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

2024 Workforce Survey

Snapshot report

Published July 2025

About the 2024 Workforce Survey

Every two years, we take a deep dive into the experiences of GPs and rural hospital doctors — capturing the pulse of professions that continues to evolve. Our survey doesn't just collect data; it reveals trends, highlights challenges, and showcases the resilience and adaptability of the workforce across the country.

The Royal New Zealand College of General Practitioners' 2024 Workforce Survey, carried out between October and December 2024, highlights how our members who work in (or are training towards) general practice and rural hospital medicine feel about their vocations, workloads, the environments they work in and their overall place in the health sector.

The survey was split into themes of interest to the College, our members and the wider health workforce:

1. Training
2. Technology and tools
3. Team GP
4. Models of care
5. Positives and wellbeing
6. Workforce
7. Gender pay

More in-depth data on these themes will be made available as further analyses are completed.

The sample of respondents who completed the 2024 Workforce Survey fairly match the broader membership and are a good representation of our members as a whole. Women are slightly over-represented and men are slightly underrepresented. Europeans are slightly over-represented and Asians are slightly under-represented.

All data, apart from work hours data, are reported at 0 decimal places. Therefore, some figures will not add precisely to 100%. Data was rounded after appropriate groupings and initial analyses.

Thank you to the 1,374 (24%) members who generously completed the 2024 Workforce Survey. These are valuable data that will be well-used internally and across the sector. The College is using these data to continue to advocate for change that benefits our members and the health of all New Zealanders.

Introduction

As the healthcare landscape shifts to meet the changing needs of patient populations, understanding the broader context becomes more important than ever.

Our general practice and rural hospital doctors and their wider teams are leading dynamic, innovative and uniquely responsive services and options for access and care.

General practice is the first point of contact for medical concerns, with 24 million patient contacts a year, and is the gateway for entry into the wider health system.

Recent funding increases are welcome and will make a tangible difference. This shows our members that The Royal New Zealand College of General Practitioners' (the College's) advocacy work is having an impact and our voices are being heard. That said, New Zealand is still playing catch up, especially when comparing our primary care budget to other OECD countries' primary care systems, that receive on average 14% of their country's health budget, while New Zealand receives on average just 6%.

The 2024 Workforce Survey adds to the evidence about what needs to be done to improve access and care and take the pressure off hospitals and the wider health system. We need targeted strategies to increase recruitment and retention, fair remuneration, fully funded training programmes and the value of achieving Fellowship and those who train the next generation recognised. All of which would align our specialist general practice workforce with other medical specialities.

Our members are constantly evolving and adapting to the changes in patients' need and the wider health sector. With the ageing population and increased complexity of cases, new roles and skillsets are being welcomed into our multi-disciplinary teams to address patients' physical, mental, social and holistic needs. New tools and technology, such as Artificial Intelligence (AI) are being carefully incorporated into our members' daily work to reduce some of the administrative workload that comes from managing such a diverse patient load.

For the general practice and rural hospital medicine workforce to continue to adapt, evolve and carry out the complex and comprehensive care that we pride ourselves on, additional support is needed. There is a lot of talk about putting the health of New Zealanders first, and we agree wholeheartedly. We need to see more urgent action to back this statement up.

We're excited to share a snapshot from our 2024 Workforce Survey. While some aspects remain consistent, each iteration brings fresh insights into the distinctive and evolving nature of general practice and rural hospital medicine. This year's findings deepen our understanding and reaffirm the importance of listening to those at the heart of health care delivery.

This is the first in a series of 2024 Workforce Survey reports.

Who are we?

The Royal New Zealand College of General Practitioners (the College) has 6,018 members who are specialist GPs, rural hospital doctors, Dual Fellows[1], and registrars who are completing our specialist training programmes.

1. Members who have completed both the general practice and rural hospital medicine training programmes.

An ageing workforce

We need to attract more medical graduates into general practice and rural hospital medicine and focus on retaining our current workforce.

17% of respondents are at or past retirement age, that is 65 years of age or older. 6% are 70 years or older.

The median age of survey respondents is 51 years; only one year younger than in both the 2020 and 2022 Workforce Surveys.

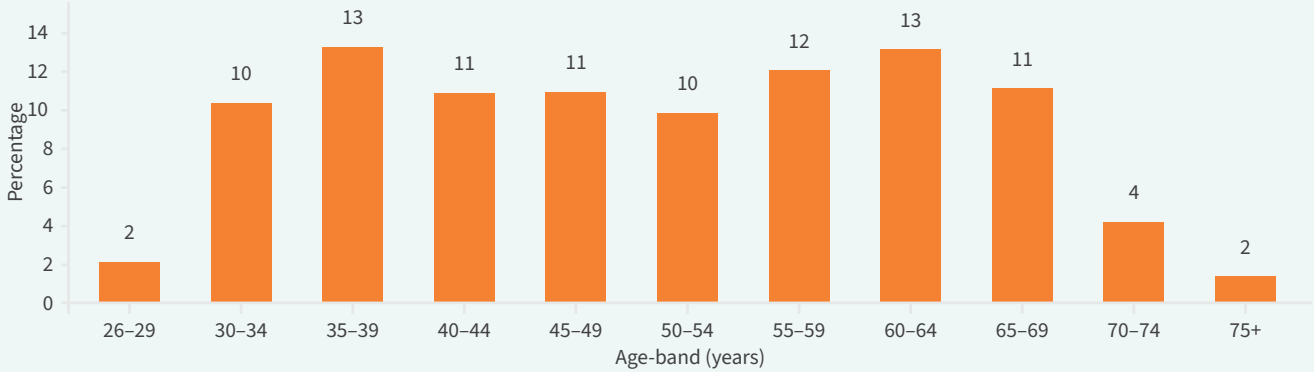
We have not been training and retaining enough specialist GPs and rural hospital doctors for a number of decades. This is why 54% of New Zealand-trained respondents received their first Medical Council of New Zealand registration more than 20 years ago. On the same metric, the figure is 43% for overseas-trained doctors, emphasising how important this younger cohort is for the delivery of primary health care.

