māori, Asian, and especially Pacific respondents were underrepresented compared with the 2018 Census population. Six percent of respondents identified as Māori compared with 17 percent of the 2018 Census population. Six percent of respondents identified as Asian compared to 15 percent of the 2018 Census population. Only two percent of respondents identified as Pacific People compared to 8 percent of the 2018 Census population.

**Figure 1. Ethnic profile of respondents and the New Zealand population**

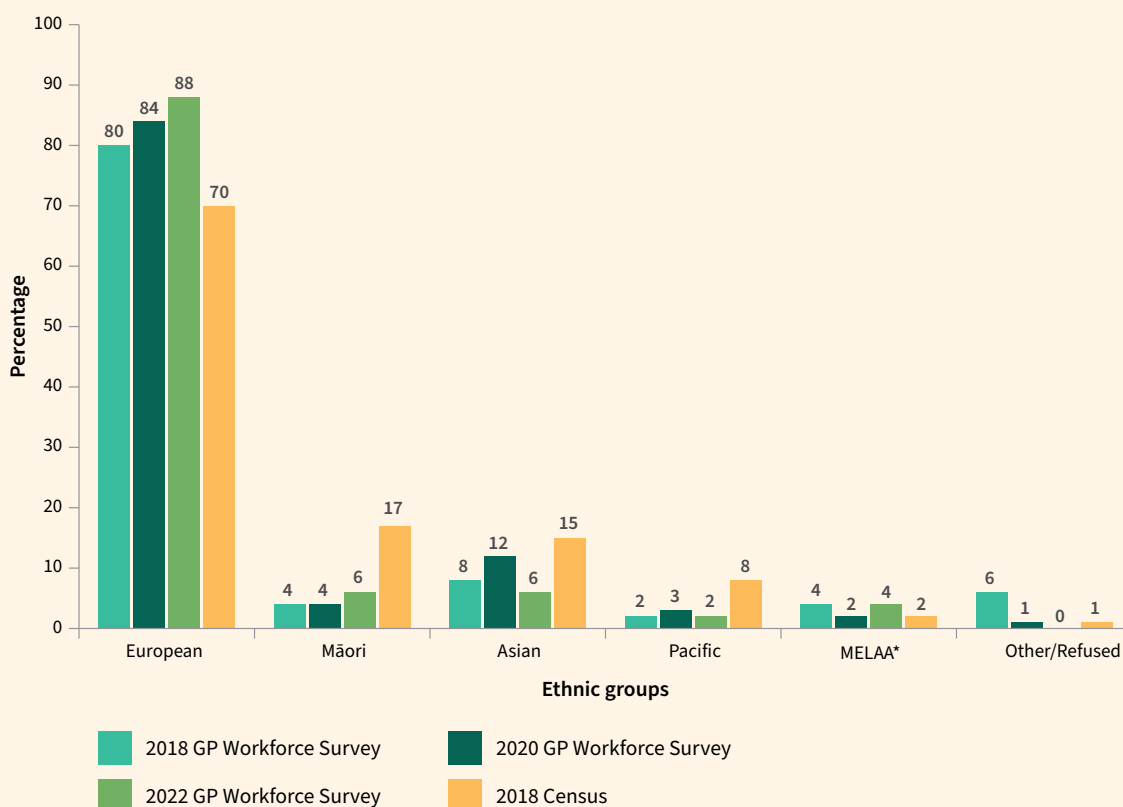


Table 4 shows that over the 2018-2022 period, the most common ethnicity among rural hospital doctors is European (over 80 percent) and this proportion has increased slightly over time (from 80 percent in 2018 to 88 percent in 2022). The proportion of respondents who identified as Māori has increased from 4 percent in 2018 and 2020 to 6 percent in 2022 and remains below the proportion in the general population. The proportion of respondents who identified as Asian fluctuated over time, increasing from 8 percent to 12 percent in 2020 and dropping to 6 percent in 2022. The proportion of Pacific respondents has stayed relatively stable (2 percent in 2022) and remains below the proportion in the general population. The proportion of respondents who identified as MELAA fluctuated slightly, decreasing to 2 percent in 2020 and then increasing to 4 percent in 2022, as it was in 2018.

**Table 3. Gender profile of respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL	2018 CENSUS
Base	125	135	169	
	%	%	%	%
European	80	84	88	70
Asian	8	12	6	15
MELAA*	4	2	4	2
Māori	4	4	6	17
Pacific	2	3	2	8
Other/refused	6	1	3	1

\* Middle Eastern/  
Latin American/  
African.

## 3.4 International medical graduates

Table 5 shows that in 2022 nearly half (40 percent) of the respondents working or training in rural hospital medicine state they gained their first medical degree overseas (IMGs), compared with the over half of respondents (60 percent) who state they gained their first medical degree in New Zealand. The data also shows the proportion of female New Zealand medical graduates is slightly higher than that of male New Zealand medical graduates (63 and 59 percent respectively).

**Table 5. Origin of first medical degree for respondents working or training in rural hospital medicine by gender in 2022 (n=169)**

	TOTAL	MALE	FEMALE
Unweighted base	169	87	80
	%	%	%
New Zealand	60	59	63
Overseas	40	41	38
Total	100	100	100

Total may not  
sum to 100%  
due to rounding.

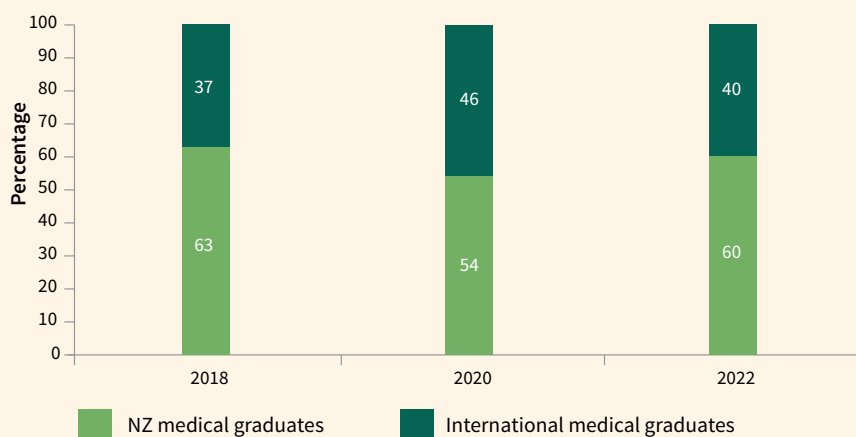
Table 6 shows that over the last four years the proportion of respondents who gained their first medical degree overseas (between 37 and 46 percent) was lower than those who gained it in New Zealand (between 54 and 63 percent) (Figure 2). The proportion of respondents who gained their first medical degree overseas increased from 37 percent in 2018 to 46 percent in 2020, but then dropped to 40 percent in 2022.

