

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

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**2022**

# **Time Series 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.



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

Published by The Royal New Zealand  
College of General Practitioners,  
New Zealand, 2023

ISSN 2703-3163

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New Zealand, 2022

# Insights

In 2022, the proportion of GPs rating themselves as ‘high’ on the burnout scale reached the highest level yet recorded. The proportion of GPs who intend to retire within two years has also steadily increased year by year.

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 eight years, with the older, male-dominated cohort moving toward retirement, while the younger, female cohort is now constituting the majority of the workforce.

Almost half of the GP workforce work part-time, and just over half work full-time. 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.

The average GP income reported in 2022 is the highest it has been, however if inflation is accounted for, the average income 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 eight years.

# Contents

<b>Acknowledgements</b>	<b>2</b>		
<b>Insights</b>	<b>3</b>		
<b>Executive summary</b>	<b>8</b>		
<b>1. Introduction</b>	<b>11</b>	<b>6. GP incomes</b>	<b>30</b>
1.1 Context	11	6.1 Personal annual income	31
1.2 About the College	12		
1.3 Objective	12	<b>7. Employment type and practice ownership</b>	<b>32</b>
<b>2. Methodology</b>	<b>13</b>	7.1 GP employment status	33
		7.2 Practice ownership models	34
<b>3. General practice workforce demographics</b>	<b>16</b>	<b>8. Retirement intentions in general practice</b>	<b>35</b>
3.1 Age and gender	17	8.1 Retirement intentions	36
3.2 Ethnicity	20		
3.3 International medical graduates	21	<b>9. Burnout and general practice as a career</b>	<b>38</b>
3.4 Rural or urban practice location	22	9.1 Burnout	39
<b>4. Training in general practice</b>	<b>24</b>	9.2 Likelihood of recommending a career in general practice	40
4.1 GPs currently training	25		
4.2 GPs providing vocational training	26	<b>10. Conclusions</b>	<b>41</b>
<b>5. Hours worked and after-hours commitments in general practice</b>	<b>27</b>		
5.1 Hours worked in general practice per week	28	<b>11. Appendix 1</b>	<b>43</b>
5.2 After-hours practice commitments	29		

# Tables

	<b>PG</b>
Table 1. Response rate of workforce survey, 2014 – 2022	14
Table 2. Age profile of GPs, 2014 – 2022	17
Table 3. Age profile of NZ medical graduates and international medical graduates, 2016 – 2022	21
Table 4. Country of origin of first medical degree for IMGs, 2014 – 2022	22
Table 5. GPs working in general practices that are located in urban and rural areas, 2014 – 2022	23
Table 6. New Zealand and international medical graduates	23
Table 7. Vocational training programme in which enrolled as a registrar, 2017 – 2022	25
Table 8. GPEP study stage, 2017 – 2022	25
Table 9. GPs providing vocational training	26
Table 10. Type of vocational training	26
Table 11. Total hours worked in general practice per week, 2015 – 2022	28
Table 12. After-hours practice commitments, 2016 – 2022	29
Table 13. Personal annual before-tax income, 2016 – 2022	31
Table 14. Employment status, 2014 – 2022	33
Table 15. Practice ownership, 2015 – 2022	34
Table 16. Retirement intentions, 2014 – 2022	36
Table 17. Retirement intentions, excluding registrars, 2017 – 2022	37
Table 18. Burnout, 2016 – 2022	39
Table 19. Likelihood of recommending a career in general practice, 2016 – 2022	40
Table 20. Annual personal income by work hours in 2022 (n=126)	32

# Figures

	<b>PG</b>
Figure 1. Percentage of respondents 55 years and over	18
Figure 2. Age profile	18
Figure 3. Age profile by gender	19
Figure 4. Ethnic profile of respondents and New Zealand projections at 30 June 2022	20
Figure 5. Comparison of New Zealand and international medical graduates, 2014 – 2022	21
Figure 6. Average hours by gender*	28
Figure 7. Practice owner or partner by gender	33
Figure 8. Retirement intentions	36
Figure 9. Burnout by gender	39

# Executive summary

This is the second in a series of reports from The Royal New Zealand College of General Practitioners' (the College's) 2022 Workforce Survey.

In this time-series report, the key results from the 2022 Workforce Survey are compared with previous surveys' results between 2014 and 2020. The purpose of this study is to collect consistent information on the general practice workforce, facilitate comparison with historical survey data, and inform future decision making about general practice in New Zealand.

This is the seventh in a series of workforce surveys that the College has undertaken since 2014. 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.

# General practice workforce demographics

The average age of participants is 50.6 years, similar to the result in 2020.

The proportion of GPs aged 55 and over remains at 44 percent.

The GP workforce continues to face an issue of ageing, but the pace of the ageing is slower between 2017 and 2022 than it was between 2014 and 2016.

The GP workforce has been experiencing a change in the gender distribution over time. The trend shows that the older, male-dominated cohort is moving into retirement and the younger, female cohort is comprising a larger proportion of the workforce.

The GP workforce continues to be dominated by respondents identifying as European (69 percent) – a decrease from 83 percent in 2014. The percentage identifying as Asian increased to 20 percent in 2022.

There continues to be a disproportionately lower number of Māori and Pacific GPs compared to the general population.

International medical graduates make up over one-third (38 percent) of the GP workforce in 2020, down from 42 percent in 2014.

Nearly two-thirds (62 percent) of GPs obtained their medical degree in New Zealand, an increase from 58 percent in 2014.

## Training in general practice

21 percent were currently enrolled in a vocational training programme, which is similar to 2018 and 2020, but a decrease from 2017 (27 percent).

In 2022 a large majority (79 percent) of respondents enrolled in the training programme towards gaining Fellowship of the College (GPEP) are at GPEP2/3, an increase from 67 percent in 2017. In 2022 one-fifth (21 percent) are at GPEP1, a decrease from 33 percent in 2017.



# Hours worked and after-hours commitments in general practice

The average number of hours worked in general practice was 35.9 hours per week, the closest result being 35.3 in 2014.

Male GPs tended to work longer hours than female GPs over the last five years. However, the gender difference in average hours worked decreased from 8.6 hours in 2015 to 5.7 hours in 2022.

The proportion of GPs that worked less than 36 hours (part-time) increased from 46 percent in 2014 to 49 percent in 2022.

The proportion of GPs that stated they had after-hours general practice commitments decreased from 66 percent in 2016 to 55 percent in 2022.

## GP incomes

GPs' average personal annual before-tax income is \$166,389, which is higher than \$157,594 in 2020, but is less than the expected inflationary increase.

## Employment type and practice ownership

Long-term employees and contractors continue to make up the largest proportion of the GP workforce; over half (55 percent) of GPs state they are either a long-term employee or contractor in 2022, increased from 46 percent in 2014.

The proportion of practice owners or partners decreased from 39 percent in 2014 to 31 percent in 2022.

The majority of GPs work in a practice owned by one or more GPs who work in the same practice; a result that has dropped from 73 percent in 2015 to 64 percent in 2022.

The proportion of GPs that work in a practice which is fully or partially corporate-owned increased from 7 percent in 2015 to 14 percent in 2022.

# Retirement intentions in general practice

The proportion of GPs intending to retire soon (within two years) has increased steadily every year since the survey was conducted, and rose from 4 percent in 2014 to 17 percent in 2022.

Over the next five years, 37 percent of GPs intend to retire; more than double the proportion in 2014. Over the next ten years, over half (55 percent) intend to retire, an increase from 36 percent in 2014.

# Burnout and recommending general practice as a career

Almost half (48 percent) of respondents rate themselves 'high' on the burnout scale. This percentage has been steadily increasing over the past six years. In 2016, 22 percent of respondents rated themselves as 'high' on the burnout scale.

Well under half of GPs (39 percent) rate themselves likely to recommend a career in general practice, a decrease from 63 percent in 2018.



## 1.0 *Kōrero Whakataki*

### **Introduction**

#### 1.1 Context

In 2022, the general practice (GP) workforce was under immense pressure resulting from the following.