The twin peaks in the age data (see Figure 1) indicate that we have a retention problem. While the drop-off from the second peak is likely related to retirements, we are less certain about the reasons for the drop-off from the first peak, even though this is not a new problem. For example, it was observed in the 2020 Workforce Survey that the proportion of mid-career GPs had dropped by 16% from 2014.

The training programme is three-years for general practice, and four years for rural hospital medicine, and is the final step in becoming a specialist in either of these vocations. Investing in initiatives to grow and retain the workforce must be a priority for the government if we are to continue providing timely and accessible services in the future. To achieve this, we need fully funded general practice and rural hospital medicine training programmes to attract and grow the future generations of the workforce.

FIGURE 1

Age of respondents



Demographic data from the 2024 Workforce Survey follows the trends from the 2022 Workforce Survey and closely matches the age distribution of our broader membership.

FIGURE 2

Gender by age of respondents

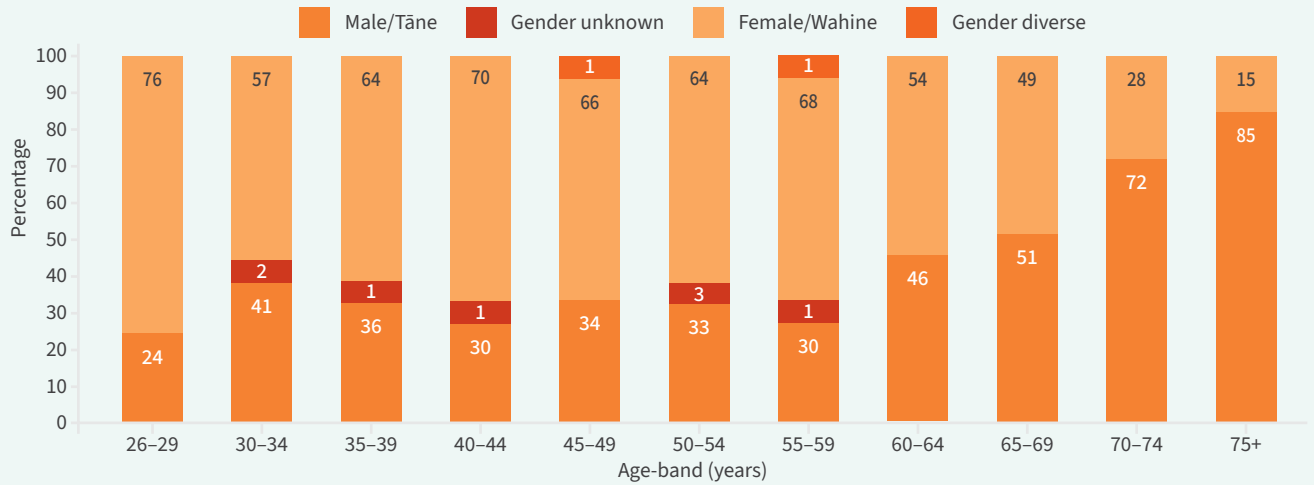


Figure 2 shows the gender profile by age bands across our workforce. There are more women than men in each age band up to the 65-69 years band. Male GPs are in the majority from age 65 years and older. This reflects the gender distribution that we will see across the workforce in the future. Note, women are slightly over-represented, and men are slightly under-represented in the 2024 workforce survey sample compared to our broader membership.

