



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

2018 general practice workforce survey

Demographics | Working arrangements | Vacancies
Retirement intentions | Wellbeing | GP income

PART
1

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Executive summary

This is the first of three reports from The Royal New Zealand College of General Practitioners' (the College's) 2018 workforce survey. It updates information on the demographics of general practice and highlights the changing nature of the general practitioner (GP) workforce.

The survey results have been collated and analysed by Research New Zealand with support from College staff. Over 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 61 percent.

Demographics

- › **The median age of respondents to this survey remains at 52 years**; however, the age band containing the most respondents has changed from the 57-year to the 58-year band. The percentage of respondents aged 55 or over has increased to 43 percent.
- › **Fifty-five percent of respondents are female**, and this increases to 65 percent among those aged under 55 years.
- › Māori and Pacific GPs remain underrepresented in the workforce. **Four percent of respondents identify as Māori; however, this percentage increases to 8.5 percent among respondents under 40 years.** Pacific people make up 2 percent of respondents. The percentage identifying as Asian has increased to 18 percent.
- › Sixty-one percent of respondents obtained their first medical degree in New Zealand. **International medical graduates (IMGs) make up 39 percent of respondents overall, but this increases to 46 percent among rural respondents.** Seventy-six percent of IMGs first gained New Zealand registration 11 or more years ago.
- › Three-quarters of respondents considered that the practice they worked in was urban based, with 17 percent considering the practice was rural and the remaining 8 percent considering that the practice was not clearly urban or rural.

Hours worked and after-hours commitments

- › Half of respondents (51 percent) work 36 hours or more per week in general practice.
 - › **On average, respondents work 34.8 hours per week**, with male respondents working 38.9 and female respondents 31.6 hours per week.
 - › Respondents in rural practices are more likely to work full-time.
 - › **Nearly two-thirds of respondents (63 percent) have commitments to provide acute after-hours general practice care.** Among rural respondents this increases to 75 percent.
-

Employment type and practice ownership

- › Respondents who are long-term employees or contractors make up the largest group (48 percent), while more than a third of respondents (36 percent) are either practice owners or partners. Among female respondents, however, only 27 percent are practice owners or partners.
 - › **Short-term contractors and employees make up 13 percent of respondents; however, among rural respondents this increases to 22 percent.**
 - › Most respondents (71 percent) work in practices owned by GPs; however, the percentage working in fully or partially corporate-owned practices has increased to 9 percent.
-

Training and teaching

- › Twenty percent of respondents are currently enrolled in a vocational training programme, with most (18 percent) enrolled in the College's General Practice Education Programme (GPEP).
 - › Sixty-five percent of GPEP trainees who responded are female, and 75 percent of trainees who responded are under the age of 40 years.
 - › Thirty percent of GPEP1 trainees who responded are in rural practices.
 - › **Thirty-nine percent of all respondents provide training to medical students or doctors. This increases to 57 percent among rural respondents.**
 - › Many respondents provide training at more than one level, eg among GPEP1 teachers, 63 percent also provide training for undergraduate medical students.
-

Retirement intentions

- › **Over one-quarter (27 percent) of respondents are intending to retire in the next five years and nearly half (47 percent) in the next 10 years.**
 - › If registrars are excluded, these percentages rise to 34 percent intending to retire in the next five years and 57 percent in the next 10 years.
 - › Although the percentage of rural GPs intending to retire in the next five years is slightly higher than the percentage of urban GPs with the same intention, this difference is not statistically significant.
 - › Among respondents intending to retire in the next five years, 85 percent had either already reduced their hours worked or intended to do so in the next two years.
-

Burn-out and general practice as a career

- › **Twenty-six percent of respondents rated themselves high on the burn-out scale. This percentage has been steadily increasing over the past three years of surveys.** In 2016, 22 percent were burnt out.
 - › Respondents who are burnt out are significantly more likely to be aged between 50 and 64 years of age, a practice owner or partner, and working full-time.
 - › The majority of GPs (63 percent) rated themselves likely to recommend a career in general practice – an increase on previous results.
-

Practices with vacancies

- › Thirty-one percent of respondents reported that the practice they worked in was contending with a vacancy for at least one GP. This is an increase on 26 percent in the 2017 survey.
 - › **Vacancies are a particular problem in rural practices, with 39 percent of respondents in rural practices reporting a current GP vacancy**, an increase from 35 percent in 2017.
 - › Twenty-two percent of respondents reported that they are working in a practice with a practice nurse vacancy, an increase on 17 percent in 2017.
-

Practices with closed books

- › Eleven percent of respondents reported that the practice they are working in is not accepting new enrolments, ie has closed books. The corresponding percentage for 2017 was 10 percent.
 - › Seventeen percent of respondents in practices that were not clearly urban or rural reported that their practice has closed its books, which was higher than the proportion in both urban (11 percent) and rural (10 percent) practices.
-

GP incomes

- › Respondents' average personal income is \$156,000, but the median income falls within the \$100,000 to \$125,000 income band, indicating a skewed income distribution.
 - › The average income has fluctuated over the past three years of surveys. The average recorded in the 2018 survey is \$3,500 higher than that recorded in the 2016 survey.
 - › Among respondents working at least 36 hours per week in general practice, the median incomes for both male and female respondents fall within the \$125,000 to \$200,000 band. Male respondents working over 36 hours per week, however, are more than twice as likely to earn over \$200,000 than female respondents.
 - › Respondents were also more likely to earn higher incomes if they work longer hours, are aged 55–64, receive referrals from other GPs, are Fellows, or are working in GP- or corporate-owned practices.
 - › Respondents in rural and urban practices receive similar incomes.
-

Foreword

For the past five years The Royal New Zealand College of General Practitioners (the College) has undertaken an annual membership survey to identify issues relating to New Zealand's general practitioner (GP) workforce. The information collected helps ensure we have a sustainable, well-trained and well-supported workforce – one that is able to respond effectively to patients' needs. Five years provides robust trend data that helps inform our thinking for the future. This is the first of three reports to come from this survey. The second and third reports are published separately. This year the third report focuses on the rural and rural hospital doctor workforce.

It is pleasing to see the increasing number of younger trainee registrars coming through our General Practice Education Programme (GPEP), though there is still a lot of work to do to ensure the GP workforce reflects New Zealand's diverse population. The increase in young Māori GPs is heartening and probably reflective of recent efforts to train more Māori doctors.

We have been asking about GPs' work–life balance over the past few years and note a steady increase in those reporting to be high on the burn-out scale (this is more prevalent in the older age groups). We also note that more than a quarter of respondents intend to retire within the next five years. The College has been signalling this trend for several years; indeed our retirement statistics have made headlines and helped us highlight the need to train more GPs.

The Government responded by confirming its commitment to increase the number of training positions, but given how long it takes to train a GP, it will take time before we see any noticeable change at the coalface. We welcome initiatives like the Health and Disability System Review and the Health Workforce New Zealand GPEP review that seek to address primary health care pressures like the GP shortage and our GP training pipeline.

This research identifies pressure points in our workforce. Having this evidence helps the College advocate on behalf of our members and our profession. There is work to be done if we are to future-proof our workforce and continue to deliver high-quality health care to all New Zealanders, but I'm confident we're up to the task. The majority of GPs recommend general practice as a career choice, and I'm excited about the future of our profession.

My thanks goes to all the members who participated in this survey, and all those who helped produce the resulting reports.



Dr Samantha Murton

MBChB, FRNZCGP (Dist.), PGDipGP, FAcadME

Demographics

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2815 of these respondents, which **includes** 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

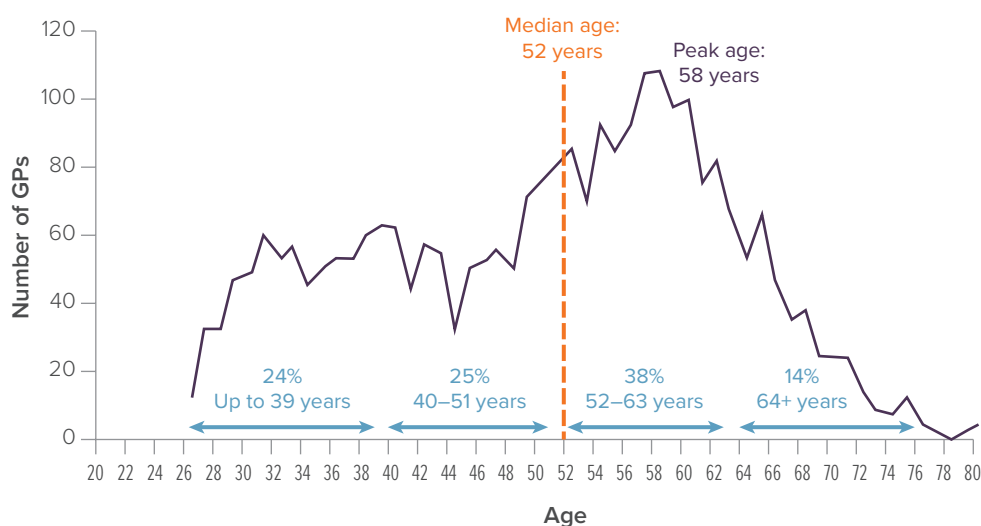
Age and gender

Based on the results of this year's survey, the median age of GPs is 52 years, as it was last year. Figure 1 shows that half (52 percent) of survey respondents were aged 52 years and over, with GPs aged 52–63 comprising 38 percent of all respondents. In comparison, GPs aged 40–51 (also a 12-year interval) comprise 25 percent of respondents.

The GP workforce is dominated by the large numbers 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 or their 60s and many are retiring. In the 1990s, general practice was a less popular career choice among medical graduates, 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. At the moment, we have the benefit of a large number of experienced GPs from which to recruit and train teachers and a large number of medical graduates to attract into 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=2815)



The ageing of the GP workforce has been evident for some time. In 2017, College data suggested that the ageing trend may have been slowing. However, 2018 survey data shows the workforce has aged further since 2017, as evidenced by a slight increase in both the average age (Table 1) and the percentage of GPs aged 55 or over (Figure 2). The pace of that ageing is slower than it was between 2014 and 2016.

Table 1. Age of GPs over time

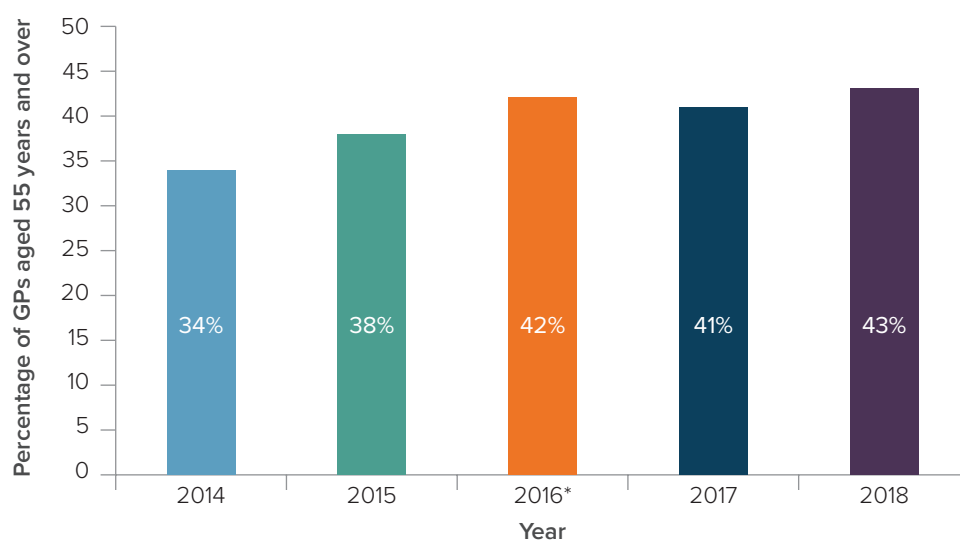
	Total GPs 2014	Total GPs 2015	Total GPs 2016	Total GPs 2017	Total GPs 2018
Base* =	2184	2211	1820 [†]	2371	2815
	%	%	%	%	%
25–29 years	4	4	3	4	4
30–34 years	9	8	6	9	9
35–39 years	9	9	10	10	10
40–44 years	10	9	8	9	9
45–49 years	16	13	13	11	10
50–54 years	20	18	17	15	14
55–59 years	16	18	19	18	18
60–64 years	10	11	14	13	13
65–69 years	5	6	6	7	8
70–74 years	2	2	2	2	3
> 75 years	1	1	1	1	1
Total	100	100	100	100	100
Mean age	49.4	49.9	50.9	50.0	50.3

Total may exceed 100% due to rounding.

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

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

Figure 2. Comparison of the percentage of GPs 55 years and over, 2014–2018



* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2014, 2015, 2017 and 2018 is unweighted.

Despite a slight increase in both the average age and the percentage of GPs aged 55 or over, the pace of ageing is slower than it was between 2014 and 2016

Table 2 shows that, overall, 45 percent of survey respondents were male and 55 percent were female – a similar result to last year. The table also shows that male GPs dominate the two older age bands, whereas female GPs dominate the two younger age bands. Among those respondents aged under 55 years, 65 percent were female, whereas among those respondents who are 55 years and over, 58 percent were male.

