



2020 General Practice Workforce Survey

Time Series report – Final

16 December 2020




ALLEN+CLARKE

ACKNOWLEDGEMENTS

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REVIEW

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INSIGHTS

In 2020, the proportion of GPs rating themselves as 'high' on the burn-out scale reached the highest level yet recorded. The proportion of GPs who intend to retire within two years has also steadily increased year by year.

The GP workforce continues to face an issue of ageing, but the pace of ageing is slower than that in earlier years (2014 to 2016). The gender distribution of the workforce has been changing in the past six years, with the older, male-dominated cohort moving toward retirement, while the younger, female cohort is now constituting the majority of the workforce.

The survey year 2020 is the first time that the number of 'part-time' GPs exceeded 'full-time' GPs. As time goes by, male GPs tend to work longer hours than female GPs, but since 2015, the gender difference in average working hours has narrowed.

The average GP income reported in 2020 has remained relatively stable since 2016.

More GPs chose to be long-term employees or contractors and fewer GPs became practice owners or partners over the past six years.

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EXECUTIVE SUMMARY

This is the second in a series of reports from The Royal New Zealand College of General Practitioners' (the College's) 2020 Workforce Survey. In this time-series report, the key results from the 2020 workforce survey are compared with previous surveys' results between 2014 and 2018. The purpose of this study is to collect consistent information on general practice and rural hospital medicine workforce, facilitate comparison with historical survey data, and inform future decision making about general practice and rural hospital medicine in New Zealand.

This is the sixth in a series of workforce surveys that the College has undertaken since 2014. In 2020, the survey results have been collated and analysed by *Allen + Clarke* with support from College staff. Over 5,000 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine were surveyed (almost all doctors working in New Zealand general practice and rural hospital medicine), with a response rate of 60 percent.

General Practice Workforce - demographics

- The average age of participants is 50.4 years, similar to the result in 2018.
- The proportion of GPs aged 55 and over remains at 43 percent.
- The GP workforce continues to face an issue of ageing, but the pace of the ageing is slower than it was between 2014 and 2016.
- The GP workforce has been experiencing a change in the gender distribution over time. The trend shows that the older, male-dominated cohort is moving into retirement and the younger, female cohort is comprising a larger proportion of the workforce.
- The GP workforce continues to be dominated by respondents identifying as European (77 percent) – an increase from 75 percent in 2018. The percentage identifying as Asian increased to 19 percent in 2020.
- There continues to be a disproportionately lower number of Māori and Pacific GPs compared to the general population.
- International medical graduates (IMGs) make up over one-third (37 percent) of the GP workforce in 2020, down from 42 percent in 2014.
- Nearly two-thirds (63 percent) of GPs obtained their medical degree in New Zealand, a significant increase from 58 percent in 2014.

Training in general practice

- 22 percent were currently enrolled in a vocational training programme, up from 20 percent in 2018.
- A large majority (82 percent) of respondents enrolled in the training programme towards gaining Fellowship of the College (GPEP) are at GPEP2/3, an increase from 67 percent in 2017 and 74 percent in 2018.

Hours worked and after-hours commitments in general practice

- The average number of hours worked in general practice was 34.8 hours per week, the same as the result in 2018.
- Male GPs tended to work longer hours than female GPs over the last five years. However, the gender difference in average hours worked decreased from 8.6 hours in 2015 to 7.0 hours in 2020.
- The proportion of GPs that worked less than 36 hours (part-time) steadily increased from 46 percent in 2014 to 54 percent in 2020. 2020 is the first time that the proportion of 'part-time' has exceeded 'full-time' employment.
- The proportion of GPs that stated they had after-hours general practice commitments decreased from 66 percent in 2016 to 58 percent in 2020.

GP incomes

- GPs' average personal annual before-tax income is \$157,594, slightly higher than \$156,250 in 2018, but is less than the expected inflationary increase.

Employment type and practice ownership

- Long-term employees and contractors continue to make up the largest proportion of the GP workforce; just over half (52 percent) of GPs state they are either a long-term employee or contractor in 2020, increased from 46 percent in 2014.
- The proportion of practice owners or partners decreased from 39 percent in 2014 to 34 percent in 2020.

- The majority of GPs work in a practice owned by one or more GPs who work in the same practice; a result that has dropped from 73 percent in 2015 to 69 percent in 2020.
- The proportion of GPs that work in a practice which is fully or partially corporate-owned increased from 7 percent in 2015 to 10 percent in 2020.

Retirement intentions in general practice

- The proportion of GPs intending to retire soon (within two years) has increased steadily every year since the survey was conducted and rose from 4 percent in 2014 to 14 percent in 2020.
- Over the next five years, 31 percent of GPs intend to retire; double the proportion in 2014. Over the next ten years, nearly half (49 percent) intend to retire, increased from 36 percent in 2014.

Burn-out and general practice as a career

- Nearly one-third (31 percent) of respondents rate themselves 'high' on the burn-out scale. This percentage has been steadily increasing over the past four years. In 2016, 22 percent of respondents rated themselves as 'high' on the burn-out scale.
- Over half of GPs (54 percent) rate themselves likely to recommend a career in general practice, a decrease from 63 percent in 2018.

Rural Hospital Medicine workforce

- The median age of rural hospital doctors is 49.0 years, a slight increase compared to 48.1 years in 2018.
- The proportion of female rural hospital doctors increased from 41 percent in 2018 to 44 percent in 2020.
- The majority of rural hospital doctors identify as European (84 percent), compared to 80 percent in 2018.
- Nearly half (46 percent) of respondents working or training in rural hospital medicine report they gained their first medical degree overseas, increased from 37 percent in 2018.
- The majority (68 percent) of rural hospital doctors work in a Level 3 rural hospital, similar to the result in 2018. But both the percentage of level 1 and level 2 decreased in 2020.
- The average number of hours worked in rural hospital medicine was 28.4 hours per week in 2020; decreased from 29.7 hours in 2018.

- The percentage of respondents intending to retire in the next two years decreased from 18 percent in 2018 to 15 percent in 2020.
- More than one-fifth (21 percent) of rural hospital doctors rate themselves as being burnt out to some degree, compared to 29 percent in 2018.
- The percentage of respondents working in rural hospital medicine that stated they were likely to recommend a career in rural hospital medicine increased from 74 percent in 2018 to 80 percent in 2020.

1. INTRODUCTION

1.1. Context

The Royal New Zealand College of General Practitioners (the College) works to improve the health of all New Zealanders through high quality general practice care. The College is a professional membership organisation that works to strengthen the professionalism and practice of its members. The College provides education, assessment, quality and support services for general practitioners and rural hospital medicine; and represents its members by providing advice and expertise to government and within the wider health sector.

The College works to achieve its strategic aims of:

- Growing the GP workforce
- Setting quality standards for practices
- Representing its members
- Contributing to equitable health care for all New Zealanders
- Becoming a contemporary and sustainable organisation.

The College is the largest professional medical college in New Zealand and provides ongoing professional development to approximately 5,700 GPs and Rural Hospital Medicine practitioners.

The General Practice Workforce Survey is a cross-sectional survey conducted by the College among its members, first carried out in 2014. Prior to 2018, the survey was undertaken annually. In 2018, the College decided to change its frequency to a biennial survey. The survey aims to provide the College (and the wider health sector) with a strong evidence base that will help inform future decisions about general practice in New Zealand, track trends over time, and respond in a timely manner to emerging issues.

Allen + Clarke was commissioned by the College to co-design and conduct the 2020 General Practice Workforce Survey. In addition to core questions that have been included in previous workforce surveys, it was decided to add content to the 2020 Survey relating to 'new ways of working'. This included timely reporting on changes to service delivery models related to COVID-19 lockdown restrictions. New Zealand went into COVID-19 Alert Level 4 lockdown in March 2020; this may have influenced some of the findings of this report.

1.2. Objective

The aim of this work is to add to the College's evidence base to inform quality standards, and programmes to improve general practice workplace and clinical systems in general practice for the benefit of practices and patients.

1.3. Limitations

Due to the lack of access to the full historical workforce survey datasets, *Allen + Clarke* has adopted a 'Single Source of Truth' approach and extracted the previous surveys' results from the 2014 to 2018 GP Workforce reports.

2. METHODOLOGY

This section summarises the methodology used for the General Practice Workforce Survey in 2020. The survey has been designed to be highly consistent with the structure and methodology of the previous 2018 survey. The key question themes of each survey from 2014 to 2020 are presented in Appendix One. Related reports and questionnaires can be accessed through the College's [website](#).

The 2020 Workforce Survey was conducted from 3 August to 6 September 2020. The main questionnaire of the survey has been adapted from the core set of questions in the 2018 workforce survey, allowing comparison to past responses and trend analysis, and additional modules of questions have also been added in 2020. For example, this year's theme is "Ways of Working". The College is interested in understanding how work has changed because of the COVID-19 lockdown, including how GPs engage with their patients. The rural hospital medicine module is on its second survey cycle after being introduced in the 2018 workforce survey.

