Te Rangahau Ohu Mahi

The Workforce Survey

2022

Overview Report

27 February 2023

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

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Executive summary

This is the first 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 general practice in 2022 and a technical summary of the survey findings.

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 median age of participants is 52 years.

One-quarter (25 percent) are aged between 24 and 39 and another quarter (25 percent) are aged 62 years or over.

While 58 percent of respondents are female, a large cohort effect exists: there are more older male GPs in the 65+ age group (67 percent), while there are more female GPs in the 24 to 54 age bracket (63 percent), indicating a changing gender distribution for the GP workforce into the foreseeable future.

There is a differing age and gender distribution between GPs trained overseas (older and 55 percent female) and those trained in New Zealand (younger and 60 percent female).

There is a trend for under-50-year-old New Zealand medical graduates leaving the workforce. This trend reverses around age 50 when New Zealand medical graduate numbers start to increase before tapering off again at age 65. The number of overseas-trained GPs trends upwards between the ages of 30 and 60.

The ethnic distribution of the GP workforce continues to be dominated by respondents identifying as European (69 percent) – lower than was found in the 2020 Workforce Survey (77 percent), but similar to the 2022 New Zealand population projection (70 percent).

Considerable and persistent deficits are seen for the number of Māori or Pacific GPs compared to the general population. Five percent of respondents identify as Māori and two percent of respondents identify as Pacific People – this is similar to 2020 survey findings.

The percentage of survey respondents who identify as Asian has steadily increased from 16 percent in 2017 to 20 percent in 2022 – higher than in the general population.

Almost half of respondents working in rural-based practices obtained their first medical degree overseas, compared with 35 percent of respondents in urban-based practices.

25% *of respondents are aged* ***62 years and over***

Considerable and persistent deficits are seen for the number of Māori or Pacific GPs compared to the general population.

Training and teaching in general practice

One in five respondents (21 percent) are currently enrolled in a vocational training programme, with 19 percent in the General Practice Education Programme (GPEP).

Of those enrolled in GPEP, 79 percent are at GPEP2/3 and 21 percent at GPEP1.

91 percent of those in GPEP1 and 72 percent of GPEP2 are under the age of 40.

Almost two-thirds of those in training are female (63 percent).

Half (47 percent) of respondents report that they currently provide training to medical students or doctors, while 21 percent provide at least two types of training, and 9 percent provide at least three types of training.

Males and GPs aged 40-64 years old are more likely to be training medical students.

Over half (58 percent) of respondents in rural practices are currently providing training, compared to under half (43 percent) of those in urban practices.

47% *of respondents report that they* ***currently provide training*** *to medical students or doctors*

Hours worked and after-hours commitments in general practice

The average number of hours worked in general practice is 35.9 hours per week.

Males tend to work longer hours than females (mean 38.5 vs 31.5 hours).

A little less than half of GPs work 'full-time ' (45 percent).

Those working in rural practices are more likely to be working full-time (54 percent) compared to respondents in urban practices (44 percent).

Respondents working in rural practices report having greater after-hours practice related commitments - 28 percent of rural and 9 percent of urban have after-hours practice related commitments every week.

Those working longer hours and male GPs report more frequent after-hours practice related commitments.

Respondents aged 55 or more are the most likely to report having no after-hours practice related commitments.

GP incomes

For all respondents, the average personal annual before-tax income is $166,389.5, and the median income is $137,500.5, indicating a right-skewed income distribution (most are earning in the low/medium range).

Among respondents working full-time in general practice, the median incomes for males and females are $212,500.5 and $162,500.5, respectively.

Male respondents working full-time (57 percent) are more likely to earn over $200,000 than female respondents (31 percent).

Respondents who are Fellows of the College and work full-time (52 percent) are considerably more likely to state they earn over $200,000 per annum than those who are not Fellows but work full-time (17 percent).

Employment type and practice ownership

Respondents who are long-term employees or contractors make up the largest group (55 percent), while just under one-third of respondents (31 percent) are either practice owners or partners. Among female respondents, however, only 25 percent are practice owners or partners.

Practice ownership increases steadily with age, peaking in the 60-64 age cohort.

Short-term contractors and employees make up 11 percent of respondents; however, among rural respondents this increases to 20 percent.

Most respondents (64 percent) work in practices owned by GPs. The next most common ownership model is corporate ownership at 14 percent.

20% *of rural respondents are* ***short term contractors or employees***

Practice ownership increases steadily with age, peaking in the 60-64 age cohort.

Retirement intentions in general practice

Over one-third (37 percent, n=1,212) of respondents are intending to retire from the GP workforce in the next five years and over half (55 percent, n=1,791) are intending to retire in the next 10 years.

Excluding registrars, these percentages rise to 44 percent (n=1,162) to show those intending to retire in the next five years and 64 percent (n=1,693) in the next ten years.

There is little difference in retirement intentions between rural and urban GPs.

37% *of respondents are* ***intending to retire in the next five years***

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 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.

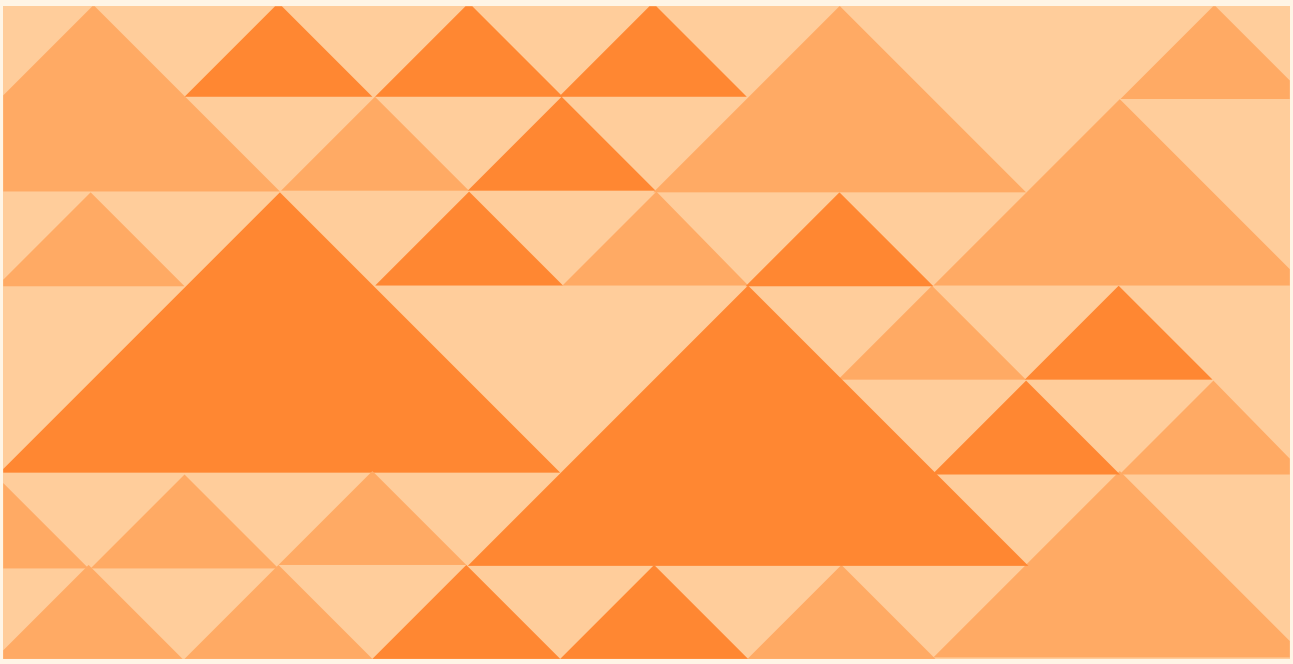
The College is the largest professional medical college in New Zealand and provides ongoing professional development to approximately 5,700 members.

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 a 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.

3,488
valid and useable responses were received

a response rate of
72%

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.

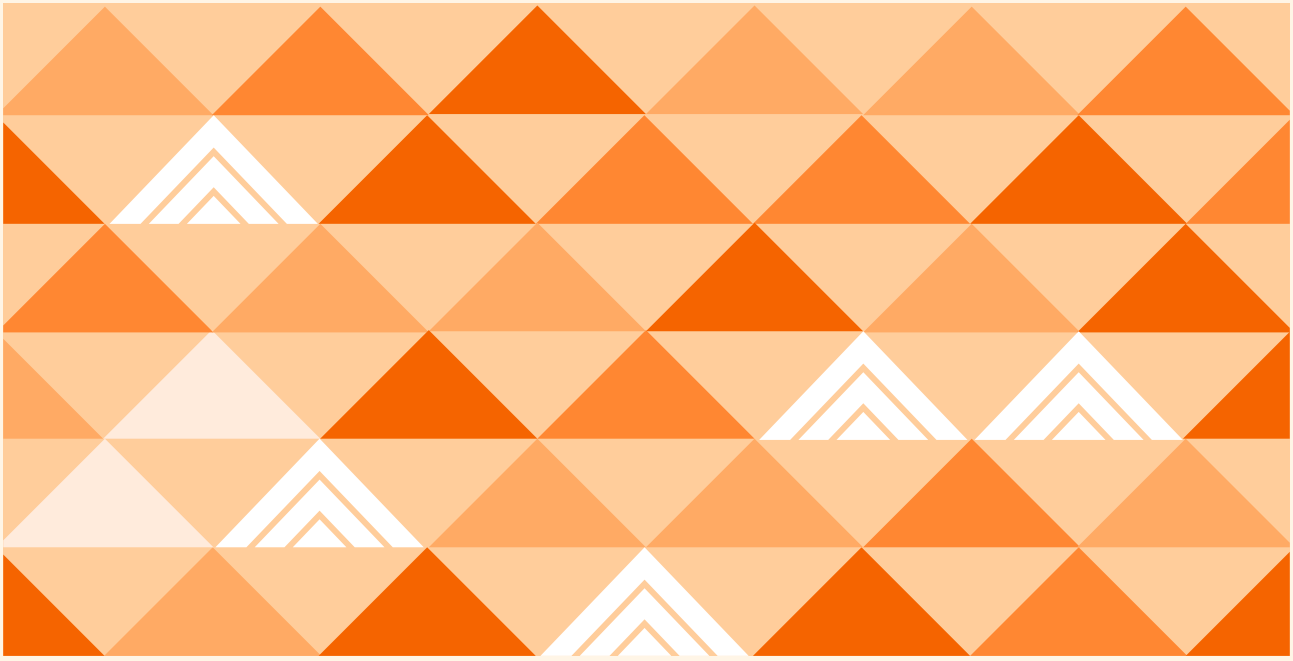
According to the 2022 survey, 87 respondents were GPs who are not part of the current workforce (e.g. they are retired or are working overseas), 66 respondents had not been involved in clinical work in the previous three months, 45 respondents stated they had only worked in rural hospital medicine, six 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 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 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) are also taken into account. For example, this is the case for the demographics section of the report.

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 is based on survey respondents who indicated they are working or had worked in general practice in the three months prior to the survey. There are 3,356 of these respondents, which includes 66 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.

3.1 Age and gender

Based on the results of this year's survey, the median age of GPs is 52 years, as in 2020. Figure 1 shows that half of survey respondents are aged 52 years and over, with 14 percent aged 65 or over. A quarter of the GP population are aged between 24 and 39 years of age and a further quarter are aged between 40 and 52.

The current GP workforce is dominated by medical graduates from the late 1970s to mid-1980s. These GPs are now in their late 50s or 60s and many are moving toward retirement. The relatively low numbers of GPs in their 40s, coupled with the impending retirement of many older GPs has implications for the sustainability of the GP workforce. It highlights the need to encourage a new generation of medical graduates to pursue a career in general practice with a well-supported programme of training.

Figure 1. Age profile of respondents (n=3,356)

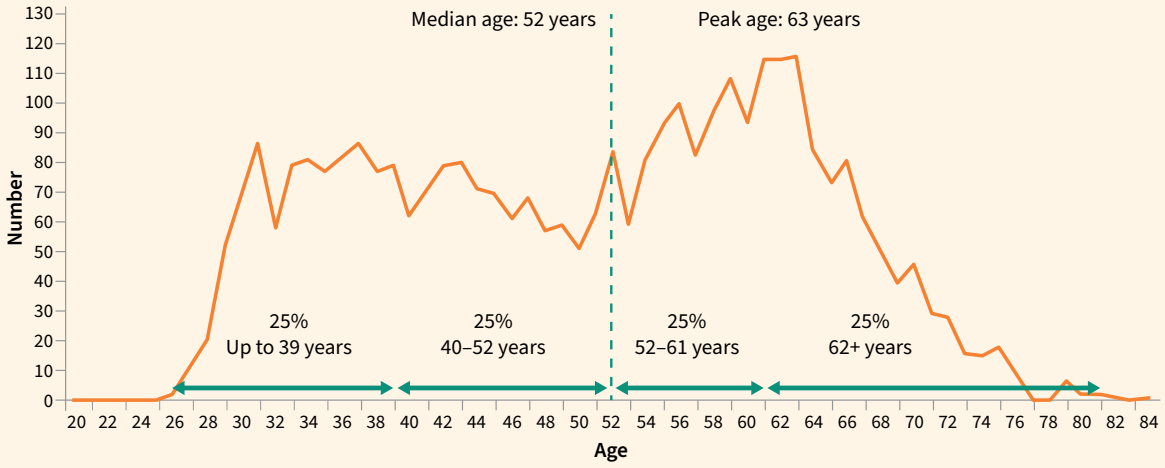


Table 1 shows that, overall, 58 percent of survey respondents are female, and 42 percent are male. The average GP age is 50.6 years, whilst the average male GP age is 53.5 years and average female GP age is 48.5 years. As in 2020, it is only in the 65+ age group that the proportion of male GPs is higher than female GPs. This reflects a cohort shift: from 2014, there were more male than female GPs in the 55-64 years as well as in the 65+ age bands. The closest to even split between genders is in the 55-64- years age band in 2022 (55 percent female and 44 percent male), with female GPs considerably more common in the 24 to 54 age group indicating a changing gender distribution for the GP workforce into the foreseeable future.

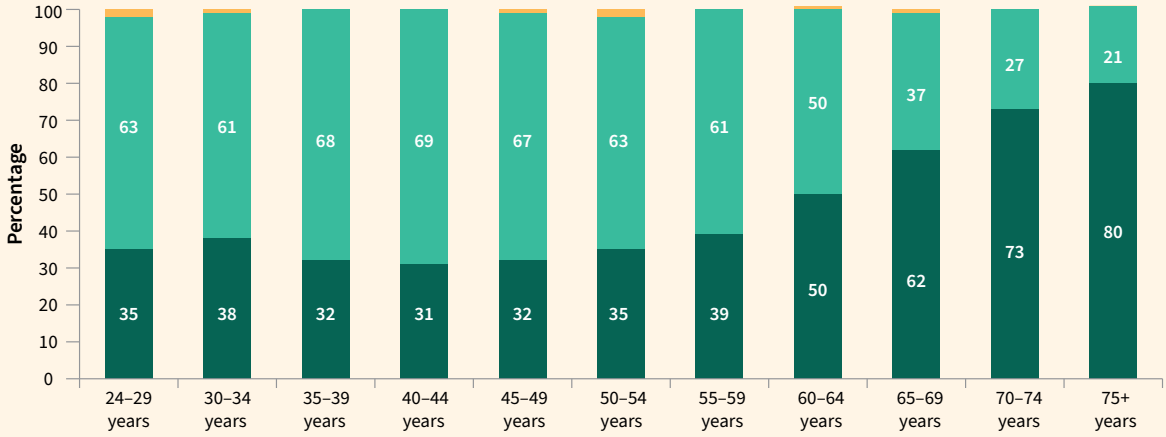
Table 1. Gender by age of GPs (n=3,356)

	TOTAL GPS	24-39 YEARS	40-54 YEARS	55-64 YEARS	65+ YEARS
Unweighted base	3,356	861	1,014	999	482
	%	%	%	%	%
Male	42	35	33	44	67
Female	58	65	66	55	33
Gender diverse/I prefer not to specify my gender	1	1	1	0	1
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

Figure 2 shows this pattern in greater detail with an older male dominated cohort moving into retirement and a younger mostly female cohort comprising the GP workforce.

Figure 2. Gender by age of respondents (n=3,356)



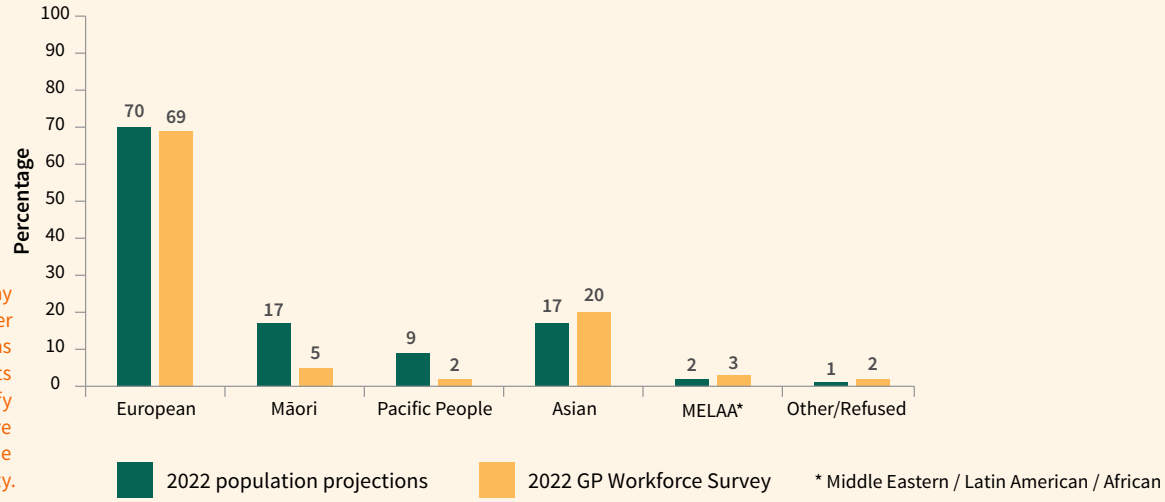
3.2 Ethnicity

Figure 3 shows the profile of the New Zealand GP workforce by total-response ethnicity[2] and compares it with the national ethnic population projections[3] at 30 June 2022. The base population of these projections is the estimated resident population at 30 June 2018.