**Table 6. Origin of first medical degree for respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	125	135	169
	%	%	%
New Zealand	63	54	60
Overseas	37	46	40
Total	100	100	100

Total may not sum to 100% due to rounding.

**Figure 2. Origin of first medical degree**



The most common overseas country in which respondents indicated that they had gained their first medical degree (Table 7) was the United Kingdom (53 percent), with South Africa next most common (18 percent), followed by Australia (7 percent), USA (7 percent), India (3 percent), Iraq (3 percent), other European country (3 percent), and other (6 percent) in 2022.

**Table 6. Origin of first medical degree for respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	INTERNATIONAL MEDICAL GRADUATES IN RHM
Unweighted base	68*
	%
United Kingdom	53
South Africa	18
Australia	7
USA	7
India	3
Iraq	3
Other European country	3
Other	6
Total	100

Total may not sum to 100% due to rounding.

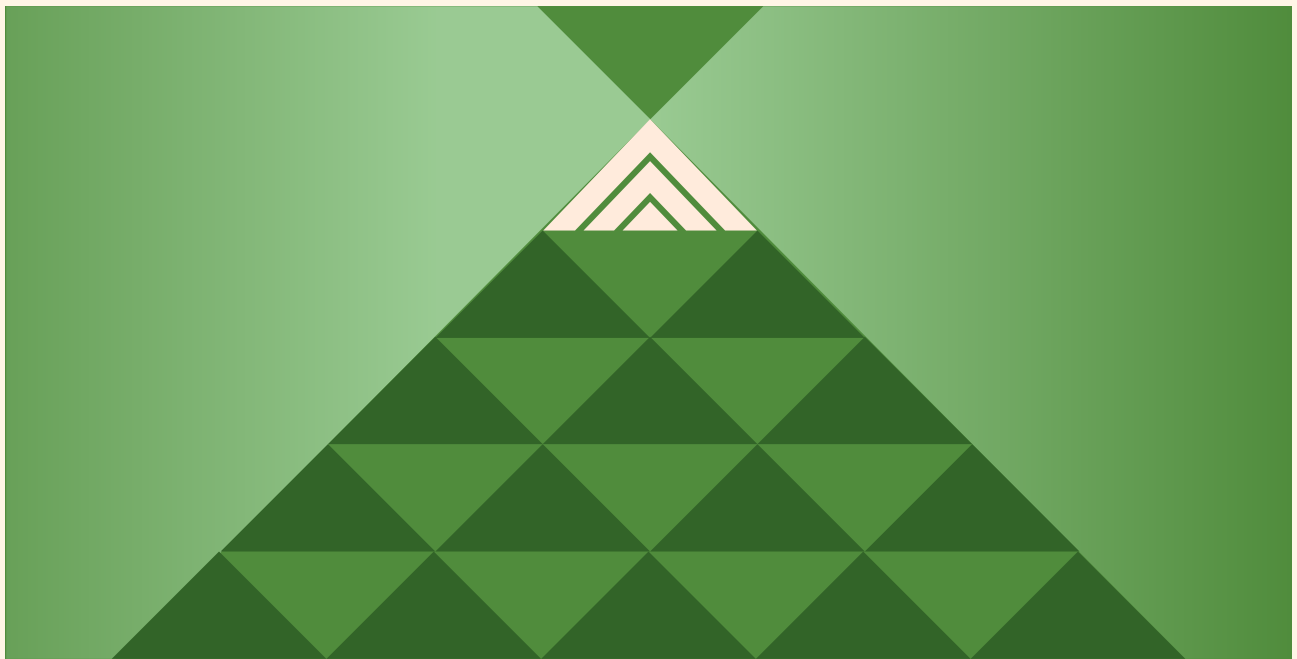
\* Sub-sample based on those rural hospital doctors who gained their first medical degree overseas.

All respondents were asked to indicate when they gained registration in New Zealand as a medical practitioner. Table 8 shows that the majority of respondents (71 percent) gained registration within the last 20 years. Seventy-five percent of respondents who gained their first medical degree in New Zealand first gained medical registration in New Zealand within the last 20 years, while it is sixty-seven percent for those who first gained medical registration overseas.

**Table 8. Years since first gained registration in New Zealand as a medical practitioner for respondents working or training in rural hospital medicine in 2022 (n=169)**

	<b>TOTAL</b>	<b>NEW ZEALAND</b>	<b>OVERSEAS</b>
Unweighted base	169	101	68
	<b>%</b>	<b>%</b>	<b>%</b>
1-5 years	18	23	12
6-10 years	24	30	15
11-20 years	29	22	40
21 or more years	29	26	34
Total	100	100	100
<b>Median years</b>	<b>14</b>	<b>10</b>	<b>16.5</b>
<b>Mean years</b>	<b>16.7</b>	<b>15.6</b>	<b>18.4</b>

Total may not sum to 100% due to rounding.



## 4.0 *Te whakangungu me te whakaako i roto i ngā mahi rongoa i ngā hōhipera tuawhenua*

### **Training and teaching in rural hospital medicine**

#### 4.1 Vocational registration status

Respondents who work in rural hospital medicine or who are rural hospital medicine registrars were asked to indicate if they are registered in a vocational scope in New Zealand.

Table 9 shows approximately 69 percent state they are registered in a vocational scope, most frequently in general practice (41 percent) and/or rural hospital medicine (41 percent).

While most registrars are not registered in any vocational scope (73 percent), some state they were registered in general practice, rural hospital medicine, or another vocational scope (11 percent, 13 percent and 3 percent respectively). This suggests those registrar respondents were working towards completing registration requirements for an additional vocational scope of practice.