The questionnaire was pre-tested to ensure that the questions were appropriate, effective and easy to understand. After this process, some modifications were made to the questionnaire. Prior to the main phase of the data collection, a pilot study was carried out among 20 GPs. The pilot study confirmed that the questionnaire flowed well, and the estimated duration of survey was approximately 15 minutes.

The workforce survey's **target population** was all doctors currently working (three months prior to the survey) in either general practice or rural hospital medicine in New Zealand. We used a "census" approach (complete enumeration survey method) wherein every registered member of the College is selected for the study. The College's database, which includes most doctors working in New Zealand general practice, was used as the survey's **sampling frame** to identify and contact survey participants.

In New Zealand, doctors are legally able to work in general practice without the additional training required for vocational (specialist) registration, and these non-vocationally registered doctors may not be included in the College's database, i.e., they were not covered by the participant list (out of coverage), and as a result, they were not reached by the survey. In addition, survey recipients also included doctors who are retired, currently out of the workforce, working in other careers, working overseas or have not been involved in clinical work in the previous three months. We have excluded those GPs (out of scope) in our analysis and reporting.

In total, 5193 Fellows, Members and Associates of the College and the Division of Rural Hospital Medicine received the 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, two more follow-up emails were sent in subsequent weeks.

We received 3139 responses of which 22 were not valid (i.e. did not complete section one of the survey), leaving 3117 valid and useable responses and giving a response rate of 60.0 percent. This included 98 incomplete responses. These were included in the analysis as the majority were missing only the responses to some questions in the survey. The response rate is very close to the rate in the 2018 survey, which was 60.9 percent. Table 1 shows all the response rates in the previous surveys.

Table 1. Response rate of workforce survey, 2014 -2020

	2014	2015	2016	2017	2018	2020
Response rate (%)	55.9	54.3	44.5	52.0	60.9	60.0

In 2020, the number of respondents who stated they had worked in rural hospital medicine in the three months prior to the survey was 114. With 193 rural hospital doctors recorded in the College's membership records, 114 responses represent a response rate of 59.1 percent. As such, the results can be regarded as being representative, despite the number responding being relatively small in an absolute sense.

Another 21 respondents identified themselves as registrars training towards Fellowship of the Division of Rural Hospital Medicine (FDRHMNZ). While these respondents had not worked in rural hospital medicine in the preceding three months, they were asked relevant questions and were therefore included in the RHM section of this report. This increased the total possible number of responses to relevant questions to 135.

As not all questions were compulsory, the survey included conditional logic, so only relevant questions were presented to participants according to their earlier responses. Therefore, the total number of respondents on which tabulations and figures are based differs according to the number of GPs or rural hospital doctors who were eligible to answer each question in the survey.

3. GENERAL PRACTICE WORKFORCE - DEMOGRAPHICS

This section of the report provides demographic profiles, such as age, gender and ethnic group, of all participants from each workforce survey from 2014 to 2020. The analysis is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to each survey. It includes respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g. management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

3.1. Age and gender

Based on the results of the time-series analysis, the findings show that the GP workforce continues to face an issue of ageing although over recent years the proportion of younger GPs has started to increase slightly. As illustrated by Table 2, more than one-third of GPs are aged between 25 and 44 years in 2020, a 3 percentage points increase from 2014. The proportion of older GPs aged 60-74 increased dramatically by 11 percentage points in the past six years. The proportion of mid-career GPs aged 45-59 has dropped by 16 percentage points since 2014.

Table 2. Age profile of GPs, 2014 - 2020

	Total GPs					
	2014	2015	2016	2017	2018	2020
Base*	2184	2211	1820**	2371	2815	2830
	%	%	%	%	%	%
25-29 years	4	4	3	4	4	3
30-34 years	9	8	6	9	9	11
35-39 years	9	9	10	10	10	11
40-44 years	10	9	8	9	9	11
Sub-total: 25 - 44 years	32	30	27	32	32	35
45-49 years	16	13	13	11	10	9
50-54 years	20	18	17	15	14	12
55-59 years	16	18	19	18	18	15
Sub-total: 45-59 years	52	49	49	44	42	36
60-64 years	10	11	14	13	13	16
65-69 years	5	6	6	7	8	8
70-74 years	2	2	2	2	3	4
75 years and over	1	1	1	1	1	1
Sub-total 60 years and over	18	20	23	23	25	29
Total	100	100	100	100	100	100
Average age	49.4	49.9	50.9	50	50.3	50.4

Total may exceed 100% due to rounding.

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

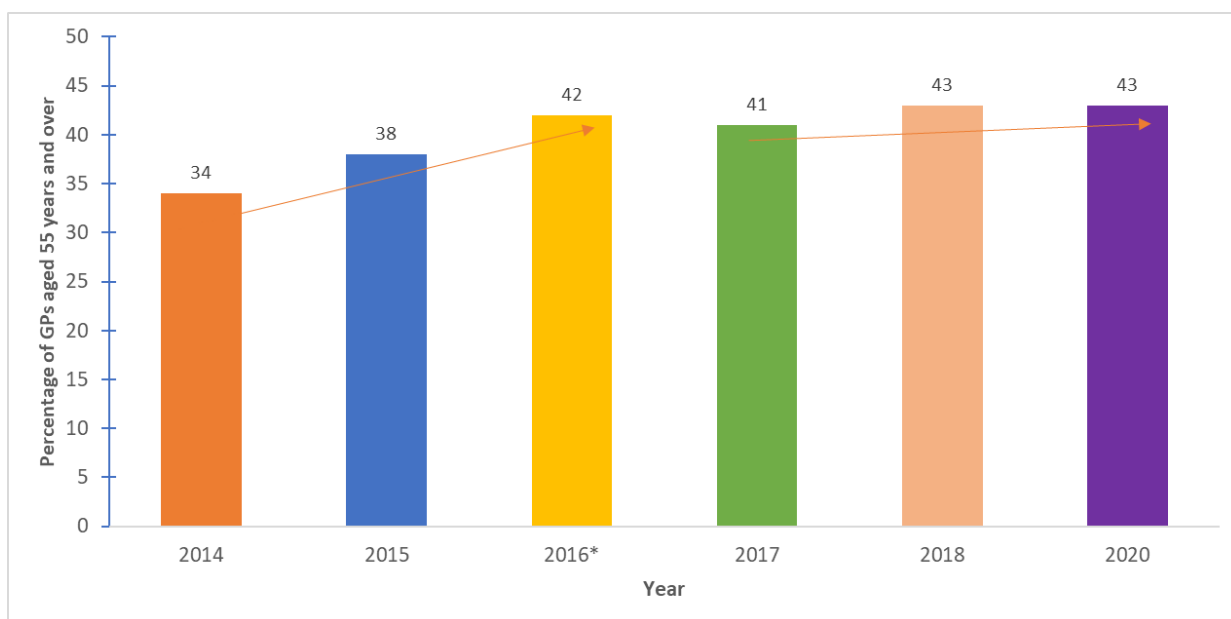
**2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey.

In 2020, the average age of GPs is 50.4 years, similar to the result in 2018 survey (50.3 years). The proportion of GPs aged 55 and over remains unchanged at 43 percent (Figure 1).

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

Both indicators of the average age of GPs (Table 2) and the proportion of GPs aged 55 or over (Figure 1) shows the pace of the ageing workforce is slower between 2017 and 2020 than it was between 2014 and 2016.

Figure 1. Comparison of the percentage of GPs 55 years and over, 2014 -2020



* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2014, 2015, 2017, 2018 and 2020 is unweighted.

Figure 2 shows the ageing GP workforce in the older age groups, especially in the 60 to 74 age range.