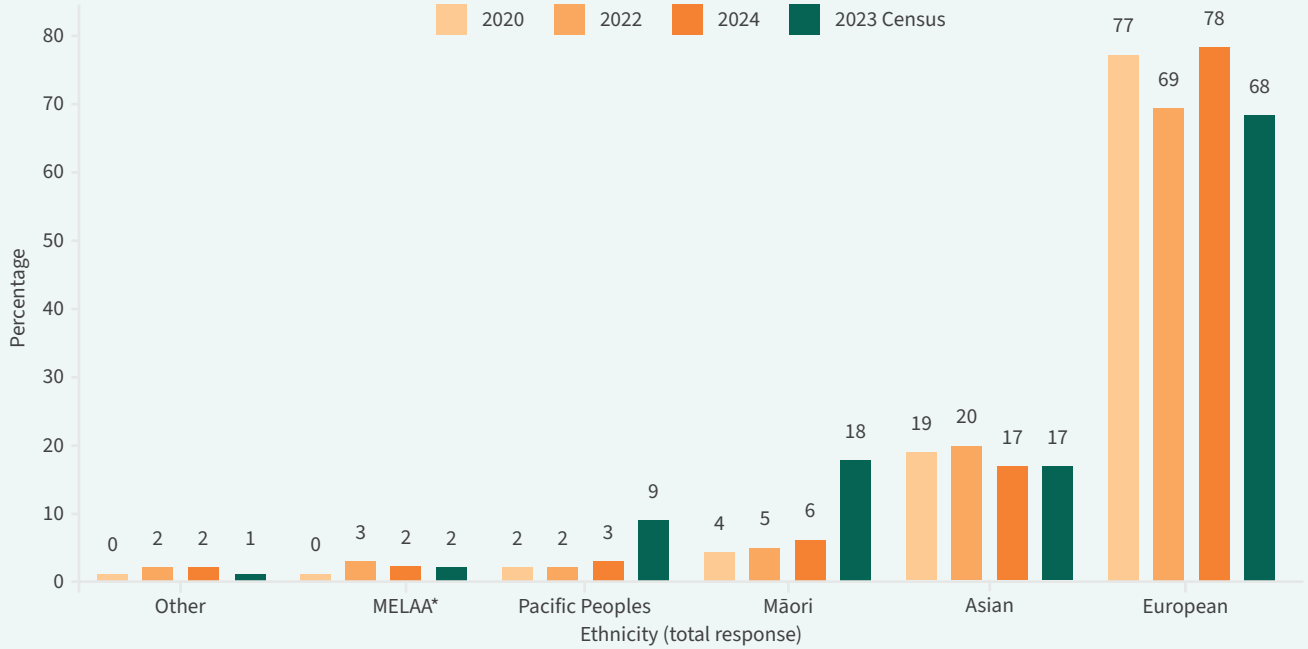
Reflecting the communities we serve

With general practice and rural hospital medicine being at the forefront of community medicine we need a workforce that is both resilient and effective and who also reflect the communities they serve. There has been negligible change in the ethnic distribution of the workforce from the 2020 and 2022 workforce surveys (see Figure 3).

If we are to have a workforce who appropriately reflect the growing Māori and Pacific populations in New Zealand, we must make it easier and more attractive to pursue careers in general practice and rural hospital medicine.

FIGURE 3

Ethnicity across three workforce surveys and the 2023 census



A total response output method was used to analyse and compare ethnicity data. Totals therefore will not add up to 100 percent. Ethnic distribution across the 2024 Workforce Survey sample reasonably matches the sample distribution within the wider membership. While we see slight increases in the number of respondents who identify as Māori and Pacific in the 2024 survey data compared with the 2022 data, it is not enough to reflect the current and growing general populations within Aotearoa New Zealand.

*Middle Eastern, Latin American and African

Accessing our services in rural New Zealand

In New Zealand there are almost 900,000 people who are living in rural areas. However, only 2% of GP and 9% of rural hospital doctor respondents are working in the most rural areas of the motu.

For many New Zealanders, access to health care services can be limited due to geographic isolation, and those living rurally experience worse health outcomes than those in more urban areas. Ensuring that New Zealand has a thriving and properly resourced rural health workforce will improve health outcomes and help achieve health equity for all. This means providing more opportunities for medical students and postgraduates to train and gain valuable exposure to working in rural healthcare.

FIGURE 4

Urban-Rural Spread (GPs)

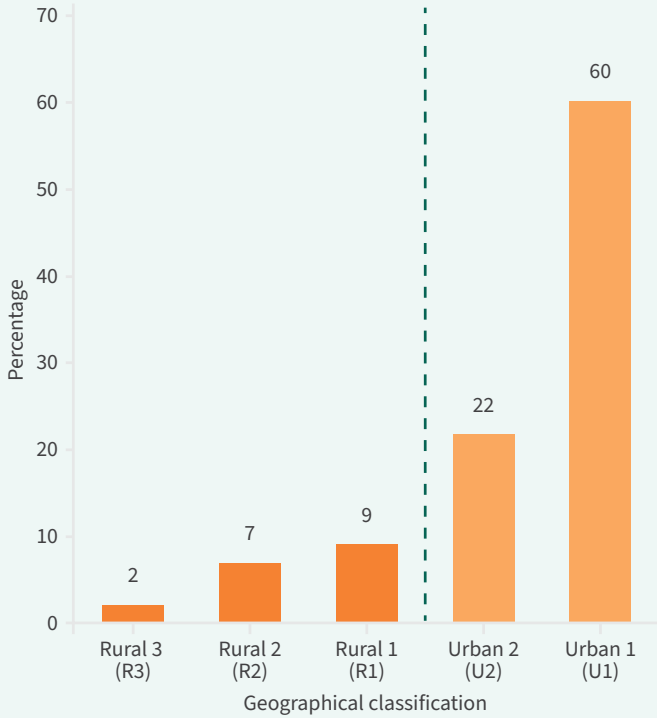
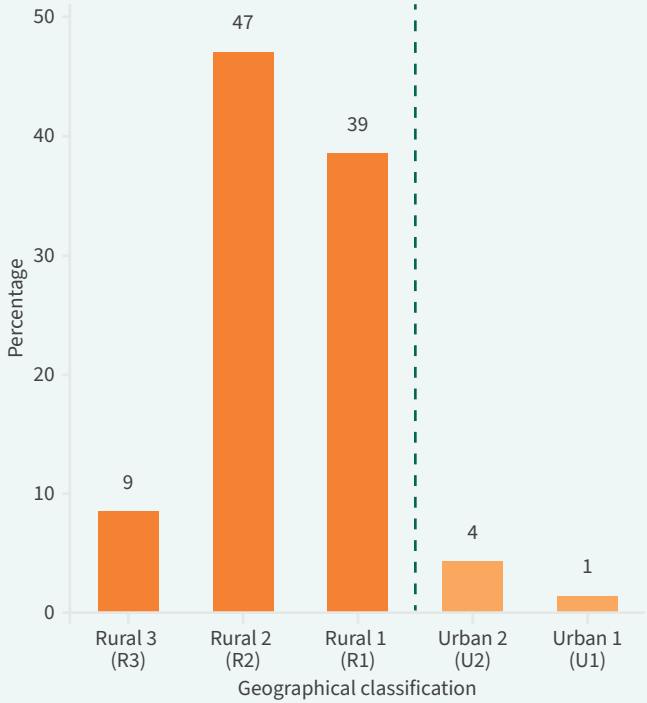


FIGURE 5

Urban-Rural Spread (Rural hospital doctors)



The Geographical Classification for Health was used to measure rurality. There are five levels, three of which are rural, and two of which are urban (with U1 being most urban, and R3 being most rural). Responses from GPs show that the majority of respondents are working in the most urban areas (U1), while our rural hospital doctor respondents work more in the R1 and R2 areas, which are less rural than R3 areas.