**Table 8. Years since first gained registration in New Zealand as a medical practitioner for respondents working or training in rural hospital medicine in 2022 (n=169)**

	TOTAL	GPEP OR DRHM REGISTRARS	NON-REGISTRARS
Unweighted base	169	71	98
	%	%	%
Registered in general practice (FRNZCGP)	41	11	63
Registered in rural hospital medicine (FDRHMNZ)	41	13	61
Registered in urgent care (FRNZCUC)	6	0	10
Registered in another vocational scope	5	3	6
Not registered in any vocational scope	31	73	1

Total may exceed 100% because of multiple responses.

Nearly one-half of respondents (43 percent) state they are enrolled in a vocational training programme (Table 10). Just over one-third (36 percent) are training towards general FDRHMNZ (rural hospital medicine) and just under one-third (27 percent) are training towards FRNZCGP (general practice).

**Table 10. Vocational training programme enrolment as a registrar among respondents working or training in rural hospital medicine in 2022 (n=169)**

	TOTAL
Unweighted base	169
	%
General practice (training towards FRNZCGP)	27
Rural hospital medicine (training towards FDRHMNZ)	36
Urgent care (training towards FRNZCUC)	1
Other vocational training programme	2
Not enrolled as a registrar in a vocational training programme	57

Total may exceed 100% because of multiple responses.

## 4.2 Who provides training?

Table 11 shows that 70 percent of respondents who are working in rural hospital medicine provide training, most frequently as teachers of undergraduate medical students (55 percent).

One-quarter (26 percent) teach or facilitate the rural hospital medicine training programme, and another quarter (28 percent) supervise house officers doing postgraduate community-based runs.

**Table 11. Teaching responsibilities of respondents working in rural hospital medicine in 2022 (n=169)**

	TOTAL
Unweighted base	169
	%
Teacher of undergraduate medical students	55
GPEP1 teacher	4
GPEP medical educator	5
Mentor of a registrar in GPEP 2/3	8
Teacher or educational facilitator on the DRHM programme	26
Supervisor of house officers doing postgraduate community-based runs	28
Nurse Practitioner training	11
Pharmacist training	2
Hauora Māori teaching	1
Other health professional training	16
Provide no training	30

Total may exceed 100% because of multiple responses.



## 5.0 *Te mahi i roto i ngā mahi rongoā i ngā hōhipera tuawhenua*

### **Working in rural hospital medicine**

#### 5.1 Rural hospital level

Rural hospitals are classified as Level 1, 2, or 3. Level 1 rural hospitals have visiting medical cover. Level 2 rural hospitals have on-site medical cover during normal working hours. Level 3 rural hospitals have on-site 24-hour medical cover.

Table 12 shows that almost three quarters (71 percent) of the respondents who work in rural hospital medicine state they work in a Level 3 rural hospital. Another 19 percent work in a Level 2 rural hospital, and very few work in a Level 1 rural hospital (2 percent).

Seven percent of respondents provided an ‘other’ response, which includes primary care clinics.

**Table 12. Rural hospital level in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base*	107	114	126
	%	%	%
Level 1 (visiting medical cover)	7	4	2
Level 2 (on-site medical cover during normal working hours)	19	16	19
Level 3 (on-site 24-hour medical cover)	67	68	71
Other e.g. primary care clinics	4	4	7
Don't know	3	9	
Total	100	100	100

Total may not sum to 100% due to rounding.  
\* Subsample based on respondents working in rural hospital medicine.

Over the last four years, the majority of respondents (over 67 percent) who work in rural hospital medicine worked in Level 3 rural hospitals. The proportion of respondents who work in Level 3 rural hospitals increased slightly over time, from 67 percent in 2018 to 71 percent in 2022. The proportion of respondents working in Level 1 rural hospitals decreased over time, falling 5 percentage points between 2018 and 2022. A slight upward trend is observed for those who work in primary care clinics (increasing from 4 percent in 2018 and 2020 to 7 percent in 2022).

## 5.2 Hours worked in rural hospital medicine per week

Survey respondents who stated they had worked in rural hospital medicine in the three months prior to the survey were asked about the hours they work in rural hospital medicine per week. They were asked to include the time spent on clinical and non-clinical work relating to rural hospital medicine, as well as time when on-call.

Based on respondents' answers to this question, the average number of hours worked in rural hospital medicine was 26.9 hours per week (Table 13). Male respondents tended to work more hours than female respondents (28.2 hours compared to 25.4 hours).

For the purpose of this survey, full-time is defined as 'working 36 hours per week or more'. Almost two-thirds of respondents (64 percent) stated that they work part-time (up to and including 35 hours per week) in rural hospital medicine. Another third of all respondents (33 percent) stated that they work full-time (36 hours per week or more) in rural hospital medicine.

**Table 13. Weekly hours worked in rural hospital medicine by gender in 2022 (n=126\*)**

	TOTAL	FEMALE	MALE
Unweighted base	126	56	68
	%	%	%
Part-time (<36 hrs)	64	70	60
Full-time (36 hrs or more)	33	27	38
Don't know	2	4	2
Total	100	100	100
<b>Mean hours per week</b>	<b>26.9</b>	<b>25.4</b>	<b>28.2</b>

Total may not sum to 100% due to rounding.  
\* Subsample based on respondents working in rural hospital medicine.

The time-series data shows that the average number of hours worked in rural hospital medicine has decreased by almost three hours, from 29.7 hours in 2018 to 26.9 hours in 2022.

Respondents who work part-time (ranging from 56 to 64 percent of respondents) remained more prevalent than those who work full-time (ranging from 33 to 38 percent of respondents) over the last four years (Table 14). The proportion of respondents who work part-time dropped between 2018 and 2020 but increased to 64 percent in 2022.

**Table 14. Weekly hours worked in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	107	114	126
	%	%	%
1-10 hours per week	19	19	17
11-20 hours	20	14	17
21-30 hours	17	19	18
31-35 hours	3	3	6
36-40 hours	5	13	13
41-45 hours	7	11	4
46-50 hours	7	8	8
51-55 hours	5	2	2
56-60 hours	7	3	3
61-70 hours	5	1	
71 hours or more	2	2	2
Don't know	5	6	10
Total	100	100	100
<b>Part-time (&lt;36 hrs)</b>	<b>59</b>	<b>56</b>	<b>64</b>
<b>Full-time (36 hrs or more)</b>	<b>38</b>	<b>38</b>	<b>33</b>
<b>Mean hours per week</b>	<b>29.7</b>	<b>28.4</b>	<b>26.9</b>

## 5.3 Unpaid hours and hours spent on non-patient facing activities

In the 2022 survey respondents were asked about the hours per week they are actually employed in rural hospital medicine.