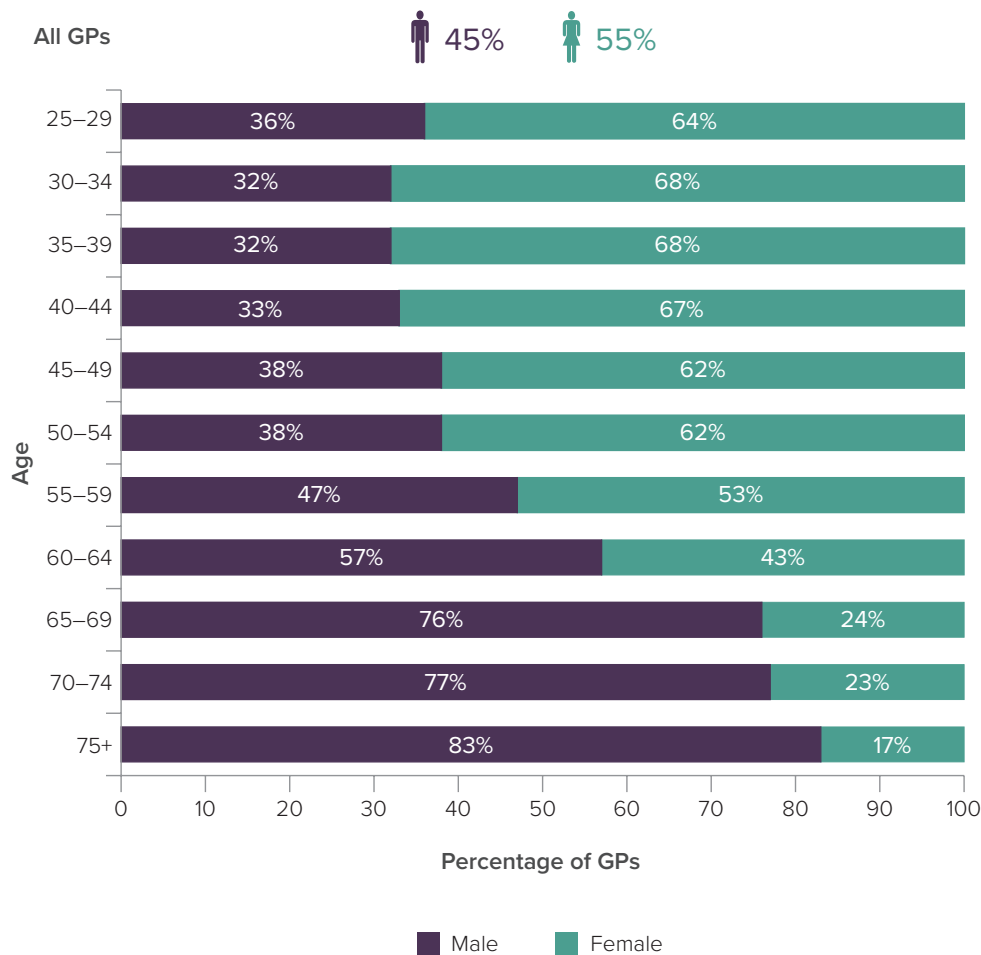
Table 2. Gender by age of GPs (n=2804)

	Total GPs 2018	25–39	40–54	55–64	65+
Unweighted base =	2804	667	938	868	331
	%	%	%	%	%
Male	45	33	37	51	77
Female	55	67	63	49	23
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

Figure 3 shows this in greater detail. Given these results, the median age for male GPs is 56 years, and the median age for female GPs is 49 years.

Figure 3. Age of GPs by gender (n=2804)



65%
of respondents
aged under 55
years were female

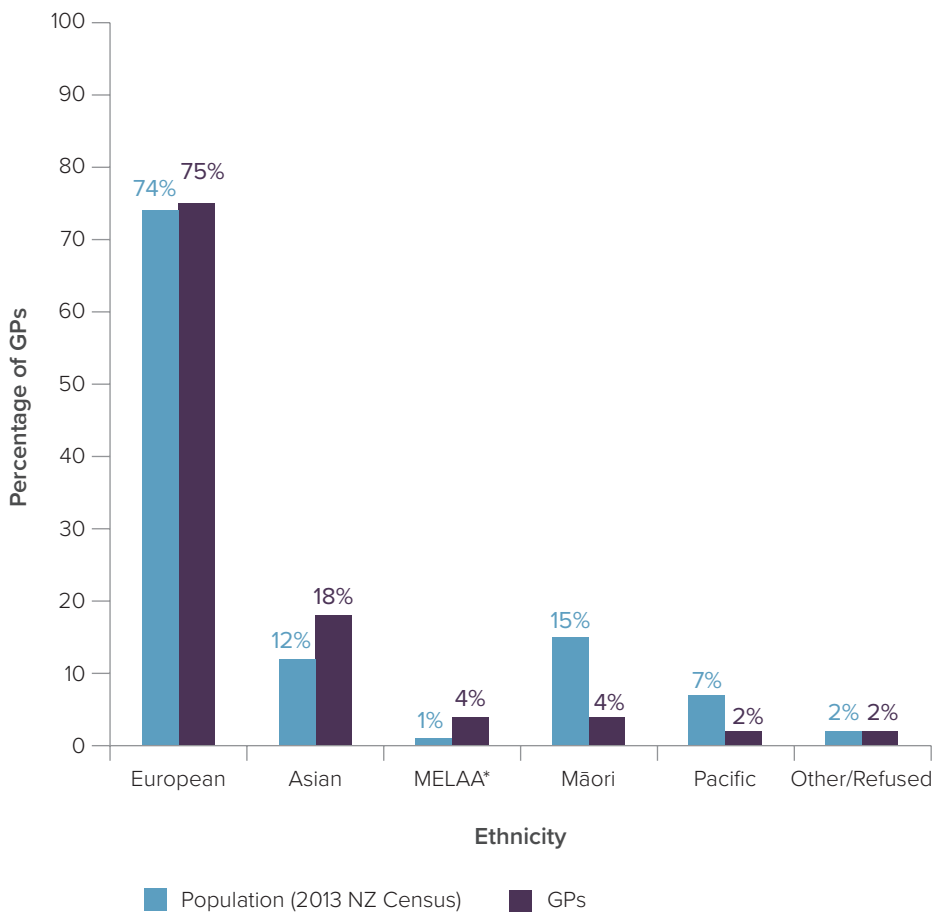
Ethnicity

Figure 4 shows the profile of the New Zealand GP workforce by ethnicity, based on the results of the survey, and compares it with the profile of the New Zealand population.

While there is a close match in terms of GPs identifying themselves as European (76 percent of respondents and 74 percent of the New Zealand population), this is not the case for Māori or Pacific. Four percent of respondents identified themselves as Māori, whereas 15 percent of the population do so. Two percent of respondents identified themselves as Pacific peoples, whereas 7 percent of the population do so.

These results are similar to 2017, with the exception of the percentage of survey respondents who identified themselves as Asian: This increased significantly from 16 percent in 2017 to 18 percent in 2018.

Figure 4. Comparison between the ethnicity of GPs and that of the New Zealand population in general (n=2815)



* Middle Eastern/Latin American/African

Total exceeds 100% as respondents could identify with more than one ethnicity.

4%
of respondents identified themselves as Māori, whereas 15 percent of the population do so

2%
of respondents identified themselves as Pacific peoples, whereas 7 percent of the population do so

Table 3 shows that there are 59 respondents aged 40 years and over who identify as Māori, and they make up 2.7 percent of all respondents aged 40 years and over. The 57 respondents aged under 40 years who identify as Māori make up 8.5 percent of all respondents under 40 years. While this is an improvement compared with previous years and probably reflects recent initiatives to increase the number of Māori doctors, it is still substantially less than the 15 percent of Māori in the New Zealand population.

Table 3. Age profile of Māori GPs (n=116)

	Total GPs	Māori respondents	
Unweighted base =	2815	116*	
	No.	No.	% of all respondents
Respondents under 40 years	669	57	8.5
Respondents 40 years and over	2146	59	2.7
All respondents	2815	116	4.0

Total may not sum to 100% due to rounding.

* Subsample based on those GPs who identified as Maori.

International medical graduates

Sixty-one percent of survey respondents stated they had obtained their first medical degree in New Zealand, while 39 percent stated they obtained their first medical degree overseas. The percentage who obtained their first medical degree overseas is comparable to previous years (eg 42 percent in 2014, 40 percent in 2015, 39 percent in 2016, and 39 percent in 2017).

International medical graduates (IMGs) were asked from which country they had received their first medical qualification. Table 4 shows that this was predominantly the United Kingdom (41 percent), followed by South Africa (13 percent). This is similar to the result recorded last year.

Table 4. Country of origin of first medical degree for IMGs

	2017 IMGs	2018 IMGs
Unweighted base =	923*	1101*
	%	%
United Kingdom	41	41
South Africa	13	13
India	9	8
Australia	7	7
Germany	3	3
Sri Lanka	2	3
Iraq	3	3
Ireland	2	2
Pakistan	1	1
Canada	1	1
Other European country	3	5
Other Asian country	4	7
Other	11	7
Total	100	100

Total may not sum to 100% due to rounding.

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

IMGs tend to be older (eg only 14 percent of respondents who identified as IMGs were aged 39 years or younger compared with 30 percent of New Zealand medical graduates) and slightly fewer were female (52 percent of IMGs were female compared with 57 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 this report, 'Rural or urban practice location'.

14%
of respondents who identified as IMGs were aged 39 years or younger, compared with 30 percent of New Zealand medical graduates

Rural or urban practice location

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

In response to this question, three-quarters of respondents (75 percent) considered the practice they work in to be urban based, compared with 17 percent who considered they work in a rural-based practice (Table 5). The remainder (8 percent) considered themselves to be working in a practice that was not clearly urban or rural, and this is significantly less than the 10 percent recorded in 2017.

Table 5. Age profile of GPs working in general practices that are located in urban, rural, and 'not clearly urban or rural' areas (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
25–39	24	23	21	28
40–54	34	34	32	30
55–64	31	31	36	29
65+	11	11	11	13
Total	100	100	100	100

Total may not sum to 100% due to rounding.

The table also shows that there are significant differences in practice location by age. For example, respondents currently working in rural-based practices were more likely to be aged under 40, compared with their counterparts in urban-based practices (28 percent and 23 percent respectively).

In comparison, respondents currently working in urban-based practices were more likely to be aged 40–54 compared with their counterparts in rural-based practices (34 percent and 30 percent respectively).

A similar proportion of respondents in urban and rural practice locations were aged 55 years or over (42 percent). However, among the smaller number of respondents who identified their practices as being not clearly urban or rural, the percentage of older doctors was significantly higher (47 percent, compared with 42 percent of respondents in each of urban-based and rural-based practices).

A significantly greater percentage of respondents currently working in rural-based practices were male (52 percent) compared with those located in urban areas (42 percent; Table 6). In turn, a significantly greater percentage of respondents currently working in urban-based practices were female (57 percent) compared with those located in urban areas (48 percent). This is similar to 2017.

However, among respondents in practices that are not clearly rural or urban, the balance has changed in comparison to the results of the 2017 survey. Females now outnumber males (52 percent and 47 percent respectively), whereas in 2017, males outnumbered females (53 percent and 47 percent respectively).

Table 6. Gender profile of GPs working in general practices that are located in urban, rural, and 'not clearly urban or rural' areas (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Male	44	42	47	52
Female	55	57	52	48
Total	100	100	100	100

Total may not sum to 100% due to rounding.

As well as differences by age and gender, Table 7 shows that there are differences by whether respondents obtained their first medical degree in New Zealand or overseas. Respondents working in rural-based practices were more likely to state they had obtained their first medical degree overseas (46 percent), compared with respondents working in urban-based practices (36 percent).

Table 7. Origin of first medical degree (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
New Zealand	61	64	54	54
Overseas	39	36	46	46
Total	100	100	100	100

Total may not sum to 100% due to rounding.

However, the percentage of respondents working in rural practices who graduated in New Zealand has increased significantly, from 49 percent in 2017 to 54 percent in 2018, and for the first time since the College's workforce surveys began, the number of New Zealand graduates in rural practices exceeds the number of IMGs (Table 8).

Table 8. Origin of first medical degree for GPs in rural practices

	Total GPs 2014	Total GPs 2015	Total GPs 2016	Total GPs 2017	Total GPs 2018
Base* =	377	384	464[†]	403	464
	%	%	%	%	%
New Zealand	47	46	50	49	54
Overseas	53	54	50	51	46
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

* Data for 2014, 2015, 2017 and 2018 is unweighted, 2016 data is weighted.

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

For the first time since the College's workforce surveys began, the number of New Zealand graduates in rural practices exceeds the number of international medical graduates

Hours worked and after-hours commitments

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2773 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section **excludes** the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison).

Hours in general practice per week

Survey 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.