1. Shortages of specialist general practitioners 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 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 GP 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 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 specialist GP and rural hospital medicine workforce | contributing to equitable health care for all New Zealanders |
| setting quality standards for practices                         | becoming a contemporary and sustainable organisation.        |
| representing its members  |  |

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 2018, 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**

This section summarises the methodology used for the General Practice Workforce Survey in 2022. The survey has been designed to be highly consistent with the structure and methodology of the previous 2020 survey. The key question themes of each survey from 2014 to 2022 are presented in Appendix One. Related reports and questionnaires can be accessed through the College’s website.

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 staff.

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 workforce 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), and 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 a personalised 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, 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.

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 previous 2020 survey, which was 60.0 percent. Table 1 shows all the response rates for each of the previous workforce surveys.

**Table 1. Response rate of workforce survey, 2014 – 2022**

<b>SURVEY YEAR</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2020</b>	<b>2022</b>
Response Rate (%)	55.9	54.3	44.5	52.0	60.9	60.0	72.0



According to the 2022 survey, 87 respondents were GPs who are not part of the current workforce (e.g. they are retired or are working overseas), 66 respondents had not been involved in clinical work in the previous three months, 45 respondents stated they had only worked in rural hospital medicine, six respondents had worked in rural hospital medicine and some 'other' non-general practice setting, and one respondent was 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 2022 data and analysis in this report is based on the response to the survey questions for 3,282 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 66 who stated that all their work in the three months prior to the 2022 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 questions.

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.



### **3.0** *Ngā hangapori ohu mahi o ngā Whare Rata*

## **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 2022. 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). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.



## 3.1 Age and gender

Based on the results of the time-series analysis, the findings show that the GP workforce continues to face an issue of ageing although over recent years the proportion of younger GPs has started to increase slightly. As illustrated by Table 2, more than one-third of GPs are aged between 24 and 44 years in 2022, a 4 percent increase from 2014. The proportion of older GPs aged 60-75+ increased dramatically by 12 percentage points over the past eight years. The proportion of mid-career GPs aged 45-59 has dropped by 19 percentage points since 2014.

**Table 2. Age profile of GPs, 2014 – 2022**

	TOTAL GPs						
	2014	2015	2016	2017	2018	2020	2022
Unweighted base	169	60	106		169	60	106
	%	%	%	%	%	%	%
24–29 years	4	4	3	4	4	3	3
30–34 years	9	8	6	9	9	11	11
35–39 years	9	9	10	10	10	11	12
40–44 years	10	9	8	9	9	11	11
<b>Sub-total: 24 - 44 years</b>	<b>32</b>	<b>30</b>	<b>27</b>	<b>32</b>	<b>32</b>	<b>35</b>	<b>36</b>
45–49 years	16	13	13	11	10	9	9
50–54 years	20	18	17	15	14	12	10
55–59 years	16	18	19	18	18	15	14
<b>Sub-total: 45-59 years</b>	<b>52</b>	<b>49</b>	<b>49</b>	<b>44</b>	<b>42</b>	<b>36</b>	<b>33</b>
60–64 years	10	11	14	13	13	16	16
65–69 years	5	6	6	7	8	8	9
70–74 years	2	2	2	2	3	4	4
75 years and over	1	1	1	1	1	1	1
<b>Sub-total: 60+ years</b>	<b>18</b>	<b>20</b>	<b>23</b>	<b>23</b>	<b>25</b>	<b>29</b>	<b>30</b>
Total	100	100	100	100	100	100	100
<b>Average age</b>	<b>49.4</b>	<b>49.9</b>	<b>50.9</b>	<b>50</b>	<b>50.3</b>	<b>50.4</b>	<b>50.6</b>

Total may exceed 100% due to rounding.

\* Data for 2014, 2015, 2017, 2018, 2020 and 2022 is unweighted; 2016 data is weighted.

\*\*2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey.

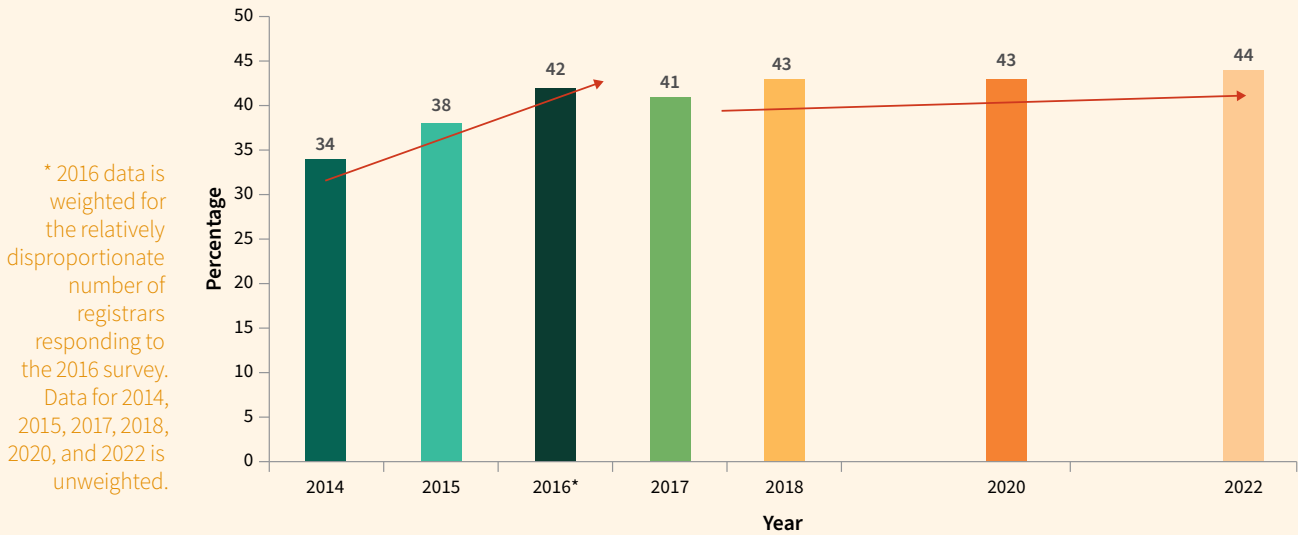
In 2022, the average/mean age of GPs is 50.6 years, similar to the result in the 2020 survey (50.4 years). The proportion of GPs aged 55 and over has increased by 1 percent from 2020 at 44 percent (Figure 1).

In 2014, the first year of the College survey, 34 percent were aged 55 or over. This percentage increased steadily by 4 percentage points per year to reach 42 percent in 2016, then it fluctuated within 1 to 2 percentage points in 2017, 2018, 2020, and 2022.

Both indicators of the average age of GPs (Table 2) and the proportion of GPs aged 55 or over (Figure 1) shows the pace of the ageing workforce was slower between 2017 and 2022 than it was between 2014 and 2016.

Figure 2 shows the ageing of the GP workforce.