2 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.

3 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

Figure 3. Comparison of the ethnicity of respondents and that of the New Zealand population (n=3,356)



Total may be greater than 100% as respondents could identify with more than one ethnicity.

Table 2 shows that there are 76 respondents aged 40 years and over who identify as Māori making 3.0 percent of all respondents aged 40 and over. The 90 respondents aged under 40 years who identify as Māori make up 10.5 percent of all respondents aged under 40 years. Māori GP representation (4.9 percent) is still well below that of the entire New Zealand population (17 percent in the 2018 Census) but has improved in the under-40-years cohort.

Table 2. Age profile of Māori GPs (n=166)

	TOTAL GPS		MĀORI RESPONDENTS	
Unweighted base	3,356		166*	
	N	%	N	% OF ALL RESPONDENTS
Respondents under 40 years	861	26	90	10.5
Respondent 40 years and over	2,495	74	76	3.0
All respondents	**3,356**	**100**	**166**	**4.9**

Total may not sum to 100% due to rounding.

*Subsample based on those GPs who identified as Māori.

3.3 International medical graduates

62 percent of survey respondents state they obtained their first medical degree in New Zealand compared to 38 percent who state they obtained their first medical degree overseas. This is similar to the result recorded in 2020.

International medical graduates (IMGs) were asked from which country they received their first medical qualification. Table 3 shows that this was predominantly the United Kingdom (43 percent), followed by South Africa (11 percent). This is similar to the result recorded in 2020.

Table 3. Country of origin of first medical degree for IMGs (n=1,275)

	TOTAL GPS	INTERNATIONAL MEDICAL GRADUATES
Unweighted base	3,356	1,275*
	%	%
New Zealand	62	N/A
United Kingdom	16	43
South Africa	4	11
India	3	8
Australia	3	8
Iraq	1	3
Sri Lanka	1	2
Ireland	1	2
China	1	2
USA	1	2
Other	3	8
Other Asian country	2	6
Other European country	2	5
Total	100	100

Total may not sum to 100% due to rounding.

*Sub-sample based on those respondents who gained their first medical degree overseas.

Figure 4 shows that IMGs tend to be older, with only 4 percent of respondents who identified as IMGs aged 34 years or younger, compared with 20 percent of New Zealand medical graduates. Further, three-quarters (74 percent) of IMGs are aged 45 or older, compared with just over half (57 percent) of New Zealand medical graduates. Figure 4 also shows a trend of under-50-year-old New Zealand medical graduates leaving the workforce. This trend reverses around age 50 when New Zealand medical graduate numbers start to increase before tapering off again at age 65.The number of IMGs in the workforces trends upwards between the ages of 30 and 60.

Table 4 shows the proportion of female IMGs is lower than for female New Zealand medical graduates, with 55 percent of IMGs identifying as female compared with 60 percent of New Zealand medical graduates.

Figure 4. Age profile of New Zealand and international medical graduates (n=3,356)

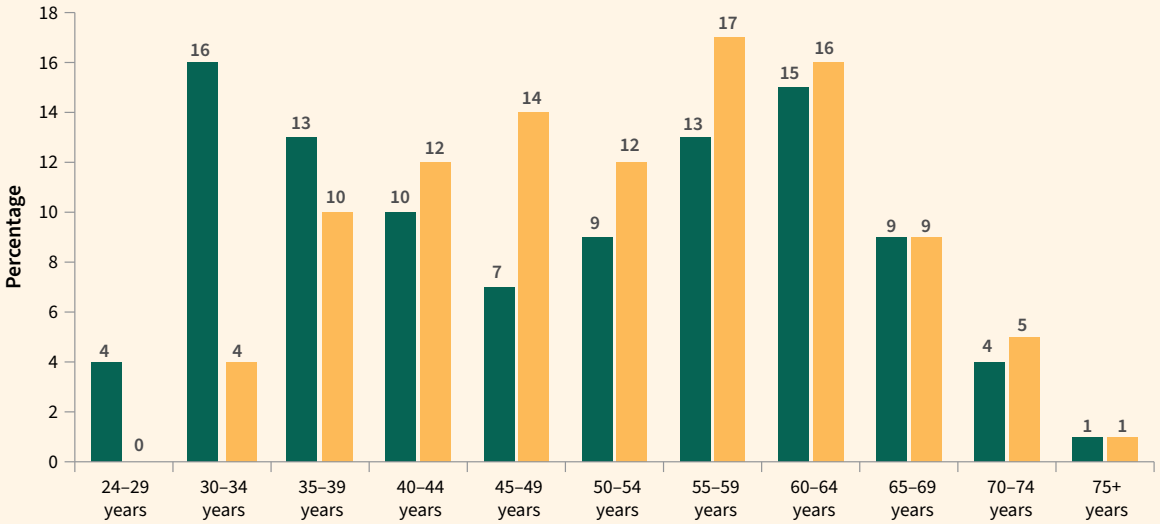


Table 4. Gender profile of New Zealand medical graduates and international medical graduates (n=3,356)

	NEW ZEALAND MEDICAL GRADUATES	INTERNATIONAL MEDICAL GRADUATES
Unweighted base	2,081	1,275
	%	%
Male	40	44
Female	60	55
Gender diverse/Prefer not to specify	1	1
Total	100	100

Total may not sum to 100% due to rounding.

3.4 Rural or urban location

62 percent of survey respondents state they obtained their first medical degree in New Zealand compared to 38 percent who state they obtained their first medical degree overseas. This is similar to the result recorded in 2020.

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.[4] In response to this question, three-quarters of respondents (75 percent) consider the general practice they work in to be urban-based, compared with 16 percent who consider they work in a rural-based general practice. The remainder (9 percent) consider themselves to be working in a practice that is not clearly urban or rural.

Table 5 shows that there are small differences in practice location by age. For example, a greater proportion of respondents currently working in rural-based practices are likely to be aged 65 or older, compared with those in urban-based practices.

4 62e9f9fa4b125d56a27faefe_5495-final.pdf (website-files.com) New Zealand Medical Journal Te ara tika o te hauora hapori 2022 Aug 5; 135(1559).

Figure 4. Age profile of New Zealand and international medical graduates (n=3,356)

	TOTAL	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,210*	2,394	522	294
	%	%	%	%
24-39 years	26	26	26	29
40-54 years	*30*	*31*	28	27
55-64 years	30	30	29	32
65+ years	14	14	17	13
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

Reflecting the general shift towards more female GPs overall, Table 6 shows more female respondents report being in urban, rural and the unclear category. Considerably more female respondents report being in the unclear (22 percentage point difference) and urban (19 percentage point difference) categories, with the gender split much smaller in the rural category (2 percentage point difference). Again, this reflects a large younger female cohort following behind an older male-dominated cohort now moving into retirement age.

Table 6. Gender profile of GPs working in general practices that are located in urban, rural, and 'not clearly urban or rural' areas (n=3,210)

	TOTAL	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,210	2,394	522	294
	%	%	%	%
Male	42	40	49	39
Female	58	59	51	61
Gender diverse/Prefer not to specify	1	1	1	0
Total	100	100	100	100

Total may not sum to 100% due to rounding.

When examining how ethnicity varies across rurality (Table 7), there are clear differences for urban practices, where fewer European/Other (68 percent) and more Asian (24 percent) respondents work, than was found for rural or unclear practice types. No difference is found for Māori respondents across rurality, and those reporting a Pacific ethnicity are almost exclusively in urban practices. Respondents reporting a European/Other ethnicity are the majority in rural (83 percent) and unclear practices (82 percent), with those reporting an Asian ethnicity the next most common (8 percent and 11 percent respectively).

Table 7. Ethnicity profile of GPs working in general practices that are located in urban, rural, and 'not clearly urban or rural' areas (n=3,210)

	TOTAL	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,210	2,394	522	294
Prioritised Ethnicity[5]	%	%	%	%
Māori	5	5	5	5
Pacific Peoples	2	3	1	1
Asian	20	24	8	11
European/Other	72	68	83	82
Refused/Not Stated	2	1	2	2
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 8 shows that there are differences by whether respondents obtained their first medical degree in New Zealand or overseas. Half of respondents (48 percent) working in practices in the rural or unclear categories report obtaining their first medical degree overseas, compared with one-third of respondents working in urban-based practices (35 percent).

Table 8. Origin of first medical degree (n=3,210)

	TOTAL	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,210	2,394	522	294
	%	%	%	%
New Zealand	62	65	52	52
Overseas	38	35	48	48
Total	100	100	100	100

Total may not sum to 100% due to rounding.

3.5 Years since gained Medical Council of New Zealand registration

All respondents were asked to indicate the year they gained registration as a medical practitioner with the Medical Council of New Zealand (MCNZ). Table 9 indicates that of the total respondents just over half (52 percent) gained registration within the last 20 years and the remaining 48 percent gained registration over 20 years ago.
In the last 20 years, 47 percent (1,260) of total respondents who gained first medical degree in New Zealand, were also granted registration with the MCNZ. For the same period, 60 percent of respondents (745) holding an overseas medical degree, were granted medical registration.

5 Prioritised ethnicity refers to where each respondent is allocated to a single ethnic group, in the prioritised order of Māori, Pacific, Asian, European/Other. For example, if someone identified as being both Chinese and Māori, their prioritised ethnicity is Māori for the purpose of analysis. The prioritised ethnicity group European/Other effectively refers to non-Māori, non-Pacific, and non-Asian people.

Table 9. Years since first gained registration in New Zealand as a medical practitioner in 2022 (n= 3,275*)

	TOTAL	NEW ZEALAND	OVERSEAS
Unweighted base	3,275	2,032	1,243
	%	%	%
1-5 years	8	7	10
6-10 years	18	18	16
11-20 years	26	22	34
21 or more years	48	53	40
Total	100	100	100
Median years	**20**	**22**	**17**
Mean years	**21.7**	**23.3**	**19.0**

Total may not sum to 100% due to rounding.

*The analysis excludes 81 respondents who answered 'Don't know'

3.6 Recently returned to GP workforce

In 2022 survey respondents were asked whether they had recently returned to the GP workforce to temporarily cover staff shortages e.g., Covid related. The vast majority (97 percent) said 'no' they had not, while 3 percent (n=107) said 'yes' they had.

Table 10 shows recently returned GPs are more likely to be older, with over two-thirds aged 55 years or older (68 percent).

Table 10. Recently returned to the GP workforce by age (n=107)

	RECENTLY RETURNED TO GP WORKFORCE
Unweighted base	107
	%
24–39 years	16
40–54 years	17
55–64 years	21
65+ years	47
Total	100

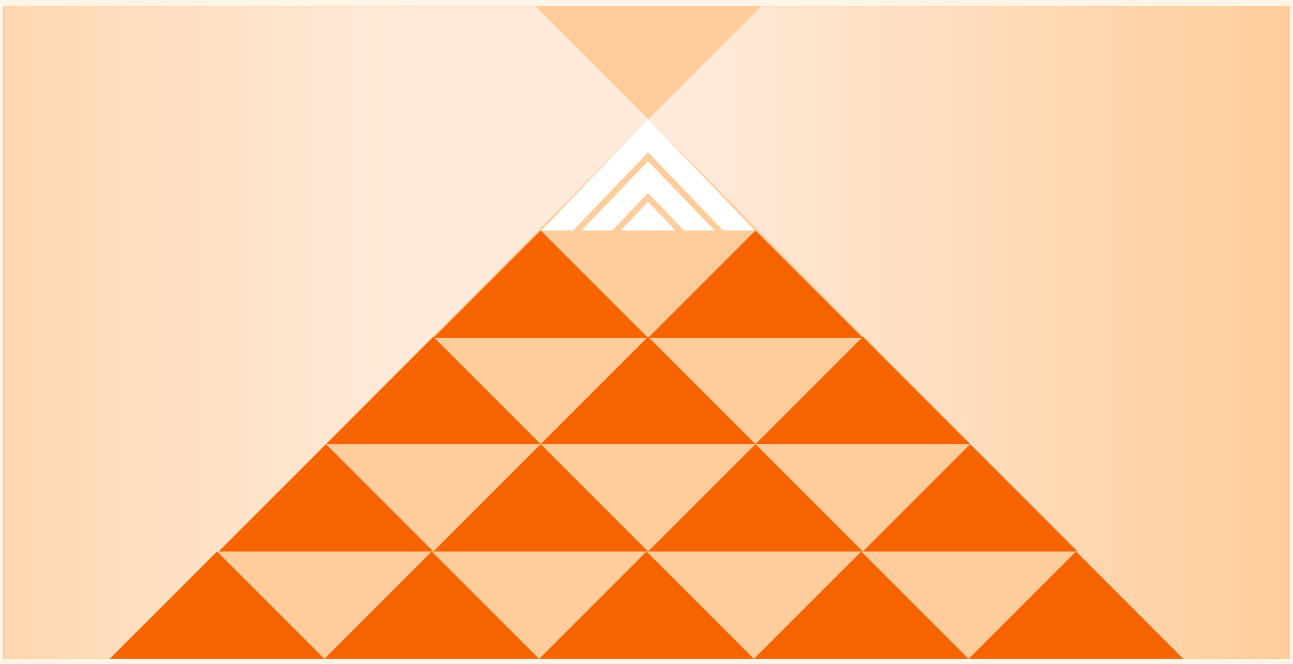
Total may not sum to 100% due to rounding.

Table 11 shows that recently returned GPs are more likely to be female (54 percent) than male (46 percent).

Table 11. Recently returned to the GP workforce by gender (n=107)

	RECENTLY RETURNED TO GP WORKFORCE
Unweighted base	107
	%
Male	46
Female	54
Gender diverse/Prefer not to specify	0
Total	100

Total may not sum to 100% due to rounding.



4.0 *Te whakangungu me te whakaako i ngā Whare Rata*

Training and teaching in general practice

This section of the report helps us understand the types of training, who is participating and is based on survey respondents who indicated they are working or had worked in general practice in the three months prior to the survey. There are 3,356 of these respondents, which includes 66 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 Respondents currently training

Twenty-one percent of survey respondents state they are currently enrolled in a vocational training programme (Table 12), with 19 percent enrolled in the General Practice Education Programme (GPEP) and working towards Fellowship. The majority of respondents report that they are not currently enrolled in any vocational training programme (79 percent). This reflects the high proportion of respondents who have achieved Fellowship.

Table 12. Vocational training programme in which enrolled as a registrar (n=3,356)

	TOTAL GPS	RESPONDENTS IN VOCATIONAL TRAINING	
Unweighted base	3,356	766*	
	%	FREQUENCY	%
General Practice Education Programme (GPEP)	19	634	83
Rural hospital medicine training (DRHMNZ)	2	56†	7
Urgent care training (FRNZCUC)	1	33	4
Other	1	43	6
Not enrolled in any vocational training programme	79	N/A	N/A

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

* Sample based on respondents who reported they were enrolled in a training programme.

† This does not include the 7 rural hospital medicine registrars who had not worked in general practice in the past three months. A total of 63 rural hospital medicine registrars responded to the survey.

Table 13 shows that most respondents enrolled in the training programme towards gaining Fellowship of the College are at GPEP2/3 (79 percent), and one-fifth (21 percent) are at GPEP1. Overall, most are under the age of 40 years (76 percent). More of those enrolled in GPEP1 are under the age of 40 than those in GPEP2/3 (91 percent and 72 percent respectively). Again, reflecting the gender distribution of the younger GP cohort, the majority of those in training are female (63 percent) with no difference between GPEP1 and GPEP2/3 (Table 14).

Table 13. GPEP study stage by age (n=634)

	TOTAL GPS TRAINING	GPEP1	GPEP2/3
Unweighted base	634*	133	501
	%	%	%
24–39 years	76	91	72
40–54 years	21	8	24
55–64 years	3	1	4
65+ years	0	0	0
Total	100	100	100

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

*Sample based on those GPs who stated they were enrolled in GPEP.

Table 14. GPEP study stage by gender (n=634)

	TOTAL GPS TRAINING	GPEP1	GPEP2/3
Unweighted base	634*	133	501
	%	%	%
Male	36	36	36
Female	63	63	63
Gender diverse/Prefer not to specify	1	1	1
Total	100	100	100

Total may not sum to 100% due to multiple responses. *Sample based on those GPs who stated they were enrolled in GPEP.

There is a larger proportion of GPEP1 in rural practices (22 percent) compared with respondents in GPEP2/3 training in rural practices (15 percent). Conversely, there is a larger proportion of GPEP2/3 in urban practices (74 percent) compared with respondents in GPEP1 training in urban practices (69 percent).

Table 14. GPEP study stage by gender (n=634)

	TOTAL GPS	TOTAL GPS IN TRAINING	GPEP1	GPEP2/3	NOT TRAINING
Unweighted base	3,210	634*	133	501	2,641
	%	%	%	%	%
Urban	75	73	69	74	71
Rural	16	16	22	15	15
Not clearly urban or rural	9	8	5	9	9
Total	100	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 and answered the relevant question.