Solutions

As the organisation responsible for training the next generation of the country's specialist GPs and rural hospital doctors, the College continues to strongly advocate for a workforce that is well-resourced and supported to meet the constantly evolving health needs of all New Zealanders.

We need to prioritise growing the workforce and making a career in general practice and rural hospital medicine more attractive. Our focus is on our homegrown medical students and graduates; including attracting more Māori and Pacific Peoples into the workforce to better match their distribution in the general population.

Solutions include:

- Having a fully funded training programme for all GP and rural hospital medicine trainees, which is in alignment with other medical specialities. Currently, our trainees have to self-fund their training after their first year
- Progressing the development of a rural specific training module to support registrars and Fellows wanting to work as rural GPs
- Increasing the exposure to general practice (in urban and rural communities) throughout medical school and postgraduate years
- Developing the College's new Rautaki Māori (Māori Strategy) with Te Akoranga a Māui, our Māori representative committee, with a focus on recruiting, supporting and retaining Māori and Pacific registrars

Focusing on these priorities is where we will have the biggest impact in achieving accessible, equitable healthcare for all New Zealanders.

The visible vs. invisible workloads

Recognition of all the work our members undertake, not just the patient facing work, is not an unreasonable request, and would align with all other medical specialities. Imagine the consequences if we didn't make a referral, schedule a procedure or review test results.

The average number of hours worked per week in general practice by respondents has increased from 35.9 hours in 2022 to 38.1 hours in 2024, but that doesn't necessarily mean that these extra hours are being funded[2].

TABLE 1

Work hours by category (GPs)

		Consults	Non-contact clinical time	Training & education	Clinical governance	Management	Weekly hours
GPs	2024	23.6 (61.9%)	9.9 (26.0%)	2.9 (7.6%)	1.4 (3.7%)	1.1 (2.9%)	38.1 (100.0%)
	2022	24.4 (68.0%)	11.5 (32.0%)				35.9 (100.0%)

TABLE 2

Work hours by category (Rural Hospital Doctors)

		Consults	Non-contact clinical time	Training & education	Clinical governance	Management	Weekly hours
Rural hospital doctors	2024	18.0 (70.3%)	3.8 (14.8%)	3.3 (12.9%)	1.1 (4.3%)	0.5 (2.0%)	25.6 (100.0%)
	2022	21.7 (80.7%)	5.2 (19.3%)				26.9 (100.0%)

2. All weekly work hours data is calculated across tenths/full-time equivalents. The percentage of time spent across work categories is displayed in brackets within Tables 1 and 2. Non-consult work hours from 2022 were calculated by subtracting reported funded work hours from reported total work hours.

For both GP and rural hospital doctor respondents, there is an increase in the number of hours spent outside of patient consultations between 2022 to 2024. This work, although non-patient facing, is essential clinical work and needs to be recognised in the funding model. This issue was highlighted in the College's Your Work Counts diary study, results from which informed Te Whatu Ora's capitation reweighting work. Findings from the 2024 Workforce Survey further highlight the need for the funding model to recognise all clinical work.

Working hours by age in general practice show results over the course of a career with a gradual decline as respondents near or continue working past retirement age. The decline in working hours after ages 26-29 could be related to parental/family obligations and will be investigated in future reports. The greatest number of hours worked per week for rural hospital doctors occurs in the 50-54-year bracket. There is also a peak for doctors over 65 years of age. Anecdotally, this could be due to the older cohort's unwillingness to retire if they feel their communities and/or colleagues would be adversely affected by them stopping their clinical work.

FIGURE 6

Average weekly work hours by age (GPs)

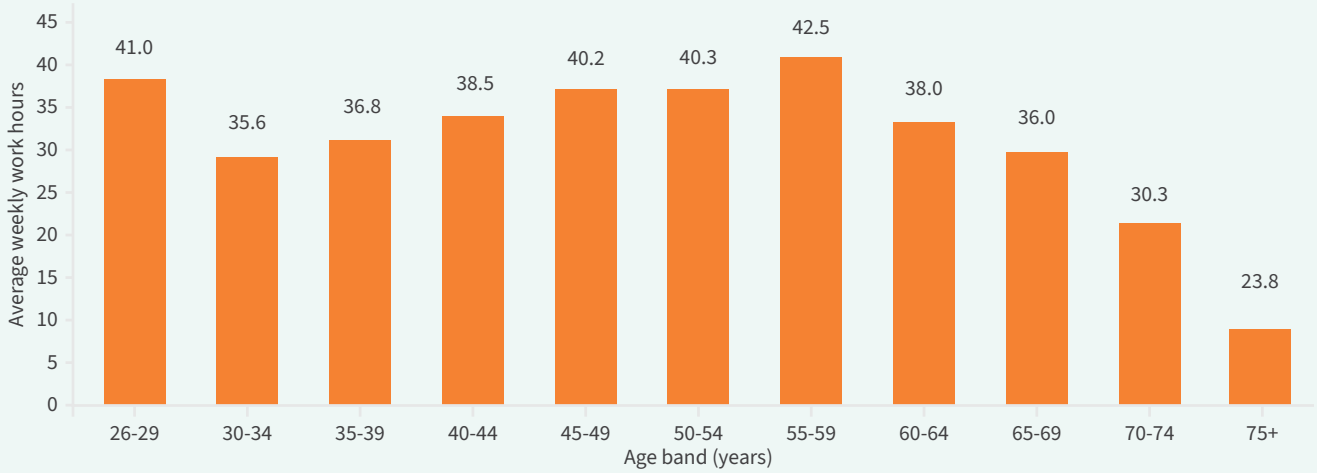
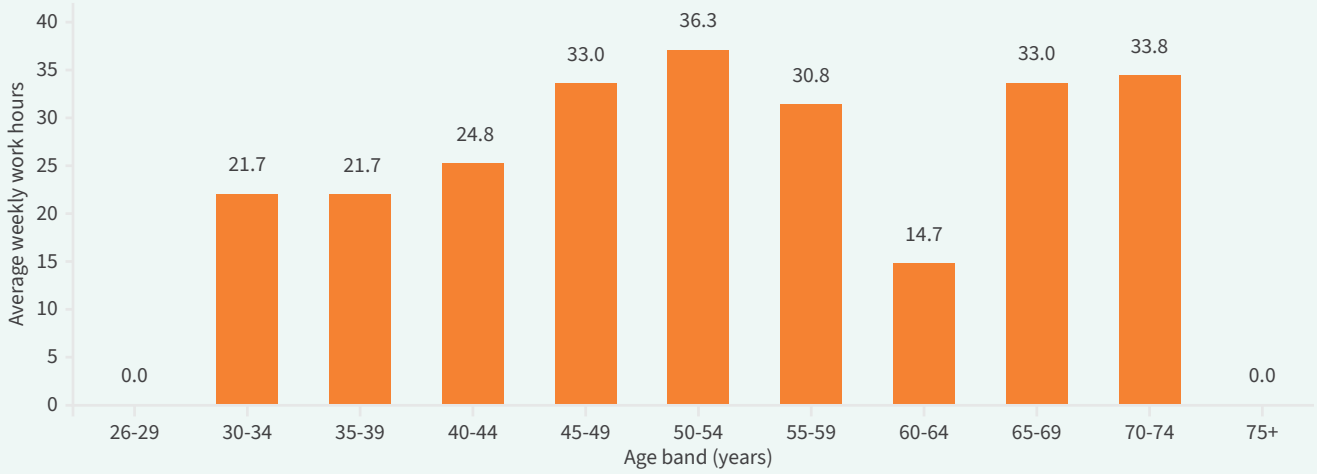