**Figure 1. Percentage of respondents 55 years and over**



**Figure 2. Age profile**

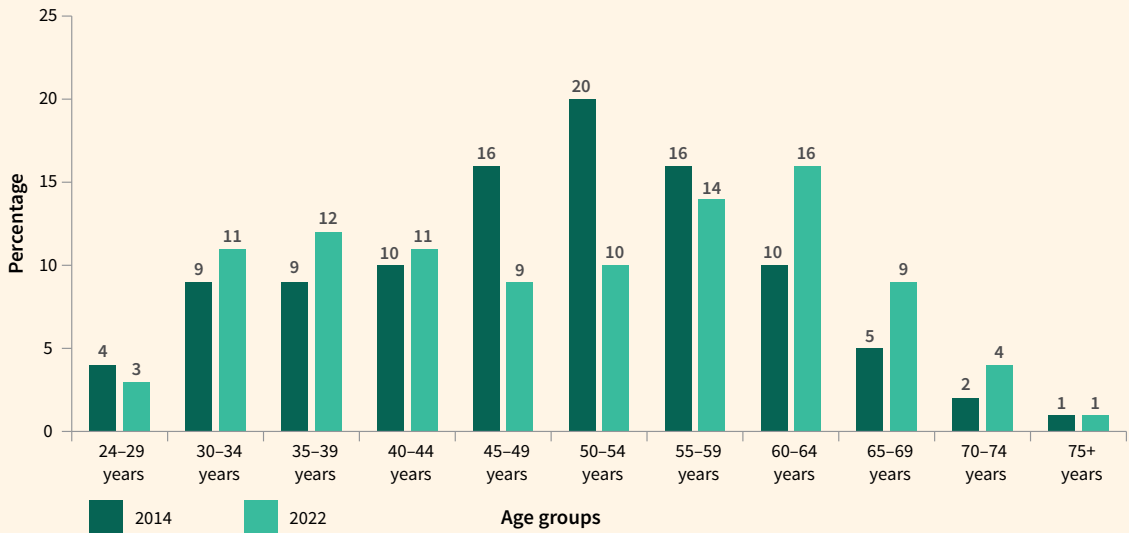
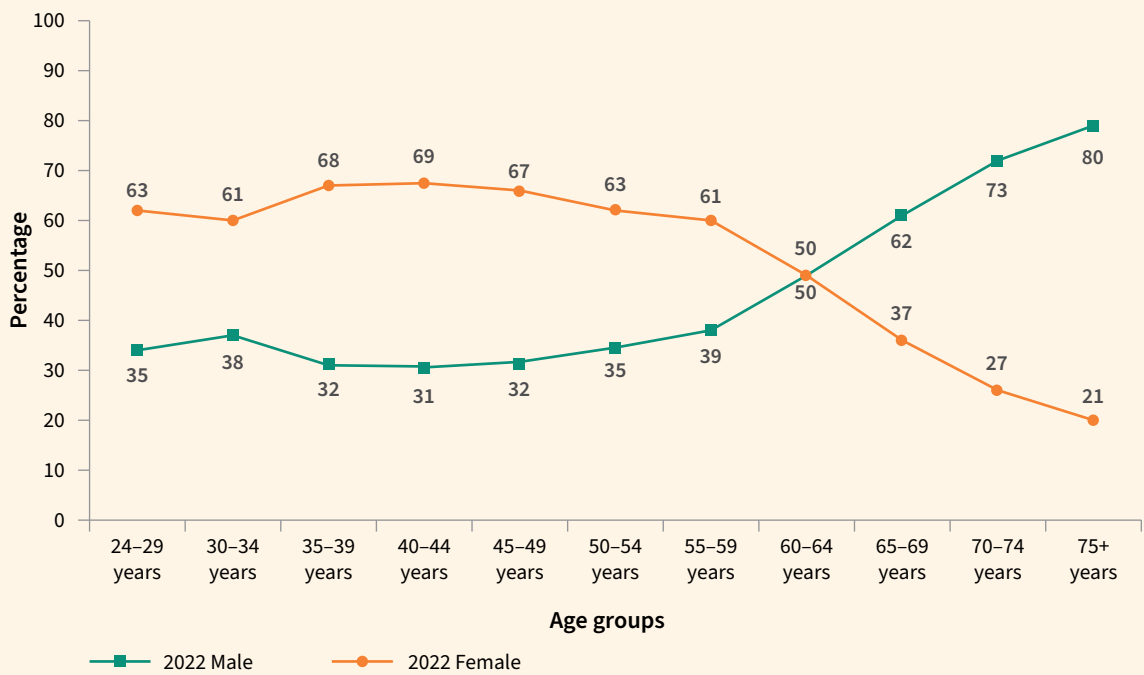
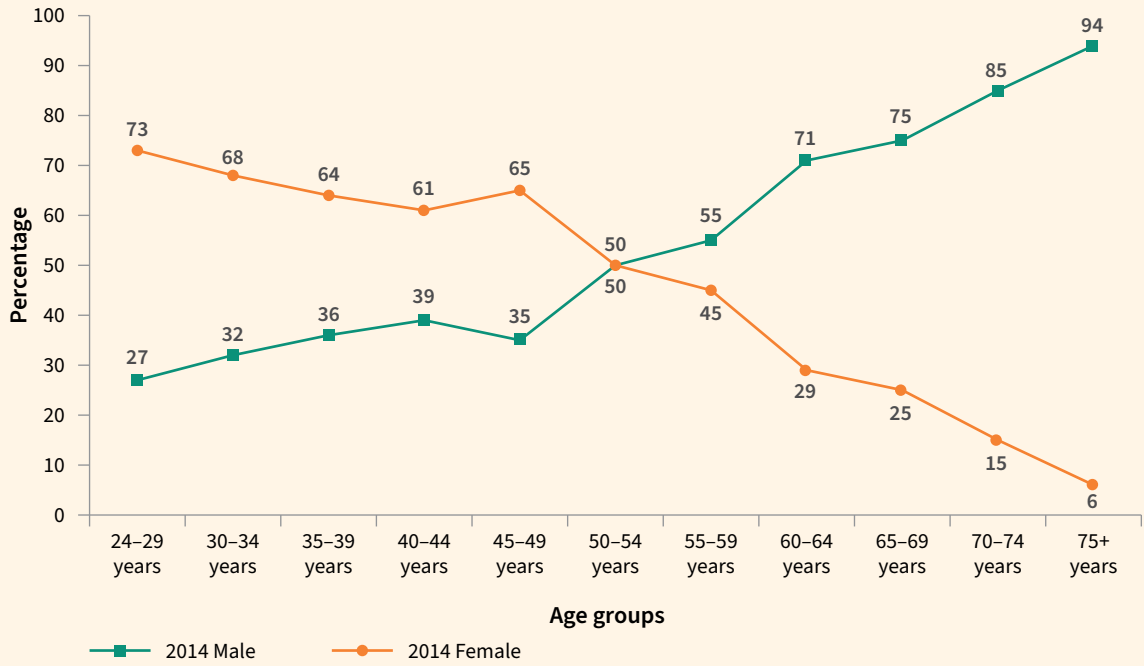


Figure 3 compares the age profile of GPs by gender between 2014 and 2022, it shows that the GP workforce experienced a change in the gender distribution over the last eight years. In general, older GPs are predominantly male and younger GPs are predominantly female. Reflecting a cohort shift, it is only in 65-75+ age groups that the proportion of male GPs is higher than female GPs in 2022, whereas in 2014 there were more male than female GPs in the 55-64 age groups as well as in the 65+ age groups.

The even split between genders falls into the 50-54 age group in 2014, but it moves to 60-64 age group eight years later. It illustrates the effect that this increase in the number of females over time has had on the gender balance within successive age cohorts. The older male-dominated cohort is moving toward retirement and the younger and middle-aged female cohorts comprise most of the GP workforce. It also shows that the age-gender gap among both older GPs aged 65 or over and younger GPs aged 24-34 has become smaller over time. In contrast, the age-gender gap among mid-career GPs aged 35-59 has become wider in the last eight years.