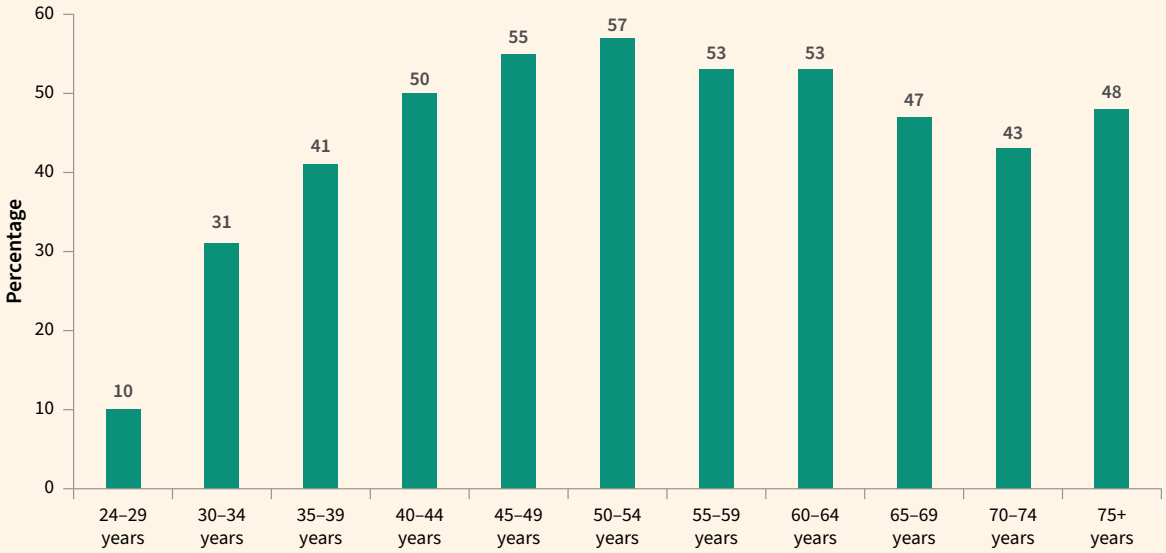
4.2 Respondents providing vocational training

Half (47 percent) of survey respondents report that they currently provide vocational training to medical students and medical practitioners, 21 percent provide at least two types of training, and 9 percent provide at least three types of training. These figures are similar to 2020 (49 percent) and notably up from 2018 (39 percent). Almost half of female respondents (45 percent) and half of male respondents (50 percent) report that they currently provide training.

Respondents aged 24-34 are much less likely to report that they currently provide training (Figure 5). Further, at least half of respondents aged 40-64 years old report that they currently provide training. The proportion of GPs providing training reduces slightly after the age of 65.

Over half (58 percent) of respondents in rural practices are currently providing training, compared to less than half (43 percent) of those in urban practices.

Figure 5. Age profile of respondents who provided training (n=1,585)



Over half (54 percent) of trainers are teaching undergraduate medical students. One-quarter teach GPEP1 (24 percent), and another quarter are mentors for GPEP2/3 registrars (24 percent). The table also shows that many respondents are providing training at more than one level with 21 percent teaching at least two training types, and 9 percent providing at least three training types.

Table 16. Type of vocational training (n=1,585)

WHICH, IF ANY, OF THE FOLLOWING TRAINING DO YOU PROVIDE?	FREQUENCY	%
Teacher of undergraduate medical students	863	54
GPEP1 teacher	378	24
Mentor of a registrar in GPEP 2/3	372	24
Nurse Practitioner training	314	20
Supervisor of house officers doing postgraduate community-based runs	191	12
GPEP medical educator	120	8
Teacher or educational facilitator on the DRHM programme	32	2
Pharmacist training	28	2
Hauora Māori teaching	26	2
Other health professional training (please specify)	459	29

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

Females are slightly less likely (45 percent) than males (51 percent) to provide at least one type of training (Table 17).

Table 17. Vocational training by gender (n=3,356)

	TOTAL GPS	MALE	FEMALE	GENDER DIVERSE/I PREFER NOT TO SPECIFY MY GENDER
Unweighted base	3,356	1,394	1,941	21
	%	%	%	%
Do not provide training	53	50	55	N/A
Provide at least one type of training	47	51	45	N/A
Total	100	100	100	100
Provide at least two types of training	**21**	**24**	**19**	**N/A**
Provide at least three types of training	**9**	**11**	**8**	**N/A**

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

Fifty-eight percent of respondents in rural practices are providing at least one type of training compared to 43 percent of those in urban practices (Table 18). Further, GPs located in rural practices are twice as likely than GPs located at urban practices to provide multiple types of training.

Table 18. Vocational training by practice location (n=3,356)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,356	2,394	522	294
	%	%	%	%
Do not provide training	53	57	42	44
Provide at least one type of training	47	43	58	57
Total	100	100	100	100
Provide at least two types of training	**21**	**17**	**34**	**29**
Provide at least three types of training	**9**	**7**	**16**	**12**

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

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 are working or had worked in general practice in the three months prior to the survey. There are 3,282 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

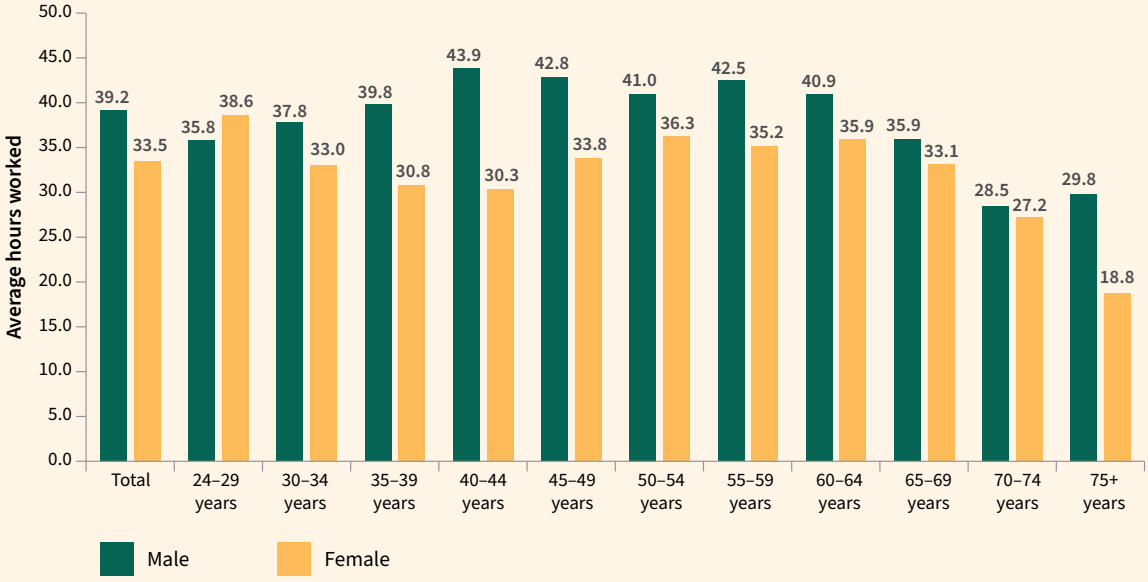
NOTE: This section excludes the 66 who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

5.1 Hours in general practice per week

Survey respondents were asked about the hours they 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. Based on respondents' answers to this question, the average number of hours worked in general practice is 35.9 hours per week, this is up from the 2020 average of 34.8 hours per week.

Figure 6 shows that there is a strong trend for males to be working longer hours than females (mean 39.2 vs 33.5 hours, respectively), both up from 2020 (mean 38.5 vs 31.5 hours, respectively). The average hours worked for males is higher than females for every age group, with the exception of the 24-29 years age group where females (38.6 hours) worked on average 2.8 hours more per week than males (35.8 hours). The greatest differences between males and females are seen in the middle age groups, 35-39 years old (9.0 hours difference), 40-44 years old (13.6 hours difference), and 45-49 years old (9.0 hours difference), as well as the 75+ years age group (11.0 hours difference).

Figure 6. Hours worked in general practice per week by age and gender (n=3,252*)



* The analysis excludes 23 respondents who answered 'Don't know' and 7 respondents who did not provide a valid response due to partial completion of the survey. It also excludes 24 respondents who did not specify their gender.

Table 19 shows that half of all respondents have been classified as working 'full-time' (51 percent), which for the purposes of this survey is defined as 'working 36 hours per week or more in general practice'. This means that a relatively large percentage of respondents work 'part-time' (49 percent). Female GPs are more likely to work part-time (57 percent) in comparison to male GPs (36 percent).

Table 19. Total hours worked in general practice per week by gender (n=3,275)

	TOTAL GPS	MALE	FEMALE	GENDER DIVERSE/I PREFER NOT TO SPECIFY MY GENDER
Unweighted base	3,275	1,362	1,893	20
	%	%	%	%
Fewer than 36 hours	49	36	57	N/A
36 to 40 hours	22	25	20	N/A
41 hours or more	29	38	22	N/A
36 hours or more	**51**	**63**	**42**	**N/A**
Don't know	1	1	1	N/A
Total	100	100	100	N/A

Total may not sum to 100% due to rounding.

Table 20 shows that the 24-39 years and 40-54 years age groups are split, with about half working part-time (51 and 48 percent respectively) and half working full-time (48 and 51 percent respectively). Whereas, the 55-64 years age group are more likely to work full-time (57 percent) than part-time (42 percent), and the 65+ years age group are more likely to work part-time (58 percent) than full-time (42 percent).

Table 20. Total hours worked in general practice per week by age group (n=3,275)

	TOTAL GPS	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,275	849	991	972	463
	%	%	%	%	%
Fewer than 36 hours	49	51	48	42	58
36 to 40 hours	22	26	22	20	18
41 hours or more	29	22	29	37	24
36 hours or more	**51**	**48**	**51**	**57**	**42**
Don't know	1	1	1	1	1
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

Table 21 shows that those working in rural practices are more likely to be working full-time (54 percent) compared to respondents in urban practices (50 percent).

Table 21. Total hours worked in general practice per week by location of general practice (n=3,275)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,275	2,394	522	294
	%	%	%	%
Fewer than 36 hours	49	50	45	44
36 to 40 hours	22	23	21	22
41 hours or more	29	28	33	32
36 hours or more	**51**	**50**	**54**	**54**
Don't know	1	0	1	3
Total	100	100	100	100

Total may not sum to 100% due to rounding.

5.2 After-hours practice commitments to provide acute care

Table 22 shows that those in rural practices report having more after-hours practice related commitments than other practices. For those in rural practices, 31 percent have commitments every week and 8 percent every second week compared to urban (10 percent and 8 percent respectively). Looking at the entire sample, over half (56 percent) report some level of after-hours practice related commitments.

Table 22. After-hours general practice commitments by general practice location, and frequency (n=3,225)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,225	2,394	522	294
	%	%	%	%
No commitments	**44**	**47**	**31**	**41**
FREQUENCY OF COMMITMENTS:				
Yes – every week	13	10	31	14
Yes – approximately every second week	8	8	8	8
Yes – approximately every three weeks	7	7	6	6
Yes – approximately every month	17	19	12	16
Yes – but less frequently than monthly	10	9	12	16
Sub-total with commitments	**56**	**53**	**69**	**60**
Total	100	100	100	100

Total may not sum to 100% due to rounding.

There was a strong pattern for those working longer hours to also report more frequent after-hours practice related commitments (Table 23) with 28 percent of full-time GPs reporting having these commitments at least every second week compared to those working part-time (15 percent).

Table 23. After-hours general practice commitments by hours worked in general practice per week, and frequency (n=3,225)

	TOTAL GPS	PART-TIME (< 36 HOURS/WK)	FULL-TIME (36+ HOURS/WK)	DON'T KNOW
Unweighted base	3,225	1,561	1,645	19*
	%	%	%	%
No commitments	**44**	**53**	**35**	**N/A**
FREQUENCY OF COMMITMENTS:				
Yes – every week	13	9	18	N/A
Yes – approximately every second week	8	6	11	N/A
Yes – approximately every three weeks	7	6	8	N/A
Yes – approximately every month	17	15	20	N/A
Yes – but less frequently than monthly	10	11	9	N/A
Sub-total with commitments	**56**	**47**	**65**	**N/A**
Total	100	100	100	100

Total may not sum to 100% due to rounding.
* 'N/A' indicates that the base sample size was too small (n<30).

Table 24 shows that there was an additional trend for male GPs to report more frequent commitments on a weekly or fortnightly basis (27 percent) than female GPs (18 percent).

Table 24. After-hours practice commitments by gender in general practice per week (n=3,225)

	TOTAL GPS	MALE	FEMALE	GENDER DIVERSE/PREFER NOT TO SPECIFY
Unweighted base	3,225	1,343	1,862	20*
	%	%	%	%
No commitments	**44**	**42**	**45**	**N/A**
FREQUENCY OF COMMITMENTS:				
Yes – every week	13	18	10	N/A
Yes – approximately every second week	8	10	7	N/A
Yes – approximately every three weeks	7	7	7	N/A
Yes – approximately every month	17	15	19	N/A
Yes – but less frequently than monthly	10	9	11	N/A
Sub-total with commitments	**56**	**58**	**55**	**N/A**
Total	100	100	100	100

Total may not sum to 100% due to rounding.
* 'N/A' indicates that the base sample size was too small (n<30).

Table 25 shows that GPs aged 54 years and under report more frequent after-hour commitments compared with older GPs (aged 55 years and over). GPs aged 55 years and over were the most likely to report having no commitments, in particular those aged 65 or more (63 percent).

Table 25. After-hours practice commitments by age in general practice per week (n=3,225)

	TOTAL GPS	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,225	833	974	960	458
	%	%	%	%	%
No commitments	**44**	**38**	**38**	**46**	**63**
FREQUENCY OF COMMITMENTS:					
Yes – every week	13	12	13	15	14
Yes – approximately every second week	8	9	10	9	4
Yes – approximately every three weeks	7	8	8	6	4
Yes – approximately every month	17	20	21	15	10
Yes – but less frequently than monthly	10	13	11	9	6
Sub-total with commitments	**56**	**62**	**62**	**54**	**37**
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

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

In the 2022 survey a new measure was added; respondents were asked about the hours per week they are actually employed in general practice.

The average number of hours GPs are actually employed is 28.7 hours per week. Therefore, the average unpaid hours are 7.2 hours per week. On average, females work more unpaid hours per week (7.7 hours) than males (6.5 hours).

Table 26. Weekly unpaid hours worked in general practice in 2022 by gender (n=3,115)

	TOTAL	FEMALE	MALE
Unweighted base	3,115	1,881	1,285
Mean hours per week	35.9	33.5	39.2
Mean hours employed per week	28.7	25.8	32.7
Mean unpaid hours per week	**7.2**	**7.7**	**6.5**

On average, GPs aged between 40-64 work more unpaid hours per week (8.2 and 7.2 hours respectively), than GPs who are younger and older (6.7 and 2.5 hours respectively). GPs aged 65+ work considerably less unpaid hours per week than all other age groups.

Table 27. Weekly unpaid hours worked in general practice in 2022 by age group (n=3,115)

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,115	826	944	912	433
Mean hours per week	35.9	34.6	36.3	38.2	32.3
Mean hours employed per week	28.7	27.9	28.1	30.4	27.8
Mean unpaid hours per week	**7.2**	**6.7**	**8.2**	**7.8**	**4.5**

On average the number of hours GPs usually spend consulting with patients is 24.4 hours per week. Therefore, the average number of hours spent on non-patient facing activities (e.g., paperwork, teaching, practice management etc) is 11.5 hours per week. On average, males work more hours on patient consultation (27.4 hours) and non-patient facing activities (11.8 hours) per week, than females (22.3 and 11.2 hours respectively).

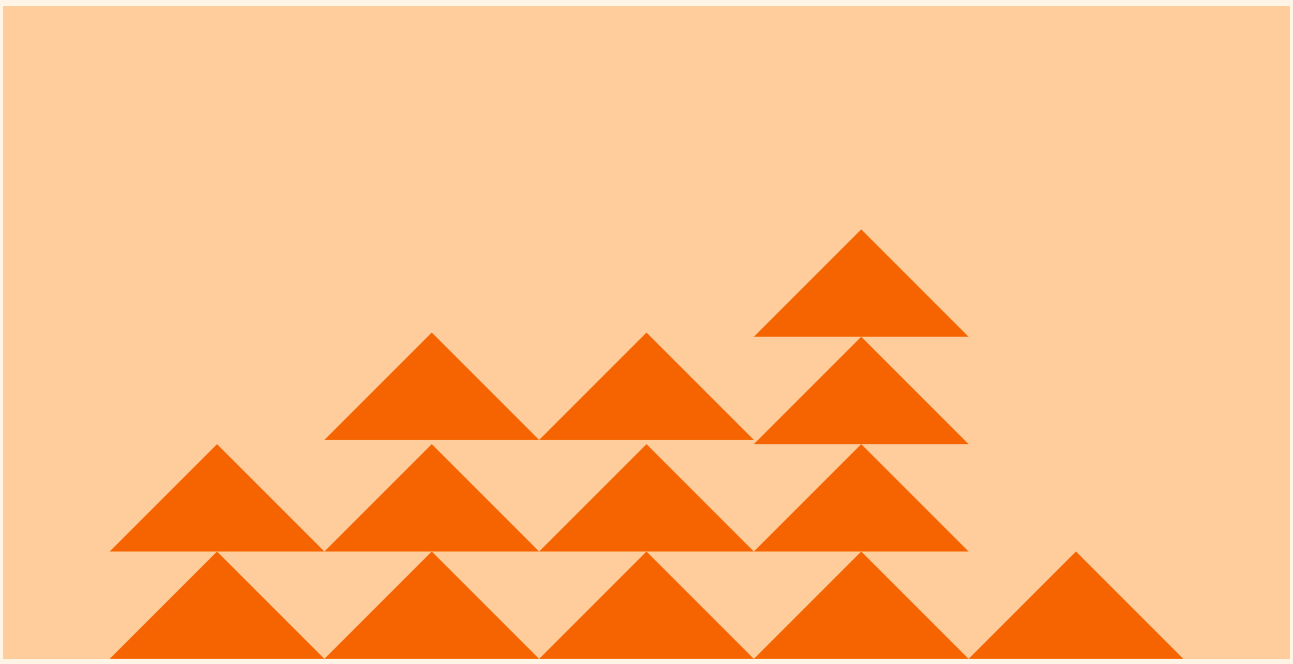
Table 28. Weekly hours spent on non-patient facing activities in general practice in 2022 by gender (n=3,246)

	TOTAL	FEMALE	MALE
Unweighted base	3,246	1,876	1,350
Mean hours per week	35.9	33.5	39.2
Mean hours for patient consultation per week	24.4	22.3	27.4
Mean hours for non-patient facing activities	**11.5**	**11.2**	**11.8**

On average, GPs aged 40-64 work more hours on patient consultation (24.2 and 25.6 hours) and non-patient facing activities (12.1 and 12.6 hours respectively) per week, than GPs who are younger and older. GPs aged 65+ work less non-patient facing hours than all other age groups.