Based on respondents' answers to this question, the average number of hours worked in general practice is 34.8 hours per week (average hours per week have fluctuated between 34.2 and 35.3 since 2014).¹

A little over half of all respondents have been classified as working 'full-time' (51 percent), which for the purposes of this survey is defined as 'working 36 hours per week or more in general practice'. This means that a large percentage work 'part-time' (49 percent). Over the five years of the College's workforce survey, the percentage of respondents working part-time has fluctuated between 46 and 49 percent.

¹ In previous years, the calculation of averages has included respondents whose work was entirely non-clinical in the three months prior to the survey. However, as these respondents are relatively small in number, they would have had a minimal effect.

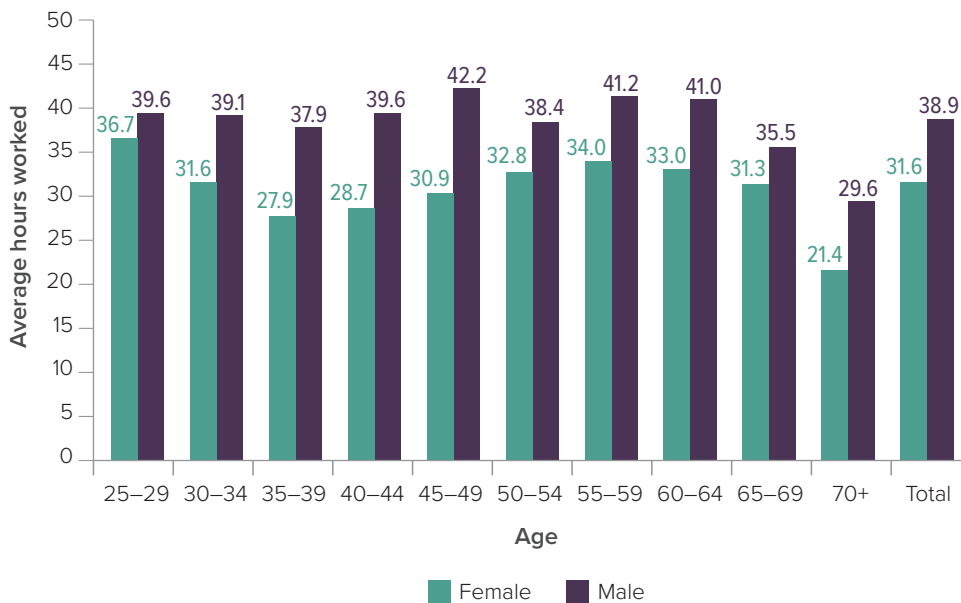
Figure 5 shows that there is variation in the hours worked in general practice by age and gender. For example, male respondents worked an average of 38.9 hours per week compared with 31.6 hours per week for female respondents.

The figure also shows that the hours worked per week is relatively stable for male respondents until the 65–69-year age band, when it drops off from an average of 41.0 hours for those aged 60–64 to 35.5 hours for those aged 65–69.

In comparison, there is greater variation for female respondents. At 36.7 hours, the average hours per week worked by female respondents aged 25–29 is reasonably comparable to male respondents aged 25–29. However, it then drops sharply and reaches 27.9 hours when they are 35–39, before gradually rising and dropping off again when they are 60–64.

At no stage is the average hours worked by female respondents greater than the average hours worked by male GPs.

Figure 5. Hours worked in general practice per week by age and gender (n=2749)*



* Note this graph excludes respondents who did not specify their age or gender.

Respondents currently working in urban-based practices were more likely to state they were working part-time compared with respondents working in rural-based practices (51 percent and 38 percent respectively). In turn, respondents currently working in rural-based practices were more likely to state they were working full-time compared with respondents working in urban-based practices (62 percent compared with 48 percent respectively; Table 9). These differences may be accounted for in part by the age and gender differences reported above.

Table 9. Total hours worked in general practice per week by location of general practice (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Fewer than 36 hours	49	51	48	38
36 hours or more	51	48	50	62
Don't know	0	0	2	0
Total	100	100	100	100

Total may not sum to 100% due to rounding.

After-hours practice commitments

Nearly two-thirds of respondents (63 percent) stated they had commitments to provide acute after-hours general practice care (Table 10) – a similar percentage to last year. Furthermore, one-third of those with after-hours practice commitments (34 percent) stated they had weekly or fortnightly after-hours commitments.

Table 10 also shows that a significantly larger percentage of rural-based respondents stated they had after-hours commitments compared with those working in urban-based practices (75 percent and 59 percent respectively).

Furthermore, it also shows that a greater percentage of rural-based respondents stated they had weekly or fortnightly commitments compared with their urban-based counterparts (39 percent and 17 percent respectively). As reported earlier in this report, rural-based respondents were more likely than urban-based respondents to be younger, male, and have obtained their first medical degree overseas. Interestingly, a relatively high percentage of respondents working in practices that are not clearly urban or rural also stated they had weekly or fortnightly commitments (27 percent).

Table 10. After-hours general practice commitments by general practice location, and frequency (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
No commitments	37	41	30	24
Frequency of commitments:				
Yes – every week	13	9	13	28
Yes – approximately every second week	9	8	14	11
Yes – approximately every three weeks	8	8	10	7
Yes – approximately every month	18	19	18	17
Yes – but less frequently than monthly	15	15	15	12
Sub-total with commitments	63	59	70	75
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 11 shows that survey respondents who currently work 36 hours per week or more in general practice (ie full-time) were significantly more likely than those who worked part-time to state they have commitments to provide acute after-hours general practice care (74 percent and 52 percent respectively).

They were also significantly more likely to state they have these commitments on a weekly or fortnightly basis. Thirty-one percent of respondents who work full-time and stated they had after-hour commitments had these commitments on a weekly or fortnightly basis compared with 12 percent of those who work part-time.

Table 11. After-hours general practice commitments by hours worked in general practice per week, and frequency (n=2760)

	Total GPs	Part-time (fewer than 36 hours per week)	Full-time (36 hours or more)
Unweighted base =	2760	1352	1408
	%	%	%
No commitments	37	48	27
Frequency of commitments:			
Yes – every week	13	7	18
Yes – approximately every second week	9	5	13
Yes – approximately every three weeks	8	6	10
Yes – approximately every month	18	18	20
Yes – but less frequently than monthly	15	16	13
Sub-total with commitments	63	52	74
Total	100	100	100

Total may not sum to 100% due to rounding.

Employment type and practice ownership

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2773 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section **excludes** the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison).

GP employment status

Almost one-half of all survey respondents (48 percent) stated they are a long-term employee or contractor with regard to the general practice they work in or mostly work in (Table 12). As was the case last year, a little over one-third (36 percent) identified themselves as a practice owner or partner.

Male respondents were significantly more likely than female respondents to identify themselves as a practice owner or partner (48 percent and 27 percent respectively), while female respondents were significantly more likely to state they are a long-term employee or contractor (56 percent and 38 percent respectively).

Table 12. Employment status by gender (n=2762)

	Total GPs	Male	Female
Unweighted base =	2762	1233	1529
	%	%	%
Practice owner/partner	36	48	27
Long-term employee/contractor	48	38	56
Short-term employee/contractor	13	12	14
Other	3	3	3
Total	100	100	100

Total may not sum to 100% due to rounding.

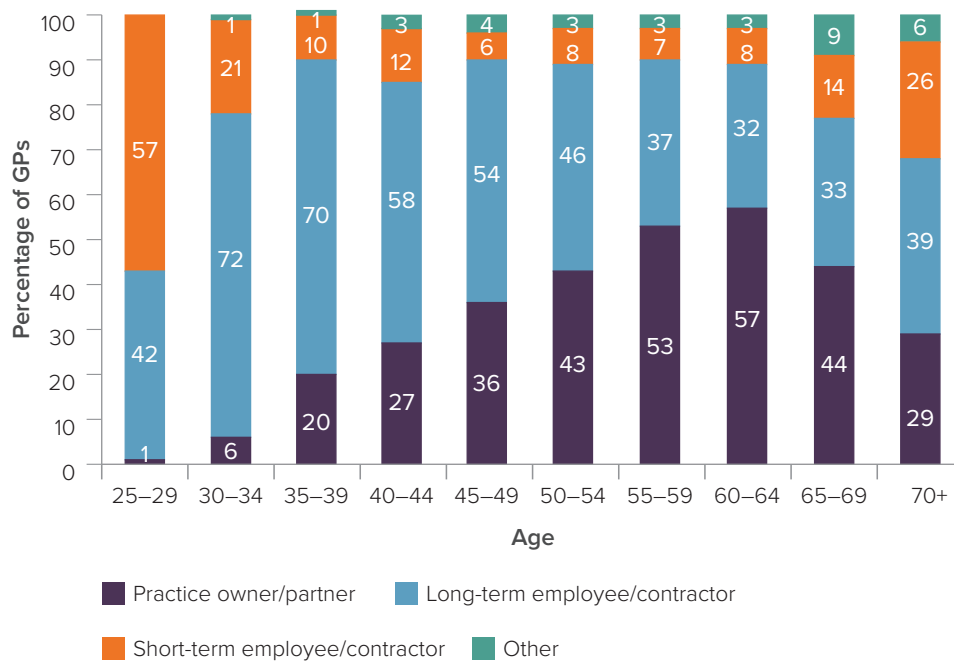
48%
of male respondents identified themselves as practice owners or partners compared to 27 percent of female respondents

Figure 6 shows that there are also differences in terms of employment status by age. Practice ownership, for example, begins to account for a reasonable percentage of respondents in the 35–39-year age band (20 percent) and then steadily increases to peak in the 60–64-year age band (57 percent).

Long-term employees and contractors mirror the results for practice owners and partners. That is, they make up much of the difference in the 35–39-year age band (70 percent), but by the time practice owners and partners peak in the 60–64-year age band, they only account for 32 percent of respondents in that band.

GPs who identify themselves as short-term employees and contractors feature in two places on the age continuum; they account for a large percentage of the 25–29-year age band (57 percent) and again in the 70+ year age band (26 percent). The rise in short-term employees/contractors from age 65 years is consistent with older GPs working as full-time or part-time locums after selling their practices, but before retirement.

Figure 6. Employment status by age (n=2773)



Differences by practice location are not as marked as they are in terms of age and gender, with the exception of respondents who identify themselves as short-term employees or contractors. In fact, twice the percentage of rural-based respondents identified themselves as short-term employees or contractors compared with urban-based respondents (22 percent and 11 percent respectively – Table 13). In part, this will reflect registrar placements in rural practices, but it may also reflect rural workforce shortages.

In contrast, the table shows a tendency for urban-based respondents compared with rural-based respondents to be practice owners or partners (37 percent and 33 percent respectively) or long-term employees or contractors (49 percent and 42 percent respectively).

Table 13. Employment status by general practice location (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Practice owner/partner	36	37	37	33
Long-term employee/contractor	48	49	45	42
Short-term employee/contractor	13	11	11	22
Other	3	3	7	3
Total	100	100	100	100

Total may not sum to 100% due to rounding.

22%
of rural-based respondents identified themselves as short-term employees or contractors compared with 11 percent of urban-based respondents

Practice ownership models

As was the case last year, the predominant practice ownership model is one where a practice is owned by one or more GPs working in that practice (71 percent; Table 14). This was significantly more likely to be the case amongst survey respondents who currently work in urban-based practices compared with those who work in rural-based practices (74 percent and 62 percent respectively).

In rural locations, the other model that exists in any reasonable number is one where the practice is community owned or owned by a trust or charity (12 percent).

The percentage of respondents working in fully or partially corporate-owned practices has significantly increased from 7 percent in 2015 to 9 percent in 2018. The percentage of practices which are fully or partially corporate owned may, however, be lower than 9 percent, as such practices tend to be large, and hence multiple respondents from these practices will fall within this ownership option.

Table 14. Practice ownership by general practice location (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Owned by one or more GPs who work in the practice	71	74	66	62
Community owned or owned by a trust or charity	7	6	4	12
Fully or partially corporate owned	9	9	7	9
Fully or partially owned by a PHO or a GP organisation	4	3	7	5
Fully or partially owned by a DHB	1	1	2	3
Fully or partially owned by an iwi	2	1	3	3
Owned by a university (student health)	1	2	0	0
Other	5	4	10	6
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 15 examines the relationship between practice ownership models and the number of enrolled patients. This shows that survey respondents working in practices that are owned by iwi, district health boards (DHBs), or owned by a trust or charity are more likely to be in practices with smaller numbers of enrolled patients.

Table 15. Practice ownership by enrolled patient numbers (n=2773)

	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 =	2773	1968	190	252	100	33	51	41	138
	%	%	%	%	%	%	%	%	%
Up to and including 3000	14	13	25	8	8	12	31	12	21
3001–5000	18	19	16	14	14	9	25	15	9
5001–7000	16	16	23	15	26	9	22	7	7
7001–9000	11	11	11	12	8	6	2	10	6
9001–11,000	8	8	4	13	7	3	10	12	5
11,001–13,000	7	7	2	7	10	0	2	0	3
13,001–15,000	4	4	2	7	5	0	0	5	1
15,001 or more	9	10	2	11	9	0	0	20	4
I do not work in a practice that enrolls patients	4	2	5	4	5	42	0	5	28
Don't know	10	9	11	10	8	18	8	15	16
Total	100	100	100	100	100	100	100	100	100
Average	7365	7517	5288	8528	7954	4769	4511	8712	5864

Total may not sum to 100% due to rounding.