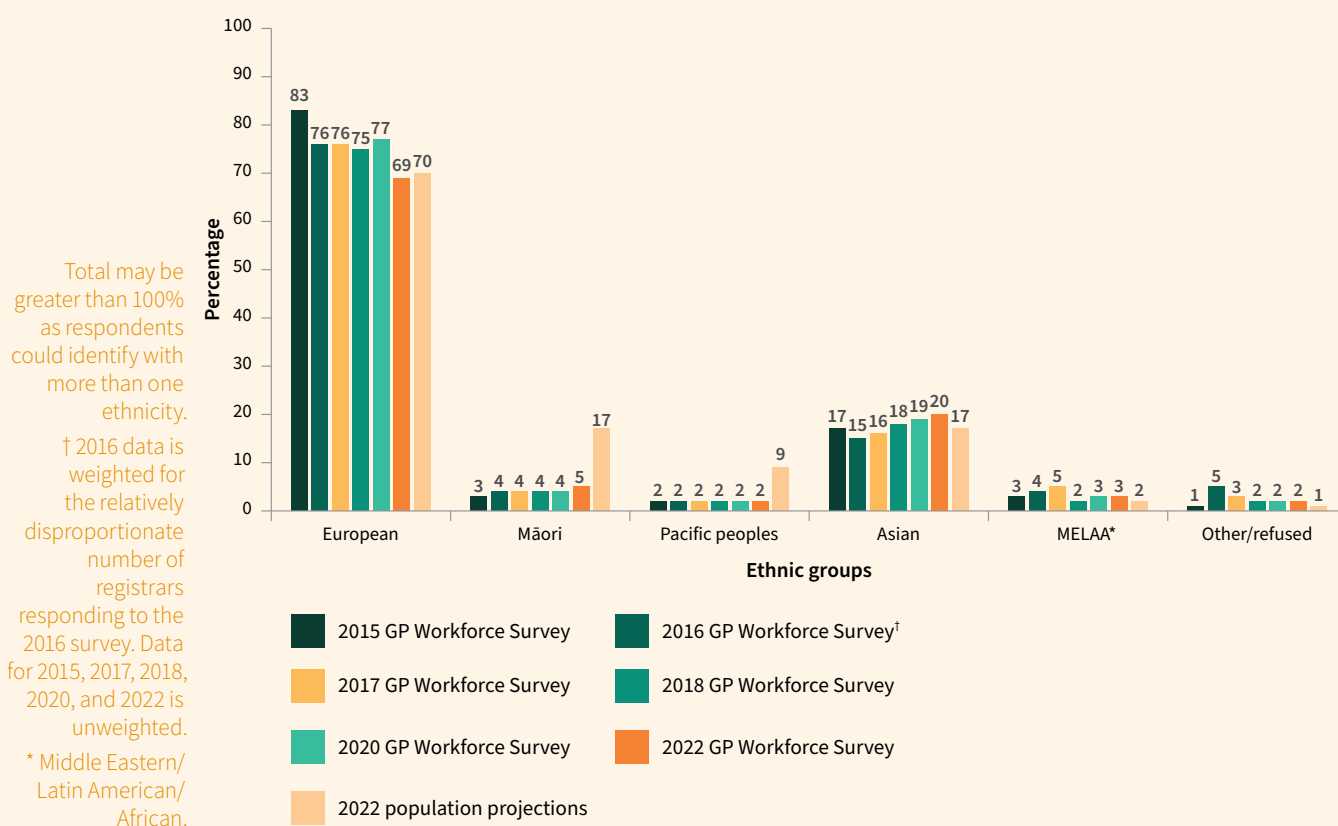
Figure 3. Age profile by gender



## 3.2 Ethnicity

Figure 4 shows the profile of the New Zealand GP workforce by total ethnicity<sup>1</sup> from 2015 to 2022. In 2022 as in the previous five surveys, the largest ethnic group is those identifying themselves as European (69 percent), a 14 percentage point decrease from 2015. Over time, on average 4 and 2 percent of respondents identified as Māori and Pacific Peoples respectively; both figures well below the proportions in the general population and showing virtually no change over time, even though the percentage of respondents identifying as Māori increased by 1 percentage point in 2022. The percentage of survey respondents who identified as Asian has steadily increased from 15 percent in 2016 to 20 percent in 2022.

**Figure 4. Ethnic profile of respondents and New Zealand projections<sup>2</sup> at 30 June 2022**



1 Total-response ethnicity involves each respondent being allocated to all ethnic groups that they have identified with. A respondent may fit into more than one ethnicity group. For example, a person who identifies as both Chinese and Māori will appear in both the Māori group and the Asian group. Consequently, the Māori and Asian groups should not be directly compared; Māori can only be compared with the non-Māori group and Asian can only be compared with non-Asian.

2 Statistics NZ. National ethnic population projections, by age and sex, 2018(base)-2043 update. Retrieved from [http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE8613&\\_ga=2.22188667.1155472987.1671738841-1479786293.1671502147](http://nzdotstat.stats.govt.nz/wbos/Index.aspx?DataSetCode=TABLECODE8613&_ga=2.22188667.1155472987.1671738841-1479786293.1671502147)

### 3.3 International medical graduates

Figure 5 shows that there has been an increase over time in the proportion of GPs who obtained their first medical degree in New Zealand. In 2022, 62 percent of survey respondents stated they had obtained their first medical degree in New Zealand compared to 38 percent who stated they obtained their first medical degree overseas. The proportion of New Zealand medical graduates has increased by 4 percentage points since 2014. In contrast, the proportion of international medical graduates (IMGs) decreased by 5 percentage points from 42 percent in 2014 to 38 percent in 2022.

**Figure 5. New Zealand and international medical graduates**

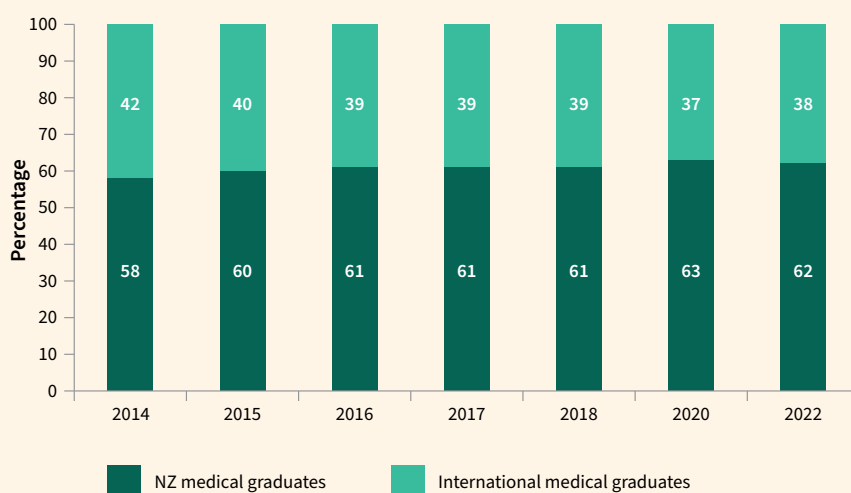


Table 3 shows that over the last six years IMGs tend to be older, while New Zealand medical graduates tend to be younger. In 2022, only 14 percent of IMGs were aged 39 years or younger, compared to 17 percent in 2016. In contrast, New Zealand medical graduates aged 39 years or younger increased from 27 percent in 2016 to 33 percent in 2022.

**Table 3. Age profile of NZ medical graduates and international medical graduates, 2016 – 2022**

		2016*	2017	2018	2020	2022
NEW ZEALAND MEDICAL GRADUATES	Base	1,110	1,448	1,714	1,772	2,081
		%	%	%	%	%
	24-39 years	27	29	30	31	33
	40 or over	73	71	70	69	67
	Total	100	100	100	100	100
INTERNATIONAL MEDICAL GRADUATES		2016*	2017	2018	2020	2022
	Base	710	923	1,101	1,058	1,275
		%	%	%	%	%
	24-39 years	17	16	14	14	14
	40 or over	83	84	86	86	86
Total	100	100	100	100	100	

Total may not sum to 100% due to rounding.  
\* 2016 data is weighted for the relatively

In each workforce survey, GPs who stated that they were IMGs were asked from which country they had received their first medical qualification. A wide range of countries were given in the response options. Table 4 shows that this was predominantly the United Kingdom, followed by South Africa, India, and Australia over the period from 2014 to 2022.

**Table 4. Country of origin of first medical degree for IMGs, 2014 – 2022**

	IMGs						
	2014	2015	2016	2017	2018	2020	2022
Base*	886	901	710**	923	1,101	1,058	1,337
	%	%	%	%	%	%	%
United Kingdom	43	45	42	41	41	42	43
South Africa	13	12	12	13	13	12	11
India	9	8	10	9	8	8	8
Australia	6	6	6	7	7	7	8
Germany	3	2	3	3	3	3	2
Sri Lanka	3	3	3	2	3	3	2
Iraq	3	2	2	3	3	2	3
Ireland	2	1	2	2	2	2	2
Pakistan	1	1	1	1	1	1	1
Canada	1	1	1	1	1	1	1
Other	17	19	17	18	19	19	19
Total	100	100	100	100	100	100	100

\*Sub-sample based on those respondents who gained their first medical degree overseas.  
 \*\* 2016 data is weighted for the relatively

## 3.4 Rural or urban practice location

Practice location was self-defined, meaning that survey respondents were presented with three location categories (‘urban’, ‘rural’, and ‘not clearly urban or rural’) and asked, “Is the practice you are currently working in urban or rural-based? The way you answer this question doesn’t need to be based on your eligibility for rural funding support.”

In 2022 the Geographical Classification for Health was released and reported that the proportion of New Zealanders living in urban areas is 81 percent, compared to 19 percent of New Zealanders living in rural areas.<sup>3</sup>

Over time, the majority of GPs working in general practice remain located in urban areas.<sup>3</sup> In 2022, three-quarters of respondents (75 percent) considered the practice they work in to be urban based, which is very similar to all other survey years.