Table 29. Weekly hours spent on non-patient facing activities in general practice in in 2022 by age group (n=3,246)

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,246	845	980	961	460
Mean hours per week	35.9	34.6	36.3	38.2	32.3
Mean hours for patient consultation per week	24.4	23.8	24.2	25.6	23.1
Mean hours for non-patient facing activities	**11.5**	**10.8**	**12.1**	**12.6**	**9.2**



6.0 *Ngā moni whiwhi o ngā Whare Rata* General practice incomes

This section of the report is based on survey respondents who indicated they are working or had worked in general practice in the three months prior to the survey. There were 3,282 of these respondents. 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 the 66 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 income

Table 30 shows that one-quarter (25 percent) of respondents stated they had a personal annual before-tax income of $100,000 or less, over one-third (38 percent) stated they had a personal income of between $100,001 and $175,000, and the remainder had an income of $175,001 or more (37 percent). The average personal income was $166,389, and the median income was $137,500.50.

Table 30. Annual personal income (n=3,031)

	TOTAL GPS
Unweighted base	3,031*
	%
$25,000 or less	2
$25,001 to $50,000	4
$50,001 to $75,000	7
$75,001 to $100,000	12
$100,001 to $125,000	14
$125,001 to $150,000	12
$150,001 to $175,000	12
$175,001 to $200,000	11
$200,001 to $225,000	7
$225,001 to $250,000	5
$250,001 to $275,000	4
$275,001 to $300,000	4
$300,001 to $400,000	5
$400,001 to $500,000	2
$500,001 or higher	1
$1.000,001 or higher	0
Total	100
Median	**$137,500.5**
Average	**$166,389.5**

Total may not sum to 100% due to rounding
*Excludes 65 respondents who did not provide a valid response due to partial completion of the survey and 186 respondents who answered 'Don't know' or 'Prefer not to say'.

Table 31 shows that annual personal incomes differ by gender. This table shows that male respondents are considerably more likely to state they earn more than $200,000 per annum compared with female respondents (41 percent and 16 percent respectively). On the other hand, female respondents were more likely than male respondents to state their income was $75,000 or less per annum (16 percent and 9 percent respectively). The median income for male respondents was $187,500.5, while the median income for female was $137,500.5. However, it should be noted that there are many factors that could account for this difference.

Table 31. Annual personal income by gender (n=3,031)

	TOTAL GPS	MALE	FEMALE	GENDER DIVERSE/ PREFER NOT TO SPECIFY
Unweighted base	3,031	1,246	1,768	20*
	%	%	%	%
$75,000 or less	13	9	16	N/A
$75,001 to $125,000	25	17	31	N/A
$125,001 to $200,000	35	33	36	N/A
More than $200,000	27	41	16	N/A
Total	100	100	100	100
Median	**$137,500.5**	**$187,500.5**	**$137,500.5**	**N/A**
Average	**$166,389.5**	**$201,695.9**	**$141,912.3**	**N/A**

Total may not sum to 100% due to rounding.

* 'N/A' indicates that the base sample size was too small (n<30).

These results may be heavily influenced by the weekly hours worked in general practice. Table 32 is based on respondents who work full-time (i.e., 36 hours or more in general practice per week). This shows that with the part-time GPs excluded, the median income for female (full-time) respondents increased by 18 percent, compared to a 13 percentage point increase for male (full-time) respondents. However, the table also shows that, on average, full-time male respondents have a higher annual income (more than $200,000) than full-time female respondents. Note that the average hours worked by full-time male GPs exceeds that worked by full-time female GPs; therefore, this analysis does not fully control for the effect of hours worked.

More than half (57 percent) of male GPs working in full-time (at least 36 hours per week) earned over $200,000, which is much higher than their female counterparts (31 percent).

Table 32. Annual personal income by gender, full-time GPs only (n=1,525)

	TOTAL GPS	MALE	FEMALE	GENDER DIVERSE/ PREFER NOT TO SPECIFY
Unweighted base	1,525*	776	743	6
	%	%	%	%
$75,000 or less	2	1	3	N/A
$75,001 to $125,000	15	9	20	N/A
$125,001 to $200,000	39	33	45	N/A
More than $200,000	45	57	31	N/A
Total	100	100	100	N/A
Median	**$187,500.5**	**$212,500.5**	**$162,500.5**	**N/A**
Average	**$211,861.2**	**$240,963.8**	**$181,864.6**	**N/A**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

* 'N/A' indicates that the base sample size was too small (n<30).

Annual personal incomes also differ by age (Table 33). This table shows that respondents in the 24–39-years age band and the 65+ age band reported having generally lower incomes (up to $125,000) than did the two middle age bands, with 45 percent and 47 percent earning up to $125,000 per annum, respectively. In comparison, respondents in the 40-54-years age band and the 55–64-years age band were more likely to state they earned higher incomes ($125,001 and above), with 65 percent and 68 percent earning more than $125,000 per annum, respectively.

Table 33. Annual personal income by 15-years age group (n=3,031)

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,031	797	914	886	434
	%	%	%	%	%
$75,000 or less	13	11	11	12	23
$75,001 to $125,000	25	34	24	20	24
$125,001 to $200,000	35	43	33	34	25
More than $200,000	27	12	32	34	28
Total	100	100	100	100	100
Median	**$137,500.5**	**$137,500.5**	**$162,500.5**	**$162,500.5**	**$137,500.5**
Average	**$166,389.5**	**$141,170.5**	**$173,865.4**	**$182,802.4**	**$163,450.9**

Total may not sum to 100% due to rounding.

With part-time GPs excluded, Table 34, based on full-time respondents, shows a similar income pattern by age. That is, full-time respondents in the 24–39- years age band are more likely to report they earn up to $125,000 in comparison to all other age bands. Eighty-seven percent of respondents working full-time in the 55–64- years age band stated they earn $125,001 or more, and just over one-half stated they earn more than $200,000 per annum (52 percent). The median income for the full-time GPs in the 24–39- years age band is $167,396.1, which is considerably lower than all other age bands. This difference may be in part due to the proportion of GPs in the 24-39- years age band in training.

Table 34. Annual personal income by age, full-time GPs only (n=1,525)

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	1,525*	383	464	497	181
	%	%	%	%	%
$75,000 or less	2	1	1	3	4
$75,001 to $125,000	15	27	9	10	13
$125,001 to $200,000	39	51	37	35	28
More than $200,000	45	20	53	52	56
Total	100	100	100	100	100
Median	**$187,500.5**	**$162,500.5**	**$212,500.5**	**$212,500.5**	**$212,500.5**
Average	**$211,861.2**	**$167,396.1**	**$223,033.9**	**$225,780.2**	**$239,088.9**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Table 35 shows that respondents who are Fellows of the College were considerably more likely to state they earn higher incomes than those who are not Fellows. For example, 31 percent stated they earn more than $200,000 per annum compared with 11 percent who are not Fellows.

Table 35. Annual personal income by Fellow status (n=3,031)

	TOTAL GPS	NOT A FELLOW	FELLOW OF COLLEGE	FELLOW STATUS UNCLEAR
Unweighted base	3,031	653	2,311	67
	%	%	%	%
$75,000 or less	13	8	15	16
$75,001 to $125,000	25	37	22	18
$125,001 to $200,000	35	44	32	39
More than $200,000	27	11	31	27
Total	100	100	100	100
Median	**$137,500.5**	**$137,500.5**	**$162,500.5**	**$162,500.5**
Average	**$166,389.5**	**$137,462.2**	**$174,784.1**	**$158,769.1**

Total may not sum to 100% due to rounding.

When registrars are excluded from the analysis, Table 36 shows that respondents who are Fellows of the College were more likely to state they earn more than $200,000 per annum (31 percent) in comparison to those who are not Fellows (22 percent).

Table 36. Annual personal income by Fellow status, excluding registrars (n=2,421)

	TOTAL GPS	NOT A FELLOW	FELLOW OF COLLEGE	FELLOW STATUS UNCLEAR
Unweighted base	2,421*	64	2,294	63
	%	%	%	%
Up to $75,000	15	14	15	17
$75,001 to $125,000	22	23	22	16
$125,001 to $200,000	33	41	32	38
More than $200,000	31	22	31	29
Total	100	100	100	100
Median	**$162,500.5**	**$137,500.5**	**$162,500.5**	**$162,500.5**
Average	**$174,138.2**	**$158,984.9**	**$174,935.1**	**$160,516.3**

Total may not sum to 100% due to rounding.

* Sample excludes registrars.

The same income pattern is evident when part-time GPs are excluded. Table 37 shows that respondents who are Fellows of the College and work full-time were considerably more likely to state they earn more than $200,000 per annum than those who are not Fellows but worked full-time (52 percent and 17 percent).

Table 37. Annual personal income by Fellow status, full-time GPs only (n=1,525)

	TOTAL GPS	NOT A FELLOW	FELLOW OF COLLEGE	FELLOW STATUS UNCLEAR
Unweighted base	1,525*	345	1,149	31
	%	%	%	%
$75,000 or less	2	2	2	0
$75,001 to $125,000	15	32	10	110
$125,001 to $200,000	39	49	36	39
More than $200,000	45	17	52	52
Total	100	100	100	100
Median	**$187,500.5**	**$137,500.5**	**$212,500.5**	**$212,500.5**
Average	**$211,861.2**	**$154,710.6**	**$229,069.3**	**$210,081.1**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Table 38 shows that Middle Eastern, Latin American, African (MELAA) and Other (44 percent) are much more likely than other ethnic groups (Pacific Peoples, Asian, European) to report earning more than $200,000, and Māori (22 percent) are much less likely than other ethnic groups to report earning more than $200,000.

Similarly, MELAA/Other (76 percent) and Asian people (66 percent) are more likely than Pacific Peoples (62 percent), European (60 percent), and Māori (59 percent) to report earning more than $125,000. Conversely, MELAA/Other (24 percent) and Asian people (34 percent) are less likely than Māori (41 percent), European (40 percent), Pacific Peoples (38 percent) to report earning less than $125,000.

Table 38. Annual personal income by prioritised ethnicity (n=3,031)

	TOTAL GPS	MĀORI	PACIFIC PEOPLES	ASIAN	EUROPEAN	MELAA/ OTHER	REFUSED/ NOT STATED
Unweighted base	3,031	145	63	606	2,095	85	37
	%	%	%	%	%	%	%
$75,000 or less	13	12	10	10	15	6	8
$75,001 to $125,000	25	28	29	24	26	18	16
$125,001 to $200,000	35	37	35	39	33	33	54
More than $200,000	27	22	27	26	26	44	22
Total	100	100	100	100	100	100	100
Median	**$137,500.5**	**137,500.5**	**162,500.5**	**162,500.5**	**137,500.5**	**187,500.5**	**162,500.5**
Average	**$166,389.5**	**$158,103.9**	**$159,325.9**	**$168,049.2**	**$165,973.0**	**$181,029.9**	**$173,649.1**

Total may not sum to 100% due to rounding.

A similar income pattern is evident when part-time GPs are excluded (Table 39). MELAA/ Other (61 percent) are much more likely than all other ethnic groups to report earning more than $200,000 per annum. Māori and Asian respondents are slightly less likely (both 41 percent) to report earning more than $200,000 per annum.

Table 39. Annual personal income by prioritised ethnicity, full-time GPs only (n=1,525)

	TOTAL GPS	MĀORI	PACIFIC PEOPLES	ASIAN	EUROPEAN	MELAA/ OTHER	REFUSED/ NOT STATED
Unweighted base	1,525	71	33	327	1,018	54	22
	%	%	%	%	%	%	%
$75,000 or less	2	1	0	2	2	2	N/A
$75,001 to $125,000	15	18	21	15	14	7	N/A
$125,001 to $200,000	39	39	30	43	38	30	N/A
More than $200,000	45	41	48	41	45	61	N/A
Total	100	100	100	100	100	100	
Median	**$187,500.5**	**$187,500.5**	**$187,550.5**	**$187,500.5**	**$187,500.5**	**$212,500.5**	**N/A**
Average	**$211,861.2**	**$202,289.2**	**$198,106.6**	**$204,969.9**	**$215,558.0**	**$210,185.7**	**N/A**

Total may not sum to 100% due to rounding.

* 'N/A' indicates that the base sample size was too small (n<30).

Respondents who are practice owner/partners report considerably higher annual personal income than respondents who are short-term or long-term employee/contractors (Table 40). Over half (58 percent) of practice owner/partners earn more than $200,000 per annum, compared to only 15 percent of long-term employee/contractors and 3 percent of short-term employee/contractors. Long-term employee/contractors report considerably higher annual personal income than short-term employee/contractors.

Table 40. Annual personal income by employment status (n=3,031)

	TOTAL GPS	PRACTICE OWNER / PARTNER	SHORT-TERM EMPLOYEE / CONTRACTOR	LONG-TERM EMPLOYEE / CONTRACTOR	OTHER
Unweighted base	3,031	887	338	1708	98
	%	%	%	%	%
$75,000 or less	13	2	30	15	30
$75,001 to $125,000	25	8	47	30	24
$125,001 to $200,000	35	32	20	40	28
More than $200,000	27	58	3	15	18
Total	100	100	100	100	100
Median	**$137,500.5**	**$212,500.5**	**$87,500.5**	**$137,500.5**	**$112,500.5**
Average	**$166,389.5**	**$246,421.0**	**$96,043.4**	**$140,075.2**	**$131,378.0**

Total may not sum to 100% due to rounding.

After excluding part-time GPs, the same pattern for annual personal income by employment status remains (Table 41). Practice owner/partners report considerably higher annual personal income than all other employment types, and long-term employee/contractors report considerably higher annual personal income than short-term employee/contractors. The majority of practice owner/partners earn more than $200,000 (66 percent), the majority of long-term employee/contractors earn between $125,001 and $200,00 (52 percent), while the majority of short-term employee/contractors earn between $75,001 and $125,000 (62 percent).

Table 41. Annual personal income by employment status, full-time GPs only (n=1,525)

	TOTAL GPS	PRACTICE OWNER / PARTNER	SHORT-TERM EMPLOYEE / CONTRACTOR	LONG-TERM EMPLOYEE / CONTRACTOR	OTHER
Unweighted base	1,525*	668	132	689	36
	%	%	%	%	%
$75,000 or less	2	1	10	2	0
$75,001 to $125,000	15	6	62	14	17
$125,001 to $200,000	39	28	23	52	47
More than $200,000	45	66	5	32	36
Total	100	100	100	100	100
Median	**$187,500.5**	**$237,500.5**	**$87,500.5**	**$187,500.5**	**$162,500.5**
Average	**$211,861.2**	**$263,043.2**	**$110,038.4**	**$182,221.1**	**$202,778.3**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

International medical graduates report slightly higher annual personal incomes than New Zealand medical graduates (Table 42). Sixty-six percent of international medical graduates report earning more than $125,000, compared to 58 percent of New Zealand medical graduates.

Table 42. Annual personal income by New Zealand and international medical graduates (n=3,031)

	TOTAL GPS	NEW ZEALAND MEDICAL GRADUATES	INTERNATIONAL MEDICAL GRADUATES
Unweighted base	3,031	1,881	1,150
	%	%	%
$75,000 or less	13	15	11
$75,001 to $125,000	25	27	23
$125,001 to $200,000	35	33	37
More than $200,000	27	25	29
Total	100	100	100
Median	**$137,500.5**	**$137,500.5**	**$162,500.5**
Average	**$166,389.5**	**$163,510.6**	**$171,098.3**

Total may not sum to 100% due to rounding.

After excluding part-time GPs, the same pattern for income by location of first medical degree remains, international and New Zealand medical graduates report more similar annual personal incomes (Table 43). Eighty-six percent of international medical graduates earn more than $200,000, compared to 82 percent of New Zealand medical graduates. However, point of estimate data shows that the median is the same for both groups ($187,500.5), and the average income for New Zealand medical graduates is slightly higher than that for international medical graduates.

Table 43. Annual personal income by New Zealand and international medical graduates, full-time GPs only (n=1,525)

	TOTAL GPS	NEW ZEALAND MEDICAL GRADUATES	INTERNATIONAL MEDICAL GRADUATES
Unweighted base	1,525*	920	605
	%	%	%
$75,000 or less	2	2	2
$75,001 to $125,000	15	16	13
$125,001 to $200,000	39	38	40
More than $200,000	45	44	46
Total	100	100	100
Median	**$187,500.5**	**$187,500.5**	**$187,500.5**
Average	**$211,861.2**	**$212,636.4**	**$210,682.3**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Overall, non-registrars report higher annual personal incomes than registrars (Table 44). However, a greater proportion of non-registrars compared to registrars report earning $75,000 or less (15 percent vs 7 percent), as well as more than $200,000 (31 percent vs 10 percent). A much greater proportion of registrars (84 percent) report earning in the middle two income bands (between $75,001 and $200,000) compared to non-registrars (55 percent).

Table 44. Annual personal income by registrar status (n=3,031)

	TOTAL GPS	REGISTRAR	NON-REGISTRAR
Unweighted base	3,031	610	2,421
	%	%	%
$75,000 or less	13	7	15
$75,001 to $125,000	25	39	22
$125,001 to $200,000	35	45	33
More than $200,000	27	10	31
Total	100	100	100
Median	**$137,500.5**	**$137,500.5**	**$162,500.5**
Average	**$166,389.5**	**$135,635.7**	**$174,138.2**

Total may not sum to 100% due to rounding.

After excluding part-time GPs, the same pattern for income by registrar status remains, non-registrars report higher annual personal income than registrars (Table 45). Just over half (52 percent) of non-registrars report earning more than $200,00 per annum, compared to only 15 percent of registrars. However, a similar proportion of registrars (1 percent) and non-registrars (2 percent) report earning $75,000 or less.