FIGURE 7

Average weekly work hours by age (Rural Hospital Doctors)[3]



3. *Results from the rural hospital doctor cohort should be interpreted with caution due to the small sample size in each age band (n < 30)*

Leading innovation and adaptation

Respondents expressed excitement about the benefits AI can bring to workload and inbox management.

GPs and rural hospital doctors are nimble, innovative and adaptable to the changing needs of their patients, the political environment and rapidly evolving tools and technologies. This usually occurs without the appropriate change in resource, support or funding, but is essential in these times of increased workloads and responsibilities.

More professions and organisations, including the health sector, are adopting the use of AI. Although 56% of GP and 76% of rural hospital doctor respondents had never used AI tools before when engaging with patients, 22% of GP and 8% of rural hospital doctor respondents were currently using AI, and 17% of GP and 8% of rural hospital doctor respondents had intentions to use AI tools.

Of the GP respondents currently using AI, 85% were using notetaking/scribing tools.

When asked to share their thoughts on the use of AI in the workplace, respondents also expressed concerns around data privacy, Māori data sovereignty and system integration. With the rapidly evolving AI environment respondents wanted to see national standards for the use of AI across the health sector so patients and their data are protected, and the benefits of AI can be fully and safely utilised by the health workforce.

> “Using AI for note writing has significantly freed up my time for other admin tasks. It has stopped me working 10-hour days.

> I think it has a place, but we have to be careful that we are not de-skilling and becoming reliant on it.

> Taking notes is part of my thinking process and I’m quite particular about the layout of my records, so I’m reluctant to use AI for note taking.

Solutions

Having dedicated and remunerated time to do important patient follow-up and administrative work during the day is not an unreasonable expectation to have.

Neither is working more manageable hours and having a sustainable patient load. Technology can, and is, playing a part in this, but it is not the silver bullet to creating more manageable workloads.

Developing targeted strategies for recruiting into and retaining the workforce is paramount for addressing these workload challenges. As is providing remuneration for all the work that is undertaken, not just the patient-facing time.

> I have concerns about privacy, indemnity and reliability and responsibility of the notes.
>
> Needs much more progressive integration into our workflow and Patient Management System (PMS) to improve diagnostics and admin etc.
>
> Unsure if any benefit for rural hospitals currently.

General practice is transforming

Addressing concerns about the current models of care must be a priority as 43% of GP respondents do not believe that general practice is effectively adapting to meet evolving patient need.

The current models of care that GPs and rural hospital doctors are working within play a big part in how they feel about their work and their place in the sector.

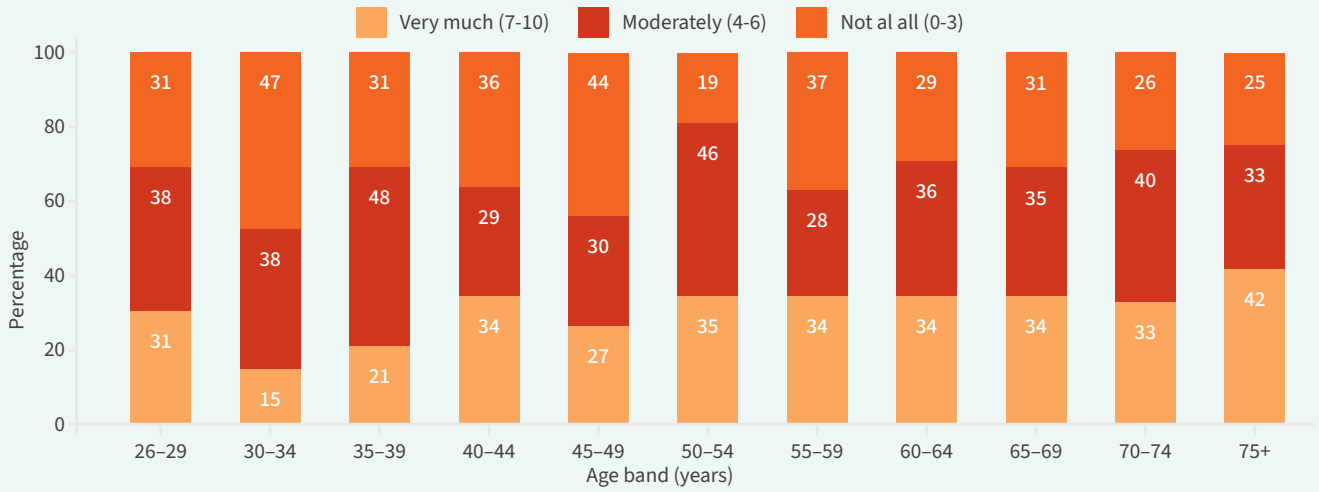
The ability of general practice services to meet patient needs and support positive patient outcomes is top of mind for the workforce. Perspectives on this matter are varied, which is to be expected given the variations in practices, team size, locations, available resources and funding.