3 [62e9f9fa4b125d56a27faefe\\_5495-final.pdf \(website-files.com\)](https://www.nzma.org.nz/2022/08/05/1351559) New Zealand Medical Journal Te ara tika o te hauora hapori 2022 Aug 5; 135(1559).

**Table 5. GPs working in general practices that are located in urban and rural areas, 2014 – 2022**

	TOTAL GPs					
	2014	2015	2017	2018	2020	2022
Base*	2,184	2,211	2,360	2,773	2,724	3,210
	%	%	%	%	%	%
Urban	75	76	73	75	75	75
Rural	17	17	17	17	15	16
Not clearly urban or rural	7	6	10	8	10	9
Total	100	100	100	100	100	100

Total may not sum to 100% due to rounding.  
\*Sub-sample based on those respondents who answered the relevant question.

Total may not sum to 100% due to rounding.  
\*Sub-sample based on those respondents who answered the relevant question.

\*\* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2015, 2017, 2018, 2020, and 2022 is unweighted.

In 2022, there was a 2 percentage point increase in the number of New Zealand medical graduates working in rural practices from 2020 and this is 4 percentage points more than the number of IMGs working in rural practices (Table 6). The percentage of New Zealand medical graduates working in rural practices has varied from 46 to 54 percent between 2014 and 2022 with no clear pattern.

**Table 6. Origin of first medical degree for GPs in rural practices, 2014 – 2022**

	TOTAL GPs						
	2014	2015	2016**	2017	2018	2020	2022
Base*	377	384	464	403	464	419	522
	%	%	%	%	%	%	%
New Zealand	47	46	50	49	54	50	52
Overseas	53	54	50	51	46	50	48
Total	100	100	100	100	100	100	100



## 4.0 *Te whakangungu i ngā whare rata* **Training 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). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.



## 4.1 GPs currently training

Survey respondents were asked whether they are registered in a vocational scope in New Zealand. In 2022, 21 percent of survey respondents stated they were currently enrolled in a vocational training programme (Table 7), which is similar to 2018 and 2020, but a decrease from 2017 (27 percent). Over time, nearly one-fifth (18 to 19 percent) of respondents enrolled in training towards Fellowship of the College, i.e., the General Practice Education Programme (GPEP). Most respondents report that they are not in training. Given that over 50 percent of the workforce is retiring in the next 10 years, the number of GPEP needs to increase to meet population and GP needs.

**Table 7. Vocational training programme in which enrolled as a registrar, 2017 – 2022**

	TOTAL GPs			
	2017	2018	2020	2022
Base*	2,371	2,815	2,830	3,356
	%	%	%	%
General practice training (RNZCGP)	18	18	19	19
Rural hospital medicine training (FDRHMNZ)	1	0	1	2
Urgent care training (FRNZCUC)	1	1	1	1
Other	1	1	1	1
Not enrolled as a registrar in any vocational training programme	73	80	79	79
Total	100	100	100	100

Total may not sum to 100% due to multiple response.

\*Sub-sample based on those respondents who answered the relevant

In 2022, 83 percent of respondents enrolled as a registrar in a vocational training programme are training towards gaining Fellowship of the College (GPEP). Throughout the years, consistently, the majority of people are training at an GPEP2/3 level.

In 2022 a large majority (79 percent) of respondents enrolled in the training programme towards gaining Fellowship of the College (GPEP) are at GPEP2/3, an increase from 67 percent in 2017. In 2022 one-fifth (21 percent) are at GPEP1, a decrease from 33 percent in 2017.

**Table 8. GPEP study stage, 2017 – 2022**

	TOTAL GPs			
	2017	2018	2020	2022
Base *	424	510	544	634
	%	%	%	%
GPEP1	33	26	18	21
GPEP2/3	67	74	82	79
Total	100	100	100	100

Total may not sum to 100% due to multiple responses.

\*Sample based on those GPs who are currently enrolled in GPEP.

## 4.2 GPs providing vocational training

Just under half of survey respondents report that they currently provide vocational training to medical students or doctors in both 2020 and 2022 (47 and 49 percent respectively), this is notably up from 2017 and 2018 (41 and 39 percent respectively).

**Table 9. GPs providing vocational training**

Total may not sum to 100% due to rounding.  
\* Sub-sample based on those respondents who answered the relevant question.

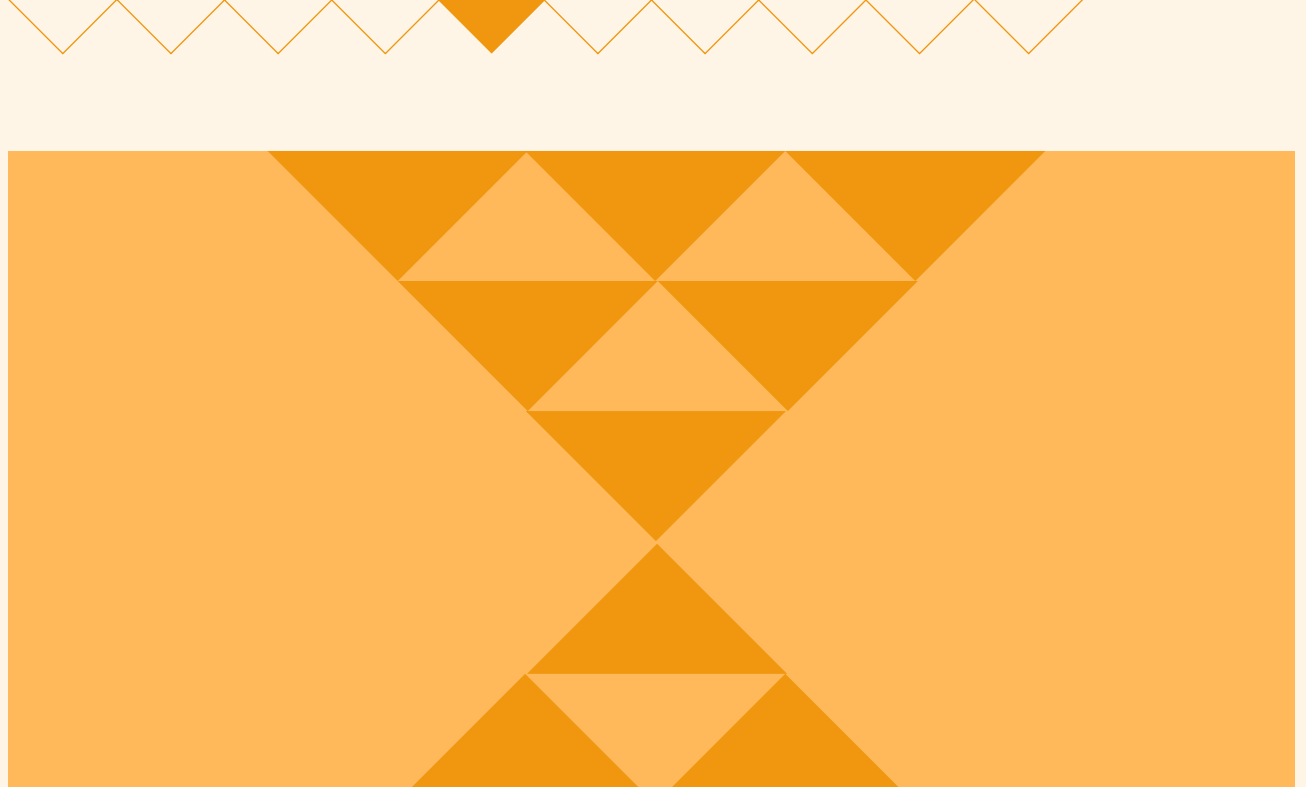
	TOTAL GPs			
	2017	2018	2020	2022
Base*	2,360	2,773	2,830	3,356
	%	%	%	%
Do not provide training	59	61	51	53
Provide at least one type of training	41	39	49	47
Total	100	100	100	100

Out of the GPs currently providing vocational training, between 2020 to 2022 the proportion of GPs providing training increased for all training types, with the exception of the proportion of GPs teaching undergraduate medical students which decreased by 4 percentage points. The largest increases were seen in the proportion of GPs providing nurse practitioner training (increased by 5 percentage points), and the proportion of GPs supervising house officers doing postgraduate community-based runs (increased by 4 percentage points). Please exercise caution when comparing 2017 and 2018 data with 2020 and 2022 data due to differences in the response options offered.