Table 45. Annual personal income by registrar status, full-time GPs only (n=1,525)

	TOTAL GPS	REGISTRAR	NON-REGISTRAR
Unweighted base	1,525*	321	1,204
	%	%	%
$75,000 or less	2	1	2
$75,001 to $125,000	15	35	9
$125,001 to $200,000	39	49	36
More than $200,000	45	15	52
Total	100	100	100
Median	**$187,500.5**	**$137,500.5**	**$212,500.5**
Average	**$211,861.2**	**$149,844.7**	**$228,395.4**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Respondents enrolled in GPEP2/3 report higher annual personal incomes than respondents enrolled in GPEP1 (Table 46). Almost two-thirds (62 percent) of respondents enrolled in GPEP2/3 report earning more than $125,000. Whereas over three-quarters (80 percent) of respondents enrolled in GPEP1 report earning less than $125,000.

Table 46. Annual personal income by GPEP level (n=595)

	TOTAL GPS	GPEP1	GPEP2/3
Unweighted base	595	126	469
	%	%	%
$75,000 or less	8	10	7
$75,001 to $125,000	39	70	30
$125,001 to $200,000	45	17	52
More than $200,000	9	4	10
Total	100	100	100
Median	**$137,500.5**	**$87,500.5**	**$137,500.5**
Average	**$134,811.4**	**$102,778.3**	**$143,417.3**

Total may not sum to 100% due to rounding.

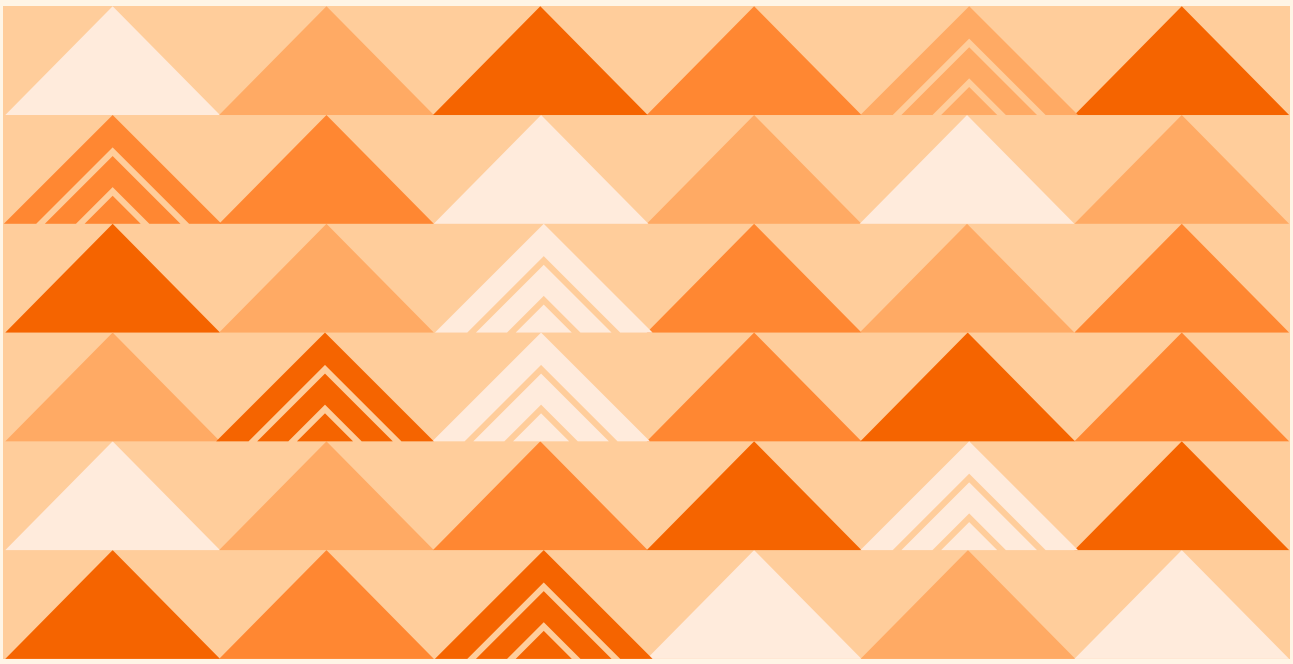
When part-time GPs are excluded, a similar pattern of income by GPEP level remains, with respondents enrolled in GPEP2/3 reporting higher income than those in GPEP1 (Table 47). The majority of respondents enrolled in GPEP2/3 earn between $125,001 and $200,000 (63 percent), whereas the majority of respondents enrolled in GPEP1 earn between $75,001 and $125,000 (82 percent). The same proportion of respondents enrolled in GPEP2/3 and GPEP1 report earning $75,000 or less (1 percent).

Table 47. Annual personal income by GPEP level, full-time GPs only (n=313)

	TOTAL GPS	GPEP1	GPEP2/3
Unweighted base	313*	87	226
	%	%	%
$75,000 or less	10	1	1
$75,001 to $125,000	35	82	17
$125,001 to $200,000	49	12	63
More than $200,000	15	5	19
Total	100	100	100
Median	**$137,500.5**	**$87,500.5**	**$162,500.5**
Average	**$149,681.0**	**$103,879.8**	**$167,312.4**

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.



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

Employment type and practice ownership

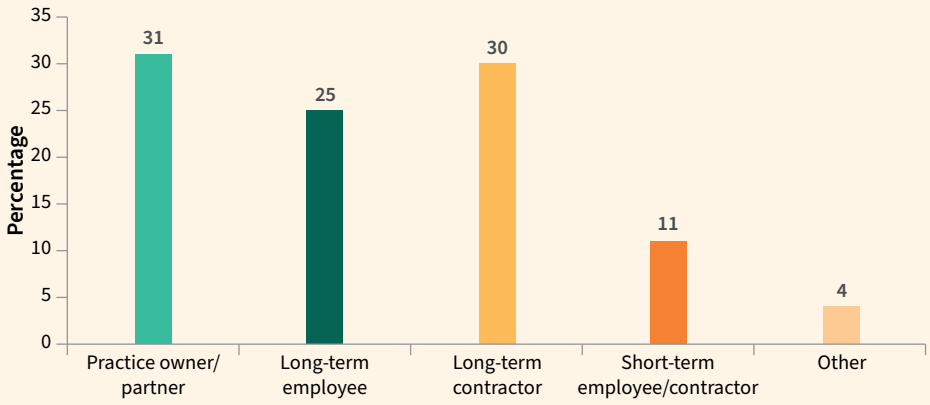
This section of the report is based on survey respondents who indicated they are working or had worked in general practice in the three months prior to the survey. There are 3,282 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section excludes the 66 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).

7.1 Personal income

Figure 7 shows over one-half of respondents (55 percent) state they are either a long-term employee or a long-term contractor regarding the general practice they work in or mostly work in. Just under one-third (31 percent) identify themselves as a practice owner or partner. Eleven percent of respondents are short-term employees/contractors (note this category includes GP registrars).

Figure 7. Employment status (n=3,219*)



* Excludes 63 respondents who did not provide a valid response due to partial completion of the survey.

Table 48 shows that male GPs are considerably more likely than female respondents to identify themselves as a practice owner or partner (40 percent and 25 percent respectively). On the other hand, female GPs are more likely to be long-term employee or contractor (61 percent) compared to male GPs (45 percent).

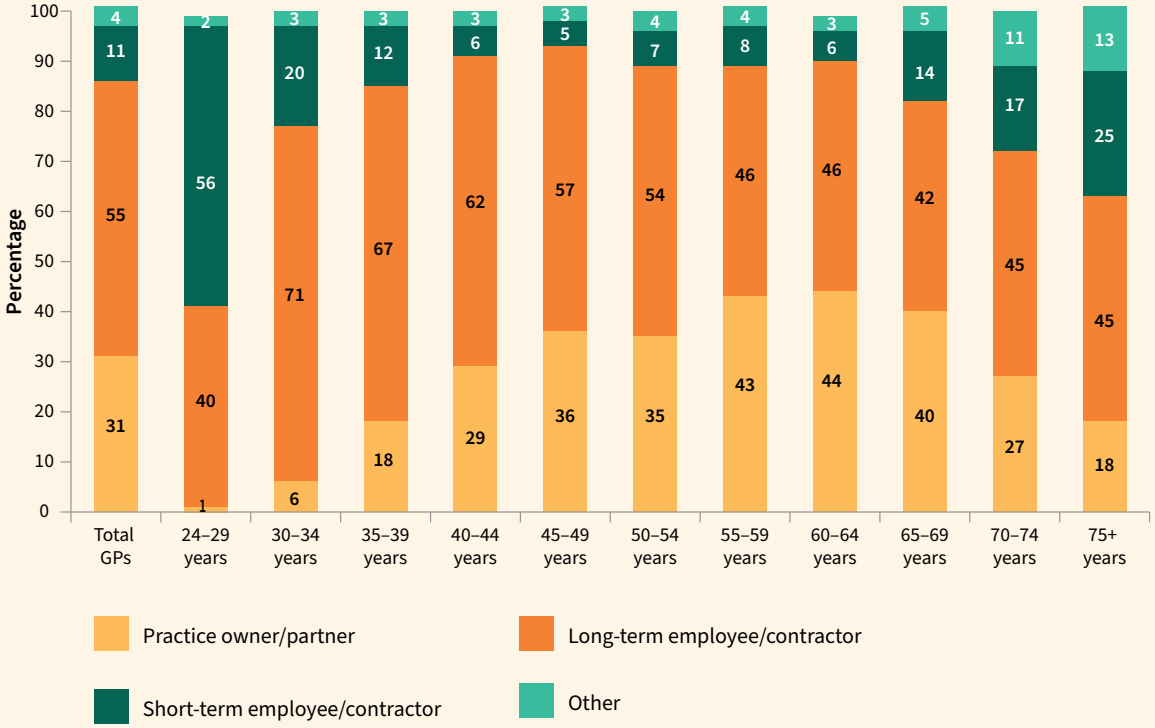
Table 48. Employment status by gender (n=3,219)

	TOTAL GPS	MALE	FEMALE
Unweighted base	3,219	1,340	1,859
	%	%	%
Practice owner/partner	31	40	25
Long-term employee/contractor	55	45	61
Short-term employee/contractor	11	11	11
Other	4	4	3
Total	100	100	100

Total may not sum to 100% due to rounding.

Figure 8 shows that practice ownership almost increases with each age band to reach a peak of 44 percent of the cohort aged 60-64 years. In comparison, the proportion who are long-term employees or contractors peaks in the 30-34- years age band at 71 percent, while the proportion who are short-term employees or contractors is highest among the 24-29- years age band (56 percent). This is a result of the inclusion of GP registrars in this employment category.

Figure 8. Percentage of employment status by age (n=3,219)



In addition to these differences by gender and age, Table 49 shows that GPs working in general practices in rural areas are more likely to be short-term employees or contractors compared to those working in general practices located in urban areas (20 percent and 9 percent respectively). This will reflect registrar placements in rural practices, but it may also reflect rural workforce shortages.

Table 49. Employment status by general practice location (n=3,219)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,219	2,394	522	294
	%	%	%	%
Practice owner/partner	31	32	27	28
Long-term employee/ contractor	55	56	50	52
Short-term employee/ contractor	11	9	20	13
Other	4	3	3	8
Total	100	100	100	100

Total may not sum to 100% due to rounding.

7.2 Practice ownership models

Table 50 shows most respondents report working in general practices that are owned by GPs who are also working in the actual practice (64 percent). The next most common ownership model is full or partial corporate ownership at 14 percent. There is a more diverse range of ownership models among rural practices than urban practices.

Table 50. Practice ownership by general practice location (n=3,212)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,212	2,394	522	294
	%	%	%	%
Owned by one or more GPs who work in the practice	64	66	53	59
Community owned or owned by a trust or charity	7	5	6	13
Fully or partially corporate owned	14	15	16	10
Fully or partially owned by a PHO or a GP organisation	4	4	4	5
Fully or partially owned by a DHB	1	1	1	3
Fully or partially owned by an iwi	2	2	2	3
Owned by a university (student health)	2	2	1	0
Other	6	4	16	7
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 51 examines the relationship between practice ownership models and the number of enrolled patients. This shows that survey respondents working in practices that are owned by a DHB, iwi, or trust or charity are more likely to have relatively smaller enrolled patient numbers. Between 27 and 39 percent of respondents from these practices state that there were fewer than 3,000 patients enrolled in the practice where they work compared with 12 percent of respondents in all practices.

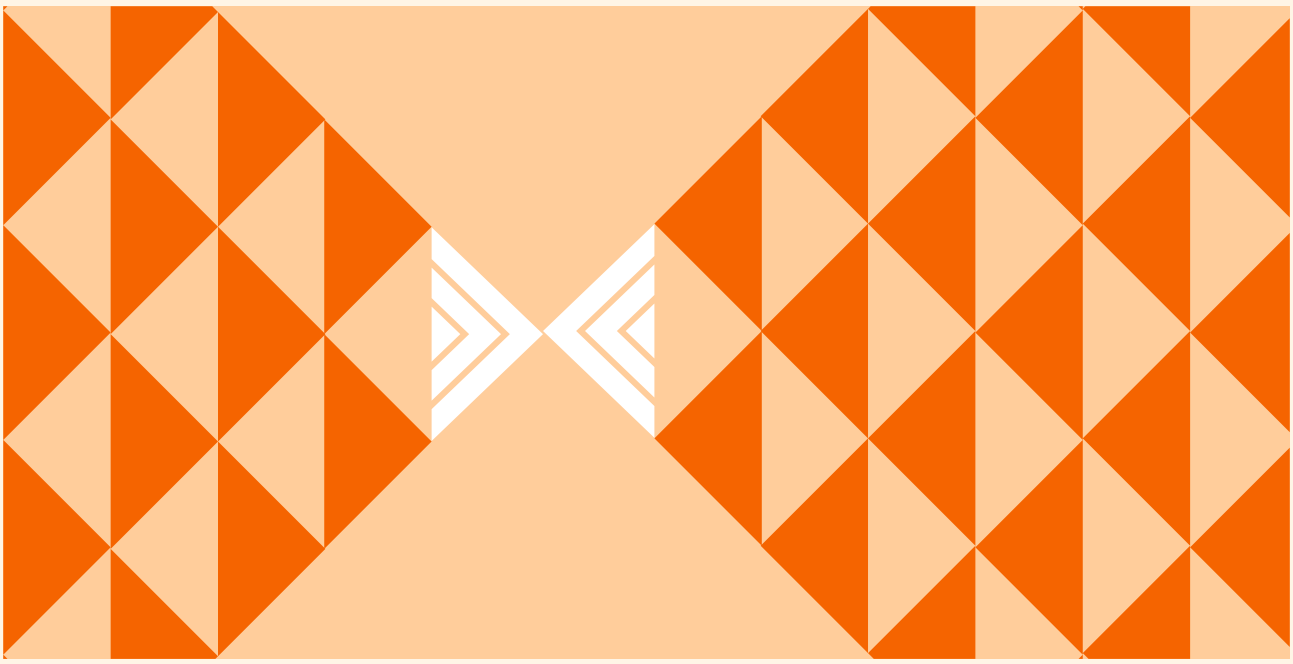
Table 51. Practice ownership by enrolled patient numbers (n=3,067*)

	UN-WEIGHTED BASE	UP TO AND INCL. 3000	3001–5000	5001–9,000	MORE THAN 9,000	DON'T KNOW	TOTAL
		%	%	%	%	%	%
Total GPs	**3,067***	**12**	**17**	**28**	**31**	**11**	**100**
Owned by one or more GPs	2,020	11	18	29	32	9	100
Owned by a trust or charity	211	27	18	35	13	7	100
Corporate owned	438	5	11	28	42	14	100
PHO owned	127	7	21	22	36	13	100
DHB owned	28**	39	7	4	32	18	100
Iwi owned	56	34	23	36	2	5	100
University owned	53	17	8	13	32	30	100
Other	134	17	13	18	19	33	100

Total may not sum to 100% due to rounding.

*Base excludes those respondents who don't work in a practice that enrols patients

**Caution: low base number of respondents – results are indicative only.



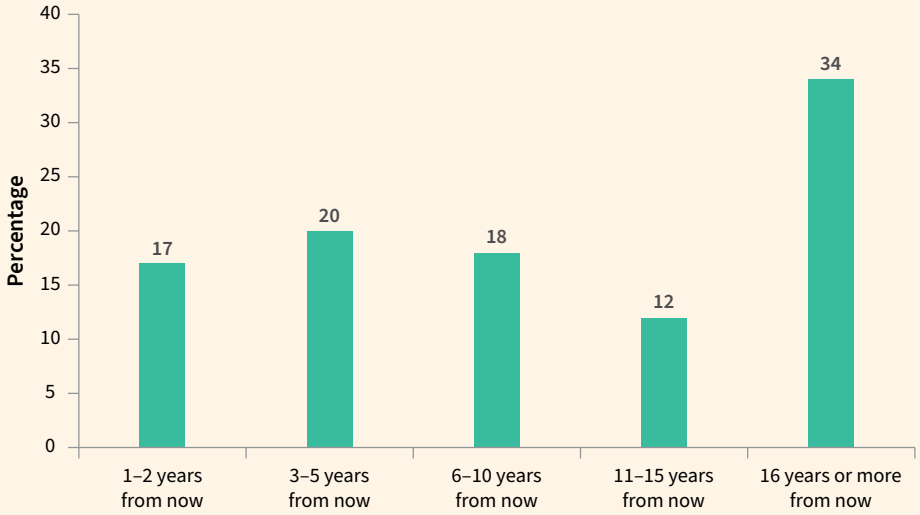
8.0 *Ngā koronga i ngā Whare Rata* Intentions in general practice

This section of the report is based on survey respondents who indicate they are or had worked in general practice in the three months prior to the survey. There were 3,356 of these respondents, which includes 66 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.