Training and teaching

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2815 of these respondents, which **includes** 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

Respondents currently training

Twenty percent of survey respondents stated they were currently enrolled in a vocational training programme (Table 16), with most (18 percent) enrolled in training towards Fellowship of the College; that is, in the General Practice Education Programme (GPEP). Given that most respondents have already gained Fellowship of the College, the majority were not in training (80 percent).

Table 16. Vocational training programme in which enrolled as a registrar (n=2815)

	Total GPs	Respondents in vocational training	
Unweighted base =	2815	555*	
	%	%	Number
Yes, general practice (training towards FRNZCGP)	18	92	510
Yes, rural hospital medicine (training towards FDRHMNZ)	0	3	14 [†]
Yes, urgent care (training towards FRNZCUC)	1	7	37
Yes, other	1	4	24
No, I am not enrolled as a registrar in a vocational training programme	80	n/a	n/a

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

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

[†] This does not include the 19 rural hospital medicine registrars who had not worked in general practice in the past three months. A total of 33 rural hospital medicine registrars responded to the survey.

Most respondents enrolled in the training programme towards Fellowship of the College (GPEP) are at GPEP2/3 (74 percent) and one-third (26 percent) are at GPEP1. Overall, most are under the age of 39 years (75 percent) with this being especially the case for those training in GPEP1 (84 percent – Table 17).

Table 17. GPEP study stage by age (n=510*)

	Total GPs training	GPEP1	GPEP2/3
Unweighted base =	510*	133	377
	%	%	%
25–39	75	84	73
40–54	21	14	23
55–64	3	1	4
65+	0	1	0
Total	100	100	100

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

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

Two-thirds of respondents (65 percent) enrolled in the training programme towards Fellowship of the College (GPEP) are female (Table 18). Two-thirds of GPEP2/3 registrars are female (66 percent) and this is also almost the case for those training in GPEP1 (62 percent). This compares with 55 percent of respondents overall and suggests that the proportion of females in the GP workforce will continue to increase.

Table 18. GPEP study stage by gender (n=508*)

	Total GPs training	GPEP1	GPEP2/3
Unweighted base =	508*	133	375
	%	%	No.
Male	35	38	34
Female	65	62	66
Total	100	100	100

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

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

65%
of respondents
enrolled in
the training
programme
towards
Fellowship of
the College are
female

A greater percentage of respondents training at the GPEP1 level are working in rural-based practices compared with the percentage of all GPs working in rural areas (30 percent and 17 percent respectively; Table 19).

In contrast, the percentage of respondents training at the GPEP2/3 level working in urban-based practices (73 percent) is close to the overall percentage of respondents working in urban areas (75 percent). This reflects the College’s emphasis on encouraging rural training during GPEP1, where the College allocates placements. Registrars arrange their own employment in subsequent years.

Table 19. GPEP study stage by practice location (n=2773)

	Total GPs	Total GPs in training	GPEP1	GPEP2/3	Not training
Unweighted base =	2773	509*	133	376	2264
	%	%	%	%	%
Urban	75	71	65	73	75
Not clearly urban or rural	9	8	5	9	9
Rural	17	21	30	18	16
Total	100	100	100	100	100

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

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

Respondents providing training

Thirty-nine percent of survey respondents stated they currently provide training to medical students or doctors. These respondents are more likely to be male (49 percent compared with 44 percent of all survey respondents) and in the 50–64 age band (53 percent compared with 46 percent of all respondents).

Table 20 shows that most trainers are teaching undergraduate medical students (75 percent). GPEP1 teachers made up 26 percent of all trainers, and mentors of GPEP2/3 registrars 24 percent. Forty-three percent of Fellows were involved in training at some level; 12 percent as a GPEP1 teacher.

The table also shows that many respondents are providing training at more than one level; for example, 63 percent of GPEP1 teachers are also training undergraduate medical students, and 35 percent are mentors for registrars in GPEP2/3.

39%
of respondents
stated they
currently
provide training
to medical
students or
doctors

Table 20. Type of vocational training (n=1104)

	Total GPs	Teacher of undergraduate medical students	GPEP1 teacher	GPEP medical educator	Mentor of a registrar in GPEP 2/3	Teacher/educational facilitator on the DRHM programme	Supervisor of house officers doing postgraduate community-based runs
Unweighted base =	1104*	832	287	124	260	20[†]	113
	%	%	%	%	%	%	%
Teacher of undergraduate medical students	75	100	63	59	50	70	66
GPEP1 teacher	26	22	100	37	38	30	43
GPEP medical educator	11	9	16	100	14	5	12
Mentor of a registrar in GPEP 2/3	24	16	35	30	100	30	35
Teacher or educational facilitator on the DRHM programme	2	2	2	1	2	100	2
Supervisor of house officers doing postgraduate community-based runs	10	9	17	11	15	10	100

The base numbers shown are unweighted counts.

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.

Table 21 shows the relationship between the location of trainers and the type of teaching they are providing. A significantly higher percentage of survey respondents currently working in a rural-based practice are providing training compared with their urban-based counterparts (52 percent and 36 percent respectively).

In particular, a greater percentage of rural-based respondents compared with those in urban-based practices state they are providing training to undergraduate medical students (45 percent and 26 percent respectively), provide training to GPEP1 students (14 percent and 9 percent respectively) and are a supervisor of house officers doing postgraduate community-based runs (6 percent and 3 percent respectively). They provide the same level of training in all other respects.

Table 21. Providing medical training by general practice location (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Not providing medical training	61	64	57	48
Providing training				
Teacher of undergraduate medical students	30	26	33	45
GPEP1 teacher	10	9	14	14
GPEP medical educator	4	4	4	5
Mentor of a registrar in GPEP2/3	9	9	10	10
Teacher or educational facilitator on the DRHM programme	1	0	1	2
Supervisor of house officers doing postgraduate community-based runs	4	3	7	6
Sub-total training	39	36	43	52
Total	100	100	100	100

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

52%
of respondents working in a rural-based practice are providing training compared to 36 percent of their urban-based counterparts

Retirement intentions

This section of the report is based on survey respondents who indicated they were or had worked in general practice in the three months prior to the survey. There were n=2815 of these respondents, which **includes** 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

Retirement intentions

Eleven percent of survey respondents stated they intended to retire in the next two years and a further 16 percent in three to five years' time (Table 22). This means that over the next five years, over a quarter of GPs (27 percent) intend to retire.

The percentage intending to retire in the next two years has been increasing every year the survey was undertaken, rising from 4 percent in 2014 to 11 percent in 2018. The percentage intending to retire in the next five years almost doubled between 2014 and 2017, from 15 percent to 27 percent, but it is notable that this percentage remained at 27 percent in 2018.

The percentage retiring in the next 10 years rose from 36 percent in 2014 to 47 percent in 2016 and has remained at 47 percent since. We expect to start to see a decrease in the 10-year retirement rate at some stage in the future. A sustainable workforce with a career length of 40–45 years could be expected to have a 10-year retirement rate of around 22–25 percent.

The percentage retiring in the next 10 years has remained at 47 percent; a sustainable workforce with a career length of 40–45 years could be expected to have a 10-year retirement rate of around 22–25 percent

Table 22. Retirement intentions

	Total GPs 2014	Total GPs 2015	Total GPs 2016	Total GPs 2017	Total GPs 2018
Base* =	2195	2228	1816[†]	2360	2815
	%	%	%	%	%
1–2 years from now	4	7	8	10	11
3–5 years from now	11	14	16	17	16
6–10 years from now	21	20	23	20	20
11–15 years from now	20	18	20	17	15
16 years or more from now	44	41	34	37	37
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

* Data for 2014, 2015, 2017 and 2018 is unweighted, 2016 data is weighted.

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

Trainees are not usually included when the percentage of the workforce intending to leave or retire is reported; hence, when comparisons are made with the GP workforce, this should be based on an analysis that excludes GPEP registrars. The inclusion of registrars in the analysis masks the retirement crisis among experienced and fully trained GPs.

The Association of Salaried Medical Specialists (ASMS), for example, reported that a quarter of members plan to leave the medical workforce in the next five years,² and this compares with 34 percent of GPs intending to leave the workforce (due to retirement only) within five years. The New Zealand Society of Gastroenterology (NZSG) reported that 42 percent of New Zealand GE specialists are likely to retire within the next 10 years,³ and this can be compared with 57 percent of GPs intending to retire in 10 years when registrars are excluded.

Table 23 compares the retirement intentions of the 2018 respondents including and excluding registrars.⁴ The percentage intending to retire in the next five years increases from 27 percent to 34 percent when registrars are excluded from the analysis, while the 10-year rate increases from 47 percent to 57 percent.

Table 23. Comparison of retirement intentions, including and excluding registrars (n=2301)

	Total respondents	Registrars excluded
Unweighted base =	2815	2301
	%	%
1–2 years from now	11	14
3–5 years from now	16	20
6–10 years from now	20	23
11–15 years from now	15	17
16 years or more from now	37	26
Total	100	100

Total may not sum to 100% due to rounding.

2 Barclay M. Presidential Address – ASMS Annual Conference 2018 [Internet]. Scoop Media. 2018 Nov 29 [cited 2018 Dec 13]. Available from: <http://www.scoop.co.nz/stories/GE1811/S00112/presidential-address-asms-annual-conference-2018.htm>.

3 New Zealand Society of Gastroenterology. A critical analysis of the gastroenterology specialist workforce in New Zealand: Challenges and solutions [Internet]. Wellington, NZ: New Zealand Society of Gastroenterology; 2018 [cited 2018 Dec 13]. Available from: <https://nzsg.org.nz/assets/Uploads/A-Critical-Analysis-fo-the-Gastroenterology-Specialist-Workforce-in-New-Zealand.pdf>

4 GPEP registrars make up 18 percent of survey respondents and 76 percent of GPEP registrars are aged under 40 (refer Table 16).

As one would expect, the older a GP the more likely they are to indicate they are intending to retire in the short term. This is reflected in Table 24, with the percentage of respondents intending to retire in the next five years significantly higher than the average of 27 percent in the 55–59 year age band (31 percent) and beyond.

Table 24. Retirement intentions by age (n=2815)

	Total GPs	25–29 years	30–34 years	35–39 years	40–44 years	45–49 years	50–54 years	55–59 years	60–64 years	65–69 years	70+ years
Unweighted base =	2815	124	265	280	253	280	408	496	378	221	110
	%	%	%	%	%	%	%	%	%	%	%
1–5 years from now	27	2	1	3	2	5	9	31	69	86	92
6–10 years from now	20	4	1	3	8	12	30	50	26	12	7
11–15 years from now	15	0	3	8	12	32	42	15	4	1	0
16 years or more from now	37	94	95	86	78	50	19	3	0	0	0
Total	100	100	100	100	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

Table 25 examines the relationship between the retirement intentions of respondents and their gender. Reflecting the age-based results presented earlier in this report, this table shows a significantly greater percentage of male respondents stated they intended to retire in the next five years compared with female respondents (38 percent and 20 percent respectively). This is a function of the older age profile of male GPs compared with the younger age profile of female GPs.

Table 25. Retirement intentions by gender (n=2804)

	Total GPs	Male	Female
Unweighted base =	2804	1262	1542
	%	%	%
1–5 years from now	27	38	20
6–10 years from now	20	22	19
11–15 years from now	15	13	17
16 years or more from now	37	29	44
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 26 examines the relationship between the retirement intentions of survey respondents and the location of the practice they are currently working in. This shows that a similar percentage of rural (29 percent) and urban (27 percent) respondents intend to retire in the next five years. On the other hand, a significantly greater percentage of those in practices that are not clearly urban or rural intend to retire within this time frame compared to those in urban practices (34 percent and 27 percent respectively).

Table 26. Retirement intentions by general practice location (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773*	2067	242	464
	%	%	%	%
1–5 years from now	27	27	34	29
6–10 years from now	21	21	20	19
11–15 years from now	15	16	12	12
16 years or more from now	37	37	35	40
Total	100	100	100	100

Total may not sum to 100% due to rounding.

* Sample excludes respondents not involved in clinical work in the past 3 months.

Table 27 shows the same analysis as above, but with the registrars removed. The percentage of respondents who intend to retire in the next five years remains similar for those who are urban based, rural based, or in practices that are not clearly urban or rural (31 percent, 36 percent, and 38 percent respectively).

Table 27. Retirement intentions by general practice location, excluding registrars (n=2260)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2260	1704	201	355
	%	%	%	%
1–5 years from now	33	31	38	36
6–10 years from now	24	24	23	22
11–15 years from now	17	18	13	15
16 years or more from now	27	27	25	26
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Finally, Table 28 examines the relationship between the retirement intentions of respondents and whether they are providing training. This shows that among respondents who are providing training, the percentage intending to retire in the next five years is the same as GPs in general (27 percent in both cases).