**Table 10. Type of vocational training**

Total may not sum to 100% due to multiple responses.  
\* Sample based on those GPs currently providing training  
Caution: response options differed across survey years – results are indicative only. N/A indicates a response option was not included in that survey year.

	TOTAL GPs			
	2017	2018	2020	2022
Base*	978	1,104	1,380	1,585
	%	%	%	%
Teacher of undergraduate medical students	74	75	58	54
GPEP1 teacher	27	26	23	24
Mentor of a registrar in GPEP 2/3	24	24	22	24
Nurse Practitioner training	N/A	N/A	15	20
Supervisor of house officers doing postgraduate community-based runs	12	10	8	12
GPEP medical educator	11	11	7	8
Teacher or educational facilitator on the DRHM programme	2	2	2	2
Pharmacist training	N/A	N/A	1	2
Hauora Māori teaching	N/A	N/A	N/A	2
Other health professional training (please specify)	N/A	N/A	26	29
Total	100	100	100	100



## 5.0 *Ngā haora ka mahia me ngā paiherenga i muri i ngā haora i ngā Whare Rata*

### **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. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

*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 worked in general practice per week

Survey respondents were asked about the hours they usually work in general practice per week. They were asked to include the time spent on paperwork, teaching, practice management and time worked when on-call, but not the time spent on other medical work outside of general practice.

In 2022, the average number of hours worked in general practice is 35.9 hours per week. The average hours per week have fluctuated between 34.2 hours and 35.9 hours since 2014 (Table 11). A little over half of respondents have been classified as working ‘full-time’<sup>4</sup> (51 percent) in 2022.

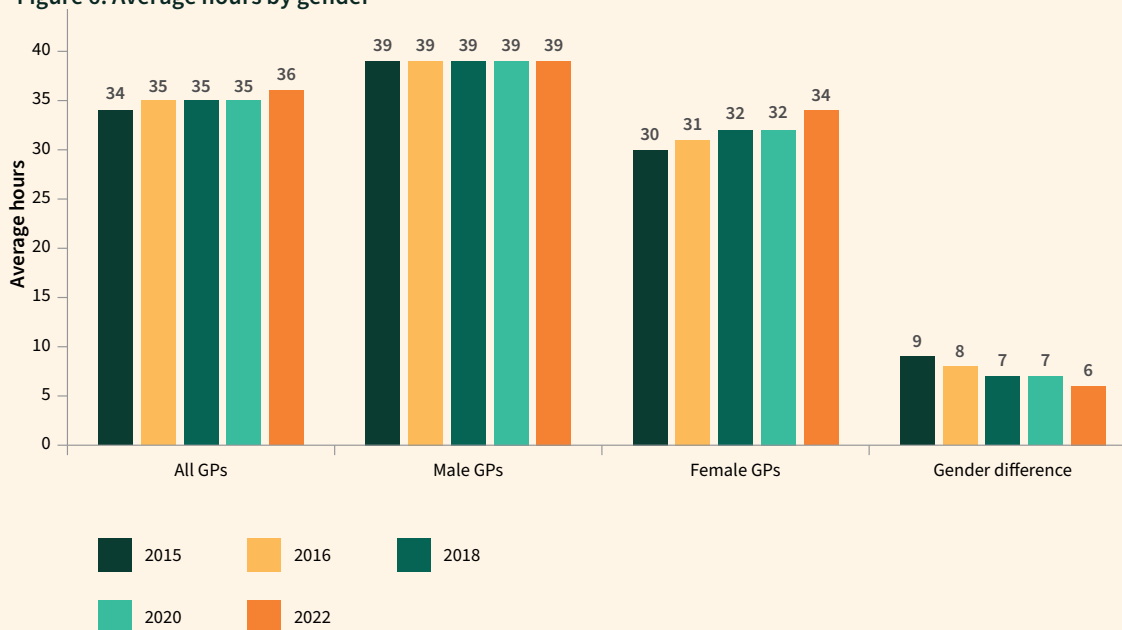
\* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2015, 2017, 2018, 2020, and 2022 is unweighted.  
 \*\* Total may not sum to 100% due to ‘Don’t know’ response.

**Table 11. Total hours worked in general practice per week, 2015 – 2022**

	TOTAL GPs						
	2014	2015	2016*	2017	2018	2020**	2022
Base*	2,184	2,215	1,820	2,360	2,815	2,772	3,275
	%	%	%	%	%	%	%
Less than 36 hours (part-time)	46	49	49	46	49	54	49
36 hours or more (full-time)	54	51	51	54	51	45	51
Total	100	100	100	100	100	100	100
<b>Average hours</b>	<b>35.3</b>	<b>34.2</b>	<b>35.0</b>	<b>35.2</b>	<b>34.8</b>	<b>34.8</b>	<b>35.9</b>

Figure 6 shows that in each of the last five years male GPs worked longer hours than female GPs. However, the gender difference in average hours dropped from 7 hours in 2020 to 6 hours in 2022.

**Figure 6. Average hours by gender\***



\* Note the gender diverse/not specified category was not included as the sample size is too small.

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

## 5.2 After-hours practice commitments

Survey respondents were asked whether they have any after-hours general practice commitments to provide acute care. In 2022, the majority of respondents (56 percent) state they have after-hours general practice commitments (Table 12), which is the lowest percentage since this measure was introduced in 2016 (66 percent), the result has dropped by 10 percentage points in the last six years.

**Table 12. After-hours practice commitments, 2016 – 2022**

	TOTAL GPS				
	2016	2017	2018	2020	2022
Base	1,820*	2,360	2,773	2,750	3,225
	%	%	%	%	%
No commitments	34	36	37	42	44
<b>FREQUENCY OF COMMITMENTS:</b>					
Yes – every week	14	14	13	12	13
Yes – approximately every second week	10	9	9	9	8
Yes – approximately every three weeks	8	8	8	6	7
Yes – approximately every month	19	19	18	19	17
Yes – but less frequently than monthly	15	14	15	13	10
<b>Sub-total with commitments</b>	<b>66</b>	<b>64</b>	<b>63</b>	<b>58</b>	<b>56</b>
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.  
\* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2015, 2017, 2018, and 2020 is unweighted.



## 6.0 *Ngā moni whiwhi o ngā Whare Rata* **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. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

*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

Working with broad income bands and point estimate, survey respondents were asked to indicate what their personal annual income, before tax, was from working in general practice. In doing this, they were asked to include any income from providing after-hours services, as well as income from teaching registrars or students, and dividends from practice ownership. The question was optional and therefore, some respondents did not respond to the question.

Table 13 provides a comparison of personal incomes from 2016 to 2022. It shows that the proportion of respondents who stated their personal annual before-tax income of up to \$75,000 fell from 19 percent in 2016 to 13 percent in 2022. From 2016 to 2018, the proportion of respondents who stated their personal income was between \$75,001 and \$125,000 remained at 25 percent, and then rose to 27 percent in 2020, before falling back to 25 percent in 2022. The percentage of respondents reporting their personal income greater than \$200,000 has fluctuated between 22 and 27 percent. In 2022, the average personal annual before-tax income is \$166,389 which is the highest it has been over the last six years. However, if inflation is accounted for, the average income in 2022 has remained relatively stable since 2016.

**Table 13. Personal annual before-tax income, 2016 – 2022**

	TOTAL GPS				
	2016	2017	2018	2020	2022
Base	1,787	2,360	2,742	2,701	3,031
	%	%	%	%	%
Up to \$75,000	19	19	17	16	13
\$75,001 to \$125,000	25	25	25	27	25
\$125,001 to \$200,000	34	32	33	36	35
More than \$200,000	22	23	25	22	27
Total	100	100	100	100	100
<b>Average</b>	<b>\$152,551</b>	<b>\$150,995</b>	<b>\$156,250</b>	<b>\$157,594</b>	<b>\$166,389</b>

Total may not sum to 100% due to rounding.



## **7.0** *Momo mahi me te rangatiratanga o te whare rata*

### **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. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

*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).*



# 7.1 GP employment status

Survey participants were asked to select their current employment status from a list of response options. Long-term employees and contractors make up the largest proportion of GPs over time. In 2022, over one-half of respondents (55 percent) state they are either a long-term employee or a long-term contractor at the general practice they work in or mostly work in. This result has increased by 9 percentage points from 46 percent in 2014. One-third of respondents (31 percent) state they hold an ownership stake in the practice in which they work in 2022; this has dropped by 8 percentage points since 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, remaining constant in 2022.

