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

GP
Heart of the community
Kāinga Tupu

THE ROYAL NEW ZEALAND COLLEGE OF GENERAL PRACTITIONERS

2017 general practice workforce survey

PART 1

Demographics | Working arrangements
Retirement intentions | Wellbeing

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Contents

Executive summary

This is one of two reports from The Royal New Zealand College of General Practitioners' (the College's) 2017 workforce survey. It updates information on the demographics of general practice and highlights the changing nature of the general practitioner (GP) workforce.

This research has been collated and analysed by Research New Zealand with support from College staff. Almost 5000 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), with a response rate of 52 percent.

Demographics

- **Half of members who responded to the workforce survey are aged 52 or older,** with the workforce dominated by graduates from the late 1970s to mid-1980s.
- **Just over half are female**; among those under 40, two-thirds are female.
- There continues to be a **disproportionately lower number of Māori and Pacific GPs** compared to the general population, although there is a higher proportion of Māori among younger GPs. This is heartening; however, there is still work to be done to increase the number of Māori GPs.
- Three-quarters of respondents work in urban locations.
- **Sixty-one percent obtained their medical degree in New Zealand**; 39 percent trained overseas. These international medical graduates tend to be older and are more likely to work in rural practices. **Half of those working rurally were trained overseas**.
- **The contribution international medical graduates make to rural general practice cannot be overstated**.

Hours worked and after-hours commitments

- **On average, respondents work 35.2 hours per week**. Slightly more than half work full-time (for the purposes of the survey, full-time work is defined as 36 hours or more per week).
- The average female respondent works fewer than 36 hours per week in general practice; the average male respondent works around 40 hours per week.
- Those based rurally are more likely to work full-time than those in urban areas.
- **Sixty-four percent provide acute after-hours general practice care.** Among those based rurally, 79 percent provide after-hours care.

Employment type and practice ownership

- Just under half are long-term employees or contractors, with over a third being practice owners or partners.
- Practice ownership increases steadily with age, peaking in the 60–64 age cohort.
- **Rural areas have a higher dependency on short-term medical staff.**
- Three-quarters work in a practice that is owned by GPs. The next most common ownership model in urban areas is corporate ownership, and in rural areas it is community, trust or charity ownership.

Training and teaching

- Twenty percent are in vocational training, with most being in the General Practice Education Programme (GPEP). Twenty-four percent of GPEP1 registrars are in rural areas.
- **Forty-one percent provide training to medical students or doctors.** Of these, 74 percent are providing training to undergraduate medical students, 27 percent are GPEP1 teachers and 24 percent are mentors for registrars in GPEP2/3. Many members perform several training roles.
- Those who provide training are more likely to be male, and we are particularly dependent on teachers in the 50–64 age cohort.
- Fifty-seven percent of those based rurally are providing training.
- **There is a limited window for action on training if we wish to mitigate the current workforce shortage. We have many highly experienced GPs available to train, and significant demand from medical graduates seeking vocational training in general practice. Funding for training is needed to take advantage of this opportunity.**

Retirement intentions

- **Over the next five years, 27 percent intend to retire. Over the next 10 years, 47 percent intend to retire.** Since our workforce surveys started in 2014, the proportion intending to retire soon (within five years) has almost doubled.
- Of those intending to retire in the next five years, half have already reduced their number of working hours and a third intend to do so in the next two years.
- Two-thirds of those intending to retire in the next 10 years have also either already reduced their working hours or intend to do so within the next five years.
- **Taken together, these changes will significantly decrease the number of total hours worked by GPs, with a corresponding impact on the availability of GP appointments. The sector must address this imminent workforce shortage.**

Work–life balance, burn-out and general practice as a career

- **Fifty-eight percent said they have a good work–life balance**, with 23 percent disagreeing. Younger GPs and those aged over 70 were most likely to have a good work–life balance. Agreement was lowest amongst those aged 40–64.
- **Those working part-time were more likely to have a good work–life balance**, as were those with no after-hours commitments. Employees or contractors were also more likely to have a good work–life balance compared with practice owners or partners.
- **Almost a quarter feel burnt out**.
- Respondents who were aged 40–64, male, working full-time, practice owners or partners, or who had a poor work–life balance were more likely to feel burnt out.
- **Just over half would recommend a career in general practice**. Those not feeling they had a good work–life balance and those feeling burnt out were less likely to recommend a career in general practice.
- Those with a poor work–life balance and those feeling burnt out are more likely to be intending to retire in the next 10 years.
- **Burn-out and poor work–life balance are not only detrimental to individual GPs but also to the sustainability of the general practice workforce.**

The College's second report on the 2017 workforce survey will look at GP income, the compliance pressures on GPs, patient access issues (in particular, closed books), vacancies and unaffordable consultation costs.

Foreword

This year marks the fourth year The Royal New Zealand College of General Practitioners (the College) has undertaken an annual workforce survey to help analyse our current and future workforce.

During 2016, the College campaigned to have more training places funded for doctors wishing to become vocationally registered GPs. This report shows that our campaign was timely. Twenty-seven percent of our working GPs indicated they are intending to retire within the next five years. This result is extremely concerning. It emphasises our ongoing need to continue working with the wider health sector to ensure we have enough GPs to provide high-quality health care for New Zealanders.

We have seen more medical students deciding to choose a career in general practice and a commitment from the government to train more GPs. These are both encouraging steps that will help alleviate some of the pressure on the workforce. We will continue to advocate for more funding to train the future GP workforce.

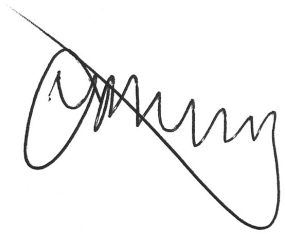
I would particularly like to acknowledge the significant number of College members involved in training the doctors and GPs of the future, particularly in rural areas – overall, half of rural GPs are personally involved in training. This demonstrates we are a training College.

Part of being able to deliver care for others involves caring for ourselves. It is important for our members to be physically and mentally well. Reassuringly, most respondents did report they have a good work–life balance.

However, just under a quarter reported feeling burnt out. We're concerned that burn-out can lead to GPs leaving the profession, which will only exacerbate our workforce pressures. New Zealanders are particularly reliant on individuals in the categories most affected by burn-out – our most experienced GPs. They work more hours and often have significant responsibility as practice owners or partners. We will continue to look for ways to help GPs stay healthy and enjoy their work.

There is much work to be done to make sure the GP workforce is sustainable in the future. As such, I encourage you to reflect on this report. Because not only is our workforce changing, but so are the needs of our patients, and we need to look for innovative solutions.

I'd like to thank everyone who responded to this survey. It's a valuable resource that will help us better serve our members.



Dr Tim Malloy
President, The Royal New Zealand College of General Practitioners

Demographics

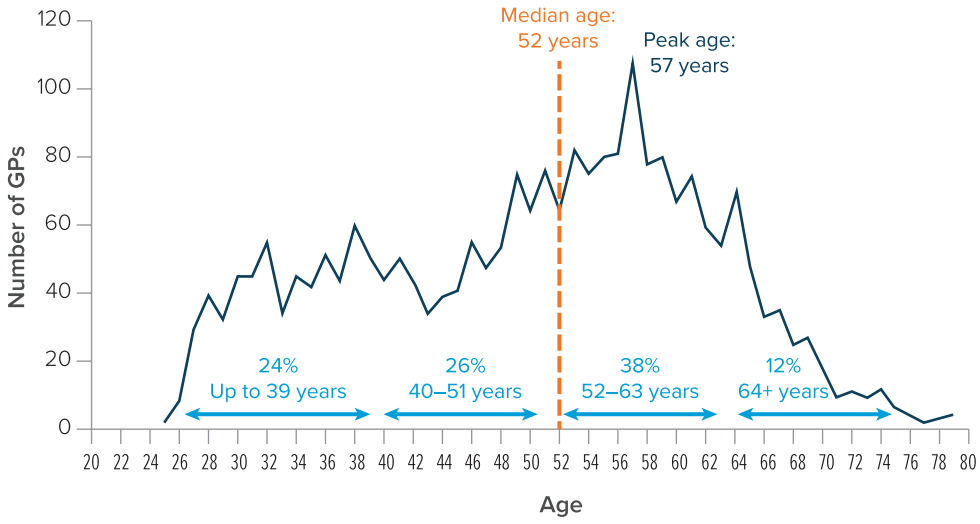
Age and gender

The median age of GPs is 52 years (Figure 1). The graph shows that half (50 percent) of GPs are aged 52 years or over, with GPs aged 52–63 comprising 38 percent of all survey respondents. By comparison, GPs aged 40–51 (also a 12-year interval) comprise only 26 percent of respondents.

The GP workforce is dominated by the large number of medical graduates from the late 1970s to mid-1980s, many of whom pursued a career in general practice. These GPs are now in their late 50s to mid-60s and are retiring. General practice was a less popular career choice among graduates in the 1990s, leading to the particularly low numbers of GPs now aged in their 40s. This 'lost generation', combined with the limited numbers of GPs aged under 40, is putting the sustainability of the supply of GPs at risk.

The popularity of general practice as a career has increased in recent years, as have the numbers graduating from medical school. Currently, we have the benefit of a large number of experienced GPs who can be recruited and trained in teaching roles and a much larger number of medical graduates seeking vocational training in general practice. Adequate funding to support training is needed if we are to take advantage of this limited window of opportunity to mitigate the shortage of GPs.

Figure 1. Age profile of GPs (n=2371)



Source: RNZCGP. Workforce Survey, 2017.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

The ageing of the GP workforce has been evident for some time. The Medical Council of New Zealand (MCNZ) annual workforce survey data reveal that, in 1998, only 25.3 percent of GPs were aged 50 or over, and the most common age of GPs was 39 years.[1] MCNZ survey data from 2015 show that 60 percent of GPs were aged 50 or over and the most common age was 55 years.[2]

The 2017 College data suggest that we are possibly seeing early indications of the ageing trend slowing. The average age of respondents decreased between 2016 and 2017 for the first time, from 50.9 years to 50 years.[3]

Table 1. Age of GPs over time (n=2184)

	2014	2015	2016	2017
Base* =	**2184**	**2211**	**1820†**	**2371**
	%	%	%	%
25–29 years	4	4	3	4
30–34 years	9	8	6	9
35–39 years	9	9	10	10
40–44 years	10	9	8	9
45–49 years	16	13	13	11
50–54 years	20	18	17	15
55–59 years	16	18	19	18
60–64 years	10	11	14	13
65–69 years	5	6	6	7
70–74 years	2	2	2	2
> 75 years	1	1	1	1
Total	100	100	100	100
Mean age	49.4	49.9	50.9	50.0

Source: RNZCGP. Workforce Survey, 2014–2017.