Their responses indicate that the average number of working hours per week (26.9 hours) is slightly higher than the average number of hours per week respondents are actually employed (25.8 hours). Therefore, the average unpaid hours are 1.1 hours per week. Specifically, female respondents tend to work more than the hours they are actually employed (25.4 hours compared to 22.4 hours), and therefore females average 3 unpaid hours per week. On average, male respondents however work less (0.8 hours less) than the hours they are actually employed (28.2 hours compared to 29 hours) (Table 15).

**Table 15. Weekly unpaid hours worked in rural hospital medicine in 2022 (n=126)**

	TOTAL	FEMALE	MALE
Unweighted base	126	56	68
Mean hours per week	26.9	25.4	28.2
Mean hours employed per week	25.8	22.4	29.0
Mean unpaid hours per week	1.1	3.0	-0.8

On average respondents spend 21.7 hours per week consulting with patients in rural hospital medicine. Therefore, the average number of hours spent on non-patient facing activities (e.g., paperwork, teaching, practice management etc) is 5.2 hours per week. Male respondents reported working more hours on patient consultation (22.6 hours) and non-patient facing activities (5.6 hours) than female respondents (20.9 and 4.5 hours respectively) (Table 16).

**Table 16. Weekly hours spent on non-patient facing activities in rural hospital medicine in 2022 (n=126)**

	TOTAL	FEMALE	MALE
Unweighted base	126	56	68
Mean hours per week	26.9	25.4	28.2
Mean hours for patient consultation per week	21.7	20.9	22.6
Mean hours for non-patient facing activities	5.2	4.5	5.6

## 5.4 Use of technology in rural hospital medicine

Rural hospitals service a large and widely distributed patient base and use a range of communication technologies.

Table 17 shows the frequency of current technology use and expected technology use in 12 months. While Figure 3 summarises the current technology use by combining 'daily', 'at least once a week', and 'at least once a month' into a single 'used technology' proportion.

At the time of the 2022 survey, over one-half of respondents did not use technologies such as video call (55%), SMS (55%), patient portals (66%), and particularly phone messaging apps (75%) when engaging with patients. Telephone calls (93%) and email (55%) are the two technologies that were most frequently used to engage with patients. It should be noted here that many new technologies were not applicable in rural hospital medicine.

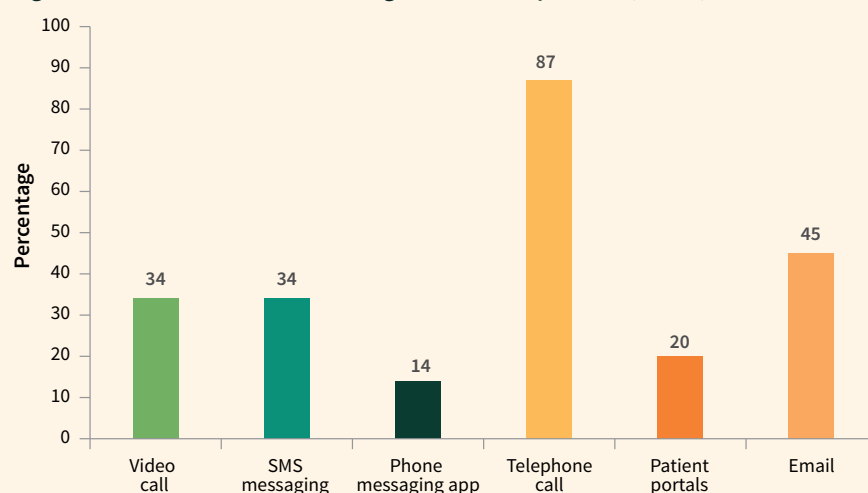
A considerable number of respondents (ranging from 38 to 51 percent) do not expect to change the way they use technologies (i.e., video call, SMS, phone messaging apps, telephone call, patient portals, and email) to engage with their patients. Some respondents expected that they would use video calls (13%) and telephone calls (14%) more frequently in the next 12 months than they had in the last 3 months to do consultations with patients. Some respondents were uncertain about the frequency of their future technology use. Specifically, 9 to 12 percent of respondents stated that they did not know if they would do more or less consultations in the next 12 months than they had in the last 3 months through the technologies. Many respondents expected to have the same or more frequent in-person consultations (80 percent).

**Table 17. The use of technology in rural hospital medicine in 2022 and expected changes in the next 12 months (n=125)**

CURRENT USE	BASE*	NEVER	AT LEAST ONCE A MONTH	AT LEAST ONCE A WEEK	DAILY	DON'T KNOW	N/A	TOTAL
Video call (e.g., Video link to ICU specialist in theatre)		56	68		126	56	68	68
125	55	28	5	1	0	11	100	28.2
SMS (text messaging)	125	55	14	10	10	0	10	100
Phone messaging app (e.g. WhatsApp, Viber, Messenger etc)	125	75	6	6	2	0	11	100
Telephone call	125	7	22	37	28	1	6	100
Patient portals	125	66	6	3	11	2	10	100
EXPECTED CHANGES IN THE NEXT 12 MONTHS	BASE*	A LOT LESS & LESS	ABOUT THE SAME	A LOT MORE & MORE	DAILY	DON'T KNOW	N/A	TOTAL
Video call (e.g. Video link to ICU specialist in theatre)	125	5	41	13		10	32	100
SMS (text messaging)	125	7	46	4		11	31	100
Phone messaging app (e.g. WhatsApp, Viber, Messenger etc)	125	6	39	1		12	42	100
Telephone call	125	3	61	14		9	14	100
Patient portals	125	4	38	8		10	39	100
Email	125	5	51	5		9	30	100
In-person consultations	125	2	47	33		6	12	100

\* Unweighted base.

**Figure 3. Communications technologies used with patients (n=125)**





## 6.0 *Ngā moni whiwhi o ngā mahi rongoā i ngā hōhipera tuawhenua*

### **Rural hospital medicine incomes**

#### 6.1 Personal annual income

Table 18 shows that 19 percent of respondents state they had a personal annual before-tax income of \$75,000 or less, 12 percent had an income of between \$75,001 and \$125,000, 24 percent had an income of between \$125,001 and \$200,000, and the remainder (21 percent) had an income of \$175,001 or more. The average personal income for respondents working in rural hospital medicine was \$150,339, and the median income was \$150,000. On average, female respondents reported lower income than male respondents (\$124,688 compared to \$169,228). However, it should be noted that there are many factors that could account for this difference.