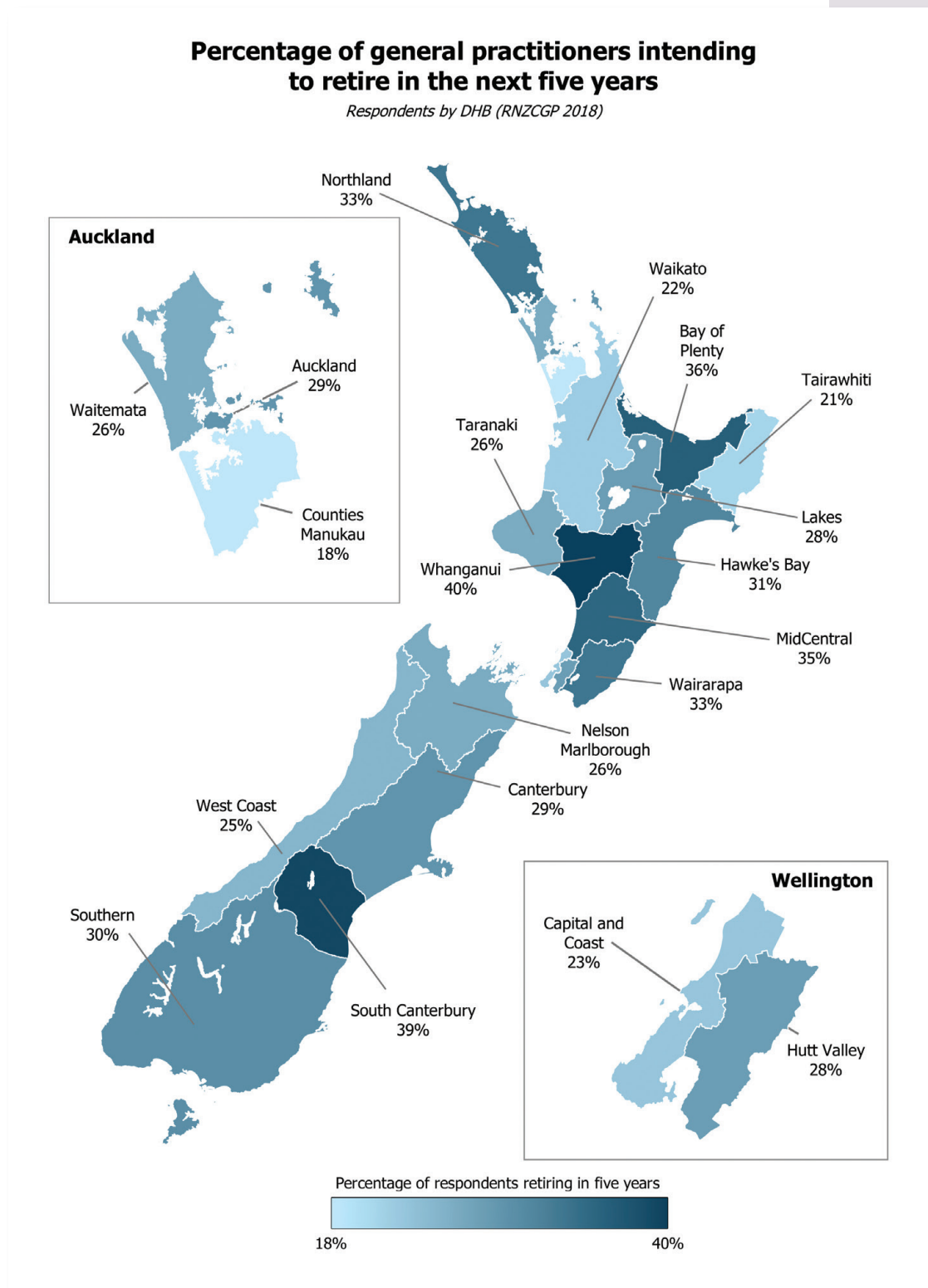
Table 28. Retirement intentions by training providers (n=2815)

	Total GPs	Providing training
Unweighted base =	2815	1104
	%	%
1–5 years from now	27	27
6–10 years from now	20	23
11–15 years from now	15	18
16 years or more from now	37	33
Total	100	100

Total may not sum to 100% due to rounding.

Figure 7 shows that in the following six DHBs, one-third or more of respondents are intending to retire in the next five years: Whanganui (40 percent), South Canterbury (39 percent), Bay of Plenty (36 percent), MidCentral (35 percent), Wairarapa (33 percent) and Northland (33 percent). However, results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses. The DHBs with the lowest rate of respondents intending to retire in the next five years are Counties Manukau (18 percent), Tairawhiti (21 percent), Waikato (22 percent), and Capital and Coast (23 percent).

Figure 7. Percentage of GPs intending to retire in the next five years by DHB



Reducing hours

Over and above the effect of actual retirements, there will be a decrease in the availability of GP services as a result of respondents reducing their hours of work ahead of retirement. The magnitude of the effect of this on the supply of general practice services is unknown, as the survey did not ask respondents to supply information on how many hours per week they were intending to work in the lead up to retirement.

As reported in the previous section, 11 percent of respondents stated they intended to retire in the next two years, a further 16 percent in three to five years' time, and a further 20 percent in six to 10 years' time. Table 29 compares the extent to which respondents intending to retire in the next five or 10 years had already reduced or were beginning to reduce their practice hours as they approached retirement.

Thirty-six percent of respondents intending to retire in the next 10 years had already reduced the hours they worked per week. A further 25 percent intended to decrease the hours they work in the next two years. These percentages are higher among those closer to retirement.

Table 29. Reduction in practice hours by GPs intending to retire in next 10 years (n=1357)

	Total GPs	Intend to retire within the next 5 years	Intend to retire within the next 6–10 years
Unweighted base =	1357*	783	574
	%	%	%
Have already reduced hours as approaching retirement	36	54	13
Plan to reduce hours in next 2 years	25	31	18
Plan to reduce hours in next 3–5 years	25	15	39
Plan to reduce hours in next 6–10 years	12	0	29
Plan to reduce hours in next 11–15 years	0	0	0
Not intending to reduce hours in next 15 years	1	1	1
Total	100	100	100

Total may not sum to 100% due to rounding.

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

Finally, Table 30 examines the relationship between the location of the practice that respondents who are intending to retire in the next five years are currently working in, and the extent to which these respondents have already or are planning to reduce their practice hours as they approach retirement. This shows a significantly higher percentage of rural-based respondents intending to retire in the next five years have already started to reduce their hours compared with urban-based respondents (60 percent and 50 percent respectively).

Table 30. GPs intending to retire in next five years by reduction in practice hours and practice location (n=761)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	761*	548	81	132
	%	%	%	%
I have already reduced hours	53	50	59	60
Intend to reduce hours in the next 2 years	31	32	26	30
Intend to reduce hours in 3–5 years	15	16	14	10
Do not intend to reduce hours prior to retirement	1	1	1	1
Total	100	100	100	100

Total may not sum to 100% due to rounding.

* Subsample based on those GPs who intend to retire in the next five years. Excludes respondents in non-clinical work.

60%
of rural-based respondents who are intending to retire in the next five years have already started to reduce their hours

Burn-out and general practice as a career

This section of the report is based on survey respondents who indicated they were or had worked in general practice in the three months prior to the survey. There were n=2815 of these respondents, which **includes** 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

Burn-out

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

Table 31 shows that this year, 26 percent of respondents rated themselves as being burnt out to some degree, based on those who rated themselves a 7 to 10 inclusive on the scale. At the other extreme, 40 percent rated themselves as not being burnt out, based on those who rated themselves 0 to 3 inclusive on the scale. The remainder (34 percent), those who rated themselves 4 to 6 inclusive on the scale, are described as providing a 'neutral' response.

This table also shows that over the three years from 2016 to the present day, the percentage of respondents stating they feel burnt out has increased significantly (22 percent in 2016 compared with 26 percent in 2018).

26%
of respondents reported feeling burnt out – a significant increase compared to 22 percent in 2016

Table 31. Burn-out

	Total GPs 2016	Total GPs 2017	Total GPs 2018
Base* =	1816 [†]	2360	2813
	%	%	%
Not burnt out (0–3)	42	39	40
Neutral (4–6)	35	38	34
Burnt out (7–10)	22	23	26
Total	100	100	100

Total may not sum to 100% due to rounding.

* Data for 2017 and 2018 is unweighted; 2016 data is weighted.

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

Table 32 examines the results to the burn-out question by age. This shows that the percentage of survey respondents who are burnt out increases above the average of 26 percent in the 50–54-year age band (30 percent), and increases further for the 55–59-year age band (32 percent) and the 60–64-year age band (33 percent).

Table 32. Burn-out by age (n=2815)

	Total GPs	25–29 years	30–34 years	35–39 years	40–44 years	45–49 years	50–54 years	55–59 years	60–64 years	65–69 years	70+ years
Unweighted base =	2815	124	265	280	253	280	408	496	378	221	110
	%	%	%	%	%	%	%	%	%	%	%
Not burnt out (0–3)	40	51	38	39	38	41	34	32	39	56	63
Neutral (4–6)	34	35	43	38	35	36	36	35	28	20	23
Burnt out (7–10)	26	14	18	24	27	23	30	32	33	24	15
Total	100	100	100	100	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

Table 33 shows that a similar percentage of male (27 percent) and female respondents (26 percent) rated themselves at the high end of the burn-out scale. This is in contrast to the results from previous years, which showed that the rate of burn-out for male respondents exceeded that for female respondents. For example, in 2016, 25 percent of male respondents and 21 percent of female respondents gave a rating of 7–10 inclusive on the burn-out scale. Therefore, the rate of burn-out has risen by five percentage points for female respondents in comparison with one percentage point for male respondents.

Table 33. Burn-out by gender (n=2804)

	Total GPs	Male	Female
Unweighted base =	2804	1262	1542
	%	%	%
Not burnt out (0–3)	40	42	39
Neutral (4–6)	34	32	35
Burnt out (7–10)	26	27	26
Total	100	100	100

Total may not sum to 100% due to rounding.

The rate of burn-out has risen by five percentage points for female respondents in comparison with one percentage point for male respondents

Table 34 examines the results to the burn-out question by practice location. This shows a similar likelihood of urban-based (24 percent) and rural-based (27 percent) respondents stating that they were burnt out.

Table 34. Burn-out by practice location (n=2773)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2773	2067	242	464
	%	%	%	%
Not burnt-out (0–3)	40	39	34	45
Neutral (4–6)	34	34	36	31
Burnt-out (7–10)	26	27	30	24
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 35 examines the results to the burn-out question by hours worked in general practice. This shows that respondents who work full-time (ie 36 hours or more in general practice each week) were significantly more likely to state they were burnt out compared with those working part-time (31 percent and 22 percent respectively).

Table 35. Burn-out by hours worked in general practice (n=2773)

	Total GPs	Fewer than 36 hours	36 hours or more	Don't know
Unweighted base =	2773	1352	1408	13*
	%	%	%	%
Not burnt out (0–3)	40	44	35	31
Neutral (4–6)	34	34	34	31
Burnt out (7–10)	26	22	31	38
Total	100	100	100	100

Total may not sum to 100% due to rounding.

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

Finally, Table 36 shows that practice owners and partners were significantly more likely to state they are burnt out compared with long-term employees and contractors for example (33 percent and 24 percent respectively).