Totals may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Data for 2014, 2015 and 2017 is unweighted; 2016 data is weighted.

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

The ageing of the GP workforce has been evident for some time...

The 2017 College data suggest that we are possibly seeing early indications of the ageing trend slowing

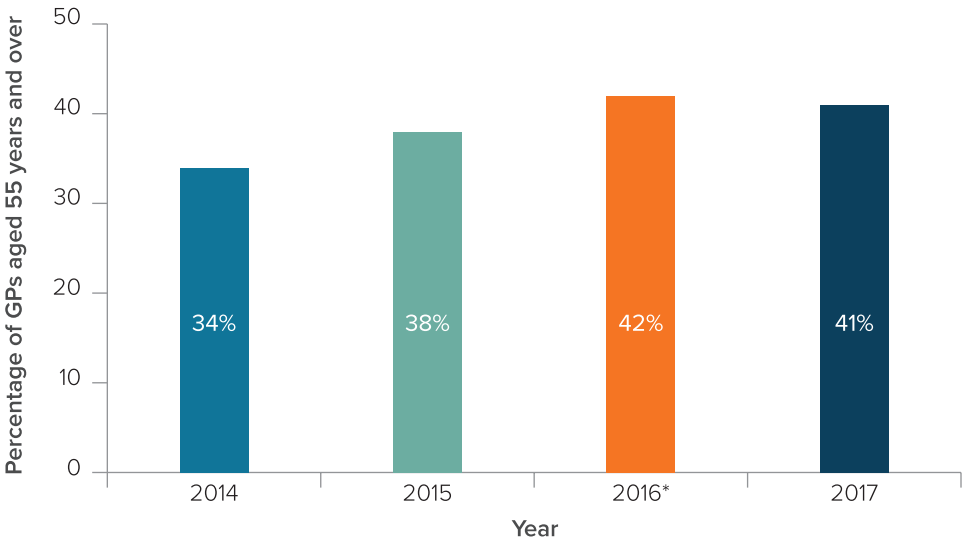
1 MCNZ 1998 workforce survey data supplied by the Ministry of Health (MoH).

2 MCNZ 2015 workforce survey data supplied by MoH.

3 Registrars were over-represented in the 2016 survey. In 2016, the unweighted average age was 50.0 years. Weighting for the high response from registrars increased the average age to 50.9. The weighted average is an estimate. However, even if the unweighted average ages are compared, this is the first time in the four-year history of the survey that the average age has not increased.

In addition, there was a decrease in the proportion of respondents aged 55 and over (Figure 2). In 2014, the first year of the College survey, 34 percent of respondents were aged 55 or over. This proportion increased steadily by 4 percentage points per year to reach 42 percent in 2016. However, in 2017 the proportion has decreased by 1 percentage point to 41 percent. The results of the 2018 survey will determine whether this slight decrease is merely a fluctuation or the beginning of a trend.

Figure 2. Comparison of the percentage of GPs 55 years and over, 2014–2017



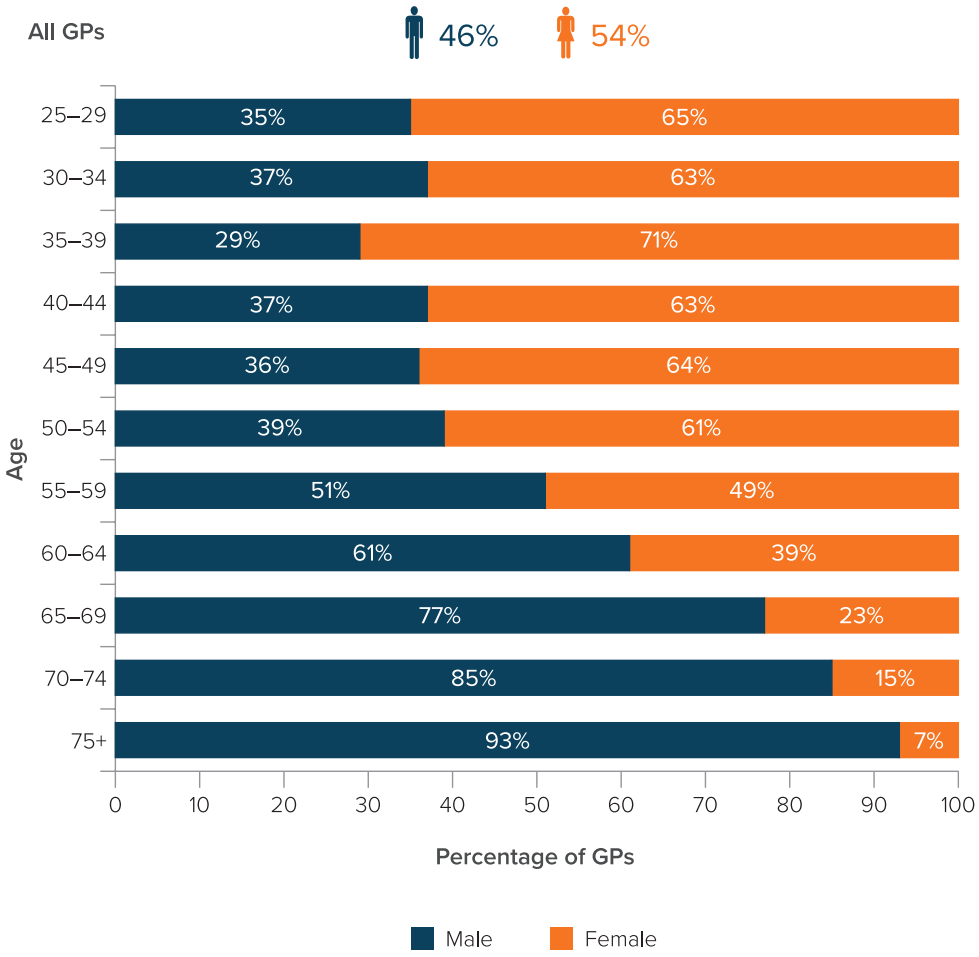
Source: RNZCGP. Workforce Survey, 2014–2017.

Samples based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2014, 2015 and 2017 is unweighted.

Forty-six percent of respondents are male and 54 percent are female. Figure 3 shows that, in the younger age bands, females outnumber males. Sixty-seven percent of respondents aged under 40 are female. In the 55–59-year age band, there are roughly equal proportions of male and female GPs (51 percent and 49 percent respectively). However, males account for a greater and increasing proportion of all the older age bands (for example, 61 percent of GPs who are aged 60–64 years are male). The mean age of male GPs is 53.3 years, whilst the mean age of female GPs is 47.2 years.

Figure 3. Age of GPs by gender (n=2358)



Source: RNZCGP. Workforce Survey, 2017.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

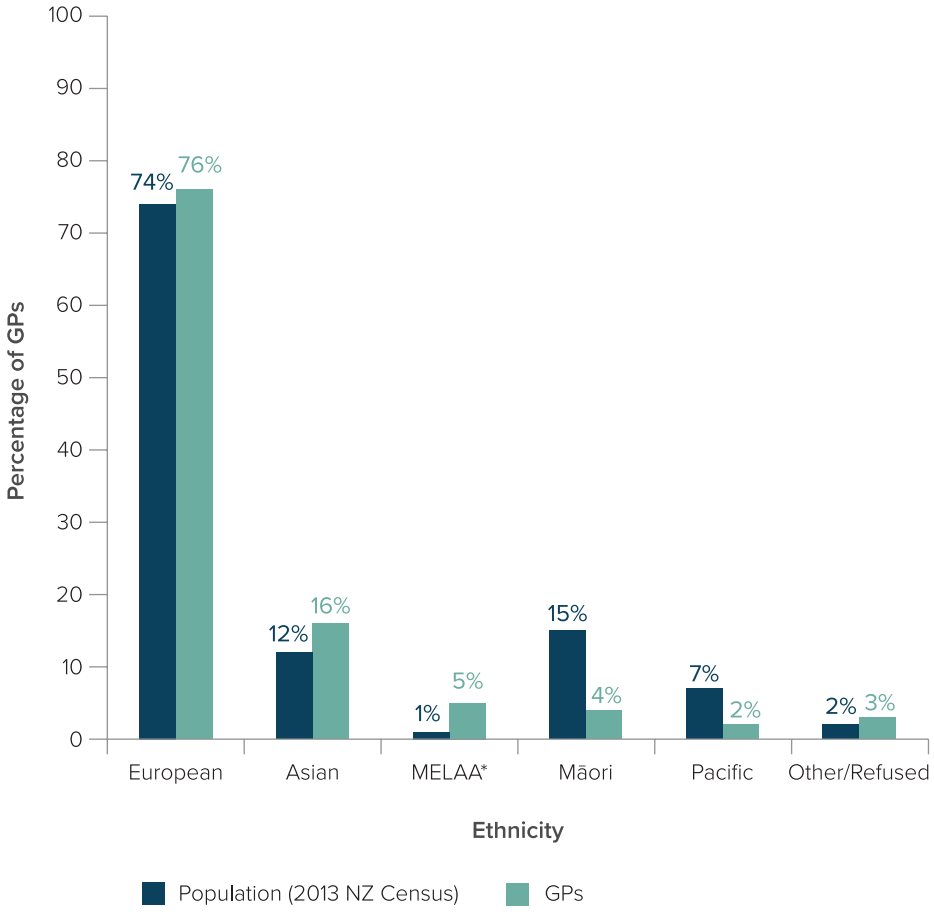
Ethnicity

Figure 4 shows the profile of the New Zealand GP workforce by ethnicity and compares it with the profile of the New Zealand population.

While there appears to be a reasonable match between the proportion of GPs and the population identifying as New Zealand European (76 percent compared with 74 percent respectively), this does not appear to be the case for Māori GPs (4 percent compared with 15 percent respectively) and Pacific GPs (2 percent compared with 7 percent respectively). In other words, there is a disproportionately smaller number of GPs in the workforce who identify as Māori and Pacific compared to the general population.