**Table 18. Annual personal income by gender in 2022 (n=126)**

	TOTAL	FEMALE	MALE
Unweighted base	126	56	68
	%	%	%
<75k	19	20	19
75k-125k	12	20	6
125k-200k	24	20	27
>200k	21	13	29
Don't know/refused	24	29	20
Total	100	100	100
<b>Median*</b>	<b>\$150,000</b>	<b>\$115,500</b>	<b>\$165,000</b>
<b>Mean*</b>	<b>\$150,339</b>	<b>\$124,688</b>	<b>\$169,228</b>

\*Results excluded Don't know/refused.

Table 19 shows that non-registrars report higher annual before-tax incomes than registrars. The same proportion (19 percent) of each group report an income of \$75,000 or less. However, one-quarter (26 percent) of non-registrars report an income higher than \$200,000, compared to just 7 percent of registrars.

**Table 19. Annual personal income by registrar status in 2022 (n=126)**

	TOTAL	REGISTRAR	NON-REGISTRAR
Unweighted base	126	31**	95
	%	%	%
<75k	19	19	19
75k-125k	12	26	7
125k-200k	24	19	25
>200k	21	7	26
Don't know/refused	24	29	22
Total	100	100	100
<b>Median*</b>	<b>\$150,000</b>	<b>\$111,250</b>	<b>\$163,750</b>
<b>Mean*</b>	<b>\$150,339</b>	<b>\$110,868</b>	<b>\$162,074</b>

\*Results excluded Don't know/refused.  
 \*\* Caution: small subsample; results indicative. 'N/A' indicates that the base sample size was too small (n<30).

Table 20 shows that respondents who work full-time report higher personal annual before-tax incomes than respondents who work part-time. Over half (55 percent) of respondents working full-time report earning more than \$125,000, compared for 38 percent of part-time respondents. Almost one-third (28 percent) of part-time respondents earn less than \$75,000.

**Table 20. Annual personal income by work hours in 2022 (n=126)**

	TOTAL	PART-TIME	FULL-TIME
Unweighted base	126	81	42
	%	%	%
<75k	19	28	2
75k-125k	12	11	14
125k-200k	24	22	29
>200k	21	12	41
Don't know/refused	24	26	14
Total	100	100	100
<b>Median*</b>	<b>\$150,000</b>	<b>\$102,500</b>	<b>\$200,000</b>
<b>Mean*</b>	<b>\$150,339</b>	<b>\$112,024</b>	<b>\$214,198</b>

\*Results excluded Don't know/refused.



## 7.0 *Ngā koronga i ngā mahi rongoā i ngā hōhipera tuawhenua*

### **Intentions in rural hospital medicine**

#### 7.1 Intention to retire

Half of respondents working or training in rural hospital medicine (50 percent) state they plan to retire from rural hospital medicine in the next 10 years. Whilst 31 percent plan to retire in the next one to five years, and 17 percent plan to retire in the next one to two years (Table 21).

When the retirement intentions of vocationally registered rural hospital doctors only are analysed, the percentage planning to retire in the next 10 years decreases to 44 percent. This is because there is a small number of respondents who plan to retire in the next one to two years (only 6 percent of respondents who are vocationally registered in rural hospital medicine).

**Table 21. Retirement intentions of respondents working in rural hospital medicine in 2022 (n=125\*)**

Total may not sum to 100% due to rounding.  
\* Base excludes 44 respondents who did not provide a valid response due to partial completion of the survey.

	TOTAL	VOCATIONALLY REGISTERED IN RURAL HOSPITAL MEDICINE
Unweighted base	125*	66
	%	%
1–2 years from now	17	6
3–5 years from now	15	18
6–10 years from now	18	20
11–15 years from now	15	20
16 years or more from now	35	36
Total	100	100

Table 22 shows that the proportion of female respondents (48 percent) who plan to retire in the next 10 years is slightly lower than the proportion of male respondents (52 percent).

**Table 22. Retirement intentions of respondents working in rural hospital medicine by gender in 2022 (n=125)**

Total may not sum to 100% due to rounding.

	TOTAL	FEMALE	MALE
Unweighted base	125	56	67
	%	%	%
1–2 years from now	17	18	16
3–5 years from now	15	13	16
6–10 years from now	18	18	19
11–15 years from now	15	13	16
16 years or more from now	35	39	31
Total	100	100	100

Table 23 shows that a greater proportion of respondents who work part-time (57 percent) intend to retire in the next 10 years, compared to the proportion of respondents who work full-time (38 percent).

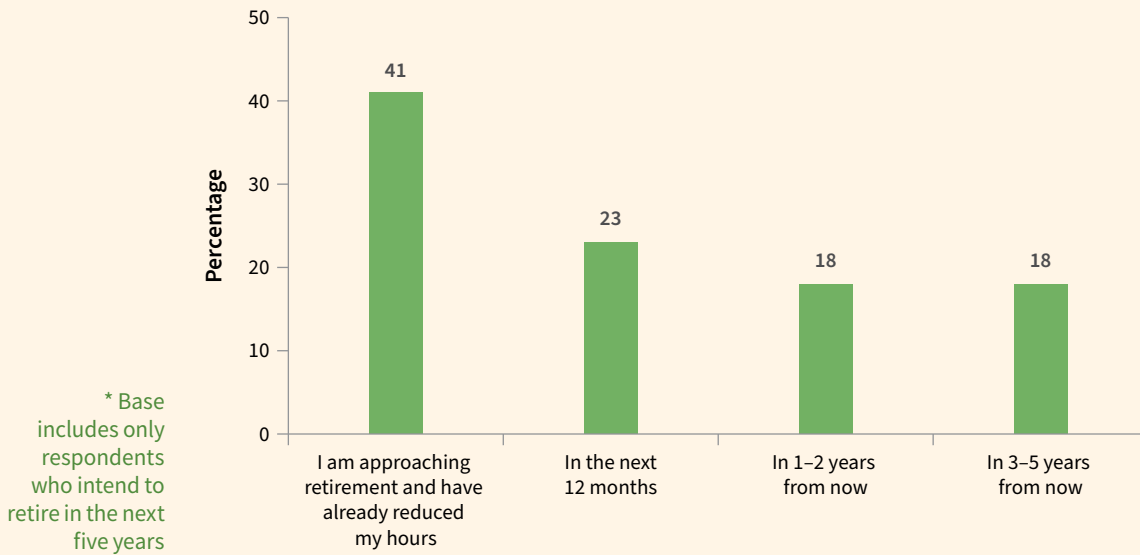
**Table 23. Retirement intentions of respondents working in rural hospital medicine by work hours in 2022 (n=125)**

Total may not sum to 100% due to rounding.