Figure 2. Comparison of the age profile of GPs between 2014 and 2020

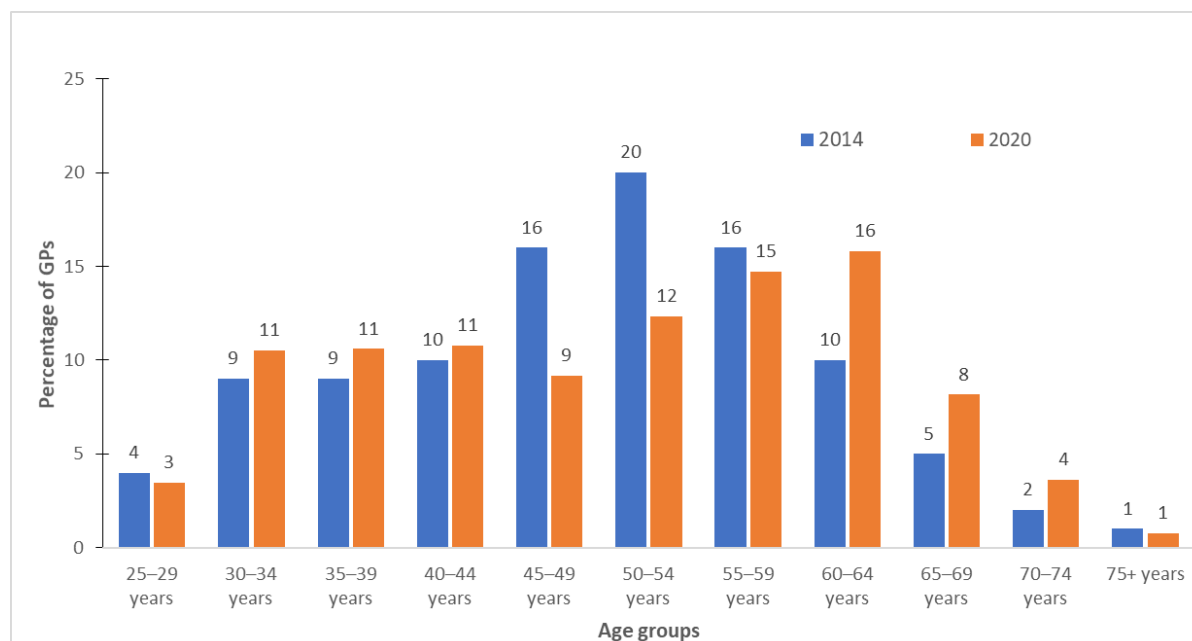
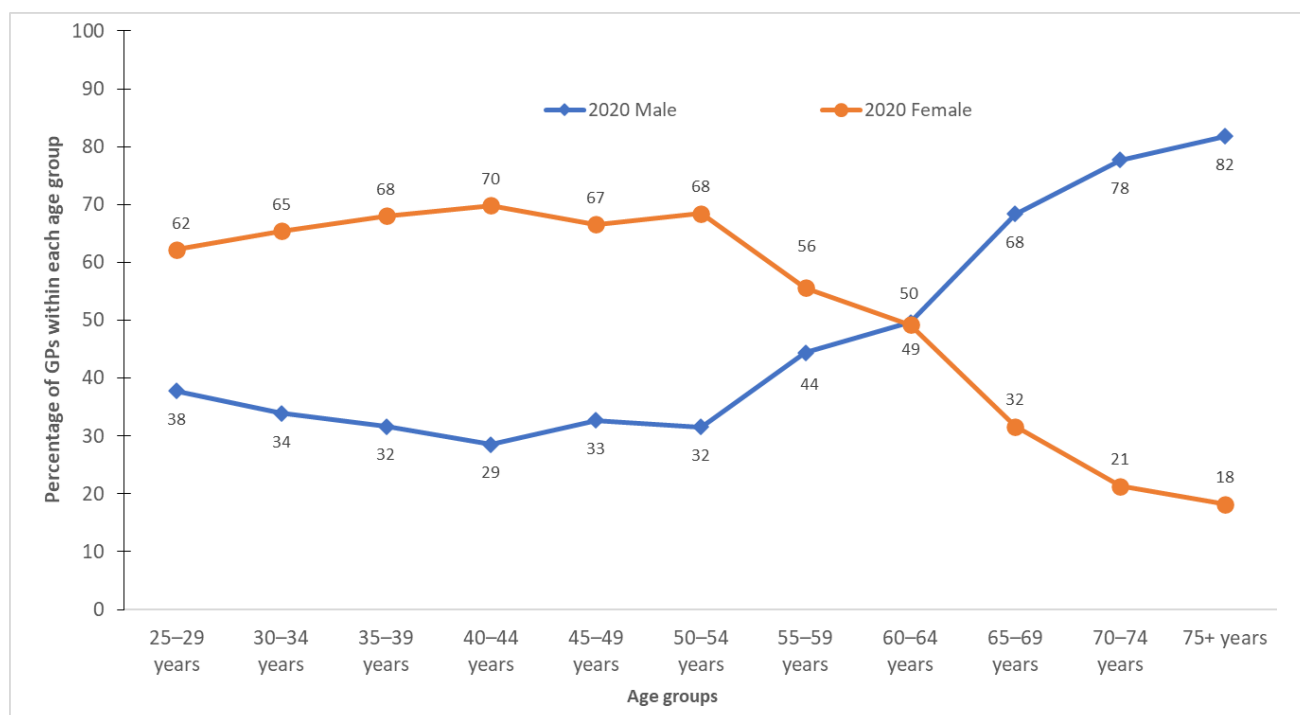
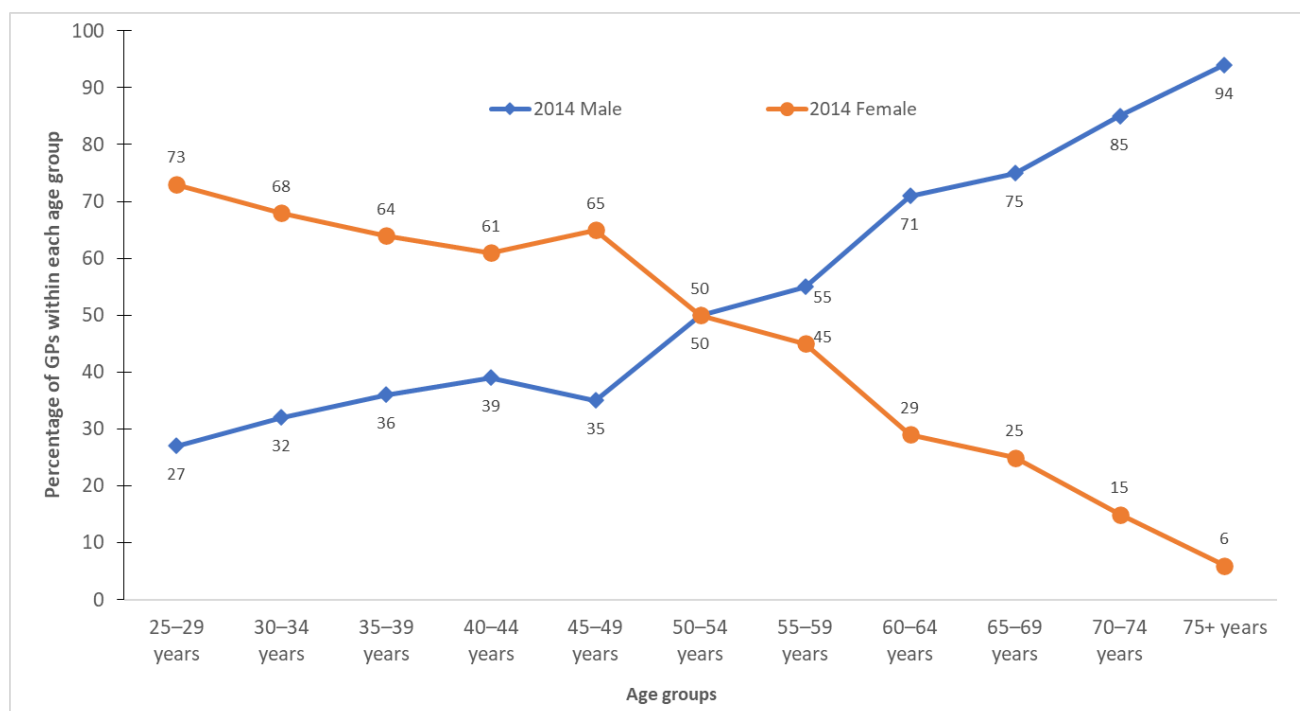


Figure 3 compares the age profile of GPs by gender between 2014 and 2020, it shows that the GP workforce experienced a change in the gender distribution over the last six years. In general, older GPs are predominantly male and younger GPs are predominantly female. Reflecting a cohort shift, it is only in 65+ age group that the proportion of male GPs is higher than female GPs in 2020, whereas in 2014 there were more male than female GPs in the 55 to 64 as well as in the 65+ age groups. The even split between genders falls into the 50-54 age group in 2014, but it moves to 60-64 age group seven years later. It illustrates the effect that this increase in the number of females over time has had on the gender balance within successive age cohorts. The older male-dominated cohort is moving toward retirement and the younger and middle-aged female cohorts comprise most of the GP workforce. It also shows that the age-gender gap among both older GPs aged 65 or over and younger GPs aged 25-34 becomes smaller over time. In contrast, the age-gender gap among mid-career GPs aged 35-59 has become wider in the last 7 years.