There is a disproportionately smaller number of GPs in the workforce who identify as Māori and Pacific compared to the general population

Figure 4. Comparison between the ethnicity of GPs and that of the New Zealand population in general (n=2371)



Source: RNZCGP. Workforce Survey, 2017.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Middle Eastern/Latin American/African.

Among younger GPs, the percentage with Māori ethnicity is higher. This may reflect the recent initiatives to increase the number of Māori doctors (8 percent of GPs under 40 identify as Māori compared with 3 percent of GPs 40 years or over identifying as Māori).

Table 2. Age profile of Māori GPs (n=98)

	Total respondents	Māori respondents	
Unweighted base =	**2371**	**98***	
	No.	**No.**	**%**
Respondents under 40 years	569	46	8.1
Respondents 40 years and over	1802	54	3.0
All respondents	2371	98	4.1

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Subsample based on those GPs who identified as Māori.

International medical graduates (IMGs)

Almost two-thirds of respondents (61 percent) obtained their first medical degree in New Zealand, compared with 39 percent who obtained their first medical degree overseas. The proportion comprising international medical graduates (IMGs) is comparable to the proportions recorded in previous years' surveys (42 percent in 2014, 40 percent in 2015, 39 percent in 2016).

GPs who reported they obtained their first medical degree overseas were asked from which country they had received this qualification. Table 3 shows that most of these GPs obtained their first degree in the United Kingdom (41 percent), followed by South Africa (13 percent).

Table 3. Country of origin of first medical degree for IMGs (n=926)

	IMGs
Unweighted base =	**926***
	%
United Kingdom	41
South Africa	13
India	9
Australia	7
Germany	3
Iraq	3
Sri Lanka	2
China	2
Ireland	2
United States of America	2
Russia	2
Bangladesh	1
Canada	1
Netherlands	1
Pakistan	1
Other	11
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

* Subsample based on those GPs who obtained their first medical degree overseas.

39%
of respondents obtained their first medical degree overseas

IMGs tend to be older (for example, only 16 percent of IMGs are aged 39 years or younger compared with 29 percent of New Zealand medical graduates) and fewer are female (49 percent of IMGs are female compared with 56 percent of New Zealand medical graduates). There are also differences by the location of their practice and these are discussed in the next section of the report looking at rural or urban practice location.

Rural or urban practice location

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

Almost three-quarters of respondents (73 percent) considered that the practice they are working in is urban based. This compares with 17 percent who considered that they are working in a rural-based practice and 10 percent in a practice that is based in an area that is 'not clearly urban or rural'.

Table 4 shows that the age profile of GPs working in urban-based and rural-based general practices is similar. There are differences by gender, with a higher proportion of respondents located in rural areas being male (52 percent) compared with those located in urban areas (44 percent).

Table 4. Profile of GPs working in general practices that are located in urban, rural and 'not clearly urban or rural' areas (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
Age				
25–39	23	24	22	23
40–54	35	36	26	35
55–64	32	31	37	30
65+	10	9	15	10
Total	100	100	100	100
	%	%	%	%
Gender				
Male	46	44	53	52
Female	54	56	47	48
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 5 shows that a much higher proportion (51 percent) of respondents working in rural general practices are IMGs compared with only 35 percent of respondents working in urban practices.

Table 5. Origin of first medical degree (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
New Zealand	61	65	54	49
Overseas	39	35	46	51
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

51%

of respondents working in rural general practices are international medical graduates

Hours worked and after-hours commitments

Hours in general practice per week

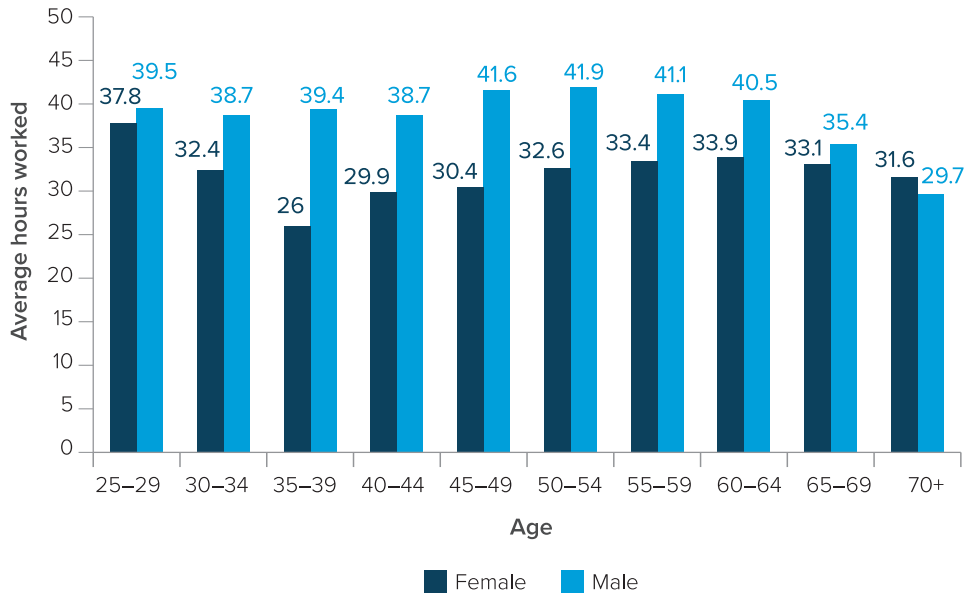
Respondents were asked about the hours they worked in general practice per week. They were asked to include the time spent on paperwork, practice management and time actually worked when on-call, but not the time spent on other medical work outside of general practice.

The average number of hours worked in general practice is 35.2 hours. Slightly more than half of respondents work full-time (54 percent) and a substantial proportion (46 percent) work part-time. For the purposes of this survey, respondents working 36 hours per week or more in general practice are deemed to be working full-time in general practice and those working fewer hours to be working part-time.

Figure 5 shows there are significant differences between male and female GPs in terms of the hours worked in general practice per week. The hours worked by male GPs are roughly uniform at around 40 hours per week for all age groups, until they begin to tail off after the age of 65 years.

In comparison, while the hours worked by female GPs in the 25–29 age cohort is comparable to those of male GPs, the hours worked fall sharply to an average of 26 hours for female GPs in the 35–39 age cohort, before beginning to gradually rise again. However, only among the small numbers in the 70-and-over age cohort do females work longer hours than males – on average female GPs work fewer than 36 hours per week in general practice.

Figure 5. Hours worked in general practice per week, by age and gender (n=2358)



Source: RNZCGP. Workforce Survey, 2017.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

On average, female GPs work fewer than 36 hours per week in general practice

Table 6 shows that respondents working in general practices that are rurally based were more likely than those working in urban-based practices to state they worked full-time (63 percent and 52 percent respectively).

Table 6. Total hours worked in general practice per week by location of general practice (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
Fewer than 36 hours	46	48	44	37
36 hours or more	54	52	52	63
Don't know	1	1	4	0
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

After-hours practice commitments

Two-thirds of respondents (64 percent) reported they have commitments to provide acute after-hours general practice care (Table 7).[4] Almost a quarter reported they have weekly or fortnightly after-hours commitments (23 percent).

Rural GPs were more likely to state they have after-hours general practice commitments compared with GPs working in general practices located in urban areas (79 percent and 61 percent respectively). The table also shows that rural-based GPs are more likely than urban-based GPs to have weekly after-hours commitments (33 percent of respondents working in rural-based general practices compared with 9 percent of respondents working in urban-based general practices, for example).

Table 7. After-hours general practice commitments by general practice location (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
No after-hour commitments	36	39	37	21
Yes – every week	14	9	13	33
Yes – approximately every second week	9	8	11	13
Yes – approximately every three weeks	8	8	7	5
Yes – approximately every month	19	20	19	16
Yes – but less frequently than monthly	14	15	12	12
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

64%
reported they have commitments to provide acute after-hours general practice care

4 Actual question wording: "Do you have any after-hours general practice commitments to provide acute care?"

GPs who work full-time are more likely than those who work part-time to have after-hours commitments (73 percent and 55 percent respectively; Table 8). Furthermore, the table shows that GPs working full-time are more likely to have after-hours commitments at least once per fortnight (31 percent) than are those working part-time (14 percent).

Table 8. After-hours general practice commitments by hours worked in general practice per week (n=2351)

	Total GPs	Part-time (fewer than 36 hours per week)	Full-time (36 hours or more)
Unweighted base =	**2351**	**1080**	**1271**
	%	%	%
No after-hour commitments	36	45	28
Yes – every week	14	7	19
Yes – approximately every second week	9	7	12
Yes – approximately every three weeks	8	6	9
Yes – approximately every month	19	17	21
Yes – but less frequently than monthly	14	18	12
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question. That is, it excludes GPs who did not know how many hours they worked in general practice per week.

Employment type and practice ownership

GP employment status

Long-term employees and contractors make up the largest proportion of GPs (44 percent), followed by practice owners and partners (37 percent), short-term employees and contractors (15 percent) and others (4 percent) – Table 9.[5] Respondents who described themselves as 'other' types of employees mostly described themselves as having multiple roles and 'long-term locums'.

Male GPs are more likely to be an owner or partner than female GPs (48 percent and 27 percent respectively). On the other hand, female GPs are more likely to be long-term employees or contractors (53 percent) compared to male GPs (32 percent).

Overall, 60 percent of practice owners are male and 64 percent of all long-term employees and contractors are female.