Table 36. Burn-out by employment status (n=2773)

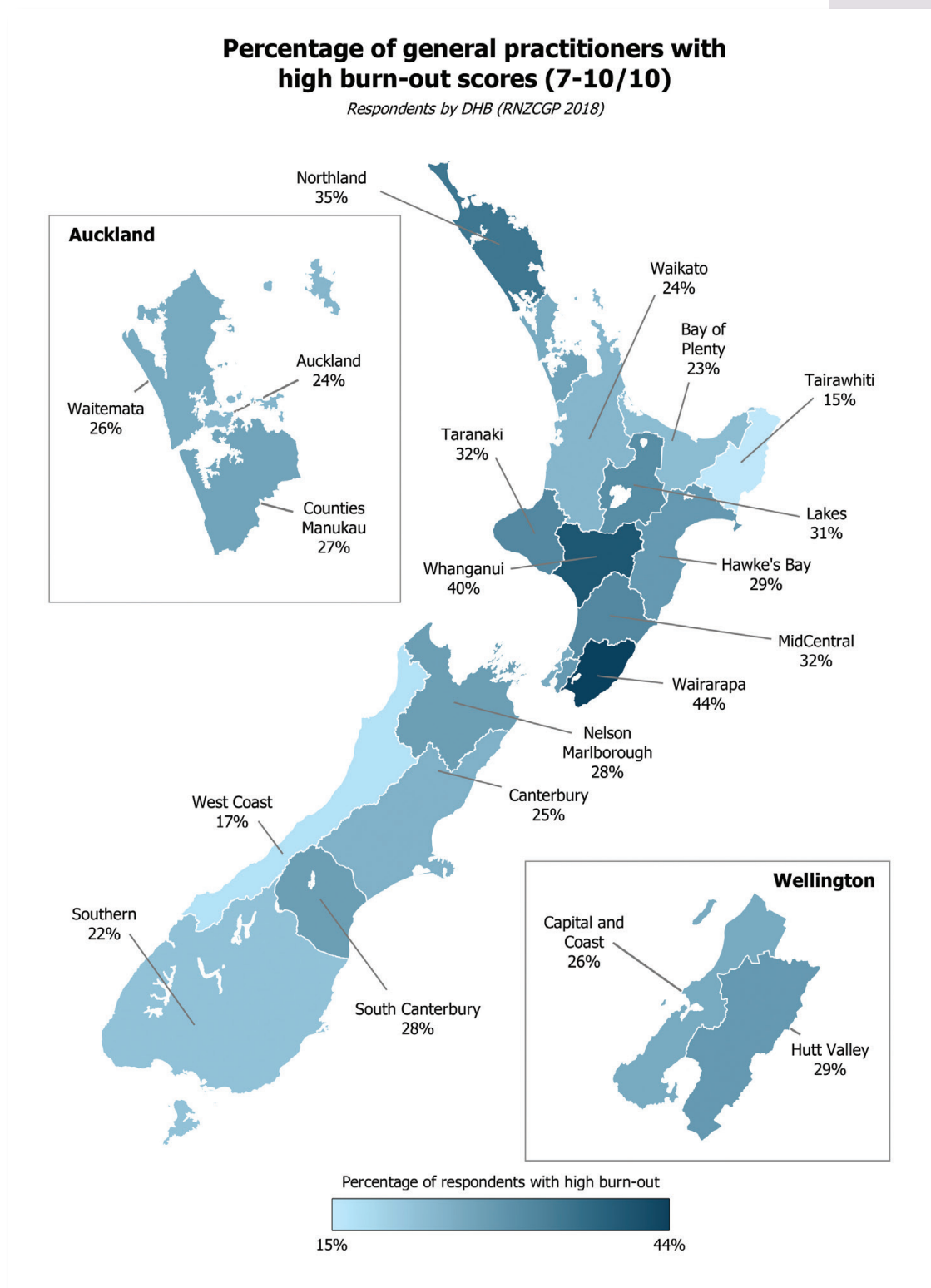
	Total GPs	Practice owner/ partner	Long-term employee/contractor	Short-term employee/contractor (eg locum or GPEP1 registrar)	Other
Unweighted base =	2773	1008	1324	354	87
	%	%	%	%	%
Not burnt out (0–3)	40	36	40	51	41
Neutral (4–6)	34	31	36	35	32
Burnt out (7–10)	26	33	24	15	26
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

Burn-out by district health board

Figure 8 illustrates the percentage of respondents in each DHB who scored themselves at 7–10 on the burn-out scale. The highest rates of burn-out are seen in Wairarapa and Whanganui DHBs (44 percent and 40 percent respectively). At the other end of the scale, Tairawhiti and West Coast DHBs had relatively low burn-out rates of 15 percent and 17 percent respectively. However, results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses.

Figure 8. Percentage of GPs with high burn-out scores 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.

Table 37 shows that this year 63 percent of respondents stated they were likely to recommend a career in general practice, based on a grouping of those who rated themselves a 7 to 10 inclusive on the scale. At the other extreme, 11 percent rated themselves as unlikely to do so, based on a grouping of those who rated themselves 0 to 3 inclusive on the scale. The remainder (25 percent), those who rated themselves 4 to 6 inclusive on the scale, are described as providing a 'neutral' response.

This table also shows that this year's result is significantly higher than the result for 2017, but similar to the result for 2016 (62 percent in 2016 compared with 63 percent in 2018).

Table 37. Career recommendation

	Total GPs 2016	Total GPs 2017	Total GPs 2018
Base* =	1816[†]	2360	2815
	%	%	%
Unlikely (0–3)	12	15	11
Neutral (4–6)	26	29	25
Likely (7–10)	62	56	63
Total	100	100	100

Total may not sum to 100% due to rounding.

* Data for 2017 and 2018 is unweighted; 2016 data is weighted.

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

Table 38 examines the results by age to the question recording the likelihood of recommending general practice as a career. This shows a very high recommendation rate for younger survey respondents in particular. For example, 81 percent of respondents in the 25–29-year age band stated they would recommend general practice as a career.

However, from this point onwards, the recommendation rate begins to decrease until it is below the average of 63 percent by the time it reaches the 45–49-year age band (60 percent), bottoming-out at a low of 50 percent for respondents in the 50–54-year age band. It is also below average for those in the 55–59-year age band (58 percent), before beginning to increase again.

Table 38. Career recommendation by age (n=2815)

	Total GPs	25–29 years	30–34 years	35–39 years	40–44 years	45–49 years	50–54 years	55–59 years	60–64 years	65–69 years	70+ years
Unweighted base =	2815	124	265	280	253	280	408	496	378	221	110
	%	%	%	%	%	%	%	%	%	%	%
Unlikely (0–3)	11	2	5	7	9	11	15	16	15	10	13
Neutral (4–6)	25	17	22	22	27	28	35	26	22	26	25
Likely (7–10)	63	81	74	71	64	60	50	58	63	64	63
Total	100	100	100	100	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

Table 39 shows that there are no differences by gender in terms of the extent to which survey respondents were likely to recommend general practice as a career.

Table 39. Career recommendation by gender (n=2804)

	Total GPs	Male	Female
Unweighted base =	2804	1262	1542
	%	%	%
Unlikely (0–3)	11	14	9
Neutral (4–6)	25	24	27
Likely (7–10)	63	62	64
Total	100	100	100

Total may not sum to 100% due to rounding.

Finally, Table 40 shows that there are no differences in the likelihood with which respondents stated they would recommend a career in general practice by employment status.

Table 40. Career recommendation by employment status (n=2773)

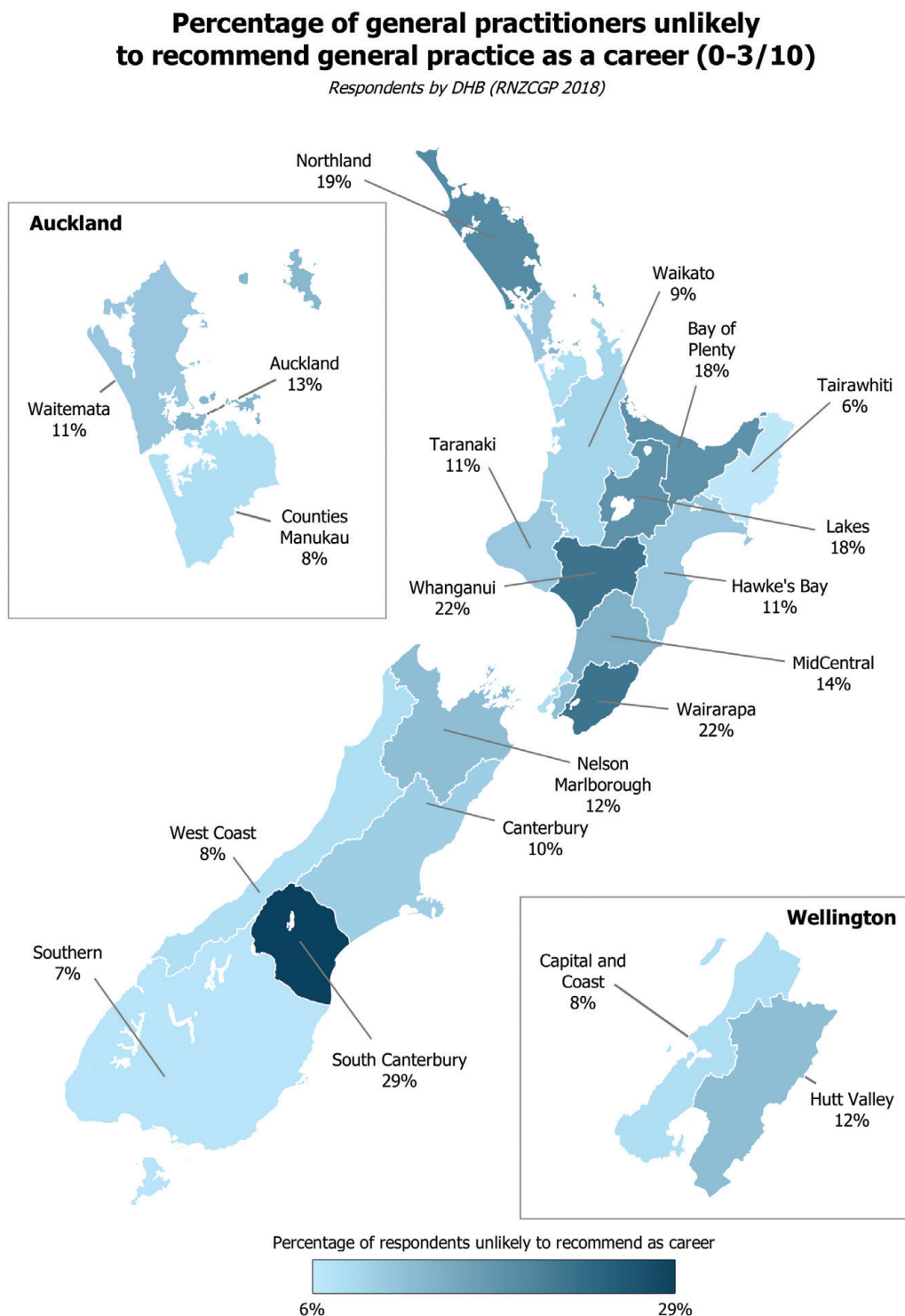
	Total GPs	Practice owner/partner	Employee/contractor (long- and short-term)	Other
Unweighted base =	2773	1008	1678	87
	%	%	%	%
Unlikely (0–3)	11	13	11	11
Neutral (4–6)	25	25	26	29
Likely (7–10)	63	62	64	60
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Career recommendation by district health board

The DHBs with the highest percentage of respondents unlikely to recommend a career in general practice were South Canterbury (29 percent), Wairarapa (22 percent), and Whanganui (22 percent). Such negativity was least common in Tairarwhiti (6 percent), Southern (7 percent), West Coast (8 percent), Capital and Coast (8 percent), and Counties Manukau (8 percent) DHBs. However, results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses.

Figure 9. Percentage of GPs unlikely to recommend general practice as a career by DHB



Association between burn-out, retirement intentions, career recommendations and training role

Earlier in this report we noted that 27 percent of survey respondents intended to retire in the next five years, 26 percent felt they were burnt out, and 11 percent of respondents were unlikely to recommend a career in general practice.

Table 41 shows that there is a strong negative correlation between the likelihood of recommending a career in general practice and the extent to which survey respondents stated they were burnt out. While 45 percent of respondents who stated they were burnt out also stated they would be willing to recommend a career in general practice, almost twice the percentage of those who stated they were not burnt out were likely to recommend general practice as a career (79 percent).

A significantly higher percentage of respondents who felt burnt out stated they were unlikely to recommend a career in general practice (21 percent), compared with only 6 percent of those who were not burnt out.

Table 41. Career recommendation by burn-out (n=2815)

	Total GPs	Not Burnt out (0–3)	Neutral (4–6)	Burnt out (7–10)
Unweighted base =	2815	1128	947	740
	%	%	%	%
Unlikely to recommend (0–3)	11	6	11	21
Neutral (4–6)	25	15	31	34
Likely to recommend (7–10)	63	79	58	45
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 42 shows that respondents involved in training in some capacity are the most positive about a career in general practice, with between 70 and 85 percent likely to recommend a career in general practice compared with 59 percent of those not involved in training.

Table 42. Career recommendation by training role (n=2815)

	Total	Teacher of undergraduate 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 post-graduate community-based runs	None of the above
Unweighted base =	2815	832	287	124	260	20*	113	1711
	%	%	%	%	%	%	%	%
Unlikely (0–3)	11	9	6	7	7	0	6	13
Neutral (4–6)	25	21	20	19	23	15	17	28
Likely (7–10)	63	71	74	73	70	85	77	59
Total	100	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

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

Table 43 examines the relationship between retirement intentions, burn-out, and career recommendation. Specifically, it shows that 35 percent of respondents who felt burnt out intended to retire in the next five years, and this is significantly higher than the percentage of GPs in general who intend to retire within this time frame (27 percent).

Similarly, 43 percent of respondents who would not recommend a career in general practice intended to retire in the next five years, which is significantly higher than the percentage of GPs in general who intend to retire within this time frame (27 percent).

Among the respondents unlikely to recommend a career in general practice, nearly half (49 percent) were burnt out.

Table 43. Relationship between retirement time frame, burn-out and a willingness to recommend a career in general practice (n=2815)

	Total GPs	GPs who are burnt out	GPs who would not recommend a career in general practice
Unweighted base =	2815	740*	323†
	%	%	%
1–2 years from now	11	16	21
3–5 years from now	16	19	22
6–10 years from now	20	24	25
11–15 years from now	15	15	13
16 years or more from now	37	25	18
Total	100	100	100

Total may not sum to 100% due to rounding.

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

† Subsample based on GPs who rated themselves 0–3 on an 11 point scale, indicating they would not recommend a career in general practice.