	TOTAL	FULL-TIME (36 HOURS OR MORE)	PART-TIME (LESS THAN 36 HOURS)
Unweighted base	125	42	81
	%	%	%
1–2 years from now	17	5	24
3–5 years from now	15	19	12
6–10 years from now	18	14	21
11–15 years from now	15	21	12
16 years or more from now	35	41	31
Total	100	100	100

Respondents who intend to retire in the next five years were asked about when they intend to start reducing the number of hours they work in rural hospital medicine. Almost half (41 percent) of respondents who intend to retire in the next five years reported that they are approaching retirement and have already reduced their working hours (Figure 4). Twenty-three percent of respondents reported that they would reduce their hours in the next 12 months. Eighteen percent of respondents reported that they would reduce their hours in 1-2 years and another 18 percent would in 3-5 years.

**Figure 4. Intention to reduce hours before retirement (n=39\*)**



Over the last four years, the proportion of respondents who intend to retire in the next 10 years was very similar (ranging from 46 to 50 percent of respondents). There was a slight increase in the proportion of respondents who intend to retire in the next 6-10 years (from 15 percent in 2018 to 18 percent in 2020 and 2022) (Table 24).

**Table 24. Retirement intentions of respondents working or training in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	125	135	125
	%	%	%
1-2 years from now	18	15	17
3-5 years from now	15	14	15
6-10 years from now	15	18	18
<b>Sub-total: 1-10 years from now</b>	<b>48</b>	<b>46</b>	<b>50</b>
11-15 years from now	14	9	15
16 years or more from now	38	45	35
Total	100	100	100

The proportion of vocationally registered rural hospital doctors who intend to retire in the next 10 years increased 6 percentage points from 2018 to 2020 and dropped back to 44 percent in 2022. A slight decrease is seen for those who intend to retire in the next 16 years or more, from 39 percent in 2018 to 36 percent in 2022 (Table 25).

**Table 25. Retirement intentions of vocationally registered respondents in 2018, 2020, and 2022**

	VOCATIONALLY REGISTERED IN RURAL HOSPITAL MEDICINE IN 2018	VOCATIONALLY REGISTERED IN RURAL HOSPITAL MEDICINE IN 2020	VOCATIONALLY REGISTERED IN RURAL HOSPITAL MEDICINE IN 2022
Unweighted base	57	52	66
	%	%	%
1–2 years from now	7	8	6
3–5 years from now	14	15	18
6–10 years from now	23	27	20
<b>Sub-total: 1-10 years from now</b>	<b>44</b>	<b>50</b>	<b>44</b>
11–15 years from now	18	12	20
16 years or more from now	39	38	36
Total	100	100	100

## 7.2 Intention to leave New Zealand to live and work elsewhere

Figure 5 shows the intention of respondents to leave New Zealand to live and work elsewhere. Over one-half of respondents state that they do not intend to leave New Zealand (61 percent). Almost one-fifth (17 percent) of respondents intend to leave New Zealand, in the next 12 months (6 percent), in 1-2 years (9 percent), or in 3-5 years (2 percent). Almost one-quarter (23 percent) did not know if they would leave or not.

**Figure 5. Intentions of live and work outside New Zealand (n=129)**

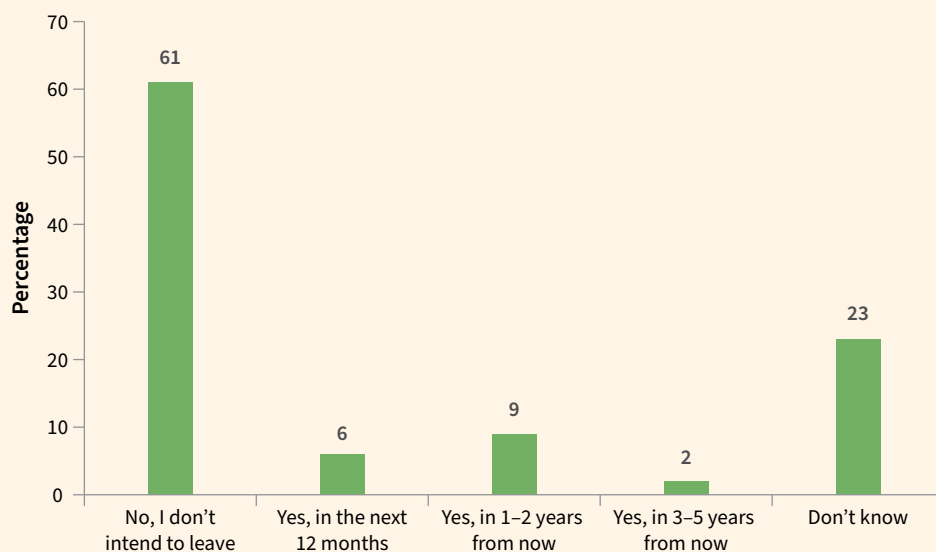


Table 26 shows that male doctors (19 percent) working in rural hospital medicine are slightly more likely than female doctors (14 percent) to report intending to leave New Zealand to live and work elsewhere within the next 5 years.

**Table 26. Intention of respondents working in rural hospital medicine to leave New Zealand to live and work elsewhere by gender in 2022 (n=125)**

	TOTAL	FEMALE	MALE
Unweighted base	125	57	70
	%	%	%
No, I don't intend to leave	61	56	66
Yes, in the next 12 months	6	5	7
Yes, in 1-2 years from now	9	9	9
Yes in 3-5 years from now	2	0	3
Don't know	23	30	16
Total	100	100	100

Table 27 shows that rural hospital medicine doctors aged 24-39 years (24 percent) and aged 40-54 years (20 percent) are similarly and much more likely to report intending to leave New Zealand to live and work elsewhere within the next 5 years, compared to older doctors aged 55-64 years (9 percent).