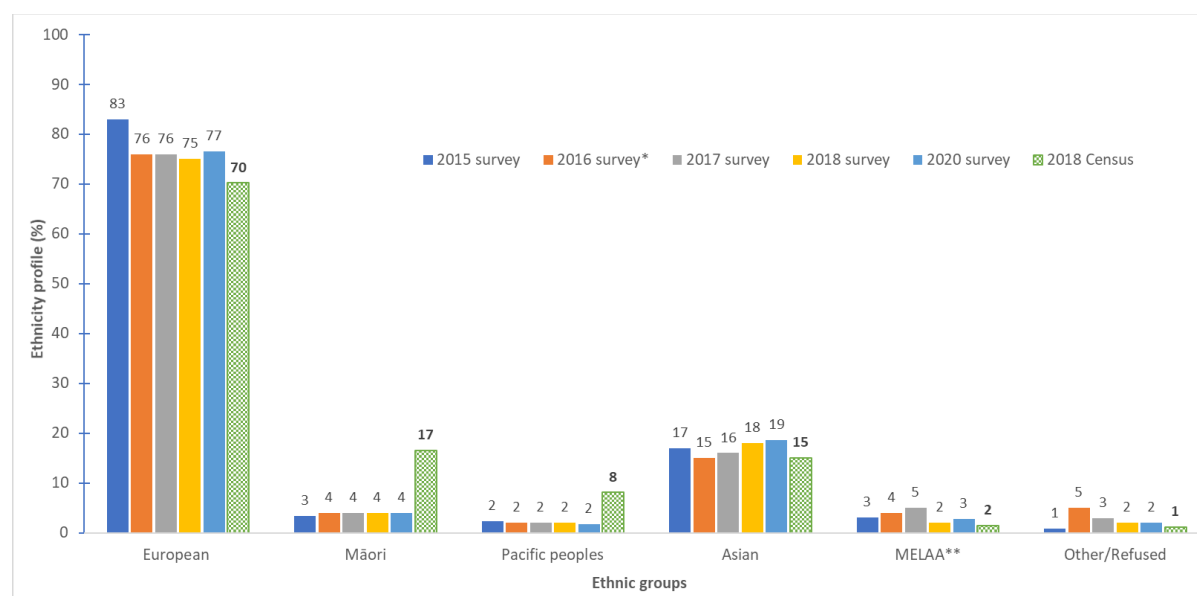
Figure 3. Comparison of the age profile of GPs breakdown by gender between 2014 and 2020



3.2. Ethnicity

Figure 4 shows the profile of the New Zealand GP workforce by total ethnicity¹ from 2015 to 2020. In 2020 as in the previous four surveys, the largest ethnic group is those identifying themselves as European (77 percent), a 6 percentage points decrease from 2014. Over time, on average 4 and 2 percent of respondents identified as Māori and Pacific peoples respectively; both figures well below the proportions in the general population and showing virtually no change over time. The percentage of survey respondents who identified as Asian has steadily increased from 15 percent in 2016, to 18 percent in 2018, and 19 percent in 2020.

Figure 4. Ethnicity profile of GPs (2015 – 2020) and New Zealand population in general (2018 Census)



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

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

** Middle Eastern/Latin American/African.

3.3. International medical graduates (IMGs)

Figure 5 shows that there has been an increase over time in the proportion of GPs who obtained their first medical degree in New Zealand. In 2020, 63 percent of survey respondents stated they had obtained their first medical degree in New Zealand compared to 37 percent who stated they obtained their first medical degree overseas. The proportion of NZ medical graduates (NZMGs)

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

has increased by 5 percentage points since 2014. In contrast, IMGs decreased by 5 percentage points from 42 percent in 2014 to 37 percent in 2020.

Figure 5. Comparison of NZ and international medical graduates, 2014 -2020

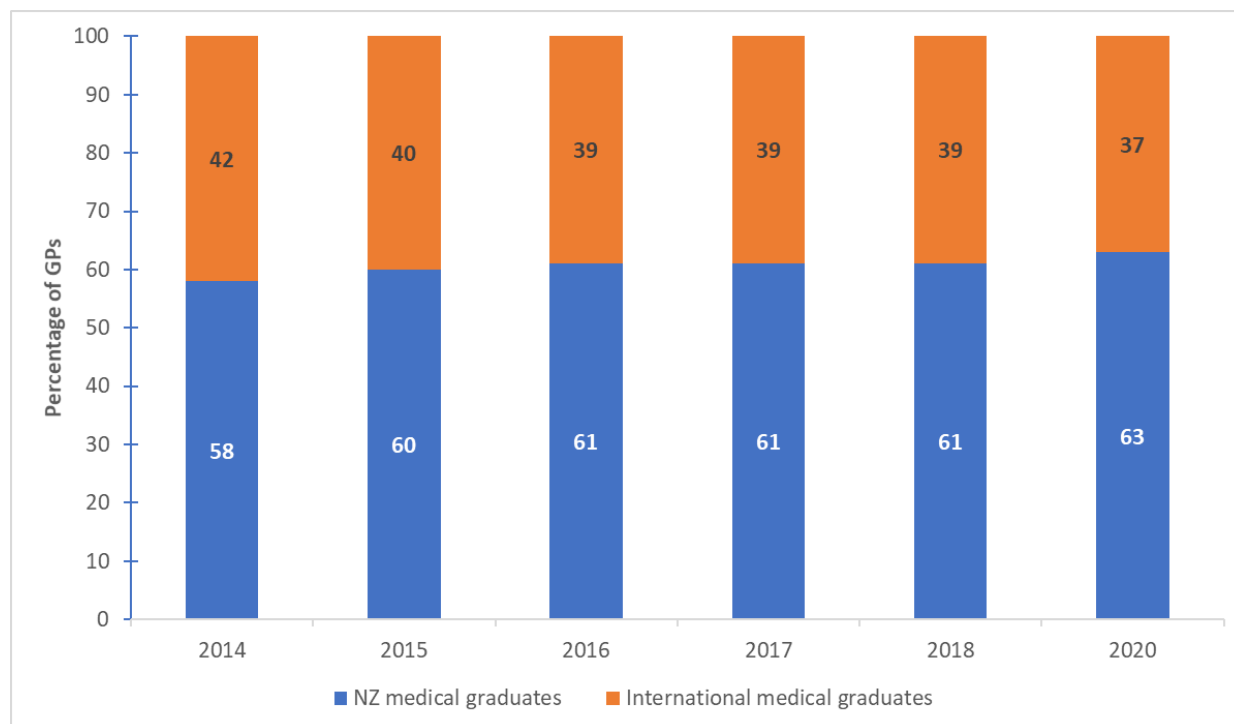


Table 3 shows that IMGs tend to be older, while NZMGs tend to be younger over the last four years. In 2020, only 14 percent of IMGs are aged 39 years or younger, compared to 17 percent in 2016. In Contrast, NZMGs aged 39 years or younger increased from 27 percent in 2016 to 31 percent in 2020.

Table 3. Age profile of NZ medical graduates and international medical graduates, 2016 – 2020

		2016*	2017	2018	2020
NZMGs	Base	1110	1448	1714	1772
		%	%	%	%
	24-39 years	27	29	30	31
	40 or over	73	71	70	69
	Total	100	100	100	100
IMGs	Base	710	923	1101	1058
		%	%	%	%
	24-39 years	17	16	14	14
	40 or over	83	84	86	86
	Total	100	100	100	100

Total may not sum to 100% due to rounding.

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

In each workforce survey, GPs who stated that they were international medical graduates (IMGs) were asked from which country they had received their first medical qualification. A wide range of countries were given in the response options. Table 4 shows that this was predominantly the United Kingdom, followed by South Africa, India and Australia over the period from 2014 to 2020.

Table 4. Country of origin of first medical degree for IMGs, 2014 -2020

	IMGs					
	2014	2015	2016	2017	2018	2020
Base*	886	901	710**	923	1101	1058
	%	%	%	%	%	%
United Kingdom	43	45	42	41	41	42
South Africa	13	12	12	13	13	12
India	9	8	10	9	8	8
Australia	6	6	6	7	7	7
Germany	3	2	3	3	3	3
Sri Lanka	3	3	3	2	3	3
Iraq	3	2	2	3	3	2
Ireland	2	1	2	2	2	2
Pakistan	1	1	1	1	1	1
Canada	1	1	1	1	1	1
Other	17	19	17	18	19	19
Total	100	100	100	100	100	100

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

** 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2014, 2015, 2017, 2018 and 2020 is unweighted.

3.4. Rural or urban practice location

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

Over time, the majority of GPs working in general practice remain located in urban areas. In 2020, three-quarters of respondents (75 percent) considered the practice they work in to be urban based, which is very similar to all other survey years.

Table 5. GPs working in general practices that are located in urban and rural areas, 2014 – 2020

	Total GPs				
	2014	2015	2017	2018	2020
Base*	2184	2211	2360	2773	2724
	%	%	%	%	%
Urban	75	76	73	75	75
Rural	17	17	17	17	15
Not clearly urban or rural	7	6	10	8	10
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

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

In 2020, the number of NZMGs and IMGs working in rural practices is evenly split (Table 6). The percentage of NZMGs working in rural practices has varied from 46 to 54 percent between 2014 and 2020 with no clear pattern, only being more than half in 2018.

Table 6. Origin of first medical degree for GPs in rural practices, 2014 – 2020

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

Total may not sum to 100% due to rounding.

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

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

4. TRAINING IN GENERAL PRACTICE

This section of the report is based on survey respondents who indicated they were working or had worked in general practice in the three months prior to each of the surveys. It includes respondents who state that all their work in the three months prior to the survey had been entirely non-clinical (e.g., management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

4.1. GPs currently in training

Survey respondents were asked whether they are registered in a vocational scope in New Zealand. In 2020, 22 percent of survey respondents stated they were currently enrolled in a vocational training programme (Table 7), which is higher than 20 percent in 2018 and 21 percent in 2017. Over time, nearly one-fifth (18 to 19 percent) of respondents enrolled in training towards Fellowship of the College, i.e., the General Practice Education Programme (GPEP). The majority of respondents report that they are not in training. This reflects the high proportion of respondents who are already a College Fellow.