43%
of respondents who would not recommend a career in general practice intended to retire in the next five years

Practices with vacancies

This section of the report is based on survey respondents who indicated they were or had worked in general practice in the three months prior to the survey. There were n=2773 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section **excludes** the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison).

Table 44 shows the proportion of respondents reporting that the practice they worked in had a GP vacancy at the time of the survey, or had had a vacancy in the previous 12 months that had since been filled. This shows a significantly higher percentage of respondents this year stated they were working in a practice that currently had a GP vacancy compared with last year (31 percent compared with 26 percent in 2017).

In addition, a further 39 percent of respondents this year stated that the practice they are working in had had a vacancy in the past 12 months that had since been filled. Therefore, in summary, almost three-quarters of respondents (70 percent) stated they were working in a general practice that either had a current GP vacancy or had had one in the past 12 months.

Table 44. GP vacancies (n=2757)

	Total GPs 2017	Total GPs 2018
Unweighted base =	2353	2757
	%	%
Currently	26	31
Within the past 12 months (which has been filled)	39	39
Not within the past 12 months	34	30
Total	100	100

Total may not sum to 100% due to rounding.

70%
of respondents stated they were working in a general practice that either had a current GP vacancy or had had one in the past 12 months

Table 45 shows that a significantly higher percentage of respondents who work in a general practice that is in a rural location stated they had a GP vacancy at present compared with those working in an urban-based practice (39 percent and 28 percent respectively). The table also shows that, in addition to those in practices with current vacancies, a further 41 percent of respondents in rural-based practices also had a vacancy sometime in the past 12 months that has since been filled. Therefore, in summary, 80 percent of respondents currently working in a rural-based practice either have a current GP vacancy or had one in the past 12 months compared with 67 percent of respondents working in urban practices. The percentage of rural respondents working in a practice with a current vacancy has increased from 35 percent in 2017 to 39 percent in 2018.

Table 45. Respondents in practices with GP vacancies by practice location (n=2757)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2757	2057	239	461
	%	%	%	%
Currently	31	28	44	39
Within the past 12 months (which has been filled)	39	39	37	41
Not within the past 12 months	30	34	19	20
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 46 shows that a significantly higher percentage of respondents who felt they were burnt out stated that the general practice in which they were currently working had a GP vacancy compared to respondents who stated they were not burnt out (35 percent and 28 percent respectively).

Table 46. Respondents in practices with GP vacancies by burn-out (n=2757)

	Total GPs	Not burnt-out (0-3)	Neutral (4-6)	Burnt-out (7-10)
Unweighted base =	2757	1096	933	728
	%	%	%	%
Currently	31	28	31	35
Within the past 12 months (which has been filled)	39	39	39	38
Not within the past 12 months	30	33	29	27
Total	100	100	100	100

Total may not sum to 100% due to rounding.

The percentage of rural respondents working in a practice with a current vacancy has increased from 35 percent in 2017 to 39 percent in 2018

Table 47 shows that respondents currently working in a general practice operating under an ownership model other than the predominant GP-owned or partner-owned model were more likely to state they currently had a GP vacancy. For example, 40 percent of respondents working in a practice that is community owned or owned by a trust or charity stated they had a vacancy. This may reflect that ongoing workforce shortages are one of the reasons that this ownership model has been adopted.

Table 47. Respondents in practices with GP vacancies by practice ownership (n=2757)

	Total GPs	Owned by one or more GPs who work in the practice	Community owned or owned by a trust or charity	Fully or partially corporate owned	Fully or partially owned by a PHO or a GP organisation	Fully or partially owned by a DHB	Fully or partially owned by an iwi	Owned by a university (student health)	Other
Unweighted base =	2757	1963	189	249	100	33	51	41	131
	%	%	%	%	%	%	%	%	%
Currently	31	27	40	42	45	45	45	41	32
Within the past 12 months	39	39	35	44	38	30	43	49	38
Not within the past 12 months	30	34	24	14	17	24	12	10	30
Total	100	100	100	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

Vacancies by district health board

Figure 10 shows that the two DHBs with the highest percentage of respondents reporting a current GP vacancy in the practice that they worked in are West Coast (83 percent) and Wairarapa (56 percent). However, results from Wairarapa, West Coast, South Canterbury and Whanganui DHBs should be interpreted with caution due to the small numbers of responses. Hawke's Bay (51 percent), Tairawhiti (47 percent), and MidCentral (46 percent) DHBs also have high percentages of respondents reporting vacancies.

Figure 10. Respondents working in a practice with a GP vacancy by DHB

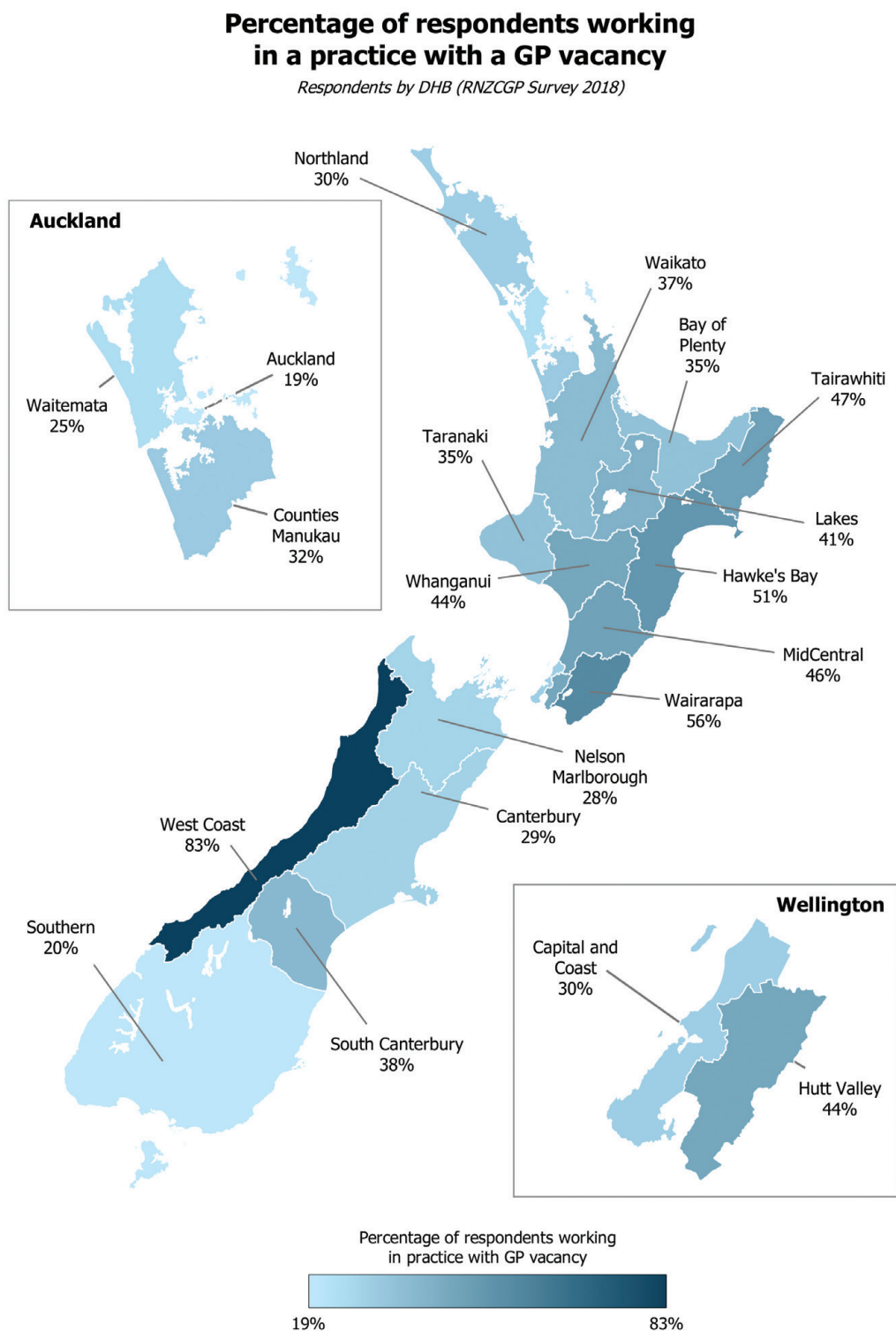


Table 48 shows the extent to which survey respondents were working in a general practice that had a **practice nurse** vacancy. This shows a significantly higher percentage of respondents this year also stating they were working in a practice that had a current practice nurse vacancy than was the case last year (22 percent and 17 percent).

In contrast, a slightly lower percentage of respondents stated they were working in a general practice that had had a vacancy for a practice nurse in the past 12 months which had since been filled (48 percent and 51 percent). Almost three-quarters of respondents (70 percent) stated they were working in a general practice that either had a current practice nurse vacancy or had had one in the past 12 months.

Table 48. Practice nurse vacancies

	Total GPs 2017	Total GPs 2018
Unweighted base =	2353	2743
	%	%
Currently	17	22
Within the past 12 months (which has been filled)	51	48
Not within the past 12 months	32	30
Total	100	100

Total may not sum to 100% due to rounding.

Practices with closed books

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2773 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section **excludes** the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison).

Table 49 shows that, although most respondents stated the general practice they were working in was currently enrolling new patients (86 percent), a similar percentage of respondents this year as last year stated their practice had closed its books (11 percent and 10 percent respectively).

Table 49. Practices with 'closed'/open books

	Total GPs 2017	Total GPs 2018
Unweighted base =	2351	2659
	%	%
Yes the practice is enrolling new patients	83	86
No, the books are closed and new patient enrolments are not being accepted	10	11
I do not work in a practice that enrolls patients	3	1
Don't know	3	3
Total	100	100

Total may not sum to 100% due to rounding.

Table 50 shows that a significantly higher percentage of survey respondents working in a general practice that had closed its books were in a practice that has a current GP vacancy compared with respondents working in a practice that was enrolling new patients (40 percent and 30 percent respectively).

Table 50. Practices with GP vacancy by 'closed'/open books (n=2576)

	Total GPs	Yes, the practice is enrolling new patients	No, the books are closed and new patient enrolments are not being accepted
Unweighted base =	2576	2270	290
	%	%	%
Currently	31	30	40
Within the past 12 months (which has been filled)	39	41	23
Not within the past 12 months	29	28	37
Total	100	100	100

Total may not sum to 100% due to rounding.

Table 51 shows that respondents working in urban-based practices are slightly more likely than rural-based respondents to state the practice's books are closed (11 percent and 7 percent respectively). However, what is also important to note is the significantly higher percentage of respondents working in general practices that are neither clearly urban nor rural in their location who stated that this was the case (17 percent).

Table 51. Practices with 'closed'/open books by practice location (n=2659)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2659	1979	222	458
	%	%	%	%
Yes the practice is enrolling new patients	86	86	77	90
No the books are closed and new patient enrolments are not being accepted	11	11	17	7
I do not work in a practice that enrolls patients	1	1	2	0
Don't know	3	3	4	3
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Table 52 shows that respondents who felt they were burnt out were slightly more likely to state they worked in a practice that had closed their books than those who did not feel they were burnt out (14 percent and 10 percent respectively). Most respondents who felt burnt out were working in practices that were enrolling new patients (84 percent).

Table 52. Practices with 'closed'/open books by burn-out (n=2659)

	Total GPs	Not burnt out (0–3)	Neutral (4–6)	Burnt out (7–10)
Unweighted base =	2659	1047	901	711
	%	%	%	%
Yes the practice is enrolling new patients	86	86	87	84
No, the books are closed and new patient enrolments are not being accepted	11	10	10	14
I do not work in a practice that enrolls patients	1	1	1	1
Don't know	3	3	3	2
Total	100	100	100	100

Total may not sum to 100% due to rounding.

GP incomes

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to the survey. There were n=2773 of these respondents. Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

NOTE: This section **excludes** the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison).

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

Table 53 shows that a little under one-third of respondents (30 percent) stated they had a personal income of up to \$100,000, over one-third (36 percent) stated they had a personal income of between \$100,001 and \$175,000, and the remainder an income of \$175,001 or more (34 percent).

The average personal income was \$156,055 and the median income falls within the \$100,000 to \$125,000 income band. For comparison, the average income from the 2016 and 2017 surveys was \$152,551 and \$150,995 respectively (refer Table 54).

Table 53. Annual personal income (n=2752)

Total GPs 2018	
Unweighted base =	2752
	%
Up to and including \$25,000	3
\$25,001 to \$50,000	4
\$50,001 to \$75,000	10
\$75,001 to \$100,000	13
\$100,001 to \$125,000	12
\$125,001 to \$150,000	13
\$150,001 to \$175,000	11
\$175,001 to \$200,000	9
\$200,001 to \$225,000	7
\$225,001 to \$250,000	5
\$250,001 to \$275,000	4
\$275,001 to \$300,000	3
\$300,001 to \$400,000	4
\$400,001 to \$500,000	1
\$500,001 to \$1,000,000	1
\$1,000,001 or higher	0
Total	100
Average	\$156,055

Total may not sum to 100% due to rounding.

Table 54 provides a comparison of personal incomes for the three years, 2016–2018. The median income for all three years falls within the \$100,000 to \$125,000 income band. There has been little change in the average income over this time.