Table 9. Employment status by gender (n=2347)

	Total GPs	Male	Female
Unweighted base =	**2347**	**1090**	**1257**
	%	%	%
Practice owner or partner	37	48	27
Long-term employee or contractor	44	32	53
Short-term employee or contractor	15	15	16
Other	4	5	4
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

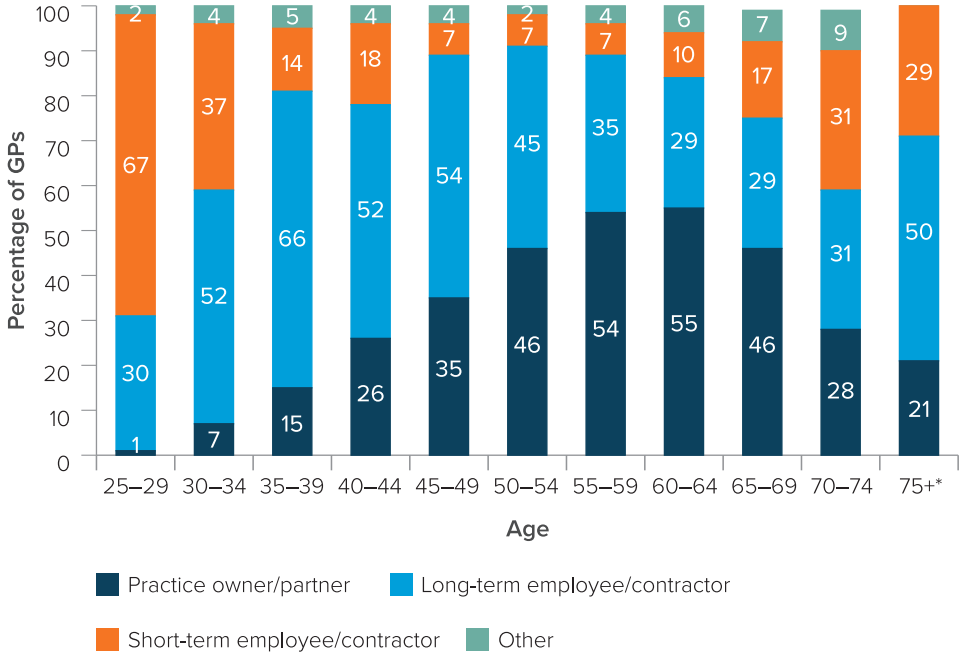
60% of practice owners are male

64% of all long-term employees and contractors are female

5 The short-term employee or contractor category includes GP registrars.

Figure 6 shows that practice ownership increases steadily with each age cohort to reach a peak of 55 percent of the cohort aged 60–64 years. In comparison, the proportion who are long-term employees and contractors peaks in the 35–39-year cohort at 66 percent, while the proportion who are short-term contractors or employees is highest among 25–29-year-olds (67 percent). This is a result of the inclusion of GP registrars in this employment category. Among older doctors the proportion of short-term employees rises again, possibly because some are working as locums prior to full retirement.

Figure 6. Employment status by age (n=2360)



Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

In addition to these differences by age and gender, Table 10 shows that GPs working in general practices that are in rural areas are more likely to be short-term employees or contractors compared to those working in general practices located in urban areas (21 percent and 14 percent respectively).

Table 10. Employment status by general practice location (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
Practice owner or partner	37	37	36	34
Long-term employee or contractor	43	46	34	40
Short-term employee or contractor	16	14	19	21
Other	4	3	11	5
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Registrars make up a substantial proportion (49 percent) of short-term employees. If registrars were removed from the analysis, we expect that locums would make up a large proportion of the remaining short-term employees and contractors. Hence, it is noteworthy that when registrars are excluded, the proportion of respondents working in rural and urban areas who are short-term employees or contractors changes from 21 percent and 14 percent in rural and urban areas respectively to 16 percent and 8 percent. This means that the proportion of short-term GPs (excluding registrars) in rural areas is double the proportion in urban areas and supports existing evidence that suggests that the GP workforce shortage is more severe in rural than in urban areas.[6]

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6 https://www.mcnz.org.nz/assets/News-and-Publications/Workforce-Surveys/2013-2014.pdf

Practice ownership models

Most respondents reported working in general practices that are owned by GPs who are also working in the actual practice (72 percent; Table 11). The next most common ownership model was full or partial corporate ownership at 8 percent.

Table 11 suggests that there is a more diverse range of ownership models among rural practices than urban practices. Community, trust or charity ownership is the second most common ownership model among rural practices and twice as common rurally as it is for respondents working in urban practices.

Table 11. Practice ownership by general practice location (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
Owned by one or more GPs who work in the practice	72	75	61	65
Community owned or owned by a trust or charity	6	5	7	10
Fully or partially corporate owned	8	8	9	6
Fully or partially owned by a PHO or a GP organisation	4	4	6	4
Fully or partially owned by a DHB	1	1	0	5
Fully or partially owned by an iwi	1	1	1	2
Owned by a university (student health)	2	2	0	0
Other	6	4	15	8
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Practices owned by a trust or charity are also more likely to have relatively smaller enrolled patient numbers. Eighty-two percent of respondents from these practices state that there were fewer than 9000 patients enrolled in the practice where they work compared with 57 percent of respondents in all practices. Conversely, respondents from practices under corporate ownership are more likely (39 percent) than respondents overall (27 percent) to work at a practice with over 9000 patients (Table 12).[7]

Table 12. Practice ownership type by enrolled patient numbers (n=2360)

	Total GPs	Owned by one or more GPs	Owned by a trust or charity	Corporate owned	PHO owned	DHB owned	Iwi owned	University owned	Other
Unweighted base =	**2360**	**1692**	**147**	**190**	**99**	**32**	**29***	**38**	**133**
	%	%	%	%	%	%	%	%	%
Up to and including 3000	15	13	28	12	12	25	24	18	20
3001–5000	18	20	22	13	16	3	17	8	9
5001–7000	14	15	26	8	13	12	24	0	7
7001–9000	10	12	6	9	7	9	3	8	5
9001–11,000	8	9	4	14	9	3	7	13	3
11,001–13,000	7	7	1	13	7	0	0	5	0
13,001 or more	12	14	1	12	16	3	0	29	7
I do not work in a practice that enrols patients	4	1	4	3	3	28	3	0	34
Don't know	11	10	7	17	16	16	21	18	17
Total	100	100	100	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

7 Note that because there will be more responses per practice from respondents in large practices they will be overrepresented in the results

Training and teaching

Respondents currently training

Eighteen percent of respondents stated they were enrolled in the training programme towards Fellowship of the College – the General Practice Education Programme (GPEP). Three percent of respondents were enrolled in other vocational training programmes, predominantly rural hospital medicine and urgent care.

Most of those who responded to this year's survey have already gained Fellowship of the College,[8] which explains why 80 percent of respondents stated they were not enrolled in any vocational training programme (Table 13).

Table 13. Vocational training programme in which enrolled as a registrar (n=2371)

	Total respondents	Respondents in vocational training	
Unweighted base =	**2371**	**476***	
	%	**%**	**No.**
General practice training (RNZCGP)	18	89	424
Rural hospital medicine training (DRHMNZ)	1	5	24
Urgent care training (RNZCUC)	1	5	24
Other	1	6	29
Not enrolled in any vocational training programme	80	n/a	n/a

Source: RNZCGP. Workforce Survey, 2017.

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

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

8 Gaining Fellowship of the College is the usual pathway to vocational registration.

Most respondents enrolled in the training programme towards Fellowship of the College (GPEP) are in GPEP2/3 (67 percent) and one-third (33 percent) are in GPEP1. Most are under the age of 39 years old (74 percent) and most are female (61 percent).

A greater proportion of GPEP1 trainees are working in general practices that are located in rural areas compared with respondents overall (24 percent and 17 percent respectively). This may reflect the College policy of promoting rural experience during training.[9]

Table 14. GPEP study stage by practice location (n=424)

	Total GPs	Total GPs training	GPEP1	GPEP2/3
Unweighted base =	**2360**	**424***	**141**	**283**
	%	%	%	%
Urban	73	72	64	76
Not clearly urban or rural	10	8	12	7
Rural	17	19	24	17
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

9 The College allocates registrar placements during GPEP1, but registrars arrange their own employment in subsequent years.

Respondents providing training

Forty-one percent of respondents stated they are currently providing training to medical students or doctors. Males are over-represented (52 percent compared with 46 percent of all GPs), as is the 50–64-year age group (58 percent compared with 46 percent of all GPs).

Table 15 shows that most of these trainers are providing training to undergraduate medical students (74 percent), while 27 percent are GPEP1 teachers and 24 percent are mentors for registrars in GPEP2/3. The table also shows that there is considerable overlap; for example, 63 percent of GPEP1 teachers are also training undergraduate medical students, and 28 percent are mentors for registrars in GPEP2/3.

Table 15. Type of vocational training (n=978)

	GPs providing training	Teacher of under-graduate medical students	GPEP1 teacher	GPEP medical educator	Mentor of a registrar in GPEP 2/3	Teacher or educational facilitator on the DRHM programme	Supervisor of house officers doing postgraduate community-based runs
Unweighted base =	**978***	**721**	**260**	**104**	**233**	**22†**	**110**
	%	%	%	%	%	%	%
Teacher of undergraduate medical students	74	100	63	50	47	77	66
GPEP1 teacher	27	23	100	35	31	36	35
GPEP medical educator	11	7	14	100	13	27	12
Mentor of a registrar in GPEP2/3	24	15	28	30	100	36	24
Teacher or educational facilitator on the DRHM programme	2	2	3	6	3	100	5
Supervisor of house officers doing postgraduate community-based runs	12	10	15	12	11	23	100

Source: RNZCGP. Workforce Survey, 2017.

Total may exceed 100% because of multiple responses.

* Subsample based on those GPs who are currently providing training.

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

41%

of respondents are currently providing training to medical students or doctors

Table 16 shows that a greater proportion of the GPs located in rural areas are providing training compared with those located in urban areas. Among rural GPs, 57 percent are providing training compared with 37 percent of urban GPs. The high involvement in training among rural GPs possibly reflects the focus on encouraging medical students, house officers and GPEP trainees to gain rural experience during their training.

The table also shows that the rural trainers are more likely than the urban trainers to be teachers of undergraduates (87 percent compared with 69 percent) or Division of Rural Hospital Medicine (DRHM) trainees (6 percent compared with 1 percent).

57%
rural GPs and
37%
of urban GPs provide training

Table 16. Providing medical training by general practice location (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
Providing medical training	41	37	44	57
Not providing medical training	59	63	56	43
Total	100	100	100	100
Unweighted 'trainer' base =	**978***	**648**	**100**	**230**
Teacher of undergraduate medical students	74	69	70	87
GPEP1 teacher	27	25	28	31
GPEP medical educator	11	11	13	9
Mentor of a registrar in GPEP2/3	24	25	33	17
Teacher or educational facilitator on the DRHM programme	2	1	1	6
Supervisor of house officers doing postgraduate community-based runs	11	10	14	15

Source: RNZCGP. Workforce Survey, 2017.

Total may exceed 100% because of multiple responses.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Subsample based on those GPs who are currently providing training.