Table 7. Vocational training programme in which enrolled as a registrar, 2017 -2020

	Total GPs		
	2017	2018	2020
Base*	2371	2815	2830
	%	%	%
General practice training (RNZCGP)	18	18	19
Rural hospital medicine training (DRHMNZ)	1	0	1
Urgent care training (FRNZCUC)	1	1	1
Other	1	1	1
Not enrolled in any vocational training programme	73	80	79
Total	100	100	100

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

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

In 2020, 82 percent of respondents enrolled in the training programme towards gaining Fellowship of the College (GPEP) are at GPEP2/3, an increase from 67 percent in 2017 and 74 percent in 2018. In contrast, less than a fifth (18 percent) are at GPEP1, decreased by 15 percentage points since 2017. The survey results show that GPs are spending a longer time gaining their College Fellowship at GPEP2/3. This could be explained by the fact that an

increasingly female workforce at this stage of their career, may also be affected by childbirth and/or child rearing.

Table 8. GPEP study stage, 2017 - 2020

	Total GPs 2017	Total GPs 2018	Total GPs 2020
Base *	424	510	544
	%	%	%
GPEP1	33	26	18
GPEP2/3	67	74	82
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.

5. HOURS WORKED AND AFTER-HOURS COMMITMENTS IN GENERAL PRACTICE

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

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

5.1. Hours worked in general practice per week

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

In 2020, the average number of hours worked in general practice is 34.8 hours per week. The average hours per week have fluctuated between 34.2 hours and 35.3 hours since 2014 (Table 9). A little less than half of respondents have been classified as working ‘full-time’ (45 percent) in 2020, which is the lowest percentage since the College’s workforce survey began. This means that a large proportion of respondents choose to work ‘part-time’ (54 percent) in 2020. It is notable that for the first time the number of GPs working ‘part-time’ exceeds the number of GPs working ‘full-time’ in 2020.

Table 9. Total hours worked in general practice per week, 2015 - 2020

	Total GPs					
	2014	2015	2016*	2017	2018	2020**
Base	2184	2215	1820	2360	2815	2772
	%	%	%	%	%	%
Less than 36 hours (Part-time)	46	49	49	46	49	54
36 hours or more (Full-time)	54	51	51	54	51	45
Total	100	100	100	100	100	100
Average hours	35.3	34.2	35.0	35.2	34.8	34.8

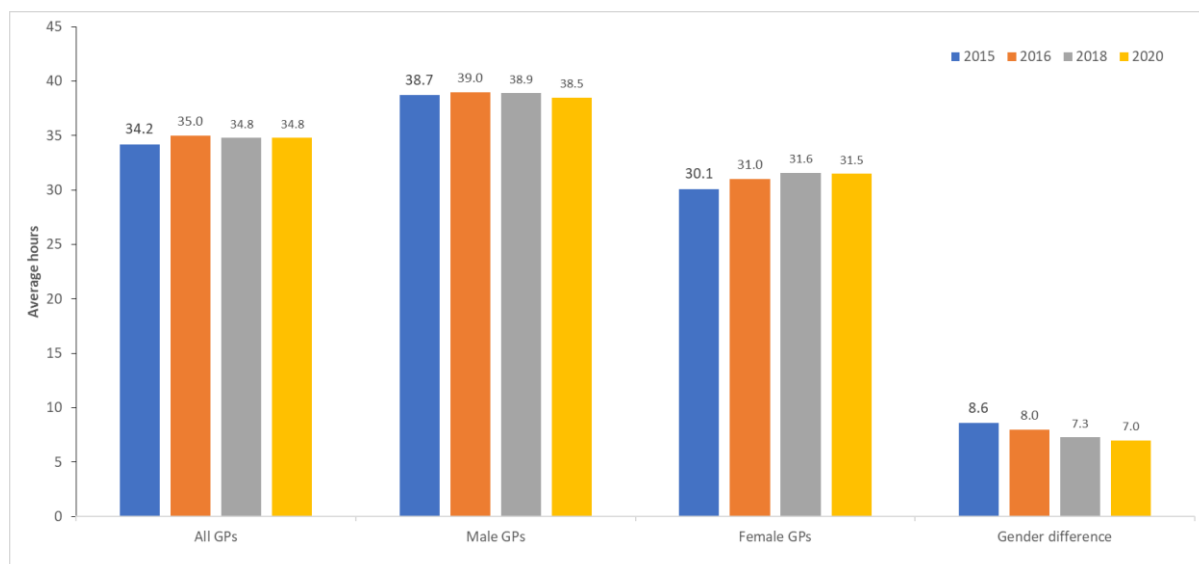
* 2016 data is weighted for the relatively disproportionate number of registrars responding to the 2016 survey. Data for 2015, 2017, 2018 and 2020 is unweighted.

** Total may not sum to 100% due to ‘Don’t know’ response.

² For the purposes of this survey, ‘full-time’ is defined as working 36 hours per week or more in general practice.

Figure 6 shows that in each of the last five years male GPs work longer hours than female GPs. However, the gender difference in average hours dropped from 8.6 hours in 2015 to 7.0 hours in 2020.

Figure 6. Average hours worked in general practice by gender, 2015 – 2020*



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

5.2. After-hours practice commitments

Survey respondents were asked whether they have any after-hours general practice commitments to provide acute care. In 2020, the majority of respondents (58 percent) state they have after-hours general practice commitments (Table 10), which is the lowest percentage since this measure was introduced in 2016 (66 percent), the result has dropped by 8 percentage points in the last four years.

Table 10. After-hours practice commitments, 2016 – 2020

	Total GPs			
	2016	2017	2018	2020
Base	1820*	2360	2773	2750
	%	%	%	%
No commitments	34	36	37	42
Frequency of commitments:				
Yes – every week	14	14	13	12
Yes – approximately every second week	10	9	9	9
Yes – approximately every three weeks	8	8	8	6
Yes – approximately every month	19	19	18	19
Yes – but less frequently than monthly	15	14	15	13
Sub-total with commitments	66	64	63	58
Total	100	100	100	100

Total may not sum to 100% due to rounding.

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

6. GP INCOMES

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

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

6.1. Personal annual income

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

Table 11 provides a comparison of personal incomes from 2016 to 2020. It shows that the proportion of respondents who stated their personal annual before-tax income of up to \$75,000 fell from 19 percent in 2016 to 16 percent in 2020. From 2016 to 2018, the proportion of respondents who stated their personal income of between \$75,001 and \$125,000 remained at 25 percent, and then rose to 27 percent in 2020. The percentage of respondents reporting their personal income greater than \$200,000 has fluctuated between 22 and 25 percent. In 2020, the average personal annual before-tax income is \$157,594, slightly increasing from \$156,250 in 2018. If inflation is taken into account, the average income in 2020 has not changed much in recent years.

Table 11. Personal annual before-tax income, 2016 – 2020

	Total GPs			
	2016	2017	2018	2020
Base	1787	2360	2742	2701
	%	%	%	%
Up to \$75,000	19	19	17	16
\$75,001 to \$125,000	25	25	25	27
\$125,001 to \$200,000	34	32	33	36
More than \$200,000	22	23	25	22
Total	100	100	100	100
Average	\$152,551	\$150,995	\$156,250	\$157,594

Total may not sum to 100% due to rounding.

7. EMPLOYMENT TYPE AND PRACTICE OWNERSHIP

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

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

7.1. GP employment status

Survey participants were asked to select their current employment status from a list of response options. Long-term employees and contractors make up the largest proportion of GPs over time. In 2020, over one-half of respondents (52 percent) state they are either a long-term employee or a long-term contractor at the general practice they work in or mostly work in. This result has increased by 6 percentage points from 46 percent in 2014. Over one-third of respondents (34 percent) state they hold an ownership stake in the practice in which they work in 2020; this has dropped by 5 percentage points since 2014. Short-term employees and contractors' percentage increased from 9 percent in 2014 to 15 percent in 2017, then dropped to 11 percent in 2020.