**Table 27. Intention of respondents working in rural hospital medicine to leave New Zealand to live and work elsewhere by age group in 2022 (n=125)**

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS
Unweighted base	125	31	50	34
	%	%	%	%
No, I don't intend to leave	61	58	54	68
Yes, in the next 12 months	6	7	6	6
Yes, in 1-2 years from now	9	10	14	3
Yes in 3-5 years from now	2	7	0	0
Don't know	23	19	26	24
Total	100	100	100	100

Over 65 years age group excluded due to small sample size (n<30).



## 8.0 *Te rūhā me te mahi rongoa i ngā hōhipera tuawhenua*

### **Burnout and rural hospital medicine as a career**

#### 8.1 Burnout

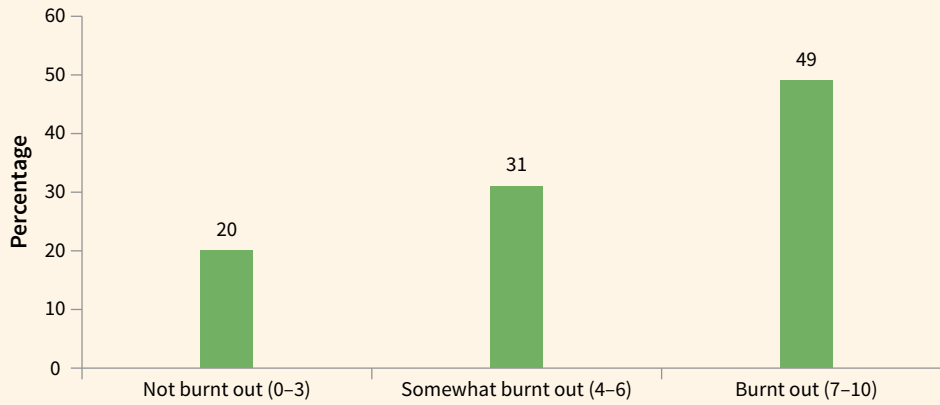
Using an 11-point scale, which ran from ‘not at all burnt out’ (0) through to ‘extremely burnt out’ (10), survey respondents were asked to rate the extent to which they felt burnt out with the following question: “How would you currently rate yourself on a 0 to 10 scale, where 0 = ‘not at all burnt out’ and 10 = ‘extremely burnt out’.”

Table 28 shows that 4 in 5 respondents (80 percent) working or training in rural hospital medicine reported being burnt out to some degree. This is based on 49 percent of respondents rating themselves as burnt out (7 to 10 inclusive on the scale) and 31 percent rating themselves as somewhat burnt out (4 to 6 inclusive on the scale).

Only one in five respondents (20 percent) reported not being burnt out, based on a grouping of those who rated themselves 0–3 inclusive on the scale.

Male respondents reported being less burnt out than female respondents. Twenty-two percent of male respondents rated themselves as not being burnt out compared to 17 percent of female respondents.

**Figure 6. Burnout (n=162)**



**Table 28. Burnout among respondents working and training in rural hospital medicine by gender in 2022**

	TOTAL	FEMALE	MALE
Unweighted base	162	75	85
	%	%	%
Not burnt out (0-3)	20	17	22
Somewhat burnt out (4-6)	31	33	28
Burnt out (7-10)	49	49	49
Total	100	100	100

Table 29 shows that the respondents aged 40-54 years reported being more burnt out (7 to 10 inclusive on the scale) than those in other age groups (60 percent compared to 44 and 47 percent in the 24-39 years and 55-64 years age groups respectively).

**Table 29. Burnout among respondents working and training in rural hospital medicine by age groups in 2022 (n=162)**

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS
Unweighted base	162	59	55	34
	%	%	%	%
Not burnt out (0-3)	20	15	20	29
Somewhat burnt out (4-6)	31	41	20	24
Burnt out (7-10)	49	44	60	47
Total	100	100	100	100

Over 65 years age group excluded due to small sample size (n<30).

Table 30 shows that 4 in 5 (80 percent) of both non-registrars and registrars are burnt out to some degree. More non-registrars (52 percent) than registrars (45 percent) reported being burnt out (7 to 10 inclusive on the scale) whereas more registrars (36 percent) than non-registrars (28 percent) report being somewhat burnt out (4 to 6 inclusive on the scale).

**Table 30. Burnout among respondents working and training in rural hospital medicine by registrar status in 2022 (n=162)**

	TOTAL	NON-REGISTRARS	REGISTRARS
Unweighted base	162	98	64
	%	%	%
Not burnt out (0-3)	20	20	19
Somewhat burnt out (4-6)	31	28	36
Burnt out (7-10)	49	52	45
Total	100	100	100



Table 31 shows that rural hospital doctors working part-time and full-time are similarly likely to report being burnt out (52 percent). However, part-time doctors are slightly more likely to report not being burnt out (25 percent) than full-time doctors (17 percent). Full-time doctors are more likely to report being somewhat burnt out than part-time doctors (31% and 25% respectively).

**Table 31. Burnout among respondents working and training in rural hospital medicine by work hours in 2022 (n=162)**

	TOTAL	FULL-TIME (36 HOURS OR MORE)	PART-TIME (LESS THAN 36 HOURS)
Unweighted base	162	81	42
	%	%	%
Not burnt out (0-3)	20	25	17
Somewhat burnt out (4-6)	31	24	31
Burnt out (7-10)	49	52	52
Total	100	100	100

Over the last four years the proportion of respondents who rated themselves as being burnt out (7 to 10 inclusive on the scale) decreased from 29 percent in 2018 to 21 percent in 2020, and increased considerably to 49 percent in 2022 (Table 32). Specifically, from 2020 to 2022 the proportion of respondents indicating that they are burnt out more than doubled (from 21 percent in 2020 to 49 percent in 2022).

**Table 32. Burnout among respondents working and training in rural hospital medicine in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	107	125	162
	%	%	%
Not burnt out (0-3)	44	41	20
Somewhat burnt out (4-6)	27	38	31
Burnt out (7-10)	29	21	49
Total	100	100	100

## 8.2 Likelihood of recommending a career in rural hospital medicine

Using an 11-point scale, which ran from ‘not at all likely’ (0) through to ‘extremely likely’ (10), respondents were asked to rate their likelihood of recommending a career in rural hospital medicine.

Table 33 shows that almost three-quarters (72 percent) of respondents working in rural hospital medicine reported that they were likely to recommend a career in rural hospital medicine. This is based on a grouping of those who rated themselves 7–10 inclusive on the career-recommendation scale.