Retirement intentions

Retirement intentions

Ten percent of respondents stated they intended to retire in the next two years and a further 17 percent in three to five years' time, meaning that over the next five years, over one-quarter of respondents (27 percent) intend to retire. An additional 20 percent of respondents stated they intended to retire in six to 10 years' time, so in the next 10 years, almost half of respondents (47%) are intending to retire.

Table 17 shows that the proportion intending to retire soon has steadily increased from 15 percent intending to retire in one to five years in 2014 to 27 percent this year. These data suggest that the wave of retirements that has already started will continue to grow and reach a peak over the next five years.

Table 17. Retirement intentions (n=2360)

	Total 2017	Total 2016	Total 2015	Total 2014
Base* =	**2360**	**1816†**	**2228**	**2195**
	%	%	%	%
1–2 years from now	10	8	7	4
3–5 years from now	17	16	14	11
6–10 years from now	20	23	20	21
11–15 years from now	17	20	18	20
16 years or more from now	37	34	41	44
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2014–2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

* Data for 2014, 2015 and 2017 is unweighted; 2016 data is weighted.

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

The data suggest that the wave of retirements that has already started will continue to grow and reach a peak over the next five years

When registrars are removed from the calculation, the proportion of respondents intending to retire in the next five years increases from 27 percent to 32 percent, and from 47 percent to 55 percent in the next 10 years (Table 18).

Table 18. Retirement intentions, excluding registrars (n=1936)

	Total 2017
Unweighted base =	**1936**
	%
1–2 years from now	12
3–5 years from now	20
6–10 years from now	23
11–15 years from now	18
16 years or more from now	26
Total	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

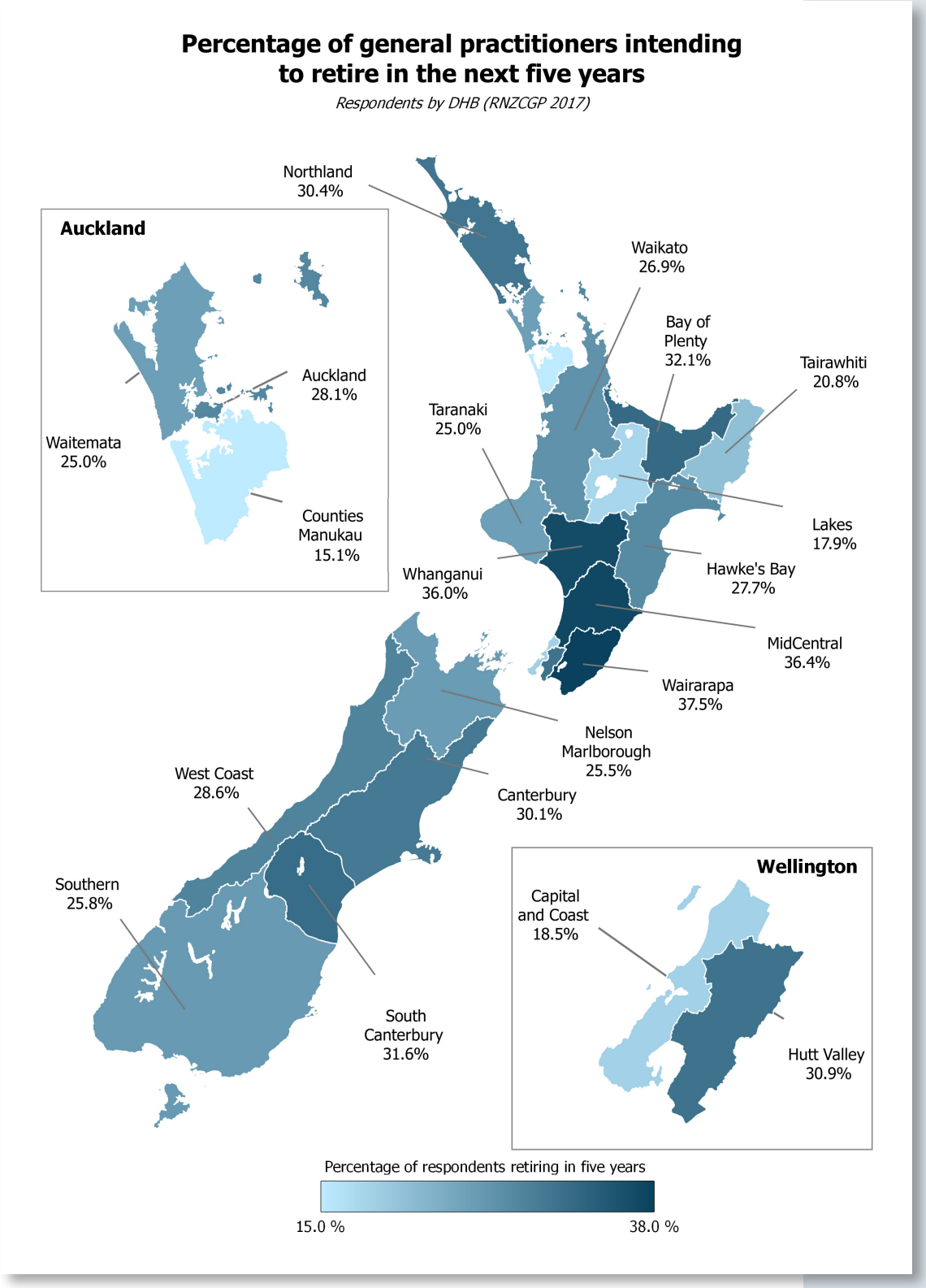
Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question. It also excludes registrars.

47%

respondents are intending to retire in the next 10 years

Examining survey responses by DHB (Figure 7) suggests that the GP workforce in some DHBs will be particularly severely affected by retirement.

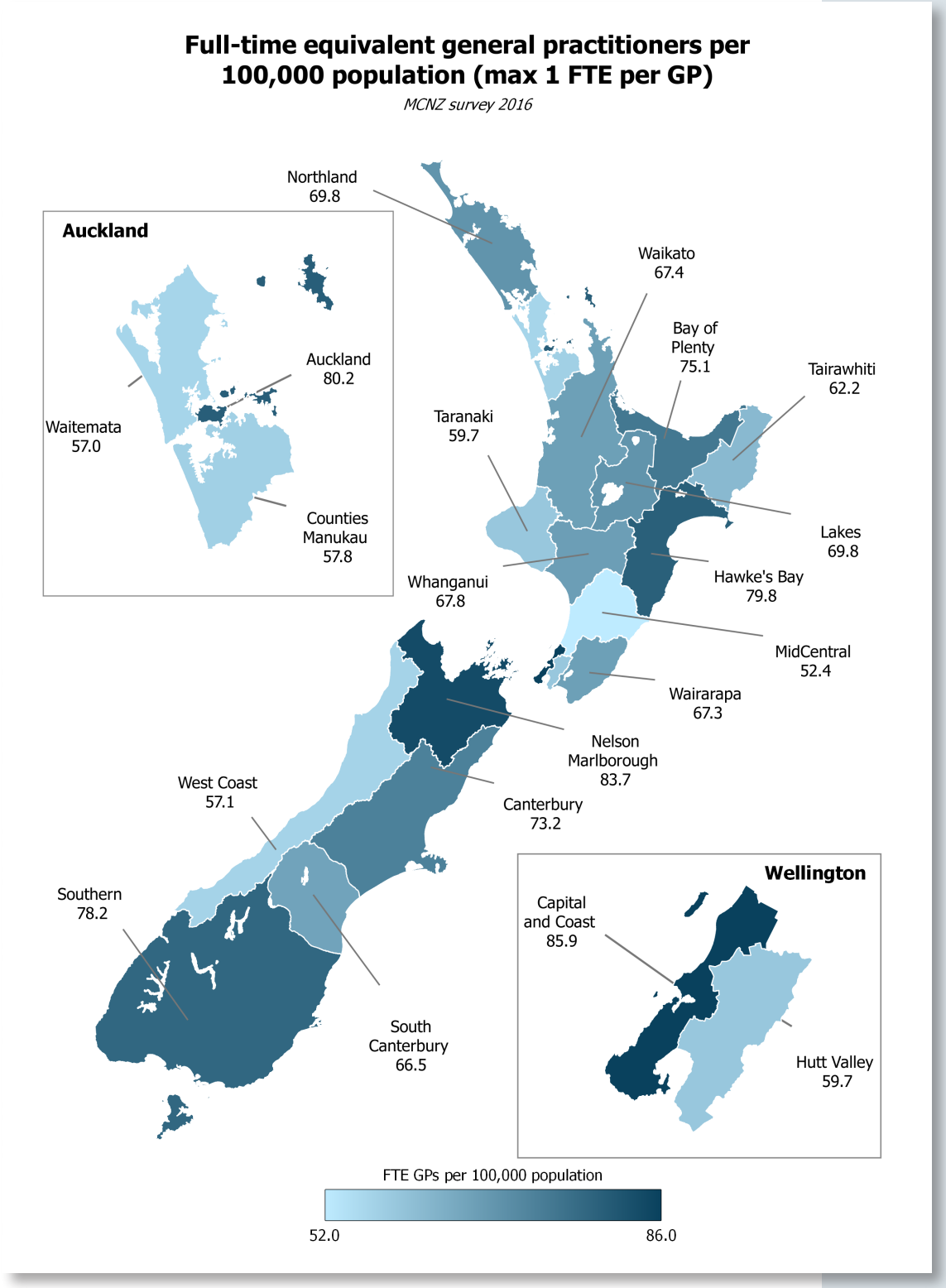
Figure 7. Retirement intentions in the next five years, by DHB (n=2360)



The MCNZ workforce survey data can be used to calculate the ratio of full-time equivalent (FTE) GPs to the population in each DHB.[10] The method used here limits the allocation of FTEs to a maximum of one per individual doctor regardless of whether they work more than 40 hours per week, enabling realistic comparisons between DHBs.

Results reveal that some of the DHBs facing high rates of retirement, such as MidCentral DHB, already have a very low ratio of FTE GPs per head of population.

Figure 8. Distribution of GPs by DHB



10 This cannot be calculated from the College survey, as it requires data on all GPs and only around half of all GPs nationally responded to the College survey. Response rates by DHB will also vary.

Table 19 shows that for each of the five-year intervals, the proportion of female GPs intending to retire is relatively constant at 18–19 percent. However, among male GPs, 37 percent intend to retire in the next five years, over twice the intended retirement rate of females in that time period, with over half of all male GPs (58 percent) intending to retire in the next 10 years. This difference in intended retirement rates reflects the older age profile of male GPs.