Table 12. Employment status, 2014 – 2020

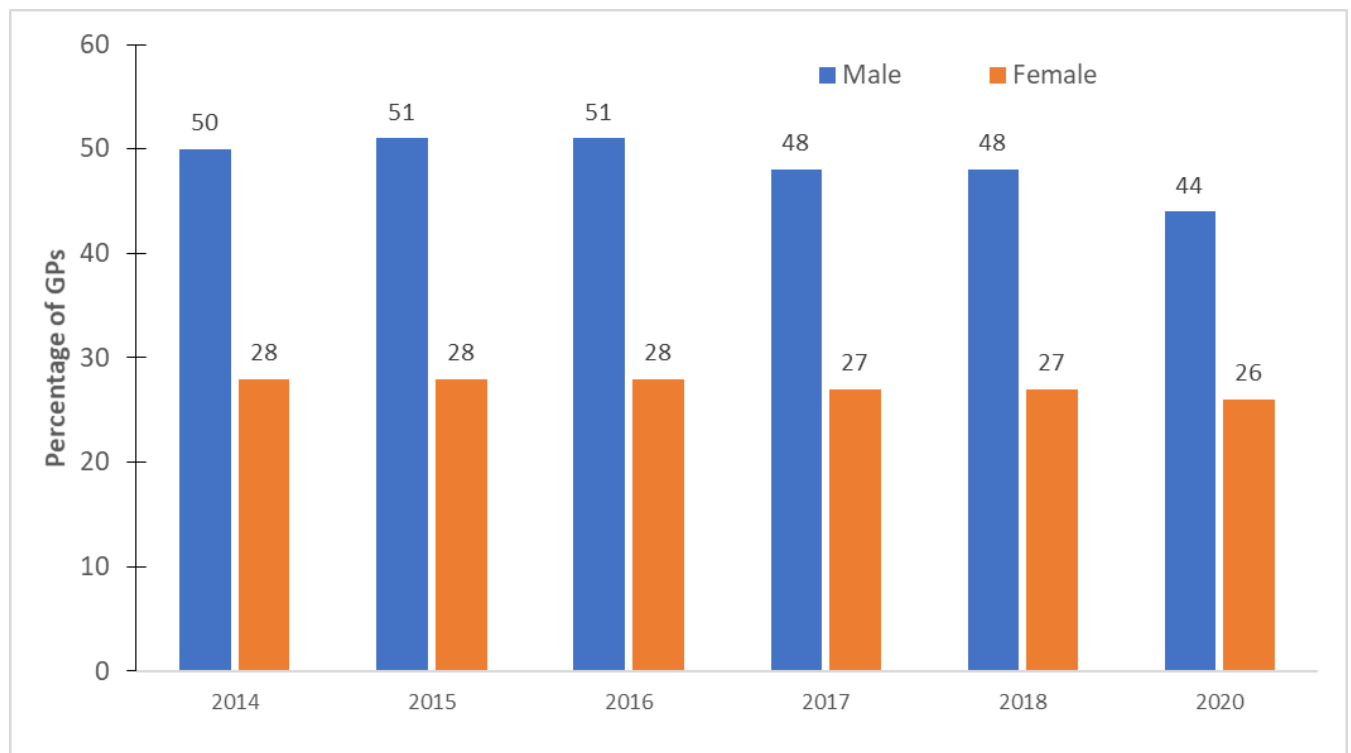
	Total GPs					
	2014	2015	2016	2017	2018	2020
Base*	1121	1162	1815	2347	2762	2746
	%	%	%	%	%	%
Practice owner/partner	39	39	38	37	36	34
Long-term employee/contractor	46	44	46	44	48	52
Short-term employee/contractor	9	13	14	15	13	11
Other	6	4	1	4	3	4
Total	100	100	100	100	100	100

Total may not sum to 100% due to rounding.

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

Figure 7 shows that the proportion of male practice owner or partner has always been higher than female since 2014. However, both percentages have declined in the last four years. The percentage of male practice owners or partners is falling faster than that for females over that time.

Figure 7. Practice owner or partner by gender, 2014 - 2020



7.2. Practice ownership models

Respondents were asked to select the option that best described the ownership model of the practice in which they worked. As illustrated by Table 13, the vast majority of respondents worked in a practice owned by one or more GPs who also worked in that practice, but the result has dropped from 73 percent in 2015 to 69 percent in 2020. The next most common ownership model was full or partial corporate ownership, its percentage has increased from 7 percent in 2015 to 10 percent in 2020. The percentage of respondents working in community, trust or charity owned practices has increased from 3 percent in 2015 to 7 percent in 2020.

Table 13. Practice ownership, 2015 – 2020

	Total GPs				
	2015	2016	2017	2018	2020
Base*	2205	2360	2360	2773	2724
	%	%	%	%	%
Owned by one or more GPs who work in the practice	73	75	72	71	69
Fully or partially corporate owned	7	8	8	9	10
Community owned or owned by a trust or charity	3	3	6	7	7
Fully or partially owned by a PHO or a GP organisation	4	5	4	4	3
Fully or partially owned by a DHB	2	1	1	1	1
Fully or partially owned by an iwi	2	2	1	2	2
Owned by a university (student health)	2	2	2	1	2
Other	6	3	6	5	6
Total	100	100	100	100	100

Total may not sum to 100% due to rounding.

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

8. RETIREMENT INTENTIONS IN GENERAL PRACTICE

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

8.1. Retirement intentions

In 2020, near half (49 percent) of respondents are intending to retire from GP workforce in the next 10 years. Table 14 shows a detailed breakdown of retirement intention for all GPs who responded to the surveys from 2014 to 2020. Reflecting the results relating to the ageing of the GP workforce, the percentage intending to retire soon (in the next two years) has been increasing steadily every year since the survey began, rising dramatically from 4 percent in 2014 to 14 percent in 2020. The percentage intending to retire in the next five years doubled between 2014 and 2020, from 15 percent to 31 percent. The percentage retiring in the next 10 years increased from 36 percent in 2014 to 49 percent in 2020.

Table 14. Retirement intentions, 2014 – 2020

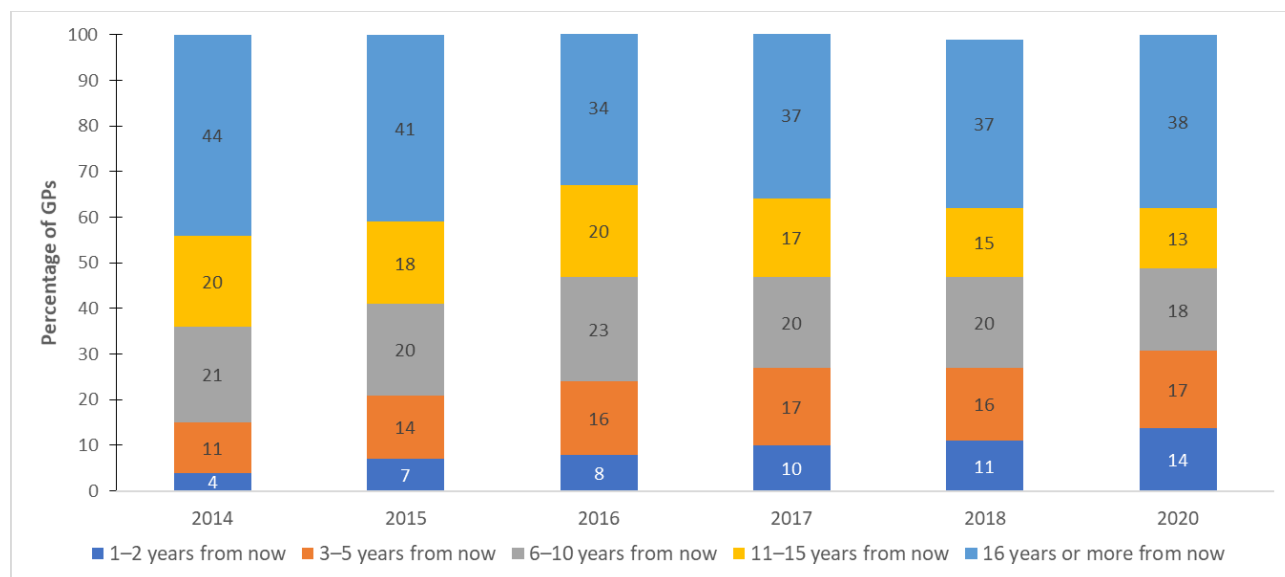
	Total GPs					
	2014	2015	2016	2017	2018	2020
Base*	2195	2228	1816	2360	2815	2772
	%	%	%	%	%	%
1–2 years from now	4	7	8	10	11	14
3–5 years from now	11	14	16	17	16	17
6–10 years from now	21	20	23	20	20	18
11–15 years from now	20	18	20	17	15	13
16 years or more from now	44	41	34	37	37	38
Sub-total: 1-5 years from now	15	21	24	27	27	31
Sub-total: 1-10 years from now	36	41	47	47	47	49
Total	100	100	100	100	100	100

Total may exceed 100% due to rounding.

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

Figure 8 presents the information in Table 14 graphically.

Figure 8. Retirement intentions, 2014 – 2020



Trainees are not usually included when the percentage of the workforce intending to leave or retire is reported; hence, when comparisons are made with the GP workforce, this should be based on an analysis that excludes GPEP registrars. The inclusion of registrars in the analysis masks the looming retirement crisis among experienced and fully trained GPs. Table 15 shows the retirement intentions of the respondents excluding registrars from 2017 to 2020. The percentage intending to retire in the next two years increased from 12 percent in 2017 to 16 percent in 2020. The percentage intending to retire in the next three to five years remained at 20 percent since 2017.

Table 15. Retirement intentions, excluding registrars, 2017 – 2020

	Non-Registrars 2017	Non-Registrars 2018	Non-Registrars 2020
Base*	1936	2301	2278
	%	%	%
1-2 years from now	12	14	16
3-5 years from now	20	20	20
6-10 years from now	23	23	21
11-15 years from now	18	17	15
16 years or more from now	26	26	28
Total	100	100	100

Total may not sum to 100% due to rounding.

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

9. 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. It includes those respondents who stated that all their work in the three months prior to the survey had been entirely non-clinical (e.g. management, administration, liaison). Unless otherwise stated, all tables and figures are based on those within this sample of respondents who answered the relevant questions.