The move towards an expanded and multi-disciplinary team is one of the ways in which the workforce is leading and adapting to keep up with evolving patient and community need. Feedback from GPs highlight the value, benefits and challenges of this more dynamic team approach (see page 15).

The current models of care are perceived by GPs as devaluing the crucial role of GPs with particular focus on the amount of unpaid work undertaken and the outdated 15-minute consultations.

FIGURE 8

Belief in the adaptability of current models of care



Nearly half of GP respondents (43%) do not believe that current models of care are effectively adapting to meet patient need (0-4 levels on an 11-point scale). This indicates the need for swift and effective change.

This question was only presented to our GP respondents so there are no rural hospital doctor responses to compare against.

“

Shares the load, gives more time to patients, allows more acutes to be seen.

We can’t function without a good supportive, and supported team.

Helps support the whole patient and not just their physical health. Great to address the other pillars of health like their social need.

We desperately need a wider team but struggle to get answers to advertisements.

...but we are not happy that there is no room rental to host Health Improvement Practitioners (HIP) and Health Coaches (HC), which limits the ability of the practice to generate income by utilisation of these two rooms by income generating staff.

While it is great to have diversity of roles, I am feeling increasingly burdened and medico-legally at risk by all the supervision required.

Comments above are in response to the question,
“What contribution do you think the wider healthcare team has on your work?”

Burnout

Burnout levels amongst general practice and rural hospital doctors, while still unacceptably high, have shown some improvement since the 2022 Workforce Survey.[4]

In 2022, 48% of GP respondents rated themselves as highly burnt-out (levels 7-10) but this decreased to 38% in 2024. Regardless, 70% still rated themselves as moderately-to-highly burnt-out (levels 4-10). Unreasonable workloads, non-remunerated work, and additional roles in general practice were at the forefront for why our GPs are still burnt-out.

FIGURE 9

Burnout levels (GPs)

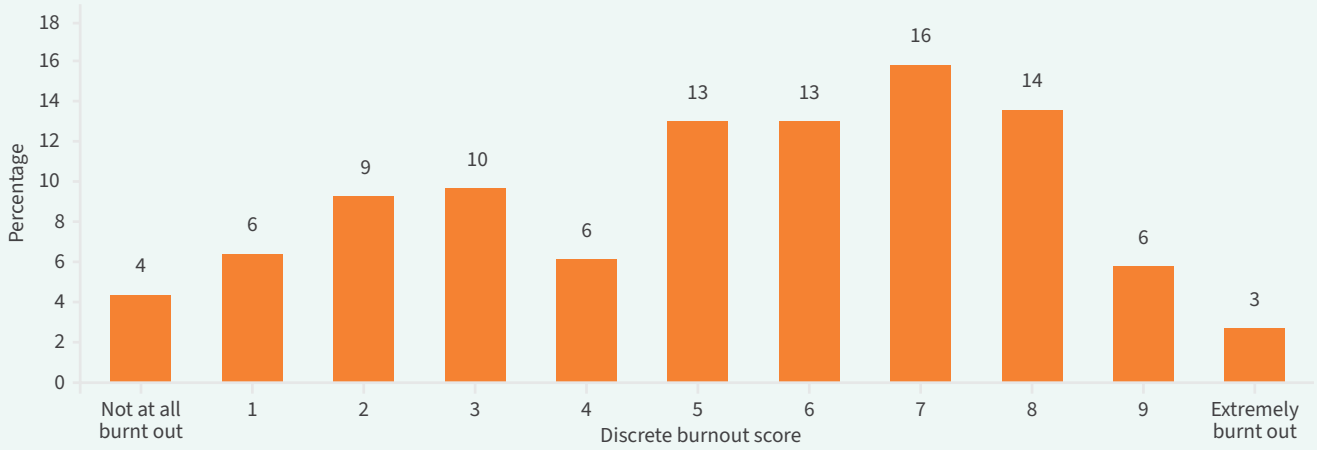
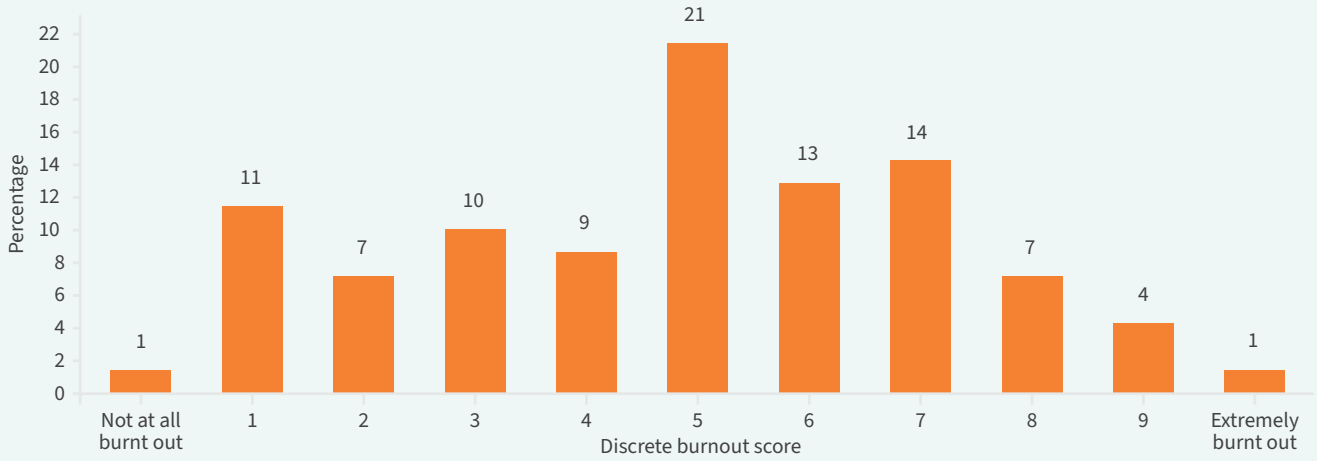