Table 19. Retirement intentions by gender (n=2347)

	Total GPs	Male	Female
Unweighted base =	**2347**	**1090**	**1257**
	%	%	%
1–5 years from now	27	37	18
6–10 years from now	20	21	19
11–15 years from now	16	15	18
16 years or more from now	37	27	45
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 20 shows that more than 50 percent of GPs in each of the cohorts from 60–64 onwards intend to retire in the next five years. For example, 73 percent of GPs aged 60–64 years and 86 percent of GPs aged 65–69 intend to retire within five years.

Table 20. Retirement intentions by age (n=2360)

	Total GPs	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75+
Unweighted base =	**2360**	**102**	**213**	**241**	**205**	**265**	**356**	**423**	**319**	**162**	**54**	**14***
	%	%	%	%	%	%	%	%	%	%	%	%
1–5 years from now	27	0	4	1	3	5	12	28	73	86	93	86
6–10 years from now	20	1	1	2	6	14	32	49	22	13	6	14
11–15 years from now	17	2	2	6	15	31	43	21	4	0	2	0
16 years or more from now	37	97	93	91	76	50	13	2	1	1	0	0
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question. That is, it also excludes those respondents who did not specify their age.

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

Table 21 shows that similar proportions of GPs working in general practices located in urban or rural areas are planning to retire in the next five years (25 percent). However, among those respondents working in areas that are not clearly urban or rural, a substantially higher proportion (40 percent) are intending to retire in the next five years.

Table 21. Retirement intentions by general practice location (n=2360)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	**2360**	**1731**	**226**	**403**
	%	%	%	%
1–5 years from now	27	25	40	25
6–10 years from now	20	20	15	22
11–15 years from now	17	17	13	15
16 years or more from now	37	37	33	37
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 22 shows that 26 percent of GPs who currently provide training plan to retire in the next five years. This proportion reflects the proportion of all GPs who plan to retire within this time frame.

Table 22. Retirement intentions by teachers (n=2360)

	Total GPs	Provides training
Unweighted base =	**2360**	**978**
	%	%
1–5 years from now	27	26
6–10 years from now	20	23
11–15 years from now	17	20
16 years or more from now	37	31
Total	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

26%

of GPs who currently provide training plan to retire in the next five years

Reducing hours

As noted in the previous section, 47 percent of respondents stated they intended to retire in the next 10 years and 27 percent in the next five years.

Table 23 shows that many of the respondents intending to retire have already begun to reduce their hours. This is particularly obvious when the results for those intending to retire in the next five years are taken into account, with over half of these GPs stating they have already begun to reduce their hours of work (52 percent) and many more intending to do so in the next two years (32 percent).

Of note among those intending to retire in six to 10 years' time, 11 percent have already reduced their hours and a further 58 percent intend to do so in the coming five years.

While the survey did not ask about the extent to which respondents were intending to reduce their hours, it must be noted that over and above the effect of actual retirements, there will be an effect on the availability of GP services from those reducing their hours ahead of retirement.

Table 23. GPs intending to retire in next 10 years by reduction in practice hours (n=1105)

	Total	Intend to retire within the next 5 years	Intend to retire within the next 6–10 years
Unweighted base =	**1105***	**631**	**474**
	%	%	%
Have already reduced hours as approaching retirement	34	52	11
Plan to reduce hours in next 2 years	25	32	15
Plan to reduce hours in next 3–5 years	27	14	43
Plan to reduce hours in next 6–10 years	12	0	29
Plan to reduce hours in next 11–15 years	1	1	1
Not intending to reduce hours in the next 15 years	1	1	1
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

* Subsample based on those GPs who intend to retire in the next 10 years.

Work–life balance, burn-out and general practice as a career

Work–life balance

Using a 5-point scale, which ran from 'strongly disagree' (1) through to 'strongly agree' (5), respondents were asked to rate their level of agreement or disagreement with the following question: 'How much do you agree or disagree that you have a good work–life balance at present?'

Over half of respondents (58 percent) agreed or strongly agreed, thereby indicating they have a good work–life balance. In comparison, 23 percent disagreed or strongly disagreed. The proportion stating they have a good work–life balance is exactly the same as in the 2016 workforce survey (58 percent).

Tables 24 to 28 show that the extent to which respondents considered themselves to have a good work–life balance varies by age, gender, hours worked in general practice per week (based on a distinction between those working part-time and full-time), after-hours commitments, and employment status.

- Respondents aged between 25 and 34 years of age and those aged 70 years and over were the most likely to agree they have good work–life balance (72 percent of both age groups agreed with this). In contrast, agreement was lowest for those respondents aged 40 to 64 years of age (54 percent).
- Female GPs were more likely than male GPs to state they had good work–life balance (60 percent and 56 percent respectively). (Note that female GPs are more likely to work part-time and to be employees, both of which are also associated with good work–life balance.)
- Respondents working part-time in general practice were more likely to agree they have good work–life balance than were those working full-time (75 percent and 44 percent respectively).
- Respondents who have no after-hours commitments were more likely to agree they have good work–life balance, than those who had after-hours commitments (67 percent and 53 percent respectively).
- Respondents who were working as an employee or contractor were more likely to agree they have good work–life balance, than were practice owners or partners (66 percent and 45 percent respectively).

There were no differences in the extent to which respondents felt they had good work–life balance based on whether they are rural or urban based.

58%
of respondents indicated they have a good work–life balance

Table 24. Agree/disagree have good work–life balance by age (n=2371)

	Total	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75+
Unweighted base =	**2371**	**105**	**219**	**242**	**205**	**266**	**356**	**423**	**319**	**162**	**54**	**14***
	%	%	%	%	%	%	%	%	%	%	%	%
Disagree	23	8	13	17	26	25	26	30	27	22	13	14
Neutral	19	15	17	17	18	19	19	22	18	21	19	0
Agree	58	77	70	66	56	56	55	48	55	57	69	86
Don't know	0	0	0	0	0	0	0	0	0	0	0	0
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

Table 25. Agree/disagree have good work–life balance by gender (n=2358)

	Total	Male	Female
Unweighted base =	**2358**	**1093**	**1265**
	%	%	%
Disagree	23	26	21
Neutral	19	18	19
Agree	58	56	60
Don't know	0	0	0
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 26. Agree/disagree have good work–life balance by hours worked in general practice per week (n=2371)

	Total	Part-time (fewer than 36 hours per week)	Full-time (36 hours or more)
Unweighted base =	**2371**	**1080**	**1271**
	%	%	%
Disagree	23	10	34
Neutral	19	15	21
Agree	58	75	44
Don't know	0	0	0
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 27. Agree/disagree have good work–life balance by after-hours commitments (n=1515)

	Total	Have after-hours commitments	Have no after-hours commitments
Unweighted base =	**2371**	**1515**	**856**
	%	%	%
Disagree	23	27	16
Neutral	19	19	17
Agree	58	53	67
Don't know	0	0	0
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 28. Agree/disagree have good work–life balance by employment status (n=2360)

	Total	Practice owner/ partner	Employee/contractor (long- and short-term)	Other
Unweighted base =	**2360**	**865**	**1394**	**101**
	%	%	%	%
Disagree	23	35	16	20
Neutral	19	20	18	19
Agree	58	45	66	60
Don't know	0	0	0	1
Total	100	100	100	100

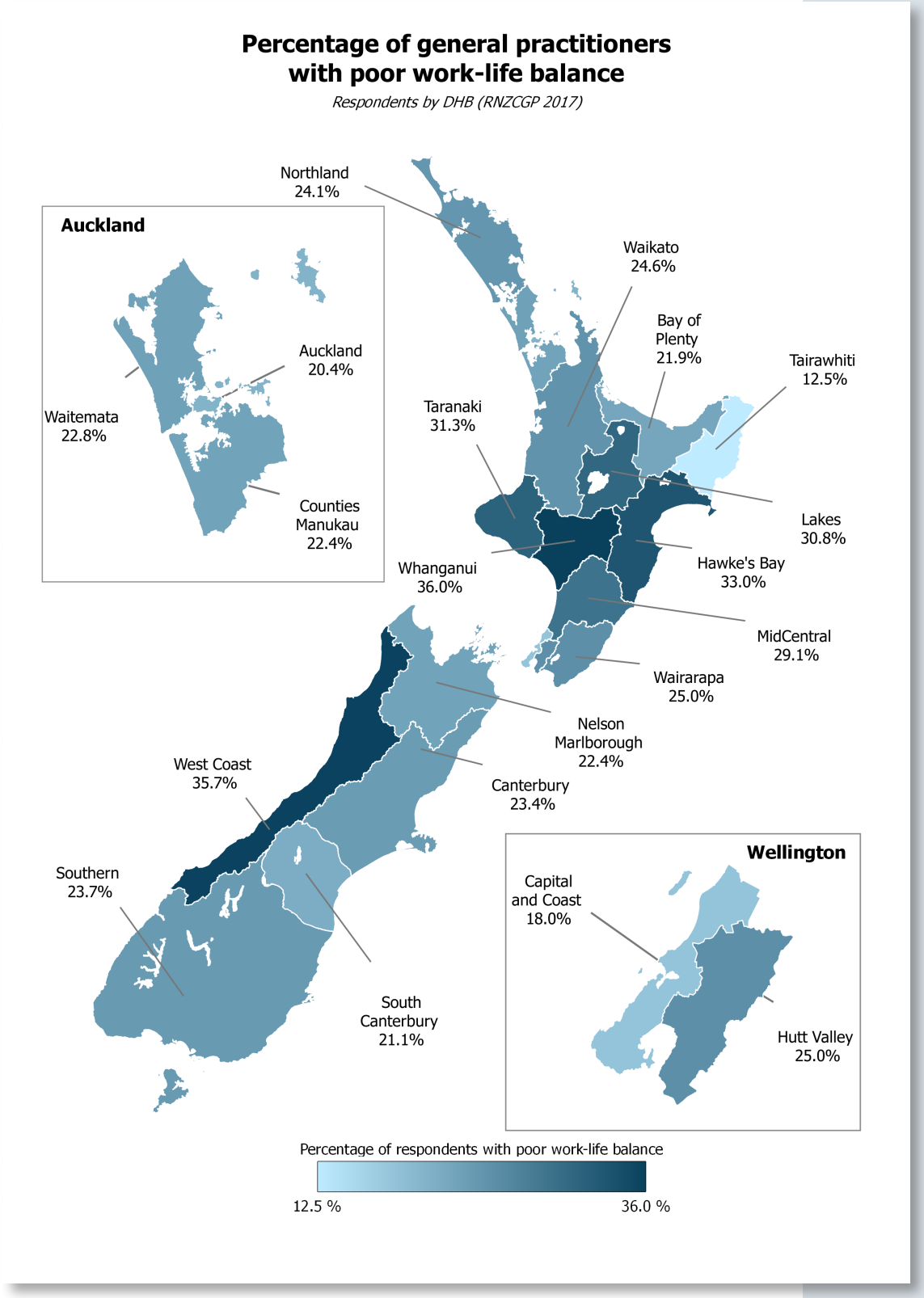
Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Satisfaction with work–life balance varied by DHB. The DHBs with the highest proportion of respondents reporting poor work–life balance are West Coast and Whanganui. Tairawhiti had the lowest proportion of respondents with poor work–life balance (Figure 9).