9.1. Burn-out

Using an 11-point scale, which ran from ‘not at all burnt out’ (0) through to ‘extremely burnt out’ (10), all survey respondents were asked to rate the extent to which they felt burnt out with the following question: “How would you currently rate yourself on a 0 to 10 scale, where 0 = ‘not at all burnt out’ and 10 = ‘extremely burnt out’?” This question was asked from 2016 onwards.

In 2020, 31 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. Table 16 shows that over the last 5 years, the percentage of respondents stating they feel burnt out has increased from 22 percent in 2016 to 31 percent in 2020. In contrast, 34 percent of respondents rated themselves as not being burnt out, based on those who rated themselves 0 to 3 inclusive on the scale; the percentage of not being burnt out has dropped from 42 percent in 2016 to 34 percent in 2020.

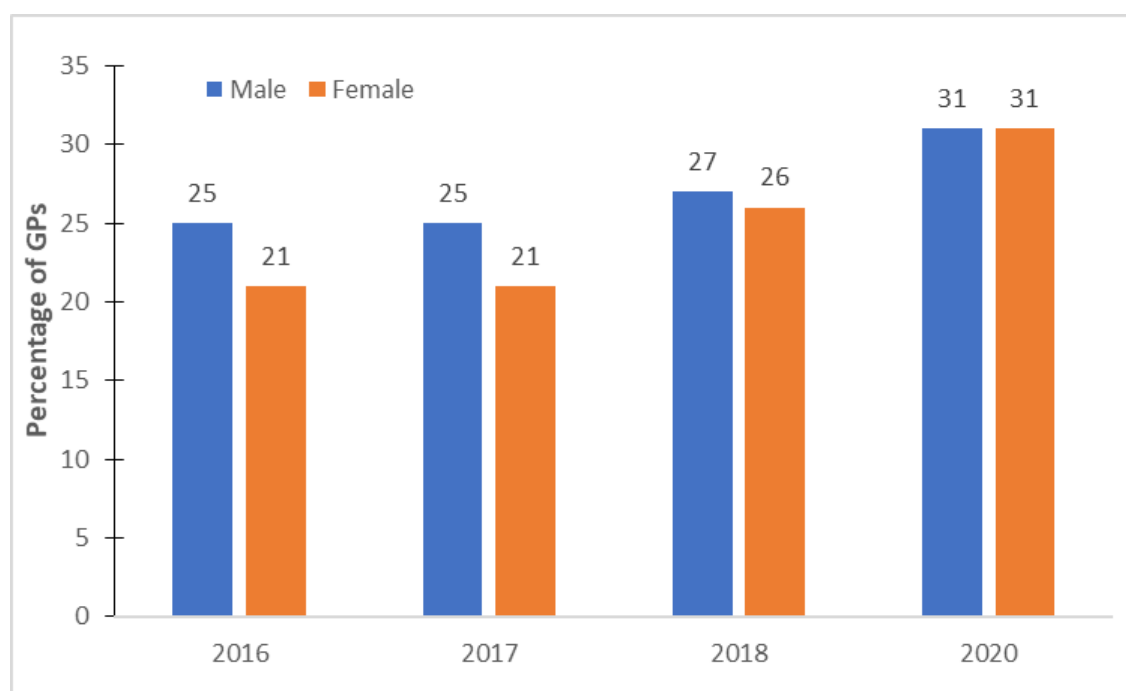
Table 16. Burn-out, 2016 – 2020

	Total GPs 2016	Total GPs 2017	Total GPs 2018	Total GPs 2020
Base	1816	2360	2813	2791
	%	%	%	%
Not burnt out (0-3)	42	39	40	34
Neutral (4-6)	35	38	34	35
Burnt out (7-10)	22	23	26	31
Total	100	100	100	100

Total may not sum to 100% due to rounding.

Figure 9 shows that the proportion of both male and female GPs that rated themselves as being burnt out increased dramatically in the past four years. However, prior to 2020, there were higher percentages of male GPs than female GPs to report that they feel burnt out. They reach the same level at 31 percent in 2020.

Figure 9. Burnt out (7-10) by gender, 2016-2020



9.2. 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.

In 2020, 54 percent of respondents state they are likely to recommend a career in general practice, based on a grouping of those who rate themselves a 7 to 10 inclusive on the scale. This was a noticeable reduction compared to 2016 (62 percent) and 2018 (63 percent). At the other extreme, 14 percent rate themselves as unlikely to do so, based on a grouping of those who rate themselves 0 to 3 inclusive on the scale. Table 17 shows that the percentage of respondents that stated they were likely to recommend a career in general practice were lower than the result in 2016 and 2018, but similar to the result in 2017.

Table 17. Career recommendation, 2016 – 2020

	Total GPs			
	2016	2017	2018	2020
Base	1816	2360	2815	2791
	%	%	%	%
Unlikely (0-3)	12	15	11	14
Neutral (4-6)	26	29	25	32
Likely (7-10)	62	56	63	54
Total	100	100	100	100

Total may not sum to 100% due to rounding.

10. RURAL HOSPITAL MEDICINE WORKFORCE

Rural hospital medicine was established as a specialist vocational scope in 2008 to tackle growing vocational issues within small rural hospitals. Previous studies of the rural hospital medicine workforce were conducted in 2009³ and 2015⁴.

The 2018 workforce survey was the first time that the College collected information on doctors working in rural hospital medicine. Most of the questions have been repeated in the 2020 survey.

This section of the report presents the responses of the doctors who indicated they were working in rural hospital medicine in the three months prior to the 2018 and 2020 survey. It also includes the doctors who were training towards registration in the vocational scope of rural hospital medicine (DRHM registrars) but who were not working in rural hospital medicine at the time of the surveys. All responses are included in the analysis, except where the question was only appropriate for those respondents who were currently working in rural hospital medicine. The tables and figures in this section of the report take account of the subgroups defined above. Please refer to the title or footnote provided at the base of each table and figure.

10.1. Rural hospital medicine demographics – age, gender and ethnicity

In 2020, the median age of respondents working in rural hospital medicine or training towards FDRHMNZ is 49.0 years, compared to 48.1 years in 2018. The majority of rural hospital doctors (91 percent) are aged between 25 and 64 years old, as it was in 2018.

³ <https://www.rrh.org.au/journal/article/1588>

⁴ <https://www.nzma.org.nz/journal/read-the-journal/all-issues/2010-2019/2016/vol-129-no-1434-6-may-2016/6877>

Table 18. Age profile of respondents working or training in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base	125	135
Age	%	%
25-29 years	8	10
30-34 years	13	12
35-39 years	10	8
40-44 years	10	14
45-49 years	10	10
50-54 years	14	13
55-59 years	13	12
60-64 years	13	12
65-69 years	8	7
70-74 years	2	3
> 74 years	1	0
Total	100	100
Median age	48.1	49.0

Total may not sum to 100% due to rounding.

In 2020, the percentage of male rural hospital doctors decreased from 59 percent in 2018 to 56 percent in 2020 (Table 19).

Table 19. Gender profile of respondents working or training in rural hospital medicine, 2018 and 2019

	2018 Total	2020 Total
Base*	123	134
Gender	%	%
Male	59	56
Female	41	44
Total	100	100

* Base does not include respondents who selected the 'I prefer not to specify my gender' or the 'gender diverse' options.

In 2020, the majority of rural hospital doctors identified themselves as European (84 percent), compared to 80 percent in 2018. The percentage identifying as Asian has increased by 4 percentage points in the last two years.

Table 20. Ethnicity profile of respondents working or training in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base	125	135
Total response ethnicity	%	%
European	80	84
Asian	8	12
MELAA*	4	2
Māori	4	4
Pacific	2	3
Other/refused	6	1

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

* Middle Eastern/Latin American/African.

10.2. International medical graduates (IMGs)

In 2020, nearly half (46 percent) of respondents working or training in rural hospital medicine stated they gained their first medical degree overseas, which increased from 37 percent in 2018 (Table 21).

Table 21. Origin of first medical degree for respondents working or training in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base	125	135
	%	%
New Zealand	63	54
Overseas	37	46
Total	100	100

Total may not sum to 100% due to rounding.

10.3. Rural hospital level

Rural hospitals are classified as Level 1, 2, or 3. (Level 1 rural hospitals have visiting medical cover. Level 2 rural hospitals have on-site medical cover during normal working hours, and Level 3 rural hospitals have on-site 24-hour medical cover.)

In 2020, the majority of respondents (68 percent) who work in rural hospital medicine state they work in a Level 3 rural hospital (Table 22), which is similar to the result in 2018. Both the percentages of respondents working in a Level 1 and Level 2 rural hospital have dropped by 3 percentage points compared with the results in 2018.

Table 22. Rural hospital level, 2018 and 2020

	2018 Total	2020 Total
Base*	107	114
	%	%
Level 1 (visiting medical cover)	7	4
Level 2 (on-site medical cover during normal working hours)	19	16
Level 3 (on-site 24-hour medical cover)	67	68
Other e.g., primary care clinics	4	4
Don't know	3	9
Total	100	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents who stated they had worked in rural hospital medicine in the three months prior to the survey.

10.4. Hours worked in rural hospital per week

Survey respondents who stated they had worked in rural hospital medicine in the three months prior to the survey were asked about the hours they worked in rural hospital medicine per week. They were asked to include the time spent on clinical and non-clinical work relating to rural hospital medicine, as well as time worked when on-call.