FIGURE 10

Burnout levels (Rural hospital doctors)



Our rural hospital doctor respondents' data shows a more even spread across the 0-10 burnout scale with few respondents at the lowest (0) and highest (10) levels of burnout.

4. We acknowledge that the 2022 survey was undertaken during the COVID-19 pandemic and the workforce were working at a time of great uncertainty and constant change.

“

Remuneration in general practice has never been commensurate with the degree of effort required.

Nonsensical 15-minute consultation time constraints do not benefit anyone — it is not evidence-based and it burns doctors out (as well as patients). Trust in us!

The normalisation of doing unpaid work.

Hire more doctors, make it easier for students to access medical school, invest in the workforce so doctors stay in New Zealand and make it easier for foreign GPs to practice and stay in New Zealand.

Focus in shifting more GPs into rural GP with adequate training and support.

I’m recovering from burnout — but I struggle to say ‘I love’ anything about general practice. The fact that I make a difference to people gives my work meaning.

More and more the GP is also becoming the psychologist, the dietician etc, hence the burnout rates.

The main issue is the huge amount of unpaid paperwork. I work at least eight hours a week for free while remunerated for 3/10ths. If you want primary care to do it all, pay the people otherwise everyone will burnout and go overseas.

A rewarding career choice

Despite the challenges our GP respondents offered a glimpse into why they chose this profession and what makes them turn up for their patients every day.

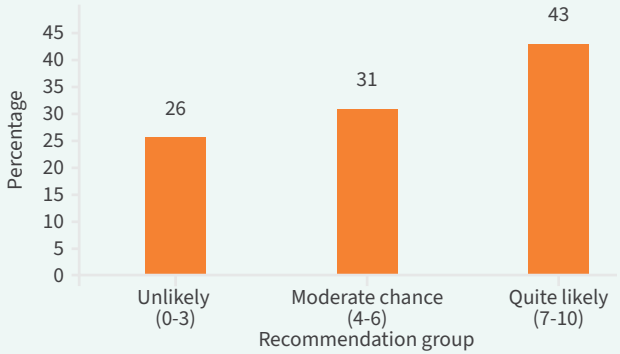
Responses show a workforce who value the personal connections and long-term relationships formed with patients and communities; the intellectual stimulation spurred by the variety and complexity of cases allowing full use of their knowledge and skills alongside the ability to make a tangible difference to patients' lives.

> "I enjoy working in a great team where everyone has different skills and expertise that they bring to the practice.
>
> The patients. I have known many of them for many years. I feel very privileged to have been able to share so many aspects of their life and often very personal experiences.

The question "What is one thing that you love about general practice?" was only presented to our GP respondents

FIGURE 11

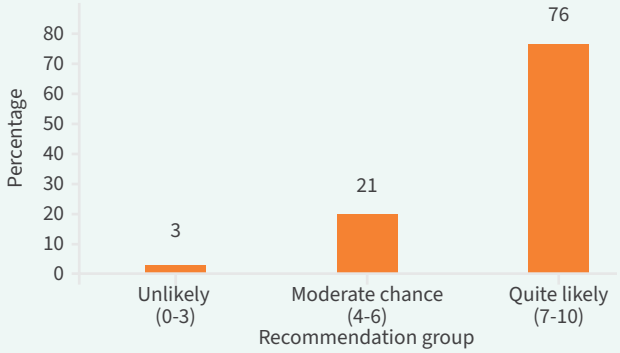
Recommending general practice as a career



43% were likely to recommend general practice as a career (7-10 on an 11-point scale). This increased from 39% in 2022 but is still below the 54% in the 2020 Workforce Survey.

FIGURE 12

Recommending rural hospital medicine **as a career**



Results from rural hospital doctors are much more positive with the significant majority (76%) quite likely to recommend rural hospital medicine as a career.

Solutions

Supporting and remunerating the current GP workforce who supervise trainees is essential, as is providing continuous messaging about the positives of general practice and rural hospital medicine.

Our current workforce has an incredible depth of knowledge and experiences to be shared with the next generations of clinicians and need to be recognised for their commitment to training so they can help to grow all parts of the workforce.

Fellowship of the College needs to be recognised in line with other medical specialities. Currently, we are the only medical college whose members don't receive recognition, in the form of increased remuneration, for completing the GP training programme.

Consistent government recognition of the value of general practice and rural hospital medicine and clear, long-term commitments about investment intentions is needed to stabilise and grow the workforce and enable continued innovation.

"

The intellectual challenge of dealing with complexity, ambiguity and uncertainty in a consultation model of mutual respect, open communication and the expectation of shared responsibility for outcomes.

Flexibility in working hours and in career options.

Intergenerational care, cradle to the grave, continuity.

Future of the workforce

Growing the workforce now is essential if we are to keep our workforce numbers sustainable and counter the number of GPs and rural hospital doctors who are already reducing their working hours, retiring and leaving New Zealand to work overseas.