Table 54. Annual personal income, 2016–2018

	2016	2017	2018
Unweighted base =	1787	2360	2742
	%	%	%
Up to \$75,000	19	19	17
\$75,001 to \$125,000	25	25	25
\$125,001 to \$200,000	34	32	33
More than \$200,000	22	23	25
Total	100	100	100
Average	\$152,551	\$150,995	\$156,250

Total may not sum to 100% due to rounding.

Annual personal incomes differ by gender (Table 55). This table shows that male respondents were significantly more likely to state they earned more than \$200,000 per annum compared with female respondents (40 percent and 12 percent respectively). On the other hand, female respondents were significantly more likely than male respondents to state their income was up to \$75,000 per annum (24 percent and 9 percent respectively). The median income for male respondents falls within the \$125,001 to \$200,000 income band, while the median income for female respondents falls within the \$75,001 to \$125,000 income band.

Table 55. Annual personal income by gender (n=2742)

	Total GPs	Male	Female
Unweighted base =	2742	1222	1520
	%	%	%
Up to \$75,000	17	9	24
\$75,001 to \$125,000	25	17	32
\$125,001 to \$200,000	33	35	32
More than \$200,000	25	40	12
Total	100	100	100
Average	\$156,250	\$191,039	\$128,281

Total may not sum to 100% due to rounding.

These results may be greatly influenced by the weekly hours worked in general practice and, therefore, Table 56 is based on respondents who work full-time (ie 36 hours or more in general practice per week). This shows that with the part-time GPs removed, the median income for both full-time male and female respondents falls within the \$125,001 to \$200,000 income band. However, the table also shows that, on average, full-time male respondents have a higher annual income than do full-time female respondents. Note that the average hours worked by full-time male GPs exceeds that worked by full-time female GPs; therefore, this analysis does not fully control for the effect of hours worked.

Table 56. Annual personal income by gender, full-time GPs only (n=1387)

	Total GPs	Male	Female
Unweighted base =	1387*	802	585
	%	%	%
Up to \$75,000	5	3	8
\$75,001 to \$125,000	14	10	21
\$125,001 to \$200,000	40	36	46
More than \$200,000	41	52	25
Total	100	100	100
Average	\$197,846	\$219,327	\$168,397

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Annual personal incomes also differ by age (Table 57). This table shows that respondents in the 25–39-year age band reported having generally lower incomes than did all other age bands, with 56 percent earning up to \$125,000 per annum. In comparison, respondents in the 55–64-year age band were significantly more likely to state they earned higher incomes. Sixty-eight percent earned over \$125,001 per annum and over one-third (35 percent) earned more than \$200,000 per annum.

Table 57. Annual personal income by age (n=2752)

	Total GPs	25–39	40–54	55–64	65+
Unweighted base =	2752	666	921	851	314
	%	%	%	%	%
Up to \$75,000	17	22	17	11	24
\$75,001 to \$125,000	25	34	24	20	22
\$125,001 to \$200,000	33	33	34	33	30
More than \$200,000	24	11	24	35	25
Total	100	100	100	100	100
Average	\$156,055	\$126,614	\$153,420	\$184,019	\$150,438

Total may not sum to 100% due to rounding.

With part-time GPs removed, Table 58, based on full-time respondents, shows a similar income pattern by age. That is, full-time survey respondents in the 25–39-year age band reported having generally lower incomes than did all other age bands. Eighty-eight percent of respondents working full-time in the 55–64-year age band stated they earned \$125,001 or more, and over one-half stated they earned more than \$200,000 per annum (52 percent).

Table 58. Annual personal income by age, full-time GPs only (n=1391)

	Total GPs	25–39	40–54	55–64	65+
Unweighted base =	1391*	326	437	493	135
	%	%	%	%	%
Up to \$75,000	5	12	3	1	7
\$75,001 to \$125,000	15	28	10	11	10
\$125,001 to \$200,000	40	43	44	36	39
More than \$200,000	40	17	43	52	45
Total	100	100	100	100	100
Average	\$197,655	\$148,735	\$200,143	\$224,949	\$208,056

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Table 59 shows that there are no significant differences in terms of annual income between survey respondents currently working in urban-based and rural-based practices. This is also the case when these results are examined for full-time respondents only.

Table 59. Annual personal income by practice location (n=2752)

	Total GPs	Urban	Not clearly urban or rural	Rural
Unweighted base =	2752	2048	241	463
	%	%	%	%
Up to \$75,000	17	17	16	16
\$75,001 to \$125,000	25	26	24	24
\$125,001 to \$200,000	33	33	35	36
More than \$200,000	24	24	25	24
Total	100	100	100	100
Average	\$156,055	\$156,250	\$154,098	\$156,210

Total may not sum to 100% due to rounding.

Table 60 shows that respondents who are referred work from other GPs because of a particular expertise were more likely to state they earned a higher annual income compared with respondents who did not receive referral work. For example, 28 percent stated they earned more than \$200,000 per annum compared with 20 percent of those not receiving referral work.

Table 60. Annual personal income by receipt of referral work (n=2752)

	Total GPs	GPs who receive referral work	GPs who do not
Unweighted base =	2752	1425	1327
	%	%	%
Up to \$75,000	17	14	20
\$75,001 to \$125,000	25	23	27
\$125,001 to \$200,000	33	34	32
More than \$200,000	24	28	20
Total	100	100	100
Average	\$156,055	\$166,851	\$144,461

Total may not sum to 100% due to rounding.

The same income pattern is evident when part-time GPs are removed. Table 61 shows that respondents who are referred work from other GPs and work full-time were significantly more likely to state they earned more than \$200,000 per annum than those who did not receive referral work, but worked full-time (47 percent and 34 percent respectively).

Table 61. Annual personal income by referrals, full-time GPs only (n=1391)

	Total GPs	GPs who receive referral work	GPs who do not
Unweighted base =	1391*	691	700
	%	%	%
Up to \$75,000	5	2	7
\$75,001 to \$125,000	15	9	20
\$125,001 to \$200,000	40	42	39
More than \$200,000	40	47	34
Total	100	100	100
Average	\$197,655	\$215,520	\$180,018

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Reflecting the results by age, Table 62 shows that survey respondents who are Fellows of the College were significantly more likely to state they earned higher incomes than those who are not Fellows. For example, 27 percent stated they earned more than \$200,000 per annum compared with 8 percent who are not Fellows.

Table 62. Annual personal income by Fellow status (n=2752)

	Total GPs	Fellow of College	Not a Fellow
Unweighted base =	2752	2314	438
	%	%	%
Up to \$75,000	17	16	23
\$75,001 to \$125,000	25	23	37
\$125,001 to \$200,000	33	34	31
More than \$200,000	24	27	8
Total	100	100	100
Average	\$156,055	\$163,143	\$118,607

Total may not sum to 100% due to rounding.

The same income pattern is evident when part-time GPs are removed. Table 63 shows that respondents who are Fellows of the College and work full-time were significantly more likely to state they earned more than \$200,000 per annum than those who are not Fellows but worked full-time (46 percent and 14 percent).

Table 63. Annual personal income by Fellow status, full-time GPs only (n=1391)

	Total GPs	Fellow of College	Not a Fellow
Unweighted base =	1391*	1154	237
	%	%	%
Up to \$75,000	5	3	13
\$75,001 to \$125,000	15	11	34
\$125,001 to \$200,000	40	41	39
More than \$200,000	40	46	14
Total	100	100	100
Average	\$197,655	\$209,965	\$137,711

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

Table 64 shows that there are significant differences in the annual incomes of GPs in terms of the ownership model of the general practice they are currently working in. While 26 percent of respondents currently working in a general practice that is owned by a GP or a number of GPs in partnership (the predominant ownership model) stated they earned more than \$200,000 per annum, this was only 13 percent for respondents currently working in a practice that is community owned or owned by a trust or charity, for example.

Table 64. Annual personal income by ownership model (n=2752)

	Total GPs	Owned by one or more GPs who work in the practice	Community owned or owned by a trust or charity	Fully or partially corporate owned	Fully or partially owned by a PHO or a GP organisation	Fully or partially owned by a DHB	Fully or partially owned by an iwi	Owned by a university (student health)	Other
Unweighted base =	2752	1951	190	252	99	33	51	41	135
	%	%	%	%	%	%	%	%	%
Up to \$75,000	17	16	22	14	19	30	22	24	24
\$75,001 to \$125,000	25	25	31	20	22	15	33	34	21
\$125,001 to \$200,000	33	32	35	36	36	36	37	37	34
More than \$200,000	24	26	13	30	22	18	8	5	20
Total	100	100	100	100	100	100	100	100	100
Average	\$156,055	\$162,269	\$123,158	\$161,905	\$146,843	\$129,924	\$121,814	\$113,720	\$140,556

Total may not sum to 100% due to rounding.

Respondents working in corporate-owned practices were the most likely to state they earned more than \$200,000 per annum (30 percent). This is even more evident when the focus is placed on those respondents who work full-time. Table 65 shows that 50 percent of respondents working in corporate-owned practices and working full-time stated they earned more than \$200,000 per annum compared with 42 percent of respondents currently working in a general practice that is owned by a GP or a number of GPs in partnership.

Table 65. Annual personal income by ownership model, full-time GPs only (n=1391)

	Total GPs	Owned by one or more GPs who work in the practice	Community owned or owned by a trust or charity	Fully or partially corporate owned	Fully or partially owned by a PHO or a GP organisation	Fully or partially owned by a DHB	Fully or partially owned by an iwi	Owned by a university (student health)	Other (please specify)
Unweighted base =	1391*	1029	79	119	54	13[†]	20[†]	14[†]	63
	%	%	%	%	%	%	%	%	%
Up to \$75,000	5	4	6	4	11	8	0	0	5
\$75,001 to \$125,000	15	15	24	8	11	8	15	7	14
\$125,001 to \$200,000	40	39	47	37	41	46	65	79	49
More than \$200,000	40	42	23	50	37	38	20	14	32
Total	100	100	100	100	100	100	100	100	100
Average	\$197,655	\$203,086	\$154,589	\$204,097	\$184,259	\$179,808	\$168,750	\$160,714	\$183,333

Total may not sum to 100% due to rounding.

* Sample excludes part-time GPs.

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

APPENDIX 1:

Methodology

The 2018 Workforce Survey was conducted from May to June 2018. 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, it worked closely with College staff.

Research New Zealand also completed the College's workforce survey in 2016 and 2017. The survey has retained a core set of questions during these three years, and additional modules of questions have been added year on year. For example, this year the modules were based on factors that might encourage GPs to increase the time they spend in general practice per week, referrals received, factors that might encourage GPs to remain in general practice and delay their retirement, and mobility. There was also a substantial module on rural hospital doctors.

The College database, which includes the large majority of doctors working in New Zealand general practice, was used as the survey's sampling frame to identify and contact survey participants. It should, however, be noted that, in New Zealand, doctors are legally able to work in general practice without the additional training required for vocational (specialist) registration. These non-vocationally registered doctors are not usually included in the College database unless they are vocational trainees.

In total, 5022 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received an email invitation with a link to a personal copy of the online survey. A reminder email was sent to those who had not responded approximately one week later. To further boost the final participation rate, three more follow-up emails were sent in subsequent weeks.

A total of 3056 valid responses were received by the survey close-off date, giving a response rate of 61 percent. This is a higher rate than that for the 2017 survey, which was 52 percent.

One hundred and ninety-six respondents were GPs who are not part of the current workforce (eg they are retired or are working overseas), 42 respondents had not been involved in clinical work in the previous three months, 32 respondents stated they had only worked in rural hospital medicine, four respondents had worked in rural hospital medicine and some 'other' non-general practice setting, and nine respondents were enrolled in rural hospital medicine but had not worked in rural hospital medicine or general practice in the previous three months.

As a result, unless otherwise specified, the data and analysis in this report is based on the response to the survey questions for 2773 respondents who stated they had worked in general practice in New Zealand in the three months prior to the survey.


Where appropriate, the responses from the 42 who stated that all their work in the three months prior to the survey had been entirely non-clinical (eg management, administration, liaison) are also taken into account. For example, this is the case for the demographics section of the report.

In preparation for the analysis, a comparison of the age and gender profile of the survey respondents with the age and gender profile of those on the College database was undertaken. As this showed a close match between the two profiles, the survey data has not been 'weighted' to correct for any variations. That is, all the data for 2018 in this report is presented on an unweighted basis.

As not all questions were compulsory, the survey was designed in such a way that questions that were not relevant to particular respondents due to the way they had answered preceding questions did not appear. Therefore, the total number of respondents on which tabulations and figures are based differ according to the number of GPs who were eligible to answer each question in the survey.

Data presented in this report for 2014, 2015 and 2017, for comparative reasons, is also unweighted. However, 2016 data is weighted due to the disproportionately higher percentage of registrars that responded to that year's survey.

Few responses were received from respondents in some DHBs and results for these DHBs should be interpreted with caution. In particular, this affects Wairarapa (10 responses), West Coast (16) South Canterbury (21) and Whanganui (29).



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