Figure 9. Work–life balance by DHB



Burn-out

Using an 11-point scale, which ran from 'not at all burnt out' (0) through to 'extremely burnt out' (10), 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'?"

Almost a quarter of respondents (23 percent) provided a rating of 7 to 10, thereby indicating they did feel burnt out. In contrast, 39 percent gave a rating of 0 to 3, indicating they did not feel burnt out. The proportion considering themselves to be burnt out is similar to the proportion in the 2016 Workforce Survey (23 percent).

Tables 29 to 33 show that the extent to which respondents considered themselves to be burnt out varies by age, gender, hours worked in general practice per week and employment status.

- Respondents aged 40 to 64 were more likely to state they were burnt out than were those aged up to 39 years and 65 years and over (27 percent, 17 percent and 13 percent respectively).
- Male GPs were more likely than female GPs to state they were burnt out (25 percent and 21 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 burn-out.)
- Respondents working full-time in general practice were more likely than those working part-time to state they were burnt out (28 percent and 17 percent respectively).
- Respondents who were practice owners or partners were more likely than long-term employees or contractors or short-term employees or contractors to state they were burnt out (30 percent, 20 percent and 15 percent respectively).
- Respondents who felt they had poor work–life balance were more likely than those who agreed they had good work–life balance to state they were burnt out (53 percent and 10 percent respectively).

There were no differences in the extent to which respondents stated they were burnt out based on whether they had after-hours commitments or whether they were urban or rural based.

23%
of respondents indicated they felt burnt out

Table 29. Burn-out by age (n=2371)

	Total	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75+
Unweighted base =	**2371**	**105**	**219**	**242**	**205**	**266**	**356**	**423**	**319**	**162**	**54**	**14***
	%	%	%	%	%	%	%	%	%	%	%	%
Not burnt out (0–3)	39	47	35	45	35	36	33	35	40	57	61	79
Neutral (4–6)	37	40	47	37	37	42	39	38	32	30	26	14
Burnt out (7–10)	23	13	17	18	28	22	28	28	28	14	13	7
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

Table 30. Burn-out by gender (n=2358)

	Total	Male	Female
Unweighted base =	**2358**	**1093**	**1265**
	%	%	%
Not burnt out (0–3)	39	39	40
Neutral (4–6)	38	37	38
Burnt out (7–10)	23	25	21
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 31. Burn-out by hours worked in general practice (n=2371)

	Total	Part-time (fewer than 36 hours per week)	Full-time (36 hours or more)
Unweighted base =	**2371**	**1080**	**1271**
	%	%	%
Not burnt out (0–3)	39	50	31
Neutral (4–6)	37	33	41
Burnt out (7–10)	23	17	28
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 32. Burn-out by employment status (n=2360)

	Total	Practice owner/ partner	Long-term employee/ contractor	Short-term employee/contractor (eg locum or GP registrar)	Other
Unweighted base =	**2360**	**865**	**1026**	**368**	**101**
	%	%	%	%	%
Not burnt out (0–3)	39	33	41	49	45
Neutral (4–6)	38	37	39	36	33
Burnt out (7–10)	23	30	20	15	23
Total	100	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 33. Burn-out by agree/disagree have good work–life balance (n=2371)

	Total	Disagree	Neutral	Agree
Unweighted base =	**2371**	**548**	**441**	**1380**
	%	%	%	%
Not burnt out (0–3)	39	13	20	56
Neutral (4–6)	37	34	52	34
Burnt out (7–10)	23	53	27	10
Total	100	100	100	100

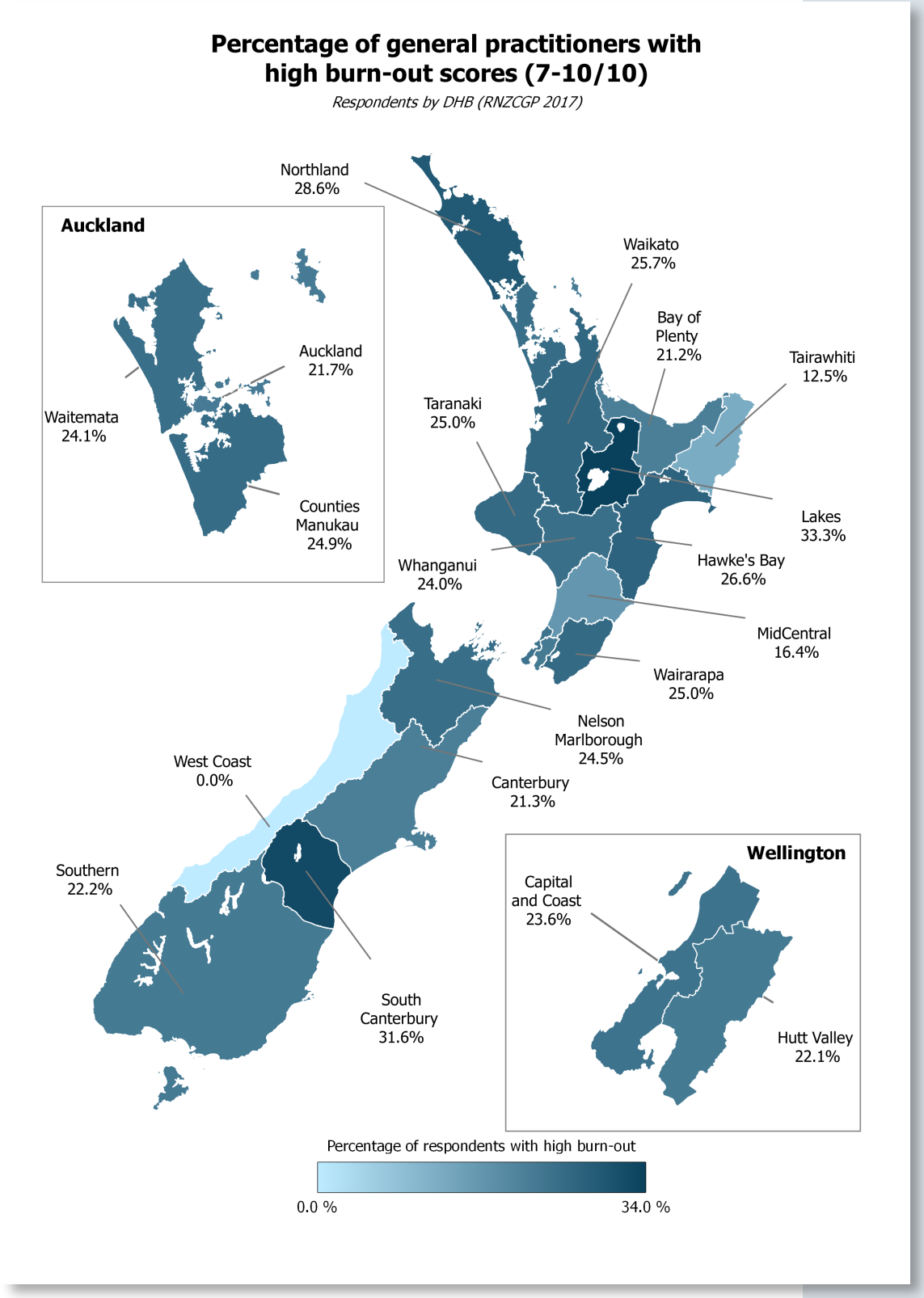
Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Respondents' level of burn-out varied by DHB. Lakes and South Canterbury DHBs had the highest proportion of respondents reporting high levels of burn-out, while West Coast had the lowest proportion of respondents rating themselves as high on the burn-out scale.

Figure 10. Burn-out by DHB



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.

A little over half of respondents (56 percent) stated they would recommend a career in general practice. This is based on the proportion giving a rating of 7 to 10 on the 11-point rating scale. In contrast, 15 percent stated they would not recommend a career in general practice, based on giving a rating of 0 to 3.

Tables 34 to 39 show that the extent to which respondents would recommend a career in general practice varies by age, hours worked in general practice per week (based on a distinction between those working part-time and full-time), after-hours commitments, employment status and gender.

- Respondents aged up to 39 years and those aged 65 years and over were more likely to recommend a career in general practice than were those aged between 40 and 64 years (72 percent, 63 percent and 50 percent respectively).
- Female GPs were more likely than male GPs to recommend a career in general practice (59 percent and 54 percent respectively).
- Respondents who were employees or contractors were more likely than practice owners or partners to recommend a career in general practice (60 percent and 52 percent respectively).
- Respondents who agreed they have good work–life balance were more likely to recommend a career in general practice than those who felt they did not have a good work–life balance (68 percent and 36 percent respectively).
- Respondents who stated they were not burnt out were more likely to recommend a career in general practice than those who stated they were burnt out (74 percent and 32 percent respectively).

There were no differences in the extent to which respondents were likely to recommend a career in general practice between those who were rural or urban based, working full-time or part-time in general practice, or in terms of whether they had or did not have after-hours commitments.

The question asked in the survey was "How likely is it that you would recommend a career in general practice?"