At the other extreme, 7 percent reported that they were unlikely to do so, based on a grouping of those who rated themselves 0–3 inclusive on the career-recommendation scale. The remainder (21 percent) rated themselves 4–6 inclusive on the career-recommendation scale and are described as providing a ‘neutral’ response.

Sixty-eight percent of respondents who rated themselves as being burnt out (7 to 10 inclusive on the burnout scale) would recommend a career in rural hospital medicine, compared to 83 percent of those who rated themselves as not being burnt out (0 to 3 inclusive on the burnout scale).

Total may not sum to 100% due to rounding.

\* Subsample based on respondents working in rural hospital medicine at the time of the survey.

\*\* Caution: small subsample; results indicative.

**Table 33. Likelihood of recommending a career in rural hospital medicine, by degree to which burnt out in 2022 (n=156)**

	TOTAL	NOT BURNT OUT (0-3)	SOMEWHAT BURNT OUT (4-6)	BURNT OUT (7-10)
Unweighted base	156*	30**	47	79
	%	%	%	%
Unlikely (0-3)	7	3	4	10
Neutral (4-6)	21	13	26	22
Likely (7-10)	72	83	70	68
Total	100	100	100	100

Table 34 shows that during the 2018-2022 period, the proportion of respondents who are unlikely to recommend a career in rural hospital medicine has slightly increased from 5 percent in 2018 and 2020 to 7 percent in 2022. The proportion of respondents who are likely to recommend a career in rural hospital medicine increased from 74 percent in 2018 to 80 percent in 2020 but dropped to 72 percent in 2022.

**Table 34. Likelihood of recommending a career in rural hospital medicine, in 2018, 2020, and 2022**

	2018 TOTAL	2020 TOTAL	2022 TOTAL
Unweighted base	107	125	156
	%	%	%
Unlikely (0-3)	5	5	7
Neutral (4-6)	21	15	21
Likely (7-10)	74	80	72
Total	100	100	100




## 9.0 *Ngā kōrero whakamutunga*

# Conclusions

This report gives a snapshot of the rural hospital medicine (RHM) workforce in New Zealand in 2022. The survey results provide comprehensive information of our RHM doctors, which includes demographics, work hours, income, employment status, ways of working, burnout, and retirement intentions.

The findings show that the RHM workforce faces an issue of ageing, with the average male and female doctors aged 48.4 and 43.1 years, respectively. Over a quarter (28 percent) of RHM doctors are aged 55 years or older. Consequently, a large proportion of RHM doctors are at or reaching their retirement age, half of RHM doctors are intending to retire in the next 10 years, and nearly one-third in the next five years. Almost two-thirds of RHM doctors now work part-time. These factors will potentially impact on the availability of rural hospital medicine services. With regards to gender, older doctors are predominantly male, and younger doctors are predominantly female. This will impact on the demographic profile of the RHM doctor workforce for the foreseeable future and has implications for how more flexible working arrangements may be needed.

Additionally, almost one-fifth (17 percent) of respondents intend to leave New Zealand to live and work elsewhere within the next five years. Almost one-quarter (23 percent) were uncertain if they would leave or not. Respondents who indicated an intention to leave New Zealand within the next five years tended to be male and younger.



In 2022 four in five rural hospital doctors (80 percent) reported being burnt out to some degree. This is based on 49 percent of respondents rating themselves as burnt out and 31 percent rating themselves as somewhat burnt out. Only 20 percent of respondents reported not being burnt out. The proportion of burnt-out rural hospital doctors in 2022 (49 percent) is more than double the proportion in 2020 (21 percent). Males reported being slightly less burnt out than females. Rural hospital doctors aged 40-54 years old reported being considerably more burnt out than all other age groups.

The survey results confirm that both Māori and Pacific People continue to be under-represented in the RHM doctor workforce. International medical graduates make up more than one-third of the RHM doctor workforce overall. On average, RHM doctors work 26.9 hours per week, while male doctors work 2.8 hours more than female doctors. On average, female RHM doctors work three unpaid hours per week, while male RHM doctors work 0.8 hours less than they are actually employed for.

Overall, the findings show that RHM doctors currently make extensive and diverse use of technology to engage with patients. Telephone calls and email are the two technologies that were most frequently used to engage with patients.

# 10.0 Appendix 1

Main variables collected in 2018, 2020, and 2022 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		
	2022	2020	2018
<b>Rural hospital medicine workforce demographics</b>			
Age	✓	✓	✓
Gender	✓	✓	✓
Ethnicity	✓	✓	✓
International or New Zealand medical graduate	✓	✓	✓
Country of first graduation	✓	✓	✓
Vocationally registered & scope	✓	✓	✓
<b>Training and teaching in rural hospital medicine</b>			
Vocational Training? If so scope	✓	✓	✓
Training provided (undergrads, none etc)	✓	✓	✓
<b>Hours worked and after-hours commitment in rural hospital medicine</b>			
Hours worked per week in rural hospital medicine	✓	✓	✓
Hours employed per week in rural hospital medicine	✓		
Weeks worked or contracted to work in rural hospital medicine	✓		
Hours per week consulting with patients in rural hospital medicine	✓		
Count of in-person and telehealth consultations with patients per week	✓		
Frequency of after-hours commitments	✓	✓	✓
<b>Rural hospital medicine doctor incomes</b>			
Personal income	✓	✓	✓
<b>Burnout and rural hospital medicine as a career</b>			
Burnout (0-10)	✓	✓	✓
Likelihood of recommending career in rural hospital medicine (0-10)	✓	✓	✓

TOPICS / QUESTIONS	SURVEY YEAR		
	2022	2020	2018
<b>Employment type and practice ownership</b>			
Employment status (owner/partner/contractor/employee)	✓	✓	✓
Ownership model: GP/trust/iwi/corporate etc	✓	✓	✓
Number of weeks of unpaid leave		✓	✓
<b>Retirement intentions in rural hospital medicine</b>			
When intend to retire from rural hospital medicine	✓	✓	✓
When intend to reduce number of hours in rural hospital medicine	✓		
Intention to leave New Zealand to live and work elsewhere	✓		
<b>About the rural hospital you work in</b>			
Level of rural hospital	✓	✓	✓
<b>Use of technology</b>			
Current technology use	✓		
Expected technology use in next 12 months	✓		
Reasons for current practice not offering more remote consultations	✓		