Based on respondents' answers to this question, the average number of hours worked in rural hospital medicine was 28.4 in 2020, which is lower than the result in 2018 (29.7 hours).

In 2020, more than half of respondents (55 percent) state they work less than 36 hours per week in rural hospital medicine, which is 3 percentage points lower than the result in 2018. The proportion of respondents working 36 hours per week or more in rural hospital medicine remains at 38 percent in 2020.

Table 23. Weekly hours worked in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base*	107	114
	%	%
1–10 hours per week	19	19
11–20 hours	20	14
21–30 hours	17	19
31–35 hours	3	3
36–40 hours	5	13
41–45 hours	7	11
46–50 hours	7	8
51–55 hours	5	2
56–60 hours	7	3
61–70 hours	5	1
71 hours or more	2	2
Don't know	5	6
Total	100	100
Sub-total: 1-35 hours per week	59	55
Sub-total: 36 hours or more	38	40
Average hours per week	29.7	28.4

Total may not sum to 100% due to rounding

* Subsample based on respondents who stated they had worked in rural hospital medicine in the three months prior to the survey.

10.5. Retirement intentions in rural hospital medicine

In 2020, almost half of respondents working or training in rural hospital medicine (47 percent) state they plan to retire from rural hospital medicine in the next 10 years, which is very similar to the result in 2018 (48 percent). However, the percentage of respondents intending to retire in the next one to two years decreased from 18 percent in 2018 to 15 percent in 2020 (Table 24).

The percentage of vocationally registered rural hospital doctors planning to retire in the next 10 years has increased by 6 percentage points between 2018 and 2020.

Table 24. Retirement intentions of respondents working or training in rural hospital medicine (n=125)

	2018 Total	Vocationally registered in rural hospital medicine in 2018	2020 Total	Vocationally registered in rural hospital medicine in 2020
Unweighted base	125	57	135	52
	%	%	%	%
1–2 years from now	18	7	15	8
3–5 years from now	15	14	14	15
6–10 years from now	15	23	18	27
Sub-total: 1–10 years from now	48	44	47	50
11–15 years from now	14	18	9	12
16 years or more from now	38	39	45	38
Total	100	100	100	100

Total may not sum to 100% due to rounding.

10.6. Burn-out in rural hospital medicine

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’.”

In 2020, nearly one-quarter (24 percent) of respondents working in rural hospital medicine rate themselves as being burnt out to some degree. This is based on a grouping of those respondents who rate themselves a 7–10 inclusive on the scale. This compares to the 29 percent of the rural hospital doctors and DRHM registrars who reported being burnt out on the same scale in 2018.

At the other extreme, 41 percent rate themselves as not being burnt out, based on a grouping of those who rated themselves 0–3 inclusive on the scale. This compares to 44 percent reported on this measure in 2018. The remainder (35 percent) rate themselves 4–6 inclusive on the scale and are described as providing a ‘neutral’ response, an increase from 27 percent in 2018.

Table 25. Burn-out among respondents working in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base*	107	125
	%	%
Not burnt out (0-3)	44	41
Neutral (4-6)	27	38
Burnt out (7-10)	29	21
Total	100	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents who stated they had worked in rural hospital medicine in the three months prior to the survey.

10.7. Likelihood of recommending a career in rural hospital

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 rural hospital medicine.

Table 26 shows that the percentage of respondents working in rural hospital medicine that stated they were likely to recommend a career in rural hospital medicine increased from 74 percent in 2018 to 80 percent in 2020. This is based on a grouping of those who rated themselves a 7–10 inclusive on the scale. At the other extreme, the percentage of respondents who rated themselves as unlikely to do so remained at 5 percent, based on a grouping of those who rated themselves 0–3 inclusive on the scale.

Table 26. Career recommendation among respondents working in rural hospital medicine, 2018 and 2020

	2018 Total	2020 Total
Base*	107	125
	%	%
Unlikely (0-3)	5	5
Neutral (4-6)	21	15
Likely (7-10)	74	80
Total	100	100

Total may not sum to 100% due to rounding.

* Subsample based on respondents who stated they had worked in rural hospital medicine in the three months prior to the survey.

11. CONCLUSIONS

This time-series report provides a statistical summary of key aspects of the general practice and rural hospital medicine workforce in New Zealand in 2020, as well as the trends in the past six years.

The survey results show that the GP workforce continues to face the ageing issue in 2020, but the pace of the ageing is slower than that between 2014 and 2016. Since the survey was undertaken in 2014, the gender distribution of the GP workforce has been changing; the older male-dominated cohort is moving into retirement and the younger female cohort is comprising most of the workforce.

According to the survey results, the GP workforce continues to be dominated by GPs who identify as European. Since 2016, the number of Asian GPs has grown steadily. Both Māori and Pasifika doctors are still under-represented in the GP workforce, and have not changed over time. In 2020, International medical graduates (IMGs) account for more than one-third of the GP workforce, which has decreased by 5 percentage points since 2014.

In the past six years, GPs worked an average of 34.9 hours a week, while male GPs work 7.7 hours more than female GPs. More than half of GPs are now working part-time, which is much higher than the result in 2014 (46 percent). The proportion of GPs that stated they had after-hours general practice commitments decreased from 66 percent in 2016 to 58 percent in 2020.

More GPs chose to be long-term employees or contractors and fewer GPs became a practice owner or partner over the past six years. The proportion of GPs that worked in a private practice dropped from 73 percent in 2015 to 69 percent in 2020.

Fourteen percent of GPs intend to retire within two years, an increase of 10 percentage points in the past six years. Since 2014, the proportion of GPs who plan to retire over next five years has doubled. Nearly one-third of GPs rate themselves as being burnt out to some degree, a significant increase compared to 22 percent in 2016.

When comparing the retirement intentions of vocationally registered rural hospital doctors between 2018 and 2020, the proportion of respondents who plan to retire in the next 10 years has increased from 44 percent in 2018 to 50 percent in 2020.

12. APPENDIX ONE

Main variables collected in 2014, 2015, 2016, 2017, 2018 and 2020 Workforce Surveys. Ticks mean that question areas were covered in the survey that year, but they do not necessarily mean that the questions were asked in an identical fashion.

Topics/Questions	Survey Year					
	2020	2018	2017	2016	2015	2014
General Practice workforce - Demographics						
Age	✓	✓	✓	✓	✓	✓
Gender	✓	✓	✓	✓	✓	✓
Ethnicity	✓	✓	✓	✓	✓	✓
IMG or NZ grad	✓	✓	✓	✓	✓	✓
Country of first graduation	✓	✓	✓	✓	✓	
Practice is urban/ rural/ not clear	✓	✓	✓	✓	✓	✓
Year first registered in NZ	✓	✓				
Vocationally registered & scope	✓	✓	✓	✓	✓	✓
Training and teaching in general practice						
Vocational Training? If so scope	✓	✓	✓	✓	✓	
GPEP stage	✓	✓	✓	✓	✓	✓
Training provided (GPEP teacher, undergrads, none etc)	✓	✓	✓	✓		
Current working status						
Currently working in medicine in NZ (Yes/No)	✓	✓	✓	✓	✓	✓
Current situation if not working	✓	✓	✓	✓		
DHB	✓	✓	✓	✓	✓	✓
Kind of work past 3 months GP/RHM/A&M	✓	✓	✓	✓	✓	
Nature of work (clinical/non-clinical)	✓	✓				
Hours worked and after-hours commitment in general practice						
Hours worked per week in general practice	✓	✓	✓	✓	✓	✓
Frequency of after-hours commitments	✓	✓	✓	✓		
Factors that might enable part-time GPs to increase working hours	✓	✓				
GP incomes						
Personal income	✓	✓	✓	✓	✓	✓
Burn-out and general practice as a career						
Burnout 0-10	✓	✓	✓	✓		
Likelihood of recommending career in general practice (0-10)	✓	✓	✓	✓	✓	
Employment type and practice ownership						
Employment status (owner/partner/contractor/employee)	✓	✓	✓	✓	✓	✓
Ownership model: GP/trust/iwi/corporate etc	✓	✓	✓	✓	✓	

Number of weeks of unpaid leave	✓	✓	✓	✓		
Topics/Questions	Survey Year					
	2020	2018	2017	2016	2015	2014
Retirement intentions in general practice						
When intend to retire from general practice	✓	✓	✓	✓	✓	✓
About the general practice you work in						
Number enrolled patients	✓	✓	✓	✓	✓	✓
PHO	✓	✓	✓	✓	✓	✓
Number of FTE GPs in current practice	✓	✓	✓	✓	✓	✓
Rural Hospital Medicine workforce						
Age	✓	✓				
Gender	✓	✓				
Ethnicity	✓	✓				
IMG or NZ grad	✓	✓				
Training and teaching	✓	✓				
Level of rural hospital	✓	✓				
Hours worked per week in rural hospital	✓	✓				
When intend to retire from rural hospital	✓	✓				
Likelihood of recommending career in rural hospital (0-10)	✓	✓				
Burnout 0-10 (RHM)	✓	✓				