56%
of respondents stated they would recommend a career in general practice

Table 34. Career recommendation by age (n=2371)

	Total	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70–74	75+
Unweighted base =	**2371**	**105**	**219**	**242**	**205**	**266**	**356**	**423**	**319**	**162**	**54**	**14***
	%	%	%	%	%	%	%	%	%	%	%	%
Unlikely (0–3)	15	0	5	7	10	18	21	21	18	13	11	7
Neutral (4–6)	29	22	24	23	35	33	36	28	28	26	20	29
Likely (7–10)	56	78	70	70	55	48	43	51	55	61	69	64
Total	100	100	100	100	100	100	100	100	100	100	100	100

Source: RNZCGP-Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

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

Table 35. Career recommendation by gender (n=2358)

	Total	Male	Female
Unweighted base =	**2358**	**1093**	**1265**
	%	%	%
Unlikely (0–3)	14	17	12
Neutral (4–6)	29	30	28
Likely (7–10)	57	54	59
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 36. Career recommendation by employment status (n=2360)

	Total	Practice owner/partner	Employee/contractor (long- and short-term)	Other
Unweighted base =	**2360**	**865**	**1394**	**101**
	%	%	%	%
Unlikely (0–3)	15	18	12	22
Neutral (4–6)	29	29	28	36
Likely (7–10)	56	52	60	43
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 37. Career recommendation by agree/disagree have good work–life balance (n=2371)

	Total	Disagree	Neutral	Agree
Unweighted base =	**2371**	**548**	**441**	**1380**
	%	%	%	%
Unlikely (0–3)	15	31	14	8
Neutral (4–6)	29	32	40	24
Likely (7–10)	56	36	46	68
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

Table 38. Career recommendation by burn-out (n=2371)

	Total	Not burnt out (0–3)	Neutral (4–6)	Burnt out (7–10)
Unweighted base =	**2371**	**935**	**888**	**548**
	%	%	%	%
Unlikely (0–3)	15	7	12	32
Neutral (4–6)	29	19	35	36
Likely (7–10)	56	74	53	32
Total	100	100	100	100

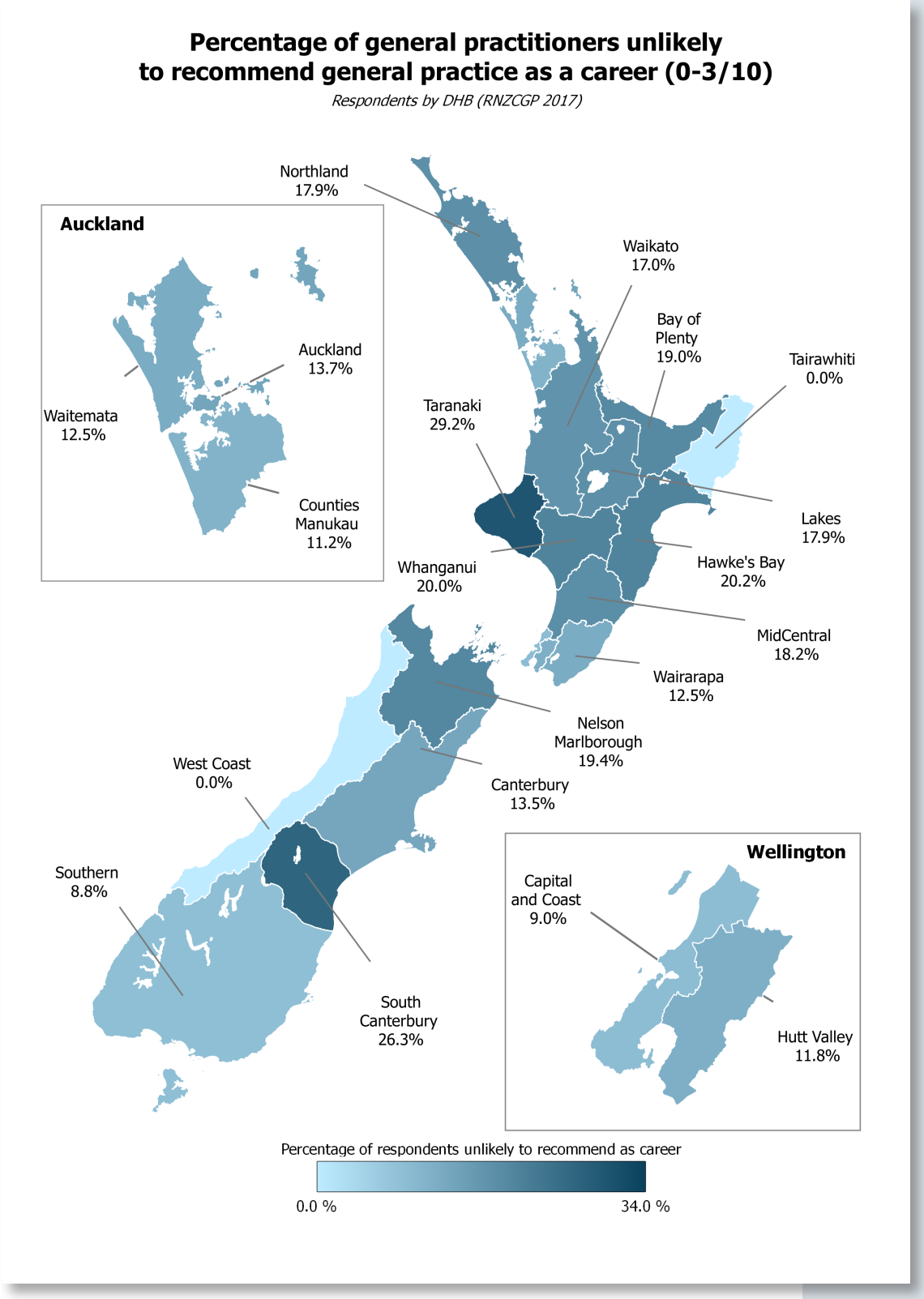
Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand, excluding those who are retired, on long-term leave, working overseas, or who did not provide a valid response to the question.

The willingness of respondents to recommend a career in general practice varied by DHB. Respondents from Taranaki (29 percent) and South Canterbury (26 percent) had the highest percentage of respondents **unlikely** to recommend such a career and Tairawhiti and West Coast had the lowest (both 0 percent) .

Figure 11. Career recommendation by DHB



Association between wellbeing and retirement intentions and career recommendations

Table 39 shows that respondents who had poor work–life balance, respondents who stated they were burnt out and respondents who were unlikely to recommend a career in general practice were more likely to state they intended to retire in the next 10 years than respondents in general (56 percent, 56 percent and 68 percent respectively compared to 47 percent for all respondents).

Table 39. Relationship between intentions to retire and work–life balance, burn-out and willingness to recommend a career in general practice (n=2371)

	Total GPs	GPs who do not have good work–life balance	GPs who are burnt out	GPs who would not recommend a career in general practice
Unweighted base =	**2371**	**548***	**548†**	**355‡**
	%	%	%	%
Intending to retire within the next 10 years	47	56	56	68
Not intending to retire within the next 10 years	53	44	44	32
Total	100	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand. This excludes those who are retired, are currently on long-term leave or are working overseas.

* Subsample based on GPs who rated themselves 1–2 on a 5-point agreement scale, indicating they did not have good work–life balance.

† 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 would not recommend a career in general practice.

Table 40 shows that respondents who had poor work–life balance and respondents who stated they were burnt out were over twice as likely as respondents in general to state they would not recommend a career in general practice (31 percent and 32 percent respectively compared to 15 percent for all respondents).

Table 40. Relationship between willingness to recommend a career in general practice and work–life balance and burn-out (n=2371)

	Total GPs	GPs who do not have good work–life balance	GPs who are burnt out
Unweighted base =	**2371**	**548***	**548†**
	%	%	%
Unlikely to recommend	15	31	32
Neither likely nor unlikely	29	32	36
Likely to recommend	56	36	32
Total	100	100	100

Source: RNZCGP. Workforce Survey, 2017.

Total may not sum to 100% due to rounding.

Sample based on those GPs who are currently working in general practice in New Zealand. This excludes those who are retired, are currently on long-term leave or are working overseas.

* Subsample based on GPs who rated themselves 1–2 on a 5-point agreement scale, indicating they did not have good work–life balance.

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

Both burn-out and poor work–life balance are associated with an increased likelihood of intending to retire in the near future and a decreased likelihood of recommending general practice as a career. Hence the levels of burn-out and poor work–life balance can affect both recruitment and retention in the general practice workforce.

A health system that enables GPs to maintain a good work–life balance and to avoid burn-out is therefore not just extremely important for the wellbeing of individual doctors, it is also important for the ongoing sustainability of the general practice workforce.

A health system that enables GPs to maintain a good work–life balance and to avoid burn-out is therefore not just extremely important for the wellbeing of individual doctors, it is also important for the ongoing sustainability of the general practice workforce

Methodology

The 2017 Workforce Survey was conducted during May and June 2017. Research New Zealand, an independent research company, was commissioned to design and conduct the survey and to analyse and report the results. In this regard, Research New Zealand worked closely with College staff.

In total, 4922 Fellows, members and associates of the College and the Division of Rural Hospital Medicine received an email invitation with a link to the online survey. A reminder email was sent to those who had not responded one week later. To boost the final participation rate, two more follow-up emails were sent in the subsequent weeks.

The College database, which includes the vast majority of doctors working in New Zealand general practice, was used to identify and contact survey recipients. It should be noted that 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 are not usually included in the College database.

A total of 2572 valid responses were received by the survey close-off date, giving a response rate of 52 percent. This included 13 incomplete responses which were included in the analysis, given that the answers to only a small number of the survey questions were missing. Twenty-six respondents stated they had only worked in rural hospital medicine, and these respondents were excluded from the analysis. Additionally, 175 respondents were doctors who were not part of the current workforce (eg they were retired or were working overseas). These respondents were also excluded from the analysis. As a result, unless otherwise specified, the data and analysis in this report is based on the responses to the survey questions for 2371 respondents who stated they had worked in general practice in New Zealand in the three months prior to the survey.

A comparison of the age and gender profile of survey respondents to the age and gender profile of those on the College database was also undertaken. As this showed a close match between the two profiles, the survey data has not been weighted to correct for any variations. Therefore, all data for 2017 in this report is presented on an unweighted basis. Data from the 2014 and 2015 surveys is also presented unweighted; however, all 2016 data has been weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Not all questions were compulsory, and the survey was structured so that respondents were not asked questions that were not relevant to them. Therefore, the totals in the tables differ according to the number of doctors who responded to the relevant question.

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