42% of GP and 53% of rural hospital doctor respondents retiring within the next five years from 2024 indicated that they would start to reduce their hours from within the next 12 months to three years.

The exodus

When we are already experiencing a severe workforce shortage, the fact that 18% of GP and 26% of rural hospital doctor respondents are considering moving outside of New Zealand to live and work is extremely concerning. The reasons may be personal, rather than professional, but the wider workforce and the patients they are serving cannot afford to lose them. This is even more apparent when we see data on retirement intentions, and when we aren't meeting the necessary numbers of 300 GP registrars (minimum) starting on the GP training programme each year.

Any respondent who indicated they are intending to retire within the next five years was asked the question, "Thinking about retirement, when are you most likely to start reducing the number of hours you practice?"

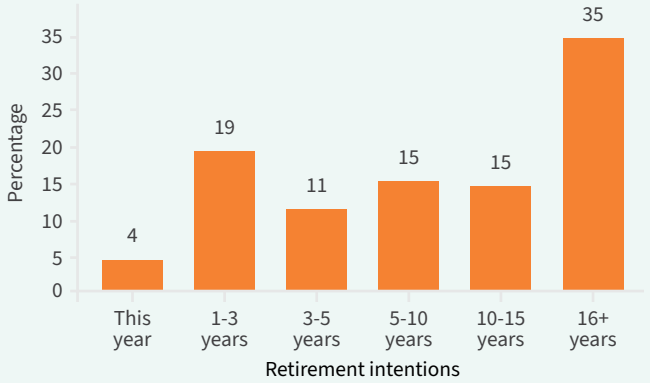
Over half (51%) of GP and over a quarter (27%) of rural hospital doctor respondents had already reduced their working hours in 2024.

42% of GP and 53% of rural hospital doctor respondents indicated that they would start to reduce their hours within the next 12 months (from 2024) to three years.

Currently the lack of opportunity to experience both professions in undergraduate training, disparities in funding for training and unrecognised ongoing workload pressures in both specialties will continue to see limitation in numbers choosing these rewarding careers.

FIGURE 13

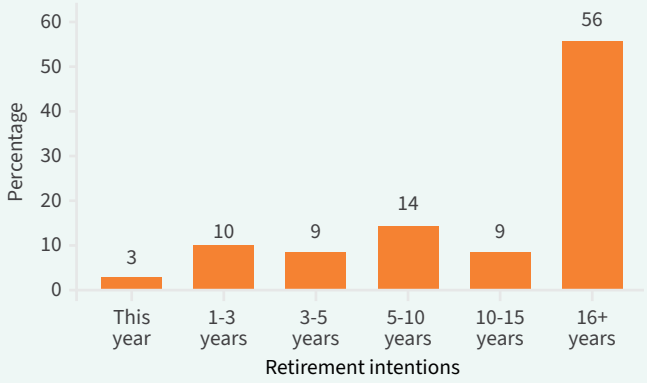
Retirement intentions (GPs)



Although 50% of GP respondents are looking to retire in 10+ years in the future, a significant number (23%) have indicated their intention to retire in the immediate few years. As this survey was undertaken in 2024, 4% of respondents indicated they were looking to retire in that year, and a further 19% are intending to retire between 2024-2027.

FIGURE 14

Retirement intentions (Rural hospital doctors)



Data from our rural hospital doctors' retirement intentions show the majority (56%) of respondents are not looking to retire until 16+ years into the future.

Solutions

Changes announced earlier in 2025 making it easier for overseas-trained doctors to gain general registration in primary care in New Zealand and have valuable first-hand experience working in general practice will help to boost the workforce pipeline.

Incentivising roles within our multi-disciplinary teams is also essential to growing and retaining the workforce, and would mitigate the migration of other health professionals, such as nurses, from primary care for secondary care.

General practice and rural hospital medicine must be seen as attractive career choices and the training pathway must be fair and aligned with other medical speciality training programmes, such as being fully funded. Those who teach the trainees in their practices must also be valued and supported to do so.

The solutions mentioned in the previous sections are all practical, cost-effective and future-focused ways to ensure medical graduates choose these professions and have a long and rewarding career where they make a difference in the lives of their communities.

Our call for change

Investing in general practice isn't just good health policy — it's smart economics.

General practice and rural hospital medicine are ready for a new chapter.

We've heard about the importance of primary care and the commitment to invest more into primary care where it can make the most difference, but we need bold reform and action to make this a reality.

General practice is the most cost-effective way to provide the care our communities need. The maths is simple: for every $1 spent in general practice, up to $14 is saved down the line in secondary care.

We are a workforce losing valuable clinicians to burnout, poor remuneration, and a system that makes it harder to stay than to leave. Recruitment and retention are becoming harder by the day, and more are looking to the opportunities that are available overseas.

Yet, despite these challenges, survey respondents and the wider membership of the College continues to show extraordinary resilience, with foundations based on a deep commitment to patients, a love for the work they do, and their leadership, innovation and adaptability — especially in embracing new technologies and working styles.

The current Government's catch phrase of putting patients first is one that we strongly believe in and deliver on every day. While recent funding announcements and process changes are welcome, we are still playing catch up.

The solutions are already on the table, and we need the support of government and policymakers to implement them.

Our call for change

To recap, this includes:

- Fully funded training programmes
- fair remuneration that recognises not just the clinical care our workforce undertakes, but also the supervision, mentoring and workforce development
- support to help the workforce safely navigate the evolving technological environment
- greater exposure to general practice and rural hospital medicine during medical school and postgraduate years
- targeted strategies to recruit and retain Māori and Pacific clinicians
- proper recognition of Fellowship that aligns with other medical specialties.

With the right support, there is no reason we can't build a primary care workforce that is thriving, future-focused, and continues to be the backbone of Aotearoa's health system.

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

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