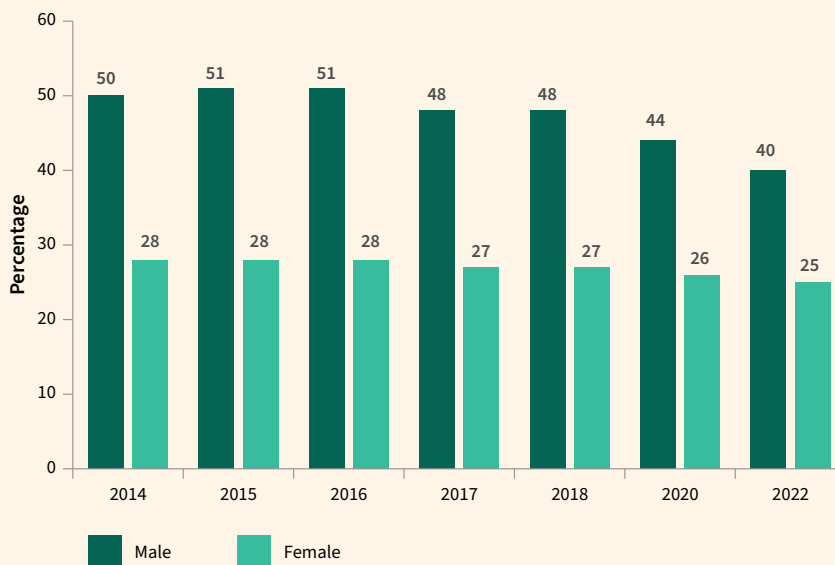
**Table 14. Employment status, 2014 – 2022**

	TOTAL GPS						
	2014	2015	2016	2017	2018	2020	2022
Base*	1,121	1,162	1,815	2,347	2,762	2,746	3,219
	%	%	%	%	%	%	%
Practice owner/partner	39	39	38	37	36	34	31
Long-term employee/contractor	46	44	46	44	48	52	55
Short-term employee/contractor	9	13	14	15	13	11	11
Other	6	4	1	4	3	4	4
Total	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.  
\*Sub-sample based on those respondents who answered the relevant question.

Figure 7 shows that the percentage of male practice owners or partners has been greater than that for females since 2014. However, both percentages have declined in the last four years (including 2022) and the percentage of male practice owners or partners is falling faster than that for females over that time.

**Figure 7. Practice owner or partner by gender**



## 7.2 Practice ownership models

Respondents were asked to select the option that best described the ownership model of the practice in which they worked. As illustrated by Table 15, 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 dropped from 73 percent in 2015 to 64 percent in 2022. The next most common ownership model was full or partial corporate ownership, its percentage has increased from 7 percent in 2015 to 14 percent in 2022. The percentage of respondents working in community, trust or charity owned practices has increased from 3 percent in 2015 to 7 percent in 2018, remaining constant in 2020 and 2022.

**Table 15. Practice ownership, 2015 – 2022**

	TOTAL GPs					
	2015	2016	2017	2018	2020	2022
Base*	2,205	2,360	2,360	2,773	2,724	3,212
	%	%	%	%	%	%
Owned by one or more GPs who work in the practice	73	75	72	71	69	64
Fully or partially corporate owned	7	8	8	9	10	14
Community owned or owned by a trust or charity	3	3	6	7	7	7
Fully or partially owned by a PHO or a GP organisation	4	5	4	4	3	4
Fully or partially owned by a DHB	2	1	1	1	1	1
Fully or partially owned by an iwi	2	2	1	2	2	2
Owned by a university (student health)	2	2	2	1	2	2
Other	6	3	6	5	6	6
Total	100	100	100	100	100	100

Total may not sum to 100% due to rounding.  
\*Sub-sample based on those respondents who answered the relevant question.



## 8.0 *Ngā koronga ahungarua i roto i ngā whare rata*

### **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 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). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

# 8.1 Retirement intentions

Table 16 shows a detailed breakdown of retirement intention for all GPs who responded to the surveys from 2014 to 2022. In 2022, 55 percent of respondents are intending to retire from the GP workforce in the next 10 years. Reflecting the results relating to the ageing of the GP workforce, the percentage intending to retire soon (in the next two years) has been increasing steadily every year since the survey began, rising dramatically from 4 percent in 2014 to 17 percent in 2022. The percentage intending to retire in the next five years doubled between 2014 and 2020, from 15 percent to 31 percent, and increasing to an all-time high of 37 percent in 2022. The percentage retiring in the next 10 years increased from 36 percent in 2014 to 55 percent in 2022.

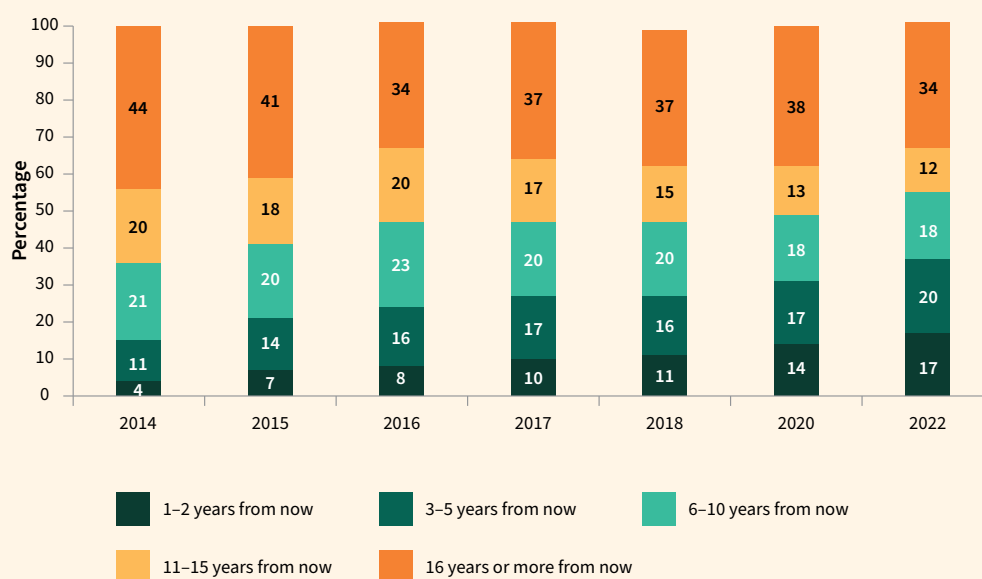
**Table 16. Retirement intentions, 2014 – 2022**

	TOTAL GPs						
	2014	2015	2016	2017	2018	2020	2022
Base*	2,195	2,228	1,816	2,360	2,815	2,772	3,281
	%	%	%	%	%	%	%
1–2 years from now	4	7	8	10	11	14	17
3–5 years from now	11	14	16	17	16	17	20
6–10 years from now	21	20	23	20	20	18	18
11–15 years from now	20	18	20	17	15	13	12
16 years or more from now	44	41	34	37	37	38	34
<b>Sub-total: 1-5 years from now</b>	<b>15</b>	<b>21</b>	<b>24</b>	<b>27</b>	<b>27</b>	<b>31</b>	<b>37</b>
<b>Sub-total: 1-10 years from now</b>	<b>36</b>	<b>41</b>	<b>47</b>	<b>47</b>	<b>47</b>	<b>49</b>	<b>55</b>
Total	100	100	100	100	100	100	100

Total may exceed 100% due to rounding.  
\*Sub-sample based on those respondents who answered the relevant question.

Figure 8 presents the information in Table 16 graphically.

**Figure 8. Retirement intentions**



Trainees are not usually included when the percentage of the workforce intending to leave or retire is reported; hence, when comparisons are made with the GP workforce, this should be based on an analysis that excludes GPEP registrars. The inclusion of registrars in the analysis masks the looming retirement crisis among experienced and fully trained GPs. Table 17 shows the retirement intentions of the respondents excluding registrars from 2017 to 2022. The percentage intending to retire in the next two years increased from 12 percent in 2017 to 21 percent in 2022. The percentage intending to retire in the next three to five years increased by 3 percentage points from 20 percent in 2017-2020 to 23 percent in 2022.