8.1 Retirement intentions

Seventeen percent of survey respondents (n=566) state they intend to retire in the next two years and a further 20 percent (n=646) in three to five years' time (Figure 9). This means that over the next five years, over one-third of GPs (37 percent, n=1,212) intend to retire. An additional 18 percent of respondents (n=579) state they intend to retire in six to ten years' time, so in the next 10 years, over half of respondents (55 percent, n=1,791) are intending to retire.

Figure 9. Retirement intentions (n=3,281*)



* Base excludes 75 respondents who did not provide a valid response due to partial completion of the survey

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 52 compares the retirement intentions of the 2022 respondents including and excluding registrars[6]. The percentage intending to retire in the next five years increases from 37 percent to 44 percent (n=1,162) when registrars are excluded from the analysis, while the 10-year rate increases from 55 percent to 64 percent (n=1,693).

Table 52. Comparison of retirement intentions, including and excluding registrars (n=3,281)

	TOTAL GPS	NON-REGISTRARS	REGISTRARS
Unweighted base	3,281	2,642	639
	%	%	%
1–2 years from now	17	21	3
3–5 years from now	20	23	5
6–10 years from now	18	20	8
11–15 years from now	12	12	9
16 years or more from now	34	24	75
Total	100	100	100

Total may not sum to 100% due to rounding.

6 GPEP registrars make up 19 percent of survey respondents and 76 percent of GPEP registrars are aged under 40 (refer to Table 12 and Table 13).

As we would expect, the older a GP the more likely they are to indicate they are intending to retire in the short term. This is reflected in Figure 10, with the percentage of respondents intending to retire in the next five years considerably higher than the average of 37 percent in the 60–64- years age band (78 percent, n=401) and beyond.

Figure 10. Percentage of retirement intentions by age (n=3,281)

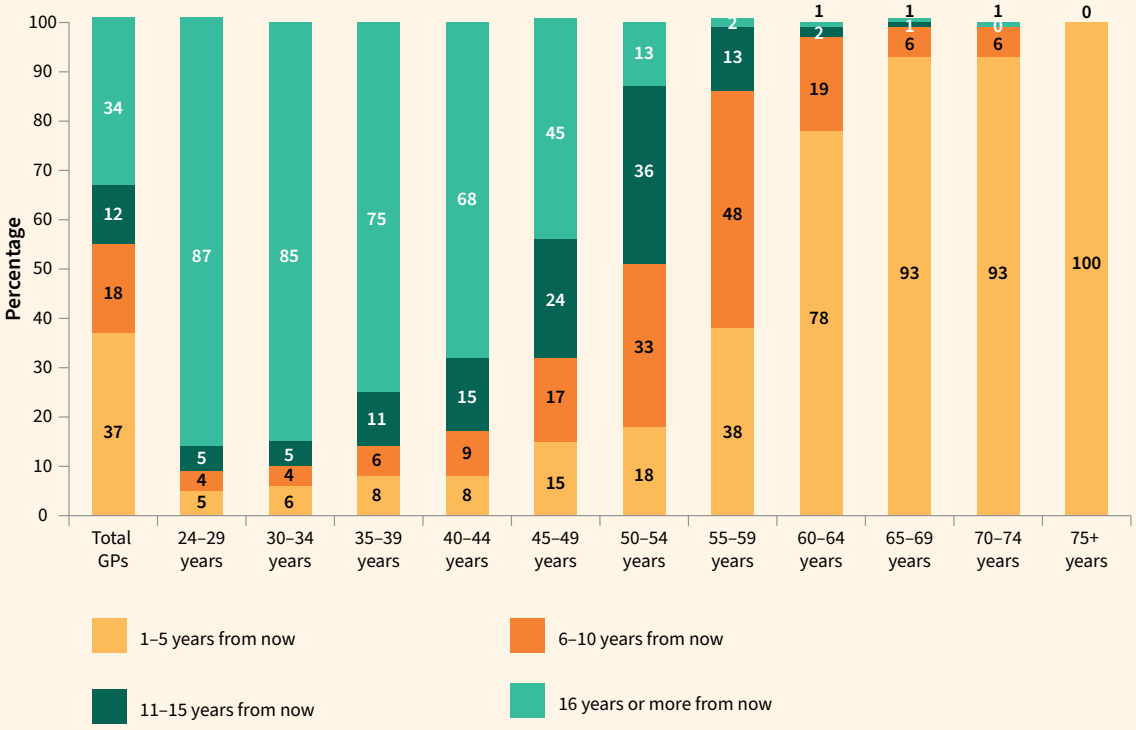


Table 53 examines the relationship between the retirement intentions of respondents and their gender. Reflecting the age-based results presented earlier in this report, this table shows a considerably greater percentage of male respondents state they intend to retire in the next five years compared with female respondents (46 percent or n=628 and 30 percent or n=575, respectively). This is a function of the older age profile of male GPs compared with the younger age profile of female GPs.

Table 53. Retirement intentions by gender (n=3,281)

	TOTAL GPS	MALE	FEMALE
Unweighted base	3,281	1,363	1,898
	%	%	%
1–5 years from now	37	46	30
6–10 years from now	18	16	19
11–15 years from now	12	10	13
16 years or more from now	34	28	38
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 54 examines the relationship between the retirement intentions of survey respondents and the location of the practice they are currently working in. This shows that a similar percentage of rural and urban respondents intend to retire in the next five and ten years.

Table 54. Retirement intentions by practice location (n=3,281)

	TOTAL GPS	URBAN	RURAL	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,281	2,048	2,393	294
	%	%	%	%
1–5 years from now	37	36	40	40
6–10 years from now	18	19	15	15
11–15 years from now	12	12	12	11
16 years or more from now	34	34	33	34
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Figure 11 shows the percentage of GPs intending to retire in the next five years breakdown by the 20 former District Health Boards (DHBs). It suggests that the GP workforce in some former DHBs will be particularly severely affected by retirement. The results from Wairarapa, West Coast, South Canterbury, and Whanganui DHBs should be interpreted with caution due to the small numbers of respondents (n<30). The former DHBs with the highest rate of respondents intending to retire in the next five years are South Canterbury (57 percent), Northland (46 percent), Hutt Valley (44 percent), Lakes (42 percent), and Hawke's Bay (41 percent).

Figure 11. Retirement intentions in the next five years by former DHB

Percentage of general practitioners intending to retire in the next five years

Respondents by DHB (RNZCGP 2022)

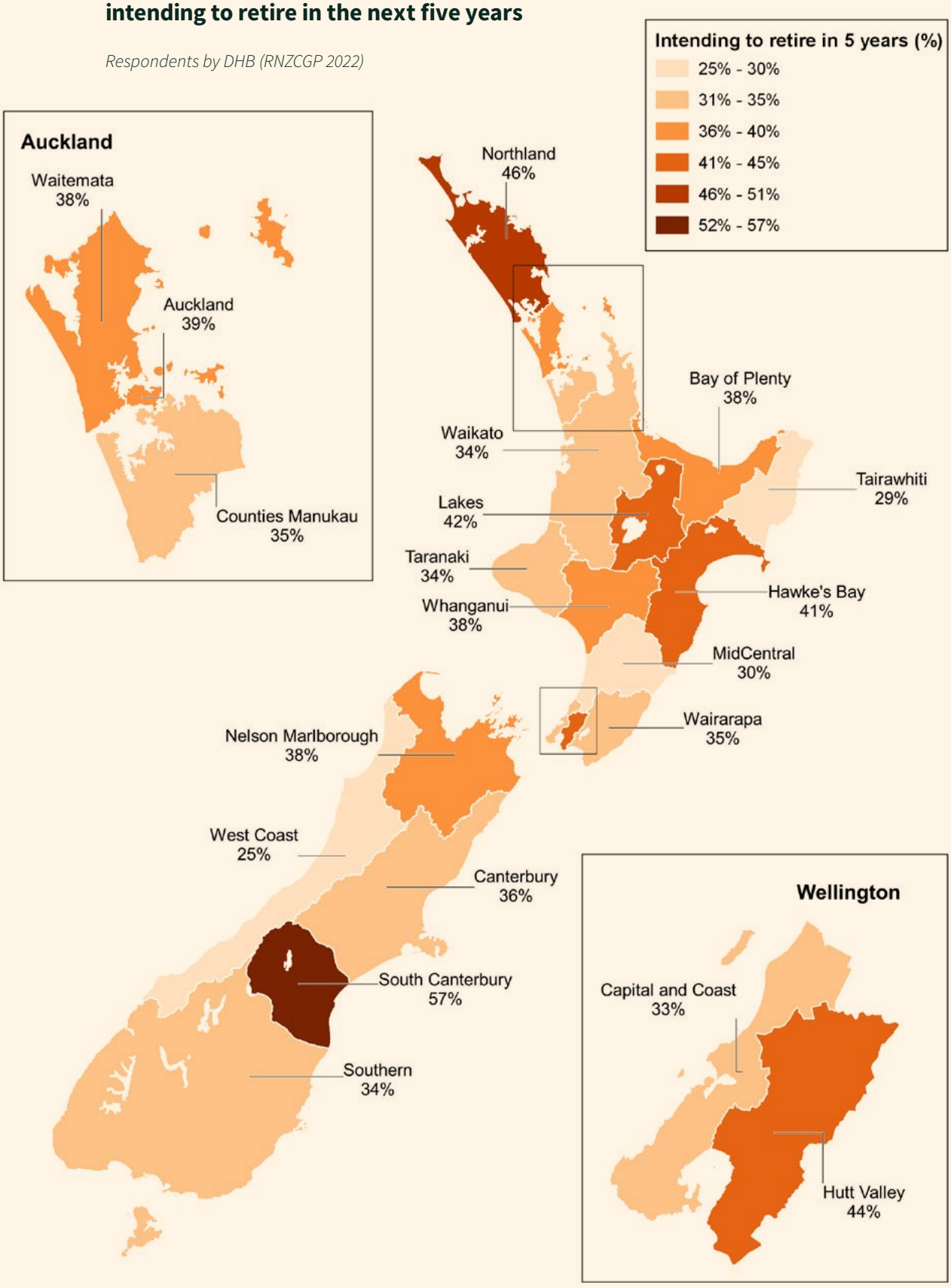


Table 55 shows that nearly half of practice owner/partner respondents intend to retire in the next five years (46 percent, n=454).

Table 55. Retirement intentions by employment status (n=3,281)

	TOTAL GPS	PRACTICE OWNER/ PARTNER	LONG-TERM EMPLOYEE/ CONTRACTOR	SHORT-TERM EMPLOYEE/ CONTRACTOR	OTHER
Unweighted base	3,281	995	1,751	355	114
	%	%	%	%	%
1–5 years from now	37	46	30	37	61
6–10 years from now	18	22	17	10	11
11–15 years from now	12	13	12	7	4
16 years or more from now	34	19	41	45	24
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

8.2 Intentions to leave New Zealand to live and work elsewhere

Figure 12 shows the intention of respondents to leave New Zealand to live and work elsewhere. Almost three-quarters of respondents state that they do not intend to leave New Zealand (72 percent). Just under one in ten respondents (9 percent) intend to leave New Zealand in the next five years. Of those, 2 percent intend to leave within 12 months, 3 percent within 1-2 year, 4 percent within 3-5 years. One fifth (20 percent) did not know if they would leave or not.

Figure 12. Intentions to live and work outside New Zealand (n=3,281)

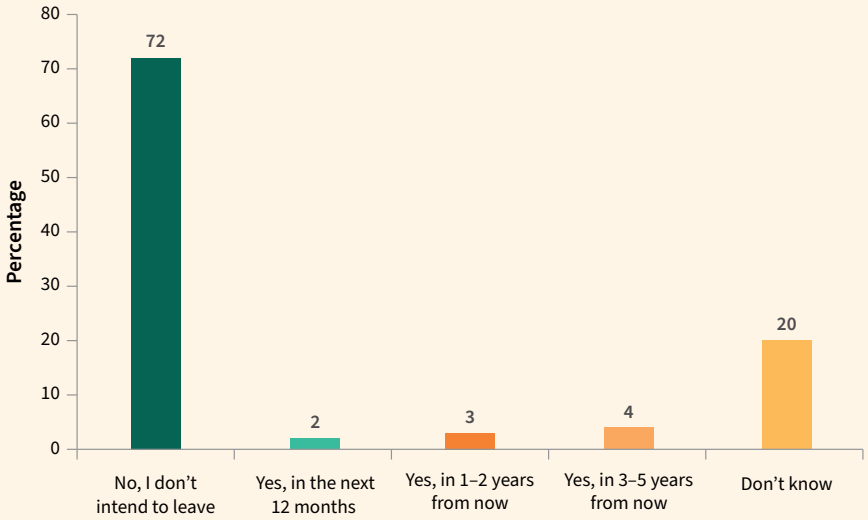


Table 56 shows that a greater proportion of male GPs (11 percent) report intentions to leave New Zealand to live and work elsewhere, compared to female GPs (7 percent).

Table 56. GP intention to leave New Zealand to live and work elsewhere by gender (n=3,281)

	TOTAL	FEMALE	MALE
Unweighted base	3,281	1,897	1,364
	%	%	%
No, I don't intend to leave	72	73	72
Yes, in the next 12 months	2	1	3
Yes, in 1-2 years from now	3	3	3
Yes, in 3-5 years from now	4	3	5
Don't know	20	20	19
Total	100	100	100

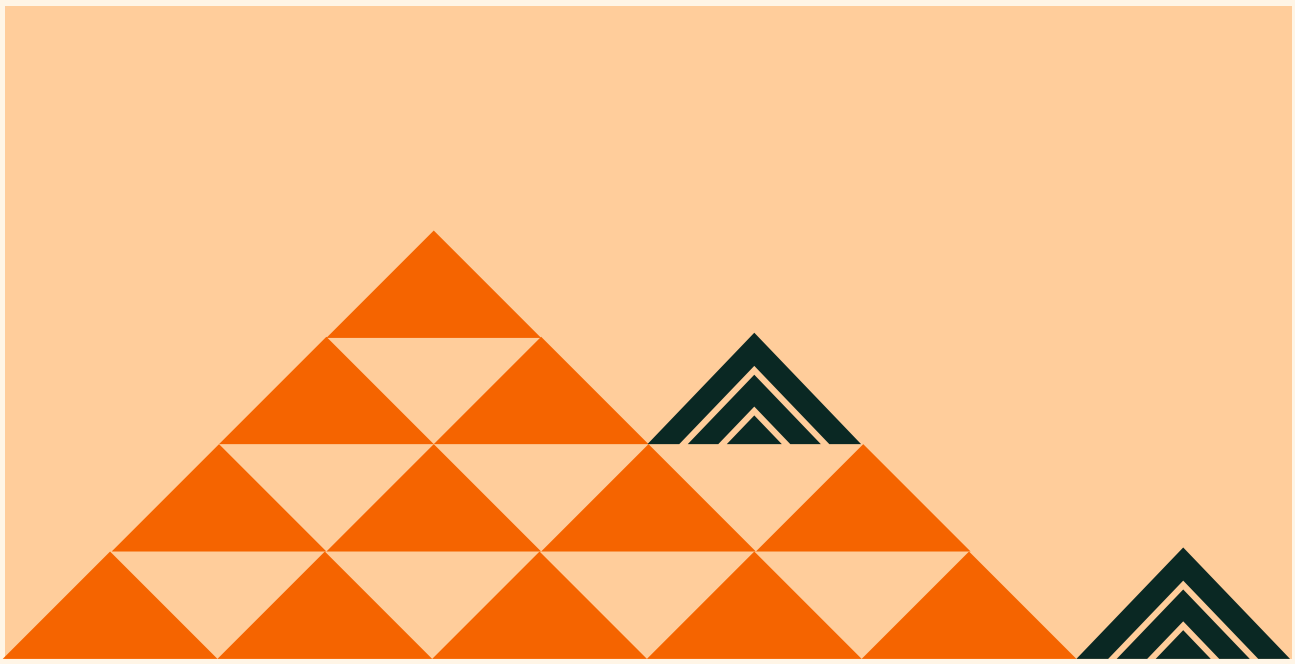
Total may not sum to 100% due to rounding.

Table 57 shows that intention to leave New Zealand to live and work elsewhere decreases with age. Specifically, GPs aged 24-39 years (16 percent) report slightly higher intention to leave New Zealand to live and work elsewhere, compared to GPs aged 40-54 years (9 percent) who in turn report slightly higher intention than GPs aged 55-64 years (5 percent), and GPs aged 65 years and over (3 percent).

Table 57. GP intention to leave New Zealand to live and work elsewhere by age group (n=3,281)

	TOTAL	24-39 YEARS	40-54 YEARS	55-64 YEARS	65 YEARS AND OVER
Unweighted base	3,281	835	991	979	476
	%	%	%	%	%
No, I don't intend to leave	72	56	69	79	91
Yes, in the next 12 months	2	3	2	1	2
Yes, in 1-2 years from now	3	5	3	2	1
Yes in 3-5 years from now	4	8	4	2	0
Don't know	20	29	22	16	6
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.



9.0 *Te rūhā me te tūponotanga o te tūtohu i te Whare Rata hei ara mahi*

Burnout and likelihood of recommending general practice as a career

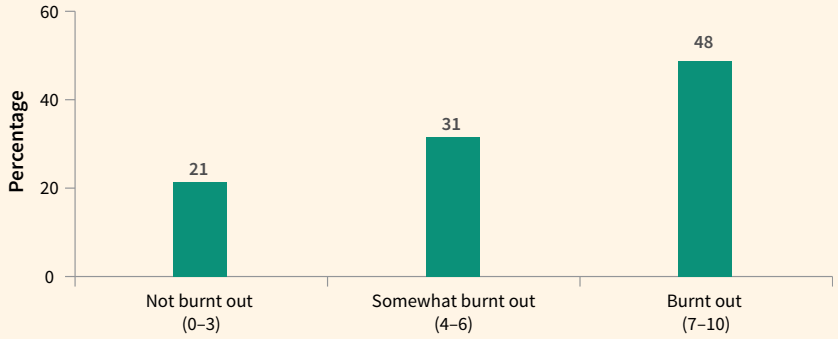
This section of the report is based on survey respondents who indicate they are or had worked in general practice in the three months prior to the survey. There are 3,356 of these respondents, which includes 66 who state that all their work in the three months prior to the survey had been entirely non-clinical (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.

9.1 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'?"

Figure 13 shows that nearly 4 in 5 respondents (79 percent) rate themselves as burnt out to some degree. This is based on 48 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). In contrast, 21 percent rate themselves as not being burnt out (0 to 3 inclusive on the scale).

Figure 13. Burnout (n=3,286*)



* Base excludes 70 respondents who did not provide a valid response due to partial completion of the survey.

Figure 14 shows burnout rates by age groups. More than 75 percent of respondents across every age category under the age of 65 rate themselves as burnt out to some degree

Figure 14. Burnout by age (n=3,286)

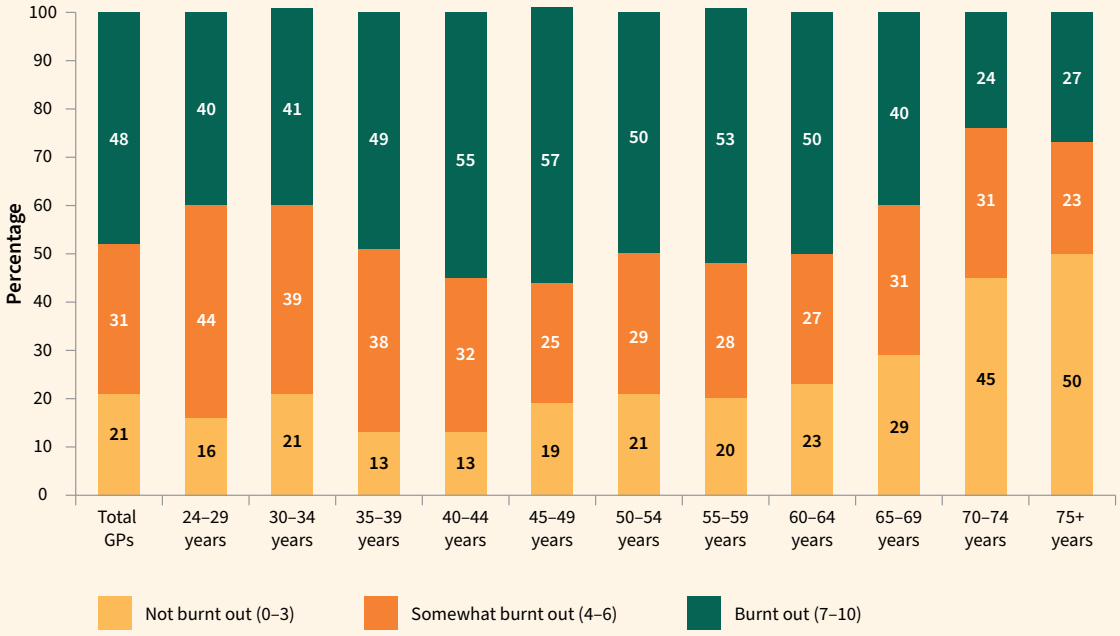


Table 58 shows that nearly half of male and female GPs rate themselves at the high end of the burnout scale (46 and 49 percent respectively). Note that male GPs are more likely to be older, to work full-time, and to be practice owners/partners, all of which are also associated with burnout.

Table 58. Burnout by gender (n=3,286)

	TOTAL GPS	MALE	FEMALE
Unweighted base	3,286	1,365	1,901
	%	%	%
Not burnt out (0–3)	21	26	18
Somewhat burnt out (4–6)	31	28	33
Burnt out (7–10)	48	46	49
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 59 shows that respondents who work full-time (i.e., 36 hours or more in general practice each week) are more likely to state they are at the high end of the burnout scale compared with those working part-time (56 percent and 41 percent respectively).

Table 59. Burnout by hours worked in general practice (n=3,286)

	TOTAL GPS	FEWER THAN 36 HOURS	36 HOURS OR MORE
Unweighted base	3,286	1,558	1643
	%	%	%
Not burnt out (0–3)	21	25	17
Somewhat burnt out (4–6)	31	35	28
Burnt out (7–10)	48	41	56
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 60 shows that practice owners and partners are more likely to state they are at the high end of the burnout scale compared with long-term employees and contractors for example (57 percent and 46 percent respectively).

Table 60. Burnout by employment status (n=3,286)

	TOTAL GPS	PRACTICE OWNER/ PARTNER	LONG-TERM EMPLOYEE/ CONTRACTOR	SHORT-TERM EMPLOYEE/ CONTRACTOR	OTHER
Unweighted base	3,286	996	1,753	355	115
	%	%	%	%	%
Not burnt out (0–3)	21	17	20	31	27
Somewhat burnout (4–6)	31	26	34	32	27
Burnt out (7–10)	48	57	46	36	46
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

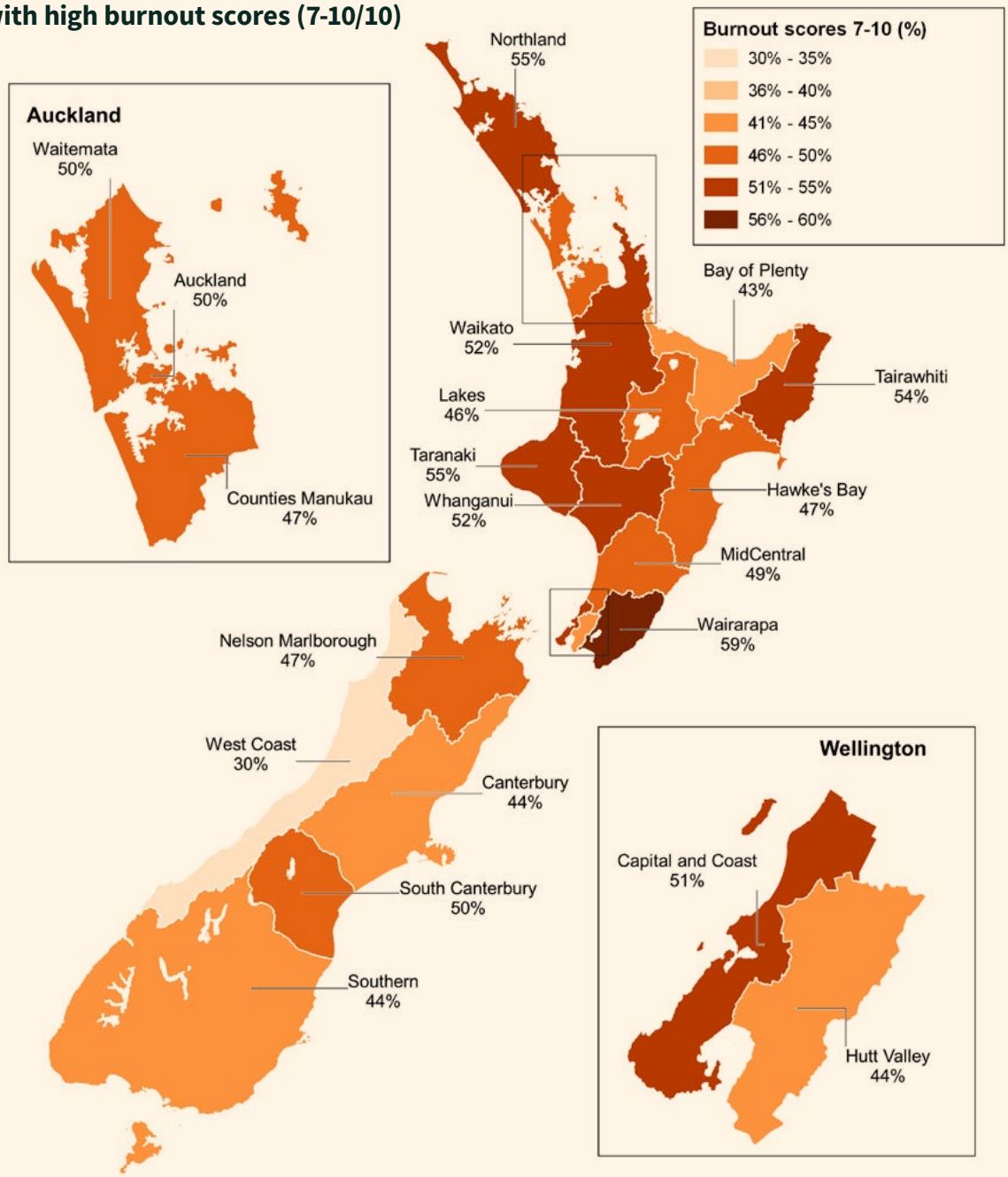
9.2 Burnout by former District Health Board

Figure 15 illustrates the percentage of respondents in each former DHB who score themselves at 7–10 on the burnout scale. The highest rates of burnout are seen in Wairarapa (59 percent), Taranaki and Northland DHBs (55 percent). At the other end of the scale, Bay of Plenty and West Coast DHBs have relatively low burnout rates of 43 percent and 30 percent respectively. However, results from Wairarapa, West Coast, South Canterbury, and Whanganui DHBs should be interpreted with caution due to the small numbers of respondents (n<30).

Figure 15. High burnout scores by their former DHB

Percentage of general practitioners with high burnout scores (7-10/10)

Respondents by DHB (RNZCGP 2022)

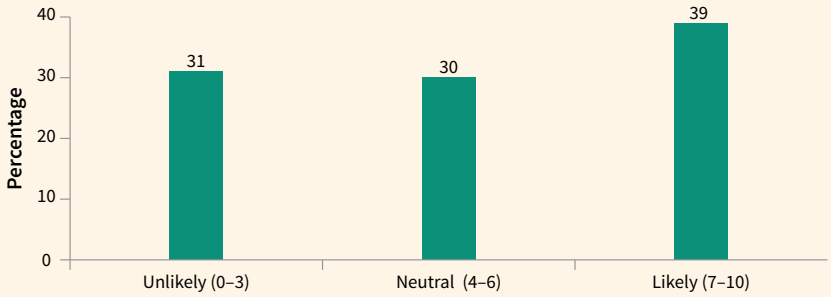


9.3 Likelihood of recommending general practice as a career

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.

Figure 16 shows that 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. At the other extreme, 31 percent rate themselves as unlikely to do so, based on a grouping of those who rate themselves 0 to 3 inclusive on the scale. The remainder (30 percent), those who rate themselves 4 to 6 inclusive on the scale, are described as providing a 'neutral' response.

Figure 16. Likelihood of recommending general practice as a career (n=3,286*)



* Base excludes 70 respondents who did not provide a valid response due to partial completion of the survey.

Figure 17 examines the results by age to the question recording the likelihood of recommending general practice as a career. This shows a very high recommendation rate for younger and older respondents. For example, respondents aged up to 34 years (41 percent) and those aged 65 years and over (52 percent) are more likely to recommend a career in general practice than are those aged between 35 and 64 years (36 percent).

Figure 17. Likelihood of recommending general practice as a career by age (n=3,286)

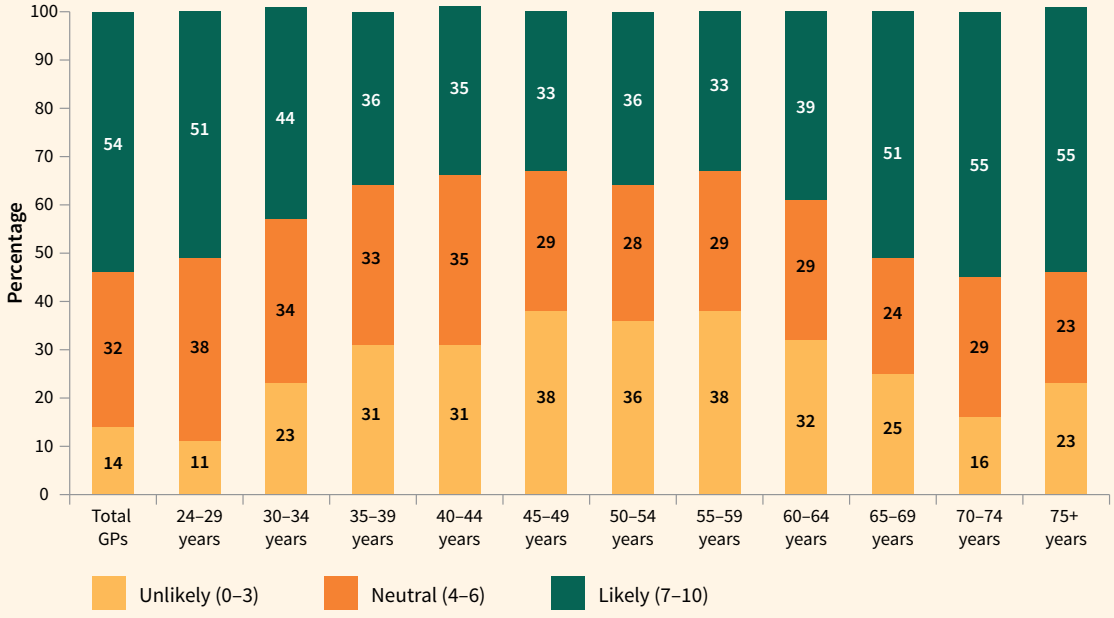


Table 61 shows that respondents who are practice owner/partners or employee/ contractors are just as likely to recommend a career in general practice (40 percent).

Table 61. Likelihood of recommending general practice as a career by employment status (n=3,286)

	TOTAL GPS	PRACTICE OWNER/ PARTNER	EMPLOYEE/ CONTRACTOR (LONG- AND SHORT-TERM)	OTHER
Unweighted base	3,286	996	2,108	115
	%	%	%	%
Unlikely (0–3)	14	31	30	43
Neutral (4–6)	32	29	30	37
Likely (7–10)	54	40	40	20
Total	100	100	100	100

Total may not sum to 100% due to rounding.

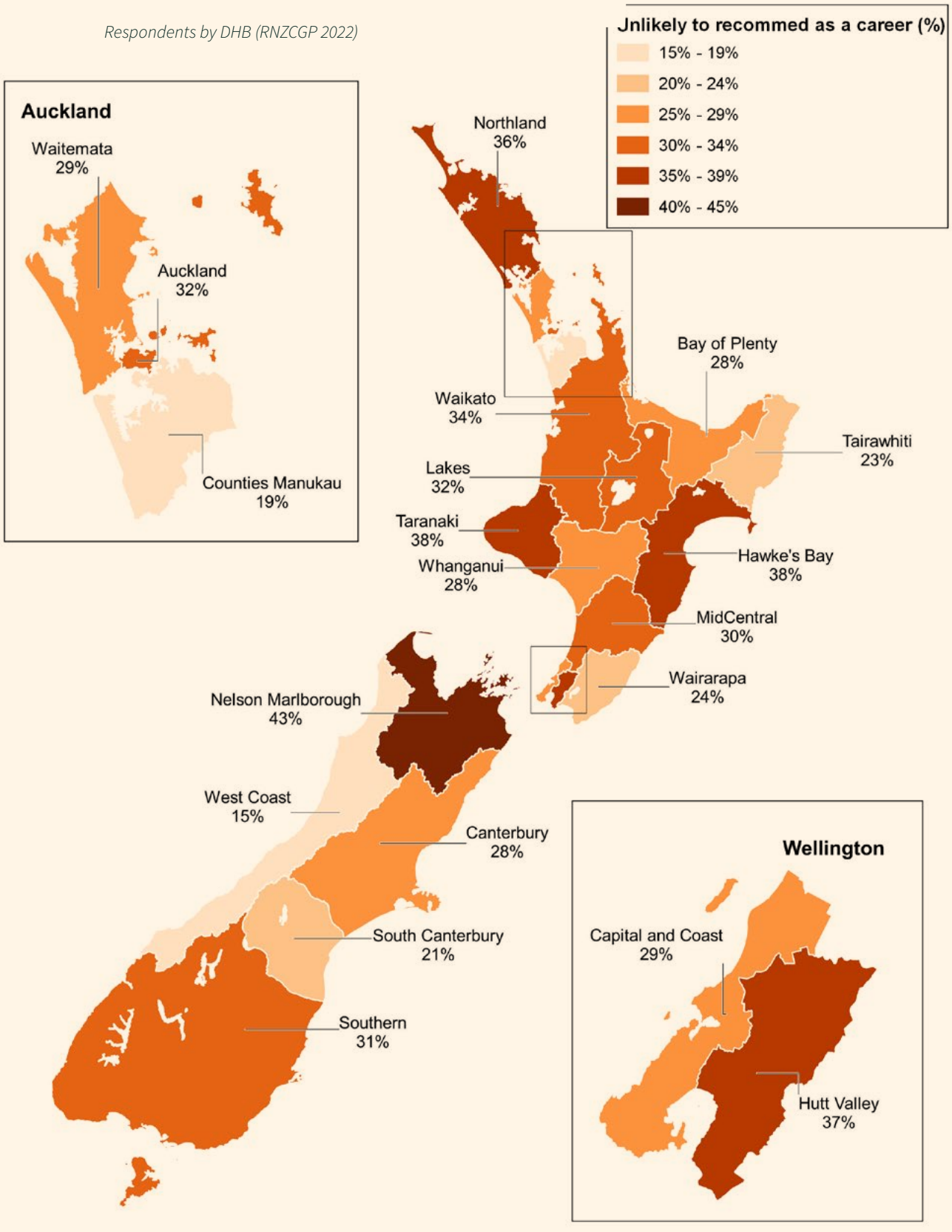
9.4 Likelihood of recommending general practice as a career by former District Health Board

The former DHBs with the top three highest percentage of respondents unlikely to recommend a career in general practice are Nelson Marlborough (43 percent), Hawke's Bay (38 percent), and Taranaki (38 percent). The results from Wairarapa, West Coast, South Canterbury, and Whanganui DHBs should be interpreted with caution due to the small numbers of respondents (n<30).

Figure 18. Percentage of respondents unlikely to recommend general practice as a career by former DHB

Percentage of general practitioners unlikely to recommend general practice as a career

Respondents by DHB (RNZCGP 2022)



9.5 Association between burnout, retirement intentions, career recommendations, and training role

Earlier in this report it was noted that over 37 percent of survey respondents intend to retire in the next five years, 48 percent feel they are burnt out (7 to 10 inclusive on the burnout scale), and 31 percent of respondents are unlikely to recommend a career in general practice.