**Table 17. Retirement intentions, excluding registrars, 2017 – 2022**

	<b>NON-REGISTRARS</b>			
	<b>2017</b>	<b>2018</b>	<b>2020</b>	<b>2022</b>
Base*	1,936	2,301	2,278	2,642
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
1–2 years from now	12	14	16	21
3–5 years from now	20	20	20	23
6–10 years from now	23	23	21	20
11–15 years from now	18	17	15	12
16 years or more from now	26	26	28	24
Total	100	100	100	100

Total may not sum to 100% due to rounding.

\*Sub-sample based on those respondents who answered the relevant question.



## 9.0 *Te rūhā me te whare rata hei ara mahi*

### **Burnout 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). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

# 9.1 Burnout

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.

In 2022, 48 percent of respondents rated themselves as being burnt out, based on those who rated themselves a 7 to 10 inclusive on the scale. Table 18 shows that over the last six years, the percentage of respondents stating they feel burnt out has drastically increased from 22 percent in 2016 to 48 percent in 2022. In contrast, in 2022, 21 percent of respondents rated themselves as not being burnt out, based on those who rated themselves 0 to 3 inclusive on the scale; the percentage of respondents reporting not being burnt out has dropped from 42 percent in 2016 to 21 percent in 2022.

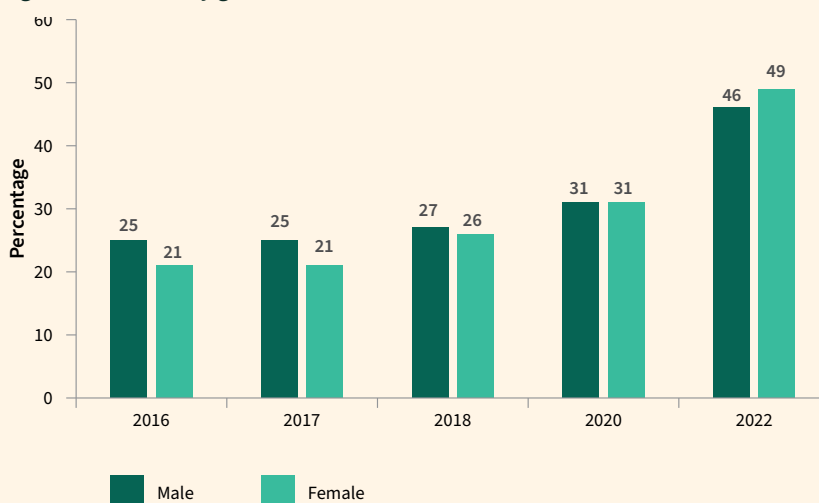
**Table 18. Burnout, 2016 – 2022**

	TOTAL GPS				
	2016	2017	2018	2020	2022
Base	1,816	2,360	2,813	2,791	3,286
	%	%	%	%	%
Not burnt out (0–3)	42	39	40	34	21
Somewhat burnt out (4–6)	35	38	34	35	31
Burnt out (7–10)	22	23	26	31	48
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

Figure 9 shows that the proportion of both male and female GPs that rated themselves as being burnt out (7 to 10 inclusive on the scale) increased dramatically in the last six years. However, prior to 2020, there were higher percentages of male GPs than female GPs reporting that they felt burnt out. Both males and females reached 31 percent in 2020, and females exceeded males in 2022 (at 49 and 46 percent respectively).

**Figure 9. Burnout by gender**



## 9.2 Likelihood of recommending a career in general practice

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 general practice.

In 2022, 39 percent of respondents state they are likely to recommend a career in general practice, based on a grouping of those who rate themselves a 7 to 10 inclusive on the scale. This was a noticeable reduction compared to 2016 (62 percent), 2018 (63 percent), and 2020 (54 percent). At the other extreme, 31 percent rate themselves as unlikely to do so in 2022, based on a grouping of those who rate themselves 0 to 3 inclusive on the scale.

**Table 19. Likelihood of recommending a career in general practice, 2016 – 2022**

	TOTAL GPS				
	2016	2017	2018	2020	2022
Base	1,816	2,360	2,815	2,791	3,286
	%	%	%	%	%
Unlikely (0–3)	12	15	11	14	31
Neutral (4–6)	26	29	25	32	30
Likely (7–10)	62	56	63	54	39
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.






## 10.0 *Ngā kōrero whakamutunga*

# Conclusions

This time-series report provides a statistical summary of key aspects of the GP workforce in New Zealand in 2022, as well as the trends in the past eight years.

The survey results show that the GP workforce continues to face the ageing issue in 2022, but the pace of the ageing is slower than that between 2014 and 2016. Since the survey was undertaken in 2014, the gender distribution of the GP workforce has been changing; the older male-dominated cohort is moving into retirement and the younger female cohort is comprising most of the workforce.

According to the survey results, the GP workforce continues to be dominated by GPs who identify as European. Since 2016, the number of Asian GPs has grown steadily. Both Māori and Pacific People are still under-represented in the GP workforce. The proportion of Māori GPs has increased from 3 percent in 2015 to 5 percent in 2022, however the proportion of Pacific GPs has remained constant at 2 percent. In 2022, international medical graduates accounted for more than one-third of the GP workforce, which has decreased by 4 percentage points since 2014.



In 2022, GPs worked an average of 35.9 hours a week, while male GPs work 5.7 hours more than female GPs. Half of GPs (49 percent) are now working part-time, which is higher than the result in 2014 (46 percent). The proportion of GPs that stated they had after-hours general practice commitments decreased from 66 percent in 2016 to 55 percent in 2022.

More GPs chose to be long-term employees or contractors and fewer GPs became a practice owner or partner over the past six years. The proportion of GPs that worked in a private practice dropped from 73 percent in 2015 to 64 percent in 2022.

Seventeen percent of GPs intend to retire within two years, an increase of 9 percentage points in the past six years. Since 2014, the proportion of GPs who plan to retire over the next five years has more than doubled (37 percent in 2022). Almost half of GPs (48 percent) rate themselves as being burnt out, a considerable increase compared to 22 percent in 2016.

In 2022, 39 percent of respondents state they are likely to recommend a career in general practice, based on a grouping of those who rate themselves a 7 to 10 inclusive on the scale. This was a noticeable reduction compared to 2016 (62 percent), 2018 (63 percent), and 2020 (54 percent).

# 11.0 Appendix 1

Main variables collected in 2014, 2015, 2016, 2017, 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						
	2017	2017	2018	2020	2018	2020	2022
<b>General practice workforce demographics</b>							
Age	✓	✓	✓	✓	✓	✓	✓
Gender	✓	✓	✓	✓	✓	✓	✓
Ethnicity	✓	✓	✓	✓	✓	✓	✓
IMG or New Zealand graduate	✓	✓	✓	✓	✓	✓	✓
Country of first graduation	✓	✓	✓	✓	✓	✓	
Practice is urban/ rural/ not clear	✓	✓	✓	✓	✓	✓	✓
Year first registered in New Zealand	✓	✓	✓				
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)	✓	✓	✓	✓	✓		
Vocationally registered & scope	✓	✓	✓	✓	✓	✓	✓
<b>Current working status</b>							
Currently working in medicine in New Zealand (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	✓	✓	✓	✓	✓	✓	✓
Hours employed per week in general practice	✓						
Hours per week consulting with patients in general practice	✓						
Count of in-person and telehealth consultations with patients per week	✓						
Frequency of after-hours commitments	✓	✓	✓	✓	✓		
Factors that might enable part-time GPs to increase working hours		✓	✓				

TOPICS / QUESTIONS	SURVEY YEAR						
	2017	2017	2018	2020	2018	2020	2022
<b>GP incomes</b>							
Personal income	✓	✓	✓	✓	✓	✓	✓
<b>Burnout 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	✓	✓	✓	✓	✓	✓	
Number of weeks of unpaid leave		✓	✓	✓	✓		
<b>Retirement intentions in general practice</b>							
When intend to retire from general practice	✓	✓	✓	✓	✓	✓	✓
When intend to reduce number of hours in general practice	✓						
Intention to leave New Zealand to live and work elsewhere	✓						
<b>Use of technology</b>							
Current technology use	✓						
Expected technology use in next 12 months	✓						
Reasons for current practice not offering more remote consultations	✓						