Table 62 shows that there is a strong negative correlation between the likelihood of recommending a career in general practice and the extent to which survey respondents state they are burnt out. Respondents who state that they are not burnt out are twice as likely as respondents who state that they are burnt out to recommend general practice as a career (64 percent and 25 percent, respectively). Forty-four percent of respondents who state that they are somewhat burnt out would recommend general practice as a career.

Conversely, a considerably higher percentage of respondents who feel burnt out state they are unlikely to recommend a career in general practice (44 percent), compared with only 16 percent of those who are not burnt out and 20 percent of those who are somewhat burnt out.

Table 62. Likelihood of recommending general practice as a career by burnout (n=3,286)

	TOTAL GPS	NOT BURNT OUT (0–3)	SOMEWHAT BURNT OUT (4–6)	BURNT OUT (7–10)
Unweighted base	3,286	689	1,020	1,577
	%	%	%	%
Unlikely (0–3)	31	16	20	44
Neutral (4-6)	30	20	36	31
Likely (7–10)	39	64	44	25
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 63 shows that respondents involved in training in some capacity are more positive about a career in general practice (43 percent) compared with those who are not involved in training (35 percent).

Table 63. Likelihood of recommending general practice as a career by training role (n=3,286)

	TOTAL GPS	NOT PROVIDING TRAINING	PROVIDE TRAINING
Unweighted base	3,286	1,742	1,544
	%	%	%
Unlikely (0–3)	31	33	28
Neutral (4–6)	30	32	28
Likely (7–10)	39	35	43
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 64 examines the relationship between retirement intentions, burnout, and likelihood of recommending general practice as a career. It shows that 40 percent of respondents who feel burnt out intend to retire in the next five years, and this is higher than the percentage of GPs in general who intend to retire within the same timeframe (37 percent). Similarly, 47 percent of respondents who are unlikely to recommend a career in general practice intend to retire in the next five years, which is higher than the percentage of GPs in general who intend to retire within the same timeframe (37 percent).

Total may not sum to 100% due to rounding.

* Subsample based on GPs who rated themselves 7–10 on an 11-point scale, indicating they felt burnt out.

** Subsample based on GPs who rated themselves 0–3 on an 11-point scale, indicating they are unlikely to recommend a career in general practice.

Table 64. Relationship between intentions to retire, burnout, and likelihood of recommending a career in general practice (n=3,281)

	TOTAL GPS	GPS WHO ARE BURNT OUT (7-10)	GPS WHO ARE UNLIKELY TO RECOMMEND A CAREER IN GENERAL PRACTICE (0-3)
Unweighted base	3,281	1,574*	1,001**
	%	%	%
1–2 years from now	17	19	24
3–5 years from now	20	21	23
6–10 years from now	18	18	19
11–15 years from now	12	12	12
16 years or more from now	34	29	21
Total	100	100	100

10.0 *Ngā āhuatanga o te mahi i ngā Whare Rata*

Ways of working in general practice

This section of the report is based on survey respondents who indicated they are working or had worked in general practice in the three months prior to the survey. There are 3,282 of these respondents. 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 the 66 who state that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison).

10.1 Current use of technologies when engaging with patients

Table 65 shows the frequency of current technology use when engaging with patients in general practice, while Figure 19 summarises these responses by combining 'daily', 'at least once a week', and 'at least once a month' into a single 'used technology' proportion.

The most commonly used technologies for engaging with patients were telephone call (98 percent), SMS messaging (93 percent), and email (87 percent). Phone messaging apps were the least used technology for engaging with patients (79 percent responded 'never'). Further, almost half of respondents never use video call (48 percent), and one-quarter never use patient portals (25 percent).

Table 65. The current use of technology in general practice when engaging with patients (n=3,207)

	VIDEO CALL	SMS MESSAGING	PHONE MESSAGING APPS	TELEPHONE CALL	PATIENT PORTALS	EMAIL
Unweighted base	3,207	3,207	3,207	3,207	3,207	3,207
	%	%	%	%	%	%
Daily	9	77	7	87	52	40
At least once a week	13	11	4	10	12	31
At least once a month	27	4	5	1	5	16
Never	48	5	79	0	25	11
Don't know	0	0	1	0	3	1
Not applicable	3	2	5	1	5	2
Total	100	100	100	100	100	100

Figure 19. Communications technologies used with patients (n = 3,207)

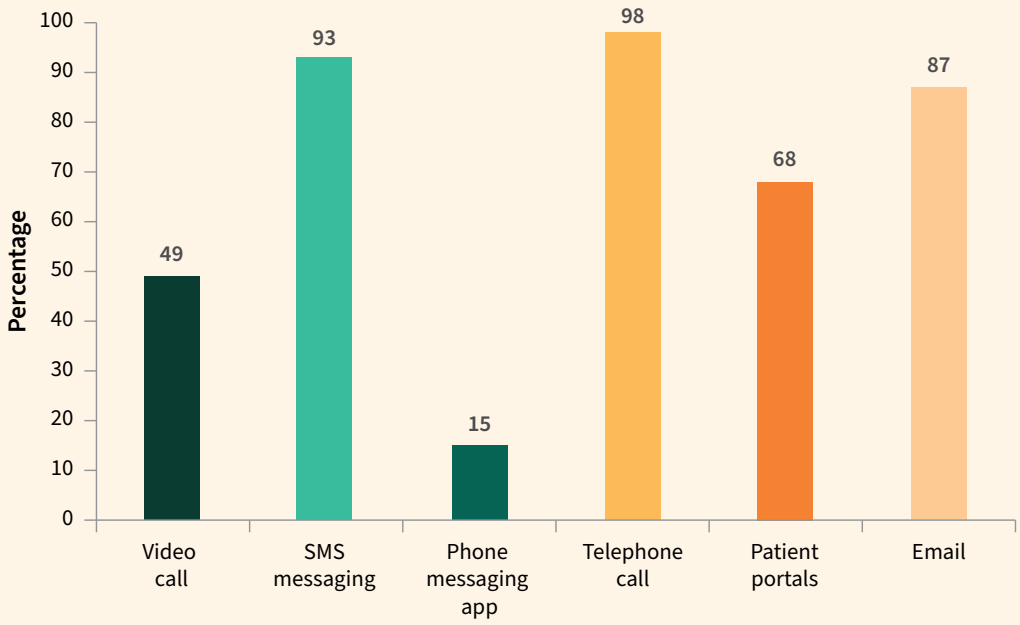
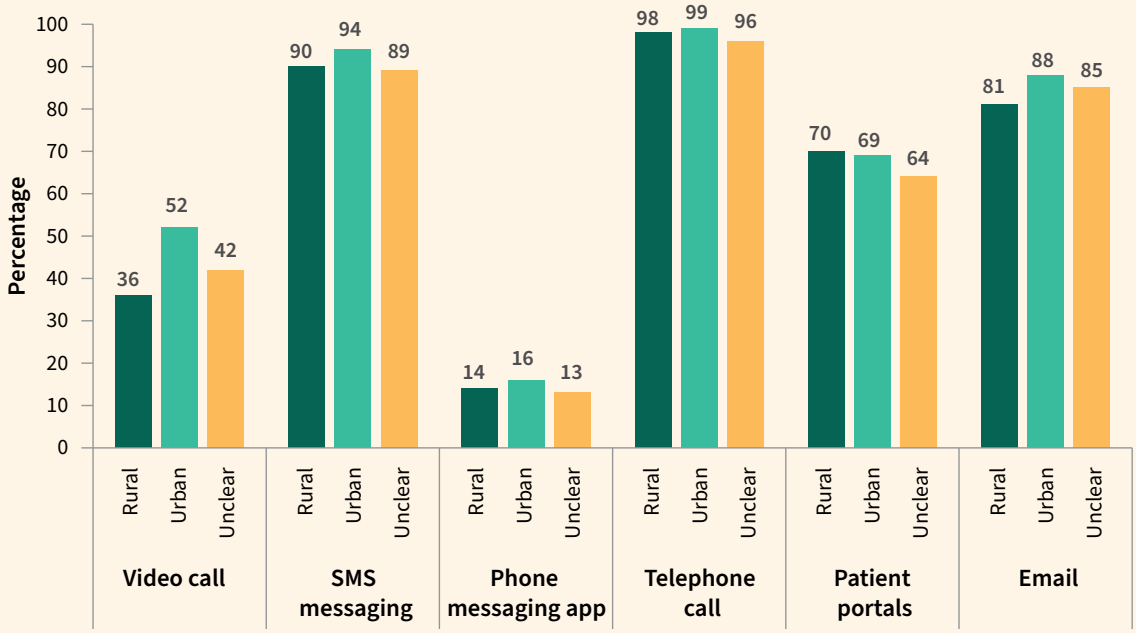


Figure 20 shows the differences in technology utilisation by practice location (rural, urban, and not clearly urban or rural). Respondents working at urban practices are more likely to use each technology type than respondents working at rural practices. Video call and email are much less likely to be used by respondents in rural practices (36 and 81 percent respectively) compared to respondents in urban practices (52 and 88 percent respectively).

Figure 20. Communication technologies used with patients by location (n = 3,207)



10.2 Expected use of technologies when engaging with patients in the next 12 months

Respondents were asked to assume that pandemic restrictions are not limiting in-person care, and then to identify whether in the next 12 months they expect to do more, the same, or less consultations as they have done in the last 3 months through different technologies. Table 66 and Figure 21 show the expected frequency of technology use in the next 12 months compared to the previous 3 months.

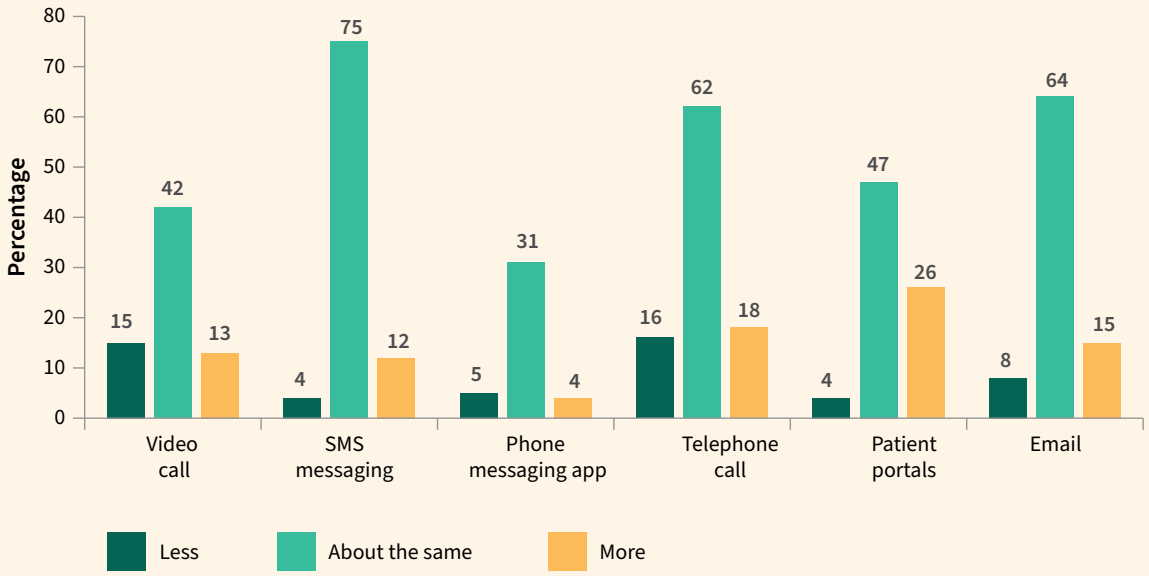
For all technologies, most respondents expected that their use would be about the same. Three-quarters expect that their SMS messaging will be about same (75 percent), and just under two-thirds expect that their email use will be about the same (62 percent). Phone messaging apps (51 percent), video calls (25 percent), and patient portals (17 percent) were considered not applicable for many respondents.

Just over one-quarter (26 percent) expected that their use of patient portals would increase in the next 12 months. Eighteen percent expected that their use of telephone calls would increase.

Table 66. The expected use of technologies to do consultations in general practice in the next 12 months (n = 3,197)

	VIDEO CALL	SMS MESSAGING	PHONE MESSAGING APPS	TELEPHONE CALL	PATIENT PORTALS	EMAIL
Unweighted base	3,197	3,197	3,197	3,197	3,197	3,197
	%	%	%	%	%	%
Less	15	4	5	16	4	8
About the same	42	75	31	62	47	64
More	13	12	4	18	26	15
Don't know	5	2	9	1	6	3
Not applicable	25	6	51	2	17	10
Total	100	100	100	100	100	100

Figure 21. Communication technologies expected to be used for consultations in the next 12 months (n = 3,197)



10.3 Ways of working in general practice

Table 67 shows the different ways of working in general practice. Almost half of respondents reported that their practice is a Health Care Home practice (49 percent). One-fifth reported that their practice triages patients before they come to the practice (20 percent). Only 12 percent reported that their practice employs a proactive approach to patient care by contacting at risk (any health issues) patients.

Table 67. Ways of working in general practice (n = 3,204)

	YES	NO	DON'T KNOW	N/A
Unweighted base	3,204	3,204	3,204	3,204
	%	%	%	%
Is your practice a Health Care Home practice?	49	26	21	4
Is your practice triaging patients before they come to the practice?	20	75	2	3
Is your practice employing a proactive approach to patient care by contacting at risk (any health issues) patients?	12	75	10	4
Does your practice employ a nurse practitioner(s)?	58	39	1	3
Does your practice employ a healthcare assistant(s)?	37	60	1	3
Does your practice employ a health improvement practitioner?	48	46	4	3
Does your practice employ a clinical pharmacist?	72	23	2	3
Total	100	100	100	100

10.4 Main reasons for not offering more remote consultations

Table 68 shows the main reasons respondents think that the general practice they work in does not offer more remote consultations. Respondents could tick as many options as apply.

One-fifth of respondents reported that the question was not applicable as the right amount of remote consultations were being offered by their practice (21 percent). The three most commonly reported reasons were: lack of demand from patients (39 percent), concern that the number of queries received via portals will increase workload (18 percent), and not having access to the right technologies (12 percent).

Table 68. Main reasons for general practices not offering more remote consultations (n = 3,356)

	FREQUENCY	%
Lack of demand from patients	1,309	39
Not applicable. The right amount of remote consultations are offered by my practice	687	21
Other (please specify)	634	19
Concern that the number of queries received via portals will increase workload	597	18
Do not have access to the right technologies	412	12
Not enough time to set up these new technologies	377	11
They are not relevant to patients	345	10
No interest in doing remote consultations	333	10
Concern about the legal and privacy issues	319	10
More training is needed on remote consultations	269	8
Don't know	200	6

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

Table 69 shows the main reasons for not offering more remote consultations by practice location (rural, urban, and not clearly urban or rural). Respondents working at rural practices are slightly more likely than respondents working at urban practices to report not having access to the right technologies (18 vs 11 percent), and not having enough time to set up these new technologies (16 vs 11 percent), as key reasons for their practice not offering more remote consultations.

Table 69. Main reasons for general practices not offering more remote consultations by practice location (n = 3,356)

	TOTAL	RURAL	URBAN	NOT CLEARLY URBAN OR RURAL
Unweighted base	3,356	522	2,394	294
	%	%	%	%
Lack of demand from patients	39	43	40	40
Not applicable. The right amount of remote consultations are offered by my practice	21	17	22	21
other (please specify)	19	23	17	25
Concern that the number of queries received via portals will increase workload	18	18	18	17
Do not have access to the right technologies	12	18	11	15
Not enough time to set up these new technologies	11	16	11	11
They are not relevant to patients	10	12	10	14
No interest in doing remote consultations	10	12	10	12
Concern about the legal and privacy issues	10	8	10	9
More training is needed on remote consultations	8	11	8	7
Don't know	6	8	5	7

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

11.0 *Ngā kōrero whakamutunga* Conclusions

This report gives a snapshot of the GP workforce in New Zealand in 2022. The survey results provide comprehensive information of our general practitioner registrars and fellows, which includes demographics, work hours, income, employment status, ways of working, and retirement intentions.

The findings show that the GP workforce faces an issue of ageing, with the average male and female GPs aged 53.5 and 48.5 years, respectively. There is a large cohort of older GPs aged 50-65 and relatively fewer young GPs in the cohort aged 24-34 and mid-career GPs aged 35-49. Consequently, a large proportion of GPs are reaching their retirement age, over half of GPs are intending to retire in the next 10 years, and over one-third in the next five years. Almost half of GPs work part-time. Further, one in ten GPs (9 percent) intend to leave New Zealand to live and work elsewhere within the next five years. These factors will potentially impact on the availability of GP services. With regard to gender, older GPs are predominantly male, younger GPs are predominantly female. This will impact on the demographic profile of the GP workforce for the foreseeable future and has implications for how more flexible working arrangements may be needed.

The survey results confirm that both Māori and Pacific doctors continue to be under-represented in the GP workforce, but that efforts to increase numbers are working. International medical graduates make up more than one-third of GP workforce overall, but this increases to almost 50 percent among rural-based practices. On average, GPs work 35.9 hours per week, while male GPs work 5.7 hours more than female. Over half of GPs have after-hours general practice commitments, with one out of five GPs having these commitments as often as every week or every second week. Those GPs who work longer hours are more likely to report feeling burnt out.

Just under one-third of GPs are currently an owner or partner in a general practice. Male GPs are more likely to be an owner or a partner in a general practice compared with female GPs. Just over two-thirds of practice owners and partners are intending to retire in the next 10 years. A considerable number of practices and partnership will be available for purchase as a result of this.

Overall, the findings show that GPs currently make use of technology to engage with patients. In particular, GPs use telephone calls, SMS messaging, and email to engage. One-quarter of GPs expect their use of patient portals to do consultations to increase in the next 12 months.